

The Rise of the “New Depression” in Jonathan Franzen’s *Harper’s* Essay and *The Corrections*

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Abstract

In his 1996 essay “Perchance to Dream: In the Age of Images, a Reason to Write Novels,” Franzen makes a public call for highbrow novels to rise to the challenges posed by the ‘therapeutic’ culture of the late twentieth century. As he explains, this culture is characterized by the tendency to pathologize psychological or emotional problems, which come to be regarded solely as symptoms to be treated with an instantaneous biochemical remedy. This phenomenon has induced an over-reliance on new-generation antidepressants. Such circumstances, I argue, are cleverly parodied in Franzen’s third novel, *The Corrections* (2001).

1. The Age of Melancholy

In an article published in 1992, psychologist Daniel Goleman designated the then-current era as the “Age of Melancholy:”

If the 20th century ushered in the Age of Anxiety, its exit is witnessing the dawn of the Age of Melancholy [...]. Each successive generation worldwide since the opening of the century has lived with a higher risk than their parents of suffering a major depression – not just sadness, but a paralyzing listlessness, dejection, and self-pity, and an overwhelming hopelessness – over the course of life. (Goleman 1992, 1)

In this context, it comes as no surprise that the 1990s saw the publication of an increasing number of memoirs about depression and mental illness, which garnered both critical interest and reader success. Leading the way was William Styron’s 1988 op-ed in *The New York Times*, in which he openly discussed his battle with deep depression (Styron 1988, A17). The article had such a profound impact that Styron eventually expanded it into a full-length book, *Darkness Visible*, published in 1992. Styron’s candid account “liberated an enormous number of people to speak about their experience” (Eil 2019), offering “permission to discuss depression in public and confront stigma as well” (Kramer 2023, xii). The popularity of *Darkness Visible* paved the

way for a series of similar memoirs, including Elizabeth Wurtzel’s *Prozac Nation* (1994), which became a national bestseller, Tracy Thompson’s *The Beast: A Reckoning with Depression* (1995), Susanna Kaysen’s *Girl, Interrupted* (1993), and Lauren Slater’s *Prozac Diary* (1998).

2. “Perchance to Dream”

Most relevant to this paper is the observation that, among the depression memoirs that rose to prominence in the 1990s, Jonathan Franzen’s “Perchance to Dream: In the Age of Images, a Reason to Write Novels” stands out – albeit in “miniature” form (Toal 2003, 313). Published in *Harper’s Magazine* in 1996, the essay propelled Franzen to national celebrity. It stems from his disheartening personal experiences with his early novels, *The Twenty-Seventh City* (1988) and *Strong Motion* (1992), two ambitious works he had hoped would leave a lasting cultural impact. To his surprise, the uncompromising socio-political critique at the heart of both went completely unnoticed – a phenomenon that, in Franzen’s self-deprecating words, mirrored “the failure of [his] culturally engaged work to engage with the culture” (Franzen 1996, 37-38). In the essay, he laments the diminished role of high-profile fiction in a nation dominated by consumerism, mass culture, new media, and instant entertainment.

Franzen keenly feels the loss of what he calls “substantive” fiction (Franzen 1996, 49) – texts capable of capturing, analyzing, and responding to the complexities and contradictions of contemporary culture while unlocking new possibilities for a critical rethinking of the era. Drawing on thinkers like Baudrillard and Jameson, Franzen argues that the rising influence of new media technologies has radically reshaped the social construction of reality. He contends that the rapid expansion of electronic entertainment culture has usurped the literary domain, relegating novels to a marginal role. As he explains, mass media have assumed the educational function traditionally associated with novels until the late Victorian era (Franzen 1996, 51-52). In particular, visual media – by delivering large quantities of news quickly – limit recognition and comprehension to a superficial level, fostering a widespread “tyranny of the literal” (Franzen 2002, 66) over the figural and speculative realms once dominated by literature. In short, the media prioritize “breadth of knowledge” over depth (Birkerts 1994, 184).

Franzen argues that this tendency becomes more evident when one is confronted with existential issues – in other words, psychological or emotional difficulties within individual, familial, and social contexts – which, in his view, are no longer the focus of critical reflection but are instead treated as symptoms of an illness requiring immediate medical intervention. In this context, Franzen refers to a phenomenon defined as “the rise of the New Depression” – a shift in psychiatry that emerged in the late 1970s and early 1980s and culminated in the 1990s, when the US Congress officially proclaimed the “Decade of the Brain.” This proclamation, issued on the recommendation of leading figures in the scientific community, was signed by President

George Bush in July 1990. Although the resolution did not include additional research funding, “it stimulated a number of initiatives that have substantially benefited neuroscience” (Jones and Mendell 1999, 739).

Fueled by the subsequent increase in research (Bovet 2013, a), this new paradigm is “largely defined by a biological model” (Lawlor 2012, 157), according to which all forms of emotional distress – including “the problems traditionally seen as existential or spiritual difficulties [...] – should be viewed as biological problems, with [...] drugs offering a biological solution” (Tseris and Cohen 2016, 422). This “neurobiological turn” (Gergen 2015, 53) was first sanctioned by the publication of APA’s DSM–III in 1980, which “became the bible of the New Depression by providing a much wider clinical definition, based almost entirely on symptoms, of what it meant (and means) to be depressed” (Lawlor 2012, 157). DSM–III treated emotional troubles not merely as distress but as pathology – requiring a pharmaceutical cure premised on the assumption that dysfunctional brain chemicals were at fault. In so doing, the manual triggered a widespread “pathologization’ of everyday behavior” by “sweeping increasing numbers of human problems into the realm of psychiatric disorder and medical jurisdiction” (Kutchins and Stuart 1997, 16). DSM–III was followed in 1994 by DSM–IV, which further extended the biochemical and neurotransmitter-based paradigm of depression and other mental illnesses. These developments were driven by a combination of “economic interests” (Londoño 2014, 36) and the “politics of medical research” (Lawlor 2012, 157), leading to an unprecedented rise in antidepressant and anxiolytic prescriptions that established the pharmaceutical industry as one of the most profitable and influential sectors in America. A major turning point was the FDA’s approval of Prozac in 1987. Since its market debut, it has enjoyed the fastest acceptance of any antidepressant, eventually becoming known as the “defining drug of the modern age” (Kramer 2023, xlviii).¹ This widespread reliance on medication – in Franzen’s view, the eloquent expression of contemporary culture’s “therapeutic” propensity to flatten the dynamics of human distress into a tyrannical, one-dimensional banality of comfortable consumerism (Dix, Jarvis and Jenner 2011, 14) – depressed him so much that he “began to think the most reasonable thing for a citizen to do might be to enter a monastery and pray for humanity” (Franzen 1996, 35). After much consideration, the author eventually found a solution to his crisis – a solution he later presented in “Why Bother?”, a revised version of his *Harper’s* essay reprinted in 2002 as part of the collection *How to Be Alone*. In that piece, Franzen reiterates his criticism of the then-current mainstream cultural climate, which he describes as

¹ Apparently, it has proved to be more effective than analogous medication and has been characterized by fewer side effects (Kramer 2023, xlviii).

a reductively binary culture: you’re either healthy or you’re sick, you either function or you don’t. And if that flattening of the field of possibilities is precisely what’s depressing you, you’re inclined to resist participating in the flattening by calling yourself depressed. You decide that it’s the world that’s sick, and that the resistance of refusing to function in such a world is healthy. You embrace what clinicians call ‘depressive realism [...]’. Instead of saying I am depressed you want to say: I am right. (Franzen 2002, 44)

The desolation of the era, continues Franzen, casts a looming shadow on the function, meaning and future of fiction writing:

As you increasingly feel, as a novelist, that you are one of the last remaining repositories of depressive realism and of the radical critique of therapeutic society that it represents, the burden of news-bringing that is placed on your art becomes overwhelming. You ask yourself, why am I bothering to write these books? [...]. I can’t stomach any kind of notion that serious fiction is good for us, because I don’t think that everything that’s wrong with the world has a cure, and even if I did, what business would I, who feel like the sick one, have in offering it? (Franzen 2002, 44-45)

In this light, the novelist can either surrender to “depressive realism” and abandon writing altogether or, despite the odds, take immediate action. Fortunately for readers, Franzen eventually chose the latter and found renewed purpose in writing “serious” novels inspired by his “love of fiction” (Franzen 2012, 10). In his article, he issues a public call for highbrow novels to confront the challenges posed by the late twentieth-century cultural mainstream. Interestingly, he associates these works with the “tragic” mode. Indeed, the term that best encapsulates his stance is “tragic realism” (Franzen 1996, 52-53): a designation for a form of fiction that neither capitulates to the “depressing” state of the mainstream nor conforms to the pervasive rhetoric of optimism and cure that characterizes the era (Franzen 1996, 53). As the author himself explained in an interview:

Tragic realism is a view of the world which derives from classical tragedy, and it essentially makes two claims. One is that we can’t know everything. We may think we know things, but we can’t really know them, particularly morally. Moral epistemology is a nightmare, if only because we all move through the world believing that we’re good people, but nobody can be certain that he or she really is a good person. The other claim is that fate can’t be escaped – that the fundamental contradictions of human existence can’t be resolved. The tragic realist is naturally at war with the infernal modern wedding of technology and consumerism, with its promises of perfect knowledge and purchasable solutions to the problem of existence. (Potier 2017, 6)

By vigorously engaging with both the positive and negative aspects of human existence – including its conflicts, contradictions, mysteries, and aporias – such fiction “raises more questions than it answers” (Franzen 1996, 53).

3. Battling the neurobiological turn

Franzen’s resolution eventually culminated in his third novel, *The Corrections*, which was published in 2001 to widespread critical acclaim and won the National Book Award. Among the many positive reviews that praised the book for its “breathtaking virtuosity” (St. John 2001, 1) and its ability to synthesize “most of the various currents of contemporary American fiction” (Wood 2001), one particularly notable assessment comes from former *New York Times* chief literary critic Michiko Kakutani. She describes *The Corrections* as “a harrowing portrait of America in the late 1990s – an America deep in the grip of that decade’s money madness and sick with envy, resentment, greed, acquisitiveness, and self-delusion, committed to the quick-fix solution and determined to try to medicate its problems away” (Kakutani 2001, E6).

This paper follows a similar critical trajectory by arguing that *The Corrections* is sharply focused on the harsh realities of end-of-century America. Infused with a distinctly Foucauldian concern for “the political economy of health” – where “health becomes a consumer object” endowed with tangible “economic and market value” (Foucault 2004, 16) – the novel examines scientific and medical advancements in the treatment of mental pathologies, particularly depression, with an emphasis on the prevailing economic and market-driven policies centered “on symptoms and prompt corrections” (Thiemann 2017, 43).

The book especially satirizes America’s profit-driven tendency to pathologize and medicalize emotional and psychological experiences, thereby reshaping the dynamics of human relationships, particularly within families and close interpersonal bonds.² In doing so, it can be aptly described as an “earnest attempt” by the author to “address global issues” with the goal of fostering constructive change and progress – an attitude of sociocultural engagement characteristic of “post-postmodern” literary production (Burn 2008, 21).³

Many of the aspects discussed above are intricately woven into the novel, primarily through the writer’s astute use of the word ‘corrections’ on both private and public levels. This is achieved by layering references to corrections as voluntary changes intended to improve the quality of life within the dysfunctional family at the novel’s core – such as “medicinal corrections to the human brain and its degenerative disorders” and the psychiatric correction of “sorrow and confusion” (Consonni 2008, 47) – with allusions to corrections tied to “the shift in American

² The present paper conducts a thematic analysis of the aforementioned aspects in the novel. For a thorough formal analysis of the neuropharmaceutical motif in the novel see Consonni (2008).

³ In his seminal work *Jonathan Franzen at the End of Postmodernism*, Stephen Burn argues that *The Corrections* “rejects and accepts the legacy of the postmodern novel” (2008, 91). More precisely, he defines *The Corrections* as a “gradual correction” of the postmodern novel. While Burn acknowledges Franzen’s “gradual, qualified return to more conventional methods,” he also underscores his “careful puncturing of the illusions of realism,” which, in Burn’s view, emphasizes the novel’s “continued affinity with postmodernism” (2008, 128).

economic fortunes at the end of the twentieth century” (Annesley 2006, 111), which culminated in the infamous dot-com crash of 2000.

4. The “vulgar intellectual materialism” of the era

As Franzen himself puts it in his interview with Donald Antrim, at the heart of his battle against the neurobiological turn is the

vulgar intellectual materialism that is encapsulated, for instance, in the currency of the term “clinical depression.” If I say, “At that time in my life I was clinically depressed,” in a way this ends the conversation. It replaces a potentially interesting story with a very simple, material story. “I was clinically depressed. The chemicals in my brain were bad. And I took this material thing into my body, and then the chemicals in my brain were better, and I was better.” Obviously, I’m not trying to minimize the seriousness of actual profound depression. But what we gain as science learns how to correlate the organic with the psychological, we lose in terms of the larger conversation. The poetic, the subjective, and particularly the narrative account of what a person is and what a life means – I feel like the novelist’s vision is engaged in a turf war with the scientific, biological, medical account. (Antrim 2001)

This phenomenon is particularly evident in *The Corrections* when it comes to Gary, the eldest of Alfred and Enid Lambert’s three children. Like his siblings, he has resolved to lead his life in a “spirit of correction, intending to right the perceived wrongs” of his unhappy upbringing in St. Jude (Hutchinson 2009, 199). A middle-aged stockbroker, Gary lives in a wealthy suburb of Philadelphia with his beautiful wife, Caroline, and their three sons – an outwardly perfect façade of the realized American dream that, in reality, conceals a host of serious relational problems. Having suffered throughout his childhood due to Alfred’s emotionally distant nature, Gary attempts to “correct” his father’s approach (Franzen 2022, 207). He desperately tries to cultivate familial intimacy – organizing barbecues and planning excursions – only to see his efforts repeatedly fail, as his wife and sons prefer watching television and eating junk food at all hours of the day.

As Gary consciously attempts to “reassert his paternal authority” (Hutchinson 2009, 200) by disciplining his children, he finds himself locked in a fierce power struggle with his wife, Caroline, who refuses to parent them and instead aligns herself as their friend and ally. A “personification of the vulgar materialism embedded in [...] pseudo-scientific culture” (Consonni 2008, 55), Caroline adheres to an emerging pedagogical paradigm that, ironically, views children as “Creatively Connected Consumer[s]” (Franzen 2022, 156). She indulges them with extravagant gifts – primarily useless electronic gadgets – while dismissing Gary’s objections as outdated and rigid. Having grown up with the far humbler hobby of “building models with Popsicle sticks” (Franzen 2022, 156), Gary is deeply troubled by his wife’s consumerist approach. However, when he voices his concerns, Caroline immediately takes the children’s side against

him, painting him as the ‘bad’ parent. This ongoing conflict severely damages Gary’s relationship with his sons, who gradually cease to recognize his authority.

The war between Gary and Caroline is particularly relevant to this paper’s focus, as it underscores the pivotal role of mental illness in the cultural mainstream of the era – an environment that enables Caroline to launch her most potent attack. A fiercely strong-willed woman, she disguises her need for control beneath a veneer of care and concern for Gary’s mental health, using it as a means to assert dominance in family matters. This dynamic becomes especially apparent when Enid, Gary’s mother, calls to invite the family to one last Christmas in St. Jude before selling the family home. While Gary is inclined to grant his mother’s wish, Caroline, who has always clashed with Enid, refuses outright. Rather than openly discussing the issue, she strategically undermines Gary, questioning his competence and mental stability. She systematically reframes his thoughts, opinions, and even physiological stress responses as symptoms of a “clinical problem” (Franzen 2022, 181-182), eroding his credibility as a husband, father, and rational adult.

Destabilized by Caroline’s relentless insinuations, Gary spirals into obsessive self-monitoring, anxiously scanning his mood for signs of pathology. His self-analysis adopts the scientific jargon of pop psychology – likely gleaned from certain “books” on “Caroline’s nightstand” (Franzen 2022, 140) – in a satirical reflection of the era’s biochemical paradigm. He begins assessing his mental state in pseudo-clinical terms: “he estimated that his levels of Neurofactor 3 (i.e., serotonin: a very, very important factor) were posting seven-day or even thirty-day highs, that his Factor 2 and Factor 7 levels were likewise outperforming expectations, and that his Factor 1 had rebounded from an early-morning slump related to the glass of Armagnac he’d drunk at bedtime” (Franzen 2022, 159). This ironic self-diagnosis encapsulates the cultural obsession with neurobiology, portraying Gary as both a victim of and a participant in the era’s medicalized discourse on mental health.

The root of Gary’s obsession with his mental state lies in his fear that admitting to depression would reduce his identity to nothing more than a clinical diagnosis. In his mind, this would strip away his individuality, replacing his “specificity” – Franzen’s term for the uniqueness of human personality – with the “generality of a nameable condition” (Franzen 2002, 18-19). As Franzen writes, “he was afraid that if the idea that he was depressed gained currency, he would forfeit his right to his opinions. He would forfeit his moral certainties; every word he spoke would become a symptom of disease” (Franzen 2022, 161).

Despite his fierce resistance, the “shadows cast by [Caroline’s] accusation of depression” (Franzen 2022, 192) gradually take a toll on Gary’s mental health, culminating in insomnia. His “circadian schedule was 180 degrees out of phase, he was revved all night and sandy-eyed all day” – a fact that made it all the more “arduous” for him to believe his problem was anything

other than neurochemical (Franzen 2022, 198). Fearful of giving Caroline more ammunition, he refrains from admitting his condition, fully aware that, according to her favored self-help psychology books, “prolonged disturbance of sleep is a common symptom of clinical depression” (Franzen 2022, 191).

As Caroline’s bullying intensifies, Gary makes a series of tension-related blunders, including a ruined barbecue dinner and a badly injured thumb, all of which contribute to his dramatic loss of credibility within the family, particularly with his children. The pressure eventually becomes too much for him to bear, leading him to drink himself into numbness. On a particularly bad day, he is unable to even get out of bed. Cornered by Caroline’s self-fulfilling diagnosis, Gary finally raises the white flag: “I surrender. You don’t have to go to St. Jude [...]. Nobody who doesn’t want to go has to go. I am extremely depressed” (Franzen 2022, 234).

As several critics have pointed out, this capitulation marks the erosion, if not the outright destruction, of Gary’s “masculinity” (Jacobson 2020; Dujaković 2019; Requena Pelegrí 2013; Toal 2003). While I agree with this interpretation, I also propose that Gary’s surrender might be seen as an embodiment of what Franzen describes as “depressive realism.” By giving in to his wife’s tyrannical will, Gary renounces his previous ambition to ‘correct’ his life as a husband and father. In doing so, he not only accepts the overwhelming influence of the sociocultural mainstream but also retains his inner conviction that he is right. This conscious defeatism, I argue, reflects Franzen’s concept of depressive realism. With this awareness, Gary chooses to passively accept the *status quo*, ultimately recognizing it as “the reward” (Franzen 2022, 234) of his passive stance toward life. As Gary submits to Caroline’s “psychological domination” (Carrol 2013, 95), he feels the tension in the room drain away (Franzen 2022, 234) and an unexpected peace settles over his troubled home. It is no surprise, then, that when he resumes his conjugal life with Caroline, experiencing her “warmth” and “the first brush of her hair on his neck,” followed by “the gentle touching-down of her lips on his cheek,” Gary no longer feels depressed but, instead, euphoric (Franzen 2022, 234).

5. A new materialism of the brain

The aforementioned tendency in contemporary science to “correlate the organic with the psychological” (Antrim 2001) has also given rise, in Franzen’s terms, to a “new materialism of the brain, which has given us drugs to change our personalities,” alongside the materialism of consumer culture, “which provides endless distractions and encourages the endless pursuit of more goods” (Franzen 2010). In *The Corrections*, Franzen blends explicit references to clinical and economic depression into an inextricable whole, emphasizing that, during the Decade of the Brain, even the most private aspects of human experience were subject to economic forces (Annesley 2006, 115).

He first achieves this through the character of patriarch Alfred Lambert. On various occasions, Franzen ironically overlaps Alfred’s memories of the economic depression of his youth with the dementia-induced depression he currently suffers from, making it difficult to determine the real origin and nature of his condition. For instance, when Alfred and his wife, Enid, visit their second-born child, Chip, in Manhattan before embarking on a luxury cruise through New England and maritime Canada, the old man admits to having “suffered from depression all [his] life.” When Chip asks him to elaborate, Alfred abruptly shifts the conversation to the “Depression years,” which, in his view, “changed” him as well as “the meaning of a dollar” (Franzen 2022, 23).

A seemingly critical perspective is voiced through Chip, a 39-year-old former humanities professor at a Connecticut college who was forced to resign after an illicit affair with one of his undergraduate students, Melissa. Unable to secure another academic position, he works mostly unpaid for an underground journal while allowing his family to believe he is a regular contributor to *The Wall Street Journal*. To make matters worse, his current girlfriend, Julia, breaks up with him on the eve of his parents’ arrival in Manhattan. Hurt by the rejection, Chip launches into an angry tirade – undoubtedly informed by his in-depth studies of the Frankfurt School theorists – against the cultural distortions of late capitalism.

Convinced that Julia left him because she began taking antidepressants, Chip lashes out against the pharmaceutical industry, accusing it of literally inventing mental illnesses to create a market for their treatments, ensuring the continuity of their multimillion-dollar business. In his view, “the very definition of mental ‘health’” is, in fact, “the ability to participate in the consumer economy. When you buy into therapy, you’re buying into buying” (Franzen 2022, 35). However, in making this argument, Chip both abdicates personal responsibility for his failed relationship and dismisses Julia’s agency in the matter, instead blaming contemporary capitalist society – another instance, I argue, of the “depressive realism” described by Franzen. Another manifestation of the “new materialism of the brain” Franzen critiques aligns with circumstances described by psychiatrist Peter D. Kramer in his best-selling book *Listening to Prozac* (1993). Drawing on patients’ reports of feeling “better than well” (Kramer 2023, xlvii) while undergoing Prozac treatment, Kramer concluded that the drug’s effects extended beyond treating mental illness to actually improving personality, particularly by suppressing undesirable traits such as “pessimism” and “apathy” (Tseris and Cohen 2016, 420). As a result, he coined the term “cosmetic psychopharmacology” to describe the use of psychiatric medication to enhance social desirability – altering an individual’s personality and temperament “toward ideal traits in the absence of a diagnosed mental illness” (Tseris and Cohen 2016, 420). Over the years, this concept has drawn considerable criticism, particularly regarding the “risk of nosologomania” (Tseris and Cohen 2016, 420) – the tendency to create an ever-growing list of

dubious psychiatric disorders (Van Praag 1999, 141) – a phenomenon that has contributed to the expansion of the psychopharmaceutical industry (Tseris and Cohen 2016, 420).

The Corrections explicitly parodies these issues in several ways. One notable example is the recreational drug Mexican Asian/ASLAN®, produced by the booming biotech corporation Axon, which various members of the Lambert family encounter. Its primary therapeutic function is to relieve shame, a significant point for this analysis. As Robert Karen asserts, the concept of shame had seemingly vanished from discussions of emotional distress until the Decade of the Brain. With the rise of research during this period, shame came to be regarded by many psychologists as “the master emotion,” evolving into “the preeminent cause of emotional distress”:

Many forms of depression are now believed to have a far greater component of shame than has been understood before [...]. It used to be that all the old writing on depression emphasized guilt. But guilt is much less prominent in most depressions [...] than shame. Feelings of failure, inadequacy, not being loved enough or not being successful in personal relationships – all these shame issues generate depression. (Karen 1992)

That shame became the “subject of much attention and debate” (Karen 1992) in the 1990s is reflected in *The Corrections*, first when Chip agrees to try Mexican Asian during an illicit Thanksgiving weekend trip with Melissa. Under its psychoactive effects, his inhibitions are obliterated, and he embarks on a four-day sex binge in a motel, “pushing and pawing and poking” the young woman until he ultimately degrades her to a “piece of meat.” When the pills run out, Chip wakes up after a restless sleep and, “like a market inundated by a wave of panic selling,” he is “plunged into shame and self-consciousness” (Franzen 2022, 66). Desperate for more, he searches Melissa’s bags, only to deepen his self-disgust: “By now his shame was boiling so furiously it felt liable to burst things in his brain” (Franzen 2022, 66). Unable to bear the sudden return of chemically suppressed shame – especially the feeling of truly being the “huge embarrassment and failure” (Franzen 2022, 186) his mother has always believed him to be – Chip is overcome by rage “boiling up” (Franzen 2022, 69) inside him. Caught in the rebound effect of the drug, he sinks into self-loathing, which drowns his hopes of repairing his relationship with Melissa and fills him with dread at the prospect of being both personally and professionally “ruined” (Franzen 2022, 70).

Wallowing in depression after the collapse of his career and love life, Chip fixates on whether he is suffering “the right way,” compulsively aligning his behavior with a then-popular, pre-determined model of depression. Isolated in his darkened apartment, “behaving like a depressed person,” he suddenly feels the impulse to answer the phone – only to immediately “doubt [...] the authenticity of his suffering.” He “felt as if he lacked all the ability to lose all volition and

connection with reality the way depressed people did in books and movies. It seemed to him [...] that he was failing even at the miserable task of falling apart” (Franzen 2022, 89). Here, Franzen critiques how mass media during the Age of Melancholy shaped the discourse around depression, offering a rigid, commodified definition of the disorder. Television, movies, advertising, and publishing industries all converged to present the nation with a textbook understanding of depression, prescribing the ‘correct’ symptoms and behaviors. Ironically, Chip’s inability to conform to this model – a trait that preserves his subjective experience and individuality – becomes yet another failure in his eyes, rather than a sign of residual sanity.

The novel further critiques the centrality of mental illness during the Decade of the Brain in a scene aboard the cruise ship Gunnar Myrdal – ironically named after a Nobel Prize-winning Swedish economist (Galow 2023, 63) – where Enid Lambert, exhausted by her husband Alfred’s decline and frustrated with her children, seeks solace from the ship’s physician, Dr. Mather Hibbard. Struggling to articulate her existential distress, she is repeatedly interrupted by the affable but superficial doctor, who exhibits no interest in her concerns and cannot even remember her name. With a smile that is “adorability itself” and the good looks of “the Italian American actor people loved, the one who once starred as an angel and another time as a disco dancer” (Franzen 2022, 314), Hibbard operates strictly by the DSM-III, disregarding his patient’s interiority in favor of a checklist of symptoms. A caricature of psychotropic over-prescribers bankrolled by pharmaceutical companies, he methodically assesses Enid’s suitability for an experimental drug called Aslan.

Hibbard employs a two-step strategy. First, he medicalizes Enid’s existential unease with a plausible-sounding diagnosis – an example of nosologomania: “Based on your clinical responses, I’ve diagnosed subclinical dysthymia with no observable dementia” (Franzen 2022, 316). Second, he reinforces the cultural supremacy of mental illness in contemporary American society. Notably, Aslan shares its name with the lion from *The Chronicles of Narnia* – a Christ figure (Martindale and Root 2012, 59). Each caplet bears the “silhouetted head of a richly maned lion” (Franzen 2022, 317), a possible nod to the pharmaceutical industry’s quasi-religious influence, supplanting faith as a collective source of comfort and meaning. Hibbard insists that mental illness is now the ‘new normal’ – a condition to be managed, if not entirely eliminated, by psychopharmacology. As he reassures Enid, “with a smile that was like a fresh dent in soft fruit” and “puppy’s lush eyelashes, a head that invited stroking,” the drug effectively blocks “deep” or “morbid” shame (Franzen 2022, 315).

When Enid hesitantly asks how she might refill her prescription back home in the Midwest, Hibbard nonchalantly recommends Mexican Asian – the same substance that had left Chip in a spiral of self-loathing. Swayed by his charm, she spends \$150 on the pills, initially thrilled by their effect. They invigorate her, fueling hopes that the drug “would change her head” and allow

her to “escape the givens of the self” (Franzen 2022, 321). So profound is its numbing influence that, when Alfred, mid-hallucination, falls overboard, she feels no distress – only admiring “the grace with which the raging man” plunges into the water (Franzen 2022, 335). More tellingly, she experiences no shame, not even when a crew member finds Alfred’s “yellowed” diaper in an ice bucket or when he curses the nurses transporting him to the hospital (Franzen 2022, 537). But once the drug wears off, Franzen writes starkly, she “nearly” dies of a shame that is “crippling and atrocious” (Franzen 2022, 538).

As withdrawal sets in, Enid, desperate to avoid the return of shame, arranges for a six-month supply of Aslan from friends traveling to Austria, where the drug is legal. Yet, as the pills’ effects dissipate, she unexpectedly taps into her own psychological resources, gradually reclaiming her natural positivity: “She began to feel like herself again, which was to say: optimistic” (Franzen 2022, 540). In this light, it is no surprise that when the coveted drugs finally arrive in her hands – hidden in the twenty-fourth pocket of her beloved Advent calendar, an ironic nod to their cult-like status – she discards them. Ultimately, Enid rejects “a neurochemical solution” (Quirk 2008, 275) to her suffering. Rather than seeking escape, she embraces “tragic realism” – an unmedicated, unflinching engagement with life’s discomforts. Her transformation becomes clear near the novel’s conclusion, after Alfred’s death. No longer paralyzed by the need to avoid shame, newly widowed Enid resolves to steer her life in a new direction of her own choosing. In a moment of defiant renewal, she steps into the night with her children, recognizing that “nothing could kill her hope now, nothing. She was seventy-five, and she was going to make some changes in her life” (Franzen 2022, 566).

6. Corecktail: the ultimate solution?

In its more extreme form, the interconnected effects of corporate capitalism and the “neuroscience revolution” (Thiemann 2017, 48) are represented in the novel through Corecktail, the latest breakthrough in biotechnology. This experimental treatment for brain degenerative disorders is believed by the Lamberts to hold promise for Alfred. The therapy is central to a web of personal and commercial connections within the book: it is produced by Axon, the same biotech company that manufactures the antidepressants taken by Chip and Enid.

At the peak of its development, Axon offers \$5,000 for the patent to a metallurgical process Alfred discovered decades earlier in his home chemistry lab. While the elderly patriarch is inclined to accept the modest offer without hesitation, Gary deliberately stalls the transaction. His goal is twofold: to negotiate a higher price and to secure Alfred’s inclusion in the free clinical trial. Moreover, during negotiations, Gary sees “an opportunity [...] to make some money and avenge Axon’s screwing of his father” and, more generally, to “be bold where Alfred had been timid” (Franzen 2022, 217). This leads him to take a series of risky investments in Axon’s stock.

It is yet another attempt by Gary to ‘correct’ his father’s life – one that ultimately fails across the board. The Lamberts are forced to accept the offer for the patent, their hopes for the treatment are dashed when Alfred is deemed unsuitable for the clinical trial, and Axon’s stock plummets following a major market correction, leaving Gary’s investment in ruins.

Of particular relevance to this discussion are Corecktail’s properties. Announced with great fanfare at an Axon shareholders’ meeting, the drug – its name an ironic self-reference – is described as a “powerful and versatile” panacea. It ambitiously purports to correct everything, not only curing degenerative diseases like Alzheimer’s and Parkinson’s but also, for the first time, “renewing and improving the hard wiring of an adult human brain” (Franzen 2022, 189). However, its grandiose promise is undercut by an anticlimactic irony: Corecktail is pronounced similarly to the commercial name of Bisacodyl, a widely available stimulant laxative (Franzen 2022, 238). This linguistic coincidence subtly undermines the drug’s lofty ambitions.

Amid the growing popularity of cosmetic pharmacology, Corecktail offers more than medical treatment – it promises “a new personality” by allowing users to “rewire” their “mental hardware” as desired. Even more strikingly, it claims to address criminal tendencies and sociopathic behaviors by literally reprogramming offenders’ brains. As Axon’s CEO asserts, “When it comes to social disease... there’s no other option on the horizon. It’s Corecktail or prison. [...] Of all the potential applications of Corecktail, this is the most humane. This is the liberal vision: genuine, permanent, voluntary self-melioration” (Franzen 2022, 238).

Through the grotesque paroxysm of correction embodied by Corecktail, Franzen suggests that contemporary America – once regarded as a dreamland beyond history – has lost its way. Seduced by capitalism’s allure, rather than seeking introspective self-correction, the nation has turned outward in search of instant, materialistic, and profit-driven fixes. This critique of the so-called “liberal vision” – likely referencing Francis Fukuyama’s argument that “liberalism, as practiced in America,” has proven “adequate in resolving social contradictions” (Ahn 2023, 156) – captures the cultural entropy resulting from a distortion of liberalism’s core tenets. The worst-case scenario is embodied by technologies like Corecktail, whose dystopian potential for social control and manipulation extends far beyond medicine.

Bionote

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