

## Beavers and Prozac: Antidepressants at MIT

Although there are different subcultures across the United States, popular American culture highly values stoicism and productivity. Americans are discouraged to show emotion and there are many traditions that reflect this trend. The cowboy, one of the most iconic of American figures, is usually depicted as a brave, tough loner who always keeps his emotions in check. Public figures are revered for their stoicism when confronted with tragedy. Also, North Americans are known to be much less physically affectionate to friends and relatives than Latin Americans and Southern Europeans.

American culture is perhaps more well known for its focus on productivity and intense work environments. Americans work twenty-eight percent more hours a week than the French and twenty-five percent more hours than the Germans.<sup>1</sup> Americans are accustomed to the convenience of twenty-four hour grocery stores and drugs stores that never close. In other countries, even large metropolitan areas close down for a few hours a day and vacations last longer than in the United States. In order to be successful employees, Americans have to put in as many hours as their colleagues, perpetuating the high output standard.

Thus, when a person living in the United States becomes afflicted with depression, it can be especially hard to keep up. Depression is a highly debilitating disease, characterized by feeling anxious, miserable, unmotivated, and/or irritable. Sufferers can find it difficult to sleep and may spend hours a day crying. It often renders those that suffer from it wholly unproductive. Depression sufferers can feel alienated from the general public and sink deeper into the disease. Furthermore, the symptoms of depression are highly visible, running directly against the tradition of American stoicism. It is perhaps because of these reasons that Prozac and other similar

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<sup>1</sup> James Surowiecki, "No Work and No Play" New Yorker, 2005-11-28.

antidepressants continue to rise in popularity in the United States. Prozac is a Selective Serotonin Re-uptake Inhibitor (SSRI) meaning it selectively prevents the brain from removing a pleasure related chemical. Antidepressant use nearly tripled between 1988-1994 and 1999-2000.<sup>2</sup> Prozac enjoyed unprecedented success when it was first introduced to the American public, soon there were 650,000 prescriptions per month.<sup>3</sup> There was a need in the market that was not being satisfied. Americans wanted to put an end to their depression.

In his book *Listening to Prozac*, Peter Kramer explores the rising popularity of Prozac and its effects on “the modern sense of self.”<sup>4</sup> Kramer writes that many of his patients (and those of his colleagues) experienced radical improvements in their mood and often feel that Prozac helped them discover their “true self.” Kramer also profiled patients that were prescribed antidepressants despite indications that they were not clinically depressed. Patients reported feeling “better than well,” a result Kramer refers to as “cosmetic psychopharmacology.” Prozac not only allowed these patients to overcome their depression but enabled them to “[acquire] extra energy and [become] socially attractive.”<sup>5</sup>

In many ways, the Massachusetts Institute of Technology is a focused microcosm of the United States. MIT has the reputation for being an incredibly demanding technical university. One routinely mentioned analogy is that going to MIT is like “trying to drink from the fire hose,” alluding to the amount of information administered to the students. Undergraduates must be incredibly productive students in order to graduate from MIT, routinely working over sixty hours a week. Suffering from depression can render a person wholly unproductive, and MIT’s frenetic schedule is not conducive to periods of inactivity. Based on some of the testimonies in *Listening to Prozac*, one could assume that depressed MIT students would welcome the

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<sup>2</sup> NCHS 2004 News Release. [www.cdc.gov/nchs/pressroom/04news/hus04.htm](http://www.cdc.gov/nchs/pressroom/04news/hus04.htm). Accessed May 12, 2006.

<sup>3</sup> Peter Kramer. *Listening to Prozac*. (Penguin Books, New York: 1993) pp xvii.

<sup>4</sup> Peter Kramer. *Listening to Prozac*. (Penguin Books, New York: 1993) pp xix.

<sup>5</sup> Peter Kramer. *Listening to Prozac*. (Penguin Books, New York: 1993) pp xvi.

opportunity to take an SSRI. An antidepressant would increase productivity and enable students to have better interpersonal skills. This raises the question, how do MIT undergraduates interact with antidepressants? Are SSRIs such as Prozac as popular in the MIT undergraduate population as they appear to be in the general public? Do students who take antidepressants feel as Dr. Kramer's patients do, that they have finally found their true self? Because of privacy laws, information on MIT undergraduate antidepressant usage is not readily available; my goal was to attempt to address these questions through personal interviews with fellow undergraduates and alumni that had experienced depression and/or taken antidepressants.

I contacted multiple mailing lists on campus, requesting interviews with people that had taken antidepressants while at MIT. I promised anonymity and alluded to my own personal experiences with depression and medication, hoping it would encourage others to speak with me candidly about their own experiences. I was surprised by the amount of responses my e-mail elicited, many students were more than willing to talk about their interactions with SSRIs. I had interacted with some of those that responded either through working together or living in the same location. But there were also students with which I had not interacted previously who volunteered for an interview.

I was also surprised by the number of students that responded with negative opinions of antidepressants. A few contacted me to say that they were prescribed or recommended SSRIs yet refuse to take them. These students had strong convictions against the drugs. Mary, a sophomore, can not stand the "idea of not being in full control of [her] mind." She stresses that nothing could convince her to take the medication despite "most likely needing them." Although Mary's doctor at MIT Mental Health is comfortable with her decision, the doctor still alludes to the possibility of taking antidepressants from time to time.

Catherine, a senior, also refuses to take antidepressants although she admits to being

chronically depressed and “badly so.” She was prescribed Prozac by an independent (of MIT) psychiatrist but fears she would lose her creativity. Catherine is a very talented artist and feels most creative when she is feeling slightly melancholic. Losing her creativity would greatly outweigh any positive effect she would feel from Prozac. Her doctor stresses that not every person reacts to Prozac in the same way and Catherine could theoretically still maintain her creativity. Catherine still is not convinced.

As Catherine describes her distrust of Prozac to me, she contradicts herself a few times. She regards her ability to function as “pretty fragile” and fears that changing her personality or creativity could set her back farther than her depression ever has. But at the same time she doubts that medication would change her social anxiety since her “social awkwardness” extends “even beyond the depression.” On one hand, Catherine seems to believe that Prozac could drastically alter her personality, yet she also identifies characteristics she believes to be immutable. Catherine’s conflicting comments echo the concerns raised by Kramer in *Listening to Prozac* about the construction of the self.

It is unclear where Catherine and Mary first developed their impressions of antidepressants since the drugs have been in the public eye for over half of their (our) lives. But it is clear that many other students fear the potential side effects of antidepressants. When I was first recommended to take antidepressants, I was afraid that the drug would severely alter my personality. The “success stories” where people realized who they really were struck fear into my heart. Although depression can be distressing, at least there is a level of familiarity. In Catherine’s words, “as long as I’m able to half-function without medication, I will.”

All of the students I spoke with expressed some reluctance to begin antidepressants. Some of the reluctance stemmed from the manner in which the drugs were prescribed. Consistently, students feel that the MIT Mental Health service “pushed” the medication and too

quickly identified their symptoms as depression. Violet, an alum, claims she was always handed a prescription after thirty minutes of consultation with a doctor. It was not until she spent three months in therapy with an independent doctor that she felt comfortable enough to (begrudgingly) begin taking Celexa. Violet reacted favorably to the medication and says it helped her “not fall to pieces.” Violet was being treated for depression, self mutilation and anxiety. She generally liked the medication although initially felt that her emotions were somewhat artificial. This feeling eventually subsided. She stopped taking the antidepressant after graduation because she could no longer afford the drug, but she would have continued had she been able to.

Since Violet had a generally positive response to antidepressants, I asked her what she thought of the statement “when I am on Prozac, I am my real self.” Violet did not agree with the statement and likened it to a person believing they were their true self while on the antihistamine Benadryl. She continued,

“Prozac controls some chemicals in your brain, but doesn't alter who you are. While on Celexa, I'd still have the same thoughts and ideas, I'd just handle them better and not get so emotional about them.”

No person I spoke with agreed with the sentiments expressed by many of Kramer's patients. With the exception of Violet, every student welcomed the idea of an antidepressant free life, some even ceasing treatment earlier than recommended. Two students prematurely quit the drug because they did not like the way the drug made them feel. Another student quit the drug because she did not like the side effects and decided to risk depression.

I think part of the reason MIT students can be particularly averse to the idea of antidepressants stems from their treatment at MIT Mental Health services. Liza, another alum, said she only took Prozac for one semester her sophomore year because she hated her psychiatrist so much she did not want to return. Mental Health services discouraged her from switching doctors and suggested that Liza and her doctor “work it out.” Liza first was

recommended to visit Mental Health after visiting counseling deans and complaining of a lack of motivation. She described feeling overly stressed and distant, having no sleep schedule and generally feeling “bad.” She was immediately told that she was clearly depressed and had to seek help.

In her first visit to the campus mental health service, Liza was told she did not “understand her own feelings” and did not use enough “feeling words.” Liza refused to schedule another appointment and tried to “just tough it out.” Her symptoms progressed and her grades worsened. Months later Liza returned to the service and was prescribed Prozac. This time Liza accepted the drugs since without the medication she would have likely had to leave MIT because of low grades. I asked Liza if in retrospect she agreed with the doctor’s depression diagnosis. Liza replied that she is still unsure, and that she was never in talk therapy enough to find out. Besides, it did not really matter, because Prozac made her feel better in either case. It gave her more energy and allowed her to get a grasp on her studies.

Liza is not sure why, but the doctor then increased her dosage. One afternoon, she felt the urge to “tap dance on [her] chair.” Liza got up onto her chair and proceeded to dance. A friend walked in and asked Liza what she was doing, Liza reports having no idea. She complained she felt manic and that she was not herself, something was “a little off.” Her dosage was lowered but eventually Liza chose to quit the medication at the end of the semester. She admits she probably should have stayed on the medication because she did not do well at her job over the summer. Liza is not the only person I have spoken to that quit her medication because of a poor relationship with a therapist. Others describe friends that have had negative reactions to antidepressants prescribed from MIT, one student reports her first panic attack came after beginning Celexa. When she addressed the issue with the doctor at MIT, the doctor responded that they would just lower the dose without addressing the student’s distrust of the medication.

Many people comment that MIT Mental Health heavily encourages prescription drugs, adopting the “it can’t really hurt” mentality. Often, all a student has to do is ask for a medication and the doctors will write a prescription. Mary’s opinion is that her refusal to begin medication makes it more difficult for the doctors, or “I don't think [the doctor] really knows what to do about me.”

Students on campus seem to be more comfortable with antidepressants if they are recommended by an outside source. Frank, a sophomore, was originally prescribed Zoloft for depression by a doctor at MIT. He quit taking it after the drug made him feel “bland and emotionless.” Months later he was prescribed another SSRI, Effexor, but this time the prescription came from a pain clinic as part of a treatment for carpal tunnel syndrome. The drug is intended to reduce Frank’s chronic pain, but he would not be surprised to know that it also helps his mood. He still experiences a lot of negative side effects, but will not cease to take Effexor until the pain in his wrists goes away.

From personal experience, I know how detrimental depression can be to a person’s level of productivity. I found it interesting how many students choose to try to function with depression rather than take a medication that could aid their ability to work. I asked students that had taken or are taking SSRIs if they felt the medication helped their performance in class. Some, like Liza, responded positively; the drugs had helped considerably. Yet others deny that the medication greatly improved their productivity. Violet admits the drugs helped her spend more time on class work instead of spending time crying or worrying but that her grades did not change one way or another. Frank said the side effects outweighed any benefit the drugs could have given his grades.

Information shows that high level stress environments can trigger or cause depression. Giving MIT’s reputation for being a highly stressful experience, I asked those that I interviewed how they felt MIT affected their depression. Most of the students responded that being at MIT

did in fact trigger their depression but was not the cause. They believe that no matter where they went to school, they would have eventually become depressed though perhaps for different reasons. A few students admit that in retrospect they showed signs of depression in junior high and high school, yet never felt the need to address the symptoms. Frank admits that no matter where he is, he works himself “into a frenzy” and begins to feel bored and listless if he does not have interesting things to focus on. He conjectured that maybe MIT’s heavy course load helps prevent more depression rather than deepen it. Liza offered a similar comment, she thinks she would have eventually spoken to a therapist somewhere though perhaps “not for depression but for alienation.” The social network she found at MIT helped her feel welcomed and she doubts she would have fit as well in another school.

As Liza’s comment indicates, classes and work are not the only important aspects of life at MIT. As is the case in other universities, MIT students enjoy a healthy social life; many feel that they have finally found people they can finally relate to. Despite those sentiments, not everyone immediately acclimates to the social groups on campus and still feel alienated. I approached these issues during my interviews, and asked how antidepressant usage changes affects interpersonal relationships. Once again, most people went against what I had expected and reported little to no change in their interpersonal relationships. Violet for example, said that Prozac never made her feel better enough to make new friends but it did help a little when people were around. Frank said he had no idea how Effexor changed his relationships. Another student reported that while Zoloft helped her interact with more people, she found her behavior was a bit too abrasive which “rubbed people the wrong way.” There was effectively no net gain from the drug.

While people were willing to talk about their experiences with classes, doctors and interpersonal relationships, they were considerably less willing to talk about antidepressants’

sexual side effects. In some people, antidepressants can severely diminish sexual ability and/or desire. Hence, some doctors use SSRIs to treat sexual deviance. The medications' libido reducing abilities are no longer seen as unwanted side effects but as the intended goal. This has prompted some to refer to antidepressants as "chemical castrators."<sup>6</sup> Others quickly dismiss this reputation and deny that the side effects are that severe.

Most likely because of the sensitive nature of the subject, it was difficult for me to get an accurate idea of the extent antidepressants affected sexual performance in the students I interviewed. Violet mentioned in passing that the antidepressant made it more difficult for her to orgasm during sex but no other student approached the topic of sexual side effects. Frank mentioned that Effexor had a lot of side effects, when I pressed him to elaborate he responded "drowsiness and a few others." It was unclear from our conversation if the "few others" included sexual side effects. I have, however, spoken to a few friends outside the context of this paper who have complained of decreased sexual ability or enjoyment. One was particularly distressed by the side effect and commented that he would prefer depression to dysfunction. Another friend once joked that although he had finally ceased to be afraid to meet girls, it did not matter because he could "not do anything about it." Some students see sex as an important part of their college experience; some subcultures on campus pressure students to have sex. These students would likely be troubled by losing the ability to enjoy sex, much like Catherine feared losing her creativity. Despite this importance, doctors often skirt the issue of sexual side effects when discussing antidepressants. Frank humorously describes his doctor explaining Effexor's side effects, quickly adding that there was a "teensy, teensy, teensy, *teensy* chance it will be harder to orgasm" and then abruptly changing the subject. One student reported asking a doctor about the sexual side effects and being told that perhaps the student should not worry about sex "at a time

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<sup>6</sup> Lauren Slater. *Sex and Serotonin. Prozac as a Way of Life*. Carl Elliot, Tod Chambers, eds. (University of North Carolina Press: 2004) pp 93.

like this.” Needless to say, the student was not satisfied with the comment. The *Washington Post* recently printed an article reporting that erectile dysfunction was on the rise among college students and listed MIT as one of the colleges studied. Lifestyle choices were cited as contributing factors to the rise, but the main cause seems to be the increased usage of antidepressants among undergraduates.<sup>7</sup>

I think an important factor in MIT students’ relationships with depression, medication and the Mental Health center is MIT’s history of student suicides. In recent years a handful of parents have accused MIT of neglect when dealing with their child’s depression. These high profile lawsuits attract nationwide attention and even more attention on campus. Thus, MIT has a reputation for triggering depression. MIT Mental Health obviously strives to prevent suicides, and has a limited number of therapists and social workers on staff. The staff can seem over zealous or overly cautious in their attempts to prevent suicide. In order to cover their bases, so to speak, they over prescribe antidepressants. Many of the students I spoke with felt that MIT Mental Health did not treat them as an individual but rather as yet another depressed student. This leads to animosity towards the doctor and hinders the ability for therapy to be effective. Kramer briefly approaches the question of psychopharmacology and undergraduates in *Listening to Prozac*. According to Kramer, undergraduates with minor emotional distress are “just the people for whom certain forms of short-term psychotherapy were developed.”<sup>8</sup> Kramer acknowledges that some students are more predisposed to emotional distress upon entering college, particularly those who as children were “bright, or artistically talented, or perhaps just ‘prematurely mature’.” I think it is safe to say that almost every MIT student had those qualities as a child, it is no wonder that the mental health service on campus is so popular.

Most everyone I spoke to had very similar stories about their experiences and I wonder

<sup>7</sup> Laura Sessions Stepp. “Cupid’s Broken Arrow.” *Washington Post*. May 7, 2006. ([http://www.washingtonpost.com/wp-dyn/content/article/2006/05/06/AR2006050601206\\_pf.html](http://www.washingtonpost.com/wp-dyn/content/article/2006/05/06/AR2006050601206_pf.html))

<sup>8</sup> Peter Kramer. *Listening to Prozac*. (Penguin Books, New York: 1993) pp 101.

how much was influenced by the students' residences on campus. MIT's undergraduate dormitories are renowned for their unique personalities; every student I interviewed lives or has lived at either East Campus or Senior House dormitory. It would be interesting to see if there are different experiences and reputations in other dormitories or fraternities/sororities. I would also like to know how unique MIT students are in their antidepressant usage (or lack of usage). Are opinions drastically different at universities for which suicide and depression is less of an issue?

I initially assumed that since MIT is in many ways a more focused version of the United States, MIT undergraduates would share many of the beliefs and opinions of the patients profiled in Peter Kramer's *Listening to Prozac*. I quickly found this not to be the case, some students appear to have opinions in direct opposition to Kramer's patients'. Many students are resolutely averse to the possibility of using antidepressants to treat their depressions. It is impossible to know where this sentiment stems from without more interviews and more subjects. It could be attributed to negative interactions with psychologists, a general sentiment on campus or perhaps even due to an inherent trait among MIT students. Clearly this question deserves more attention since depression continues to be an important issue in the lives of students at MIT.