SPEAKER NOTES

Exploring Depression

Summarized by Thomas T. Thomas

One of the commonest forms of mental illness is depression, which can appear at any stage in life and may also be a component of other diagnosed brain disorders. Many people have difficulty identifying the symptoms of major depression and may not recognize when a persistent feeling of sadness or emptiness may have crossed into a serious depression. Fortunately, most depressions can be successfully treated with the proper medications.

At our January 24 meeting, we saw a video titled "Exploring Depression," which explained the symptoms and treatment. It was produced by Dan Weisburd, former President of NAMI California, and co-produced by Grace McAndrews, Executive Director of the organization for more than 15 years. The video featured interviews with persons suffering depression who were interviewed by **William C. Wirshing, MD**, and **Lori Altschuler, MD**.

"Having a name like 'depression' leads us to think we understand this illness," Wirshing said, "and that it is one thing. Depression is many things, which are manifestations of an alteration of the brain's system to sustain mood.

"Mood is a weighty thing," he said. "If we get up on a good day, that mood will stay with us and will not be affected by small problems. If we get up in a sad mood, it will not shift even with small instances of happiness. Depression is a profound change in this mechanism."

Wirshing then introduced Susan, who had lost a loved one to pancreatic cancer over the course of six months. He described her existence "as colored with a blackness of mood." Her affect was flat (that is, without much expression), her voice monotonous, and she suffered from sleeping and eating disorders.

"Part of me died with him," Susan said. "He left a great, big, dark hole that I fell down. I wanted to join him." She had recurring thoughts of suicide, although she protested that suicide is "not normal."

Susan said there was nothing she really liked doing, nothing that gave her enjoyment. In further discussion, however, it turned out she had no lifelong interests or pursuits, even before the loss, and she described herself as always being "more of a loner." This suggests that her depression was of longer duration and more than the expected reaction to loss of a beloved person.

The next subject, Amy, was not currently depressed but had fallen into depression after the birth of her daughter. Although she had been excited about motherhood, after the baby came Amy could not sleep, fearing she would die if she closed her eyes. She thought she might be capable of harming the child and knew she was not providing a nurturing environment.

Amy experienced what she described as "a severe hormonal imbalance," which she tried to treat with homeopathy and acupuncture. During that time she thought she was losing her mind. However, after three weeks—longer than the usual "post-partum blues" due to changing hormones—she sought medical advice

and began taking psychotropic medications, including Zoloft. In several more weeks, Amy got back to her normal mood.

The third interviewee, Frank, suffered from schizo-affective illness which included depression as part of his diagnosis. Wirshing stated that Frank's flat affect was due to his schizophrenia, not to any current symptoms of depression.

Frank had been hospitalized about ten times with psychotic episodes. He described one instance in which a friend drove him to the hospital and Frank was asked to sign an admitting form. "You're in the hospital because you're not responsible," he said, "and they want you to sign this form with about a thousand lines on it. I wanted someone to explain it to me." That request became a contest of wills with the staff that eventually turned into a brawl, with the attendants strapping Frank down for several hours.

When Wirshing asked Frank if he could pick only one course of treatment, whether to have his psychosis or his depression cured, Frank chose the depression. "It's the worst. It's crippling, and it can turn lethal very quickly."

Jim, the fourth subject, suffered from bipolar syndrome, which Wirshing described as having a mood system that was unstable in both positive and negative directions. Jim had been a commercial airline pilot and was now in training to do computer networking.

Depression made him lethargic, with a low energy levels and a foggy feeling. He was unable to think clearly, apathetic toward any activity, and would need a long time to act on any decision—such as taking hours to get out of a chair to go feed himself. During his first depression he had just moved into a new house, having many projects he wanted to do with it, but he just lay in bed and didn't move. "I would sleep twenty hours a day, which in normal circumstances my body would never stand." He stopped paying his bills and eventually was evicted from his home.

The episodes grew more severe, and Jim finally decided to end it all. But then he decided to go into the hospital instead. There he got treatment and medication.

The last subject, Marci, also considered suicide and did make a real attempt. Wirshing described her illness as the most obscure of all, because instead of a weighty malaise she had a fragile and unstable reaction to her life experiences. She would react hugely, he said, to a tiny incident or action.

Marci had methodically planned her suicide, collecting razors, driving to a lonely spot, and taping over her car windows so that she would not be observed. The cuts on her wrists were not painful because she had taken a large dose of Benadryl, which made her euphoric. She was watching the blood flow when she passed out.

She woke up at daylight, after a passerby had called an ambulance. The paramedic working to put an IV into her neck had yelled at Marci in his frustration, saying she was going to lose her arm—and it made no impact on her. Marci just wanted to die. But then, in the emergency room, a nurse put a tiny gold angel into her hand and said, "God loves you." That one human touch instantly changed Marci's attitude about dying.

But she still was not cured. Marci spent two years as a hospital in-patient, screaming for people to help her and take her out of her skin. "I chased people

away with my misery, but I couldn't stop. I was so anxious and so hated myself, with no future and nothing to look forward to. No one could reach me."

Eventually, however, Marci succeeded in achieving stability.

These five subjects manifested different symptoms of depression: apathy or screaming rage; suffering from sleeping disorders, or lethargy and excessive sleep. The common thread that ran through their experiences was a sense of hopelessness and, in most cases, thoughts of suicide. But all five recovered enough to be able to talk about their depression from a thoughtful perspective.