

Prozac Nation

By Elizabeth Wurtzel

Epilogue: Prozac Nation

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Not too long ago, my friend Olivia brought her cat to the veterinarian because she was chewing clumps of fur off her back and vomiting all the time. The doctor looked at Isabella and immediately diagnosed the animal with something called excessive grooming disorder, which meant that the cat had grown depressed and self-absorbed, perhaps because Olivia's boyfriend had moved out of the apartment, perhaps because Olivia was traveling so much. At any rate, the vet explained, this was an obsessive-compulsive disorder. Isabella couldn't stop cleaning herself just as certain people can't stop vacuuming their apartments, or washing their hands all the time like Lady Macbeth. The vet recommended treating the cat with Prozac, which had proved extremely effective in curing this condition in humans. A feline-size prescription was administered.

Now, you have to understand that Olivia had been on and off Prozac and its chemical variants for a couple of years

herself, hoping to find a way to cope with her constant bouts of depression. Olivia had also recently insisted that her boyfriend either go on Prozac or take a hike because his sluggishness and foul moods were destroying their relationship. And I had, of course, been on Prozac for more than six years at that point. So when she called to tell me that now Isabella was on it too, we laughed. “Maybe that’s what my cat needs,” I joked. “I mean, he’s been under the weather lately.”

There was a nervous edge to our giggling.

“I think this Prozac thing has gone too far,” Olivia said.

“Yes.” I sighed. “Yes, I think it has.”

I never thought that depression could seem funny, never thought there’d be a time when I could be amused thinking that of the \$1.3 billion spent on prescriptions for Prozac last year (up about thirty percent since 1992), some of them might even be for our household pets, who are apparently as susceptible to mental trauma as the rest of us. I never thought I would amazedly read about Wenatchee, Washington, a town known as “The Apple Capital of the World,” a place where six hundred out of its twenty-one thousand residents are all on Prozac, and where one psychologist has come to be known as “The Pied Piper of Prozac.” I never thought that the *New York Times*, reporting on the eleven million people who have taken Prozac—six million in the United States alone—would declare on its front page that this constituted a “legal drug culture.” I never thought there would be so many cartoons with Prozac themes in *The New Yorker*, illustrating, among other things, a serotonin-happy Karl Marx declaring, “Sure! Capitalism can work out its kinks!” I never thought that in the same week I would stare down at both a *Newsweek* cover with a large, missile-like capsule beneath the caption “Beyond Prozac” and a *New Republic* cover of some shiny, happy peo-

ple enjoying their sunny lives above the headline “That Prozac Moment!”

I never thought that this antidote to a disease as serious as depression—a malady that easily could have ended my life—would become a national joke.

Since I first began taking Prozac, the pill has become the second most commonly prescribed drug in this country (behind Zantac, the ulcer remedy), with one million orders filled by pharmacists each month. Back in 1990, the story of this wonder drug made the covers of many national periodicals. *Rolling Stone* deemed Prozac the “hot yuppie upper,” and all the major network newsmagazines and daytime talk shows began to do their Prozac-saved-my-life segments. In 1993, when *Listening to Prozac*, Peter Kramer’s book of case studies and meditations on Prozac as a pill that could transform personality, entered the *New York Times* bestseller list for a six-month stay, a new crop of cover stories and television pieces appeared all over again. Dr. Kramer even referred to the publicity jaunt for his book as the “Three Degrees of Separation Tour” because it seemed that no one was more than three people removed from someone on Prozac. While a backlash of reports, mostly promulgated by the Church of Scientology, linked Prozac with incidents of suicide and murder, the many people that it relieved from symptoms of depression had nothing but praise. Cheryl Wheeler, a New England folkie, even wrote a song called “Is It Peace or Is It Prozac?”

But all this coverage is not just about Prozac. It’s about the mainstreaming of mental illness in general and depression in particular. It is about the way a state of mind once considered tragic has become completely commonplace, even worthy of comedy. It seemed that suddenly, some time in 1990, I ceased to be this freakishly depressed person who had scared the hell out of people for most of my life with my mood swings and tantrums and crying spells, and I instead became

downright trendy. This private world of loony bins and weird people that I had always felt I occupied and hid in had suddenly been turned inside out *so* that it seemed like this was one big Prozac Nation, one big mess of malaise. In a quote in *Good Housekeeping* (good God, a magazine your grandmother reads), the psychologist Ellen McGrath described dysthymia as “the common cold of mental experience,” noting that this form of chronic low-grade despair afflicts three percent of Americans (roughly the same number of people who have taken Prozac). I realize that to say that we live in the United States of Depression would surely indicate a skewed perception—the twelve million people said to be suffering from the illness is still a minority—but talk of depression as the mental disease of our times has been very much in the air these last few years, and has almost become a political issue. When Hillary Rodham Clinton campaigned on behalf of what a cover story in *New York Times Magazine* deemed “The Politics of Virtue,” it was hard not to notice that her references to a “sleeping sickness of the soul,” to “alienation and despair and hopelessness,” to a “crisis of meaning,” and to a “spiritual vacuum” seemed to imply that the country’s problems have less to do with taxes and unemployment than with the simple fact that we were in one big collective bad mood. It almost seemed as if, perhaps, the next time half a million people gather for a protest march on the White House green it will not be for abortion rights or gay liberation, but because we’re all *so* bummed out.

Of course, one of the striking elements of this depression breakout is the extent to which it has gotten such a strong hold on *so* many young people. The Miltown and Valium addicts of the fifties and sixties, the housewives reaching for their mother’s little helpers, the strung out junkies and crackheads who litter the gutters of the Bowery or the streets of Harlem or the skid row of any town—all of these people were

stereotyped as wasted, dissipated, and middle-aged, or else young and going nowhere fast. What is fascinating about depression this time—what is unique about this Prozac Nation—is the extent to which it is affecting those who have *so* much to look forward to and to hope for, who are, as one might say of any bright young thing about to make her debut into the world, *so* full of promise. These are people about whom one cannot say that life is over, that it’s already too late, but rather young people for whom it has just begun.

On December 8, 1992, an article appeared in the science section of the *New York Times* under the headline “A Rising Cost of Modernity: Depression.” The piece tells of a report published by the *Journal of the American Medical Association*, which delivered the results of a long-term, international, multigenerational study of depression. The main point: Those born after 1955 are *three times* as likely as their grandparents’ generation to suffer from depression. In fact, of Americans born before 1905, only one percent had experienced a depressive episode by age seventy-five, while of those born after 1955, *six* percent were already depressed by age twenty-four. Apparently, the trend is global, with studies in Italy, Germany, Taiwan, Lebanon, Canada, France, New Zealand, Puerto Rico, and elsewhere yielding similar numbers. While women are thought to be two or three times as likely as men to get depressed, the article concludes that “the gap between men and women in rates of depression is narrowing among younger generations, with the risk in young men beginning to rise to the levels seen in women.” In the end, the article concedes that the increased incidence of depression could be partly explained by a greater openness about the topic, but these statistics are *so* alarming that experts think candor is not much of a factor.

In the meantime, the anecdotal evidence would seem to bear out the point that a lot of people are either truly de-

pressed, or they believe themselves to be. And many think that Prozac is the answer. We've all heard stories like the one about the burglar who left the computer, VCR, and stereo equipment untouched, but ran off with the bottle of Prozac. Or perhaps, like me, you've been in the unfortunate position of being in the back seat of a taxi while the driver confesses that a few months ago he tried to kill himself with a hundred Valium pills and a whiskey chaser, but now he's on Prozac and life couldn't be better. Maybe you find out that the guy who fixes your plumbing is on Prozac, that your gynecologist is on Prozac, that your boss is on Prozac, that your mother is on Prozac, maybe your grandmother too. Even if Prozac has not seeped into your personal life in some way, many of the famous and infamous have confessed to being users. Gary Hart was on Prozac for a while. Jim Bakker has tried it. Roseanne Arnold is on it. Jeffrey Dahmer just took himself off it.

How is it possible that so many are so miserable?

I know there are people who get a kick out of this kind of thing. They enter twelve-step fellowships so that they can find others afflicted with the same demons: alcoholism, narcotics addiction, eating disorders, and a plethora of imaginary illnesses like shopping, loving, or fucking too much. But it seems to me that there's something wrong with a world where all these pills are circulating, floating around the atmosphere like a spreading virus or bad information or mean gossip. I have no way to be certain of this, but my guess is that most of the people on Prozac haven't taken the circuitous path to this drug that I did. Many general practitioners give Prozac to patients without much thought. In a 1993 study, researchers at the Rand Corporation found that more than half of the physicians they surveyed got out their prescription pads after discussing depression with a patient for less than three minutes. Sometimes I find myself resenting the ease with which doctors now perform this bit of pharmacologic

prestidigitation. By the time I was put on Prozac they'd tried everything else possible, I'd had my brain fried and blunted with so many other drugs, I'd spent over a decade in a prolonged state of clinical despair. Nowadays, Prozac seems to be a panacea available for the asking.

Still, I can't ignore the compelling evidence presented in the *New York Times* article that would seem to indicate that maybe all this drug prescribing is not an overaggressive response, but actually a sane reaction on the part of doctors to a whole slew of people for whom simple existence is fraught with intense misery. According to a study done by the *Journal of Clinical Psychiatry*, in 1990 alone 290 million work days were lost to depression. The same report also states that depression costs this country \$43.7 billion annually, a figure that includes the price of psychiatric care as well as losses incurred by impaired productivity and worker absence. If we added in the amount of money wasted by doctors requesting unnecessary lab tests because they've mistaken depression for some other disease, or if we tacked on the cost of adjunct treatments—drug abuse rehabilitation, for instance—the number would be much higher. Furthermore, on National Depression Awareness Day, when screening sites are set up all over the country to examine people for symptoms of major depression, fifty percent of those tested (admittedly a self-selected bunch) are found to be clinical cases. With all these statistics flying around, subjective though they may be, who's to say that there's too much Prozac? Maybe there isn't enough. Maybe this world is too difficult to negotiate without some kind of chemical buffer zone.

And while depression is a problem for any age group, the sense of it as a normal state of mind, as an average part of getting through the day, as so much ho-hum life-sucks-and-then-you-die, does seem unique to people who are now in their twenties and thirties. There is a certain shading to the

dead-end depression of youth culture, some quality of fatalism about it, a resignation that makes it frighteningly banal. It is no wonder that something as similarly uninspired as Prozac, a pill that doesn't make you happy but does make you not sad, would become the drug of choice for this condition. No other substance feels quite so safe.

When I was reading a copy of *Lear's* in the Miami Beach sun, I chanced upon an article titled "The Plot Sickens," in which Fanny Howe, a college writing instructor, says that the gruesome, pessimistic nature of her students' submissions is like nothing she's seen in twenty-one years of teaching. "To read their work, you'd think they were a generation that was starved, beaten, raped, arrested, addicted, and war-torn. Inexplicable intrusions of random tragedy break up the otherwise good life of the characters," Howe writes. "The figures in their fictions are victims of hideous violence by accident; they commit crimes, but only for the hell of it; they hate, not understanding why they hate; they are loved or abused or depressed, and don't know why. . . . Randomness rules."

And Howe seems surprised by what she's reading. For me, and for everyone I know my age, such stories seem normal, peculiarly ordinary. In the world that we live in, randomness does rule. And this lack of order is a debilitating, destabilizing thing. Perhaps what has come to be placed in the catchall category of depression is really a guardedness, a nervousness, a suspicion about intimacy, any of many perfectly natural reactions to a world that seems to be perilously lacking in the basic guarantees that our parents expected: a marriage that would last, employment that was secure, sex that wasn't deadly. It is a cliché at this point to make reference to the economic and social insecurity that is said to characterize a mass of people that's been known collectively as Generation X or twentynothings, but obviously there is a lot of unhappiness going around in this age group, and I can't blame

journalists, sociologists, and other observers for trying to make sense of it, for rooting out the causes.

The trouble is that when we get around to solutions, it always seems to come down to Prozac. Or Zoloft or Paxil. Deep clinical depression is a disease, one that not only can, but probably should, be treated with drugs. But a low-grade terminal anomie, a sense of alienation or disgust and detachment, the collective horror at a world that seems to have gone so very wrong, is not a job for antidepressants. The trouble is, the big-picture problems that have so many people down are more or less insoluble: As long as people *can* get divorced they *will* get divorced; America's shrinking economy is not reversible; there is no cure for AIDS. So it starts to seem fairly reasonable to anesthetize ourselves in the best possible way. I would like so much to say that Prozac is preventing many people who are not clinically depressed from finding real antidotes to what Hillary Clinton refers to as "a sleeping sickness of the soul," but what exactly would those solutions be? I mean, universal health care coverage and a national service draft would be nice, but neither one is going to save us from ourselves. Just as our parents quieted us when we were noisy by putting us in front of the television set, maybe we're now learning to quiet our own adult noise with Prozac.

And yet, I can't escape the icky feeling I get every time I'm sitting in a full car and everyone but the driver is on Prozac. I can't get away from some sense that after years of trying to get people to take depression seriously—of saying, I have a *disease*, I *need* help—now it has gone beyond the point of recognition as a real problem to become something that appears totally trivial. One of the creepiest moments for me was discovering that six million Americans had taken Prozac. As a Jew, I had always associated that precise number with something else entirely. How would I come to reinterpret *six mil-*

Zion, to associate it with something quite different, a statistic that ought to be frightening but instead starts to seem rather ridiculous?

Every *so* often, I find myself with the urge to make sure people know that I am not just on Prozac but on lithium too, that I am a real sicko, a depressive of a much higher order than *all* these happy-pill poppers with their low-level sorrow. Or else I feel compelled to remind people that I've been on Prozac since the F.D.A. first approved it, that I've been taking it longer than anyone else on earth, save for a few laboratory rats in cages, trapped but happy. I don't know if I ought to be more dismayed by my need for Prozac one-upmanship, or by the fact that it isn't entirely unwarranted. After all, the media phenomenon of Prozac is such that it's turning a serious problem into a joke at a point when that really should not be happening: By most accounts, two-thirds of the people with severe depression are not being treated for it. And they are the ones who are likely to get lost in the rhetoric.

As Prozac becomes viewed as a silly drug for crybabies, an instrument of what Dr. Kramer calls "cosmetic pharmacology," the people whom it might really help—the ones who *need* it—will start to think that Prozac won't help them. In the rape-crisis debate that currently rages, many feminists argue that too loose a definition of rape results in not talung "real" rape seriously, while others claim that anyone who feels violated *was* violated—and what tends to get lost in *all* the screaming and yelling is that there are all these real people who are raped and are in terrible pain. It seems entirely possible to me now, given the tone of so many of the articles about Prozac, that people will forget how severe, crippling, and awful depression really is.

And I'm not the only one who's concerned. Eli Lilly and Company, the manufacturer that has profited bountifully from the excesses of Prozac, recently launched an advertising

campaign in medical trade journals that begins with the headline "Trivializing a Serious Illness." The ad first appeared in *Psychiatric News*, with copy that derides Prozac's "unprecedented media attention in recent weeks," and declares that "much of this attention has trivialized the very serious nature of the disease Prozac was specifically developed to treat—clinical depression." In an article in the *Wall Street Journal*, Steven Paul, M.D., the head of central nervous system research at Eli Lilly, explains that the point of this ad is simply to help Prozac reach those who need it most. "Anything that confuses the appropriate use of Prozac or any of the antidepressants in the mind of the public might scare people away from using the medication, or perhaps even scare physicians from prescribing it," Dr. Paul is quoted as saying. **He** adds that all the debate about whether Prozac can be used for subtle personality changes has "bogged down" efforts to get the drug out to the truly, deeply depressed.

While many of the people commenting in the *Journal* article suggested that the advertisement was the result of Eli Lilly's fear of liability suits as Prozac is overprescribed, or even because the corporation is concerned that the drug will be excluded from a national health care plan because it is seen as too frivolous, **I'd** like to believe that its aim might be honest. At two or three dollars a pill, at the rate of **two** pills a day, over a span of *six* years, I feel that I have already mortgaged my life to Eli Lilly. For the \$11,000 worth of business I've given the company, I wouldn't mind believing that they're doing a little bit of public service.

The secret I sometimes think that only I know is that Prozac really isn't that great. Of course, I can say this and still believe that Prozac was the miracle that saved my life and jump-started me out of a full-time state of depression—which would probably seem to most people reason enough to think

of the drug as manna from heaven. But after six years on Prozac, I know that it is not the end but the beginning. Mental health is so much more complicated than any pill that any mortal could invent. A drug, whether it's Prozac, Thorazine, an old-fashioned remedy like laudanum, or a street narcotic like heroin, can work only as well as the brain allows it to. And after a while, a strong, hardy, deep-seated depression will outsmart any chemical. While Prozac kept me pretty well leveled for the first several months I was on it, shortly thereafter I had a fight with my boyfriend in Dallas over Christmas. I took an overdose of Desyrel, an antidepressant I'd been given to supplement the Prozac, and ended up back in the emergency-roommilieu that had once been so familiar to me. I hadn't poisoned myself terribly seriously (I'd taken about ten pills), and the hospital released me into the care of my boyfriend's parents. When I got back to Cambridge, Dr. Sterling put me on lithium, both to augment the effects of Prozac and to even out some extreme mood swings. Regardless of my diagnosis of atypical depression, she was starting to think I was maybe cyclothymic or manic-depressive after all, going from gleeful revelry one day to suicidal gestures the next.

I stopped taking Desyrel once I started on lithium, but all my attempts to lower my Prozac dose have resulted in an onset of the same old symptoms. I have occasionally tried to go off of lithium altogether, because it is a draining, tiring drug to take, but those attempts to cut it out inevitably lead to scenes like the one that found me spilled across my bathroom and wrecked out in tears and black chiffon after we'd had that huge party at our house. At times, even on both lithium and Prozac, I have had severe depressive episodes, ones that kept my friends in a petrified all-night vigil while I refused to get up off the kitchen floor, refused to stop crying, refused to relinquish the grapefruit knife I gripped in my hand

and pointed at my wrist. After these difficult scenes, when I finally come to enough to seek medical help, the psychopharmacologist invariably will decide to put me on some additional drug like desipramine, or he will suggest I try taking Desyrel once again, or he will even ask if occasional use of Mellaril might not be what I really need.

Just as many germs have outsmarted antibiotics such that diseases like tuberculosis, once thought to be under control, have reemerged in newer, more virulent mutant strains, so depression manages to reconfigure itself so that it is more than just a matter of too little serotonin. As Susanna Kaysen points out in *Girl, Interrupted*, her memoir of a stay at McLean Hospital, "It's a long way from not having enough serotonin to thinking that the world is 'stale, flat and unprofitable'; even further to writing a play about a man driven by that thought. That leaves a lot of mind room. Something is interpreting the clatter of neurological activity." Of course, those interpretations may well be the result of still more neurological activity, but it might be the kind that is not amenable to outside scientific intervention. I believe, perhaps superstitiously, although my experience completely confirms it, that brain cells will always outsmart medical molecules. If you are chronically down, it is a lifelong fight to keep from sinking.

In the case of my own depression, I have gone from a thorough certainty that its origins are in bad biology to a more flexible belief that after an accumulation of life events made my head such an ugly thing to be stuck in, my brain's chemicals started to agree. There's no way to know any of this for sure right now. There isn't some blood test, akin to those for mononucleosis or HIV, that you can take to find a mental imbalance. And the anecdotal evidence leads only to a lot of chicken-and-egg types of questions: After all, depression does run in my family, but that might just be because we're all subject to being raised by other depressives. Where my de-

pression is concerned, the fact that Prozac in combination with other drugs has been, for the most part, a successful antidote, leads me to believe that regardless of how I got started on my path of misery, by the time I got treatment the problem was certainly chemical. What many people don't realize is that the cause-and-effect relationship in mental disorders is a two-way shuttle: It's not just that an a priori imbalance can make you depressed. It's that years and years of exogenous depression (a malaise caused by external events) can actually fuck up your internal chemistry so much that you need a drug to get it working properly again. Had I been treated by a competent therapist at the onset of my depression, perhaps its mere kindling would not have turned into a nightmarish psychic bonfire, and I might not have arrived at the point, a decade later, where I needed medication just to be able to get out of bed in the morning.

As it stands, for a few years after I first began taking medication, after leaving Cambridge and coming back to New York, I stayed away from psychotherapy. I saw a psychopharmacologist who was basically a drug pusher with a medical degree, I filled my prescriptions, and believed that that was enough. After Dr. Sterling, I could not imagine ever being able to find a therapist who was good enough. And besides, it seemed that with occasional lapses, drugs really were the answer. But then, as I found myself ruining relationships, alienating employers and other people I worked with, and falling all too frequently into depressive blackouts that would go on for days and would feel as desolate and unyielding as the black wave scares I'd spent much of my pre-Prozac life running from, I realized I needed therapy. Years and years of bad habits, of being attracted to the wrong kinds of men, of responding to every bad mood with impulsive behavior (cheating on my boyfriend or being lax about my work assignments), had turned me into a person who had no

idea how to function within the boundaries of the normal, nondepressive world. I needed a good therapist to help me learn to be a grown-up, to show me how to live in a world where the phone company doesn't care that you're too depressed to pay the phone bill, that it turns off your line with complete indifference to such nuances. I needed a psychologist to teach me how to live in a world where, no matter how many people seem to be on Prozac, the vast majority are not, and they've got problems and concerns and interests that are often going to be at odds with my own.

It has taken me so long to learn to live a life where depression is not a constant resort, is not the state I huddle into as surely as a drunk returns to his gin, a junkie goes back to her needle—but I'm starting to get to that place. At age twenty-six, I feel like I am finally going through adolescence.

On April 8, 1994, as I was completing this book, Kurt Cobain shot himself in the head and was found dead in his Seattle home. His suicide was quickly reduced by much of the media into an example of a more general generational malaise gone completely amok, and references were made to "the bullet that shot through a generation." Grunge, the musical style that Nirvana did so much to invent and popularize, was described in *Newsweek* as "what happens when children of divorce get their hands on guitars." Cobain's suicide, despite the extremely private nature of his decision or compulsion to hide himself alone in a room and blow his brains out, quickly came to be seen as greatly symbolic.

There is a part of me that understands why. In the last several years, as so many people have started to fall into some version of a dysthymic category, it has become clear that depression is no longer just a private, psychological matter. It is, in fact, a social problem, and an entire culture of depression has developed around it. One of my favorite examples of this

brand of artistic endeavor was the underground movie hit *Slacker*. Made for just \$23,000, director Richard Linklater's debut film showed young people in Austin, Texas, all of them in school or just out, who preferred to idle away their hours debating the differences between Smurf culture and Scooby-Doo culture, living cheaply on the wages of menial jobs that didn't require a college degree and allowed them plenty of time to lie in bed, watch TV, and slack around. One character, in a moment of truth, admits he doesn't have a job, saying, "I may live badly, but at least I don't have to work to do it." Another film about desperation, sex, lies and videotape, won the Palm d'Or at the Cannes Film Festival, and revolved around the strained, alienated relationships of four people in Baton Rouge, Louisiana, centering on a young man *so* disillusioned with love that he'd replaced actual sex with videotapes of women describing their sexual experiences and fantasies. This character wears only black (at one point, his lawyer buddy tells him he looks like "an undertaker for the art world"), and his lack of affect became a symbol for many young people of a hopelessness and battle fatigue that could make someone stop even trying to make human connections.

But of course, a peak moment in depression culture arrived with the tremendous success of Nirvana, whose hit single "Smells Like Teen Spirit" was a call to apathy. This song was *so* delighted with its passivity that its central demand was, "Here we are now, entertain us." In fact, the band's whole album, *Nevermind*, seemed to be a long list of the many things that they didn't care about. Of course, rock and roll has had a long and proud history of songs devoted to the downward spiral of life, but Nirvana would seem to mark the first time this kind of punk music delivered both a number-one album and a number-one single. (To put this in perspective, it took the Sex Pistols' *Never Mind the Bollocks* album fifteen years to sell a million copies.) Even though *Nevermind* was extremely

poppy and melodious in some ways, it was sufficiently abrasive, cynical and angry that it was never expected to sell very well outside of the alternative-lifestyle circles that had made Generation **X** and *Slacker* into cult hits. When the album did take off, Geffen, the record company behind Nirvana, was caught *so* far ~~off~~ guard that it didn't have the stock to **fill** store orders fast enough to meet the demand.

In the meantime, the moody, macabre British new wave bands like the Cure, the Smiths, and Depeche Mode—once considered too depressing for the mainstream—were selling out shows at twenty-thousand seat arenas and finding their largest American followings with suburban mall rats, not the arty intellectuals they were always thought to appeal **to**. Nine Inch Nails, an industrial noise band from Cleveland, released the appropriately titled album *Pretty Hate Machine* on a small, independent label, and with the help of an absolutely morbid, misanthropic single called "Head Like a Hole," they ended up with a gold record. Jane's Addiction went platinum while advocating heroin abuse, and the Red Hot Chili Peppers were pleasantly surprised when "Under the Bridge," a song about drug withdrawal and suicide attempts, became a number-one single.

Misery-chic achieved a twisted, perverse apotheosis of **sorts** when the desire to look as gloomy, downtrodden, and nihilistic as Nirvana fans caused designers like Marc Jacobs of Perry Ellis to dispense with haute couture and put dirty flannel shirts and ripped jeans on the Paris runways. Grunge was hailed as the new fashion statement in *Vogue* and made it to the front page of the "Style" section of the *New York Times*. In April 1994, Linda Wells, the editor in chief of *Allure*, wrote that while surveying the pictures of "bone-thin models wearing gloomy, miserable expressions" or looking "anorexic, clinically depressed, or headed for a mental institution," she had to conclude that "something happened to fashion and

fashion photography in the past year. It was as if we were all in desperate need of Prozac.” Nirvana, whose success had initially been dismissed as a music business anomaly, was actually part of a larger trend.

At the height of Nirvana’s popularity, when they managed to both top the charts and smash their instruments on *Saturday Night Live*, I remember thinking that American youth must be really pissed off to have turned something like this into a hit. Jonathan Poneman, one of the owners of Sub Pop Records, an independent Seattle label that first discovered Nirvana, thought the band’s success was a sign that the “loser rebelhon” was under way. At long last, all of the outcasts, the miserable majority who could never relate to Paula Abdul in the first place, had gone into record stores and demanded to buy music that spoke to them. Trademark Sub Pop T-shirts with the word LOSER printed in caps across the chest became collector’s items. Eddie Vedder, the lead singer of a multiplatinum act called Pearl Jam, wore his LOSER T-shirt for several national TV appearances. Then in 1994, another Geffen act, a young man who simply called himself Beck, surprised his label by turning a catchy rap-style folk song called “Loser” into a hit single and a slacker anthem. If being a loser could become cool—and if Nirvana could sell ten million copies of *Nevermind*, have a collection of outtakes and B-sides called *Incesticide* go gold, and watch the album’s follow-up, *In Utero*, debut at number one—it was clear that the culture of depression must have been thoroughly entrenched in the mainstream.

So I understand why people might see Kurt Cobain’s death as symbolic. Because, after all, they would be perfectly correct to see his life and the music he created in that short time as utterly symbolic. Nirvana’s popularity either inaugurated or coincided with some definite and stinking cultural moments. No one can or ever should even think to take that

away from him or his memory. But by the time he was alone in his garage apartment with a shotgun in his hand with the intent of doing himself in, his actions were far beyond any kind of cultural momentum we can associate with the times. Sylvia Plath killed herself in 1963, before there were slackers and before there were even hippies. She killed herself because she was depressed, the same as Ernest Hemingway, Vince Foster, and so many anonymous others. No one shoots himself in the head because he’s had a bad fishing season or because the *Wall Street Journal’s* editorial page says mean things about him. Depression strikes down deep. The fact that depression seems to be “in the air” right now can be both the cause and result of a level of societal malaise that so many feel. But once someone is a clinical case, once someone is in a hospital bed or in a stretcher headed for the morgue, his story is absolutely and completely his own. Every person who has experienced a severe depression has his own sad, awful tale to tell, his own mess to live through. Sadly, Kurt Cobain will never get that far. Every day, I thank God that I did.

July 1986–May 1994