Prozac and the Pharmacokinetics of Narrative Form

Elizabeth Wurtzel presents a breakthrough moment near the end of her memoir Prozac Nation (1994). Throughout much of the narrative Wurtzel describes her ongoing struggle with depression, experienced as a state of constant inquietude and self-criticism, as well as an isolating sense that “I feel like a defective model” (1994, 1). This condition is largely unresponsive to talk therapies. Then, however, the author takes Prozac and for an evanescent moment in the text realizes a sense of liberated actualization: “And then something just changed in me. . . . It happened just like that. . . . It was as if the miasma of depression had lifted off me, gone smoothly about its business, in the same way the fog in San Francisco rises as the day wears on. Was it the Prozac? No doubt. . . . It took a long time for me to get used to my contentedness. It was so hard for me to formulate a way of being and thinking in which the starting point was not depression” (329).

In this article I examine the posttreated Prozac self, the self in whom Prozac makes possible a new way of being and thinking, as it is presented in American fictional and autobiographical accounts of women suffering from mental illness in the 1990s. Wurtzel’s coming to terms with the momentary lifting of an otherwise intractable depression through treatment with Prozac, and her subsequent discovery of a sense of connectedness, is a narrative convention mirrored in a number of literary works, four of which I examine in this article: Lauren Slater’s essay “Black Swans” (1996), Pagan Kennedy’s and Gary Krist’s short stories “Shrinks” (1994) and “Medicated” (1994), respectively, and Persimmon Blackbridge’s novel Prozac Highway (1997). Each text embraces Prozac specifically, and biological psychiatry more generally, to treat both the “symptoms” of “mental illness” and a set of gender conventions in which that illness is embedded. At the same time, the very escape that these texts celebrate, the sudden lifting of a miasma through a chemical cure, is incompletely sustained. And, in each

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case, Prozac’s inability to liberate is narrated in terms of the reappearance of the previously defeated gender conventions. Mental health is thus undone in these stories by the reappearance of psychoanalytically defined identities and norms, now figured as the limit of Prozac’s curative powers. Further, these identities and norms become all the more impervious to critique, inasmuch as they are reinstated through the language and logic of biological psychiatry. Ironically, Prozac narratives reproduce a psychoanalytic paradigm, and in so doing these narratives risk reinforcing that paradigm’s gender conventions by recontextualizing them.

This claim diverges from much of the contemporary criticism concerning Prozac-inspired literature (a form so widespread it threatens to go generic along with the medication), and it specifically takes issue with the notion that the selves discovered in these and other narratives written about or authored by women suffering from “mental illness” are constructs of late twentieth-century “postmodern” discourse formation. Critics as disparate as Jacquelyn Zita, a feminist philosopher, and Edward Shorter, a medical historian, locate Prozac-related works in a cultural moment struggling to come to terms with the breakdown of familiar binaries in the project of a new, more complicated framework for self-definition. For example, Zita describes the women diagnosed and treated in Peter Kramer’s Listening to Prozac (1994) as functioning within a landscape in which “the experience of living in a postmodern body becomes more commonplace as the body loses its prior symbolic unities... It becomes a less distinct nexus, merging boundaries of nature/culture, body/mind, self/notself” (1998, 63). Shorter, meanwhile, locates the numerous popular and medical writings about Prozac within an era in which patients rush to physicians for pharmaceutical quick fixes, and “the pool of postmodern distress is enormous” (1997, 289). In these and many other critiques of Prozac, the descriptor postmodern is often closely aligned with an understanding of the present moment—the moment of treatment, or the moment of existence—as one that holds a disregard for temporality and history. Just as Prozac the medication claims to alleviate the symptoms of depression and its related illnesses without the need for retrospection, Prozac the literary genre claims liberation from a cultural discussion rooted in very specific notions of the past. This liberation inaugurates what John Schilb has de-

1These include scholarly and/or popular arguments that Prozac-based expression is situated within a moment of alienation (Elliott 2000), that it expresses the American desire for enhancement and improvement (Parens 1998), that it shows a nation in the process of realizing (and then writing about) the material fluidity of personality (Concar 1994), or that it reveals symptoms of an American fixation with drugs and pharmaceuticals (Kegan Gardiner 1995).
scribed as a "present widespread biological discourse" leading to "new accounts of selfhood" (1999, 202).

Yet describing Prozac literature as a "new account" of selfhood, or as a sudden break from the past, misses the point that Prozac-inspired fiction and autobiography both listens and talks back to two important conversations that have taken place at the intersection of popular and psychiatric cultures over the past half century. Consideration of these two narrative trajectories allows for a historicization of the criticism of Prozac literature and a better understanding of the gender tensions at play in the literature itself. The first of these conversations concerns the narrative trajectory of wonder drugs—psychotropic medications that become the objects of (or indeed the subjects of) popular frenzy. As historian of pharmacology Mickey C. Smith explains, the patterns of popular euphoria and disenchanted surrounding the release of prior generations of popular drugs designed to treat everyday worries and emotions—the tranquilizers of the 1950s and the benzodiazepines of the 1970s and 1980s—were governed by the three-phase "Law of the Wonder Drug" (1985, 4). In phase 1, an initial embrace, filled with high hopes and a suddenly fickle discontent for prior forms of treatment, is "encouraged by science writers and an expectant public waiting for miracles from medicine" (5). This leads to a period of "wild enthusiasm" in which the new drug is overvalued, overrequested, and overprescribed. In the process, prior forms of treatment are deemed obsolete. In phase 2, "problems" are discovered, and the drug is "undervalued and overcondemned." The result is a fall from grace. Finally, in phase 3, "stability" is achieved with what Smith describes as "appropriate evaluation of the comparative worth of the drug" (5). Resolution leads to a rational if somewhat tempered understanding of the drug's benefits, which then results in "judicious" long-term use in clinical practice. Social scientist John Marks translates prescription rates during the benzodiazepine craze into the following diagram (1985).2 In my reading, this trajectory of euphoria,

2 Prozac set the graph on different coordinates entirely. Chemically designed and synthesized in an Eli Lilly laboratory in the mid-1970s and approved by the Food and Drug Administration in December 1987, Prozac spurred a popular frenzy, a phase 1, that gave new meaning to long-held notions of the economics of consumer demand and physician supply. Prozac was easy to prescribe, showed a "flat dose-response curve" (meaning there is usually no advantage to increasing the dose above which the effect is the effective minimum [Janicek 1999, 101]), and was rarely lethal in an overdose. Moreover, Prozac was regarded as a "clean drug," exerting its effects on a specific aspect of neurochemical transmission. The likely effect was a medication that treated clusters of functions in the human brain rather than the pathophysiology of particular illnesses. As such, Prozac was thought effective against much more than mere depression. Prozac treated what researchers at McLean Hospital, writing in the American Journal of Psychiatry, called affective spectrum disorder—a series of symptoms including
disenchantment, and rationalization applies not only to broader cultural patterns of drug utilization but also to narrative accounts of individual treatment. In the texts I examine, characters experience immediate salvation by Prozac, then invariably claim that the drug “does nothing,” and ultimately discover a more lasting resolution.

The second historical narrative interwoven in Prozac literature concerns the particulars of psychiatric and popular notions of selfhood. Here, as well, far from being a new mode of expression, the Prozac of literature and anxiety, panic, and downtrodden mood that was, according to the authors, “one of the most widespread diseases of mankind” (Hudson and Pope 1990, 558). Patient requests soared as word spread of its amazing efficacy. “Prozac is much more than a fad,” Time explained in an article entitled “The Personality Pill,” “it is a medical breakthrough” (Toufexis 1993). “The promise of Prozac,” Newsweek added, “is a breakthrough antidepressant that is easier to prescribe and has fewer side effects. And that makes patients—and doctors—happy” (Cowley 1990). By 1990, less than three years after its initial appearance, Prozac became the number one drug prescribed by psychiatrists—on its way to becoming the number two best-selling drug in the world (Shorter 1997, 324).
essay bears the mark of a specific discussion that has taken place over the past half century, although by the time of Prozac’s arrival the conversation had seemingly long ended. The dynamics of this discussion—played out in American academic psychiatry departments and treatment clinics and at the same time in the pages of popular magazines, the banter of newspaper articles, and other spaces where the findings of neurochemistry laboratories commingled with the vernacular of public discourse—involve the politics that define how selves are treated and understood. I expand on this definition in the section that follows, but for now suffice it to say that the fundamental point of contention centers on different conceptualizations of time that inhere in what might be thought of as modern versus postmodern models of the mind. Psychoanalysis, broadly speaking, implicitly assumed past experiences with mothers and fathers to be the foundation of present identities; it posited a notion of change through reflection on patterns of behavior and a subsequent repositioning of an individual subject in relation to his or her understanding of the self constructed through prior events. Yet Prozac, and the biological psychiatry for which it often stands as a metonym, would seem to have construed identity and autobiography as a present-tense dialogue. To be sure, biological psychiatry does believe in the past—one is not just born, but also becomes, a chemical imbalance. Buoyed by advances in neurochemistry and genetics, the success of Prozac served to refocus the discussion of selfhood away from symptoms, words, and understandings that implied prior events. In their stead, a language developed that focused on the here and now and on symptoms immediately observable and quickly treatable. In what is commonly called the “biological revolution,” case studies were replaced by magnetic resonance imaging (MRI) scans, fifty-minute office visits by brief, ten-minute evaluations, and retrospection by prescription.\textsuperscript{3} In the process, “I am in pain because of where I have been” became “I am in pain.” And “I am because of my past” became simply “I am.”

Biological psychiatry’s insistence on the present tense serves a specifically feminist purpose in the essay and works of fiction I discuss below. In each text, the immediacy of symptoms, the “real time” of neuroimaging technology, and the precision of neural chemicals become tools with which to renarrate the gendered self. “Black Swans,” “Shrinks,” “Medicated,” and \textit{Prozac Highway} each describe women protagonists or narrators in explicitly

\textsuperscript{3} For example, in \textit{Healing the Mind: A History of Psychiatry from Antiquity to the Present}, Michael Stone describes a “biological revolution in psychiatry” resulting from advances in psychopharmacology, leading to wide-held beliefs that mental illness, personality, and even object choice are “now realized to be primarily constitutional rather than psychodynamic in nature” (1997, 320–25). See also Ayd 1991, 71–78.
biological terms, as mediated through the literary character of Prozac. Although different in important ways, each effectively co-opts biological language in the name of ideological critiques of such past structures of oppression as psychoanalysis, literary genre, or self-narration. As Slater explains, “I was a purely chemical being, mood and personality sweeping through serotonin” (1996, 155). Breaking from prior renditions of the mental illness narrative, the women presented in these works posit notions of selfhood in which individual and individually gendered subjects—previously known as products of neurotic mothers or of neurotic civilizations—are engaged in the active construction of the terms of their own “illnesses.”

At the same time, however, the texts work ironically to call into question the absolute nature of this revolution as well as to warn of the costs of the occlusion of the past. This is because each text also exposes continuities between Prozac narratives and psychoanalytic narratives, specifically those pertaining to definitions of gender identity. While each narrator or protagonist overtly dismisses Freudian notions of development—as Jam explains in Prozac Highway, “most psychiatrists had moved into the prescription writing business, leaving Oedipus and his buddies behind” (1997, 132)—each text clearly reveals that Freudian concepts continue to play out in biological narratives long after Sigmund Freud fell out of favor. The temporal flow of impassioned embrace, horrified disavowal, and generative resolution, as phase 1 becomes phase 2 becomes phase 3, then, reenacts a specific (and specifically) Oedipal notion of gender development. In highlighting these continuities, I thus suggest that moves to embrace or reject Prozac narratives as “new notions of selfhood” misconstrue the very historicity called on, indeed depended on, by each text. In so misconstruing, critiques that take biological presentism at face value fail to understand the ongoing relevance of psychoanalytic paradigms—as cultural scripts and as social and narrative resources—and thus fail to see the salience of the gender identities to which those paradigms give shape.

My aim is not to prove a Freudian Ur-narrative as “correct,” nor is it to disregard the fact that a great deal of very real change—one can surely call it progress—has accompanied the move from psychoanalytically to biologically inflected modes of diagnosis and treatment. Rather, I mean to consider the ways in which psychoanalysis and Prozac can work culturally in remarkably similar ways to diagnose and treat perceived threats to gender norms. In order to get at this point, however, one must first recognize the key distinctiveness of Prozac narratives: their appeal to an atemporal, ahistorical notion of subjectivity that has, in other contexts, been described
as "postmodern." In the following section, I explain this subjectivity as it pertains to contemporary Prozac discourse. I then turn to explore more fully the ways in which attention to the language and ideology of an always immediate present is taken up by a literature that stakes its claims of liberation on this same postmodernism. Given that, in my reading, the Prozac narrative recapitulates the psychoanalytic trajectory of the self, I ultimately argue that the insistence on a transparent present and the "death of the unconscious" denies central insights of the psychoanalytic framework concerning the always constructed, always critical status of sexual identity. Grappling with these continuities and disjunctures between past and present discourses of the self is necessary in order to avoid reinventing and rearticulating the same gender hierarchies for which psychoanalysis was widely and rightly attacked.

**Prozac selfhood**

It is easy to understand why Prozac reads as a postmodern trope. Prozac, as it comes to be known in medical and popular discourse in the late 1980s and early 1990s, implies a selfhood that works by a new mechanism of action, wrapped in the promise of a new, chemically engineered neuroscience. But, more important, Prozac's mechanism of action both mirrors and helps to produce a new language for representing the internal workings of human experience. Prozac represents the endpoint of the more than fifty-year-old argument concerning the very framework in which self-narration has been spoken and understood. Psychoanalysis, the loser in the argument, posited a world (and a cultivated self within that world) divided into realms of conscious and unconscious, into those things seen and those only realized in dreams and slips of the tongue. Biology, however, proves once and for all that everything can be made conscious with the correct visualizing machinery. The biological self, as proved by state-of-the-art research in neurochemistry, endocrinology, and genetics, is not concerned with the modernist plot devices of early life experiences and unresolved conflicts. It does not narrate a beginning, a middle, and an end, read within a vortex of having and wanting to have. Neurochemical subjectivity is instead ahistorical. The biological self—both the abject, imbalanced, diseased self and the desired, postmedicated, healthy self—is explained by the immediacy of presenting symptoms, the impartiality of positron emission tomography (PET) scans, and the precision of neural chemicals.

Depression, for example, was regarded as a reenactment of an earlier form of loss in which a patient's presenting symptoms were implicitly
assumed to be the result of prior relationships and events (Freud [1917] 1963). Biology, by contrast, constructs depression in the present tense. This is not only because of the *Diagnostic and Statistical Manual (DSM)* IV's insistence on defining symptoms as those aspects of disease that can be observed, and often pharmacologically treated, at the time of diagnosis, but also because behind the clinical interaction functions a language that is both observational and highly figural. "Major depression is due to a deficiency of available serotonin receptors in relevant brain regions," the *American Journal of Psychiatry* explains in February 1996. "The authors have developed a method for visualizing in vivo regional brain responses to serotonin release by comparing regional brain glucose metabolism after administration of the serotonin-releasing drug dl-fenfluramine, relative to placebo" (Mann et al. 1996, 174). Biological psychiatry introduces the terminology of science, of chemical imbalances and dopamine hypotheses. And it employs the observing eye of high-speed, echo planar MRI and PET, each of which frame anatomy, destiny, and cortical blood flow in the simulacrum of real time.

Even the most fundamental psychoanalytic concepts of gender difference and gender identity become sudden, chemical, and observable. In the psychoanalytic paradigm, the Oedipus complex had been understood to arise from (past) childhood incestuous desires for the mother, severed and renounced in response to a child's apperception of the rivaled father. The result was the formation of the civilizing superego (present) and the evolution of identity (future) through an act of repression. Neuroscience, however, realizes the fallacy of such temporality by discovering biology beneath culture and context. In 1972, John Money and Anke A. Erhardt discovered that a child's "core gender identity is" (present) "established before the oedipal phase is thought to begin, shaped primarily by biological forces including the organizational effects of prenatal androgen" (1972, 74). By 1995, Richard C. Friedman and Jennifer Downey's "Biology and the Oedipus Complex" announced that the effects of "prenatal androgens [cause]"

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4 Of course within psychoanalytic practice, great differences exist about the importance of uncovering and realizing this past. At the same time, the conceptual acknowledgment and awareness of a past is a basic point that connects models and concepts as disparate as Freud's transference, which "gives us new impressions or reprints" and "revised editions" of the past (Freud [1905] 1953, 116), and Robert Stolorow's self-psychological definition of the same term as "serving therapy when a developmental process which is set in motion wherein the formerly sequestered painful reactive states, the heritage of a patient's traumatic history, gradually become integrated and transformed" (Stolorow 1993, 123).

5 This point also applies to biological revisions of psychoanalysis, since some contemporary analysts adhere to these same concepts.

6 Fausto-Sterling 1992, 1997 offers important critique of Money's research.
(present) an “innate, biologically determined tendency,” mediated by distinct biochemical pathways, for sons to feel “rivalrous,” “competitive,” and “aggressive toward their fathers.” “Androgen-induced variations” between men and women, and “not early life experiences,” are shown to account for the “greater aggressiveness of males within our species” (1995, 234).”

“It appears, in fact,” Michael H. Stone argues in Healing the Mind, “that male-male competitiveness subserves an adaptive function as a rehearsal of the dominance/submission relationships that are an inextricable (because they are useful!) part of human society” (1997, 321).\(^8\)

In this context, Prozac comes to signify conclusive evidence of the death of the unconscious, the final nail in the Freudian coffin. Colorful Prozac advertisements in the pages of popular women’s magazines paint mental illness and mental health in a presentist syntax that claims to know nothing of the past. The depression long thought the result of prior, unresolved conflicts is transformed into the commodified ahistorical. “Depression Hurts: Prozac Can Help” reads an advertisement in the March 1997 issue of Self. The message—reinforced by a medical system that replaced fifty-minute hours with seven-minute office visits and interaction with prescription—is that excavation and retrospection are not required when a medication can do all of the work.\(^9\) Similarly, the self of image and representation, of desire and projection—the cultural self once defined by the psychoanalysis that gave Americans a terminology to define their national neurosis—often reflects this newfound presentism. “El Sayyid Nosair, the man accused of shooting Rabbi Meir Kahane, reportedly was taking the antidepressant Prozac, which has been blamed by some users for suicidal and homicidal behavior,” the Washington Post reported on November 10, 1990, assuming that Nosair’s violence was attributable to a chemical rather than a developmental (or political) causality. On November 29 of that

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\(7\) I also mean to allude to Friedman and Downey’s earlier and highly problematic work on biology and sexual orientation in reference to my discussions of Blackbridge’s character Jan. See, for example, Friedman and Downey 1993.

\(8\) Quote reproduced verbatim.

\(9\) The result of such promise, combined with a great deal of structural change over time, was a substantive change in the site and content of the psychiatric interaction. The fact that Prozac had far fewer side effects than its psychotropic predecessors, was easier to dose, and was almost impossible to ingest to lethal overdose meant that interactions that had once taken place in psychiatrists’ offices over months to years were suddenly taking place in the offices of internists, family practitioners, and other gatekeepers. Gone, as a result, were a great majority of fifty-minute hours, but also gone were physicians trained in the nuances of interpersonal interaction. In their stead were seven-minute office visits in which “mental health” was just one of many topics covered and the realization that the brain, suddenly functional, suddenly demystified, was just one of many body organs.
same year, the *San Francisco Chronicle* proclaimed Prozac “the hottest pill of 1990” (1990). Prozac soon became a national metaphor, and America became its Prozac nation. Prozac proves once and for all that mental illness—and for that matter, personality in its entirety—is not the result of early life experiences with gender and sex, with penises and absences. Rather, drive, temperament, and emotion are determined to be the result of neurochemicals and genes. In 1996, the *New York Times* announced the discovery that “individuals who have a slightly abbreviated version of the gene for the serotonin transporter are higher in negative thoughts and feelings than those with a relatively long rendition of the gene” (Angier 1996, A1). Prozac discourse exposes the imprecision of the analytic narrative, and it corrects the imbalance once and for all—and with fewer side effects.

Of key importance, Prozac selfhood also claims to be constructed in distinct opposition to that posttreated, healthy self created by prior wonder drugs. Prozac nation is definitively not “Valiumania” and is even farther removed from the road to Miltown.¹⁰ These psychotropic progenitors produced narratives of sedation and withdrawal, of tranquilizing, toning down, and tuning out. The public discourse of Valium and Miltown often constructed women as threats to the generativity of men. Competitiveness, assertiveness, and the desire to succeed were coded as pathology and were sedated accordingly. Prozac, however, is a productivity narrative—and an equal opportunity one at that. Before Prozac (and surely before Sarafem), most psychotropic medications exerted their effects on numerous neurotransmitters in the brain. Yet the singular effect of the selective serotonin reuptake inhibitors (SSRIs) on the indolamine system guarantees therapeutic benefit without the untoward cholinergic side effects—lethargy, constipation, sedation—that had long accompanied treatment like thorns on a rose. Ingestors feel “normal,” “grounded,” and “better than well,” able to work, play, and live life to the fullest (Kramer 1994). The Prozac hero is not Valium’s strung out Neely in Jacqueline Susann’s *Valley of the Dolls* (1996).¹¹ Rather, she is Rebecca Buck, a.k.a. Tank Girl, a “fearless heroine with looks to match” who wears “a necklace of silver-dipped Prozac.”¹² Implicit in this shift is the notion that the now successfully liberated woman no longer threatens men but, rather, can work alongside them within a

¹⁰ See, e.g., Perlman 1957 and Cant 1976.

¹¹ A character who pays a heavy price for working in a man’s world. “The air is so thin you can barely breathe. You’ve made it—and the world says you’re a hero. But it was more fun at the bottom, when you started” (Susann 1966, 1). See also Gordon 1979.

¹² “Rebecca Buck, a.k.a. Tank Girl, wears an inventive wardrobe of recycled pieces in the film, including rag dolls’ heads as kneepads and a necklace of silver-dipped Prozac” (Menkes 1995).
brave new world that encourages, promotes, and rewards equality in work and in love. As Kramer explains, the Prozac aesthetic allows women to become what he calls “hyperthymic” — that is, chemically Taylorized beings whose disconnect from affective fluctuations renders them manically hyperproductive: “How might a substance like Prozac enter into the competitive world of American business? Psychiatrists have begun to recognize a normal or near-normal mental condition called ‘hyperthymia,’ which corresponds loosely to what the Greeks called sanguine temperament. . . . Hyperthymics are optimistic, decisive, quick of thought, charismatic, energetic, and confident. Hyperthymia can be an asset in business” (1994, 16–17).13

Prozac narratives
The changes brought about by Prozac, and specifically by the promise of the newly presentist discourse of self, also allow for a new telling of the woman’s mental illness narrative. Throughout much of the twentieth century, the genre had been marked by often-tortured relationships between women and the psychiatric establishment. Women, in texts ranging from “The Yellow Wallpaper” (Gilman [1892] 1998) to I Never Promised You a Rose Garden (Green 1964), were confined in the name of treatment. Often, as in The Loony-Bin Trip (Millet 1990), they were treated against their will. Occasionally they overcame great obstacles — as in I’m Dancing as Fast as I Can (Gordon 1979) — and went on to lead productive lives. In these and similar works, the treatment for women’s mental illness was often depicted as synonymous with the treatment of “female emotions.”

In reading these stories today, the suffering they present seems as much a function of structural factors as of physiological ones; the protagonists’ pain appears inseparable from a social context in which they are locked in the attic and subjected to restful cures rather than the unavoidable consequence of inherent illness. The constraints put on women in the genre of the mental illness narrative, however, were by no means limited to the structure of psychiatric institutions. Rather, the rhetoric through which mental illness was described and communicated, and through which the internal workings of human psychological experiences were made literary, had long been supplied by a psychoanalytic vocabulary that assumed the world was separated into a heteronormative division of mothers and fathers and that coded threats to this binary as pathological. In Lucy

13 Of note, “Prozac melancholia” is regendered as traditionally, philosophically male in Kramer’s subsequent essay (Kramer 2000) as well as in the entire Hastings Center Report issue (Crigger 2000) in which the essay appears.
Freeman’s autobiography, *Fight against Fears* (1951), for example, the “successfully” treated narrator comes to reproduce the psychoanalyst’s contention that mental health is made manifest by heterosexual marriage and that “the happy person settles for one mate” (1951, 248). Meanwhile, Hannah Green’s (Joanne Greenberg’s) cure in *I Never Promised You a Rose Garden* is contingent on realizing her “symptoms” to be conscious manifestations of unconscious processes, which her psychoanalyst helpfully defines: “The symptoms and the sickness and the secrets have many reasons for being. The parts and facets sustain one another, locking in and strengthening one another. If it were not so, we could give you a nice shot of this or that drug or quick hypnosis and say, ‘Craziness begone!’ . . . But these symptoms are built of many needs and serve many purposes, and that is why getting them away makes so much suffering” (1964, 114, 122).\(^{14}\)

Three decades later Prozac becomes such a drug. Embedded in the shift from a language of long-suffering neurosis and its discontents to a language of science’s neutral precision lies the possibility of a narrative free of the problematic gender implications that have permeated discussions of mental illness and mental wellness. This is the case in the texts by Slater, Kennedy, Krist, and Blackbridge, which present heroes or protagonists in explicitly biological terms, as mediated through Prozac. To be sure, important differences in form and content separate these four works. “Black Swans,” Slater’s template for her later best-selling *Prozac Diary*, is a nonfiction autobiographical essay about the then twenty-something graduate student author’s coming to terms with the diagnosis of depression and obsessive-compulsive disorder. Slater outlines a long and difficult process of seeking treatment and the effects of such treatment on the course of her life. After numerous unsuccessful therapies, she finds temporary relief from “the Prozac Doctor” (1996, 156). Kennedy’s “Shrinks” (from *Stripping, and Other Stories*) and Krist’s “Medicated” (from *bone by bone*) are short stories about women involved in various relationships with medications. In “Shrinks,” Sara, a thirty-year-old graduate student, searches for an illusory Prozac prescription and an equally illusory notion of happiness. Prozac had worked wonders for Sara’s mother—“Her mother B.P., before Prozac, would say that exercise was a crock; but now she gushed on about how she loved it” (1994, 57). “Perhaps,” Sara wonders, “Prozac would help me?” (58). “Medicated” is narrated by Sarah Downey, a depressed and-now-treated teacher, who takes Prozac, while John, her lover, often

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\(^{14}\) See also Gordon’s description of her male psychoanalyst in *I'm Dancing as Fast as I Can*: “I looked at the carefully pressed suit, the white shirt, the characterless tie, the angular face, the sterile room. How old was he? I realized I had no idea” (1979, 31).
forgets to take his lithium: “I opened my canvas bag and fished out my little Sucrets tin. ‘Prozac,’ he announced, identifying the pills immediately. ‘You’ve taken them? He chuckled, then he frowned. ‘I’ve taken everything,’ he said” (1994, 245). Finally, Blackbridge’s Prozac Highway is narrated by Jam, a middle-aged lesbian performance artist and erstwhile cleaning woman. Jam’s “depression” worsens throughout the novel, to the point where she has “no other alternative” but to take Prozac.

In each of the four texts, Prozac functions as a facilitator for, and then as a site of, protest. Each of the women narrators or protagonists employs the promise of ahistoricity to break from very particular, communal pasts: the past, as constructed by prior conventions of the woman’s mental illness narrative, and the past of a psychoanalytic paradigm that was even more confining. The women within these Prozac narratives would seem to be anything but stuck behind wallpaper, or girls interrupted by the constraints of a civilization built by the fearful sons of psychoneurotogenic mothers. Rather, the protagonists of these narratives are engaged in the active creation of the terms of their “illness” and in the active search for their own happiness. Each narrator or protagonist voices dissatisfaction with psychotherapy or psychoanalysis and seeks Prozac in the hope of becoming productively hyperthymic, optimistic, decisive, and quick of thought, in a culture that marks them as pathological when they do not behave as such. To varying degrees, all experience euphoric initial responses to the drug, or even to the act of receiving a prescription. The result is a productive new insight or understanding. In time, however, the women discover a new, chemical form of oppression in the space between cultural expectation and drug effect. Each woman then suffers a fall from grace when Prozac stops working or works differently than expected. At the conclusion of the texts, the characters find the stability of a lasting resolution — a form of awareness that claims to reject Prozac through the discovery of a genuine self that is free from the constraints of language or of institution.

The eventual critique of Prozac as a specifically gendered form of oppression also serves to differentiate these narratives from other, high-profile members of the Prozac literary family.15 Kramer’s now-passé Listening to

15 Moreover, three of the four texts were published by alternative presses or journals: “Shrinks,” High Risk Books; Prozac Highway, Press Gang Publishers; “Black Swans,” Missouri Review. Perhaps not ironically, these are the three works written by women. While I deal only indirectly with the differences between Krist’s narrative and those of the other writers, this difference in publication is important to keep in mind. Perhaps, in the early stages of Prozac fiction, it was more acceptable for a man, writing in drag, as it were, to gain public acceptance. In time, however, and with Prozac, the historical stereotype of melancholia as the source of a man’s creativity underwent chemical reassignment. Slater was subsequently published by
Prozac, Peter and Ginger Ross Breggin's Talking Back to Prozac (1994), Wurtzel's Prozac Nation, and Joseph Glenmullen's Prozac Backlash (2000) are a few of the more prominent examples of works that illustrate troubling implications of the ways Prozac is often written about and understood as an agent restoring heterosexual normalization and "stability." These bestselling case studies offer heteronormative narratives in which Prozac "cures" women, who then return to the men in their lives. For example, the "marital dissatisfaction" experienced by Kramer's patient "Julia" magically disappears after treatment with Prozac (1995, 23), while Wurtzel comes to appreciate "real love" (1994, 315). Most problematic is Glenmullen, who unreflectively writes that his patient Anne began an SSRI after becoming "upset" over her boyfriend breaking up with her. With treatment, "We got back together a few months later. We've been married for two years now, quite happily" (7–8). Feminist philosopher Zita, attuned to such implications, writes that "feminism is rescripted by Kramer's Prozac industry to help produce middle-class, 'hyperthymic babes' in a rhetorical stroke that not only redefines Prozac as the drug for feminist hypernormalization but also calms the panic surrounding the newly emerging postmodern body" (1998, 62).

Joining Zita in protest are works that read against the notions that wonder drugs wondrously produce hyperthymic hypernormalization, that cultural "stability" is intimately wed to heterosexist norms, and that threats to the nuclear establishment are pathologized as such. For example, Slater's essay is narrated by a single woman living in a platonic relationship with a man; her concerns center almost entirely on her career. Sara, the hero of "Shrinks," seeks a form of treatment that will empower her to leave a long-term relationship and return to graduate school, while Sarah in "Medi-
cated” is a young widow who dates around. And Jam in *Prozac Highway* employs the medication in the name of a lesbian cybersex seduction, with nary a patriarch in sight. Certainly the characters in each work strictly adhere to the well-worn codification of mental illness as white, middle-class, and female. But despite their homogeneity on this score, the characters in these stories suggest that roles and relationships might have changed in the era of Prozac. They also explore ways Prozac can be employed concomitantly as an agent that reifies the hypernormal mainstream and as an agent of rebellion against it.

In what follows, I briefly trace similarities in narrative form in these works, read through the Law of the Wonder Drug. I examine the ways each personalizes the dynamics of Prozac in the name of protest, and I then conclude with a discussion of the ways such protests are called into question, if not undone, by the anything-but-postmodern and often psychoanalytic trope of Prozac as it functions within each narrative.

**Phase 1: The Failure of the Past**

Freud's ideas profoundly changed man's conception of his self.

—Franz Alexander and Sheldon Selesnick, 1966

The Lambda Book Report, cited on the back cover of *Prozac Highway*, calls the book “Post-modern storytelling at its best.” Here the moniker “postmodern,” affixed to Prozac as if by alliteration, is intended to connote the book’s frequent disregard for temporality. The book’s ongoing account of Jam’s descent into depression unfolds almost entirely in the disembodied present tense, as if in the real time of the Internet chat room winding through the novel. Many of the characters never appear in person but instead are identified as members of a cyberculture discourse community through their logon names in the listserv, “ThisIsCrazy”: “from: Junior to: ThisIsCrazy: Is anyone awake out there? ... from: Terry to: ThisIsCrazy: Junior, of course I’m awake. Do you think if we stood at opposite ends of the earth and screamed anyone would hear?” (1997, 9). Over the course of the novel, the members of the listserv offer Jam and numerous other members “in crisis” a level of empathy and support unmatched by characters in the “meatworld.” Furthermore, the connection among cybercharacters is disrupted by the constant intrusion of embodied friends and former

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18 For an exception, see Danquah 1998 as of the very few illness memoirs written—or, more appropriately, published—by a person of color.

19 The descriptor is used in several reviews of the book. For example, Julie Canigula writes in the *Village Voice* that “Blackbridge handles the various facets of Jam’s life like an expert player in some postmodern literary card game” (1998).
lovers who repeatedly come to the door of Jam’s apartment, forcing her away from the intimacy of the Internet. Similarly, the text is disrupted at various points by randomly intrusive vignettes from Jam’s past that serve to demonstrate the futility of Jam’s prior, human relationships (in contradistinction to a far more satisfying relation with her computer). In one vignette a lover abuses her, while in another she lives unhappily on a commune. The most significant of these episodes, however, is the description of her failed attempt at psychotherapy twenty years earlier: “The psychologist Jam was assigned to was young and handsome and very straight. . . . Neither of them understood anything about the other. John thought he was an attractive and successful young man, the obvious object of transference from his female clients, and Jam thought he was boring. John thought Jam was a disturbed youth with a dead-end life, and Jam thought she was miserable but cool. But because she was going crazy and had come to John for help, John’s version ruled” (1997, 108).

A “closet bisexual with a series of failed teenage relationships behind her” (1997, 107), Jam is in the process of discovering her identity as a lesbian. Yet in treatment, she is expected to assume the role of John’s version of normative femininity, neatly dressed and on her way to “make something of herself”: “John was pleased she had finally decided to take his advice. He . . . coached her on job-finding. ‘You can’t wear running shoes to an interview,’ he’d tell her. . . . She started taking notes in their sessions, bringing her Sally-Anne outfits to him for approval” (110). Even though Jam eventually wears the Sally-Anne outfit, her “condition” does not improve in psychotherapy; rather, her mood worsens considerably. Beneath the “happy” façade she presents to John, she becomes increasingly despondent and depressed, and she soon begins cutting her arms and legs with a razor blade, all the while hearing a self-critical voice that reminds her to “hate myself, hate myself” (110; emphasis in original).

The other texts describe antitherapeutic encounters with psychotherapy as well. In “Shrinks,” Sarah suffers through a life of being misunderstood by her “thirty shrinks; she was not yet thirty years old, so it averaged out to more than one a year” (1994, 54–55). Even her “feminist shrink” is wholly ineffective, ultimately exacerbating the very symptoms she seeks to treat (“she’d been in psychoanalysis so long that she learned to magnify every fear instead of letting it pass” [60]). And, in “Black Swans,” Slater directly addresses the connection between psychotherapy, language, and women’s oppression by recalling her behavioral treatment with Dr. Lipman, the first of several therapists she visits. “He was older, maybe fifty, and pudgy, and had tufts of hair in all the wrong places. . . . I had a bad feeling about him. . . . Maybe he could help me. . . . He seemed so sure of
himself that for a moment I was back in language again, only this time it was his language, his words forming me” (1996, 149). The treatment is unsuccessful. As she leaves Dr. Lipman’s office, located in McLean Hospital near Boston, Slater observes: “I saw a shadow in the window. Drawn to it for a reason I could not articulate, I stepped closer and closer still. The shadow resolved itself into lines — two dark brows, a nose. A girl, pressed against glass on a top floor ward. Her hands were fisted on either side of her face, her curls in a ratty tangle. Her mouth was open, and though I could not hear her, I saw the red splash of her scream” (150).

The location of these scenes in the past tense works to critique the narrative problematics of psychotherapy and psychoanalysis in the texts. In each narrative, psychotherapy focuses on a distinctly nonpostmodern temporality, a temporality that leads back to all the wrong places. A dialectic of early life relationships and cultural models, as in the assumption of “transference” or the assumed power imbalance between Dr. Lipman and his patient, here relies on a very specific idea of illness and health. Such treatment, often as “straight” as the character of John, seeks to fit women into a rigid structure of normal—a normal inherent in expectations, expected in cures, and embedded in language. When difference presents itself, as it does in the character of Jam, it is often met with silent pressure to conform to the law of the doctor. In other words, psychoanalysis and psychotherapy are presented as central to a system of diagnosis and treatment in which psychiatric “normality” is coincident with heteronormative identities.

Such criticism aligns these narratives with contemporary feminist and queer critiques of psychoanalysis. Carolyn Stack, for example, employs what she describes as “postmodernist ideas” to argue that “as long as psychoanalysis promulgates the concept of ‘penis envy,’ as long as we use this image no matter how we understand its symbolic meaning, we reify the phallocentric narrative that men have/are the desired object that women lack. This heterosexist trope of desire rambles through our personal lives, our work with patients, and our professional relations, reinforcing and re-enacting itself each time it shows up” (1999, 75). In each text, similar critiques of “heterosexist tropes of desire” are used to present psychotherapy and psychoanalysis as treatments that take away the possibility of protest. In each, a woman’s agency in a psychotherapeutic dyad is effaced by the language of structures and the structure of institutions. Slater thus describes Dr. Lipman’s colonizing “words forming me,” and she describes McLean Hospital as silencing screams audible only to those on the same frequency. Slater’s observations call to mind the silent and creeping women in “The Yellow Wallpaper” who are similarly abject and obscene — “there
are so many of these creeping women, and they creep so fast” (Gilman [1892] 1998, 41). And yet, despite their critical stance toward psychoanalytic assumptions and treatments, the protagonists are unable to break free of the power of its normativizing constraints. The psychoanalytic (and temporally premedicated) expectations and institutions exert control, even though their repressive functions are brought to consciousness. Jam comes to define herself as “crazy,” tries to please her therapist, and for a time takes his notion of progress as her own. Over years of therapy, Sarah continually attempts to “know exactly what she felt, or was supposed to feel” (1996, 52). And Slater momentarily self-identifies as Dr. Lipman’s patient. The implication is that the power of psychoanalytic constraints extends to the level of interpellation. Patients, so constructed in opposition to the doctor, are then left with the option of marking themselves by wearing the Sally-Anne dress, of marking themselves as pathological by cuts on the arm, or of the schizophrenia of wearing both marks at once.

The Discovery of Prozac

This resistance to biological explanation stems in part from the permanence of personality; we tend to search for causes only when something about a person has unexpectedly changed. But it also shows how unaccustomed we are to understanding behavior in terms of altered brain function.
—Larry J. Siever et al., 1997, vii

The initial therapeutic response to an SSRI antidepressant is often made manifest by a brief period of near euphoria. Long-standing symptoms disappear somewhere between the third and sixth week of treatment, and people report feeling energized, unburdened, and free. During this serotonin boost, synapses become flooded with a surplus of neurotransmitter and respond with often dramatic (if not entirely understood) alleviation of mood and affect, as if the sudden lifting of a mirrorlike fog.

Literary Prozac appears to work by much the same mechanism of action. In the story “Medicated,” for example, Sarah experiences depressed

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20 Or, to use a more contemporary example, the scene connects Slater with the narrator of Susanna Kaysen’s autobiographical memoir Girl, Interrupted (1993) who is confined to McLean Hospital in 1967, long before Wurtzel would become a patient there and long before a latter generation of McLean researchers would discover that Prozac was effective against affective spectrum disorder. Kaysen is imprisoned both by the locked door of a psychiatric ward and by a diagnostic model that views her only as the result of her familial past. In an ironically named “progress note,” Kaysen’s psychiatrist writes that, “She expressed her fears regarding her parents and her lack of communication, the fact that she has been unable to make satisfactory decisions throughout her life to the present time” (1993, 105).
mood, anhedonia, insomnia, and other symptoms described by the DSM-IV following the murder of her husband. Because years of psychotherapy have not helped, she decides to visit a physician very similar to the one Slater calls “The Prozac Doctor” and Jam describes as “the pills shrink.”21 Little happens to Sarah in the first weeks after she begins the medication. However, “a few weeks after starting on my first antidepressants, they began to work so well—lifting the gloom like a dentist’s X-ray vest off my shoulders—that I almost felt depressed all over again. How could this be, I asked myself. Was my despair such a trivial thing that a few well-chosen chemicals could dispel it? . . . I would occasionally miss one of my therapy sessions with Dr. Hagler, but he always made sure to keep the bottle of Prozac full to the brim” (1994, 248). In short order, long-held symptoms and long-held beliefs begin to fall away. Sarah, who had avoided the site of her husband’s murder two years earlier, spontaneously visits the scene of the crime several months after starting Prozac. She describes the visit with very little attention to affect and very little of the insight speak that accompanied her more analytically based actualizations. By contrast, the language of the Prozac cure sounds as follows: “One morning, about two years after my husband’s death, I entered the Wawa market—the very same one. I purchased a loaf of white bread and a quart of milk and a Kit-Kat bar. Then I left. I had breathed normally the whole time. The next fall, I went back to school” (248).

The empowered “I” of the narrative—or at least the empowered “I” of this moment of the narrative—discursively connects Sarah to other Prozac-treated characters. Sarah’s mother in “Shrinks,” once a depressed woman who “wore only gray,” dresses in bright chiffon and opens a catering business. And Slater, posttreatment, describes herself as a living embodiment of Kramer’s “hyperthymic,” a “happening kind of person” (Slater 1996, 154):

Most things, I think, diminish over time, rock and mountain, glacier and bone. But this wasn’t the nature of Prozac, or of me on Prozac. One day I was ill, cramped with fears, and the next day the ghosts were gone. . . . For I had swallowed a pill designed through technology, and in doing so, I was discovering myself embedded in an animal world. I was a purely chemical being, mood and personality sweeping through scrototonin. We are all taught to believe it’s true, but how strange to feel that supposed truth bubbling right into your

21 “He wasn’t a listening type shrink” (Slater 1996, 146). Similarly, Sara in “Shrinks” describes “the prescriptions doctor”: “as long as she got Prozac, it would be worth dealing with this guy” (62).
own tweaked brainpan. Who was I, all skin and worm, all herd? . . .
In dreams, beasts roamed the rafters of my bones, and my bones
were twined with wire, teeth tiny silicon chips (155).

This construction of Prozac as a "bubbling" truth, or a sudden feeling
of release, is a consciously sculpted image in other contexts. Prozac adver-
tsishments, for example, are often framed entirely within the moment of en-
counter. Language is often worded in the here and now ("Prozac: It Delivers
the Therapeutic Triad"), while images depict patients whose worries have
long since abated.22 The message is that one need not be concerned with a
temporal sense of narrative in order to attain Prozac's type of cure. Within
the texts this presentism also functions as a political tool. Here an aware-
ness focusing on the immediate does not merely imply a good marketing
strategy, couched in the implicit critique of talk therapies. Rather, the nar-
ratives suggest ways in which biology introduces new possibilities of auto-
biography. In each text, "Prozac moments" are set in direct counterpoint
to psychotherapeutic normativity. Prozac's entry into the plot signifies the
promise—or at least the possibility—of a selfhood free of the gendered
weight of the psychoanalytic paradigm, as if by the removal of the "lead
vest" of patriarchy. Biology replaces a language connected to a man's long-
suffering neurosis and its discontents, John's expectations or Dr. Lipman's
colonizing speech, with a language based in the "neutral" precision of sci-
ence. Split selves become entirely known selves when read through the
logic of the genome. Meanwhile, slips of the tongue and other shards of
the underworld are exposed as wholly rational phenomena; dreams be-
come no more than the interaction of neural chemicals, identifiable and
alterable.

Take, for example, Slater's refutation of the notion of the unconscious.
An older, psychoanalytic model assumed a psyche gendered by the prob-
lematic divide of conscious (father, superego, precision, science, civiliza-
tion) and unconscious (mother, desire, repression, nature, leisure), and it
saw the need for treatment when the latter realm threatened to return as
symptoms, rupturing the progress narrative of the former. Yet in Slater's
narrative the ingestion of a pill leads to a discovery of a self within a larger,
reciprocal category of animal or bone. Here the individual and individually

22 This is the heading of a Prozac advertisement that ran from 1996 to 1998 on the back
cover of Psychiatric News and Psychiatric Times. This convention also plays out in other literary
texts. For example, in Philip Roth's Sabbath's Theater (1994), Mickey learns that, within the
twelve-stepped horizon of the detox center, Prozac comes to symbolize psychological com-
plexities no longer recognized or discussed. "The answer to every question," he is told, "is
either Prozac or incest" (47).
gendered subject — previously know as the castrating mother, or the jealous if otherwise compliant daughter — is consumed into larger, homogenous categories of kingdom, phylum, or silicon chip. As physician and historian Stone puts it, "as the century draws to a close, the transition from focus on the individual psychology to the chemistry and physics of the soul is in full swing" (1997, 360).

Slater’s text implies that this shift from individual to communal categories empowers women by providing a language with which to describe their depression and anxiety and subsequently to describe themselves. The possibility of such agency, chemically and physically attained, might itself be a form of liberation. As such, Prozac provides freedom from the individual past — the past of Sara’s husband, or of his murder. But more important, Prozac also provides a means of liberation from the larger, institutional past (thus disavowing the murder’s connection to a primal cultural taboo). By “embedding” human experience in newly formed categories, Prozac discursively relegates as obsolete the fundamental binaries of psychoanalytic normativity: mother and father, absence and phallus. As Jam explains, “most psychiatrists had moved into the prescription writing business, leaving Oedipus and his buddies behind” (132). Without Oedipus, if only for a brief moment in the texts, these women are no longer constrained.

And freedom, importantly, brings the freedom to work. In “Shrinks,” Sara’s mother opens a business, and Sara considers a return to school. In “Medicated,” Sarah becomes a teacher, while Slater can suddenly “go anywhere, do anything” (1996, 155). Depression is of course a disease marked by unproductivity. Poor concentration, low energy, and shattered self-esteem are but a few of the symptoms that render work, and life, exceedingly difficult. In the narratives, however, the women’s return to work means more than the alleviation of symptoms. To be sure, the symptoms do improve in phase 1 of each text. But in a larger sense, the symptoms themselves are deemed obsolete by a culture that no longer confines a woman to the home or provides her with a tranquilizer when the anxiety becomes too much to bear. Hyperthymic, a woman can now produce. And conscious, a woman can now compete. Prozac, in other words, implies the promise of new categories and provides a discursive community of men and women, unified by the commonality of serotonin in a way that renders the binary of masculine and feminine as a remnant of the past.

Phase 2: Crisis
Perhaps we all wage a lifelong struggle against depression, even though those of us who are blessed with happy childhoods, peppy serotonin
systems, and stable adult lives may never feel the effects of the growing
dysfunction in their neural connections.
—Kramer, 1994, 135

We’re all too stressed out . . . Perhaps if we had a culture that encouraged
us in contemplative practices we wouldn’t need Prozac.
—Michael Murphy, quoted in Morris 1995, C1

Depression was once known in psychiatric circles as the gap between expec-
tation and fulfillment, or between “what a person thinks he is going to
get and what he actually does get” (Allen 1990, B1). The logic seems to
make sense. We often begin life with high expectations and lofty goals. For
a time all of our needs are met, as if in the first weeks of a spring romance.
But inevitably, as Thomas Kuhn well realized, the promise of a new para-
digm soon becomes tempered by the imperfections in the design, or the
imperfections in the system within which the design functions (Kuhn
1962). Either way, the result is a fall from grace.

Such is the case with Prozac. A sinking sense of familiarity, an awareness
of return, often replaces the initial sense of euphoria. “Tolerance” may de-
velop, or perhaps the drug simply stops working. Or possibly our minds
remain adept at creating new neural pathways, rerouting and recreating
familiar avenues to despair. “Augmentation” is then required, with lithium,
or thyroid hormone, or other chemical boosters, when an initial response
turns “treatment resistant” (Pies 1998, 86).

The cures presented in each narrative are nothing if not resistant. The
path of Jam’s Prozac highway, a directive that covers the entirety of the
novel, ends with the contentions that Prozac is doing “nothing” (1997,
218) and that she still suffers from depression as a result. In “Shrinks,” the
realization that the initial euphoria is only “temporary” (1994, 62) deflates
Sara’s high expectations, while a rock through her bedroom window shatters
Sarah’s short-lived sense of security in “Medicated.” And in “Black
Swans” Slater suffers the most pronounced fall from grace when her obses-
sional and depressive symptoms return without warning, rendering her
unable to complete her research: “I ran inside. I was far from phone or
friend. Maybe I was reminded of some pre-verbal terror: the surgeon’s
knife, the violet umbilical cord. Or maybe the mountain altitudes had
thrown my chemistry off. I don’t really know why, or how. But as though
I’d never swallowed a Prozac pill, my mind seized and clamped and the
obsessions were back . . . and inside something inside of me screamed back.

This quote is taken from Gerald Klorman’s quotidian explanation of the spread of de-
pression as a national model, as cited in the Washington Post (Allen 1990).
again back again, and the grief was very large” (1996, 157–58; emphasis in original). In each case, the realization is not merely that Prozac did not live up to its promise but that the promise implied a normalizing disciplinary matrix that is itself a form of regulation and control. Each woman comes to posit biological treatments as creating their own structural constraints, flattening out the individual voice through an entirely communal process of group psychology. Here individual writing, speaking, or research are subsumed into collective, and collectively gendered, categories, while serenity is ruptured by a rock or a knife. “Back again back again,” a novel form of treatment that pledged to alter only “chemistry” is suddenly indistinguishable from an old form of preverbal terror.

When this effect is realized, and as phase 2 prepares to give way to phase 3, each narrator then fights to find a self beyond Prozac, an inner strength unbroken and uncontrolled by the short-lived chemical seduction. By the conclusion of each text, the characters are unified in the reclamation of the self as an individual and in defiance of the collective assumptions of biology and genetics. This occurs as each character claims to discover a unique identity, as well as a unique subjectivity whose forms of individual expression exceed the biological notion of “chemical being.” Ultimately, each discovers a personal sense of productivity that claims to be free of hyperthymic cultural expectation.

In “Black Swans,” Slater describes her “relapse” as follows: “Here’s what they don’t tell you about Prozac. The drug, for many obsessives who take it, is known to have wonderfully powerful effects in the first few months . . . but then peaks at about six months and loses some of its oomph. ‘Someday, we’ll develop a more robust pill,’ Dr. Stanley said” (1996, 158). Initially, the narrative voice becomes despondent—“my eyes hurt from crying.” But then, almost as quickly, a newly agentic “I” takes control: “I woke late one night, hands fisted. It took me an hour to get out of bed, so many numbers had I to do but I was determined . . . I rounded the pasture, walked up a hill. And then, before me, spreading out in a moonglow, a lake . . . my mind became silent . . . Even in chattering illness I had been quieted for a bit; doors in me had opened a bit; elegance had entered. This thought calmed me. I was not completely claimed by illness, not a prisoner of Prozac” (159). In “Shrinks,” Sara finds a similar sense of empowerment after an emotional relapse. Throughout the story Sara wonders whether she should take Prozac. When she finally receives a prescription, she describes a sense of deflation almost identical to Slater’s: “She waved the piece of

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24 This is in opposition to an impersonal or reciprocal subjectivity, or even a purely grammatical subjectivity. See Lacan 1966, 207–8.
paper with the prescription on it. . . . Suddenly her disappointment was
at whose go the future you can read,' she said again, feeling her eyes get tearful. "So you can't even understand
what's going on inside you when you take it." Yet immediately thereafter
Sara describes a reflective and willful epiphany, a moment of self-
actualization that allows her both to reach out to her boyfriend for the first
time and, more important, to realize previously unexplored parts of her-
self: "It was then she decided to ask his [Andy's] advice. It would be the
first time she had ever done so. . . . 'Andy, should I? Is it worth it?' she
said, her voice sounding oddly tender. It seemed to her that she was asking
some larger question than whether she should take the pill" (1994, 66).

Finally, the plots of "Medicated" and Prozac Highway both end with the
disappointment of failed sexual relationships that explicitly stand in for
medication relationships. Sarah's tryst with John, in which the lovers are
connected by the "brotherhood of the scarlet letter M, this time, for medi-
cated" (1994, 245), ends in a painful rejection that allows Sarah to discover
her own voice. John rejects medication and in the process rejects Sarah.
Yet, as a result, Sarah speaks her own name for the first time in the story's
concluding sentence. Meanwhile Jam's cyberspace romance involves a se-
duction in which sex and psychopharmacology are indistinguishable from
each other: "I'm sitting here with my shirt up, you staring, fingers flicking
my nipples, the other hand, my hand, trying to type some conversation
about psych drugs" (1997, 161). Here as well the relationship fails. Jam's
lover, Fruitbat, is consumed by another medication, and Jam's own affair
with Prozac ends in disaster. The result at the end of the book, much like
the voice looking over the lake in "Black Swans," is a sudden awareness of
nature — "I'll even water the lupines. Maybe" (266) — and the unspoken as-
sumption that Jam then finds the resolve to finish writing her short story.

**Phase 3: Resolution and the New Self**

"But this shrink had him on Prozac, too. Got him horny. Let me tell you.
Five times a day! I said 'Walter, I'm not made of steel! You may be
Superman but I'm a forty-six year old woman with a hysterectomy last
year! Give me a break!'

—Thom Jones, 1995, 33

I would like to suggest that the "T" who emerges from these literary surges
and reuptakes, or the voice that evolves at the end of narratives of ingestion
and disenchantment, is a feminist Prozac self. Through experience and
through the recognition of a specific history, she has learned the difference
between passive and active forms of agency and has come to realize that
psychotropic medications—though potentially liberating—threaten to bring about the former. Ultimately, each character understands that, while beneficial, Prozac has come to function as an extension of a patriarchal “they”—“here’s what they don’t tell you,” or “they never make it anything you can read.” While medications help alleviate symptoms, they also threaten to objectify their subjects by consumption.

It is important to note, however, that Prozac also functions as a key component in the process of enlightenment—a component that is in no way rejected at the conclusion of each narrative. To be sure, each narrator discovers a new sense of self. But in each case this self is a self still on medication. Although not entirely dependent on Prozac, Slater continues taking the medication and “lives life in those brief stretches” of actualization. In “Shrinks,” Sara keeps tight hold of her prescription. Jam never does throw away her Prozac bottle and remains “on 20 mills” (1997, 263). And the Sarah of “Medicated” is (unlike John) medicated to the end. In each case the narrators claim awareness beyond medication. But the texts reveal that the notion of outside is still wholly inside, since the mind that finds reality beyond Prozac is also a mind still under the influence of its serotonin-boosting effects. Phase 3, to recall, is marked not by disillusionment and discontinuation but by a lasting, if wounded, resolution.

The sense of an ending that rejects the prison of Prozac while remaining respectful of the medication’s “real” effects connects these four literary works to contemporary feminist critiques of psychotropic medication. Even highly vocal adversaries of psychopharmacology advocate for much less than outright rejection. For example, Zita’s critique of hyperthymia is tempered by the contention that a “natural body,” purified of chemical and cultural contaminations, “may not be the best for a particular woman suffering from dysthymia or other emotional complications” (1998, 76). Meanwhile, Judith Kegan Gardiner, whose influential essay “Can Ms. Prozac Talk Back? Feminism, Drugs, and Social Constructionism” set the tone for later critiques, writes, “I don’t think feminists should agree to ‘just say no’... Women need to understand the consequences of our choices fully, remaining wary of drug industry hype... but also of the automatic dismissal of biochemical reactions as well as medications” (1995, 515). In other words, women in contemporary society, much like the women narrators of the works I cite in this article, should be able to accept the benefits of Prozac but remain conscious of its potentially colonizing, potentially normalizing effects.

Such measured critique can of course mean many things. As I mention above, it is important not to overlook the fact that Prozac does work, often safely and efficiently, in alleviating pain and suffering. The ease of
prescription and the minimal risk of untoward effects have meant more persons, and more women than men, are successfully treated for diseases long underdiagnosed and undertreated in the United States. As a result, a condition for which treatment was once exclusive and costly has become a disease whose cure, when effective, is all the more egalitarian and safe.

However, in the context of a discussion of gender and the narration of identity, I suggest that the distinction of both taking Prozac and finding a self outside of Prozac is a position that needs to be considered for two reasons. First, this medicated-yet-liberated ending marks the sharpest point of differentiation from earlier generations of women’s mental illness narratives, if not from earlier feminist critiques of psychiatry, that to varying degrees promoted overthrow as a means of emancipation. “The Yellow Wallpaper,” as just one example, concludes with the proclamation “I’ve pulled off most of the paper, so you can’t put me back!” (42). In Sexual Politics Kate Millett calls for nothing short of a revolution against the Freudian counterrevolution: “there is no way out of such a dilemma but to rebel and be broken, stigmatized and cured. Until the radical spirit re- vives to free us, we remain imprisoned in the vast, gray stockades of the sexual reaction” (1970, 197). However, the same political stance as Millett’s attack on biological determinism does not greet biological psychiatry. In the Prozac narrative liberation is attained from within, while the structure itself—a now more benign, more egalitarian pattern of wallpaper—is left wholly intact.

Second, the idea of being “on” Prozac but at the same time remaining “aware” of the self beyond Prozac ultimately amounts to the same subject position posited by biological psychiatry, and specifically by its rebellious claims of victory over psychoanalysis. Consider Slater’s argument, for example. At the end of “Black Swans” she literally wills herself into a cure: “I had to do. I was determined.” As a result, she claims to be no longer a “prisoner of Prozac” (1996, 159). But this notion of victory is itself also an acceptance of the Prozac promise rather than the discovery of a reality beyond it. All is conscious in this consciousness; the very possibility of an unconscious self, or a divided self, or especially a castrated and so gendered self, is thus rendered impossible. I mean to say that the self that can take conscious control of the unseen—or can “will” itself to speak, to act, to exercise, to break free of stockades, or to assume the role of master of her own home—is that very selfsame self posited by biology and promoted by Prozac. Here the Cartesian subject reemerges, as if the Enlightenment’s last laugh on modernism. And here, through an act of will and the timeless

25 See also Gordon’s description of psychiatry (1979, 278–81).
Assumption of mankind, psychoanalysis is defeated once and for all. Thus is the protest against Prozac also an enactment of the Prozac project; thus does a narrative of replacement also become a narrative of return.

**The return of the repressed**

The problem with the Oedipal model was that it posited a clearly troubling binary of having and wanting in the constitution of a gendered world. Boys, in individual and in communally essential evolution, had. Theirs was an awareness of the power of protuberance and with it the social sanctions of reason and evolution. Girls, meanwhile, lacked. Theirs was the realization of absence, of space unfilled. This division led to marked differences in development. When boys became men, they did so always and already aware of the terrifying possibility of dismemberment. Since the fear of castration, or of being turned into a girl, was one of the most powerful forces in male psychic development, it served as a “forceful ... motive towards forming the superego” (Freud [1925] 1963, 181). For girls, meanwhile, an awareness of absence, of space unfulfilled, meant that they had less to lose. They accepted castration as “an established fact” (181): as girls saw themselves as already castrated, they thus had relatively less impetus to form a strong superego. This key difference — between a superego formed against the threat of castration and a superego formed by laissez-faire — led to differences in moral character between the sexes. As Freud wrote in 1925, “I can not escape the notion . . . that for women the level of what is ethically normal is different from what it is in men. Their super-ego is never so inexorable, so impersonal, so independent of its emotional origins as we require in men . . . [Women] show less sense of justice than men, that they are less ready to submit to the greater necessities of life, that they are more often influenced in their judgments by feelings of affection or hostility” ([1925] 1963, 193). When extended over space and time, this imbalance became a metonym for the binaried nature of mankind. “Civilization,” formed in the upper, conscious domain of the dichotomy, was the realm of science, reason, and order (Freud [1930] 1963, 97). Here men, with their developed superegos, were the enforcers of rules and the makers of institutions. Women, however, were by necessity relegated below, to the chthonic (and thus always threatening) realm of emotionality and indecision known as the unconscious. Their weak superegos “soon come in opposition to civilization and display their retarding and restraining influence,” thus threatening the generativity of the upper domain with the constant threat of the symptom (Freud [1930] 1963, 98). These two parts then fused as a larger whole, as father and mother, culture and nature,
androgen and estrogen. And together, with a top and a bottom, as if locked in a psychic missionary position, did civilization progress.

In light of such assumptions, the allure of biology is easy to see. To be sure, it offers a method of treatment that is as cost-effective as it is user-friendly. But, on a deeper level, biology also promises to U.S. popular culture what it promises to these texts. The very idea that the unconscious can be made conscious—and that all, therefore, is in fact conscious—carries the implicit (and wholly materialist) ablation of a binary built on seemingly outdated gender norms. If all is conscious, then men and women live in the same domain and work in the same level playing field. Prozac guarantees that a new technology will cure symptoms with a minimum of side effects and, additionally, that both symptoms and cures remain at a remove from a "real" self: the biological structure that defines both symptom and cure also defines a self independent of social constructions, cultural archetypes, and originary myths. Positron emission tomography scans know nothing of castration. Serotonin, an egalitarian compound, functions largely the same in women and in men, in African Americans and in Native Americans; psychotropic medications perform the same functions in heterosexuals, gay butch bottoms, and monks.

Yet the Prozac narratives expose the fallacy of this act of ablation and warn of the stakes of this communal disavowal. In "Black Swans," as one remarkable example, Slater becomes a "happening" person while taking Prozac. "Every noon I took my pill. . . . Mornings now, I got up early to jog, showered efficiently, then strode off to the library. I was able to go back to work" (1996, 155). Protected by the medication, she applies for and receives a research grant to Appalachia. When she arrives at the "rippling mountains of poverty," she encounters the "mountain women": "In the oven I saw a roasted bird covered with flies. In the bathroom, a fat girl stooped over herself, without bothering to shut the door, and pulled a red rag from between her legs. Her name was Kim, and her sister's name was Bridget, and their mother and father were Kat and Lonny. All the females were huge and doughy" (156–57). These mountain women form the terrifying unconscious of Slater's productive self. Her voice fills with distance and disgust as she describes their complacency, their abject habits, their squalor. And yet the space that separates her from them is not merely one of class or living standard. Rather, Slater is separated from these women by gender. They are the blood-marked femininity, the dysphoric objects of

26 As Schilb (1999) argues, "Black Swans" is a class statement. However, Schilb's almost automatic dismissal of gender in Slater's work results in an unfortunate misreading of the meaning of the superego. Similarly, see James Edwards's (2000) reading of Kramer's patient Tess.
her study. They are the long forgotten past. And she, come down to the overworld but still treated, protected, and ultimately normalized by Prozac, is their tempered voice of reason.

What I believe we learn from these treated, hyperthyemic moments in the texts is the way Prozac, as it is described by each narrator, provides the women protagonists with a man’s strong superego. The effect of Prozac is not only that women who take it become hyperthyemic but that hyperthyemia, as it is described, constitutes a point of development along a suddenly problematic, exceedingly psychoanalytic continuum. In each text, the ingestion of Prozac allows each woman to change the course of her Oedipal trajectory, if only for a brief, fleeting moment. Here a narrative of defeat becomes a narrative of privilege, and a life of envy becomes one of rational generativity. On Prozac the pallid Slater is able to work, to jog, and to separate momentarily from the abjection that is her birthright. Sarah in “Medicated” teaches, while Sara in “Shrinks,” now moral, is ready to return to graduate school. Even Prozac Highway, the text least likely of the four to reenact a heteronormative structure, presents Jam’s Prozac encounter in a language that recreates a division between making and bearing. Jam, to recall, argues that Prozac does “nothing.” Yet, seven days into treatment, the plot is interrupted by a scene from its own unconscious, where Prozac assumes an active—indeed an erotically active—position. The book’s only penetration is described as if in a dream or slip of the tongue, since in the conscious world Jam and Fruitbat never actually meet. Jam writes, “And then they’re somewhere else in bed and Fruitbat is lying on top of Jam. Maybe she has a dildo on, sure, a dildo, slow easy strokes deep into Jam’s cunt and Jam gives everything” (1997, 217). Fruitbat is Prozac, and Jam immediately thereafter begins work on her “virtual performance.” Consumed and penetrated, these women assume ownership of that phallus constructed in pharmaceutical advertisements, that superego denied to them by Freud, if not by their own hypothecmic body temperature. Each, in other words, becomes civilized. To be sure, biology may have convincingly argued that the Oedipus complex is the result of hormones and peptides, framed and finally understood as an “inexorable (because they are useful!) part of human society.”

But, in spite of the evidence of prenatal androgens seen and demonstrated, the notions of useful progress and productivity, of illness and health, remain contained within familiar and familiarly divided categories, separated in a textual dichotomy between having and wanting to have.

The realization of the psychoanalytic function of Prozac allows for a

27 I cite Stone’s quote once again to connote the use of the “prenatal androgen” argument in “proving” homosexuality as well.
better understanding of what takes place when phase 1's euphoria becomes phase 2's crisis, within the suddenly Oedipal Law of the Wonder Drug structuring each narrative. As Prozac stops working and is replaced by a momentary but terrifying fall from grace, the characters reenact in almost similar fashion. Slater, for example, cries, then rediscovers the beauty of nature and becomes less productive—"I must pause many times as I write this"—because the symptoms of depression and obsessive-compulsive disorder have "returned."\(^{28}\) Meanwhile, Sarah in "Shrinks," a character marked by her toughness, cries and becomes "tender" for the only time in the story, and Jam suddenly thinks about watering her plants. When Prozac stops working, each woman's masquerade is uncovered, as if by emotional symptoms returning from the newly formed yet familiarly coded unconscious.\(^{29}\)

This is not to say that these four works are not in many ways victorious in their individual and communal acts of resistance. Characters demonstrating what might be considered alternative interpretations of Prozac—as in nonnuclear or nonheterosexual—become effectively empowered as each narrative develops. The result is a new, more agential writing of the woman's mental illness narrative. However, within this victory, this revision and recreation, lies a troubling act of erasure. Protest is ultimately undone by the very origins that Prozac, and the biological discourse for which it stands, deems inaccessible. To be sure, the language of the chemical imbalance co-opted by these narratives serves as an effective tool with which to break from the past. But, in so doing, these narratives accept—and in accepting, re-create—some of psychiatry's (psychoanalysis and psychopharmacology both) more troubling assumptions.

Thus we begin to see how the ahistorical, atemporal promise of Prozac is a false promise indeed. Freud may not have been correct about the biology or the destiny of contemporary civilization. But his insight that narrative form is itself gendered— in a structure that allows either a telling or a reading of the phenomenon of a wonder drug, depending on one's position in the transference/countertransference, phallus/absence dialectic—holds remarkably to the point. The notion that the discourse of biology breaks down the psychic binary, disproving the unconscious once and for all, works instead to efface the ways that the assumptions of the unconscious are also structured, like a language, into biology's very language.

Prozac represents more than a rejection of psychoanalysis. Cloaked in

\(^{28}\) However, given the sharp contrast drawn between her character and the mountain women, and keeping in mind the FDA's subsequent approval of fluoxetine in the treatment of "premenstrual dysphoric disorder," the implication is clearly that Slater's regression is menstrual-hysterical as well.

\(^{29}\) Interestingly, this dynamic is not seen in Krist's story.
the novelty of the neurotransmitter, Prozac also represents a continuation of a conversation in which postmodern history is but the most recent contribution. Here women represent the underside of progress; theirs is the emotionality from which civilization needs to be protected, the nature that always threatens to rupture the tranquility of our culture. Prozac may well have offered a different pharmacokinetics, a new volume of distribution, but the mechanism of action remains unchanged. Prozac works to break down a binary, but at the same time it serves to ensure that the binary remains intact. The Prozac of liberation is also, ironically, the Prozac of the return of the repressed. The speech may protest against the binary. But the protest is in constant peril of censorship by a language that both maintains the system and denies access to the origin of the problem. Metabolized and protein-bound, progress continues.

Again, my critique is in no way meant to undermine women writing, women in the role of protagonists, or even men writing as women, in protest against the cultural assumptions signified by Prozac. Rather, it is to say that such protests, and specifically the narrative conventions often structuring their discourse, must always be considered within the larger historical and cultural forms within which they function—forms that are often codified in predictable ways, if not expressed in the cultural construction of dreams and slips of the tongue. Here, the very notion of a practical self, a visually unified self, or a biologically productive self seems always and already to depend on the requisite presence, in some remote region of the mind unaffected by Prozac, of mountain women and black swans, or of lupines that need to be watered. Without this awareness such protests, and the notions of selfhood they posit, risk stealthily perpetuating the forms of oppression they seek to defy. And yet the problem ultimately lies not within these or other acts of resistance but with a language and a meaning system that envelop even voices of protest within a larger conversation, always listening and talking back in the name of reification.

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