ters reviewing drugs that enhance sexual activity, including dopaminergic drugs, serotonin antagonists, peptides, yohimbe, and vasodilators. An interesting case is made for the use of bupropion not only as an alternative antidepressant for patients experiencing antidepressant-induced sexual dysfunction but also for those with sexual dysfunction in the absence of depression. The authors present their own research findings concerning this use.

Each chapter contains some general background information that will be helpful to those not well versed in the particular area, although others may find it somewhat cursory. Summary tables are provided for quick reference in each chapter that deals with a specific drug or class. In general, the text is quite readable and is interspersed with case examples and practical information. However, readers should keep in mind that sometimes the authors are presenting their own opinions based on the scientific literature, clinical experience, and their own research. In most instances the abundant references make it clear when opinions are being stated.

This book would be a useful addition for many practitioners. The authors state that besides being used as a text in medical schools, nursing programs, and graduate programs, Sexual Pharmacology can serve as "a resource for those who did not receive adequate training in human sexuality in medical or graduate school" and can also be "an essential reference for nonphysicians who evaluate and treat sexual problems." This target audience could be expanded to include any clinician wanting to have a better understanding of sexual pharmacology.

**“We’re People First”: The Social and Emotional Lives of Individuals With Mental Retardation**

*by Elaine E. Castles; Westport, Connecticut, Praeger, 1996, 211 pages, $35*

Ruth Ryan, M.D.

Many people believe that individuals with mental retardation are somehow simpler or less complicated than those of normal intelligence. Nothing could be further from the truth. The process of social and emotional development in persons with mental retardation is very complex." This excerpt and the book’s title constitute the primary messages of this thoroughly referenced book.

Elaine Castles, a clinical psychologist with 20 years’ experience with people with developmental disabilities, takes on the ambitious task of reviewing traditional theories of development, stereotypes of persons with mental retardation, and clinical data in an effort to arrive at a more accurate set of ideas about this frequently misunderstood group of individuals.

The author advises that readers already familiar with the major theories of normal development might wish to skip the first chapter, which reviews them. However, in this chapter she explores the links between cognitive development and emotional development that have been described by various theorists, and her exploration encourages useful questioning about whether these links have been substantiated.

The second chapter, on development in persons with mental retardation, usefully summarizes most of the multiple factors other than intelligence that can influence development, such as temperament, age, and social experience. The description of the “mental age” and “two-group” constructs of development and progress in persons with mental retardation alludes to the growing evidence that neither of these constructs are as universal or even as relevant as was once hoped.

Part 2, called Families, Friends, and Feelings, is the most powerful segment of the book. The vignettes and quotes from people with mental retardation and those who care about them educate the reader about family and other intimate relationships of people with retardation, their friendships, their ambitions, their emotional complexity, and the devastating effects of unrelenting prejudice. The examples are integrated with research data indicating that many developmentally disabled people can achieve independence, satisfying work, marriage, and a generally happy life. Included is a powerful and well-supported statement that maintaining lofty hopes of people with mental retardation is much more health promoting than the previously popular practice of helping them lower their expectations.

The book has several problems, most of them likely artifacts of the delay between writing a book and its actual publication. The text suggests that medications may be used for behavior control only, rather than as part of biopsychosocial treatment for a properly diagnosed mental illness; this practice is no longer accepted. Another section suggests that some reputable practitioners believe that aversive procedures, such as electric shock, can be acceptable, which also is incorrect. There are several references to the American Association on Mental Retardation’s 1992 definition of mental retardation, which has since been completely revised.

The author acknowledges that her distinction between constructs of mental health problems that are “organically based” and “nonorganically based” may be too artificial and, with current knowledge about mental illnesses, often incorrect. She alludes to the paucity of nonverbal people in her case examples, although she frequently asserts that major differences exist between people with mild to moderate mental retardation and those with severe or profound disabilities.
Some of the terminology may be somewhat confusing for mental health professionals. For example, all mental illnesses are referred to as "emotional disturbances," and the author also refers to schizophrenia, bipolar disorder, and autism as "psychotic" disorders. No mention is made of the significantly increased medical stress or the extremely poor medical care experienced by many people with developmental disabilities, particularly those who also have challenging behavior symptoms. The section on individual medications is too abbreviated to be useful for mental health practice.

Those problems aside, this text provides useful information for any clinician who would like to know more about what work settings, relationships, and stigma are like for people with mental retardation. In a quite readable manner, myths that stereotype people with developmental disabilities are contradicted by case examples and research data.

Because the contributors engage in such a wide range of therapies (and some are in part-time practice, and others no longer practice at all), their commonalities are fairly broad too. They seem to share beliefs about the value of egalitarian relationships, they appear to have forged similar political bonds of activism and social consciousness, they apparently favor analyzing power relationships, they appear to self-disclose to clients, and they seem to have personal histories shaped by the women's movement.

Some of the women therapists write about particularly nurturing relationships with mothers or sisters; others speak more broadly of sisterhood in general. Some describe formative therapeutic relationships, which shaped their consciousness, with male or female therapists or both, while a number speak about organizations such as the National Organization for Women that shaped their feminist practice.

Several essayists share stories of their divorces, battles with cancer, sexual struggles, mothering, and experiences of traveling or living alone. Hearing their stories is a bit like sitting in a first session of a woman's consciousness-raising group: there is a lot of self-disclosure, an instant intimacy (including a few things one wishes not to know), some formidable personal strengths, a range of life and practice experiences, a sense of sharing, and a polemic that sometimes is strident.

For example, one essayist writes: "Those men who work in the helping professions must examine their own orientation to their jobs. Do they want to help or control? Do they want to share of themselves or to prop up their sagging egos (and penises) by snickering at their female patients?" This kind of writing weakens the book.

In fact, later in the volume, the editor herself concludes that "only feminist therapy reminds women that they are not responsible for the mental illness, addictions, or criminality of their children or love partners. Only feminist therapy urges women to look at their families, their histo-

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Voices of Feminist Therapy

Joan Berzoff, M.S.W., Ed.D.

Voices of Feminist Therapy is a collection of 14 essays by women therapists recruited through three feminist therapy sources: the Association for Women in Psychology, the division of the psychology of women of the American Psychological Association, and the Feminist Therapy Institute. Each of the feminist contributors, who are of varying ethnic, racial, and religious backgrounds, social classes, and sexual orientations, was asked to articulate her conception of feminist therapy and to trace her history in coming to feminism, including formative family, personal, and educational influences. The therapists come from a range of clinical backgrounds, such as rape counseling, substance abuse treatment, and gestalt, dynamic, and humanistic therapies, and they represent a range of lifestyles, including rural and urban and single, divorced, and partnered. Each briefly tells her story.

Although parts of this volume are very interesting historically, it is unfortunate that the editor begins by overstating a stereotypic view of psychological theory and practice before feminism. Ms. Williams introduces her book by saying that "Until the late 1960s and early 1970s most [italics mine] therapists saw the goals of a woman's therapy as the ability to be married happily, to have 'vaginal' orgasms, and to be fulfilled by motherhood, presumably a 'natural' state for them."

After beginning with this overgeneralization about psychotherapists, which turns every practitioner into a macho-drive theorist, the editor then ignores the substantive fields of feminist object relations theory, interpersonal and relational therapies, and self psychology, all of which were emerging during the sixties and seventies. In addition, she does not reference the body of theory and practice that integrated cultural and social theory with psychological theory, including Erikson's pioneering work (1). Likewise, she does not reference the systems and family theorists of the 1960s and 1970s, such as McGoldrick (2) and Hartmann and Laird (3), who were increasingly integrating gender and culture into both theory and practice. Indeed, the current state of psychological theory in clinical social work, developmental and clinical psychology, and psychiatry has been infused with content on gender. This is a welcome change, but one seemingly unrecognized by the editor.

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