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# SUFFERING FROM DEPRESSION

*Elizabeth Wurtzel*

## Psychological Concept depression

Elizabeth Wurtzel, a graduate of Harvard College and a writer-journalist living in New York City, was twenty-seven years old when she wrote *Prozac Nation*, a book that received wide acclaim. Wurtzel suffered from depression's steady progression and eventually recognized that she was truly ill. Here she describes her intense loneliness and anguish, cites the effects of parental discord and financial burden, and acknowledges that the antidepressant Prozac did help. What benefits of this medication does she describe? What questions does she raise about the origins of her illness?

Some catastrophic situations invite clarity, explode in split moments: You smash your hand through a windowpane and then there is blood and shattered glass stained with red all over the place; you fall out a window and break some bones and scrape some skin. Stitches and casts and bandages and antiseptic solve and salve the wounds. But depression is not a sudden disaster. It is more like a cancer: At first its tumorous mass is not even noticeable to the careful eye, and then one day—wham!—there is a huge, deadly seven-pound lump lodged in your brain or your stomach or your shoulder blade, and this thing that your own body has produced is actually trying to kill you. Depression is a lot like that: Slowly, over the years, the data will accumulate in your heart and mind, a computer program for total negativity will build into your system, making life feel more and more unbearable. But you won't even notice it coming on, thinking that it is somehow normal, something about getting older, about turning eight or turning twelve or turning fifteen, and then one day you realize 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.

<sup>Dean</sup> In my case, I was not frightened in the least bit at the thought that I might live because I was certain, quite certain, that I was already dead. The actual dying part, the withering away of my physical body, was a mere formality. My spirit, my emotional being, whatever you want to call all that inner turmoil that has nothing to do with physical existence, were long gone, dead and gone, and only a mass of the most fucking god-awful excruciating pain like a pair of boiling hot tongs clamped tight around my spine and pressing on all my nerves was left in its wake.

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. But for all intents and purposes, the deeply depressed are just the walking, waking dead.

And the scariest part is that if you ask anyone in the throes of depression how he got there, to pin down the turning point, he'll never know. There is a classic moment in *The Sun Also Rises* when someone asks Mike Campbell how he went bankrupt, and all he can say in response is, "Gradually and then suddenly." When someone asks how I lost my mind, that is all I can say too.

**Note:** Elizabeth Wurtzel had flown to Minneapolis to visit her boyfriend. Suffering for many years from depression, she phoned Dr. Sterling, her psychiatrist in Cambridge, Massachusetts, who suggested that Wurtzel fly to Boston and receive more aggressive treatment at Stillman Hospital. In these next paragraphs Wurtzel describes her emotional states in Minneapolis and soon thereafter in the hospital.

I am depressed to the point of being incapable of much else besides lying in this white room with these white sheets and white blankets, watching a television set suspended from the ceiling which changes channels with a remote control that you squeeze like a lemon that might be souring your tea. I know I can do so much more than this, I know that I could be a life force, could love with a heart full of soul, could feel with the power that flies men to the moon. I know that if I could just get out from under this depression, there is so much I could do besides cry in front of the TV on a Saturday night.

Dr. Sterling agrees, when I first check into the infirmary, that I can lie there for as long as I like, but I need to get my work done. Always, always, no matter how bad life seems to be, I must hand in my papers on time or take my finals when I am supposed to or meet deadlines for stories. So my word processor and all my books make the trek to Stillman with me, where I entertain fantasies of finding solace in my studies as I was once able to do.

But I'm too far gone for that now. It seems that I have spent so much time trying to convince people that I really am depressed, that I really can't cope—but now that it's finally true, I don't want to admit it. I am petrified by what is happening to me, so frightened of what the bottom of the well will look like once I sink down there, so frightened that in fact this is it. How did this happen to me? It seems not so long ago, maybe only a decade ago, I was a little girl trying out a new persona, trying on morbid depression as some kind of punk rock statement, and now here I am, the real thing.

I find myself calling Dr. Sterling every five minutes to get her to assure and reassure me that I will come out of this one day. And she always does, always says the right things. But a few seconds after I hang up, I'm frightened all over again. So I call all over again.

"Elizabeth, we just went through this," she says. "What can I do to make you believe me?"

"You can't," I say through tears. "Don't you get it? Nothing sticks. That's my whole problem. Rafe leaves the room for five minutes, and I'm sure he's never coming back. And that's how it is for me with everything. Nothing is real to me unless it's right in front of me."

"What a terrible way to live."

"That's what I'm trying to tell you!"

I wonder if she understands that I can't go on like this.

And still, I keep telling myself that recovery is an act of will, that if I decide one day that I simply must get up and get out of this bed, that I must be happy, I will be able to force it to happen. Why do I believe this is possible?

I suppose because the alternative is too frightening. The alternative will lead to my inevitable suicide. Up until now, I always thought of self-destructive behavior as a red flag to wave at the world, a way of getting the help I needed. But the truth is, lying here in Stillman, for the first time ever I am contemplating suicide completely seriously, because this pain is too much. I wonder if all the nurses who traipse through here to bring me meals, to change the sheets, to remind me to shower—I wonder if any of them can tell from just looking at me that all I am is the sum total of my pain, a raw woundedness so extreme that it might be terminal. It might be terminal velocity, the speed of the sound of a girl falling down to a place from where she can't be retrieved. What if I am stuck down here for good?

I call Dr. Sterling again, ask her the same questions again, and she decides, finally, that I must be given some kind of drug. After all, I am not her only patient, I am not her only problem, and every time she says something to me about feeling like she really needs to spend time with her children, I start to cry and tell her that if I die, there will be blood on her hands. If for no reason other than that she wants her private life back, Dr. Sterling is willing to try a chemical cure. She thinks that with the right medication, I might even be able to get my work done. Both my academic adviser and Dr. Sterling, along with several friends, have suggested that I just take incompletes in my courses and make up the work some other time, but, for some reason, I just can't. It would be too demoralizing. If I can write my papers, I keep telling myself, then I'll know that I don't yet have to abandon all hope. I know that if I don't do my schoolwork, I really will be compelled to kill myself because the last bit of what I have to hold on to will be gone. Other kids with emotional troubles take time off from school, but they have families, they have some sense of a place in this world that can absorb them in all their pain; all I have is the semblance of a life that I have made for myself here at Harvard, and I can't let go of it. *I must* do my work.

My main symptoms, Dr. Sterling believes, are anxiety and agitation. In her opinion, even worse than the depression itself is the fear I seem to have about never escaping from it. As usual, my problem seems to be that I am one step removed from my problems, more a nervous audience member at a horror movie than the movie itself. "So you think I'm suffering from meta-depression?" I ask Dr. Sterling in a moment of humor.

"That's one way to see it," she replies.

Dr. Sterling believes that the best drug for me, at least until I go for a thorough evaluation with a psychopharmacologist at McLean, is Xanax, mainly because it will have an immediate effect. An antidepressant might ultimately be a more appropriate antidote for my ills, but Dr. Sterling doesn't think I'll live to see the results of that kind of drug, which will take a few weeks to kick in, if we don't find a solution to my immediate depression.

*In a strange way, I had fallen in love with my depression. Dr. Sterling was right about that. I loved it because I thought it was all I had. I thought depression was the part of my character that made me worthwhile. I thought so little of myself, felt that I had such scant offerings to give to the world, that the one thing that justified my existence at all was my agony. Taking a hypersensitive approach to life had come to seem so much more pure and honest than joining the ranks of the numb masses who could let it all slide by. What I'd stopped realizing was that if you feel everything intensely, ultimately you feeling nothing at all. Everything registers at the same decibel so that the death of a roach crawling across a Formica counter can seem as tragic as the death of your own father. The people on the outside—and that's the right word, because to a depressive everyone else is outside—who are selectively expending their emotional energy are actually a lot more honest than anyone who is depressed and has replaced all nuance with a constant, persistent, droning despair.*

*But depression gave me more than just a brooding introspection. It gave me humor, it gave me a certain what-a-fuck-up-I-am schtick to play with when the worst was over. I couldn't kid myself and think that anyone enjoyed my tears and hysteria—plainly, they didn't—but the side effects, the byproducts of depression, seemed to keep me going. I had developed a persona that could be extremely melodramatic and entertaining. It had, at times, all the selling points of madness, all the aspects of performance art. I was always able to reduce whatever craziness I'd experienced into the perfect anecdote, the ideal cocktail party monologue, and until that final year of real lows, I think most people would have said that when I wasn't being carted off to the emergency room I was fun . . .*

*Anyway, I thought this ability, to tell away my personal life as if it didn't belong to me, to be queerly chatty and energetic at moments that most people found inappropriate, was what my friends liked about me. In fact, over time, in the years of my recovery from depression, most of them let me know, one by one, that while they didn't mind that I said things that were thoughtless and out of line, they excused this behavior as a sad flaw. It wasn't what they liked about me at all. It was what they put up with, because when I wasn't busy flying around the room and ranting about nothing, I was actually just good to talk to, even a good friend. That's all their feelings for me were about. They'd be just as happy to see all the affectation go.*

*But before I knew this, I was so scared to give up depression, fearing that somehow the worst part of me was actually all of me. The idea of throwing away my depression, of having to create a whole personality, a whole way of living and being that did not contain misery as its leitmotif, was daunting. Depression had for so long been a convenient—and honest—explanation for everything that was wrong with me, and it had been a handicap that helped accentuate everything that was right. Now, with the help of a biochemical cure, it was going to go away. I mean, wild animals raised in captivity will perish if placed back*

*into their natural habitats because they don't know the laws of prey and predator and they don't know the ways of the jungle, even if that's where they belong. How would I ever survive as my normal self? And after all these years, who was that person anyway?*



**Note:** Eventually Elizabeth Wurtzel does try to commit suicide.

The day after the suicide attempt, Dr. Sterling lets me leave Stillman, and I get up and go to work at the Harvest as if nothing is wrong. It is my first day, and it is pretty clear as the manager tries to show me how to tilt a decanter of milk in different ways to produce different consistencies of steam, that this is one in a series of menial jobs I will miserably fail at. Nonetheless, I am almost happy to be behind the cash register and in front of the coffee maker today. I'm happy to be doing anything routine and normal.

At some point, when things slow down during lunch, I call Dr. Sterling to tell her I feel strange and lonely because my friends were mostly angry at me about what had happened. Eben insisted that he felt just as bad as me sometimes and didn't do things like that. Alec lectured me about how I had let myself fall into this funk and he wasn't surprised that I felt so awful considering I'd wrecked my life by spending most of first semester in Rhode Island and most of second semester in California and England. Everybody I'd spoken to about the overdose in its immediate aftermath was almost mean about it. I had expected some version of sympathy, and instead people kept telling me I'd brought this on myself. From the way they were talking, you'd think I'd committed murder—not attempted suicide. Even Samantha, my bedrock, my sob sister, seemed annoyed. I think she said, What a stupid thing to do!

Dr. Sterling explains that this is normal. She says people can be understanding about almost anything but suicide. "Remember," she says, "these are people who feel like they're doing the best they can to be helpful, and you do something that indicates your utter rejection and dissatisfaction with their efforts. It's infuriating."

After I hang up the receiver, I return to one waiter demanding a double espresso, a decaf cappuccino, and a café au lait, while another wants two espressos, a decaf double espresso, and a tea, and everyone needs to deliver the orders at once, everyone is shouting at me at once, I can't remember what anyone says, and I think: What if they knew? Just as I walked around the day after I lost my virginity, wondering if my aspect had changed, if my cheeks revealed this new experience in a rosier glow, today I wonder if people know I'm a failed suicide.

And then something just kind of changed in me. Over the next few days, I became all right, safe in my own skin. It happened just like that. One morning I woke up, and I really did want to live, really looked forward to greeting the day, imagined errands to run, phone calls to return, and it was not with a feeling of great dread, not with the sense that the first person who stepped on my toe as I walked through the square may well have driven me to suicide. It was as if the miasma of depression had lifted off me, gone smoothly about its business, in the same way that the fog in San Francisco rises as the day wears on. Was it the Prozac? No doubt. . . . Just as I always said that I went down gradually and then

suddenly, I also got up that way. All the therapy, all the traveling, all the sleeping, all the drugs, all the crying, all the missed classes, all the lost time—all of that was part of some slow recovery process that came to the end of its tether at the same time that I reached mine.

It took a long time for me to get used to my contentedness. It was so hard for me to formulate a way of being and thinking in which the starting point was not depression. Dr. Sterling agrees that it's hard, because depression is an addiction the way many substances and most modes of behavior are, and like most addictions it is miserable but still hard to break. On Prozac, I often walk around so conscious of how not-terrible I feel that I am petrified that I'm going to lose this new equilibrium. I spend so much time worrying about staying happy that I threaten to become unhappy all over again. Any time I am bothered about anything, whether it's a line that's too long at the bank or a man who doesn't return my love, I have to remind myself that these emotional experiences (petty annoyance in the former instance, heartbreak in the latter) are reasonable and discrete unto themselves. They don't have to precipitate a depressive episode. It takes me a long time to realize that when I get upset about something it doesn't mean that the tears will never stop. It is so hard to learn to put sadness in perspective, so hard to understand that it is a feeling that comes in degrees, it can be a candle burning gently and harmlessly in your home, or it can be a full-fledged forest fire that destroys almost everything and is controlled by almost nothing. It can also be so much in-between.

*In-between.* There's a phrase that is far too underappreciated. What a great day it was, what a moment of pure triumph, to have discovered that there are in-betweens. What freedom it is to live in a spectral world that most people take for granted. Being somewhere in the middle is anathema in our culture, it connotes mediocrity, middlingness, an item that is so-so, okay, not bad, not good, not much of anything. So many people feel a need to go bungee jumping or to take vacations in Third World countries full of scorpions and armed dictators. So many people spend so much time in adventures meant only to take them out of that boring middle range, that placid emotional state where it feels, no doubt, like nothing ever happens. But me, all I want is that nice even keel. All I want is a life where the extremes are in check, where I am in check.

All I want is to live in between.

I will never not be on guard for depression, but the constancy, the obsessive and totalizing effect of that disease, the sense that life is something happening to other people I am watching through an opaque cloud, is gone.

The black wave, for the most part, is gone.

On a good day, I don't even think about it anymore.

In the case of my own depression, I have gone from a thorough certainty that its origins are in bad biology to a more flexible belief that after an accumulation of life events made my head such an ugly thing to be stuck in, my brain's chemicals started to agree. There's no way to know any of this for sure right now. There isn't some blood test, akin to those for mononucleosis or HIV, that you can take to find a mental imbalance. And the anecdotal evidence leads only to a lot of chicken-and-egg types of questions: After all, depression does run in my family, but that might

just be because we're all subject to being raised by other depressives. Where my depression is concerned, the fact that Prozac in combination with other drugs has been, for the most part, a successful antidote, leads me to believe that regardless of how I got started on my path of misery, by the time I got treatment the problem was certainly chemical. What many people don't realize is that the cause-and-effect relationship in mental disorders is a two-way shuttle: It's not just that an a priori imbalance can make you depressed. It's that years and years of exogenous depression (a malaise caused by external events) can actually fuck up your internal chemistry so much that you need a drug to get it working properly again. Had I been treated by a competent therapist at the onset of my depression, perhaps its mere kindling would not have turned into a nightmarish psychic bonfire, and I might not have arrived at the point, a decade later, where I needed medication just to be able to get out of bed in the morning.

As it stands, for a few years after I first began taking medication, after leaving Cambridge and coming back to New York, I stayed away from psychotherapy. I saw a psychopharmacologist who was basically a drug pusher with a medical degree, I filled my prescriptions, and believed that that was enough. After Dr. Sterling, I could not imagine ever being able to find a therapist who was good enough. And besides, it seemed that with occasional lapses, drugs really were the answer. But then, as I found myself ruining relationships, alienating employers and other people I worked with, and falling all too frequently into depressive blackouts that would go on for days and would feel as desolate and unyielding as the black wave scares I'd spent much of my pre-Prozac life running from, I realized I needed therapy. Years and years of bad habits, of being attracted to the wrong kinds of men, of responding to every bad mood with impulsive behavior (cheating on my boyfriend or being lax about my work assignments), had turned me into a person who had no idea how to function within the boundaries of the normal, nondepressive world. I needed a good therapist to help me learn to be a grown-up, to show me how to live in a world where the phone company doesn't care that you're too depressed to pay the phone bill, that it turns off your line with complete indifference to such nuances. I needed a psychologist to teach me how to live in a world where, no matter how many people seem to be on Prozac, the vast majority are not, and they've got problems and concerns and interests that are often going to be at odds with my own.

It has taken me so long to learn to live a life where depression is not a constant resort, is not the state I huddle into as surely as a drunk returns to his gin, a junkie goes back to her needle—but I'm starting to get to that place. At age twenty-six, I feel like I am finally going through adolescence.

**Response and Analysis**

1. How did Elizabeth Wurtzel get “in the throes of depression”?
2. What help did Wurtzel finally get? What were the results of treatment?
3. What does Wurtzel mean by living in an “in-between” period?
4. What prompted Wurtzel to consider suicide? How did she react after her attempt?
5. How is depression different from the blues, sadness, or grief? Is there any evidence that depression differs from these other states physiologically?

**Research**

Suppose you wanted to examine Kay Redfield Jamison’s assertion (see her story *An Unquiet*

*Mind* in this chapter) that our perception of psychological disorders is influenced by gender-related expectations. Jamison says that depression is more in line with society’s expectations for women while mania is more in line with expectations for men. You decide to design a research project to determine whether people interpret the symptoms of depression differently for men and women. You will give therapists the same portion from Elizabeth Wurtzel’s account of her experiences with depression, but you will tell half the therapists that the author is a man and the other half that the author is a woman. In this design, what is the independent variable? What outcomes would you measure (i.e., what are the dependent variables)? How would you measure them? What do you expect to happen? State your expectation in the form of a hypothesis.

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## AN UNQUIET MIND

*Kay Redfield Jamison*

**Psychological Concept**  
bipolar disorder

Clinical psychologist Kay Redfield Jamison suffers from bipolar disorder. Throughout college and graduate school, Jamison had great periods of energy. When her manic periods took hold, she would stay up all night for several nights in a row, reading any book she could find and writing plays and poems. She was all motion, spending too much money, socializing too often, talking too fast. Her mind never stopped, never seemed clearer. Invariably, however, her periods of elation gave way to their polar opposite. She would become tired, depressed, unable to concentrate. It was a struggle to make it through each day. Yet not until