Paper Title: Cosmetic Drugs for Mental Makeovers: Antidepressants and Our Discontents
Author: Kheriaty, Aaron
Institutional Affiliation: Resident Physician, Department of Psychiatry, University of California, Irvine

This paper was prepared for "Continuity + Change: Perspectives on Science and Religion", June 3-7, 2006, in Philadelphia, PA, USA, a program of the Metanexus Institute (www.metanexus.net)

Paper Abstract:

The possibility of using psychopharmacology to alter our affective states has intrigued human beings at least as far back as Ancient Greece. Helen of Troy's "heart's-ease" appears in the *Odyssey* as an extraordinarily powerful antidepressant drug. For the Homeric Greeks, such a fantastical concoction could only have originated in the magic plied by children of the gods. By contrast, we who live in the age of Prozac take for granted our ability to modify our moods through manipulation of brain chemistry.

Although this technology is still in its infancy, it is already raising thorny philosophical and ethical questions. Beyond altering moods, some scientists and clinicians suspect that current and future antidepressants may also offer the possibility of altering personality traits—both inborn traits of temperament and acquired traits of character. Many welcome the possibility of changing patients' personalities for the better—of human "enhancement" through psychopharmacology.

Personality traits are widely thought to be qualities that endure in an individual; they are considered aspects of the self that remain relatively constant over time, even while cognitive or affective states may change from moment to moment. One's personality traits lie at the root of shared assumptions about individuality and identity. The use of "cosmetic drugs" to alter these traits challenges us to investigate the continuity and changeability of personality, and to reflect upon human individuality and the biological pliability of human nature.

This paper integrates scientific, clinical, philosophical, and theological perspectives to investigate the use of medications to alter personalities. I begin with relevant background and foundational material: the history and cultural effects of new psychotropic medications, a philosophical overview of the ends of medicine, and some important distinctions in psychiatric nosology. The heart of the paper argues for a judicial use of psychopharmacology to alter affective states, and rejects the use of medications to directly manipulate personality traits.

Our answer to the question of pharmacological human enhancement depends upon our understanding of human nature, which in turn, depends upon our convictions about ultimate questions. If we transcend the reductive perspective which views human beings as nothing but organisms that are well or poorly adapted to their environment, and instead, view human beings as wayfarers and pilgrims who never quite feel completely at home in this world, then we see that attempts at personality "enhancement" are, in the last analysis, profoundly dehumanizing.

Drawing on Aristotle's metaphysical anthropology, Leon Kass' moral analysis of new technologies, and physician-novelist Walker Percy's uniquely articulated insights into the human condition, I argue that psychiatric treatment should be guided by a humble,

respectful approach to "the given" in human nature. I conclude with a view of social consequences that may result from the widespread practice of cosmetic psychopharmacology. If medicine shifts people toward sanguine temperamental homogeneity, such personality changes will paradoxically produce social stagnation: we will forfeit diverse human sources of creative thought and action, which are indispensable for promoting human progress and positive social change.

Author Bio:

Aaron D. Kheriaty is a resident physician in psychiatry at the University of California, Irvine. He graduated from the University of Notre Dame with a BA in philosophy and pre-medical sciences, and earned his MD degree from Georgetown University School of Medicine. Dr. Kheriaty recently started an interdisciplinary Medicine and Spirituality Forum at UCI. He has contributed an essay to Georgetown's medical humanities curriculum, has published articles in psychiatric and religious journals, and has completed a non-fiction narrative book manuscript, *MD: The Making of a Doctor*.

Paper Text:

1: Cosmetic Psychopharmacology and Human Enhancement

"Then Zeus's daughter Helen thought of something else.
Into the mixing-bowl from which they drank their wine
She slipped a drug, heart's-ease, dissolving anger,
Magic to make us all forget our pains …
No one who drank it deeply, mulled in wine,
Could let a tear roll down his cheeks that day,
Not even if his mother should die, his father die,
Not even if right before his eyes some enemy brought down
A brother or darling son with a sharp bronze blade.
So cunning the drugs that Zeus's daughter plied…."

-Homer, *The Odyssey*[1]

In this Homeric passage, modern readers will doubtless recognize something remarkably contemporary. The drug plied by Zeus' daughter Helen, "heart's-ease," may strike us as nothing more than a very rapid-acting, extraordinarily effective antidepressant. For the Greeks of Homer's time, such a fantastical concoction could only have originated in the magic plied by children of the gods. Living in the "age of Prozac," we take for granted our ability to alter affective states through manipulation of brain chemistry. Helen of Troy's "heart's-ease," while clearly superior in efficacy to current psychotropic medications, may be no more than a further development of today's technologies. Given the current state of the art, the appearance of its likeness on the psychopharmacologic market is perhaps foreseeable in the not-too-distant future.

This prospect should give us pause. Such a drug, unless used only for the most severely depressed patient, would seem to render the patient less than human. Instead of restoring something that was deficient—like insulin for a diabetic—it would cause an even

[1] Book IV, lines 243-252. Translated by Robert Fagles. New York: Penguin, 1996.

more repugnant deficiency: the distinctively human capacity to shed tears at the death of a loved one would be rendered null.

Even today's more benign antidepressants have occasioned controversy. Many suspect that antidepressants actually offer the possibility, beyond treating major depression, of changing human nature, perhaps "enhancing" it. Psychiatrist Peter Kramer coined the apt phrase "cosmetic psychopharmacology"[2] to describe this prospect. We can place this in the context of other suggested medical "enhancements": growth hormone for children short of stature, anabolic steroids for athletes, stimulants for military pilots to circumvent the need for sleep, Ritalin to improve everyone's concentration. Because of their power to alter our moods, and perhaps, change our personality, people sense that antidepressant drugs like Prozac somehow strike closer to the center of our true selves than these other medications. The reason for this will, I hope, become clear in the course of this paper.

Among bioethicists, there has been much discussion recently about the prospect of genetic engineering, especially changing germline DNA. Little attention has been paid to psychopharmocology in this context—a more direct, less complicated means of altering human nature and biology that is already with us. Our ability to manipulate neurotransmitters and neuronal receptors using drugs is in its infancy, but it is already raising profound moral questions analogous to those asked about genetic engineering.

I intend to offer a reflection on the question of "cosmetic psychopharmacology." To situate my discussion historically and culturally, I will begin with a brief history of antidepressants, and give an account of a relevant contemporary sociological phenomenon. I will then articulate a basic assumption underlying my arguments, regarding the proper goals of medicine. This is followed by a discussion of key distinctions in psychiatric diagnosis, which will lay the groundwork for my thesis: an articulation of the appropriate and inappropriate use of somatic therapies in psychiatric practice. To flesh out my thesis, I will analyze a provocative debate on this subject between two physician-writers: the psychiatrist Peter Kramer, and the novelist and essayist Walker Percy. After articulating my position in this debate, I will glance toward the future, to see what may happen should we continue on our current path. I conclude with a parting thought for my colleagues in medicine.

2: The Age of Prozac and the Triumph of the Therapeutic

"Prozac exerts influence not only in its interaction with individual patients, but through its effect on contemporary thought."

-Peter Kramer, *Listening to Prozac*[3]

"Religious Man was born to be saved, psychological man is born to be pleased."

-Philip Rieff, *The Triumph of the Therapeutic*[4]

The history of antidepressant drugs[5] is as old as time, for it begins with that ancient wonder and menace, alcohol. Opium, first popular in the 18th century, alkaloids in the 19th,

[2] "The New You," *Psychiatric Times*, March 1990, pp. 45-46.
[3] (hereafter, *Prozac*). Penguin, New York: 1993, p. 300.
[4] (hereafter, *Triumph*). Harper & Row, New York: 1966, p. 25.

and barbiturates at the turn of the 20th all share similar disadvantages with their ancient precursor: addiction, sedation, and the inability to relieve core symptoms.

A major breakthrough came in 1955, with the release of meprobamate under the trade name Esquanil, called "Miltown" by the man who developed it. Almost immediately following its release, the demand for this "tranquilizer" far surpassed any other drug in the U.S.: pharmacists would put signs in their windows reading, "out of Miltown," or "Miltown available tomorrow." [6] Librium, the first of the class of benzodiazepines, another medication for anxiety, became the number one prescription med in the U.S. during the 1960's. In 1963, Valium, a more potent "benzo" was released; until the introduction of Prozac, Valium was the most successful med in pharmaceutical history, surpassing Librium as the number one selling American drug in 1969. These drugs caused enormous changes in the practice of psychiatry: the percentage of psychiatric patients receiving prescriptions increased from 25% to 50% between 1975 and 1990. According to historian Edward Shorter, "With benzodiazepines as the entering wedge, psychiatry became increasingly a specialty oriented toward the provision of medication."[7] But the balloon popped when benzos turned out to be addictive: patients' symptoms after discontinuing the drugs were often worse than before starting.

Then came a new class of antidepressants, the SSRIs (selective serotonin re-uptake inhibitors). Shorter points out a curious shift of emphasis after the introduction of these medications: "When valium came along, both patients and their doctors were willing to define their problem in terms of anxiety once an effective drug existed for treating it. When Prozac, a drug for depression, arrived on the scene, the accent fell on depression as the hallmark of distress." As one Manhattan psychiatrist exclaimed, "Our phone rings off the hook every time someone does a story about Prozac. People want to try it. If you tell them they're not depressed they say, 'Sure I am!'" [8]

Many antidepressant drugs existed prior to Prozac and the other SSRIs, but these "MAO inhibitors" and "trycyclics" had poorly tolerated side effects, dangerous drug and food interactions, and were potentially lethal in overdose—a key consideration when prescribing to depressed patients who may be suicidal. Prozac, on the other hand, appeared to have relatively few side effects, negligible interactions with other drugs, and was safe in large overdose. What is more, it appeared to work. Approved by the FDA in 1987, Prozac was an unprecedented sensation. Shorter described it thus: "What followed was a media psychocircus of suggestion, as Prozac and its competitors were extended to the world public as a panacea for coping with life's problems even in the absence of psychiatric illness."[9] *The New York Times* headlined, "With Millions Taking Prozac, A Legal Drug Culture Arises"; *Newsweek* proclaimed in 1994, "Prozac has attained the familiarity of Kleenex and the social status of spring water."[10]

The results were not an unalloyed good, as Shorter, usually a defender of the specialty, points out: "Psychiatry nurtured a popular culture of pharmacological hedonism, as millions of people who otherwise did not have a psychiatric disorder craved the new

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[5] This history relies on Edward Shorter's popular, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*. John Wiley & Sons, New York: 1997, pp. 314-325.
[6] *Ibid*., 316.
[7] *Ibid*., 319.
[8] *Ibid*., 320.
[9] *Ibid*., 323.
[10] Cited in *ibid*., 324.

compounds because it lightened the burden of self-consciousness."[11] To borrow from the subtitle of his book, we are now living, for good or ill, in the "age of Prozac." No medication has garnered as much attention from the popular press, or occasioned as much controversy among its detractors and defendants. A search on Amazon.com gives 62 recent books with "Prozac" in the title (contrast this with Viagra, which only had 35). This med has clearly elicited strong reactions from all quarters, as evidenced in some recent book titles, which range from the sublime to the absurd.[12] Prozac is now a household name.

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I wish now to situate our "age of Prozac" within the context of another contemporary phenomenon, dubbed "the triumph of the therapeutic" by sociologist Phillip Rieff in his classic 1967 study.[13] According to Rieff, historically, "the West has attempted many successive transformations of the enemy, the world. It now chooses to move against its last enemy, the self, in an attempt to conquer it and assimilate it into the world as it is."[14] The result of this project is the recent emergence of what Rieff calls "psychological man": a therapeutic character ideal, who replaces political man of ancient Greece, religious man of Christendom, and economic man of the nineteenth century.

> In this age, in which technics is invading and conquering the last enemy—man's inner life, the psyche itself—a suitable new character type has arrived on the scene: the psychological man.... He is anti-heroic, shrewd, carefully counting his satisfactions and dissatisfactions, studying unprofitable commitments as the sins most to be avoided.... Psychological man has constituted his own careful economy of the inner life.[15]

Contrasting psychological man with his predecessors, Rieff says, "Western culture has been dominated by an ascetic modal personality.... For the culturally conservative image of the ascetic, enemy of his own needs, there has been substituted the image of the needy person, permanently engaged in the task of achieving a gorgeous variety of satisfactions."[16] Psychological man eschews contemplation in favor of action: he "understands morality as that which is conducive to increased activity. The important thing is to keep going."[17]

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[11] *Ibid*, 324.
[12] I mention the following as illustrative examples: "Prozac Nation: Young and Depressed in America," "Prozac Backlash," "Prozac Diary," "Talking Back to Prozac," "Prozac: Panacea or Pandora?," Beyond Prozac: Antidotes for Modern Times," "Prozac Poet," "Prozac Highway," "Scorpio Men on Prozac," "Prozac and Prosperity," "Prozac Conspiracy," " Just How Smart is Prozac?," "Cooking with Prozac: From Nuts to Soup," "In Pursuit of Happiness: Better living from Plato to Prozac," "Barking at Prozac, My Diary," "Living with Prozac," and my personal favorite, "Plato, Not Prozac: Applying Philosophy to Everyday Problems."
[13] Rieff, Philip, *The Triumph of the Therapeutic: Uses of Faith After Freud* (hereafter, *Triumph*). Harper & Row, New York: 1966. Cf. also the final chapter of his book, *Freud: The Mind of the Moralist* (hereafter, *Mind*). Doubleday Anchor Books, Garden City, New York: 1961.
[14] *Mind*, chap. 5.
[15] *Ibid*.
[16] *Triumph*, 241.
[17] *Triumph*, 41.

This sketchy outline of Rieff's thesis, presented in broad strokes and sweeping generalizations, doubtless oversimplifies much; I expect objections. But who today can doubt its basic veracity? Consider the therapeutic culture that has emerged to meet the rising needs of psychological man. In the academy, for example, psychology has replaced philosophy as the highest human science, encompassing the others: we now have Freudian literary criticism, Jungian theology, Rogerian educational theory, Richard Rorty's pragmatic "linguistic therapy" philosophy, an ethics of "universal emotivism,"[18] evolutionary psychology, social psychology, and so on. James Schall, professor of political philosophy at Georgetown has noticed that in their writings his students' most oft-used verb is "to feel," which usually replaces "to think," as in, "Plato feels that virtue is knowledge, but Aristotle feels that virtue is habit," etc. In the popular culture, we have, of course, "pop-psychology": reams of self-help books, encounter groups, est, primal scream therapy, and other fads. Not to be left in the dust, the state of California established a Task Force to Promote Self-Esteem. This is the triumph of the therapeutic.

Whether one judges these social changes to be signs of progress or regress (or some combination thereof) is immaterial to my purpose. Either way, the reality of this new cultural mentality is difficulty to deny. It forms the backdrop against which we must examine cosmetic psychopharmacology. The question relevant to our concerns is: what will this triumph of the therapeutic look like in our age of Prozac? The shift towards the therapeutic character type began with Freudian psychoanalysis; now that biological psychiatry has donned the therapeutic mantle, it appears psychological man may continue to pursue the same ends, using new and improved pharmacologic means.

3: The Ends of Medicine: Some Assumptions

"We now clearly recognize new uses for biotechnical power that soar beyond the traditional medical goals of healing disease and relieving suffering. Human nature itself lies on the operating table, ready for alteration, for eugenic and neuropsychic 'enhancement,' for wholesale redesign."

-Leon Kass, *Life, Liberty and the Defense of Dignity*[19]

Before examining the specific problem of cosmetic psychopharmacology, I wish to make a general assumption explicit. Stated simply: the end, or goal, of medicine is health.[20] This may initially sound rather uncontroversial, but consider: if we accept this premise, we rule out "enhancement" as a proper goal for physicians. Medical treatment thus consists of restoring, not improving, human nature. However, this assumption is subject to further controversy because of endless arguments over the definition of health.

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[18] Cf. MacIntyre, Alasdair, *After Virtue*. UND Press, Notre Dame, IN: 1981.

[19] Subtitled, *The Challenge for Bioethics* (hereafter, *Dignity*). Encounter, San Francisco: 2002, p. 4.

[20] For a more thorough defense of this position, cf. "The End of Medicine and the Pursuit of Health" chapter 6 of Kass' *Toward a More Natural Science: Biology and Human Affairs*. Free Press, New York: 1985, as well as "The Goals and Ends of Medicine: How Are They to be Defined?," chapter 4 in Pellegrino, Edmund, *Physician and Philosopher: The Philosophical Foundation of Medicine*. Carden Jennings, Charlottsville, VA: 2001. Here Pellegrino argues that medicine's end is "to heal, help, care and cure, to prevent illness, and cultivate health (62)."

Hippocrates[21] believed that nature is the norm of health. Nature is thus the physician's best teacher; learning always falls short of the wisdom of nature, the wisdom of the body. By observing our remarkable power of self-healing and the body's tendency to retain wholeness by rejecting foreign additions, Hippocrates recognized that the body naturally (teleologically) tends toward its own perfection. The physician's job is to help the body help itself, employing methods most suitable to its nature. The body itself is the primary healer; technology occupies a supporting role. In this conception, health[22] is not merely the absence of disease, but an ordered, integrated functioning of body. If we substitute "mind" for "body" here, we have an account of the ends of psychiatry.

The Hippocratic philosophy of medicine resists the technological imperative that says if we can do something, we should. Contrast this Hippocratic tradition with a more recent tradition, according to which science and technology provide the means to transform reality, instead of making us conform to it.[23] This is Karl Marx's, "I don't wish to understand the world, but to change the world." Rieff points out, "The [newer] *transformative* cast of theorizing, unlike the [older] *conformative* cast, is silent about ultimate ends.... Theory becomes actively concerned with mitigating the daily miseries of living rather than with a therapy of commitment to some healing doctrine."[24] This is Francis Bacon's, "knowledge is power"—power over nature, not subordinate to it.

Echoing this contrast between two traditions, physician and philosopher Edmund Pellegrino distinguishes the "essentialist" (Hippocratic) method, according to which medicine's ends are grounded in the nature of medicine itself as a unique enterprise, and the "socially constructed" method, according to which medicine's goals are arrived at by social, economic, or political fiat. According to the essentialist paradigm, which Pellegrino endorses, the limits of medicine are built into its ends. He is wary of the socially constructed paradigm, because "medicine's technical power is vulnerable to the pathological use a disordered society may wish to make of it unless it is restrained by the ends proper to medicine."[25] Pellegrino concludes that the end of medicine is health: "Only when medical knowledge is focused on the healing of this patient, here and now, or on promoting the health of a society as a whole is it medicine per se."[26]

Today, the socially constructed paradigm for defining medicine's ends appears to be gaining ground. In Leon Kass' striking metaphor, quoted in the epigram above, human nature itself now lies on the operating table. Unless, that is, we remain Hippocratic physicians.

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[21] I am indebted here to Riley, Patrick "Medicine as a Moral Art: the Hippocratic Philosophy of Herbert Ratner, MD." *Fellowship of Catholic Scholars Quarterly*, Fall 1998.
[22] Consider the English etymology of "health" = "wholeness" (structural connotations), as well as the Greek: *hygieia* = "a well way of living," and *euexia* = "well-habitedness; good habit of body" (functional connotations).
[23] Cf. Rieff, *Triumph*, 86.
[24] *Ibid*., 86.
[25] Pellegrino, *op cit*., 60.
[26] *Ibid*., 59.

4: A Crash Course in Psychopathology: Some Distinctions

"Seldom affirm, never deny, always distinguish."
-Philosopher's adage

With this groundwork laid, we return to the subject of antidepressant medications. Amidst the feverish celebration and equally fanatical devaluation of new antidepressants, anyone who cares deeply about relieving mental illness, while at the same time not overstepping psychiatry's proper bounds, must navigate a difficult course between the Scylla of "psychotropic hedonism" (the "let's put Prozac in the water" mentality), and the Charybdis of "pharmacological Calvinism" (the sense that there is something bad about psychotropic medications per se).[27] The question becomes: who should get these meds?

Estimates show that between a quarter and a half of all patients who visit a psychiatrist have no diagnosable mental illness.[28] Peter Kramer thinks "neurosis" may return as a category to describe such people, who usually have "serious minor discomfort" related to depression and anxiety. Jerome Frank refers to these patients as "demoralized"; others dismiss them as the "worried well." I prefer to call them "the discontent." This term acknowledges the reality of these patients' distress, which "worried-well" seems to minimize, while avoiding the psychoanalytic baggage of "neurotic," and the moralizing overtones of "demoralized".

How do we distinguish the discontent from the mentally ill? Paul McHugh and Philip Slavney, two psychiatrists at Johns Hopkins, provide a useful framework for this task.[29] They identify four perspectives from which we can view psychiatric patients: diseases, dimensions of personality, behaviors, and life stories. A patient's problem can usually be understood best from one of these four perspectives, although in most cases, it is beneficial to asses a patient using all four. This is certainly not the only way to classify mental illness; however, most other generally accepted psychiatric frameworks would also support the key distinctions drawn in this section. I employ this classification merely as a useful tool.

First, some forms of mental distress are diseases[30]: clinical entities with stereotypic signs and symptoms, resulting from known pathological conditions, and having a distinct biological etiology or cause. Delirium and dementia, for example, are diseases; we understand their underlying neuropathology. For other psychiatric syndromes, there is good evidence that they are diseases—the result of some "broken part" in the brain, but their neuropathology is not yet completely elucidated. Manic-depression and schizophrenia fall into this category. There is good evidence that depression (or rather depressions, for there likely exists a group of depressive disorders, resulting from varied combinations of genetic and environmental causes) is a disease involving dysregulation of the brain parts responsible for affective states.

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[27] These two phrases were coined by the late Gerald Klerman; cited in Kramer, *Prozac*, 274.
[28] For these statistics, cf. Barrett, James; Barret, Jane, et al. "The prevalence of psychiatric disorders in Primary Care Practice," *Archives of General Psychiatry*, vol. 45 (1988) pp. 1100-1106. Eisenburg, Leon, "Treating Depression and Anxiety in Primary Care: Closing the Gap Between Knowledge and Practice," *New England Journal of Medicine*, vol. 326 (1992) pp 1080-1084.
[29] McHugh, Paul & Slavney, Phillip, *The Perspectives of Psychiatry*, 2nd edition (hereafter, *Perspectives*). Johns Hopkins, Baltimore, MD: 1988.
[30] Cf. *Perspectives*, chaps. 4-8.

Medications are, of course, entirely appropriate for treating diseases. In major depressive disorder (or "clinical depression"), antidepressant drugs are a rational treatment, often beneficial and even life saving. However, in the absence of biological markers for depressive diseases—mutated genes, structural or functional defects in the brain—psychiatrists are currently left with the imprecise diagnostic methods, and somewhat arbitrary criteria, of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). But distinguishing between the quotidian "blues" of the discontent, and the dregs of those suffering clinical depression, is not so difficult for the experienced clinician. The diagnosis may be analogous to distinguishing between pornography and art: it is difficult to define precisely, but you know it when you see it.

Another group of patients who seek help from psychiatrists are those with problems arising from their particular temperament or character traits. Such patients do not have a disease to be cured; in the strict sense, there is no "broken part." Rather, they have personality traits that lie at extreme ends on a continuous dimension of normal human variation.[31] These traits can be represented in a population by a bell curve, and are analogous to physical dimensions of variation, such as height or weight. Unlike symptoms of a disease, personality traits are not immediately observable; they are inferred through observation over time. Personality can be further divided into temperament (inborn genetic traits), and character (those traits which develop through interaction with environment, experiences, choices and habits). A personality trait represents a potential to respond in a characteristic fashion to a particular provocation. Extreme traits often make a person vulnerable in certain situations, but can actually be advantageous in other situations.

It is known that drugs can slightly modify personality traits, moving some people modestly along a dimension; for example, alcohol temporarily makes many people more extraverted. Some patients have such extreme traits that they may be considered "personality disordered." The precise location on a dimension for defining "disordered" is always somewhat arbitrary, so there is room for disagreement here. Almost all psychiatrists, however, agree on the diagnosis of a personality disorder in typical cases. For such patients, judicial use of medications may be warranted, but here, pharmacology plays a subordinate role. The most appropriate treatment for problematic personality traits is not "cure," but strengthening and guidance: helping patients avoid certain provocations given their vulnerabilities, and steering them toward situations where their traits prove advantageous.

Psychiatrists also treat behavioral disorders, which can be divided into "motivated behaviors" that distort basic human drives (e.g., anorexia and bulimia nervosa, alcohol and drug abuse, sexual paraphilias), and "socially learned behaviors" that are harmful (suicide, hysteria, self-mutilation).[32] Here, drugs have sometimes proven useful in reducing underlying physiological drives which influence behavior, for example, methadone for heroin addicts, or nicotine patches for smoking cessation. There is some evidence that the SSRI antidepressants can diminish the compulsion experienced in certain disorders, such as trichotillomania, where patients experience an irresistible urge to pull out their hair to the point of baldness. However, since behaviors involve not just physiologic drives, but also learned habits and free choice, the mainstay for interrupting disordered behaviors

[31] Cf. *Ibid*., chaps. 9-12.
[32] Cf. *Ibid*., chaps 13-19.

remains conversion, along the lines of twelve-step programs such as Alcoholics Anonymous. In treating behavioral disorders, medications are sometimes useful and medically warranted, but are always adjunctive.

The patients we call the discontented are most profitably viewed from the perspective of their life story.[33] This perspective recognizes that a distressed mental state may be the rationally understandable result of a disturbing experience. Grief, for example, is the natural emotional expression of loss; fear often follows a traumatic experience. These are neither pathological nor the result of mental illness. Therapy for such difficulties typically involves measures such as supporting patients through a natural course of recovery, helping them to avoid similar traumatic encounters in the future, or interpreting their narrative such that the patient gains insight. Supportive therapy, psychodynamic therapy, and psychoanalysis find their home in this perspective.

It should be clear from this crash course in psychopathology that "discontent" is a diagnosis of exclusion. When a patient presents to a psychiatrist, diseases, extreme personality traits, and disordered behaviors must first be ruled-out. Only after mental illness is excluded can we categorize the patient as discontent, a label that does not deny the patient's real distress, only the presence of illness.

To summarize: antidepressants can and should play a role—when they have proven to be effective—in treating diseases, pathological personality traits, and behavioral disorders, in short, to treat mental illness. The question remains: should we use these drugs to alter personality traits that no reasonable psychiatrist would consider disordered, to elevate moods in those who are clearly not depressed, or to change behaviors where no behavioral disorder exists? In other words: should we use cosmetic drugs for mental makovers in the discontented?

5: Walker Percy on Diagnosing the Discontent: Pathology or Predicament?

"Just a castaway, an island lost at sea
Another lonely day, no one here but me
More loneliness than any man could bear
Rescue me before I fall into despair
I'll send an S.O.S. to the world
I hope that someone gets my message in a bottle ... "
-The Police, *Message in a Bottle*[34]

The late Walker Percy, who died in 1990, was acutely concerned with the question of cosmetic psychopharmacology. He developed a remarkable interpretation of our discontents and their origin, as well as a fascinating prescription for treatment. A graduate of Columbia Medical School, Percy contracted tuberculosis his first year as a pathology resident. Bedridden for nearly a year, he began reading existentialist, personalist, and neo-Thomist philosophers, including Soren Kierkegaard, Gabriel Marcel, and Jacques Maritain. He took up writing and never returned to medicine, although his medical background continued to exercise an influence. As he put it, "my original vocation was medicine ... for this reason my literary concerns are perhaps more diagnostic and therapeutic than they

[33] Cf. *Ibid*., chaps. 20-21.
[34] A & M Records, Inc., 1979.

otherwise would be."[35] Percy began training as a psychoanalyst, spending five days a week being analyzed and studying under the famous American analyst Harry Stack Sullivan, but eventually abandoned this as well.

At his most prolific moments, Percy wrote novels in the morning and essays in the afternoon. Philosophically serious, frequently hilarious, often darkly sardonic, always deeply sympathetic to the human condition, Percy's works deserve a place among the best of modern literature.[36] Two of Percy's novels are particularly germane to our topic. The protagonist of both, Dr. Tom More, describes himself as part of a now rare breed of physician—a "psyche-iatrist" in the original sense of a doctor of the soul:

> Old-fashioned shrinks are out of style and generally out of work. We, who like our mentor Dr. Freud believe there is a psyche, that it is born to trouble as the sparks fly up, that one gets at it, the root of trouble, the soul's own secret, by venturing into the heart of darkness, which is to say, by talking and listening, mostly listening, to another troubled human for months, years—we have been mostly superseded by brain engineers, neuropharmacologists, chemists of the synapses. And why not? If one can prescribe a chemical and overnight turn a haunted soul into a bustling little body, why take on such a quixotic quest as pursuing the secret of one's very self? [37]

Percy's novel *Love in the Ruins: The Adventures of a Bad Catholic at a Time Near the End of the World* [38] is "really about the pursuit of happiness. The locale is a subdivision called Paradise Estates. Everyone there has pursued happiness and generally succeeded in being happy," Percy explains in an essay about the novel, "yet something is wrong. As one character says, we were all happy but our hearts broke with happiness. Liberals begin to develop anxiety. Conservatives begin to contract high blood pressure and large bowel complaints."[39]

The hero, Dr. More, invents a device called the "ontological lapsometer"—a "stethoscope of the human spirit"—capable of diagnosing this peculiar malaise. Art Immelman (a character reminiscent of Mephistopholes in Goethe's *Faust*) tweaks the lapsometer so that it can not only diagnose but also treat the malaise, thereby rendering the device suitable to be mass marketed. As the lapsometer is put to use, Dr. More comes to realize the folly of employing medical solutions to treat problems that lie outside psychiatry's purview. Percy poses the following questions: "Is psychiatry a biological science in which man is treated as an organism with instinctive drives and needs not utterly or qualitatively different from those of other organisms? Or is psychiatry a humanistic discipline which must take account of man as possessing a unique destiny by which he is oriented in a wholly different direction?"[40] The novel's theme is how medical science can

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[35] *Signposts in a Strange Land* (hereafter, *Signposts*). Farrar, Straus & Giroux, New York: 1991, p. 250.
[36] Political philosopher Peter Augustine Lawler has called Percy the greatest thinker of the 20th Century, a claim that struck me initially as overblown, until, that is, I read more Percy.
[37] *The Thanatos Syndrome* (hereafter, *Thanatos*). Farrar, Strauss & Giroux, New York: 1987, p. 13.
[38] (hereafter, *Ruins*). Farrar, Strauss & Giroux, New York: 1971.
[39] "Concerning *Love in the Ruins*" in *Signposts*, 248.
[40] *Signposts*, 251-2.

be taught that distress of consciousness is not always a psychological malady to be treated with medications, but may be a sign of life to be fostered.[41]

The sequel, entitled *The Thanatos Syndrome*, addresses a similar theme. When Dr. More returns to his hometown, he begins to suspect that something is amiss. He notices subtle changes in the personality of his patients and his wife: "They are not hurting, they are not worrying the same old bone, but there is something missing, not merely the old terrors, but a sense in each of her—her what? her self?"[42] Dr. More eventually learns that these changes are the result of a "medical" experiment: some local scientists have surreptitiously put Heavy Sodium in the community's water supply. This drug—purported to suppress those areas of the cerebral cortex unique to humans—reduces the recipients to a sub-human state, all in the name of a "humanistic" science.

As Peter Kramer describes it, "on Heavy Sodium, shy and anxious women ... become erotic, bold, competitive, slim, un-self-conscious, and insensitive to the point of perfunctoriness. They shake off 'old terrors, worries, rages, a shedding of guilt like last year's snakeskin.'" Kramer points out: "Percy was writing before Prozac was marketed, but Heavy Sodium is like Prozac in so many respects that we must credit him with creating art that life imitates."[43]

At first glance, we may suspect Percy to be a reactionary against medical progress. But he cannot easily be pigeonholed among the anti-psychiatrists[44] or the enemies of science. His admiration and appreciation for science was unflagging[45]: he chose pathology because it was the most scientific medical specialty. Even after his abandonment of medicine as a profession, he never abandoned his love for science, although he came to see its limits more clearly. Although Kramer argues that "pharmacological Calvinism" lies at the heart of Percy's concerns over Heavy Sodium[46], Percy's own experience contradicts this. Percy suffered intractable insomnia for many years, before finally receiving welcome relief from a new medication. For anyone who suspects him to be an enemy of psychiatry, unsympathetic to the plight of the mentally ill, we have Percy's personal struggles with depression, which also ran rampant in his family: his father, uncle, and grandfather all committed suicide. Although not a psychiatrist himself, Percy developed a fascination with this specialty that continued throughout his career. We do well not to dismiss his concerns too easily.

It may be fair, however, to call Percy the modern prophet of melancholy. He observed the perplexing fact that man has the "capacity for making himself unhappy for no good reason, for existing as a lonely and fretful consciousness which never quite knows who he is or where he belongs."[47] Alexis de Toqueville noticed something similar: most

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[41] Cf. Lawson, Lewis, *Following Percy: Essays on Walker Percy's Work.* Whiston, New York: 1988, p. 236.
[42] *Thanatos*, 21.
[43] Kramer, Peter, *Listening to Prozac* (hereafter, *Prozac*). Penguin, New York: 1993, p. 250.
[44] I am thinking here especially of Thomas Szaz's, *The Myth of Mental Illness*, rev ed. Harper & Row, New York: 1974.
[45] Percy dismisses those who dismiss science, which he understands as a rational enterprise firmly rooted in the tradition of the West: "It is all very well for some young people and a few aging gurus to attack science and technology and to go live in the ruins, in love and peace, and to touch each other. On the other had, it is not a small thing, either, to turn your back on two thousand years of rational thinking and hard work and science and art and the Judeo-Christian tradition." (*Signposts*, 249)
[46] *Prozac*, 275.
[47] *Signposts*, 110.

Americans seem restless and dissatisfied, with a sense of loss they do not understand, even in the midst of the greatest material affluence.[48] Percy's characters share this sentiment, expressed by Jack Nicholson's character in a recent film by the same name, "Is this as good as its gets?"[49]

Consider this conversation between two of Percy's characters in a tuberculosis sanatorium, from an unpublished novel:

> "What's the matter, Willy?"
> "I don't know, Scanlon. I'm homesick."
> "How long have you been homesick?"
> "All my life."[50]

How to explain this discontent? Man can experience it as a natural catastrophe, a genetic accident, or a diabolical mutation;[51] but according to Percy, "man is more than an organism in an environment, more than an integrated personality, more even than a mature and creative individual, as the phrase goes. He is a wayfarer and a pilgrim."[52] The human experience of alienation is not a treatable symptom of an organism badly adapted to its environment or poorly adjusted to society; rather, it is the "perennial condition of human existence."[53] Because "man is alienated by the nature of his being here,"[54] it follows that "to aim to cure human beings completely of their anxious misery is actually to deprive

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[48] Noted in Peter Augustine Lawler, *Postmodernism Rightly Understood: The Return to Realism in American Thought* (hereafter, *Postmodernism*). Rowman & Littlefield, Lanham: 1999, p. 93. Cf. Toqueville *Democracy in America*, vol. 2, part 2 chapter 13.

[49] Percy cites Erich Fromm, who speaks the "pathology of normalcy" of the "man who meets every biological and cultural norm" but is nevertheless "desperately alienated from himself." Percy notices that "this kind of suggestion cannot fail to be offensive to most American social scientists, for the simple reason that, however much they many wish to, they have no criterion for evaluating illness except as a deviation from a biological norm." (*Signposts* 252-3)

[50] Quoted in Tolson, Jay, *Pilgrim in the Ruins: A Life of Walker Percy*. Simon & Schuster, NY: 1993. Theologian Hans Urs von Balthasar expresses expresses man's sense of homelessness as follows: "It is not man that is at home in the world, but rather the world in man. It is for man's sake that the world is there; the world is man's substructure, that which makes all his wandering possible; when man reaches his goal then the world reaches its own goal with him." (*The Threefold Garland*. Ignatius, San Francisco: 1982.)

[51] Cf. Lawler, *Postmodernism*, 26.

[52] *Signposts*, 246.

[53] Carl Elliot, who has commented on the "debate" between Percy and Kramer, partially misinterprets Percy on this score. Elliot suggests this sense of malaise is the natural response to the disappearance in the modern world of old frameworks of understanding that give sense, purpose, and direction to our lives. Elliot paraphrases: "Of course you're lonely and alienated and filled with terror and anxiety. Take a look around you; it would take a moron not to be." (Elliot, *Novel*, 65) But for Percy this malaise is not only a unique feature of 20th Century American citizens; it is also the permanent condition of mankind: "Any cogent anthropology must address itself to both, to the possibility of the perennial estrangement of man as part of the human condition and to the undeniable fact of the cultural estrangement of Western man in the twentieth century." (Percy, *Message*, 23-4.)

[54] Psychoanalyst Christopher Lasch shares Percy's view of man's unique predicament—his peculiar sense of alienation. Lasch's description of man's situation is an apt summary of Percy's insights: "Human beings are part of an intricately interconnected evolutionary chain, but self-consciousness—the capacity to see the self from a point of view outside the self—distinguishes humanity from other forms of life and leads both to a sense of power over nature and to a sense of alienation from nature. Dependent on [material] nature yet capable of transcending it, humanity wavers between transcendent pride and a humiliating sense of weakness and dependency." (*The Minimal Self: Psychic Survival in Troubled Times*. Norton, New York: 1984, p. 256.)

them of their humanity."[55] The "Savage" in Huxley's novel, *Brave New World*, expresses this idea when he tells one citizen, in defense of his humanity, "Well, I'd rather be unhappy than have the sort of false, lying happiness you were having here."

Percy rejects the view of the Enlightenment philosopher Jean Jacques Rousseau that, in the name of health and human contentment, we ought to use technology to eradicate the distinctive features that separate human beings from other animals.[56] This attempt to return man to a "state of nature" is precisely what Percy criticizes in *The Thanatos Syndrome*. It is also the subject of Huxley's prophetic novel: the subhuman citizens of Huxley's dystopia were reduced to such a state that they became "so utterly at home as to be unaware, either of themselves or of the beneficent and comfortable element in which they had their being."[57] The Heavy Sodium experimenters and the Brave New World controllers aim not at the production of a Nietzschean *Ubermench*—a superman, but of a content and well-adjusted animal.

Being discontented may not, in fact, be disadvantageous. Percy's essays from *Message in the Bottle*[58] argue that man's peculiar state of dislocation may be an important signpost in this strange land—a message trying to tell him something. "Anxiety ... is, under one frame of reference, a symptom to be gotten rid of; under the other, it may be a summons to authentic existence, to be heeded at any cost."[59] To illustrate this, Percy poses two thought experiments.

First, he asks the reader to imagine a castaway on an island, a man who has lost his memory in a shipwreck. The island is a pleasant, fully inhabited place; it has "a remarkable culture with highly developed social institutions, a good university, first-class science, a flourishing industry, and art."[60] The islanders receive the castaway warmly, and he integrates fully into the community. While walking on the beach, the castaway often comes upon bottles washed upon the shore. Each contains a slip of paper with a sentence written on it. The man divides the sentences into those containing "knowledge" and those containing "news": the former have no direct bearing on his situation (e.g., "Lead melts at 330 degrees."), the latter do (e.g., "There is fresh water in the next cove."). Now, the hearer of news "is a man who finds himself in a predicament,"[61] and therefore, is capable of receiving the news precisely as news, rather than as abstract knowledge. Percy writes, "The response of a reader of a sentence expressing a piece of knowledge is to confirm it (or reject it). The response of a hearer of a piece of news is to heed it (or ignore it) by taking action appropriate to one's predicament."[62] If the castaway should assign a higher order of significance to knowledge (simply because it is "scientific" in the sense of being universally verifiable by anyone at any time in any place) he could make a serious mistake. Percy concludes:

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[55] Lawler, *Postmodernism*, 83.
[56] Cf. *Ibid.*, 87.
[57] *Brave New World* & *Brave New World Revisited*. HarperCollins, New York: 1960, p. 51.
[58] Subtitled, *How Queer Man Is, How Queer Language Is, And What One Has to Do with the Other* (hereafter, *Message*). Farrar, Strauss & Giroux, New York: 1975.
[59] *Signposts*, 259.
[60] *Message*, p.119.
[61] *Ibid.*, 130.
[62] *Ibid.*, 137.

> If it should happen that [the castaway] experiences a predicament of homelessness or of anxiety without cause, he may seek for its cause and cure within the sphere of scientific and artistic knowledge or from the satisfaction of his island needs. He may resort to analysis or drugs or group therapy or creative writing or reading creative writing, all of which may assuage this or that symptom of his loneliness or anxiety. Or he may seek a wife or new friends or more meaningful relationships. But what if it should be the case that his symptoms of homelessness or anxiety do not have their roots in this or that lack of knowledge or this or that malfunction which he may suffer as an islander but rather in the very fact that he is a castaway and that as such he stands not in the way of one who requires a piece of island knowledge or a technique of island treatment or this or that island need satisfaction but stands rather in the way of one who is waiting for a piece of news from across the seas? Then he has deceived himself and, even if his symptoms are better, is worse off than he was.[63]

In the second thought experiment, Percy asks us to imagine two commuters on a train. One is "fat, dumb, and happy"; even though "he lives the most meaningless sort of life, a trivial routine of meals, work, gossip, television, and sleep, he nevertheless feels quite content with himself and is at home in the world." The second commuter lives the same sort of life, but by contrast "feels quite lost to himself. He knows something is dreadfully wrong," and therefore, "he is in anxiety." Though he suffers acutely, he does not know why. Percy asks, "What is wrong? Does he not have all the goods of life?" Suppose the following, says Percy:

> If now a stranger approaches the first commuter, takes him aside, and says to him earnestly, 'My friend, I know your predicament; come with me; I have news of the utmost importance for you'—then the commuter will reject the communication out of hand. For he is in no predicament, or if he is, he does not know it, and so the communication strikes him as nonsense. The second commuter might very well heed the stranger's 'Come!' At least he will take it seriously. Indeed it may well be that he has been waiting all his life to hear this 'Come!'[64]

The alienated man on the train, like the castaway, is not psychological man; the prescriptive solutions proffered by experts to appease psychological man are of no use to the man on the train, as Percy explains:

> It is just when the alienated commuter reads books on mental hygiene which abstract immanent goals from existence that he comes closest to despair. One has only to let the mental-health savants set forth their own ideal of sane living, the composite reader who reads their books seriously and devotes every ounce of his strength to the pursuit of the goals erected: emotional maturity, inclusiveness, productivity, creativity, belongingness—there will emerge, far more faithfully than I could portray him, the candidate for suicide.[65]

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[63] *Ibid*., 139-40.
[64] *Ibid*., 134.
[65] *Ibid*., 85.

What are these thought experiments intended to show? The malaise of the discontent, their "falling prey to everydayness," is not a symptom of illness, but a sign of a predicament.[66] The appropriate response to a predicament is not drug therapy, but a search, a particular quest. The predicament of the discontent—feeling lost, empty, or puzzled—is not a good in itself; but neither is it a pathological symptom.[67] The question naturally arises: if not Prozac, Heavy Sodium, or transcranial stimulation with a lapsometer, what treatment does Percy propose for the discontent? Unfortunately, space does not allow us even a rough sketch of Percy's fascinating answer. To hear the news from across the sea, to see how one prepares to receive the message in the bottle, interested readers ought to turn to Percy's writings themselves.

6: Peter Kramer on Treating the Discontent: To Drug or Not to Drug?

"Walked out this morning; don't believe what I saw
A hundred billion bottles washed upon the shore
Seems I'm not alone in being alone
A hundred billion castaways looking for a home …"
-The Police, *Message in a Bottle*

Peter Kramer, a psychiatrist at Brown University and author of the 1993 book *Listening to Prozac*, takes up the discussion of treating the discontent.[68] Kramer's book is a thoughtful and circumspect—if at times fragmentary, somewhat disjointed and inconclusive—reflection on cosmetic psychopharmacology, based on his clinical experience prescribing Prozac. He assumed because most of the patients he describes were not depressed, that the "antidepressant" Prozac would do nothing. Instead, what he observed both surprised and unsettled him.

In his first experience prescribing Prozac, the drug not only relieved the depression of one patient, whom he calls "Tess," but her "low self-worth, competitiveness, jealousy, poor interpersonal skills, shyness, fear of intimacy—the usual causes of social awkwardness" were transformed into "confidence, self-assurance and social comfort." Kramer noticed that "she seemed to have every social skill she needed."[69] Tess told him something Kramer later heard from "dozens" of other patients on Prozac: "It makes me more confident."[70] Beyond elevating her mood, Prozac seemed to produce a remarkable

[66] As Elliot summarizes: "What Percy was trying to do was to show that to treat existential problems, like alienation, as scientific problems is a kind of category mistake. In other words, if a person is depressed by the emptiness of life as an American consumer, you are missing the point completely if you try to see this as a psychiatric issue. Seeing this as a psychiatric issue is like seeing Holy Communion as a dietary issue. It is not completely off-base, but at bottom you have misunderstood what is really going on." ("The Tyranny of Happiness: Ethics and Cosmetic Psychopharmacology," in *Enhancing Human Traits: Ethical and Social Implications*, ed. Erik Parens, Georgetown University Press, Washington, DC: 2001, p. 180.)
[67] Cf. Elliot, Carl, "Prozac and the Existential Novel: Two Therapies," in *The Last Physician: Walker Percy and the Moral Life of Medicine*, ed. Carl Elliot and John Lantos. Duke University Press, Durham: 1999, p. 68.
[68] Some of the patients Kramer discusses have clinical depression, and of course, I do not question his use of Prozac here.
[69] *Prozac*, 8.
[70] *Ibid*., 9.

change in her personality: "She became socially capable, no longer a wallflower but a social butterfly. Where once she had focused on obligations to others, now she was vivacious and fun-loving. Before she had pined after men; now she dated them." Since Tess likely had a mild depression when she began treatment, Kramer initially assumed these changes represented the emergence of her true personality, masked for most of her life by a depressive illness.

However, the next patient he put on Prozac was not depressed. Yet she loved the drug so much she exclaimed: "I call myself Ms. Prozac."[71] Kramer found this enthusiasm disconcerting. Another observation worried him: although the first patient, Tess, was happy on Prozac, "she talked of a mild, persistent sense of wonder and dislocation." The drug not only healed depression; it globally transformed the self. Kramer had a "sense that for a drug to have such a pronounced effect is inherently unnatural, unsafe, uncanny." [72]

Time and again, he saw the changes in these two replicated in other discontent patients. "Julia," for example, had a somewhat "inflexible" temperament with a "perfectionistic style"; she was mildly anxious and unhappy, but she was neither depressed, nor did she meet criteria for "dysthymia," a milder form of depression; she had neither obsessive-compulsive disorder nor a compulsive personality disorder. Julia's internist described her discontent as a "situational reaction associated with depressive overtones,"[73] for which he prescribed anti-anxiety pills. After these proved ineffective, Kramer switched Julia to Prozac. She became more "easygoing" and "confident", more "relaxed," and tolerant of messiness. Kramer concluded that Prozac frequently seems to push patients toward a normal or near-normal condition, sometimes called by psychiatrists "hyperthymia," which is analogous to the ancient Greeks' "sanguine" temperament.[74]

On Prozac, Kramer's patients reported they were not just improved, but in the words of one, "better than well."[75] He remarked, "Prozac seemed to give social confidence to the habitually timid, to make the sensitive brash, to lend the introvert the social skills of a salesman." The "cautious and inhibited" became "assertive and flexible"[76]; one patient "felt unencumbered, more vitally alive, less pessimistic."[77] In Kramer's assessment, "It went beyond treating illness to changing personality ... it entered into our struggle to understand the self."[78] Prozac has the power," Kramer claimed, "to transform the whole person—illness and temperament.... When you take it you risk widespread change."[79] Kramer posed the intriguing question, "How is it that taking a capsule for depression can so alter a person's sense of self?"[80]

Kramer's patients bear an uncanny resemblance to a discontented character described by Percy. This man is approached by a stranger who says, "You looks unwell, friend." The man replies, "Yes, but I will be all right as soon as I get home and take my

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[71] *Ibid*., 12.
[72] *Ibid*., 13.
[73] *Ibid*., 24.
[74] *Ibid*., 16.
[75] *Ibid*., *x*.
[76] *Ibid*., *xv*.
[77] *Ibid*., *x*.
[78] *Ibid*., *xviii*.
[79] *Ibid*., 267.
[80] *Ibid*., *xix*.

drug, which is the best of the consciousness-expanding community-stimulating self-integrating drugs."[81]

Yet Kramer's patients on Prozac are clearly not the citizen-zombies of Huxley's *Brave New World*, taking hedonic holidays from reality on "soma"; they do not resemble Francis Fukayama's zoned-out "last man" at the end of history[82], nor do they appear to be "souls without longing," professor Allan Bloom's description of contemporary college students.[83] The question naturally arises: if Prozac is not treating depression in these patients, what, if anything, is it "treating"? Unhappiness? Angst? Existential dread? Spiritual malaise? Is it, perhaps, a remedy for emptiness, confusion, lack of direction, or ennui? Is it a cure for generalized anger, free-floating anxiety, alienation, fear of death, emptiness, or absurdity? Have we, in a word, found a pill that can cure our discontents?

Kramer struggles to place these patients in the correct diagnostic category. But he is aware of a danger here. Echoing Edward Shorter's observation of a trend in the history of psychiatry, Kramer is concerned that psychiatrists may mask the difficulty posed by the discontent simply by defining less severe mental states as pathology. The logic Kramer wants to avoid is: if it responds to an antidepressant, then it is depression. "Already, it seems to me," he says, "psychiatric diagnosis has been subject to a sort of 'diagnostic bracket creep'—the expansion of categories to match the scope of relevant medications."[84] Kramer maintains that most of the patients described in his book are not mentally ill. Yet these patients express the discontent described so well by Percy: in the words of one, whom Kramer calls Hillary: "I don't know who I am … the world seems to be in on something that I just don't get."[85]

After addressing objections proposed by medical ethicists, Kramer concludes: "Traditional medical ethics fails to pinpoint what it is about Prozac that makes us uneasy."[86] He seems to take Percy's objections much more seriously, but in the end, also concludes that they are misguided. The final chapter of his book, "Message in the Capsule," is a response to Percy's concerns in *Message in the Bottle*. Kramer represents Percy's objection as follows: "By reducing human self-consciousness, the drug [Heavy Sodium] robs individuals of their souls. What links men and women to God is precisely their guilt, anxiety, and loneliness."[87] This somewhat misses the mark: Percy does not think that guilt, anxiety, and loneliness in themselves are direct "links to God." His assertion is, as Kramer later acknowledges, "whether hurt, anxiety, melancholy, and inhibition—the whole range of affects from which Prozac and Heavy Sodium free people—are privileged signals about man's condition."[88]

Kramer does admit one fact that may support Percy's "privileged state" of the melancholic: "Studies show that depressed people tend to be more accurate in predicting

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[81] Percy, *Message*, 116. This character sketch is from the essay, "Notes for a Novel about the End of the World."
[82] Cf. *The End of History and the Last Man*. Free Press, New York: 1992, and especially, "Second Thoughts" in *The National Interest*, no. 56, summer 1999 for Fukayama's account of the likely biotechnological destruction of human nature.
[83] Cf, *The Closing of the American Mind*. Simon and Shuster, New York: 1987.
[84] *Prozac*, 15.
[85] *Ibid.*, 224.
[86] *Ibid*., 263.
[87] *Ibid*., 250.
[88] *Ibid*., 294.

probabilities than 'normal' people, who are too optimistic."[89] Kramer goes on, "We cannot entirely escape the fear that a drug that makes people optimistic and confident will rob them of the morally beneficent effects of melancholy and angst." But Kramer ultimately rejects this as a means to the truth about being human. He concludes,

> We are, it seems to me, denizens of an island whose castaways have been receiving capsules rather than notes…. Our free-floating angst and melancholy feel less and less like signals of our existential dilemma.... We remain cast away, perhaps more lost than ever, precisely because we are less able to experience our affect as a guide to our moral state. We must look elsewhere for signs.[90]

In the next section, we shall see how Kramer reaches this conclusion.

Conceding somewhat to Percy, Kramer admits that some patients on Prozac sense a "numbing" of moral urgency. Hillary, for example, says, "Sometimes I wonder whether I haven't suffered a loss of moral sensibility."[91] He notices another potential problem: some patients he has treated, "even if their depressed mood or social inhibition decreases on Prozac, complain that they feel uncomfortable, as if they have been deprived of a feeling state or a sense of urgency that is vital to them." [92] He cites the case of "Philip," who "felt phony" and "did not trust himself" on Prozac, because the drug robbed him of his adversarial stance toward the world. Philip's response to Prozac is eerily similar to Bernard's refusal to take the drug *soma* in *Brave New World*: "'I'd rather be myself,' he said. 'Myself and nasty. Not somebody else, however jolly.'"[93]

Kramer noticed a similar effect in two other cases: "To the extent that biologically driven compulsion supported Hillary's and Tess's moral sensibility, Prozac diminished that sensibility. The dysthymic's critical appraisal of right and wrong has been replaced by the hyperthymic's easygoing acceptance of the world as it is." To his credit, Kramer admits that, "perhaps diminishing pain can dull the soul."[94] This alone ought to give us pause. In the end, however, Kramer rejects these concerns; he can ultimately find no satisfactory argument against using Prozac in the discontent.

7: The Pneumatic Self: Kramer's Cartesian Dualism

"The famous philosopher Descartes ripped body loose from mind and turned the very soul into a ghost that haunts its own house."

-Walker Percy, *Love in the Ruins*[95]

In arriving at his conclusion, Kramer's pharmacologic tail wags his etiologic dog, a method that has admittedly met with some success in the history of psychiatry. The reasoning goes: drugs, which are biological agents, appear to solve the difficulties of the discontent; therefore these difficulties must be biological in nature. But this logic is not

[89] *Ibid*., 253.
[90] *Ibid*., 295, 297.
[91] *Ibid*., 226.
[92] *Ibid*., 291.
[93] *Brave New World*, 68.
[94] *Prozac*, 293.
[95] *Ruins*, 181.

foolproof. Other causes or contributions are not ruled-out by showing that changing biology changes affective states or temperaments.

Some argue that Kramer's fallacy involves the inappropriateness of the chosen means. Even if we grant that Prozac, in certain cases, can produce a certain desired end for a patient, this does not prove that a drug should be chosen over more appropriate means to the same end. This argument is more difficult to articulate in our pragmatic, technological society, a fact seen clearly by psychoanalyst Christopher Lasch, who referred to a disregard for means as "instrumentalism":

> Instrumentalism regards the relation of ends and means as purely external, whereas the older tradition, now almost forgotten, holds that the choice of the means appropriate to a given end has to be considered as it contributes to internal goods as well. In other words, the choice of means has to be governed by their conformity to standards of excellence designed to extend human capacities for self-understanding and self-mastery.[96]

Some argue that it is difficult to see how popping a pill can ever extend human capacities for self-understanding and self-mastery.[97] They reason: Prozac, by the nature of what it is, moves us in a dehumanizing direction. As the discontented pop pills, introspection takes a back seat. The old image of the philosopher and the ascetic recede further into history, and the triumph of the therapeutic marches on under the aegis of psychopharmacology.

This objection, however, merely raises the possibility that Kramer has chosen the wrong means; it does not prove it. I will argue that he has not only chosen the wrong means, but also aimed at the wrong end.

Kramer's conclusion, in the last analysis, rests on the biological nature of Prozac: what we may have thought were moral, existential, or spiritual problems, are actually biological, because they can be solved with a somatic treatment, a drug:

> I agree with Percy that what distinguishes and dignifies humanity is the quest for transcendence, attentiveness to news from across the seas. But listening to Prozac has made me so attentive to the phylogenetic origins and biological underpinnings of free-floating anxiety and melancholy that I have trouble understanding them as special communications that make humans distinct from beasts.[98]

Kramer even speculates that, were he still alive, "Percy would have endorsed Prozac for his characters, if only he had realized that what he thought were spiritual ailments were actually biological."

Kramer's central argument, encapsulated in the above quote, rests on an unacknowledged anthropological assumption: the human mind, engaged in a quest for

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[96] *The Minimal Self: Psychic Survival in Troubled Times*. Norton, New York: 1984, p. 254-5.

[97] The argument over means forms the substance of Carol Freedman's objection to Kramer: she argues that therapy is a more appropriate means to treat these patients, and identifies Kramer's root mistake in an incorrect understanding of the nature of emotional states. Cf. "Aspirin for the Mind? Some Ethical Worries about Psychopharmacology," in *Enhancing Human Traits: Ethical and Social Implications*, edited by Erik Parens. Georgetown University Press, Washington, DC: 2001, pp. 130-150.

[98] *Prozac*, 294.

transcendence, is what is *really* distinctively human. Man's bodily life, or as Kramer says, his "phylogenetic origins and biological underpinnings," is not distinctively human. The body is instrumental—mere matter, which the transcendent self can freely manipulate. In this view, the "true self" is not the body, but in Kass' clever turn of phrase, "that homunculus of personhood that resides somewhere happily in a morally disembodied place."[99] I call this the "pneumatic[100] self," abstracted from the flesh.

Dualist anthropology traces its roots back to the philosopher Descartes[101], who "divided all reality between the *res cogitans*, the mind, and the *res extensa*, matter. God alone, literally, knew what one had to do with the other."[102] Kramer is a Cartesian dualist despite himself, and despite widespread acceptance of arguments against dualism, which are legion. In his introduction alone there are multiple passages that betray Kramer's either-or dualist mentality. For example, "What [the patient] had touted as independence of spirit was a biological tic."[103] Kramer describes in dualistic terms a radical shift in his view of one patient's anxiety: "The two anxieties were utterly different: the one a simple outpouring of brain chemicals, calling for a scientific response, however diplomatically communicated; the other worthy of empathic exploration of the most delicate sort."[104] As Kramer admits, "Evidently I had developed the habit of mistaking the psychological for the biological not just in the office but everywhere." Time and again, Kramer speaks as though these two spheres—the psychological and biological—are completely separable.

By contrast, Walker Percy was well aware of the problem of dualism, which he saw at the root of many erroneous theories about man. With a play on the word "fault" as meaning both "rift" and "blame," Percy called Cartesian dualism, "the San Andreas Fault in the Modern Mind." The Cartesian dualist self is not just a "ghost in a machine," as is often said, but as Percy observed, it is "a lonesome ghost in an abused machine."[105] Such a split-self cannot help feeling alienated from itself: "How else can a ghost feel toward a machine than bored?"[106] Percy diagnosed patients with this mistaken self-understanding

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[99] *Dignity*, 17.

[100] "Pneumatic" is Huxley's favorite adjective to describe the women of Brave New World. The Cartesian citizens routinely enjoy the entertainment of "feelies"—a version of our "virtual reality"—the ultimate experience of abstraction from the flesh, where the body is but a mechanized tool for the input of sensations, experienced by the pneumatic self.

[101] "I concluded that I was a thing or substance whose whole essence or nature was only to think, and which, to exist, has no need of space or of any material thing or body. Thus it follows that this ego, this mind, this soul, by which I am what I am is entirely distinct from the body and is easier to know than the latter, and that even if the body were not, the soul would not cease to be all that it is now (*Discourse on Method*, Part Four, 33). Cf. also his *Meditations Concerning First Philosophy* (hereafter, *Mediations*), Second Meditation: "What am I? … A thing which thinks. And what more? ... I am not this assemblage of members which is called a human body (27). All citations taken from *Descartes' Philosophical Essays*, translated by Laurence J. Lafleur. Macmillan/Library of Liberal Arts, New York: 1964.

[102] Percy, *Signposts*, 274. Descartes has no way of explaining the connection between the body and mind. Since the Cartesian mind or soul is wholly spiritual, it must be a sort of extension-less 'point' originating somewhere near the center of the body, from which its powers emanate outward. Descartes posited that the soul was only "connected" to the body somewhere near the pineal gland, an apparently ridiculous proposition, save that no other dualist has yet offered a better explanation. Since this organ is located near the base of the skull, the Cartesian self is often pictured as "floating" somewhere above the cortex.

[103] *Prozac*, *x*.

[104] *Ibid*., *xii*.

[105] *Message*, 44.

[106] *Cosmos*, 71.

as suffering what he called angelism-bestialism[107]: "a split within the person, a split between the person's self, a ghostly self which abstracts from the world and has identity crises, and the person's body, which has needs, in this case, mostly sexual."[108] In fact, this chronic condition lay at the root of the malaise Dr. More attempts to cure in *Love in the Ruins*, as he explains in the following scintillating excerpt:

> For the world is broken, sundered, busted down the middle, self ripped from self and man pasted back together as a mythical monster, half angel, half beast, but no man. Even now I can diagnose and shall one day cure: the new plague, the modern Black Death, the current hermaphroditism of the spirit, namely: More's syndrome, or: chronic angelism-bestialism that rives soul from body and sets it orbiting the great world as the spirit of abstraction whence it takes the form of beasts, swans and bulls, werewolves, bloodsuckers, Mr. Hydes, or just plain lonesome ghost locked in its own machinery.[109]

The Cartesian dualist mentality is frequently found not only among modern philosophers,[110] but also among modern scientists, and in the lay culture of today's scientific society.[111] In scientific practice, biology and psychology are rigorously distinguished; the tendency toward specialization often outweighs a concern for synthesis.[112] The mind-body rift, however, is often a source of embarrassment, as Percy points out: "In natural science, we do not like to admit that we are still split by a three-hundred-year-old dualism."[113] The result of dualistic thinking in the history of science, according to bioethicist Leon Kass, is that "modern biology reconceived the nature of the organic body, representing it not as something animated, purposive and striving, but as dead matter-in-motion."[114] If "dead matter-in-motion" sounds a bit extreme, consider

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[107] Percy is not the only philosopher to have interpreted the pneumatic Cartesian self in "angelic" terms. In his essay *The Dream of Descartes*, Jacques Maritain insightfully pointed out that the Cartesian account of human knowledge bears a striking resemblance to Aquinas' description of knowledge of the angels, who are purely immaterial intellectual substances without any connection to a corporeal body. (*The Dream of Descartes: Together With Some Other Essays*. Philosophical Library, New York: 1994.)

[108] *Signposts*, 248-9. In *Lost in the Cosmos*, Percy gives the following case example of a physicist who "was so absorbed in his work, the search for the quasar with the greatest red shift, that when he came home to his pleasant suburban house, he seemed to take his pleasure like a god descending from Olympus into the world of mortals, ate heartily, had frequent intercourse with his wife, watched TV, read Mickey Spillane, and said not a word to his wife and children (115)." The difficulty for these people, marooned in the cosmos of abstraction, is always one of "re-entry" into the atmosphere of the flesh. This re-entry usually occurs by way of ordeal, as when a man wakes up after having a heart attack, and looks wonderingly at his own hand, as though seeing it for the first time. Such a man has "come to himself."

[109] *Ruins*, 360.

[110] The ultimate philosophical expression of Cartesian abstraction from the world is John Rawls' so-called "veil of ignorance," where one is supposed to assume the view of anyone from anywhere, or no one from nowhere. (cf. Rawls' *A Theory of Justice*)

[111] "In the lay culture of a scientific society nothing is easier than to fall prey to a kind of seduction which sunders one's very self from itself into an all-transcending 'objective' consciousness and a consumer self with a list of 'needs' to be satisfied." (Percy, *Message*, 113)

[112] Cf. *The Sources of Christian Ethics* (hereafter, *Sources*), translated from the 3rd edition by Sr. Mary Thomas Noble, O.P. CUA Press, Washington, DC: 1995, p. 441.

[113] Percy, *Signposts*, 274.

[114] *Dignity*, 20. Kass also points out that "this reductive science ... offers us no standards to guide its use."

Descartes' own account of his body: "I thought of myself as having a face, hands, arms, and all this mechanism composed of bone and flesh and members, *just as it appears in a corpse*, and which I designate by the name of 'body'."[115]

Language itself tends to make us dualists. "As soon as we begin to speak of man, to break him up into his component parts, our words sunder the unity even as we try to articulate it. This dissection is inevitable in language, which is discursive," argues Kass. "Study, as such, dissolves the unity of the living being. Although soul-and-body or form-and-matter are, in being, concrete, grown-together, and as inseparable as the concave and the convex, speech divides them and cannot bespeak their true unity."[116] Percy mentions two linguistic solutions to this problem, both of which are inadequate:

> Everybody knows that Cartesian dualism is insurmountable, so the best we can do is a quick semantic fix of the mind/body problem by writing a 'brain' sentence and a 'mind' sentence, like hopping back and forth through Alice's looking-glass. Or we can treat it as a pseudo-problem, as a matter of bad semantics, ignore it, and go about our business.[117]

We speak of mind and body separately, which is appropriate, given they are distinguishable parts of a whole. If we are not sufficiently reflective, however, this linguistic division may influence us to view them not as parts of a whole, but as two separate "things," somehow tenuously connected.

Kramer's dualist mentality leads to fallacious conclusions. He cannot see any connection between biological and other causes intimately entwined with biology. As Peter Elliot, a careful observer of the Percy-Kramer debate, put it, "Just because I can explain your depression using terms such as 'serotonin reuptake inhibition' doesn't mean you don't have a problem with your mother." In other words, something can have a biological component or can be reflected in biology, without being co-extensive with, or totally reducible to biology. Consider the following example from Kass:

> Drunk on the success of biochemical analysis and molecular genetics, some scientists are predicting, for example, that human love will soon have a chemical explanation. Biologists will isolate that putative small molecule, located in the hypothalamus, whose concentration soars when someone falls in love.... These reductionists speak loosely and not well: they mistake knowledge of the part for truth about the whole. Even if a peptide is found that, when injected into the brain, stimulates something like the sensation of falling in love, would that really be an *explanation* of love? Would anyone who ever loved accept, as adequate to the

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[115] *Meditations*, Second Meditation, 26 (italics mine).

[116] Kass, *Dignity*, 295. Kass continues, "The point was made already by Aristotle. What, he asks, is anger? The dialecticians say it is the desire for revenge, to give pain for slight; the physiologists say it is a warming of the blood around the heart. Who is right? Answer: Both together. But not even Aristotle, the master of logos, can speak them truly together; he can speak them only side by side. Aristotle, for all his hylomorphism and talk of psychosomatic unity, has as much trouble as we do restoring unity once the dissection of discursive speech begins."

[117] *Signposts*, 275.

> phenomenon, that love *is* (nothing but) an elevated concentration of 'erotogenin' in the blood?[118]

Or, analogously, is the malaise of the discontented identified by Percy "nothing but" a lack of serotonin in the brain?

Biological "explanations" of phenomena do not rule out other, more complete, explanations. It is doubtful that biological psychiatry can ever definitively demonstrate that a psychological problem is wholly caused by a physical problem, as opposed to merely being physically realized.[119] Likewise, biological solutions, however apparently successful, do not rule out other, more lasting, meaningful, and human solutions, which may never be tried if we reach too quickly for a green-and-white pill.

Kramer's discontented patients appear to share his dualistic self-understanding.[120] Their pneumatic self believes that their "authentic" or true personality is not their "given" personality, rooted from the beginning in their flesh; their inborn temperament and developed character, they suppose, is not their real self. According to these patients, their "true" self emerged for the first time in their life only after being placed on Prozac. Now, this may be plausible if overt pathology or disease somehow masked their true personality, which Prozac then unmasked. But Kramer admits that there is no identifiable pathology, no disease, no mental illness in these patients. Therefore, it is more accurate to say that Prozac did not unmask their true self; rather, it altered their biologically rooted personality. Their *desired* self, not their *true* self, emerged on Prozac.

But even if Prozac gives me a better personality, I should be concerned, if only because the new personality is not *my* personality.[121]

In summary: Kramer notices that "both mind-centered and biological psychiatry" are "moving closer to each other,"[122] but his implicit dualism does not allow him to appreciate the full implications of this. His confused Cartesian mentality infects his thought and his language, as when he calls sensitivity a "quasi-biological quasi-entity."[123] He shares the intuition that manipulation of the brain seems to strike closer to the center of our personality, self, or soul than other medical technologies. But because of his dualist account of human nature, he is unable to articulate why this may be harmful.

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[118] *Dignity*, 283-4.

[119] Cf. Freedman, Carol, "Aspirin for the Mind? Some Ethical Worries about Psychopharmacology," in *Enhancing Human Traits: Ethical and Social Implications*, edited by Erik Parens. Georgetown University Press, Washington, DC: 2001, p. 144.

[120] Consider, for example, the Cartesian abstraction experienced by "Allison": "Even her body felt alien. She found herself occasionally staring at her own face or hands, or looking at photographs, to remember what she looked like. What she was searching for included and went beyond the physical self. She remembered in fifth grade having seen her image in the mirror and thinking, 'There is a person there,' but being unable to connect that person with Allison." (Kramer, *Prozac*, 205.)

[121] Cf. Elliot, Carl, "The Tyranny of Happiness: Ethics and Cosmetic Psychopharmacology," in *Enhancing Human Traits: Ethical and Social Implications*, edited by Erik Parens. Georgetown University Press, Washington, DC: 2001, p. 182.

[122] *Prozac*, 289.

[123] *Ibid*., 105.

8: The Embodied Self: Percy's Aristotelian Realism

"We can dismiss as unnecessary the question whether the soul and the body are one: it is as though we were to ask whether the wax and its shape are one.... It is clear that the soul is inseparable from its body."

-Aristotle, *De Anima*[124]

Percy proposes to modern scientists that, in their science of man, they are not scientific enough. This is not the "standard humanist objection" that science "is too impersonal, detached, abstracted and that accordingly it does not meet human needs, does not take into account such human experience as emotions, art, faith, and so on." No, Percy insists. "In certain areas science, as it is presently practiced, fails on its own terms ... in the confusion and incoherence of its own theories and models." In pointing this out, Percy is setting himself up not as the small boy noticing the naked Emperor, but in his amusing words, as someone at a party whispering to a friend that he would do well to fix his fly.[125]

Modern science, Percy argues, accounts for pretty well everything in the universe except for man—his peculiar self, which has thus far been a "leftover" in any comprehensive system. As two of the five subtitles of *Percy's Lost in the Cosmos: The Last Self-Help Book* say: "Why is it that of all the billions and billions of strange objects in the Cosmos—novas, quasars, pulsars, black holes—you are beyond doubt the strangest?" or "Why is it possible to learn more in ten minutes about the Crab Nebula in Taurus, which is 6,000 light years away, than you presently know about yourself, even though you've been stuck with yourself all your life?"[126] Percy says about an all-encompassing 20th century science what Kierkegaard said about Hegel's all-encompassing 19th century idealist philosophy: it is not all-encompassing enough, because it explains everything except what it means to be a particular man in this world, to be born, and to die.

Cartesian dualism and its offspring, materialism and idealism, are just such incomplete sciences of man. For the dualist, the human body is mere matter in motion, a tool for the "self" to direct, to manipulate (using drugs, for example), or to discard at will. There is no discernable *telos*, no end, nothing higher that the body signifies or points toward. The situation is the same for the descendents of the dualist split: materialists such as Hobbes agree that the body is nothing but matter in motion, directed by we-know-not-what. Idealists in the tradition of Kant and Hegel, on the other hand, see the true self as pure subjectivity freed from matter, and thus, matter can communicate nothing about the nature of the true self.

Is there a *via media* between dualism-idealism and materialism? Yes. Percy's realism[127] is this third way. According to this conception, body and mind are inseparable;

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[124] Part 412b,5 & 413a,4.

[125] *Signposts*, 272.

[126] The epigraph for this book is from Nietzshe: "We are unknown, we knowers, to ourselves…. Of necessity we remain strangers to ourselves, we understand ourselves not, in our selves we are bound to be mistaken…. As far as ourselves are concerned we are not knowers."

[127] Percy's anthropology can be situated in the tradition of Aristotle, Aquinas, Pascal, and the modern philosopher C.S. Pierce, according to which man exists on the frontier, the mysterious horizon, between matter and spirit, as "more than an organism controlled by his environment, but not a detached, wholly objective angelic being (*Signposts*, 128). Cf. Lawler, *Postmodernism*, chap. 3: "Walker Percy's Twentieth-Century Thomism."

they form one unified substance. Realism traces its philosophical roots to Aristotle, who not incidentally, was a biologist. In dissecting animals and studying their forms, this ancient Greek philosopher gave an "account of soul that is not a ghost in the machine, but the empowered form of a naturally organic body."[128] *Psyche* and *soma* share a single act of being: they are inseparable as matter and form.

Is this unity nothing but a monistic materialism, which denies the subjective self the same ontological status as the body? No, Percy insists. Although the human rational mind (with its remarkable faculty of language) and the human body form one unified substance, the human mind nevertheless transcends the material limitations of the body in which it inheres. Humans thus "share certain characteristics with other creatures" but also "are capable of higher perfections peculiar to themselves."[129] Man is thus "neither angel nor organism" but "a wayfaring creature somewhere between."[130]

There is, then, a mysterious substantial union of body and soul, *psyche* and *soma*, mind and matter in man: these "parts" form a single entity, and are inseparable short of death. Stated in modern language, the mind, though utterly dependent on the brain, is not completely reducible to the brain. The brain is a necessary, but not a sufficient, cause of consciousness. Kass characterizes realism from the point of view of biology as follows:

> The biologist confronted with living beings has privileged access to the truly awesome and mysterious," including the "mystery of mysteries, the nature of his own soul—entwined with his body, here and now, as the integrated powers of his perishable life; and yet sufficiently free from the constraints of body, place and time to freely biologize, to think any thought, receive any idea, be transported in mind to faraway times and places, contemplate truly timeless truth.[131]

Dualism, by contrast, "fails to do justice to the concrete reality of our embodied lives." In the realist account of human nature, our natural loves and longings, desires and passions, sentiments and aversions, are "central aspects of human life understood as a grown togetherness of body and soul." As the Scholastic philosophers put it: *homo habeat animam, sed est corpus*—though we *have* a soul, we *are* a body.[132] In reference to the importance of the body in moral reflection, Kass argues that "the defense of what is humanly high [i.e., mind] requires an equal defense of what is seemingly low [i.e., matter]."[133]

What sort of implications does this anthropology have for biology? Ethicist Servais Pinckaer's argues, "In the human person the biological dimension is vitally integrated in a spiritual nature," so much so that "without the participation of the body, the human spirit could never find complete fulfillment."[134] With such a unified view of mind

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[128] Kass, *Dignity*, 20.
[129] Percy, *Signposts*, 257.
[130] Percy, *Message*, 113.
[131] *Dignity*, 296.
[132] Cited in Martini, Carlo Maria, *On the Body*, translated by Rosanna Giammanco Frongia. Crossroad, New York: 2000, p. 40.
[133] *Ibid*.
[134] Pinckaers, *Sources*, 440-41.

and body[135], we can say that there is, so to speak, a unique *spiritual density* inherent in the living human body.

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The discerning reader may detect a subtle shift of perspective here, from the realm of experimental science to what the ancients called the philosophy of nature[136]—more specifically here, of human nature.[137] Admittedly, we are now treading on mysterious grounds. Indeed, because of this move, I fear that the scientifically minded reader may prematurely toss my work into the dustbin of neo-platonic or religious mysticism. As Kass observed, "to insist, today, that nature contains real mysteries ... is generally to plead guilty to scientific heresy; for this, one gets called a mystic and is encouraged to transfer to the theology department."[138]

Because of this danger, it is necessary for me to justify this philosophical perspective, lest the reader consider it a nebulous and unverifiable abstraction. Recall that we began this account from the point of view of a *scientific* critique of a "science" that was not scientific enough. Our perspective is not so far removed from the ordinary experience of the scientist or clinician. In fact, their scientific pursuits will inevitably lead to questions which only philosophy can answer. Therefore, the philosophical shift may not be as unreasonable as it appears at first blush. In the words of philosopher Jacques Maritain:

> Unless the biologist and psychologist put blinkers on their intellect, they will inevitably be led by the very object of their science to ask metaphenomenal questions.... It is only by using the equipment of the philosopher, by becoming philosophers themselves, that they will be able to give a proper and adequate solution to supraexperimental problems that their own experience compels them to envisage.[139]

In the last analysis, it is only fair that the reader consider such a move legitimate, because it is precisely what Kramer does in his book, which is nothing but an extended philosophical reflection on human nature prompted by his experience with Prozac in the

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[135] Percy notices that a man can be alienated from his own body, and is often brought back to himself either through the deliberate effort of seeing, or through the agency of some disaster, "as when the commuter on the New York Central had a heart attack and had to be taken off at Fordham station: Upon awakening, he gazed with astonishment at his own hand, turning it this way and that as though he had never seen it before." (*Message*, 88.)

[136] For a thorough account of this distinction, cf. chaps. 2-4 of Maritain, Jacques, *The Degrees of Knowledge* (hereafter, *Knowledge*), translated from the 4th edition by Gerald Phelan. UND Press, Notre Dame, IN: 1995.

[137] For an account of biology informed by a sound philosophy of nature, see the final chapter in Kass' *Dignity*: "The Permanent Limitations of Biology," where he shows the inadequacy of a homogenized, analytic, reductive, materialistic, mechanistic, non-teleological biology, with its roots in Descartes. As examples of scientists moving away from this toward a richer biology, Kass mentions Adolf Portman, who did studies on the aesthetic meaning of animal appearance, Erwin Straus, who developed a rich phenomenological psychology, E.S. Russell, who explored the purposive directedness of vital activities, and the philosopher Hans Jonas who elaborated a coherent account of life around the notion of "needful freedom." There is also a renewed interest among biologists in Goethe, the classic connoisseur of morphology, and even (gasp!) that peripatetic seer-of-forms, Aristotle (p. 294).

[138] *Dignity*, 296.

[139] *Knowledge*, 70.

clinic. It is not that Kramer is the pure scientist-clinician, and Percy and I are mystics. No, we are all philosophically minded physicians who have a particular philosophy of human nature, which informs our interpretation of experimental and clinical findings. The difference is that Percy explicitly articulates his philosophy, while Kramer's philosophy remains implicit in his conclusions.

My only contention here is that Percy's Aristotelian realism is more true to the facts of experience than Kramer's Cartesian dualism. The implications of this for the debate about Prozac will become apparent in the next section.

9: The Message in the Body

"So long as man does not feel material nature in himself and outside himself as something that is his own, something akin to him, he does not love it, and he is not yet free from it."

-Vladimir Soloviev, *Inaugural Lecture*[140]

Attentive to the message in the capsule, as an answer to Percy's message in the bottle, Kramer fails to discern what I call *the message in the body*. This is the hinge on which my argument hangs.

Because of his anthropological realism, Percy saw this message in the body: mind and body are inseparable; thus, signs are inscribed in our material nature that point toward higher realities about our transcendent nature.[141] This is reflected in ordinary language: "When we speak of a thirst for truth or happiness we are spontaneously using an analogy that describes spiritual desire in terms borrowed from a biological desire."[142]

The attentive psychiatrist and patient should attempt to read the message in the body. This discernment is nothing but a more comprehensive human science, as Kass says, "What is urgently needed is a richer, more natural biology[143] and anthropology, one that does full justice to the meaning of our peculiarly human union of soul and body in which low neediness and divine-seeking aspiration are concretely joined."[144] This unity

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[140] Quoted in von Balthasar, Hans Urs, *The Glory of the Lord III: Lay Styles*. Ignatius, San Francisco.

[141] There is an analogous line of reasoning, although applied theologically rather than philosophically, in John Paul II's *Theology of the Body*. Cf. also Mary Timothy Prokes, FSE. *Toward a Theology of the Body*. Eerdmans, Grand Rapids, MI: 1996; Martini, Carlo Maria, *On the Body: A Contemporary Theology of the Human Person*, translated Rosanna Giammanco Frongia. Crossroad, New York: 2000. Consider this passage Martini: "Our body speaks not only with words but also with its very mode of being…. What I would like to know about the body is the word that is not spoken, the word that is inscribed in it, that speaks its meaning and its destiny…. We shall try to listen to what the body is saying, to the word that *is* the body. For we become the interpretation we give of our own body (41)."

[142] Pinckaers, *Sources*, 403. In connection with this, Pinckaers also notices the "analogical significance of St. Thomas' use of the terms nature and natural in passing from the physical or biological level to that of the spiritual (401)."

[143] Percy uses the example of language to show that human biology can reveal to us something about the distinctively human: language has a biological foundation, which we can study in the brain; yet semiotic theory shows that unlike every other 'dyadic' phenomenon in nature, language is uniquely 'triadic' and thus not wholly reducible to, or seamlessly continuous with, the rest of nature. Language, then, is rooted in biology, yet not wholly explainable by a mechanistic biology. For an account of Percy's semiotic theory, cf. *Lost in the Cosmos*, and the following essays in *Signposts*: "Is a Theory of Man Possible?," "Naming and Being," "The Coming Crisis in Psychiatry," and "The Fateful Rift: The San Andreas Fault in the Modern Mind." See also the essays on language in *Message in the Bottle*.

[144] *Dignity*, 21.

allows for a "communication" between parts, or aspects, of ourselves that remain forever sundered if we understand ourselves dualistically. In the words of Pinckaers, "It is indispensable to recover a sense of the profound unity that joins the biological, psychological, moral, and spiritual dimensions within the human person, and establish communication among these dimensions without confusing them."[145]

What are the implications of mind/body unity for psychiatry? Mind and body are seen as reflected in one another: one points to the other, is a sign of the other. Again, we are not talking mysticism here; psychiatrists recognize this every day when they perform the "mental status exam," where a reflection and signaling between body and mind is assumed: bodily (biological) signs are "read" by the psychiatrist because they infer interior, subjective mental events, states, and symptoms. Moreover, this phenomenon is recognizable in ordinary experience, as Kass points out:

> The mind-body dualism unreasonably sunders consciousness from bodily life. Much of that of which we become conscious penetrates 'upward' from 'below'; the unimpeded, unconscious activity of the living-body-in-action—say, in dancing—lights up the soul with feelings of pleasure. Conversely, psychosomatic interactions going the other way—such as the involuntary blush of conscious embarrassment—also cast doubt on any assertion of strict dualism.[146]

To borrow a phrase from philosopher Alisdair McIntyre, we can say that the body is a "bearer of meanings"[147] for the discerning observer. Or to return to Percy's terminology, the body contains messages that are not merely pieces of knowledge, but pieces of news.

If the body is a bearer of meanings, if it carries news about our predicament, this allows us to revive Percy's thesis: because biology and our deepest subjective self are substantially united, there are signs inscribed on our material nature, discernable by the tools of biologists, which signal something important about our peculiar situation. Our sense of dislocation, dread, or discontent cannot be dismissed as "merely" biological, as Kramer does, simply because they involve biology. On the contrary, these must be understood in relation to the whole person, to the whole situation in which man finds himself.

Kramer downplayed his initial reservations about Prozac because he thought they were "arbitrary and aesthetic."[148] I contend that he should not have so quickly dismissed this "aesthetic" sensibility as an irrational prejudice.[149] In the original sense of the word, this pre-judicial (pre-conscious judging) aesthetic sense is not far from what we heed when we discern the message in the body. I suspect Kramer's intuition was rooted in his

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[145] Pinckaers, *Sources*, 441.
[146] *Dignity*, 287.
[147] MacIntyre, Alasdair, "How Can We Learn From What 'Veritatis Splendor' Has to Teach?," *The Thomist* 58 (April, 1994), p. 186.
[148] *Prozac*, 20.
[149] According to the ancient and scholastic philosophers, there is no such thing as the "merely" aesthetic, since the aesthetic (beauty) is inseparable from the moral (goodness) and the real (truth). This is the philosophy of the *transcendental* attributes of being: unity, truth, goodness, and beauty. Keats' expressed this in his poetry: "Beauty is truth, and truth beauty."

patients' bodies—in their biology, their given, inborn temperaments—as a sign of their authentic person, their true self.

What is needed to read the message in the body is not psycho-analysis, but psycho-somatic-synthesis. Despite the currently fashionable field of mind-body medicine, and the use of the term "psychosomatic" in psychiatry, many like Kramer still seem prone in their reflections to strict dualistic dichotomies: brain vs. mind, biological vs. psychological, and so on. Kramer claims that "modern biology attacks the centrality of mind altogether, highlighting the roles of brain and body."[150] This erroneous reasoning assumes that knowledge of man is a zero-sum game: it plays understanding of the brain off against understanding of the mind, as if every insight into the scope of one realm somehow limited the scope of the other. For the realist, by contrast, any gain in one sphere contains implications for the other.

Synthesis is made more difficult because the methods of science favor analytic techniques over synthetic vision; the eyes of the scientist or clinician therefore often lose their acumen for seeing the form[151] of the whole. We become accustomed to read things only by starting from the bottom (the parts) and working our way up (to the whole); rarely do we begin with a vision of the whole. Scientific method is suited to the fragmentary and quantitative; since psychology has triumphed over philosophy, we are in danger of seeing the analytic method as the only valid means to knowledge. Lacking philosophical reasoning—an aesthetic sense for form—we risk an imbalance of the scales, and thus an incomplete view of our subject.

Historically, philosophy has helped to "reinstate the rights of matter," including the material human body, thus "liberating" the body from the whims of a sovereign Cartesian self. This elevation of matter to balance the scales allows us to see the human body in its proper context: "It is only the acknowledgment of matter in its true significance that sets us free from actual slavish dependence on it, from an involuntary materialism."[152] This context avoids the pitfalls of dualism's two offspring—materialism and idealism: the material body is neither totally unalterable and untouchable, nor is it totally plastic and manipulatable.

Realism entails a certain reverence for the body as well as the mind, for both the objective and subjective realms, or rather, for the whole embodied, incarnate person. Related virtues deserve mention as well: wonder and a respectful awe at the mystery of the living human body, the enfleshed self, where "clay and breath are…bound together in a state of tension."[153] These attitudes are antidotes to the "deadly distortions of scientistic abstraction"[154] so dominant in dualist thinking.

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[150] *Prozac*, 297.

[151] What Balthasar, a theologian, says about the form of revelation can be applied, *mutatis mutandis*, to the form of the living human body: "Although the relationships within this form are intertwined with unprecedented complexity, nevertheless it continually opens out to our gaze: we always find out ground again since one aspect of the form always points to and supports the others…. We will come to see that these relationships and meanings come together to build but one faultless and yet effortless equilibrium: they had all been harmonized into a sovereign unity before we ever perceived them." (*op. cit*., 188-9.)

[152] Vladimir Soloviev, quoted in Hans Urs von Balthasar, *The Glory of the Lord III: Lay Styles*. Ignatius, San Francisco.

[153] Martini, *op. cit*., 38.

[154] Kass, *Dignity*, 25.

The realism we have described here is not far from the Hippocratic wisdom of the body described above, where nature is the physician's best teacher. We narrowed our view to focus on a particular debate, and our reflections have led us to widen our scope once again. Returning to the theme of Hippocratic wisdom, we return to the origin of the medical art.

10: Psychopharmacology and Our Discontents: Future Prospects

"And if ever, by some unlucky chance, anything unpleasant should somehow happen, why, there's always soma *to give you a holiday from the facts. And there's always* soma *to calm your anger, to reconcile you to your enemies, to make you patient and long-suffering. In the past you could only accomplish these things by making a great effort and after years of hard moral training. Now, you swallow two or three half-gramme tablets, and there you are. Anybody can be virtuous now. You can carry at least half your morality about in a bottle. Christianity without tears—that's what* soma *is."*

-Aldous Huxley, *Brave New World*

"The specific character of despair is precisely this: it is unaware of being despair."

-Soren Kierkegaard, *Sickness Unto Death*

After breathing the rarefied air of metaphysical anthropology in the last section, let us return to questions closer to human action and practice: what will we decide to do with our new pharmacological powers? Are there boundaries set by human nature, not to be transgressed by a Promethean technology? Many people today rightly fear for the future; they fear they may be brutalized or disgraced by technology. Can we develop, or regain, an acceptance of the "given" in our nature as something worth preserving?

I fear that a complete triumph of the therapeutic, when combined with psychopharmacologic advances, may make a future of *soma*-popping citizens not too farfetched. The cultural groundwork for such a future has already been laid, as Philip Rieff observed: "That a sense of well-being has become the end, rather than the by-product of striving after some superior communal end, announces a fundamental change of focus in the entire cast of our culture—toward a human condition about which there will be nothing further to say in terms of the old style of despair and hope."[155] A future without despair and hope is indeed a post-human future.

There is a danger that an uncritical fetish with our newly discovered power—the ability to alter affective states by manipulating brain chemicals—may blind us to potential abuses that accompany every new power. Kass warns that technology itself tends to blind us to distinctively human goods that are worth preserving: "Our views of the meaning of our humanity have been so transformed by the scientific-technological approach to the world and to life that we are in danger of forgetting what we have to lose, humanly speaking."[156]

It is true that "our technologies of bio-psycho-engineering are still in their infancy."[157] But as the technological means improve, we must gain commensurate

[155] Reiff, *Triumph*, 261.
[156] Kass, *Dignity*, 8.
[157] Kass, *Dignity*, 6.

wisdom about human ends. Percy, echoing other philosophers[158], speaks of the problem of man's increased responsibility in the technical age: "He is free to use his inventions in a human way or to 'fall prey to them,' as the existentialists put it." [159] In all likelihood, cosmetic psychopharmacology will not be forced upon anyone. We value liberty enough to resist totalitarianism, and hopefully, we have learned something from the horrors of the twentieth century. But there remains the danger that we may fall prey to our technologies freely, thereby in the process forfeiting our freedom. As Kass says, our task is to "find ways to preserve [the human future] from the soft dehumanization of well-meaning but hubristic biotechnical 're-creationism'—and to do it without undermining biomedical science or rejecting its genuine contributions to human welfare."[160]

Another potential problem is that enhancement technologies put us at the mercy of an elite cadre of experts—in this case, of psychiatrists.[161] Shifting cultural values will doubtless dictate what is produced. Kramer observes, "The success of Prozac says that today's high-tech capitalism values [the temperament of] confidence, flexibility, quickness, and energy—the positive aspects of hyperthymia are at a premium." However, temperamental homogeneity within society would not only make for boredom, but would result in disastrous consequences for culture. Kramer rightly worries that "once a transforming drug is available, people might be forced to take on new personalities," not by a totalitarian state, but by "the benign coercion that pervades all mass societies,"[162] including "the subtly coercive power of convention."[163]

Contingent and shifting cultural conditions and circumstances are poor criteria for determining the most desirable temperaments among citizens. A society dominated by citizens of uniform temperament—especially if modeled upon the ideal of normality pursued by "psychological man" [164]—would be unheroic and flat; such a society would lack the distinctive human capital to flourish. If men of the past had used drugs to privilege one personality over another, giving pride of place for example to the sanguine, we would be deprived of the contribution of great melancholic and choleric personalities of history, whose art and work seems to have sprung, in large part, precisely from their temperament. One thinks of the music of Franz Shubert and Ludwig von Beethoven, the novels of Fyodor Dostoevsky, the speeches of Abraham Lincoln, the poetry of Gerard Manley Hopkins, and the philosophy of Blaise Pascal and Soren Kierkegaard. Would we seek to medically eradicate these undervalued temperamental traits: Shubert's brooding melancholy, Beethoven's irascibility, Dostoevsky's moral gravity[165], Lincoln's sadness, Hopkins' terrible pathos[166], Kierkegaard's angst[167], or Pascal's sense of vulnerability[168]? Clearly, a flourishing society will find a place at the table for people of every natural temperament, and will benefit from this marvelous human diversity.

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[158] Percy specifically mentions Henri Bergson, Jose Ortega y Gasset, and Gabriel Marcel.
[159] *Signposts*, 258.
[160] Kass, *Dignity*, 7.
[161] Cf. Kramer, *Prozac*, 298-9.
[162] *Prozac*, 272.
[163] *Ibid*., 249.
[164] Cf. Rieff, *Mind*, chap. 5.
[165] "If God is dead, all is permissible." (*The Brothers Karamazov*)
[166] "Wisest my heart breeds dark heaven's baffling ban / Bars, or hell's spell thwarts." (no. 43)
[167] Anxiety is the finite mind's horror in the face of its own limitlessness. (*The Concept of Anxiety*)
[168] "Man is a reed, but he is a thinking reed." (*Pensees*)

We have barely touched upon the political and socio-cultural questions that psychopharmacologic enhancement raises. Suffice it to say that Huxley, in a later essay reflecting upon his *Brave New World*, noted that the drug "soma" was not merely a private vice, but a political institution.[169] It does not take much imagination to see why leaders of society may take an acute interest in such biotechnology. "Comfort," as Philip Rieff observed, "is the great social tranquilizer."[170] As both Huxley's *Brave New World* and Percy's *Thanatos Syndrome* demonstrate, "Brave New Man is so dehumanized that he does not even realize what has been lost."[171]

11: A Concluding Unscientific Postscript

> *"Like every person, every patient is unfathomable."*
> -Karl Jaspers, *Philosophy and the World*[172]

A psychiatrist does not have the luxury of omniscience. He must remember the limits of any one perspective, the futility of a comprehensive theory about his patients. As the psychiatrist and philosopher Karl Jaspers writes, "The object of psychiatry is man.... When we know him, we know something about him, rather than himself. Any total knowledge of man will prove to be a delusion brought about by raising one point of view to the status of an only one, one method to the status of a universal method."[173]

The humility engendered by this realization may be difficult for the physician to sustain. This is not only (as the cynic may think) because of the physician's temptation to overbearing pride or hubris, but because of his genuine desire to succor the suffering patient, to offer help when no easy answers are available. The hardest thing for a doctor to do is nothing. Jaspers writes:

> The physician comes to know. He sees the limitations of man, his impotence, his infinite suffering. He sees mental illness, this frightful fact of our human existence. He faces death every day. People not only expect of him what he can do but what he cannot do. The world asks him for every kind of help, and it wants more.... For all his triumphs, the physician feels more strongly what he cannot do than what he can. [174]

Finally, at the risk of alienating both biological and psychodynamic psychiatrists, and of going beyond the bounds of the specific question about antidepressants addressed here, I venture to offer this concluding postscript. My parting thought for my colleagues in psychiatry is this: we must resist the temptation to reach for a pat, literally encapsulated, solution to every problem presented by our discontent patients. The indispensable virtue here is *reverence*: the scientist's original sense of wonder at his object of study, the initial awe of the physician toward the person he treats. If we possess this virtue, we will be wary

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[169] Cf. "Chemical Manipulation" in *Brave New World Revisited*. HarperCollins, New York: 1960.
[170] *Triumph*, 63.
[171] Kass, *Dignity*, 5.
[172] *Selected Essays*, translated by E.B. Ashton. Regnery Gateway, Washington, DC: 1963, p. 213.
[173] *Ibid*., 213.
[174] *Ibid*., 163.

of facile reductions, wary of incomplete "nothing but ... " explanations—the offspring of an impoverished and impoverishing pseudo-science.

The best physician will approach the mystery of his patient both from below—with a fully human biology, and from above—with a psychology informed by a sound philosophy of man. All the while the physician realizes that these two approaches aim toward, without ever attaining, the invisible horizon where mind and matter, body and soul, meet. Here, the physician treads on sacred ground: he gazes into a personal abyss, whose depths he can never fully plumb.

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