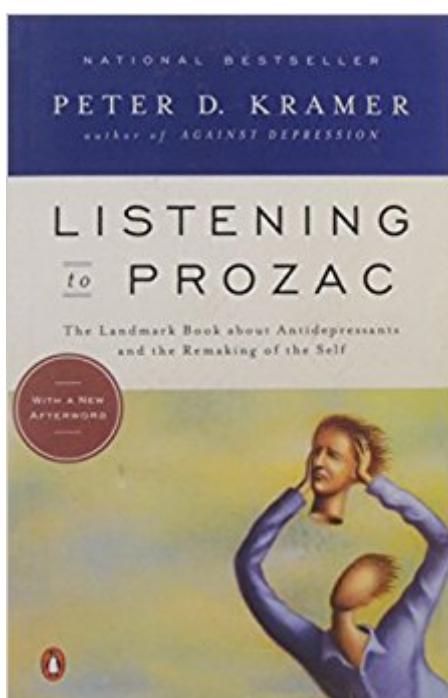


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Listening To Prozac: The Landmark Book About Antidepressants And The Remaking Of The Self, Revised Edition



Synopsis

Since it was introduced in 1987, Prozac has been prescribed to nearly five million Americans. But what is Prozac? A medication or a mental steroid? A cure for depression, or a drug that changes personality? Reported to turn shy people into social butterflies and to improve work performance, memory, even dexterity, does Prozac work on character rather than illness? Are we using it cosmetically, to make people more attractive, more energetic, more socially acceptable? And what does it tell us about the nature of character and the mutability of self? With the addition of an afterword that gives us an up-to-date report on Prozac in America today, including his personal observations, reactions to his critics, and the latest scientific research, psychiatrist Peter Kramer reinforces what The New York Times calls 'an intelligent and informative book...which tells us new things about the chemistry of human character.' Dr. Kramer was recently asked to guest host The Infinite Mind, a weekly public radio show focusing on the art and science of the human mind and spirit, behavior, and mental health. Listen to the show now.

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Customer Reviews

Psychiatrist Peter Kramer's book *Listening to Prozac* created a sensation when it was released in 1993, and it remains the most fascinating look at the new generation of antidepressants. Kramer found that the changes in brain chemistry brought about by Prozac had a wide variety of effects, often giving users greater feelings of self-worth and confidence, less sensitivity to social rejection, and even a greater willingness to take risks. He cites cases of mildly depressed patients who took

the drug and not only felt better but underwent remarkable personality transformations--which he (along with many of the book's readers) found disconcerting, leading him to question whether the medicated or unmedicated version was the person's "real" self. Kramer has been criticized for seeming to advocate Prozac over psychotherapy or as a way of achieving personality changes not directly related to the disease of depression, such as improving one's social confidence or job performance. In fact, he makes no such recommendations; he was simply the first popular writer to suggest that these changes might occur. (He answers those critics in the afterword to this 1997 edition.) For anyone considering taking antidepressants or wanting a better understanding of the effects these drugs are having on our society, *Listening to Prozac* is a very important book.

Kramer, a practicing psychiatrist, finds that the antidepressant Prozac is a powerful drug that lifts the veil of depression from most patients without significant side effects. While he unquestionably supports the use of medication to alleviate illness, he questions using drugs to make a person feel "better than well." It is the remarkable ability of Prozac to create personality changes that he finds disturbing. Is it ethical to prescribe a drug that increases a person's self-confidence, resilience, and energy level without any ill effect, when there is no underlying manifestation of illness? What is the essence of personhood and what are the philosophical implications of using drugs to alter personality? Both Kramer's unequivocal endorsement of Prozac for the treatment of depression and the questions he raises about the use of drugs for mood alteration are controversial. A glossary would have been a useful addition for lay readers. Recommended.- Carol R. Glatt, VA Medical Ctr. Lib., PhiladelphiaCopyright 1993 Reed Business Information, Inc. --This text refers to an out of print or unavailable edition of this title.

Best book on depression,next to author's *Against Depression*

Amazing book. Amazing medicine.

As someone who's been on Paxil for over a year, I've had many a conversation (with friends and with my therapist) about what it is, precisely, that Paxil (and it's buddies in the Prozac family) does. And should it be doing it? At what point is depression an "illness" that warrants medicated treatment and when is it simply a "normal" amount of bad feelings? Is Paxil a crutch? And if it is, does that mean that it shouldn't be used?This book addresses these questions intelligently and honestly. One of the things I admire about the book is that it doesn't pretend to have answers. It suggests

possibilities, yes, and the author will frequently offer his own opinions, but he's very upfront about his own discomfort with the "Miracle Cures" that Prozac, Paxil, etc. have brought about, and the questions these cures raise for the usefulness of therapy. If you know anyone who's on any of these drugs or if you yourself are on them, I cannot recommend this book highly enough. Whatever your own opinion may be, I think you'll find this book offers a lot to think about.

Book was in great shape

This is only the first Two chapters.

I like this book as it is informative for anyone who takes prosac as it's written by a person who has a lot of experience with clients who have taken prosac for a long time.

Interesting book.

In exploring the role of experience on mood, in chapter five Kramer turns to various observations on "rapid-cycling." Certain people have been observed to swing back and forth between dark depression and wild euphoria in a matter of hours, seemingly with very small (or no) external provocations (pp.108-109). Kramer applies three models, which he sees are interconnecting, to this issue. First, Kramer summarizes the finding of Robert Post and his "kindling model." Post's work concluded that rapid-cycling was often the end stage of a long-term recurring problem. "The general pattern was a decrease in the interval between episodes and an increase in the severity and complexity of the episodes, until finally rapid cycling set in" (p.109). As time passes, Post's studies seem to indicate, ever smaller stimuli are needed to provoke ever severe episodes. While many biological processes operate in the opposite way, requiring ever greater amounts of stimulus (street drugs, etc.), others (epilepsy; bipolar conditions, etc.) are "kindled." Interestingly, two seemingly unrelated conditions that are "kindled" seemed to respond positively to the same medications (pp. 112f.). The second model Kramer discusses here is that suggested by stress research in rats (pp.116-118). The rat studies "impl(y) that a variety of psychosocial stressors can serve as triggers" for the biologically encoded factors "kindled" in depression (p. 122). The third model examined in chapter five is the monkey-separation studies (pp.118-122). Rhesus monkeys seem especially helpful in reflecting on human problems due to similarities between the species (p.118). Kramer concludes from these studies that in the early stages of stress-induced kindling subjects will appear

very normal, except that they will have a somewhat heightened sensitivity to loss (p. 122). Kramer concludes that pain brings scars, even when it does not seem to immediately result in depression (p. 123). He explains, "What distinguishes this view of depression from, say, traditional psychoanalytic models is the recognition that the scars are not, or not only, in cognitive memory. It is not merely a question of inner conflict or of 'growing up': 'Stop fussing over what your parents did to you!' as skeptics command patients in therapy. The scar consists of changed anatomy and chemistry within the brain (emphasis added)" (p. 123). Kramer notes the implications of his neurobiological conclusions: "It seems that the neural pathways are like the joints in the musculoskeletal system. They are worn down over the years by inevitable trauma... Age alone seems a trauma... if we live long enough we will all become depressed" (p. 135). The point of this is that Kramer believes that Prozac can have a key role in the treatment of relatively 'minor depressive illness' (p. 126). If diagnosed early enough, Prozac and SSRIs "can help prevent the progression of early mood disorder into florid illness" (p. 127). I found the thoughtful commentary of this chapter five fascinating and not a little alarming. Could Kramer be correct that neural pathways significantly impact mood and that they may have been irreversibly worn down through stress, leaving one more susceptible to depression now? I do not know what to conclude about this. There are many who dispute this view of neurobiology. But even if Kramer is partly correct in these conclusions, the Bible offers a far richer potential interpretation of this information than Kramer's naturalistic worldview. As Ed Welch points out in *Blame it on the Brain* (1998), the body is the mediator of moral action, not the initiator. It is the 'equipment of the heart' (p. 40). Bad thoughts and actions, in response to the temptations presented by stressful circumstances, can impact the body. Perhaps my failures to deal with trauma help cause the depression I suffer, and this depression may have permanent physiological effects. The returning feelings of depression that I now wrestle with may be, as Welch contends, 'body' rather than 'heart' problems (Welch, p. 45), but my response to those feelings is still a spiritual issue not a brain issue. Prozac, or any other treatment that seeks to address the brain alone, can not hope to get at the critical heart issues involved in depression.

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