Existing with Depression

A chronic depressive casts a sceptical eye on treatment and therapists.

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This is mainly an account of my journey along the long, lonely and gloomy road of depression, and of what I tried and found on the way. I hope that some of it may offer pointers to other people with this mood disorder, particularly to those with hard-to-treat depression.

I have suffered from depression since 1962 for certain, but I suspect I have probably had depression since 1952, when I was eight years old. So I have had to endure depression for forty — maybe fifty — years or more.

From time to time I hear journalists and glib doctors announce: "The good news about depression is that it is treatable." Everything is treatable, even terminal illnesses; but what matters is whether treatment is effective. By effective I mean clearly causing major improvement that is either long lasting or permanent. What is rarely mentioned is that between eight and fifteen per cent of depressives do not respond effectively to known methods of treatment.

Drug therapy

Writers and speakers on depression often claim that an antidepressant drug will help about 60 per cent of patients, and that certain types of psychotherapy (particularly cognitive behavioural therapy) will also have about the same rate of effectiveness.

Antidepressant drugs can, I am sure, help a lot of people, but drugs can also do harm. I went without treatment for years because of doctors and psychiatrists who doled out tricyclic antidepressants to me. The worst hell I know is severe depression compounded by the sedation caused by tricyclic drugs. Other antidepressants can cause anxiety, impaired balance, sexual malfunctioning and raised blood pressure. However, this does not mean that antidepressant drugs are not worth trying.

I first saw a psychiatrist in 1962, but the first time any treatment really helped me was in 1996, when I asked to try moclobemide, if only because it had a side-effect profile I reckoned I could tolerate. Much to

my surprise, moclobemide raised my mood, but only for about six weeks, and then packed up rapidly. Fluoxetine worked for about as long, but not nearly as well. Mirtazepine was as good as moclobemide, and lasted longer, but it too packed up after a few months*.

Psychotherapy

Psychiatrists vary in their views about whether people with depression should try psychotherapy. Most mental health professionals, however, regard a limited range of psychotherapies as being beneficial for depression. Over the years I have tried group psychotherapy, Freudian psychoanalysis, Jungian psychoanalysis (briefly), hypnotherapy (twice), family therapy and what was supposed to be cognitive therapy. Experience of psychoanalysis changed me from true believer to convinced sceptic.

From all these forms of therapy I discovered nothing new or of value about the inner workings of my emotions, except perhaps that I was not paranoid or deluded, and could trust my memory and judgement. On the other hand, I learned a fair amount about the thinking and preconceptions of psychotherapists. Yes, I was probably very introspective by temperament, but in some instances I was shocked by the therapist's lack of empathy, imagination and insight. The last psychotherapist I saw asked me to write down how I hoped my life might differ if I were no longer depressed. I produced a detailed and careful list. The therapist looked at the list and remarked "It would have been better if, instead of writing 'If I were not depressed I would', you had written 'When I am not depressed I will'." I realised that this man put a low value on truthfulness; and the more I got to know him, the less trustworthy I found him. He was full of easy slogans and facile promises that lacked substance: his methods were "all gong, no dinner"!

Electroconvulsive therapy (ECT) rarely gets a mention nowadays. This is probably because it was overused and misused in the past for treating depression and a number of other illnesses. It is now used very sparingly, under careful supervision, for certain types of drug-resistant depression, and a qualified anaesthetist has to be present. I tried a course of ECT in 2002. It certainly did not reduce my depression, and it caused short-term memory loss and unusually high levels of anxiety. The memory loss was sometimes rather farcical, occasionally a bit scary. However, I am glad I was given the chance to try ECT.

Exercise and alcohol

Exercise is often mentioned as good for depression. In my case, however, it generally has the opposite effect: it increases suicidal feelings, often markedly, because when exercising I cannot normally occupy my mind. The things that help me, when very depressed, are writing, reading, and watching something engrossing on television. These are partial anodynes or escapes and, of course, as soon as I stop doing them I am fully aware again of the depression.

In recent years evidence has been mounting of a link between depression and heart disease, though the connexion may be indirect rather than direct. Depression is often triggered by stress, and depression itself is very stressful. Also some depressives appear to have had childhoods that were more stressful than normal. Chronic stress is an obvious factor in heart disease. Whatever the nature of the link between depression and heart disease, this is further grounds for not neglecting depression.

Mental health professionals regularly warn against the use of alcohol as a form of self-medication for depression. Alcohol may give brief and partial relief from depression, but it certainly does not "fix" depression, and I am sure that alcohol abuse will exacerbate any mood disorder or mental illness. Nevertheless, I can think of a couple of occasions when moderate alcohol use has probably stopped me attempting suicide, by making me relaxed and sleepy, and dampening down suicidal ideation. However, it is quite possible that alcohol may have the opposite effect on some people with depression. If I have learnt nothing else in the last forty years, it is that what helps one person with depression may be harmful to someone else. I am aware of the risks of using alcohol too freely, and I decided some years ago (when I started driving regularly) not to drink alcohol earlier than 5:30 p.m. (even on Christmas Day). I also try to limit my consumption to two or three glasses of wine in the evening.

I have also learnt that, in my case, congenial employment correlates (usually) with low levels of depression, and unemployment and uncongenial employment are invariably linked with high levels of depression. I do not think this requires detailed explanation, but depression has, of course, markedly limited my employment prospects, so I have at times been in something of a vicious circle. Even as a young man I realised that, unless I could get my depression really under control, my life would be wrecked. Well, I have spent a lot of time, money and effort both on treatment and self-help measures (like major changes of lifestyle), but I have to say that my life since 1962 has not been worth living.

Bad experiences ...

I have been less than impressed with a significant minority of mental health professionals I have en-

* Since I first wrote this account I have been kept comfortable for nearly six months by a drug called paroxetine.

countered over the years. One psychiatrist kept me waiting for seven months for group psychotherapy, despite my saying I doubted if it would work because I would feel inhibited in a group. Another psychiatrist told me I did not look very depressed as I was wearing my best suit. (I had a family party to attend afterwards, but I had been feeling suicidal for months.) A third psychiatrist decided I had "existential" depression.

I have a report on file by a young psychiatric nurse who opined that my poor response to antidepressants was proof I did not have clinical depression. (I was later referred to an eminent specialist psychiatrist who diagnosed that I had moderate to severe chronic major depression.) A doctor at a psychiatric hospital gave me a lying definition of depression in order, I presume, to convince me I was not "really" depressed. The chief nurse at the same hospital told me how little regard he had for most of the patients because (he believed) they had made themselves psychotic through excessive use of cannabis. This fellow had probably not stopped to ask himself why people might abuse cannabis to this extent. (I have never been psychotic and I have never used cannabis.)

... And better ones

I am fortunate now at least in having a psychiatrist who is completely trustworthy: no "good news", no glib assurances. He admits that I am very hard to treat. In addition I have been impressed with books on depression by people who suffer from it, particularly David Karp's *Speaking of Sadness* (1996) and Lewis Wolpert's *Malignant Sadness* (1999). Professor Karp discovered that people with chronic depression in the United States did not usually get better: they went from professional to professional, looking for "the right one", and finally — gave up!

I also admire the work of people like Leanne Pethick, herself a depressive, who runs DepressionNet, a Melbourne-based on-line information service. I have probably learnt more about depression from people who suffer from it than from people who claim they can fix it. What then can I say to other people with depression? First, beware of those who talk about "beating" and "conquering" depression. You may be fortunate in having a single bout of depression from which you make a complete and lasting recovery; but for many sufferers depression recurs or, in varying degrees, persists. It can very quickly turn living into mere burdensome existence, as can arthritis, a medical condition to which depression has been likened by some writers. So seek methods to lighten the burden. You may or may not be able to shed the burden entirely, but living with a lightened burden is better than a burdensome existence.

I know what it is like to feel suicidal for years on end. I also know how it felt to try — unsuccessfully — to prevent someone I cared about committing suicide. Yes, you have the right to commit suicide, but doing so without trying a range of treatments for depression is a needless waste of your life. Treatment may not only help you, it may indirectly help others, such as the people you live with or other depressives. Even if you cannot reduce your depression below intolerable levels, remember that clumsy attempts at suicide can make things very much worse. If you jump off a building, you may still be alive at the bottom — but in a wheelchair for the rest of your life.

Seek help from professionals who are trustworthy. Professionals who give you just the "good" news, who lie to you, or who persist in treatments that are endlessly drawn out (without any benefit to you) or that make you worse, are not worth bothering with. If your psychiatrist or psychologist behaves like a bombastic creep, trust your own judgement (yes, sometimes very hard when you are miserable and desperate) and try to find someone else who is better!

Remember that even the best professionals are fallible. A good psychiatrist may try you on a drug that makes you worse simply because it is very hard to predict reliably how a drug will affect you. Put up with the drug for a reasonable period, then ask to stop it. A good professional will accept this; a bad one will say you have not tried hard or long enough, or that the drug or treatment helps "everybody". If you get the chance, talk to other people who have — or have had — depression. They may help you put your own problems into perspective, and they may be able to give you helpful advice. Remember, however, that what is right for someone else may not be appropriate for you.

Finally, beware of the notion that, for some reason, you deserve to be depressed: that you must have done something to be depressed, or that depression is some sort of cosmic punishment. Nobody volunteers for depression, nor are people depressed because they are in some way unworthy of happiness. Look around, and you will occasionally find on the one hand cruel scoundrels who seem to live happy, prosperous lives without a moment of depression, and on the other hand good, kind, generous people whose lives are blighted by bereavement, disability, disease or early death. In the real world horrible and unfair things happen to good people. Having depression is a grave misfortune but, once you realise you are depressed, you do not have to be fatalistic and do nothing about it.

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