

Writings has four parts. The first is an introduction written by Jay, and the remaining three parts, written by Robert, constitute the diary itself—a collection of letters written between 1958 and 1976 and a collection of poems.

The part that covers the period between April 3 and May 15, 1962, which is titled “The Hillside Diary,” is the least interesting of the three parts. The reader is told to expect a diary that provides insight into care and treatment in the 1960s. I thought the diary failed to do so. It reads much more like an almost blow-by-blow portrayal of a dreary life described in exquisite detail, including what Robert ate for meals, whom he did or did not talk to, and what activities he participated in. Unfortunately, and much to my disappointment, Robert’s account of his own life in state hospitals is much less interesting than his brother’s account of the same thing.

The poems capture more of the spirit, sensitivity, and disappointment of an individual whose early life was one of talent, productivity, and prospect and whose adult life has been spent mostly in psychiatric hospitals, supervised residences, and mental health programs. Rather than try to capture the essence of Robert’s poems, here I quote one called “Well Winter Is Over”:

well winter is over/ the buds now on
the trees/ a lot of good it does to me/
I still seem to suffer/ from the fate of
loneliness/ and where is the tender
touching princess?/ after whom I
seek/ is it that I’m too meek?/ trem-
bling and empty/ for years now I’ve
been floating/ like the sea/ rolling and
moving/ going no place/ but going all
the time.

The letters are a set of about three dozen chosen from hundreds of letters exchanged between the Neugeboren brothers. The earliest letter is from 1958, the latest from 1976. The letters are a stunning portrayal of an individual’s struggle not to be totally consumed by his chronic mental illness. They begin before Robert’s first psychotic episode and carry for-

ward for another decade and a half. Robert writes with a mixture of humor and pathos but always seems to be a keen observer. In a letter from 1969, he writes “the pills are working fine and much more fun than making up stories for doctors and pseudo doctors. I am repulsed by all the talking that I once did and really don’t know what I talked about and how those ‘professionals’ could sit there and listen but then I guess when you’re getting paid at the rates that they are you can sit.” To anyone who has talked to patients in state hospitals, some of Robert Neugeboren’s laments will be quite familiar—for example, “I’m really feeling much better but at the present rate of progress it seems like I’ll be here forever.”

Throughout the book are photographs, drawings by Robert Neugeboren, and reproductions of actual letters and envelopes.

I knew this book was coming, and I was rooting for Robert Neugeboren, hoping his own presentation of himself would surpass his older brother’s. Unfortunately, it does not. A much better sense of Robert and his struggles comes from Jay Neugeboren’s presentation in *Imagining Robert* than from Robert Neugeboren’s presentation in *The Hillside Diary and Other Writings*.

Reference

1. Neugeboren J: *Imagining Robert: Brothers, Madness, and Survival: A Memoir*. New York, William Morrow, 1997

Handbook of Self and Identity

edited by Mark R. Leary and June Price Tangney;
New York, Guilford Press, 2002, 703 pages, \$75

Stephen M. Thielke, M.D.

Handbook of Self and Identity is dynamite. It compiles and synthesizes research about the self, broadly defined as the reflective capacity of humans to be, in William James’ original typology, both “I” and “me,” subject and object, knower and known. The contributors are mainly research psychologists (none is a physician) presenting findings from the past 30 years. The discipline of self research challenges the hegemony that behaviorism has held for the past century. I believe it has deeper roots (in humanism and philosophy), stouter branches (of validated research), and choicer fruit (in clinical and personal relevance) than behaviorism. It stops short of blowing behaviorism away, but it certainly shakes its foundation.

As a psychiatry resident, I am exposed to many psychodynamic, cognitive, and behavioral theories, but I have never encountered anything like

this material. It took me a while to adapt to a different vocabulary and conceptual framework in reading this book, but I soon found these theories to be well-researched, consistent, and profoundly relevant. Roughly, they address how we see ourselves and others, what motivates us, and how our behaviors and thoughts affect and are affected by our reflective capacities. These are heady and philosophical issues, but psychological research has elucidated them brilliantly, often with counterintuitive findings. Unlike much of the other theory I am learning as a resident, this material has sprung from and withstood the test of empirical research.

Although several chapters address personality disorders, the book has virtually no clinical content, much less discussion of how to carry out therapy. Yet almost every finding relates uncannily to the issues my patients bring to sessions. I found the chapters on self-evaluation, self-knowledge, self-systems, and emotions particularly meaningful in helping me understand what my patients

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are saying. These models have a testable predictive utility that is not often found in post hoc psychodynamic analyses. Transference is treated very lucidly and directly in the context of self-evaluation and capacity to change.

More personally, the relevance of this book to my beliefs and habits made me uneasy. After reading several chapters at a cerebral distance, I realized, "Wait, all this stuff applies to me too, and not flatteringly." In particular, thinking about what it means to stake worth on accomplishments instead of attributes, and to value performance instead of mastery, called into question the hypercompetitive scramble guiding me into and through

our profession. Much of the research, when applied to myself, was downright scary, and led me to wonder deeply who I am, how I construe myself and the world, and what I hope for and suggest to my kids. Had I read this book at other times, especially during medical school, it might have trashed my sense of self. I expected it to be a pure thinking cap, but it was a blasting cap too. I doubt I am alone in this; let the reader beware.

The editors' care and scrutiny are evident throughout this attractive volume. The book is well-organized, well-indexed, and easy to read. It would be of interest to anyone who works in mental health as well as to a broader audience.

flations of science, religion, and politics. For example, many in the ex-gay movement subscribe to a "name and claim theology . . . [meaning that one] may not be completely healed [or heterosexual] now, but by claiming that [one is] healed [that is, calling oneself ex-gay] . . . God will eventually reward that faithfulness and cause the actual healing." In other words, to be ex-gay, one does not have to have a heterosexual arousal system; one only has to pray for one.

The shaky ground on which ex-gay identities are constructed is described in the book's first section, in which Besen details the tragic, personal foibles of prominent ex-gay leaders who either had "homosexual lapses" or publicly went back to being gay. The second section introduces reparative therapists, questioning their character, their psychoanalytic theories, and their cure rates. The third section focuses on religious right organizations and operatives who use homosexuality as a wedge issue for personal and political gain.

Besen persuasively argues that reparative therapists and conservative religious groups use the ex-gay movement to counter growing public acceptance of lesbians and gays. Because this acceptance is based on a belief that homosexuality is "biological"—by which most people mean "immutable"—ex-gays, reparative therapists, and the religious right contend that people are not "born gay"; that homosexuality is a sick "behavior," not an "identity"; and that "homosexuals" can change if they try hard enough. As documented in *Anything But Straight*, this is not just a clinical or religious position; it is also a political argument against lesbian and gay civil rights.

Besen—formerly associate director of communications for the Human Rights Campaign Fund, a non-partisan lobbying group for lesbian and gay civil rights—spent four years monitoring ex-gay ministries. Clearly, he was distressed and angered by what he found. Conse-

Anything But Straight: Unmasking the Scandals and Lies Behind the Ex-Gay Myth

by Wayne R. Besen; New York, Harrington Park Press, 2003, 311 pages, \$19.95 softcover

Jack Drescher, M.D.

Wayne R. Besen's *Anything But Straight: Unmasking the Scandals and Lies Behind the Ex-Gay Myth* chronicles the so-called ex-gay movement's 30-year history. In many ways, this is a story of cultural developments after 1973, when the American Psychiatric Association (APA) stopped classifying homosexuality as a mental disorder in the *Diagnostic and Statistical Manual*.

Before that time, APA meetings routinely featured programs on how to "treat" and "cure" homosexuality. In 1970 and 1971, gay and lesbian activists disrupted those events. The protests led to formal meetings with APA officials as well as deliberations and debates in APA's scientific committees on the question of what constituted a psychiatric illness. In 1973, APA's board of trustees voted

to remove homosexuality from DSM-II.

Those who were opposed to this move petitioned APA to hold a membership referendum to put homosexuality back in. However APA's membership voted to support the removal. After their loss, clinicians who pathologized homosexuality—today referred to as "reparative therapists"—were gradually marginalized from mainstream scientific journals and meetings. However, they found new audiences elsewhere. Their clinical theories meshed with the political agenda of social-conservative groups that opposed normalizing same-sex relationships. What eventually emerged was a faith-healing movement based on biblical values trying to cloak itself with a scientific mantle of respectability—not altogether unsurprising given that the political groups supporting "reparative" therapies also promote and endorse the pseudo-science of "creationism."

Anything But Straight details some of the confusing linguistic con-

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