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Prozac-propelled Postmodern Poetry, Partly (I)

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Abstract: Quite fittingly derived from *proficient* and *attack*, coming onto the market in late 20-th century, being associated with protocol-abiding clinical psychiatry and gender-based postmodern discourse, Prozac is seen in what follows as a generic name for serotonin reuptake inhibitors (SSRI-s) and, under its various names, it is further associated with creativity or rather poetic input. While providing the sense of a postmodern notion of subjectivity, the case studies in support of our analysis are found to experience a restoration, even if partial and temporary, of the hyperthemic or rather sanguine temperament.

Keywords: *Prozac; Renée Ashley; Gwyneth Lewis; Ren Powell; Chase Twichell;*

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Introduction

On the basis of Peter Kramer's *Listening to Prozac* (1994), one will find women working in a space in which "the experience of living in the 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." (Zita, 1998, p. 63)

On the basis of Persimmon Blackbridge's *Prozac Highway* (1997), Pagan Kennedy's "Shrinks" (1994), Garry Krist's "Medicated" (1994), and Lauren Slater's "Black Swans" (1996), one will conclude that the escape herein celebrated involves "the sudden lifting of a miasma through a chemical cure" – while "embracing Prozac specifically, and biological psychiatry more generally to treat both the symptoms of mental illness and a set of gender conventions, identities and norms in which that illness is embedded." (Metzl, 2003, p. 166)

On the other hand, while speaking of Prozac as "a new account of selfhood" and "a sudden break from the past," one could see in its progress "the three-phase law of the wonder drug," with 1) an "initial embrace" accompanied by "high hopes" and driven along by a "wild enthusiasm," also by "overvaluations, overrequests, and overprescriptions"; 2) a "fall from grace" accompanied by newly-discovered "problems," also by "undervaluations and overcondemnations"; 3) "stability" accompanied by "appropriate evaluation of the comparative worth of the drug." (Smith, 1985, pp. 4-5)

Renée Ashley (1949-)

She was a "late-baby phenomenon," her mother being thirty-nine and her father fifty when she was born (Ashley, 2008, p.109). With recurrent headaches in childhood because of the tension between her parents, she was about to drown in a motel pool, her father making a last-minute save; he was to give her quite a shock however, shooting himself in the head at Easter (Ashley, 2008, p.115). His self-inflicting gesture is certainly to be seen in "The Suicides," in lines like "A wall is a small simple history. And falling/ is everywhere." Or, "No one/ dies in the black wade of the sea, not one// by the train, the insatiable train." Or, "What dies before/ the heavy body follows? Rattle the skull,/ the breath, the will. The walls are sighing./ There is a violent wind kissing the latch./ And there are days I do not know my name." (Ashley, 2008, p.115)

All the while, depressions come and go for her, with medication and medication effects. The first name she recalls is Paxil; it worked "for a while," though her weight skyrocketed. Then Prozac; then "Prozac with a Wellbutrin chaser"; then Celexa, which made her heart beat "so hard" that she thought "it would explode"; then Lamictal, which gave her a rash; then Ultram; then "Wellbutrin SR 200 mg once a day, then twice a day"; then "Wellbutrin XL 300 mg." And now Cymbala, "the first dose at 60 mg" knocking her on her back and giving her a three days' sleep; then "half a dose," the change making her hopeful "maybe a week," or "is it ten days?"; then sliding down "again and back to the sixty," which made her helpful "for a number of months," maybe "forever." But she knows better than to feel any confidence, because the body is ultimately "fluid." (Ashley, 2008, p.108).

The pills, whatever their names, made a zombie out of her, but she was in a serviceable condition, all in all.

Gwyneth Lewis (1959-)

She had a first episode of depression "in her early twenties," and she was just "horrified" because depression was hardly a newcomer in her family, her grandmother taking to her bead "at a young age" and her mother having "crippling" episodes that took her to her bed "for days at a time," torn off by "rage and despair" (Lewis, 2008, p.14). But "horrified" though she was, she was still able to function as "a scholar and poet thanks to the medication"; she discovered during the years alcohol, "the drug of choice in the bohemian circle of poets and journalists" in which she now turned. It stopped her from "feeling painful emotions," helped her "to sleep" and, to boot, gave her "false confidence" – in one word, this was "a way of self-medicating for low spirits." (Lewis, 2008, p.15)

But all of this was a vicious circle because alcohol is a strong depressant, and its abuse drove her into "a new spiral of despair." Nearly "fifteen years of weekly therapy" and, of course, alcohol-free in the meantime, helped her write again, for instance a poem "The Hedge," about a woman who tries hard "to hide her anomalous hair-do" but, while dying, takes up her old addiction as "a narrowness, a slowly closing eye." The pretext-anecdote was provided by "a friend who used to hide a half-bottle of vodka in a hedge he knew, so that he could drink from it on the way to work." Well, she seemed to be "stuck in a beech border." (Lewis, 2008, p.16)

But there was a "low-grade chronic depression" all throughout and, while driving to work "one morning," she began to cry out of the blue. She

went home, put herself to bed, and slept "almost continuously for two weeks." Feeling "remotely" like herself again, and returning to work were issues of "five months" and respectively "one year" (Lewis, 2008, p.17) – her "blood chemistry" had been "seriously disordered because of neurological nausea," and "a dry retching through all her nerves" that made her scream around. (Lewis, 2008, p.18)

Before long she was on Seroxat (paroxetine) that opened up "a vital space" between herself and "the emotional horrors that were squeezing the breath" out of herself. When Seroxat stopped working she changed to Effexor (venlafaxine), which suited her, and she stayed on it "for a couple of years" (Lewis, 2008, p.18). And she came to think that, even if proven that "antidepressants adversely affected [her] as a poet," she'd still take them (Lewis, 2008, p.19). After being "a zombie for months," being "able to write at all is a miracle" (Lewis, 2008, p.19); she wrote "two of [her] eight books" under antidepressants, and one couldn't ask for more…

She ultimately learned to live with her depression, neuromodulated as it was by antidepressants. She eventually came to see the "Angel of Depression" in all of her distress: "Don't say it's an honour to have fought/ with depression's angel. It always wears/ the face of my loved ones as it tears/ the breath from my solar plexus, grinds/ my face in the ever-resilient dirt." (Lewis, 2008, p.22)

Ren Powell (1966-)

She tried "acupressure, light therapy, St. John's Wort, primal screaming, excessive servings of salmon," also "lithium, homeopathy, diabetic diets, yoga, chiropractic treatments," also "tricyclic antidepressants, SSRIs, SNRIs, NDRIs, anticonvulsants" (2008:51). During manic episodes she scribbled poems as fast as she could and mailed them off to publishers; they sounded like "Winter Portrait with Mirror": "Her mouth is a tiny, ever-blossoming/ like January's stupid, green leaves/ (rushing, rushing the whole damn process)." (Powel, 2008, p.52)

During depressive episodes her self-loathing made her consider suicide (Powel, 2008, p.52). While "weaning from a medication," she was "confused and dizzy much of the time." (Powel, 2008, p.54)

Her bipolar disorder finally found a combination that worked "fairly well," Depakote and Effexor for "two years at least" – when she began writing "fearlessly" for the first time in her life: that is, editing with confidence and publishing more regularly. (Powel, 2008, p.58)
For the time being it was Lamictal, given that lithium never worked for her.

Chase Twichell (1950-)

She was, as a child, "turbulent and angry, sad and withdrawn" while being "artistical and creative"; she went into "insomnia and migraine," also into "moods" raging from "surges of excitement and energy" to "flashes of hell." (Twichell, 2008, p.173)

Her school performance was "quite poor," with her being "scattered and unable to concentrate or memorize." But she was "much given to reading and fantasy," and poetry, her first "drug" which was "both stimulant and narcotic," made her "alert, slightly euphoric," and "sharply energetic" (Twichell, 2008, p.174) – the way she also was when smoking marijuana as a teenager, far from the eyes of her mother who was busy dealing with her major depression.

At nineteen she herself was struggling with her first major depression, and her poems, having "lives of their own," seemed to be written by a different self. Until thirty-five she had recurrent episodes of "debilitating blues," and some sort of equilibrium in-between – her authorial self, nonetheless, was best described by anger. (Twichell, 2008, p.174)

At thirty-five her depression was "terrible," though. She was "exhausted all the time," quite "unable to sleep" or eat anything but "crackers and ginger ale." Her attention was non-existent, she couldn't "read or even watch television without losing the thread of the story." She cried over "sappy commercials," and simple tasks, like "going to the grocery store or doing laundry," were quite impossible. (Twichell, 2008, p.175)

The drugs on the market (Triavil and Elavil, "first in a long parade of compounds") fortunately worked while alleviating much of her "physical malaise" and lifting her mood "to some extent." But… that long dizziness "in the mornings," fainting if standing up "too quickly," a dry mouth all day long, no energy; "functional," but "slow, stupid, and lethargic," the poems being located "in the past or the future, never the present." (Twichell, 2008, p.175)

Speaking of the poems at the time, they were "brainy rather than emotive, assessing rather than experiencing things directly," their language being "somewhat willed" (Twichell, 2008, p.175) like in "The Stolen Emblem": "It's the extinction of the thinking mind,/ the ink-dark paralysis, that terrifies,// that fascinates me here, that divorces/ the self into its lonely parts." (Twichell, 2008, p.175)

For more than twenty years she lived with the diagnosis of "major depression, recurrent," and consequently with "psychotropic drugs in her

system": Triavil, Elavil, Pamelor, Desyrel, Serzone, Paxil, Zoloft, Buspar, Valium, Effexor, Xanax, Celexa, Lexapro, Wellbutrin, Seroquel, Klonopin – "drugs that soothe mental afflictions but also alter our bodies and consciousness in a myriad of other ways, including subtly changing the way language is spoken by the mind" (Twichell, 2008, p.176). If the men-in-the-street won't care, the poets will; their "metaphor-making faculty is affected" (Twichell, 2008, p.176), words come differently, perhaps more slowly when under medication, especially with some wrong diagnosis when the medication is not quite appropriate – just like in her own case, to be better described by the diagnosis of Bipolar II Disorder, outstanding in her self-portrait that follows closely the DSM behavioural indicators:

"Ideas run through my head so that I cannot sleep. I'm inclined to rush from one activity to another without pausing for enough rest. I am quick in my actions. I often feel disgruntled. Ideas come and go so fast, I can't keep up with them. I daydream a great deal. I often feel guilty without a very good reason for it. I am often so much on the go that sooner or later I wear myself out. I am able to work unusually long hours without feeling tired. I sometimes go on buying sprees. I frequently find myself in a meditative state. I am sometimes more talkative than usual or feel a pressure to keep talking. My feelings are hurt rather easily. I'm distractible. I'm happiest when involved in a project that calls for rapid action." (Twichell, 2008, p.178)

She now takes "a cocktail of three different drugs: Celexa, Wellbutrin, and Klonopin." As for the history of her drug-taking, "Neurotransmission" is quite revealing: it is long, "starting with One-A-Day vitamins/ and St. Joseph's aspirin for children;/ pills for migraine and insomnia;/ marijuana, tea, wine;/ and then the Solaces, one by one,/ a Noah's ark of creatures too weak/ to haul away another's sorrows,/ though they lent their weight./ Now a psychopharmacologist/ oversees the weather in my brain/ and I live in its atmospheres,/ its tides, its own distinctive/ forms of sentience." (Twichell, 2008, p.19)

Her moods are "stable" and her energy "plentiful." But she still never forgets that her mind is being "chemically altered on an ongoing basis." She sometimes wonders whether she is "less" herself than she would otherwise be, but she ends up thinking that the drugs make her "more like [her] essential self," since "they presumably compensate for the brain's shortcomings" (Twichell, 2008, p.178). For more than twenty years now, she had this troublesome feeling that she was being dissociated, that she saw herself seeing, that she heard herself thinking, that she was, to put it bluntly,

unlike herself. Under the new medication, her poems are "starker, less adorned, more urgent." (Twichell, 2008, p.180)

Conclusions

The four female poets at issue (Renée Ashley, Gwyneth Lewis, Ren Powell and Chase Twichell) have some kind of affective disorder and, in the course of their illness, they were treated with Prozac; that is, a medication in the spectrum of antidepressants. They sat for a structured interview, and we have picked up the question whether their so-called "innate creativity" has been altered by being on Prozac. It seems that indeed, the poetic self is being modified, at least two poets (Renée Ashley and Gwyneth Lewis) making recourse to the notion of zombie.

Such a change, frankly speaking, is never for the better as far as the artistic personality is concerned, simply because you no longer have your true self, your own identity. But then, what's the alternative as long as depression is the arch-enemy of artistic production? Paraphrasing Sylvia Plath, when you are depressed you are busy being depressed, and that's all you are. Depression is the closest you could get to void and, under such circumstances, any change is beneficial. Something is better than nothing…

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