Doctors are giving antidepressants to patients who are not mentally ill. And the patients, who like the effects, ask: Why not?

BY MELVIN KONNER

OUT OF THE DARKNESS

SOME KIND OF NEW PRESCRIPTION MIND-SOOTHER SEEMS to have pervaded all walks of American life. Everywhere you go, everyone you know now seems to be listening to Prozac or to one of its new chemical cousins. Have we, one wonders, already reached Aldous Huxley's brave new world, where soma the wonder drug is starting to make everyone feel good?

Actually, it was back in the late 80's when the gifted young psychiatrist Peter D. Kramer first began to write about a newly developed antidepressant for the trade newspaper Psychiatric Times. He seemed to be writing, well, from his heart as much as his head. He told of people who benefited from this new drug, Prozac, in more than just the classic sense, of relief from deep emotional depression. He saw them as essentially healthy people who were now moving through life in a new way. Again and again they said things like, "I was never really myself before."

Kramer came out and said what others were thinking: Some normal people were having their personalities changed by the new drugs, and most of them liked the change very much. He went on to describe these people and their experiences in greater detail in his phenomenally popular book, "Listening to Prozac." The book was not an unabashed brief for the

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drug. It expressed obvious doubts about long-term effects, and some less obvious, more philosophic ones as well. But Kramer did have quite a good-news announcement: Here was the prospect of help for many people who had no psychiatric disorder but who might, say, have not uncommon social fears or limiting inhibitions or a lack of self-confidence. And some readers inferred from this the potential for personality change through chemistry.

The news was not universally cheered. Critics expressed fears that the drugs would replace needed psychotherapy, or friendship, or learning, or even ethical reflection. Sherwin B. Nuland, a distinguished Yale surgeon and author of "How We Die," decried "Listening to Prozac" as simplistic and conjectural, an instance of overweening ambition. In a column, The New Yorker joked about "Listening to Bourbon." Peter R. Breggin, a psychiatrist who has made a career of criticizing his colleagues, and Ginger Rose Breggin wrote a book called "Talking Back to Prozac," which capitalized on Kramer's success much as Kramer had capitalized on Prozac's.

Some of the Breggins' complaints were sleight of hand. They found weaknessess in the Food and Drug Administration's approval process for Prozac, but ignored many studies since. They exaggerated the placebo effect, the effect even a sugar pill may have. In fact, in 18 studies of more than 2,000 depressed patients, the three most widely prescribed of the new antidepressants proved much better than a placebo, with two-thirds of patients typically benefiting from the drugs. The probability that these effects were due to chance, as the Breggins claim, is less than one's chance, on an average day, of being struck by lightning.

Still, Kramer's critics have correctly pointed to past psychiatric drug fads, warning that this may be just another. At times, too many people have taken prescription stimulants such as amphetamines, and certainly many have been kept on Librium or Valium too long and become needlessly dependent. But the Breggins' notion that these drugs work the same way amphetamines do is just plain wrong. As for Librium and Valium, they blunt anxiety; they do not dispel depression or brighten a darkened mind.

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A LITTLE PHYSIOLOGY: IF YOU WERE TO run a thread from the nape of your neck to exit high on your forehead — don't try this at home — the line would cross your brain stem first. Parts of the stem tap out the rhythms of breathing and heartbeat. A little further along are the sources of two brain chemicals with far-reaching effects: noradrenaline, related to the natural stuff risk-takers say they get high on, and serotonin. Both are chemical messengers that shape moods.

The older antidepressants kept them in the synapses, or gaps, between nerve cells long enough to have a positive effect. Scientists wanted drugs that would target specific chemicals — the more specific, or "cleaner," a drug's actions, the fewer its side effects — but no one was really prepared for the impact. Prozac, it turned out, kept serotonin hanging around the gap with great effect, yet it allowed other chemical messengers to be absorbed at the usual rate. Within a few years, millions had tried Prozac, the first of the new serotonin reuptake inhibitors; Zoloft and Paxil followed.

Depressed people are frequently troubled by anxiety as well as depression. The new drugs often work against both, making them a twin blessing. Patients with an obsessional aspect to their depressions were also seen to benefit, and soon the new agents began to be prescribed for people with obsessive-compulsive disorders. They helped indirectly in the treatment of alcoholism and other addictions, because many depressed patients attempted to self-medicate with these substances in an effort to relieve their depression or anxiety. Even emotional illnesses triggered by having a baby — not just the jolt of becoming a mother, but disabling mental disorders — improved with the drugs. Then the new category appeared: patients who were not mentally ill but who were getting prescriptions anyway and having their lives improved.

THE NEW DRUGS DO HAVE SIDE EFFECTS. NOT EVERY PERSON who takes them has more gains than losses. There is no such thing as a perfect drug. Evolution did not design the body or brain in anticipation of future chemical breakthroughs; it made a molecular patchwork, and intruders like pharmaceutical agents never have just one effect. But so far the risks amount to a small fraction of the benefits. That is why millions of people are taking the new drugs; not because they cannot do without them but because they see no good reason why they should.

Medical science does have much more to learn about these drugs. Preliminary research showing that Prozac hastened tumor growth in rats is worrisome and must be followed up. Meanwhile, a formerly suicidal elderly man takes real pleasure in every day; a young mother who became obsessively afraid to leave her home within weeks after her baby was born is freed from mental prison; an addict is able to stop using cocaine. New effects of the drugs are reported so frequently one hesitates to mention them for fear of sounding like a hawker of snake oil. A recent Runner's World reported testimony from runners who claim to have improved their time after taking Prozac or Zoloft. It is likely that most were depressed, which can hurt any performance. Alberto Salazar, a worldclass marathoner who had been suffering from listlessness and various minor symptoms, began taking Prozac and made a worldclass comeback. He later said, "I didn't really care how fast I ran.... The only thing that's important to me is that Prozac has helped me lead a normal life again." Finally, veterinarians at the University of Pennsylvania began putting high-strung or down-in-the-dumps pooches on Prozac. Carrie Dolan of The Wall Street Journal had great fun with the research, reporting on the paper's front page that the dog "Sparky (not her real name) suffered from 'profound anxiety' " and "inter-dog aggression," but was greatly helped by the drug. Vets and dog owners, however, are serious about its benefits.

Among psychotherapists, even those of the traditional talk-through-everything-without-stooping-to-pharmacology school — the psychoanalysts — are succumbing. Steven Roose, a Columbia University psychoanalyst, has shown that a majority of certified analysts now have patients on psychiatric drugs. Today, along with many other psychotherapists, psychoanalysts are finding that drugs can facilitate their work, and that the prescription may be only the start of a long process of learning and personal change.

MY OWN EXPERIENCE SUGGESTS THAT THIS IS SO. I GRAPPLED with lifelong depression through years of psychotherapy. I learned; I changed; I believe in it. Yet until I began taking antidepressant drugs in my mid-40's, I don't think I understood quite how depressed I had often been. When the pain began to interfere

seriously with my functioning, I began taking Prozac — unsuccessfully. I then tried a "classic" antidepressant, desipramine. Within two months, I felt enormously better. But I was reminded, not just from day to day but from moment to moment, that I was on a powerful drug; the physical symptoms were tolerable, but they did not let me forget. I felt better, but I did not feel "myself."

So when I thought I could, I got off desipramine, and was fine for a while. But a year or so later I needed it again. This is a common pattern with antidepressants, and recent research by Ellen Frank and her colleagues at the University of Pittsburgh has cast serious doubt on the standard practice of trying to get people off these drugs as soon as possible. For me, the cycle repeated; unpleasant side effects led me to stop the drug, and when I did I was well for many months.

This time, when my depression became serious, my doctor suggested Zoloft, which was then new and slightly different from Prozac. This one worked beautifully. It lifted my depression as well as desipramine had, but with a fraction of the side effects. I was aware of the drug when I took it, and there were some minor physical symptoms, but mostly I just felt like myself.

Was I? Am I now, nearly two years later? Here we come to a debate about the new drugs that sheds more heat than light: Do they or do they not change personality? When I was depressed, which was often, I used to think of what Oliver Wendell Holmes Jr. once said about F. D. R.: that he had a second-class mind, but a first-class temperament. I liked to joke that I was just the reverse, a first-class mind with a second-class temperament.

Now I am not so sure; my temperament seems pretty darn good. Psychologists like to distinguish "state" from "trait," and some would say that I had a friendly, cheerful temperament (trait) hidden by a depressed, dour state much of the time. But what is temperament anyway, if not the thread on which our states, day by day, are strung like so many beads? Surely state becomes trait if it lasts long enough. And here, I think, turns the debate between Kramer and his critics. It is meaningless to try to define a percentage of people who will have their personalities changed, rather than just their depressions lifted. No one knows how to draw a line between the two.

For me the medicine became a platform on which I could function in a very different way. I noticed the difference many times a day, in the way I interacted with friends and strangers, the way I fell asleep and woke up, the way my children's complaints affected me, the way I responded to telephone calls. I had to forget many things I thought I knew about myself, and move forward on the platform the drug had built. I stayed in psychotherapy, and learned a great deal there. I had few physical reminders that I was medicated, so I still felt like "me." And yet I was becoming a new version of me, through a process of personal growth, reflection and plain old learning, all made possible by an impressive little molecule.

My life is still full of external problems of a sort that no one can control; few people who know me well would want to change places with me. Yet I now know that there is a difference between depression and even the most severe life stress. People sometimes kill themselves because of life stresses, but more often they do it because of internal pain. No one who has not experienced this pain can understand it. Paradoxically, some who have experienced it but have not had it relieved may not understand it either — how totally different they might feel when they are not in such constant pain, or how different those around them might feel.

One time of day I am reminded of the medicine is when I first wake up and stumble out on the driveway to pick up the newspaper. I remember the dense fog I used to have to fight through at that moment, the hurt in the center of my chest, the constant questions about the simplest tasks: "Why am I doing this, why am I doing anything?" Now I amble sleepily down the drive, see the familiar blue plastic bag, and think of Pat Conroy's felicitous phrase about newspapers: the daily gift of words. I am as troubled as ever by the news, but I am more likely to do something, like call a senator or send a few dollars to Rwanda. I still engage in ethical reflection; I am just not paralyzed by it. I even indulge in the consolation of philosophy, but now I get more from what I read.

Critics would have us believe that it is good for us to feel the pain, the existential dread, to work it through with friends or therapists or pastors. I tried, for too many years. One *should* try before taking medicine, but not for a quarter century — especially not now that we have medicines as good as these. Critics caution that if we blunt the pain we may fail to deal with the internal and external problems that are causing it. This is a noble sentiment. But why limit it to depression or obsession? Why not let asthmatics wheeze instead of giving them bronchodilators, so they'll feel motivated to do something about the allergens in their environment? Why give acetaminophen or aspirin to the tens of millions of sufferers of chronic arthritis pain? Their pain is only natural, signaling them to slow down, and these drugs can certainly be harmful. One could go on, but the point is very clear: It is only because we so belittle and devalue psychic pain that such critics even have a hearing.

In his affecting memoir, "Darkness Visible," William Styron writes of this as few have done before, comparing recovery to Dante's emergence from the infernal regions: "For those who have dwelt in depression's dark wood," says Styron, "and known its inexplicable agony, their return from the abyss is not unlike the ascent of the poet, trudging upward and upward out of hell's black depths and at last emerging into what he saw as 'the shining world.' " Dante and Styron both conclude, "And so we came forth, and once again beheld the stars." Those of us who have emerged at last, with the help of modern medicine, from years marked too often by despair, weakness, darkness and pain, look back at those past travels and shudder before sighing in immense relief. We learned something, no doubt, on our infernal journey, but once is enough, and there is little likelihood that we will ever be persuaded to go back. ■

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