

PSYCHOPHARMACOLOGY

The Psychopharmacologists I: Interviews, by David Healy. New York, Chapman & Hall, 1997, 633 pp., \$82.95.

The Psychopharmacologists II: Interviews, by David Healy. Philadelphia, Lippincott Williams & Wilkins, 1998, 672 pp., \$78.50 (paper).

The Psychopharmacologists III: Interviews, by David Healy. London, Arnold, and New York, Oxford University Press, 2000, 580 pp., \$98.50.

It should be apparent to even the most casual observer that psychotropic medications revolutionized the practice of medicine. Not as readily apparent, however, is the irony that this great revolution began with a minuscule nanometer adjustment. In creating chlorpromazine, the French chemist Paul Charpentier in effect moved promethazine's side-chain nitrogen from the second to the third carbon atom. This new position inadvertently bestowed to chlorpromazine an anti-psychotic potential not shared by promethazine. Dr. Charpentier's fortuitous tinkering became the basis for one of medicine's great awakenings. Yet more ironic, it was a French naval surgeon, Dr. Henri Laborit (here also described as an anesthesiologist), not a psychiatrist, who first noted the new drug's psychotropic activity (though he sensibly sought the collaboration of psychiatrist colleagues at his own Val-de-Grace Hospital for confirmation). After impressive results in their psychotic patients (it was reportedly given in combination with barbiturates), chlorpromazine was recommended to Drs. Delay and Deniker at St. Anne's Psychiatric Hospital in Paris. These psychiatrists administered it alone to their patients and validated the therapeutic breakthrough with a promptness that would not be seemly today.

The publications and advocacy of Drs. Delay and Deniker promoted the new treatment around Western Europe, Britain, and, with unprecedented speed, the world. Chlorpromazine was recognized as the first genuinely effective treatment for some of psychiatry's most devastating diseases. The biological mechanisms of both its therapeutic effects and its troubling range of side effects became the central subject of a new scientific specialty that would become known as psychopharmacology. Psychopharmacologists (and other scientists) introduced scientific method into psychiatry, often against stiff opposition from our profession's then regnant psychoanalytic establishment, and began its reintegration into a medical establishment that was itself realizing extraordinary advances through embracing science and technology.

All this is a mere précis of a highly complex and oft-told legend. The excitement of this remarkable multivolume presentation is that Dr. David Healy has chosen uniquely to archive this consequential history by capturing the personal accounts of scientists and clinicians who played leading roles in the psychopharmacology revolution. In a survey of truly international scope, Dr. Healy's relaxed interviews reveal consistently fascinating minutiae in personalized accounts of the travails,

triumphs, and periodic frustrations of many of our most notable colleagues, men and women who literally founded and matured a new branch of medicine in just a little more than half a century.

Not all of the big names are here, but all those included are major figures—brilliant, accomplished, indispensable. They range from the renowned to the nearly obscure, from Nobel laureates to those of more esoteric reputation. The 77 individuals and one committee whose comments make up the three volumes represent but do not exhaust the supply of luminaries of the field. In the front matter Dr. Healy acknowledges some of the pioneers who had passed before his project began, and there are many, many others who could have been included justifiably but for whatever reason were not.

Readers will note recurring themes and details within these collective narratives as individual original and critical thinkers independently approached shared problems. This repetition ultimately provides the reader with a delightful "parallax" as subsequent narrators describe the same phenomenon from their own perspectives. The interested reader can begin anywhere and enjoy and be informed by any of the individual parts. The pieces are well edited, but each retains a personal, conversational tone, which I believe increases the overall appeal of the books and sense of authenticity. The chapters are identified by proper names, with descriptive subtitles indicating the content and areas of concentration of the individual. Brief biographical *Dramatis personae* of the interviewees round out the extensive front matter and increase the interest and utility of the material.

The editor attempts no ranking of participants (which in this case would be forbiddingly difficult) but begins volume I with Pierre Pichot (fittingly, a notable historian in his own right). Dr. Pichot, an associate of Drs. Delay and Deniker, was near the center of inaugural events in Paris, became a prime mover in the promulgation of chlorpromazine and subsequent psychotherapeutic agents, and was a major figure in developing the sustaining scientific organizations. His insights elucidate some of the early personal competitions and controversies attendant to chlorpromazine's discovery and the subsequent publicity and honors.

In volume III, Vanderbilt's charismatic Fridolin Sulser relates the saga of his development as a scientist as well as the mentors and colleagues important to his career work of elucidating important neuropharmacology of antidepressants. The truly international career of the innovative Tom Ban is revealed in volume I; through his seminal imagination and tireless organizing, Dr. Ban fostered psychopharmacology within the world scientific and clinical community. Volume I also includes an interview with Jonathan Cole, an important early (and continuing) presence in American psychopharmacology, a veritable "Johnny Appleseed" diligently seeking out programs and investigators around the United States to encourage and fund their work through government and private granting agencies.

Volume II contains an interview with Leo Hollister, the crusty Stanford internist who, insisting on scientific rigor, guided the introduction and development of controlled studies and large multicenter trials for psychopharmacology. In

volume I, Donald Klein, a leader in the psychobiology of panic disorders, credits Freud and psychoanalysis in his development as a clinical scientist. Volume III ends with Jean Thuillier, a Parisian contemporary of Pierre Pichot and many other prominent pioneers of the time. His narration is a fascinating complement (even with the few minor factual disagreements) to Dr. Pichot's, and their two related memoirs offer to the front-to-back reader suitable binding threads for the substance of the three volumes.

Psychopharmacology's most prominent and enduring contribution to human knowledge may ultimately be the insights it provides into brain function. As our profession moves into the 21st century and ever closer to a culminating understanding of the crucial but elusive convergence of mind and brain, we would do well to contemplate the early days of this astounding revolution. These volumes offer us the wisdom and inspiration of our spiritual, intellectual, and professional godfathers. We are grateful to Dr. Healy for his great service of making them accessible.

WILLIAM EDWIN FANN, M.D.
Houston, Tex.

Better Than Prozac: Creating the Next Generation of Psychiatric Drugs, by Samuel H. Barondes. New York, Oxford University Press, 2003, 240 pp., \$26.00.

Too many books have been written about drugs that affect the brain, at least too many bad books. I know, having read and reviewed more than I would like to recall. This volume differs from all others. Samuel Barondes, Professor of Psychiatry at the University of California, San Francisco, is one of our country's leading molecular neuroscientists as well as an experienced psychiatrist and a consummate wordsmith, having already published classic volumes such as *Molecules and Mental Illness* (1) and *Mood Genes: Hunting for the Origins of Mania and Depression* (2).

Barondes now takes on all of psychopharmacology, dealing with drugs such as amphetamines, anti-anxiety agents, antidepressants, antipsychotics, and even sildenafil. Barondes addresses psychopharmacology at multiple levels that are elegantly balanced. The book commences and ends with a detailed recounting of a (presumably) hypothetical patient, Clara, and her efforts to deal with mild depression through psychotherapy and a variety of drugs. To clarify sociopsychological influences, Barondes recounts the serendipitous ways in which the drugs were discovered, affording insights into the molecular mechanisms whereby they act. Barondes then teaches the reader basic elements of neurotransmitters, biochemistry, genetics, and even drug metabolism.

Trying to do too many things is often a recipe for chaos. Barondes pulls off this prestidigitation brilliantly. His tales of drug discovery pay faithful attention to detail yet are presented simply and with a view to enhancing our understanding of what the drugs do clinically. His recounting of messenger molecules is rigorous enough for a professional biochemist yet readily accessible to a lay reader. Moreover, all the biochemical explanations are directly relevant to an appreciation of drug activities.

I have devoted the last 40 years of my life to psychopharmacology, yet Barondes' book conveys much that I did not know. For an educated lay reader, this volume serves as a *Scientific*

American-level presentation of drugs-and-the-brain as well as a comforting, edifying guide for the emotionally perplexed. This is likely the finest book I have ever read on psychopharmacology.

References

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SOLOMON H. SNYDER, M.D.
Baltimore, Md.

CONSCIOUSNESS

Neurochemistry of Consciousness: Neurotransmitters in Mind, edited by Elaine Perry, Heather Ashton, and Allan Young. Philadelphia, John Benjamins, 2002, 344 pp., \$64.95.

This book has an excellent title. Things go downhill from there. The title leads one to expect a comprehensive text filled with old, well-established concepts as well as new ones. It is actually a brief introductory book. *Neurochemistry of Consciousness* is part of a larger series titled *Advances in Consciousness Research*. One hopes that the series will be a substantial contribution to the compendium of reference literature. The introduction describes the series as a forum for scholars. The question then occurs as to where this book belongs in the series.

Although it contains a large number of topics regarding neurochemistry, this book suffers from a conspicuous lack of detailed information on any particular subject. The general level of information and the presentation are actually very good, but they provide more of a summary than a comprehensive reference. This shortcoming is apparent chapter after chapter. The discussion of neurotransmitters is accurate but lacks the detail suggested by the title of the series. There is relatively little discussion of new research on neurotransmitters.

On the positive side, this book covers many topics that are often omitted from other texts. For example, few books on neurochemistry discuss anything on anesthetics. Other interesting topics include the chemistry of dreams, ethnobotany, and shamanism. The very fact that these "orphan" topics are covered is wonderful. The basic problem is that only a few pages are devoted to any particular subject. This lack of depth plagues *Neurochemistry of Consciousness* from beginning to end. Neuroscience is a rapidly evolving area where old concepts are often replaced by new material. This book appropriately does not spend time on outdated material but needs more information on the excellent new material chosen. The items presented are very interesting and well supported by clinical and research references.

This is an excellent book for the undergraduate studying for a career in psychology or psychiatry. It is well written and very easy to understand. The basic concepts of neurochemistry are handled quite well and make this an interesting primer for the beginning student of psychopharmacology. One could say that *Neurochemistry of Consciousness* does not waste any words. The diagrams and tables contribute to the educational

nature of the chapters. The references make an excellent list for further reading. This book is good for the educated general reader or college student. I cannot recommend it to the neuroscientist or research psychiatrist, but it is a fine read for any layperson interested in the topic or for the clinician who has not visited the topic for a while. Perhaps this nice little volume should have been called a synopsis of neuroscience. I look forward to an expanded version in the future.

JAMES A. WILCOX, D.O., PH.D.
El Paso, Tex.

COGNITIVE IMPAIRMENT

The Dementias: Diagnosis, Treatment, and Research, 3rd ed., edited by Myron F. Weiner, M.D., and Anne M. Lipton, M.D., Ph.D. Arlington, Va., American Psychiatric Publishing, 2003, 596 pp., \$84.95 (paper).

As the number and proportion of elderly individuals in the populations of the world's developed countries continue to rise, the number and proportion of people with some form of dementia increase as well, threatening to bankrupt health care systems. Most of the attention in the popular and scholarly press, understandably, is devoted to the latest discoveries in the neurobiology of the demented brain and on the results of drug trials that promise a "cure" for these diseases.

In the absence of a cure, however, there is much to know about the less glamorous aspects of the day-to-day care of dementia patients and their families. The strength of this book is that it contains up-to-date summaries about neuropsychological evaluation, support for caregivers, legal and ethical issues, mobilization of community resources, structuring environments, and nursing care as well as diagnosis, neuroimaging, molecular biology, and drug treatment of cognitive and behavioral problems. The chapter on psychological and behavioral management should be particularly valuable for young physicians because it teaches that not every problem behavior requires a drug intervention; many can be managed more effectively with simple techniques like distraction or minor changes in the residential environment.

Some comment on the neuropsychological evaluation of patients who do not speak English would have been welcome. The Hispanic population in the United States is already large and rapidly increasing, and in some areas there are large numbers of people from Asia. Evaluating the elderly from these groups is especially challenging because they often have little or no formal education and may not be literate in their native language. Still, some progress has been made in developing suitable test materials in Spanish, and a list of references would have been useful.

At least five recent studies have demonstrated that how people spend their leisure time affects the probability that they will develop Alzheimer's disease later in life. Exactly which activities exert a "protective" effect is unclear, but the long-term implications could be quite profound, especially if it could also be shown that maintaining mentally stimulating activities after the onset of dementia slowed its progression.

In summary, this book will be a valuable reference for physicians and psychologists who treat the elderly. It will be particularly useful as a text for interns, residents, and fellows in psychiatry, neurology, geriatric medicine, and neuropsychology.

WILLIAM W. BEATTY, PH.D.
Oklahoma City, Okla.

Mild Cognitive Impairment: Aging to Alzheimer's Disease, edited by Ronald C. Petersen, Ph.D., M.D. New York, Oxford University Press, 2003, 288 pp., \$55.00.

Clinical investigations in psychiatry, neurology, neuroanatomy, radiology, and psychology have identified a transitional condition between normal aging and Alzheimer's disease that they have called "mild cognitive impairment." The chapters in this very interesting book address the range of issues that identify this area of inquiry: clinical studies, cognitive tests, magnetic resonance imaging (MRI), neuropathological changes, biological markers, and clinical evaluation.

Researchers have identified three varieties of mild cognitive impairment. In the amnesic form, the most common, the distinguishing clinical feature is a problem with memory. Patients with multiple-domain mild cognitive impairment are slightly impaired in multiple cognitive domains like activities of daily living and judgment. In single nonmemory mild cognitive impairment, there is mild impairment in executive function (which may lead to frontotemporal dementia) or visuospatial impairment (which may lead to dementia with Lewy bodies).

The criteria used by the Mayo Clinic Research Group to define mild cognitive impairment include the following: 1) memory complaint, preferably corroborated by an informant, 2) objective memory impairment for age and education, 3) largely normal cognitive function, 4) essentially intact activities of daily living, and 5) not demented. Neuropsychiatric studies indicate that depression, personality changes, and paranoid disorders may be harbingers of the onset of cognitive impairment. The criteria of the National Institute of Mental Health Work Group on Age-Associated Memory Impairment for mild cognitive impairment include age at least 50 years old and cognitive test scores one standard deviation below the mean.

Several different modalities are used for clinical imaging, such as MRI, computerized tomography, positron emission tomography (PET), and single photon emission computed tomography (SPECT). In this book the emphasis is on anatomic MRI because this reflects the majority of the published literature. The major pathological features that characterize Alzheimer's dementia include senile plaques, neurofibrillary tangles, decreased synaptic density, neuron loss, and atrophy relative to age-matched control subjects. The presumed basis of this atrophy is loss of neurons and decreased synaptic density. Measures of atrophy are divided into those assessing hemispheric atrophy and those assessing regional atrophy. Recent interest in MRI has focused on the hippocampus and other medial temporal lobe structures. MRI measurements of the hippocampus and entorhinal cortex differ significantly between control and minimally impaired groups. In other words, there is a close correlation between severity of atrophy and severity of cognitive deficits. PET and SPECT have both demonstrated abnormalities in brain perfusion, specifically

in the temporoparietal region, for mildly impaired patients as well as for Alzheimer's dementia patients.

There is a good discussion of biological markers. Recent work has focused on the amyloid precursor protein in the presenilin-1 and presenilin-2 genes, which predicts Alzheimer's dementia at specific age ranges. Current work is focused on apolipoprotein ϵ -4 genes, familial forms of Alzheimer's dementia, CSF and tau protein, plasma and CSF absorption levels, platelet amyloid precursor protein isoforms, iron binding proteins (p. 97), and neural thread proteins.

Neurological and psychological examination should focus on recall of recent events because remote histories are usually preserved in mild cognitive impairment. Mental status instruments like the Mini-Mental State Examination and the Kohmen Short Test of Mental Status are probably the most common. Patients with mild cognitive impairment will often score well on these tests, and this is not inconsistent with mild cognitive impairment. Focus should be on delayed recall, the most sensitive and earliest sign of memory impairment.

Neurological examination should also include examination of other features, including rigidity, bradykinesia, or postural imbalance, with or without tremor, which would suggest an extrapyramidal disorder. Parkinson's disease, Parkinsonism, or other Lewy body disorder can present with subtle cognitive impairment. If there are visual field deficits or asymmetrical reflexes, mass lesions or vascular accidents would suggest themselves. If a patient has peripheral neuropathy, then toxic or metabolic contributions need to be considered as contributing to the cognitive state.

Finally, a brief discussion of cholinesterase inhibitors suggests that these medications delay symptoms of both mild cognitive impairment and Alzheimer's dementia for about 6 to 9 months. The dosing of cholinesterase inhibitors is limited by gastrointestinal side effects, but maximal doses appear to be most beneficial. The results from cholinesterase inhibitors generally show some cognitive improvement and a *lack* of functional decline.

For those who work with geriatric patients, this is a very interesting volume. As a clinician, I found it very instructive.

MICHAEL R. BIEBER, PH.D.
Dallas, Tex.

PSYCHOANALYSIS

Conversations at the Frontier of Dreaming, by Thomas H. Ogden. Northvale, N.J., Jason Aronson, 2001, 257 pp., \$40.00.

This book is unusual, and I enjoyed reading it very much. It is interesting and has a great many ideas scattered in all directions. It consists mainly of previously printed papers (chapters 2 through 8). These are integrated by certain general themes, but occasional repetition creeps in, especially about Ogden's concept of the "analytic third." Basically, the book contains many very close readings of poems, patient material, and Ogden's own reveries. These are idiosyncratic and must be accepted on faith; for empirically oriented psychiatrists they will sometimes seem bordering on mysticism. On the

other hand, professors of English literature will enjoy them very much. Ogden is clearly a very educated man and a sensitive, introspective psychoanalyst.

There are two central ideas that integrate the chapters and receive the maximum emphasis. The first of these centers on the analyst's reverie as he or she listens to a patient and how, by paying attention to one's own reverie, one can come up with a better understanding of what the patient is experiencing and trying to communicate. The second of these concentrates on the voice of the analyst as he or she presents interpretations or speaks to the patient and how scrutiny of this voice can give important evidence about countertransference and about what is going on intersubjectively between patient and analyst.

Chapter 1 deals at length with reverie. Ogden writes, "The unconscious conversation that in sleep we experience as dreaming, in the analytic setting we experience as reverie. The analyst's reveries are his waking dreams" (p. 5). Ogden wants the analyst to gain access to what he calls the "continuous unconscious conversation with himself that takes the form of dreaming in sleep and of reverie in waking life" (p. 5). The title of the book comes from Ogden's concept of the frontier between the unconscious and the preconscious, which he calls "the frontier of dreaming" and which he feels forms the "metaphorical place of that distinctively human conversation with ourselves" (pp. 7-8). It follows that psychoanalysis is a form of human relatedness that is "specifically designed to create conditions in which the conversations with one's self that take place at the unconscious-preconscious frontier might be rendered increasingly audible, to analyst and analysand" (p. 11). Referring to his concept of the "analytic third," however, he says that the dreams and reveries generated by the analyst and the patient not only draw on the unconscious of the analyst and the patient as individuals but also have to do with "a set of unconscious experiences jointly, but asymmetrically, constructed by the analytic pair" (p. 11). This is the "analytic third" that Ogden has repeatedly written about, which he defines as an unconscious intersubjective construction.

The second chapter refers again to the "analytic third" and then goes on to discuss the analyst's use of his or her reverie experiences, which Ogden considers "a central component of analytic technique" (p. 21). This leads him to the topic of the use of language, both the patient's and the analyst's. He says that the patient and the analyst communicate with each other through the voice and kind of language they use, and what they communicate in this fashion is "something of what they are feeling" (p. 25). To put it another way, "Reverie is a process in which metaphors are created that give shape to the analyst's experience of the unconscious dimensions of the analytic relationship.... Reverie is a principal form of representation of the unconscious (largely intersubjective) experience of analyst and analysand" (p. 38). In addition to the transference and countertransference, Ogden attempts to achieve a "sense of what it feels like being with the patient at a given moment" (p. 42).

In chapters 3, 4, 5, and 7, Ogden explores in depth the voices in clinical material, his own reveries, and poems of his choice to see what they communicate. These chapters depend heavily on Ogden's readings of this material. Although one may not agree with his readings, it seems clear that the

voice with which the analyst presents interpretations or other communications to the patient also constitutes an important communication that is worth examining in the analytic process. I fear the average psychiatrist reader will have difficulty with these chapters unless he or she is willing to suspend an empirical approach and go along with what Ogden is trying to say by his readings of this material. As he says,

The unspoken and the unspeakable are present (sometimes in their absence) in the language that *is* spoken, in the manner in which it is spoken, in the sounds of the words and sentences, in the feelings elicited in the listener, and (in the analytic setting) in the behavior and bodily sensations that accompany what is being said. (p. 106)

In an earlier publication (1), I called attention to Ezra Pound's concepts of *logopoeia*, *phanopoeia*, and *melopoeia*. For Pound (2), *phanopoeia* in language represents "throwing the object...onto the visual imagination" (p. 63), *melopoeia* is "inducing emotional correlations by the sound and rhythm of the speech" (p. 63), and *logopoeia* stimulates the associations that have remained in the receiver's consciousness in relation to the actual words employed. Only then, says Pound, can language be charged with meaning to the utmost possible degree! Ogden seems to be saying the same thing, and his book is interspersed with many suggestions about how to read and understand a poem. For example,

The sense of an essence that we glean from a poem, if the poem is a good one, is not already there ("inside" the reader or "inside" the poem) waiting to be illuminated; it is newly created each time, not only in the medium of words, but just as important in the medium of someone else's words. (p. 177)

Ogden tries to draw a parallel to the analytic relationship in which the patient and analyst read and are read by the unconscious of each other, a process that he says leads to both participants knowing themselves better than before.

Probably the most remarkable chapter in the book is the last, "On Reading Winnicott." Ogden offers a close reading of Winnicott's paper "Primitive Emotional Development," not possible to paraphrase in this brief book review. Ogden here demonstrates an extraordinary capacity to pay very close attention to a psychoanalytic paper. That he is a great admirer of Winnicott comes through in this chapter. Ogden reads Winnicott's papers "aloud, line by line, as I would a poem, exploring what the language is doing in addition to what it is saying" (p. 206).

The concluding comments of the book probably would have served better as introductory comments because they make explicit Ogden's position on the important inseparability of the language used to convey interpretations and other ideas to a patient from the ideas themselves, as far as the experience of the patient is concerned. And this experience always has to be taken into account in understanding our patients' responses to our communications as well as in understanding our responses to the patients' communications. On the whole, then, if one approaches this book with the right attitude, it is a very interesting and worthwhile contribution to the psychoanalytic literature.

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RICHARD D. CHESSICK, M.D., PH.D.
Evanston, Ill.

Sexual Orientation and Psychoanalysis: Sexual Science and Clinical Practice, by Richard C. Friedman and Jennifer I. Downey. New York, Columbia University Press, 2002, 352 pp., \$35.00.

This book is a valuable addition to the literature available to help therapists understand and work with gay, lesbian, and bisexual patients. I attended the authors' lectures on human sexuality during my psychiatric residency at Columbia University, and they have deftly provided a framework for much of their classroom material. The book is divided into two sections: the first reviews current scientific understanding of the origins of sexual orientation and adds some new ideas, and the second uses extensive vignettes to help inform current clinical practice.

In the first section, Friedman and Downey stress the importance of "extrapsychoanalytic" research in the fields of genetics, psychoendocrinology, psychological development, and sexology. The authors believe that psychoanalysis has much to offer in its ability to explore one individual deeply, but theories of normative development require more statistically based sciences that rely not only on an exploration of meaning but also on specific physical observations. As examples, they rightly point out that psychoanalytic theories failed to uncover clitoral orgasm or the sex arousal cycle in women. Also, psychoanalysis started from a theoretical assumption of personality pathology in homosexual people that was not contradicted empirically until the 1960s by the work of Evelyn Hooker. Until recently, the authors point out, psychoanalysis approached homosexuality as only "a special instance of a general problem." Friedman and Downey accurately discuss the dangers of psychoanalytic theorizing divorced from basic science and insist on a systems approach to human sexuality that integrates clinical and theoretical understanding.

For the authors, the most crucial "extrapsychoanalytic" contribution to understanding sexual orientation is the study of prenatal hormonal influences. They continue to focus on the prenatal hormonal environment throughout the "science" section of the book. Using animal studies and human populations affected by disorders of sex steroid hormones, they develop an approach based on theorized prenatal differences in sex steroids to explain later formation of gender identity and sexual orientation.

They do not dismiss the idea that caretaker influences on children can affect gender role behavior, but they assign it less importance than prenatal hormonal influences on the developing brain. For example, they are supportive of an idea developed by Daryl Bem that children are aroused by peers who are different from them (in play, for instance) and that this arousal eventually leads to formation of erotic attraction and sexual orientation. Their argument that the play interests of children are directed by the prenatal hormonal environment

serves as an explanation of how earlier events can influence later development.

Jack Drescher (1) described this approach as emphasizing a possibly pathological early event (such as alteration in prenatal steroid exposure) with a subsequent inevitable developmental pathway that is not itself pathological. Friedman and Downey, however, do not label the possible differences in prenatal hormonal environment in gay people as pathological, despite their willingness to use the term elsewhere in their book.

They cite a wide array of findings to support the importance of sex steroid exposure in utero, beginning with a discussion of sexual fantasy and differences in erotic development between males and females. Examples include the earlier appearance of male sexual fantasy and the focus of men on erotic motivations for sexual experiences (while women are directed toward relational and procreational interests). They use examples of androgen exposure gone awry to buttress their arguments, such as excess androgen exposure in some intersex disorders in females leading to decreased maternal interest in play. Also, in girls with congenital adrenal hyperplasia, sexual fantasies may be somewhat more frequently homosexual.

The authors argue that “a late childhood critical period” exists in which a template for later erotic interests is formed. Although for a minority there may be some later plasticity, the sexual fantasies and erotic objects of most people are determined in that period. Noting the relative dearth of literature about female homosexuality, the authors still see a possibly greater plasticity in the development of sexual orientation of women, partly because life narratives of women are less likely than those of gay men to tell a story of difference early in life inexorably leading to an early realization of being gay.

The authors have been at the forefront of the movement within psychoanalysis challenging previously orthodox ideas based on the concept that development of homosexual orientation is intrinsically disordered. Although these ideas are much less widely held now, their book includes valuable sections that debunk them.

In their commentary on the Oedipus complex, they place themselves among the revisionists of Freud’s theories (and, in fact, point out that Freud likely would have disagreed with some of his followers). For instance, they doubt that the dynamics of the Oedipal phase are critical to establishing gender identity because gender identity is formed much earlier. For them, early sexual desire (as opposed to the need for love or identification) is likely to be a result of abuse or neglect rather than a normal developmental pathway. Against Rich-

ard Isay’s idea of fathers shying away from the sexual desire of their gay male children (2), they assert that fathers actually are uncomfortable with these children’s gender atypical play.

Again emphasizing hormonal influences, Friedman and Downey use the predominance of “rough and tumble” play in boys as evidence for differences in androgen exposure between boys and girls (and presumably, between boys later destined to become straight or gay). They do not believe that the rough play of boys is primarily due to social influences leading to an unhealthy release of destructive instincts. Rather, they see this type of play as important in the development of most boys (for instance, in the instillation of the concept of teamwork); they see homophobia partly as an outgrowth of this form of bonding and perhaps somewhat inevitable.

The second section of Friedman and Downey’s book moves into the clinical realm, with a particular focus on homophobia and internalized homophobia. In general, they are sympathetic to the idea that many difficulties of gay people are a result of societal homophobia and its concomitant, internalized homophobia. They see internalized homophobia as a nearly universal experience among gay people that can be used psychologically in many different ways. For instance, it can be a way in which guilt about other things is expressed, and they describe the possibility of an unsuccessful treatment (a negative therapeutic reaction) in a patient in which internalized homophobia is just part of an all-encompassing self-hate.

In a beautiful clinical vignette near the end of the book that illustrates the discussion of internalized homophobia, the psychotherapeutic treatment by Downey of a woman in her 80s is depicted. Downey’s flexibility of approach is clear—she reads seminal works in lesbian literature with her patient, and when her patient is hospitalized, she gives her a telephone so that her patient will be less isolated. The application of these supportive (and revealing) techniques has general relevance in the treatment of gay and lesbian patients, who may need a more open and active therapist to counterbalance the effects of homophobia and internalized homophobia. This book will serve therapists well in guiding them toward better clinical care of their gay and lesbian patients, beginning with an understanding grounded in science.

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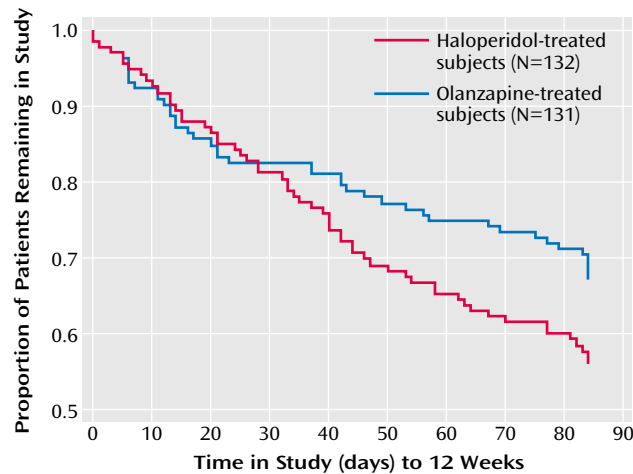
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BENJAMIN MCCOMMON, M.D.
New York, N.Y.

Reprints are not available; however, Book Forum reviews can be downloaded at <http://ajp.psychiatryonline.org>.

Correction

In the article “Comparative Efficacy and Safety of Atypical and Conventional Antipsychotic Drugs in First-Episode Psychosis: A Randomized, Double-Blind Trial of Olanzapine Versus Haloperidol,” by Jeffrey A. Lieberman, M.D., et al. (August 2003; 160:1396–1404), the graph shown in Figure 1 (p. 1399) was incorrect. The correct graph is shown below.



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