



Depression

“One day you realise that your entire life is just awful, not worth living, a horror and a black blot on the white terrain of human existence. One morning you wake up afraid you are going to live... That’s the thing I want to make clear about depression: it’s got nothing at all to do with life. In the course of life, there is sadness and pain and sorrow, all of which, in their right time and season, are normal—unpleasant, but normal. Depression is in an altogether different zone because it involves a complete absence: absence of affect, absence of feeling, absence of response, absence of interest. The pain you feel in the course of a major clinical depression is an attempt on nature’s part (nature, after all, abhors a vacuum) to fill up the empty space.”

—Wurtzel (1994)

Bipolar Depression: An illness, not a character flaw

Alexis, a 37-year-old woman with bipolar II disorder, had been dealing with an ongoing depressive state for years—a state that occasionally became worse and incapacitated her. She had tried to alleviate her depression through various antidepressants, medicinal herbs, cognitive therapy, group treatment, and, at times, “exercising to a fault... driving myself constantly until my body gave out.” Her depressions were usually accompanied by self-accusations about being weak, not having the courage to face up to her problems, and not being able to accomplish her goals. She had heard that depression had a strong biological basis, especially in bipolar disorder, but had never really connected this fact to her situation.

A breakthrough occurred in her therapy when her clinician said to her, “If you had diabetes, would you be blaming yourself for not being able to control your blood sugar levels?” She began to entertain the idea that she needed to “make an end run around my depression” rather than trying to get rid of it and feeling like a failure for not being able to do so. When she started thinking of her depression as a physical illness that was caused by factors not entirely within her control—and something she needed to learn to live with—her mood began to improve, albeit gradually. She learned that accepting the reality of her depression was not the same as giving into it or becoming immersed in it.

She eventually recognised that, when depressed, she needed to slow down, take care of herself (sleep regularly and balance her pleasurable versus work activities), “give myself a break,” and not try too hard to drive her depression away with frenetic activity. She has never been entirely free of depression, but now she has a different perspective: “I can now ignore those old tapes in my mind telling me I’m a bad person. I now see that this is the depression talking.”