DEPRESSION

Depression is the leading cause of disability in the world. In the United States, close to 10% of adults struggle with depression. But because it's a mental illness, it can be a lot harder to understand than, say, high cholesterol. One major source of confusion is the difference between having depression and just feeling depressed. Almost everyone feels down from time to time. Getting a bad grade, losing a job, having an argument, even a rainy day can bring on feelings of sadness. Sometimes there's no trigger at all. It just pops up out of the blue. Then circumstances change, and those sad feelings disappear. Clinical depression is different. It's a medical disorder, and it won't go away just because you want it to. It lingers for at least two consecutive weeks, and significantly interferes with one's ability to work, play, or love. Depression can have a lot of different symptoms: a low mood, loss of interest in things you'd normally enjoy, changes in appetite, feeling worthless or excessively guilty, sleeping either too much or too little, poor concentration, restlessness or slowness, loss of energy, or recurrent thoughts of suicide. If you have at least five of those symptoms, according to psychiatric guidelines, you qualify for a diagnosis of depression. And it's not just behavioral symptoms. Depression has physical manifestations inside the brain. First of all, there are changes that could be seen with the naked eye and X-ray vision. These include smaller frontal lobes and hippocampal volumes. On a more microscale, depression is associated with a few things: the abnormal transmission or depletion of certain neurotransmitters, especially serotonin, norepinephrine, and dopamine, blunted circadian rhythms, or specific changes in the REM and slow-wave parts of your sleep cycle, and hormone abnormalities, such as high cortisol and deregulation of thyroid hormones. But neuroscientists still don't have a complete picture of what causes depression. It seems to have to do with a complex interaction between genes and environment, but we don't have a diagnostic tool that can accurately predict where or when it will show up. And because depression symptoms are intangible, it's hard to know who might look fine but is actually struggling. According to the National Institute of Mental Health, it takes the average person suffering with a mental illness over ten years to ask for help. But there are very effective treatments. Medications and therapy complement each other to boost brain chemicals. In extreme cases, electroconvulsive therapy, which is like a controlled seizure in the patient's brain, is also very helpful. Other promising treatments, like transcranial magnetic stimulation, are being investigated, too. So, if you know someone struggling with depression, encourage them, gently, to seek out some of these options. You might even offer to help with specific tasks, like looking up therapists in the area, or making a list of questions to ask a doctor. To someone with depression, these first steps can seem insurmountable. If they feel guilty or ashamed, point out that depression is a medical condition, just like asthma or diabetes. It's not a weakness or a personality trait, and they shouldn't expect themselves to just get over it anymore than they could will themselves to get over a broken arm. If you haven't experienced depression yourself, avoid comparing it to times you've felt down. Comparing what they're experiencing to normal, temporary feelings of sadness can make them feel guilty for struggling. Even just talking about depression openly can help. For example, research shows that asking someone about suicidal thoughts actually reduces their suicide risk. Open conversations about mental illness help erode stigma and make it easier for people to ask for help. And the more patients seek treatment, the more scientists will learn about depression, and the better the treatments will get.

"I felt a Funeral, in my Brain, and Mourners to and fro kept treading -- treading -- till [it seemed] that Sense was breaking through -- And when they all were seated, a Service, like a Drum -- kept beating -- beating -- till I [thought] my Mind was going numb -- And then I heard them lift a Box and creak across my Soul with those same Boots of Lead, again, then Space -- began to toll, As [all] the Heavens were a Bell, and Being, [but] an Ear, and I, and Silence, some strange Race, wrecked, solitary, here -- [And] then a Plank in Reason, broke, and I fell down and down -- and hit a World, at every plunge, and Finished knowing -- then --"

We know depression through metaphors. Emily Dickinson was able to convey it in language, Goya in an image. Half the purpose of art is to describe such iconic states.

As for me, I had always thought myself tough, one of the people who could survive if I'd been sent to a concentration camp.

In 1991, I had a series of losses. My mother died, a relationship I'd been in ended, I moved back to the United States from some years abroad, and I got through all of those experiences intact.

But in 1994, three years later, I found myself losing interest in almost everything. I didn't want to do any of the things I had previously wanted to do, and I didn't know why. The opposite of depression is not happiness, but vitality. And it was vitality that seemed to seep away from me in that moment. Everything there was to do seemed like too much work. I would come home and I would see the red light flashing on my answering machine, and instead of being thrilled to hear from my friends, I would think, "What a lot of people that is to have to call back." Or I would decide I should have lunch, and then I would think, but I'd have to get the food out and put it on a plate and cut it up and chew it and swallow it, and it felt to me like the Stations of the Cross.

And one of the things that often gets lost in discussions of depression is that you know it's ridiculous. You know it's ridiculous while you're experiencing it. You know that most people manage to listen to their messages and eat lunch and organize themselves to take a shower and go out the front door and that it's not a big deal, and yet you are nonetheless in its grip and you are unable to figure out any way around it. And so I began to feel myself doing less and thinking less and feeling less. It was a kind of nullity.

And then the anxiety set in. If you told me that I'd have to be depressed for the next month, I would say, "As long I know it'll be over in November, I can do it." But if you said to me, "You have to have acute anxiety for the next month," I would rather slit my wrist than go through it. It was the feeling all the time like that feeling you have if you're walking and you slip or trip and the ground is rushing up at you, but instead of lasting half a second, the way that does, it lasted for six months. It's a sensation of being afraid all the time but not even knowing what it is that you're afraid of. And it was at that point that I began to think that it was just too painful to be alive, and that the only reason not to kill oneself was so as not to hurt other people.

And finally one day, I woke up and I thought perhaps I'd had a stroke, because I lay in bed completely frozen, looking at the telephone, thinking, "Something is wrong and I should call for help," and I couldn't reach out my arm and pick up the phone and dial. And finally, after four full hours of my lying and staring at it, the phone rang, and somehow I managed to pick it up, and it was my father, and I said, "I'm in serious trouble. We need to do something."

The next day I started with the medications and the therapy. And I also started reckoning with this terrible question: If I'm not the tough person who could have made it through a concentration camp, then who am I? And if I have to take medication, is that medication making me more fully myself, or is it making me someone else? And how do I feel about it if it's making me someone else?

I had two advantages as I went into the fight. The first is that I knew that, objectively speaking, I had a nice life, and that if I could only get well, there was something at the other end that was worth living for. And the other was that I had access to good treatment.

But I nonetheless emerged and relapsed, and emerged and relapsed, and emerged and relapsed, and finally understood I would have to be on medication and in therapy forever. And I thought, "But is it a chemical problem or a psychological problem? And does it need a chemical cure or a philosophical cure?" And I couldn't figure out which it was. And then I understood that actually, we aren't advanced enough in either area for it to explain things fully. The chemical cure and the psychological cure both have a role to play, and I also figured out that depression was something that was braided so deep into us that there was no separating it from our character and personality.

I want to say that the treatments we have for depression are appalling. They're not very effective. They're extremely costly. They come with innumerable side effects. They're a disaster. But I am so grateful that I live now and not 50 years ago, when there would have been almost nothing to be done. I hope that 50 years hence, people will hear about my treatments and be appalled that anyone endured such primitive science.

Depression is the flaw in love. If you were married to someone and thought, "Well, if my wife dies, I'll find another one," it wouldn't be love as we know it. There's no such thing as love without the anticipation of loss, and that specter of despair can be the engine of intimacy.

There are three things people tend to confuse: depression, grief and sadness. Grief is explicitly reactive. If you have a loss and you feel incredibly unhappy, and then, six months later, you are still deeply sad, but you're functioning a little better, it's probably grief, and it will probably ultimately resolve itself in some measure. If you experience a catastrophic loss, and you feel terrible, and six months later you can barely function at all, then it's probably a depression that was triggered by the catastrophic circumstances. The trajectory tells us a great deal. People think of depression as being just sadness. It's much, much too much sadness, much too much grief at far too slight a cause.

As I set out to understand depression, and to interview people who had experienced it, I found that there were people who seemed, on the surface, to have what sounded like relatively mild depression who were nonetheless utterly disabled by it. And there were other people who had what sounded as they described it like terribly severe depression who nonetheless had good lives in the interstices between their depressive episodes. And I set out to find out what it is that causes some people to be more resilient than other people. What are the mechanisms that allow people to survive? And I went out and I interviewed person after person who was suffering with depression.

One of the first people I interviewed described depression as a slower way of being dead, and that was a good thing for me to hear early on because it reminded me that that slow way of being dead can lead to actual deadness, that this is a serious business. It's the leading disability worldwide, and people die of it every day.

One of the people I talked to when I was trying to understand this was a beloved friend who I had known for many years, and who had had a psychotic episode in her freshman year of college, and then plummeted into a horrific depression. She had bipolar illness, or manic depression, as it was then known. And then she did very well for many years on lithium, and then eventually, she was taken off her lithium to see how she would do without it, and she had another psychosis, and then plunged into the worst depression that I had ever seen in which she sat in her parents' apartment, more or less catatonic, essentially without moving, day after day after day. And when I interviewed her about that experience some years later -- she's a poet and psychotherapist named Maggie Robbins -- when I interviewed her, she said, "I was singing 'Where Have All The Flowers Gone,' over and over, to occupy my mind. I was singing to blot out the things my mind was saying, which were, 'You are nothing. You are nobody. You don't even deserve to live.' And that was when I really started thinking about killing myself."