

Tess takes Prozac because she's always been depressed; Julia takes it because she doesn't know who she is; when Sam takes the drug, it makes him feel "better than well." Four and a half million Americans have taken this antidepressant since it was first introduced, and many have become more confident, popular, mentally nimble, and emotionally resilient.

What does it mean when a capsule with breakfast makes a shy person outgoing? When a pill alters what we think of as personality, not illness? Can drug response tell us what is character and what is biological happenstance? Does transforming medication interfere with necessary self-examination? Is it a coincidence that when American society wanted women at home, the drug of choice was Valium, and now that we value assertiveness, it's Prozac? Are we entering an era of "cosmetic pharmacology" when we can take a drug to enhance our personality?

But I wondered whether we were ready for "cosmetic psychopharmacology." It was my musings about whether it would be kosher to medicate a patient like Tess in the absence of depression that led me to coin the phrase. Some people might prefer pharmacologic to psychologic self-actualization. Psychic steroids for mental gymnastics, medicinal attacks on the humors, antiwallflower compound – these might be hard to resist. Since you only live once, why not do it as a blonde? Why not as a peppy blonde? Now that questions of personality and social stance have entered the arena of medication, we as a society will have to decide how comfortable we are with using chemical to modify personality in useful, attractive ways. We may mask the issue by defining less and less severe mood states as pathology, in effect saying, "If it responds to an antidepressant, it's depression." Already, it seems to me, psychiatric diagnosis had been subject to the expansion of categories to match the scope of relevant medications.

Patient "RW"

- This was the first psychiatric hospitalization for this white 59 y.o. father of 5, retired gentleman who was followed at the VA outpatient clinic for "chronic depression secondary to chronic pain syndrome". He was admitted for increased depression and suicidal wishes. Currently RW spends most of his day inside watching TV or lying down. Over the 6 months prior to admission, he has experienced increasing lethargy, decreased attention span, memory, appetite (no documented weight loss), decreased sleeping (to bed at 11 pm, awakens at 2 am, unable to fall back asleep). Patient notes a low libido for 7-10 years, "secondary to pain", denies crying spells, but complains of "extreme anxiousness".
- One month ago at the outpatient clinic, RW admitted to "playing Russian roulette", i.e., putting one bullet and four blanks into a gun, spinning the chamber, putting the barrel in mouth and pulling the trigger. He repeated this process "7-8 times". Since then, his wife was instructed to hide the gun. RW has recently made other suicide plans, e.g., jumping of the Bank of American building in downtown San Diego, but has taken no action.

Patient "RW"

- He was started on imipramine 100 mg and dose was increased to 250 mg/day over a two-week period. Patient complained of fainting spells and dizziness. Patient was discharged after two weeks and then was seen as an outpatient and attended weekly psychotherapy sessions. Since first psychiatric admission patient has not complained of additional suicidal thoughts, notes, increased appetite and diminished anxiousness. Patient is currently maintained at 250 mg/day imipramine once a night before bed.

Case Study

At age 22, Susan Dime-Meenan started her own court reporting company. By 27, she nearly bankrupted it. During one two month period, she traveled to Los Angeles from Chicago more than 30 times, just for lunch. There was the time she charged \$27,000 in clothing purchases on a corporate credit card. Then the 4'10" Susan stopped eating and dropped down to 68 pounds. But it wasn't until she told her husband that the FBI was trailing her that her family finally took action.

Case Study

The night they committed her to the psychiatric ward was among the worst of Susan's life, but it marked the start of her recovery from an illness that had long gone undiagnosed. "At first I didn't take it very well when they told me I was manic-depressive", says Susan now 38 and executive director of the Chicago-based National Depressive and Manic-Depressive Association. "But when the head of the nursing staff showed me a description of manic depression in a medical dictionary, I knew immediately I was a textbook case."