

First-person journeys beyond the stigma

By Gamin Summers
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I've written a weekly family humor column for the *Arizona Daily Sun* for more than three years, but a few months ago I went out on a limb.

I wrote a column about depression — my own depression. I had wanted to say something for some time, but I was worried about what people would think. Finally, my main objective became to be of some help to someone, regardless of the risk of exposure.

I received many touching, insightful, and powerful responses from readers, an astonishing 50 percent from men. People shared their stories, many of which brought tears to my eyes. Some asked for help, for referrals, for advice. It was then that I knew the dialogue needed to continue.

I really don't like the term "mental illness," because the idea often conjures images of psychiatric wards, criminals and crazies. Many who suffer from illnesses such as depression, anxiety disorders, bipolar disorder, schizophrenia and others avoid getting help because of this stigma and the fear of being seen as weak, defective, lazy, or abnormal.

Yet according to the National Institute of Mental Health, an estimated 26.2 percent of Americans ages 18 and older — about one in four adults — suffer from a diagnosable mental disorder in a given year.

The people you hear from today have shared their stories with the hope of educating, reducing the stigma, and helping others who suffer know they are not alone. I'm grateful to them for their courage.

These are people you may know, people who lead productive if not exemplary lives despite the ongoing grapple within.

What helps me? I take medication, and because of my family history and the severity of my depression, I probably will for the rest of my life. I also credit a strong Bikram yoga practice and a support system of great friends and family for keeping me well.

Oh yeah, and chocolate.

Look for more first-person accounts in subsequent stories about other mental illnesses.

Mary Sojourner, Flagstaff novelist, writing instructor and former NPR Commentator

The doctors told me I was atypically depressed. They told me I hyperventilated, had panic disorder, had a torqued nervous system. They told me I should breathe into a paper bag, talk about my children more during therapy, concentrate on my marriage. One of these men barely spoke English, because my family and I lived at poverty level and I had to go for help to a low-income clinic.

Then, one after another over four decades, five women therapists and one deeply wise male counselor crossed my path. The first woman told me to go back to college. The second told me to follow my spirit to the Southwest. The third told me I was an addict. The fourth told me I better quit...not just one, but all of the substances, people and behaviors I used to keep myself only a little safe and barely pain-free. The fifth told me I was an artist and a visionary. The man told me not-so-gently, it was time to grow up.

Over the last three and a half years, dragged kicking and screaming, I have done and continue to do just that. I am still afraid most of the time. Too often, I take two hours to fall asleep. I live alone. I work alone. I have been hard work for my friends. And, I have come through into being a grown woman...at 66. I walk three miles a day. I don't eat refined sugar...most of the time. I don't drink. I don't offer my mind and time to hollow people. I bear with the solitude my work demands. And, I have learned to know when that solitude is slipping into isolation. Being a scared, insomniac, addicted grown-up woman who wants magic to be real is a full-time job.

All of that keeps me going. But only if I bring out what lies within me; sometimes for my readers, sometimes only for myself...only in that emptying that often feels like a blood-letting, only in being an artist can I find any real peace.

I wonder how many women and men who have been labelled depressives are artists starving for their work.

Jody Packard, Flagstaff counselor, mother of eight As a Licensed Professional Counselor

I often work with clients who are depressed. Some are simply distressed. Others are highly debilitated by their black mood.

I first experienced depression at 19, not knowing what it was. Life seemed flat and empty. I felt nothing - no excitement, no interest in people and activities that had been important to me a few weeks before. The condition lasted only two months and left as unexpectedly as it began.

Periodically other depressions followed, often seeming worse and lasting longer. I remember a particularly difficult six month period. Every time I saw my reflection in a mirror I heaped verbal abuse on myself, saying aloud, "You worthless person. Why don't you just go away!" At that time I had never considered suicide, but I longed to become insane - to be in an institution where someone would care for me, provide a "good" mother for my children, and take over the responsibilities I felt inadequate to fulfill.

My depressions included a high degree of anxiety and anger, so my husband and children suffered along with me. Even now my greatest regrets in life center around the pain I brought to my children by not being emotionally present, by yelling, by being a mother they often feared and couldn't count on.

I had no understanding of why each depression began and little understanding of how to stop it. Looking back I can see circumstances that played a part - twice it was major hormonal upheaval. I also had undiagnosed problems with low blood sugar and gluten intolerance. I was experiencing other stressful life situations without having appropriate skills to deal with them.

Of course, at the time I thought it was because I was defective, unworthy, damaged, BAD. Only a bad person would behave in the ways I did. I thought if I really had faith in God, if I prayed and read the scriptures I would not have these problems. I was too ashamed to seek help because that would reveal publicly how defective I was. Finally, my sister became very worried about me.

I had told her about my impression that if I turned suddenly I would find Death standing at my shoulder. As we talked on the phone she made me promise to hang up and call a doctor immediately, saying she would call back in 30 minutes to find out the date of my appointment. What a relief it was to have someone push me into getting help.

By that time the thought of suicide had become very seductive. I spent a great deal of time thinking of ways to make my suicide appear to be a natural or accidental death. It was appealing - and extremely frightening. That call was the beginning of a long process of growing into strong mental health. I worked with three psychiatrists and several counselors before I learned how to fight depression effectively. I took anti-depressants three times for periods ranging from several months to several years. The medication was extremely helpful in providing a time to rest and experience peace in which to learn healthy coping skills. I had several tough relapses before I learned how to manage my thinking and apply problem-solving skills effectively.

I have been free from depression and off medication for about ten years. High stress still sometimes triggers old ways of thinking and feeling, but I work at the processes I know will keep me safe mentally and emotionally. It has been worth all the effort, all the struggle. Life - even with its difficulties and challenges - is good. I'm glad I stayed.

Michael Wolcott, writer, Flagstaff Live columnist, Forest Service wilderness ranger

This claim can't be proven, of course, but I suspect that I feel more than most people do - maybe my nerve endings have less insulation or something. My highs are higher than average. My

lows are lower. And I'm pretty sure that depression has been part of my life: *all* my life.

I recall a bright autumn morning from my childhood in upstate New York, standing on a bridge over Fish Creek, staring intently at flame-colored maple leaves floating downstream. It is a Sunday in 1963. A schmaltzy pop song runs through my head:
Try to remember when life was so tender
That no one wept except the willow.
Try to remember when life was so tender
That dreams were kept beside your pillow.

I am eight years old. Nothing bad has happened. And I am weeping.

To be sure, there's been plenty of joy in my life. But a steady undercurrent of melancholia runs through it, too. The serious little boy became a serious adolescent. At 15, I discovered alcohol and drugs, and got lost in them for a few years, which relieved some of the seriousness. I got sober in 1980, at 23.

The prevailing wisdom in recovery circles then was that depression could be conquered by lots of meetings, and the Twelve Steps. Antidepressant medication was for sissies, or for certifiable crazies. Sober and unhappy? Then develop an "attitude of gratitude."

The first person to suggest that I might be clinically depressed was my AA friend Lydia, in 1990. "I hear it in your voice," she said. "It sounds...morose." I reminded Lydia that for the previous 10 months I'd been enduring the worst pain of my life, grieving the end of a love affair.

"No," she said, "I noticed it in your voice *before* you and Kathleen broke up." I knew Lydia might be right. But I come from a long line of stoics, so I just shrugged. It passed.

In winter of 1993 I plunged into another darkness that lasted for months. I was miserable — despite not drinking, doing yoga and exercising every day. I dragged myself through the days, sad for no reason, unable to enjoy the present or feel hope about the future. I also suffered sharp pangs of anxiety.

A therapist suggested medication, but I demurred. Once you start tinkering with brain chemistry, I said, how can you know who you really are? I promised to try meds if I got suicidal. That didn't happen, and the depression eventually lifted.

Over the next half-dozen years I experienced short, sharp, spirals of depression - a few bad days, then relief. I treated my condition with exercise, long wilderness trips, occasional cigarettes, gambling junkets, and plenty of strong coffee. I got by.

But in winter 2001 I crashed again, for months. That spring I got a prescription for Paxil. Within a week my closest friends noticed changes. So did I. It felt like veils were lifting off my soul. The anxiety attacks were fewer and less intense. The crippling spirals of depression just plain went away. I still felt like me.

Five years later, I still do. Even so, I'm occasionally moved to tears by a song lyric, or by the aching beauty of September light. But that's not depression, that is life.

Information

Depressions vary in severity. A condition called dysthymia involves long-term, chronic symptoms that do not disable, but

keep one from functioning well or from feeling good. Major depression is more serious and can be disabling. For more extensive information, visit the National Institute of Mental Health (NIMH) at <http://www.nimh.nih.gov/> or the National Alliance on Mental Illness (NAMI) at <http://www.nami.org/>

Symptoms:

Persistent sad, anxious, or "empty" mood
Feelings of hopelessness, pessimism
Feelings of guilt, worthlessness, helplessness
Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex
Decreased energy, fatigue, being "slowed down"
Difficulty concentrating, remembering, making decisions
Insomnia, early-morning awakening, or oversleeping
Appetite and/or weight loss or overeating and weight gain
Thoughts of death or suicide; suicide attempts
Restlessness, irritability
Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain.

Major Depressive Disorder is the leading cause of disability in the U.S. for ages 15-44. It affects approximately 14.8 million American adults, or about 6.7% of the U.S. population age 18 and older in a given year.

Just a few famous people with depression Mike Wallace, journalist Abraham Lincoln, 16th U.S. President Eugene O'Neill, playwright Leo Tolstoy, author Billy Corgan, musician (Smashing Pumpkins) Ernest Hemingway, author Michel Foucault, French philosopher Charles Dickens, author Kool Keith, hip hop artist Hugh Laurie, actor (TV's "House") Anne Rice, author Mark Rothko, painter James Taylor, singer-songwriter Brian Wilson,

musician (Beach Boys) Ludwig von Beethoven, composer Sir Isaac Newton, physicist

If you need help - where to begin, what to expect

First and foremost, if at any time you or someone you know are contemplating suicide, seek help immediately. Call 911, go to the emergency room, or call a crisis line such as the Guidance Center at 527-1899 option 1, or Northland Family Help Center at 527-1900.

Diagnosing a mental illness is a complicated process - no blood tests exist to definitively indicate what is happening with brain chemistry and functioning in the mind.

A good place to start is with your primary care physician to have a physical exam and tests to rule out other causes, such as hormone deficiencies, blood sugar problems or a thyroid condition. The practitioner could refer you to mental health care professionals, including psychologists and psychiatrists.

Psychiatrists are medical doctors able to prescribe medication, as can nurse practitioners. Psychologists (who might also be referred to as "doctor" depending on their training and licensing) and other therapists provide talk therapy, cognitive behavioral therapy and other forms of assistance, but they are unable to prescribe medication should it be needed.

Psychiatrist Dr. Thomas Gaughan, MD, says, "Major Depression is a genetically predisposed illness caused by a disruption of neurotransmitter (chemical) function in areas of the brain associated with emotion. The likelihood of serious depression is increased when psychological stresses have occurred, often cumulative including distant childhood problems, and/or current life issues. The efficiency of neurotransmitter function can be improved or restored through psychotherapy and/or the use of antidepressant medications that target specific neurotransmitter systems in the nervous system. Simultaneous treatment with both modalities has shown the best results for moderate and severe episodes of depression."

Kirsten Mueller Page, a licensed marriage and family therapist in private practice in Flagstaff, says "One of the reasons we do a combination of medication and psychotherapy is to enhance a person's ability to utilize skills learned in therapy much more effectively."

Mueller Page cautions that sometimes the need for medication is more serious. "Many times someone will be prescribed a medication, feel better, then want to stop. Some serious depressions may require medication on a long term basis."

When you meet with a mental health professional, expect to fill out questionnaires and/or have an assessment appointment. The information gathered during initial appointments is vital, and though candor may be difficult at first, the more the professional understands you and your experiences the better he or she will be able to determine how to treat you. Depending on the severity of the depression, treatments could range from talk therapy to medication to hospitalization, or a combination of treatments. In many cases, therapy and/or medications are effective.

Local resources

The Guidance Center 2187 N. Vickey Street, 527-1899, 888-681-1899 Behavioral health services for adults and children in Flagstaff and surrounding areas, including Williams, Grand Canyon, and the Supai reservation. Inpatient and outpatient substance abuse treatment is available. Options for financial assistance are available

Flagstaff Medical Center Behavioral Health Does not take AHCCCS - private insurance or ability to pay required

Northern Arizona Regional Behavioral Health Authority 774-7128 for information about other regional clinics

Azpire House 516 N. Humphreys, 213-0742 Group meetings, peer support Open Monday -Thursday 11-4 Friday 11-9 Contact Sherry or Jack

National Alliance on Mental Illness (NAMI) Flagstaff Third Wednesday of each month, 6:30-8 NAMI general support group at Azpire House Call Janice McKee 380-4625 for more information As for me... My original depression column will be found here. (http://www.azdailysun.com/articles/2006/07/23/news/local/20060723_family_matters_16.txt) What helps me? I take medication, and because of my family history and the severity of my depression, I probably will for the rest of my life. I also credit a strong Bikram yoga practice and a support system of great friends and family for keeping me well. Oh yeah, and chocolate.