The Noonday Demon: An Atlas of Depression Study Guide

The Noonday Demon: An Atlas of Depression by Andrew Solomon

BOOKRAGS

Contents

Plot Summary

Sparked by his own experience with depression, Solomon's interest in the subject grew and he wrote this primarily informational book to inform his readers about the much-ignored topic. He begins the first section by describing his own personal experience with depression and his view of the illness. Solomon also dispels the myths that surround the illness and informs his readers about depression using his experience and other cases as examples.

In the second section, Solomon describes each of his three breakdowns, describing his symptoms and treatments in detail in order to give his readers a first-hand view of depression. The third section explores treatment options that are available to depressives, going into specific detail for each, describing the types that are available, their effects on the brain, side-effects and uses. The fourth section, on alternative treatments, describes a multitude of treatment options for depressives that are not widely offered and perhaps not recognized by the medical field. However, many of these treatments have been proven effective for many patients. In performing research for the book, Solomon tried most of the treatments himself and was able to give his first-hand account and opinion on the effectiveness of each.

In the fifth section, on populations, Solomon further explores the different kinds of people who suffer from depression and how it affects each. He emphasizes that no two people have the same depression, since the disease affects everyone differently as it interacts with differing personalities. In the sixth section, on addiction, Solomon describes various case examples of people who suffered from depression and substance abuse. He also uses his own experience with alcohol to explain his belief that the interpretation of abuse is greatly affected by a person's surroundings.

In the seventh section, on suicide, Solomon's own experience plays a crucial role. In this portion of the book, he uses the example of his mother's suicide, in which he and his family took part, to convey his feelings on the subject. Solomon's mother had been mentioned earlier in the book, but it is in this section that the reader is able to fully understand how her illness and death affected Solomon and his depression.

In the eighth section, on history, Solomon describes the evolution of the term "depression" and the ideas surrounding the illness as they evolved from ancient times, when it was first discussed, to modern times. He emphasizes that, although it is a common assumption that depression is a modern ailment, this myth could not be further from the truth. The ninth section discusses the issue of depression among those also suffering from poverty. Solomon emphasizes the importance of this issue, one that seems to be almost entirely ignored in present discourse and research, though it is a problem that continues to grow and impact society. Solomon introduces many cases of impoverished individuals affected by depression and emphasizes the importance of treating depression among the indigent. He adds that, without correctional treatment, they will continue to be unable to work and therefore pose a strain on society.

In the tenth section, on politics, Solomon discusses the subject of depression as it is discussed in the government and by lawmakers and the public. The views on depression vary and the issue of coverage by insurance companies is an essential one that has continued to grow as it has been pushed by the wayside in Congress. The eleventh section, on evolution, discusses the role of depression in evolution. Evolutionists have studied the question of "why?" in regard to depression and Solomon introduces their findings and theories on the subject. In the final section, on hope, Solomon conveys the idea that there is a great deal of hope for those suffering with depression, bringing the subject to his own life, where he has managed to continue treatment and live a productive life after his depression, therefore giving others the hope to do the same.

Depression

Depression Summary

In order to be able to love, one must be able to experience despair at the loss of love. Medication for depression protects the mind and, therefore, makes it easier to love; this is the reason medications work so well. Life is full of sorrow from the very beginning, however. This sorrow stems from the anger one feels after being ripped out of the comfortable womb. In today's world more than ever, though, there is less and less unpleasantness in life.

Despite medicine, depression cannot be wiped out, only contained. The two models for depression are the dimensional and the categorical. The dimensional model suggests that depression is sadness-feelings everyone has felt before, only on a more intense level. The categorical model suggests that depression is in a new category by itself. Many people are relieved when they hear their depression categorized as chemical depression, because they feel they cannot blame themselves for it. However, all action in the brain and in the human body in general, is chemical and most chemical reactions in the brain are unknown. Depression affects different people in different ways as it interacts with differing personalities. Solomon hated being depressed, but feels he learned something about himself, about his soul, through the illness.

The diagnosis of depression is as complicated as the disease itself. The fourth edition of the Diagnostic and Statistical Manual (DSM-IV) used in Psychiatry lists nine possible symptoms of depression and considers a person depressed if he/she relates five or more of these nine symptoms. Solomon believes this definition is inept and arbitrary. Mental illness is a real illness and requires treatment like any other disease. About 3% of Americans (roughly 13 million people) suffer from depression, according to recent research. More than 2 million of these are children. Depression is the leading cause of disability in the U.S. and abroad in people over 5 years of age. It claims more years than war, AIDS and cancer combined.

The issue of misdiagnosis and errors in treatment is a growing concern. Of the adults in the U.S. with depression, only 40% are correctly diagnosed. One in every ten Americans (about 28 million people) is on a Prozac-like drug (called serotonin reuptake inhibitors). Of people suffering from depression, 2-4% will commit suicide as a result of the illness. The rate of the occurrence of people with depression is rising rapidly: 20 years ago, 1.5% of the population suffered from depression; today the number has risen to 5%. The increase has affected children in particular: the average age of sufferers of depression is now 26, which is 10 years younger than in the last generation.

Then there is the issue of treatment. Of those who seek help for their depression, 25% will receive no treatment. Of those who are treated, 13% will receive unsuitable treatment and 6% will receive inadequate dosages of medicine and for inadequate

amounts of time. According to the director of the Mental Health Research Institute at the University of Michigan, John Greden, only about 1-2% receives optimal treatment.

Depression is described by many people as going "over the edge" or "into the abyss," and most people describe the place one falls into (over the edge or the abyss itself) very similarly: dark, lonely, etc. Coincidentally, the most common phobia in the world is the fear of heights, commonly characterized by a paralyzing sensation when one stands too near to a drop-off point, terrified of the fall. Depression is based on the same sense of imminence.

It is difficult to understand depression fully, however, without having experienced it and in reality, very little is known about the disease and its causes. Drugs will not be effective treatments for a patient with depression unless he or she helps the treatment along by making an effort to get better. Solomon has been in treatment for depression for a long time and is still on medication. He believes that without his medication, he would be long gone. Solomon expresses his love for living in this century and wouldn't prefer to live during any other time. He enjoys the modern comforts and the complexity of philosophy. Yet, he recognizes the crisis the physical environment is in and that change is necessary in order to preserve it. Depression has been around since conscious thought.

A civil war in Cambodia resulted in 20% of the population being slaughtered. Yet despite the appalling conditions in their country, its people are attractive and kind. When Solomon traveled there, he was humbled tremendously by what they had endured, many things that would have driven most people directly to suicide. He met with Phaly Noun, a candidate for the Nobel Peace Prize who has set up an orphanage and a center for depressed women in Cambodia. She has had such tremendous success reviving women who exhibited such debilitating symptoms from depression that most other doctors had left them for dead. Her treatment has been so successful, in fact, that the clinic and orphanage are almost entirely staffed by women she has helped.

Phaly Noun shared with Solomon the harrowing story of her own family being brutalized in the massacre. During the civil war, her husband was taken from her and she had no knowledge of his well-being. She was forced to work in terrible conditions with her twelve-year-old daughter, three-year-old son and newborn infant. They were constantly in fear of being put to death. Phaly Noun was made to watch as her daughter was brutally raped and killed. She lied to her captors, telling them she had once been a lover to an important man in government and that he would be angry to hear of her death. She managed to escape to the jungle where she remained for three years. Food was scarce, however and her breast milk ran dry. She was unable to feed her infant child and he died in her arms. Finally leaving with her only son, she was placed in a camp with women so severely depressed that they could not move, or care for themselves or their children. Though they had managed to survive the war, these women would have died from the severe depression with which it had left them. Some of the workers at the camp abused the women, but others helped them and Phaly Noun set up a hut where she devoted all of her time to helping the severely depressed women around her. Her

unique technique included the combination of three main elements: forgetting, working and loving. The women slowly got better by helping each other.

Solomon believes that it may one day be possible to eliminate the circuitry in the human brain that processes suffering, but hopes it will never happen. If it did and it were possible never to experience suffering, it would flatten out all experience.

Breakdowns

Breakdowns Summary

Solomon did not experience depression until it seemed all of his problems in life had been solved: he had a good job, his family life and social life were in order and he had no obvious problems. It seemed it was not until he had no excuses for the depression that it finally hit. He had not had a hard life up to that point; if he had, he would have understood his depression very differently.

When depression begins, there is a tendency to look for the cause of it. Through his childhood and college years, Solomon was sometimes hit with sudden feelings of intense anxiety, a mix of sadness and fear that always hit him when he left home. He had a small breakdown during a trip to Europe where he found himself extremely sleepless and anxious for no apparent reason and came home early from the trip. In the years that followed, he forgot all about it. He attended graduate school in England and settled into his new life perfectly well. He began new and intimate friendships, many of which he still has to this day. He was outgoing and as happy as he'd ever been. In his early 20's, he decided to be an adventurer, taking on many different opportunities, traveling and ignoring his anxieties.

In 1989, at age 25, Solomon's mother was diagnosed with ovarian cancer and everything became entirely different for him. She died in 1991 and he was paralyzed with grief. He began psychoanalysis, making his analyst promise to finish the process once she began and she agreed. In 1991, he fell in love with a woman who got pregnant and had an abortion, which left him with a great feeling of loss. They had a mutual breakup in 1993, which resulted in pain for both parties. At the news of his analysts' retirement, Solomon cried as much as when his mother had passed away. For their remaining months together, he complained to his analyst about a feeling of numbness throughout his body and feeling careless about everything. All strong emotion disappeared except for instant anxiety. He tried to enjoy things he had once found very pleasurable, but was unable to feel any happiness. He and his analyst decided he was depressed.

Solomon's breakdown left him with the feeling that returning pone calls from friends was an impossible weight. He felt as if he were going to swerve into oncoming traffic while driving and sometimes completely forgot how to drive. He and his analyst decided that his relationship with his girlfriend had ended because of his previous depression, yet this depression could be traced to another event, on and on until birth.

In June of 1994, Solomon became constantly bored. Even after his first novel was published and began receiving positive reviews, he felt indifferent. At the end of August, he developed kidney stones for which he was hospitalized, since they left him in excruciating pain. After leaving the hospital, he became constantly afraid. He stayed with friends and always remained inside, never far from a telephone. He had a small

relapse and was hospitalized once more. This time he really went nuts. Solomon met an old acquaintance from college and later attended a wedding during which he felt a surge of positive emotion. Afterwards, however, he quickly slipped downwards. He felt no one would ever love him again.

Since the age of 3, Solomon had looked forward to publishing a novel. Yet, at age 30 when his friends threw him a book party, though he loved books and loved parties, he was not excited. Memory and emotional functions occur throughout the brain. The frontal cortex and limbic system play a large part in both. The limbic system controls emotion and also affects memory. This is why those who suffer depression tend to experience memory problems as well. Solomon only vaguely remembers the party that night. He became frightened and his feelings became steadily worse. He found himself unable to attend his birthday dinner, experienced bowel control problems and soiled himself. He couldn't call his friends to cancel his dinner because he was unable to speak; he simply cried, unable to move. Solomon remained terrified for hours. At this level of depression, vision blurs and the air begins to feel thick. It's as if one is going deaf and blind in conjunction with a feeling of stiffness, a complete immobility throughout the body. He tried to eat but threw up and couldn't stop crying, much less leave the house, though he hated being there. Solomon decided he needed medication and contacted his analyst. Because of an old-fashioned rule, once he sought medication he could no longer see this analyst.

The psychopharmacologist asked a series of very specific questions and then prescribed Solomon Xanax and Zoloft. That day, Solomon moved in with his father, who was nearly 70 years old. Solomon slept almost constantly, waking up in a panic and always wanting to go back to sleep. Life was unbearable but suicide was too complicated to consider; he was unable even to dress himself. He cried and was unable to take a shower for fear. His father, who had begun to care for him since his illness began, fed him as if he were a child and assured him he would get better soon.

Most depression is circadian and is absorbed by the present moment. The brain, once it has experienced depression, is more likely to experience it again. Depression then changes the structure and biochemistry of the brain. Three separate events in the brain often occur together: a decrease in serotonin receptors, a rise in the stress hormone cortisol and depression. The order in which these events occur is unknown. Cortisol is usually at its highest level early in the morning to help one wake up and get out of bed. In depressed patients, however, the level remains high all day.

In laboratory tests, the brain of a highly stressed rat is strikingly similar to that of a highly depressed rat, as far as damaged serotonin receptors. The prefrontal cortex is the area in the human brain that makes us more developed than rats and contains cortisol receptors, which probably indicates the complexities of human depression. Long-term depression can cause permanent brain damage and it is important for people who are on medication to remain on medication and not cycle on and off, as this will make the situation worse.

For Solomon, his dependency on pills was like a daily reminder of his frailty and imperfection. The symptoms of depression: loneliness, loss of social life, etc. cause depression. Life events are often triggers for depression. Surprisingly, a positive change is almost as likely to trigger depression as a negative one. Although the first bout of depression may be triggered by a life event, by the fourth or fifth time, life experience has little to no effect. Depression and anxiety frequently occur together, but the incidence of both results in a higher suicide risk and makes it more difficult for the patient to recover.

After his birthday, Solomon managed to make it through a series of book readings with the help of some close friends. He began taking Navine, an antipsychotic with antianxiety properties, as well as Xanax. Without the drugs, he believes he would not have been able to make it through. Recovery from a breakdown usually involves taking a step or two back after having taken one forward. It takes time and persistence before finally coming through. Solomon's father continued helping him through his public appearances and depressive episodes. Solomon had a reaction to Navine, which caused him to be unable to remain upright. He embarked on a tour of readings, which proved to be one of the most difficult things he has ever done. Without the knowledge of deep love from his father and supportive friends around him, he would never have been able to pull through it.

In December, Solomon's anxiety lifted and he felt better. He had lost 15 pounds, but he began gaining some weight back. His father and friends congratulated him, but Solomon knew it was only the symptoms that had receded. Depression is difficult on family and friends. Since it is difficult to explain, a patient can only hope friends can understand. He became determined not to go through it all again. This stage of half-recovery is the most dangerous; he began to feel well enough to commit suicide. He suffered through relapses. Once, on the roof, he considered suicide, but rational thought and thoughts of his father helped to bring him down.

Through psychoanalysis, which is used to study a patient's past, Solomon decided his mother had been a depressive but had kept herself from a breakdown through self-discipline. As he suffered through depression himself, Solomon wanted to be able to ask her questions about his condition but could not. He stopped taking his drugs suddenly, knowing it was a stupid move, but wanting to be rid of them. He experienced very strong, unpleasant withdrawal symptoms and ended up having to go back to them.

Solomon longed for an end to his life. He wanted a disease so that he could die without ending his life himself, which would disappoint his friends and family. Later, he learned that wanting a disease in this way is rather common among depressives. So desperate to end his life, Solomon went to a park late at night and had sex with a man in hopes of contracting AIDS from him and continued to have sexual relations with people he knew were infected. Suddenly he felt as if he were starting a new phase of his life and he was filled with a new sense of purpose. He continued on extremely irritable, purposely scratching mosquito bites until they bled and biting his nails until they hurt. He was unable to celebrate his 32nd birthday, feeling it would be his last. Six months after his

last sexual encounter, he could be tested for AIDS and he set up an appointment for the test. Solomon's first breakdown was over.

He uses Bill Stein's life as an example, showing heredity of depression. Stein had a strong family history of depression and was suffering major episodes by age nine.

Solomon felt a peace after his first breakdown, but then he recognized the beginnings of the second phase. He took precautions and warned his father, who had continued to care for him during his low points. He started his medications again and began to fear the upcoming HIV test. He began taking Effexor and Buspar, medicines he is still taking six years later. The HIV test came back negative and he could not have been more grateful. Solomon knew he wanted to live. A sailing trip with friends in Turkey proved cheaper and far more constructive than hospitalization.

Solomon continues to take drugs daily to keep his depression in check. Although he dislikes having to do so, he recognizes that the effects of no medication are far worse than the side effects he encounters from the drugs he takes. When a relationship ended badly at the end of 1997, Solomon felt he had made a breakthrough when he didn't have a breakdown.

Solomon experienced two good years after his second breakdown. Then, in 1999 he was abandoned by a lover, dislocated his shoulder and was in terrible pain when he arrived at the hospital. The staff ignored him when he informed them he had a history of depression and anxiety. After three days, he began to experience strong suicidal feelings. This was the beginning of his third breakdown, during which he found himself crying constantly. The main difference between this one and the first two breakdowns was that Solomon had continued to take his medications from his last breakdown and was still on them when he experienced his third. This fact frightened him and he wondered if it meant his mind had gotten worse. His psychopharmacologist added a new medication and the following night, Solomon gave a lecture on Virginia Woolf and was able to remain calm.

Afterwards, however, Solomon's condition worsened and he found himself unable to control his concentration or follow conversations. He felt better after adjusting his medications the following day. This third breakdown lasted only two months as opposed to the first two, which each lasted about eight months.

In order for mental illness to successfully go into remission, maintenance is required. Most people with depression require some combination of drugs as opposed to just one. After his third breakdown, Solomon felt so happy, though his life was a mess, that he felt the urge to celebrate simply because he was no longer depressed. He has been lucky to experience few side effects from the drugs he takes, although he does experience decreased libido and delayed orgasm, for which he has been prescribed Viagra.

Sharing breakdown stories with other depressives creates a unique intimacy. Solomon kept in touch with Laura Anderson almost daily for about three years, primarily through e-mail. She was bi-polar and wrote of her episodes, medications, issues, etc. She had

experienced a lot of ups and downs as far as her depression and the two finally met. Solomon described her as a beautiful blond but she was so shaky that she was unable to eat, much less drive her car.

Sometimes Solomon finds himself wondering if he can stand to live the way he does, warding off depression with medication. But at times like this, he reminds himself that everyone has difficulties. Memories of the past are difficult, however, because they remind him of happy times he cannot experience again.

Treatments

Treatments Summary

There are two main treatments for depression: talking therapy and physical intervention (pharmacological and ECT). These two treatments are best used in conjunction with one another. In psychoanalysis (talking therapy), specific techniques are used to find historical trauma that has caused or contributed to the patient's illness. The process is long and usually takes place in a series of daily sessions (usually 4-5 hours per week). The focus is on bringing the patient's unconscious thought to light and is effective in finding the reasons for the problem. It is, however, not as effective in solving the problem.

It is important to treat depression with medication, but it is also important to care for the origins of the illness. Therapy allows people to understand their condition and its cause. If it has been triggered by a real experience, it is human nature to want to find the cause. As far as therapists go, it is extremely important to find a good one. Solomon saw 11 therapists in six weeks before his third breakdown. He was finally happy with the last one, who was helpful and had a sense of humor. No matter how good the therapist is, if the patient dislikes him/her, the therapist can be of no help. Choosing a good therapist should be done with the utmost care: a patient puts his/her brain in the therapist's hands. Most HMOs prefer medications to talking therapies, however, because they are comparatively cheaper, though not always as effective alone.

The two best talking therapies for treating depression are CBT (cognitive-behavioral therapy) and IBT (interpersonal therapy). CBT is based on the patient's emotional and mental responses to external events in the present and past. It teaches the patient objectivity. The therapist attempts to determine patterns of overreaction in the patient so that he/she may learn from them. The process is very structured and in the end, allows the patient to focus his/her thoughts to alter mood. CBT is broadly used and overall has a positive effect on depression. Solomon shares an extreme example of a Holocaust survivor who was in a concentration camp. She knew that if she allowed her brain to truly process what was going on before her, she would go crazy and die, so she decided to focus all of her attention on her hair and was able to use this as a diversion and managed to survive.

IPT was formulated by Gerald Klerman from Cornell and his wife Myrna Weissman from Columbia. Instead of focusing on history like in CBT, IPT takes place in two stages, with the first one focusing on seeing the depression as something external and helping the patient understand the prevalence of the disorder. The patient's symptoms are distinguished and sorted out as the patient takes the role in determining how to get better, making a list of his/her relationships and what he/she gets out of each one. The therapist teaches the patient how to make the most of himself/herself. His/her problems are sorted into one of four categories: grief, differences in relationships with family and friends, stages of stressful transition in personal life, or isolation. In the second stage,

the patient is then asked to lay out a few attainable goals and how to reach them. Life is presented clearly before the patient.

As in any technique, it is only as good as the practitioner. Any good practitioner must be intelligent and insightful. Medicines for depression are focused on the fact that lowering neurotransmitters in the brain has been known to cause depression, so raising the same ones must alleviate the condition. In fact, very little is known on the subject. Antidepressants take 2-6 weeks before a patient can see a noticeable result, which suggests that the brain needs time to respond to change in neurotransmitters. The brain is very adaptable to change: cells are able to re-specialize after experiencing trauma and take on completely different roles.

It becomes very important when depressed not to suppress one's feelings and also to avoid bad arguments and feelings of outrage. Staying away from any emotionally damaging behavior is essential. When one is depressed, one needs the love of others to help pull through the illness and emotionally charged outbursts at family and friends will only destroy this love.

Animal studies in psychology are useful in gaining an understanding of the subject. Monkeys who grow up without their mothers become psychotic and show a significant decrease in serotonin levels. Those who experience repeated separations from their parents show excessive cortisol levels and Prozac completely reverses the symptoms. If a dominant male monkey is moved from its own group to a group where it is not dominant, it will experience weight loss, lowered sexual performance and disrupted sleep, which are all symptoms associated with depression. A rise in serotonin levels causes a complete remission of these symptoms. Animals with low serotonin levels are found to be confrontational and violent. As a monkey rises in rank in his group, higher serotonin levels are found in his brain and this leads to a lower aggression and suicide rate. If these animals are separated from their status, however, these levels can drop by as much as 50%.

There are four types of antidepressant medications available. SSRIs are the most popular, bringing about higher serotonin levels in the brain and include Prozac, Luvox, Paxil, Zoloft and Celexa. Tricyclics affect serotonin and dopamine and include Elavil, Anafranil, Norpramin, Tofranil and Pamelor. Monamine Oxidase Inhibitors (MAOIs) inhibit the breakdown of serotonin, dopamine and norepinephrine and include Nardil and Parnate. Atypical antidepressants have an effect on multiple neurotransmitter systems and include: Asendin, Wellbutrin, Serzone and Effexor.

The choice of which antidepressant to use is based mostly on the side effects of each. SSRIs are the most popular because they have the lowest incidence of side effects of the group. Some people do experience sexual side effects, which can worsen depression symptoms. Substances used to control sexual side effects have been known to cause excessive arousal in some people, while it has no effect on others. Tricyclic antidepressants affect several neurotransmitter systems, acetylcholine, serotonin, norepinephrine and dopamine and are useful in treating delusional depression. Side effects usually include dry mouth and eyes, constipation and a sedating effect. In bipolar

people it has been known to cause mania. MAOIs are useful when depression is accompanied by physical symptoms such as pain, decreased energy and interrupted sleep. MAOIs block the enzyme that breaks down adrenaline and serotonin and therefore increases levels of both. These typically have many side effects including interactions with food and bodily functions. BuSpar acts on nerves sensitive to serotonin and is used in long-term anxiety control. Other medicines are used for immediate control of anxiety. As far as research, there are four directions for possible new treatments: 1) preventative therapies, 2) increased specificity of drugs, 3) faster drugs and 4) specificity to symptom instead of biological position.

Since Solomon first met with his first psychopharmacologist seven years ago, he has taken Zoloft, Paxil, Navane, Effexor, Wellbutrin, Serzone, BuSpar, Zyprexa, Dexedrine, Xanax, Valium, Ambien and Viagra. He admits that he may need to be hospitalized one day. Patients who are hospitalized usually receive medication or ECT, but in many cases the hospitalization itself is helpful. The constant attention of the staff keeps patients from suicidal urges.

ECT has a significant impact 75-90% of the time. Half of the patients who receive ECT are still healthy one year later, while others require further sessions as maintenance. ECT works fast and the results become obvious within a few days. It is particularly helpful with cases of severely suicidal patients and can be used on pregnant, sick and elderly patients as well, because of the lack of side effects and possible drug interactions.

Solomon uses the example of an author, Martha Manning, who suffered from major depression and checked herself in for ECT and was very successful with the treatment. ECT does disrupt short-term memory and can affect long-term memory as well. The effects are usually temporary, but can sometimes be permanent. ECT is associated with one in 10,000 patient deaths, usually from some form of heart problem after treatment. Although it is largely unknown how and why it actually works, ECT has been proven to be very effective in many cases. It has strong enhancing effects on dopamine and other neurotransmitters and increases metabolism in the frontal cortex. There are laws against ECT in many states, however and it is the treatment with the most stigma attached to it. Having electrodes charged with electricity placed on one's head can be traumatizing to some patients.

Many people suffering from depression question whether the illness is normal and are relieved when they learn how common depression is. The first time Solomon witnessed a real breakdown, it was in a family friend named Maggie. She appeared withdrawn and Solomon didn't recognize her symptoms as relating to depression. Fifteen years later, she suffered the worst depression he has ever seen. He describes her breakdown, relapse and medication. In her depressive state, Maggie thinks of herself as her alter ego, Suzy, a personality she created and writes poems as Suzy. Maggie uses her faith to help her through her depression.

A poet friend by the name of Betsy de Lotbinière struggled with depression and used her Catholic faith to pull herself through it. She was raised Catholic and turned to God

and prayer to get herself through her bout with depression. Many people successfully turn to their faith when in the throes of depression and it proves to be a successful form of therapy for those who do so.

People cannot recover from depression by merely fighting it. They must either receive treatment or the depression will pass on its own, but throughout the treatment, it is important for patients to keep fighting. Taking medication indicates that the patient is fighting the depression fiercely and, despite the common misconceptions about antidepressants, is not the weak way out. Depression affects everyone differently. It may be possible one day to analyze the brain and all of its functions, where depression will be able to be fully explained. Until then, however, we must accept that some people are born with a vulnerability to depression. Those who can recover from depression, no matter how bad the episode may have been, must consider themselves lucky.

Alternatives

Alternatives Summary

There are many alternative remedies for depression and they are rarely harmful by themselves. The true harm is usually when they are used in place of truly effective treatments. Solomon has received hundreds of letters informing him of alternate treatments for depression. Many people believe they have received help from alternate treatments of their own invention and Solomon expresses his belief that if a patient truly believes a specific behavior will result in relief from symptoms, he or she will most likely achieve said relief by participating in the behavior. Depression is cyclical, however, going into remission temporarily even without treatment and it is possible that people who claim to have relieved their symptoms with alternative treatments are, in reality, simply experiencing temporary recovery typical of the illness. The most important treatment, however, is belief.

Exercise and diet play an important role in managing depression. Good diet and exercise habits result in considerable control over depression. Exercise produces endorphins and eases anxiety by absorbing nervous energy. Depression makes the body feel heavy and lethargic, which can make depression worse. However, by forcing the body to become active by participating in exercise, the mind tends to follow as well.

Although depression cannot be eliminated by eating the right foods, it can be brought on by not eating the right ones and recurrence can be prevented by carefully monitoring diet. Solomon discusses specific foods, food groups and supplements with their effects on the body's chemistry. While some foods may help to prevent depression, others may cause it and food allergies can trigger it.

Repeated transcranial magnetic stimulation (rTMS) is an alternative therapy that uses magnetism to create a metabolic stimulus that is very similar to ECT, but at a lower level. Magnetism is focused on specific areas of the brain and the magnetic force travels through the skull and scalp much more easily than the electrical impulses used in ECT. Another difference is that ECT causes a brain seizure to achieve its effect while rTMS does not.

Seasonal affective disorder (SAD) was discovered by Norman Rosenthal, who argues that humans are designed to respond to variations in seasons. However, artificial light and the constraints of modern life don't allow this as days get shorter with changing seasons. Many people suffer from withdrawal as this occurs. Since the syndrome is directly affected by light, it is treated with a light box, which emits very bright light.

Eye movement desensitization and reprocessing (EMDR) was first used in Turkey in 1987 to treat post-traumatic stress disorder. The therapist moves his/her hand across the patient's field of vision, stimulating one eye and then the other. In a variant of this technique, earphones can be used with sounds moving from the left ear to the right or

with the patient holding vibrators in each hand. During the process, the patient relives the trauma and by the end, he or she is free of it. It is unknown exactly how the treatment works, but it is being used more now to treat depression. Solomon tried the treatment himself and was surprised at its effectiveness.

In October of 1999, Solomon traveled to Sedona, Arizona during a time of great stress and received new age massage. Although he was cynical about the procedure before beginning, he admitted to feeling better after three days of receiving treatments. He felt especially improved after the cranial-sacral massage, which left him with a serene feeling that lasted a few days. Solomon believes massage reawakens the body after depression, which separates it from the mind and can therefore be a useful part of treatment. Because depression is a bodily illness, physical treatments can help relieve it.

Outward Bound is a group that takes people on trips of extreme physical exertion, teaching toughness of mind to endure the challenges. Solomon participated in one of their excursions and felt it strengthened the part inside of him that resists depression. Hypnosis can also be used in treatment, though it is not effective when used alone. It takes the patient back to early experiences and helps to relive them in a different way, making them easier to cope with and bringing resolution. It is useful in breaking negative thought patterns.

One prominent depressive symptom is disruption of sleep. Keeping patients from reaching rapid eye movement (REM), the deepest level of sleep, by monitoring a patient's sleep cycles and waking them up before reaching it, has been relatively successful in controlling depression. Those who suffer from depression tend to have low sleep efficiency, seldom entering into the deep sleep that allows people to feel rested and refreshed. Chronic undersleeping may trigger depression. Since the invention of television, the average night's sleep has decreased by two hours. Solomon brings up the possibility that this may contribute to the rise in depression rates.

St. John's wort has been very popular as a homeopathic remedy since the first century A.D. It is unknown why it alleviates anxiety and depression. Other non-western homeopathic remedies have been successful also, including Qigong and acupuncture. Solomon uses Claudia Weaver as an example of successful use of homeopathic remedies. She suffered from a variety of problems including allergies, digestive problems, eczema and drug problems. She used conventional medications including Prozac when she suffered a bout of depression in college and, after recovery, has continued to use homeopathic cures successfully.

Solomon participated in a treatment created by Bert Hellinger of Germany. The treatment was done in a group of about 20 people. Each person chose a trauma and they enacted an elaborate dance surrounding that trauma. Solomon chose the trauma of his mother's death and other members of the group participated, acting as his family members and Solomon spoke to them as such. After getting out his feelings, he felt the treatment was successful.

Hundreds of depression support groups exist. Solomon attended one where he found a group of depressed people, many who were so depressed they neglected to bathe themselves. They shared stories of their depression and gave each other much-needed support, but Solomon was stunned at the terrible advice they gave one another. He advises his readers that someone with a sprained ankle may seek advice from someone else who has had a sprained ankle, but seeking advice from depressed people while depressed is never a good idea.

Frank Rusakoff seemed the least likely person to suffer from depression. He was hospitalized 30 times in a period of seven years. He received ECT treatment, which eased his symptoms. Frank received a cingulotomoy, a rare surgery, performed on patients who are selected after a 12-month screening process. Like antidepressants, it takes about 6-8 weeks before results become noticeable. Frank was hopeful that the surgery would help him and it proved successful. He managed to remain stable after the procedure with the help of Zyprexa and attended graduate school at Johns Hopkins.

Psychosurgery is always a last resort for patients. Afterwards, 70% of patients show some response and 30% of these show significant improvements. Psychosurgery is only meant for those who suffer from severe psychiatric illness and remain ill after all other treatment options are attempted.

Mental illness ceremonies are practiced by the Lebou people of Senegal and people travel from far away to attend them. Solomon went to experience it for himself and paid about $150 for his "ndeup," after agreeing to purchase the ingredients himself. These ingredients included: seven kilos of millet, five kilos of sugar, one kilo of cola nuts, one calabash, seven meters of white cloth, two large pots, one reed mat, one threshing basket, one heavy club, two chickens and a ram. The primary woman who performed the ceremony had been taught by her mother, who had been taught by her mother and the tradition had been passed down in the family as long as anyone could remember. Five women participated in the elaborate ceremony. All of the ingredients were used and Solomon was covered in millet, covered in blankets holding the ram, then covered in a mixture of chicken blood mixed with the ram's blood. The ceremony impressed him: it had provided a way of thinking about depression as external, jolted him and allowed him to experience a feeling of community.

There have been small advances in understanding depression and it is hard to predict what the future will bring in this area. There are several promising drugs in development. However, the task of finding the gene that may be responsible for depressive disorders is immense; there are a seeming infinite number of possibilities. The chance of eliminating depression through genetic manipulation is not at all likely, though it may help control certain kinds of depression.

Populations

Populations Summary

Everyone's depression is different. Professionals like to categorize illness, but this is not very useful with diagnosis and treatment. There are lessons to learn in how different people from different backgrounds experience depression. In the end, depression must be studied in context.

There are twice as many women as men who suffer from depression because of both chemical and external factors. This gender difference arises after puberty (does not include children). Women are afflicted by different kinds of depression (post-partum, premenstrual and menopausal) in addition to the types that afflict men. Men synthesize serotonin 50% faster than women, which may make them more resilient to depression. Women's vulnerability to depression has been attributed to social factors and there are many theories on the subject.

George Brown, an English psychologist, proposed that women's depression occurs out of concern for their children because the rates of depression equalize between men and women if the offspring-related depressions that afflict women are removed from the equation. Myrna Weissman of Columbia asserts that it makes evolutionary sense for women to be so sensitive to loss because it motivates them through childbearing and childrearing. Women are also more prone to sexual abuse and anorexia, both of which are known to cause depression. Social and outside pressures contribute to depression as well.

Male depression is, many times, not properly diagnosed because it can take the form of violence instead of the typical withdrawal and silence. Women report twice as much depression as men, but men are four times more likely to commit suicide than women. The rate of depression among single men (divorced, widowed, or otherwise) is much higher than the rate of depression among married men.

Men who beat their wives tend to describe symptoms similar to those associated with depression. Most abuse is done out of cowardice and cowardice is a symptom of depression. Solomon, himself, was prone to outbursts of violence while suffering from depression, which were otherwise extremely uncharacteristic of him. He has heard of these same types of outbursts from depressed men, but never from depressed women.

Depressed mothers have difficulty fulfilling their maternal roles because of their unregulated behavior and this negatively impacts their children's psychological development. These children can suffer not only from depression, but also attention deficit disorder, separation anxiety and conduct disorder. They tend to perform badly in social and academic settings and usually have high levels of physical ailments including asthma, allergies, frequent colds and severe headaches and stomach aches. They also complain of feeling unsafe and are often paranoid. Earliest childhood depression is

found in children as young as three months in the offspring of depressed mothers. In order to treat this condition, it is often best to treat the mothers. This indirect treatment does not work once children reach school age, however and they must then receive direct treatment. Good parenting is successful in alleviating or preventing childhood depression. Therapeutic interventions involving parents and children are primarily based on listening.

Anaclitic depression is a type of depression seen in the second half of the first year of children who are separated too much from their mothers. Symptoms can include varying degrees of apprehension, sadness, weepiness, rejection of environment, withdrawal, retardation, stupor, lack of appetite, insomnia and unhappy expressions.

Many depressed children think of suicide and actually attempt it. Fortunately, they are generally not coherent enough to be successful. It has been established that children who are depressed generally grow up to become depressed adults. Depression afflicts a large number of children ranging in ages, but peaks at adolescence. Over half of high school students have considered suicide.

The depressed elderly are seriously under treated, with a large part of the reason being the social conception that growing old in itself is depressing. Elderly in nursing homes are more than twice as likely to become depressed as those who live in the world. The elderly also show a greatly higher response to placebos than other age groups, which suggests that they are, in fact, responding to the circumstances surrounding the dispensing of the drugs; the attention in itself.

Levels of neurotransmitters in the elderly are significantly lower. Levels of serotonin in 80-year-olds are less than half of the level in 60-year-olds. The decreasing plasticity of the brain as it ages also increases the time it takes for antidepressants to begin showing any effect. Depressive symptoms are altered slightly in the older generation. Rather than getting sleepy, they tend to be insomniacs, feel guilty less often than younger people and tend to over-exaggerate small atmospheric things and appear grumpy.

Solomon's great-aunt, approaching her 100th year, suffered from a broken leg and refused to walk. She soon fell into depression, her physical appearance and habits changed and she began to become forgetful for the first time. Solomon spoke to her doctor, who put her on Celexa and she soon began to recover. She has since made a full recovery and Solomon visits her every week, enjoying their time together.

Depression is, many times, a precursor to senility and Alzheimer's disease. Though it appears to predict these illnesses to some degree, it is unclear whether they simply tend to occur in tandem. Depression can also be the result of a stroke. People in the first year after a stroke are twice as likely to develop depression as others.

Solomon discusses the differences between people of different races suffering from depression. Culture, in large part, determines how people internalize and deal with the subject of depression. A Dominican friend suffered from the illness and had a difficult time because his heritage predisposed him to being emotional, yet macho at the same

time, which proved to be a difficult mixture to balance. A female, black author who suffered from depression related a similar experience. The illusion of black women of strength was so prevalent in society that she did not think it an option for her to become depressed. Dièry Prudent, an African-American man, grew up feeling like an outsider because of his race. Tired of getting beat up in school, he began working out and practicing martial arts and used fighting as a way to let out his feelings. He completed school but suffered with depression, which became more serious as he reached adulthood. Solomon and Prudent met through Prudent's wife, who was an old school friend of Solomon's and Prudent became his trainer and close friend.

Gays have an astonishingly high depression rate. In a study of middle-aged twins where one was gay and one was straight, 4% of the straight twins had attempted suicide, while among the gays, the number rose to 15%. In a random population sampling of almost 4,000 men from age 17-39, 3.5% of the heterosexuals had attempted suicide, while almost 20% of the gays had.

Solomon describes his own experience with sexual identity. As a child, he became fond of things thought of as feminine. He was shy and kept to himself. He made friends most easily with girls and was constantly teased by boys his age, called "faggot," etc. His mom even became concerned and brought him to a therapist to determine whether or not he would be gay.

Depression affects as much as 80% of the Inuit (Eskimo) peoples of Greenland. Living in such a harsh environment causes them to be increasingly more prone to trauma than other populations. They also find themselves in situations of forced intimacy during the coldest time of the year, when the family spends its time inside the igloo, often in the same room together. Their people have an unspoken taboo about complaining and therefore keep their problems inside. Although they may see symptoms of depression among family and friends, it is considered an insult to ask about it. Solon traveled to Greenland to discuss feelings with the Inuit people and found them to be kind and helpful. They shared their storied with him and he found that trauma had become a regular part of their lives and typically caused feelings of self-doubt. Several women shared anguished stories of their troubled lives.

Addiction

Addiction Summary

Depression and substance abuse create a cycle: depression can lead a person to substance abuse and the effects of that abuse tend to create more depression. Alcoholism and depression share similar symptoms. All substances of abuse have major effects on the brain's dopamine system. The human brain is so self-regulatory that it acclimatizes itself to the drug and compensates for it. The user soon needs more and more of it in order to receive the same effect.

Genetic predisposition plays a large role in the tendency for addiction. In those who suffer from depression and addiction, both must be treated simultaneously, however, it is common for practitioners to treat the addiction and then treat the depression. Removing the addictive substance suddenly can cause serious withdrawal symptoms and increases the risk of suicide. Antidepressants can be useful in treating alcoholism. Alcoholics also tend to be isolated and lonely, which contribute to the development of depressive symptoms.

About one third of substance abusers are depressed and many depressives abuse substances. Sometimes depression contributes to addiction and those who recover from substance abuse are more likely to relapse if depressed. There is an issue as far as diagnosis, with confusion of similar symptoms of alcoholism and depression. Although alcoholism and depression are separate, psychological consequences in the brain can make each other worse. Treatments vary among patients, but therapy and antidepressants are common.

Brain adaptation is central to alcoholism. The need for alcohol is usually an outside force, such as depression, which is why a depressed person is so much more likely to become addicted than an individual who is not depressed. For a depressive, the ability to derive pleasure from life is lessened, a condition which may turn some individuals to substance abuse. Solomon believes that what is remarkable about addiction is, given the many factors that contribute to it, how many people are able to avoid addiction. The biggest deterrent is the fear of unpleasant side effects, especially physical symptoms of withdrawal.

The most common addictive substances by far are nicotine and coffee, though society tends not to object to them because they are not disabling substances. Caffeine, nicotine and alcohol are the primary legal addictive substances. Nicotine does cause subsequent health problems, mainly from the tar in cigarettes which has been proven to cause lung cancer and other disabling lung conditions. Alcohol is very common during depression, but because it is a depressive substance in itself, it can make symptoms of depression substantially worse.

Solomon describes his own experience with alcohol and addictive substances. From this experience, he formed the opinion that what constitutes addiction is primarily socially determined. He grew up with alcohol around him as a child and seemed to have a high tolerance for it. However, his views on the substance changed as he grew up and the social views around him changed as he moved to college and into adulthood.

Although alcohol and depression tend to be associated with one another, it is important to remember that not all alcoholics are clinically depressed. There are many treatments for alcoholism, but among them, psychodynamic therapies such as Alcoholics Anonymous (AA) are the most effective.

Marijuana has been known to affect REM sleep patterns. The drug itself is often described as non-addictive because its effects and withdrawal symptoms are not severe. As far as health effects, it carries all the toxicity of cigarettes and therefore can cause damage to the lungs. There is little known about the medical use of marijuana with depression and mental illness.

Hard drugs are more likely to be depressing. Cocaine is one hard drug that is known for its intense crash and withdrawal symptoms. The more addicted one becomes, the less pleasure one is able to derive from the drug. Cocaine makes depression symptoms worse and can do permanent damage to dopamine systems in the brain. Solomon gives the following advice to his readers: if you have *any* inclination to depression at all, *do not* use cocaine. The author himself used cocaine in college with little effect. When he used it once more as an adult, however, perhaps because his brain had become more vulnerable through age or the medications he had taken, the drug had much more of an effect on him. He described the high as feeling like a superhero. His fear of permanent brain imbalance and the extremely negative effects of the crash or hangover keep him from experimenting with the drug anymore, however.

Opiates are much abused and extremely dangerous, though they do not have as severe a crash as cocaine. Solomon states that opiates, which include opium, heroin and Demerol (a prescription drug) "are to the mind what the fetal position is to the body." The high lasts for hours and is the complete feeling of wanting nothing. Although the author has never done heroin, he admits to having smoked opium and describes the high as a feeling of not wanting to do anything, from scratch his head to moving and he felt perfectly happy this way.

Hallucinogens, known as "club drugs," include ecstasy/MDMA, Special K (ketamine) and GHB. Solomon describes his experience with ecstasy, which he has tried only four times. Once it saved a relationship because it gave him the ability to say things he had been meaning to say but had not been able to. He felt like he was in love and able to save the world. It caused him a terrible hangover, however, with an aching jaw, awful headache and dry mouth. Knowing the pharmacology of the drug makes him shudder at the thought of ever having allowed it to enter his body. In the doses in which it is used for recreational purposes, it damages brain serotonin axons in lab animals and there is strong evidence to suggest it does the same in humans. It causes explosions of

serotonin and dopamine in the brain, damages the cells where they are stored and prevents synthesis of more serotonin.

Benzodiazepine drugs (benzos), including Valium, Xanax and Klonopin, are addictive but can be useful in treating psychiatric illness. These drugs can be very effective, in particular, for fighting anxiety. Solomon himself is a fan of this class of drug because he believes Xanax saved his life by alleviating his severe anxiety. It is important to use the drug only for this specific purpose and for this use, it is effective fairly consistently.

Getting off antidepressants can be very difficult. Solomon tried to get off Zyprexa three times and was unsuccessful each time. He is now reliant on several pills and says he is happy to take them as long as they continue to be effective. He takes 12 pills a day and keeps them with him at all times.

Tina Sonego is used as an example in this section. She suffers from self-destructiveness, addiction, depression and dyslexia. She found that there was no place for mental illness in the mix of Moroccan heritage by which she was surrounded as she grew up. She had her first breakdown while traveling at the age of 19. She is drawn to violent men, suffers from anxiety and has attended AA for five years.

Solomon finds that he has a fairly non-addictive personality, however, he knows first-hand what it is like to have a seemingly overwhelming compulsion toward self-destruction. He suffers from depression and depression enables addiction. Sometimes the resisting of desires takes so much energy that it leaves one depressed. Simply, depression weakens a person and weakness is the surest path to addiction.

Suicide

Suicide Summary

Although suicide and depression frequently coexist, they are not always complements. People who commit suicide are not necessarily depressed and not all depressed people necessarily commit suicide. Suicide attempts are treated as symptoms of depression, though they frequently coexist with the illness. While curing the depression may postpone a suicide, it may not always keep it from happening altogether. Despite popular belief, there is no strong correlation between the severity of depression and the likelihood of suicide. Suicide is not the result of a difficult life. Though outside circumstances may trigger depression and suicide, the suicidal urge comes from a hidden location in the mind. Solomon looks back on the suicidal period in his own life and sees the logic behind his suicidal intentions as completely flawed. He emphasizes that suicide is a very specific intention, apart from wanting death to end one's suffering; it is a specifically directed violent impulse.

There are four separate groups of suicides. The first group is those who commit suicide without thinking their actions through. This is the most impulsive group and the most likely to be triggered by a specific event. These are the cases seen as sudden and unexpected. The second group is those who commit suicide as revenge. These people see their act as if it were irreversible. The third group is those who commit suicide to escape from their seemingly intolerable problems. This group tends to plan their suicide, write notes and believe it will not only improve their condition, but also ease the burden on their family and friends. The fourth group is those who commit suicide out of reasonable logic. Either because of mental illness or a life event, they no longer want to experience pain. These people are not deluded and no amount of antidepressants will change their minds about committing suicide.

The fact that it is impossible to know the consequences of suicide without actually committing the act is what kept Solomon from suicide during his depression. He states that he often wanted to kill himself for a month and it was the wondering that kept him going; wondering what it would be like to be dead, since death itself would defeat the wondering. He proposes that perhaps the most urgent affliction that affects humans is mortality. Solomon adds that making clinical decisions on patients based on suicidal tendencies is very dangerous. It is very common for suicidal tendencies to be muddled with depression.

Every 17 minutes, someone in the United States commits suicide. It is the number three cause of death for Americans under the age of 21 and the number two cause of death for college students. According to the World Health Organization, 2% of deaths worldwide in 1998 were attributed to suicide, which puts it ahead of war and far ahead of homicide.

Previous attempts are the strongest factor in predicting suicide. There are about sixteen suicide attempts for every completed suicide. The rate of suicide among depressives is unknown. Many suicides occur on Mondays, the time of preference tends to be late morning to early afternoon and springtime is the most common time of the year for suicides. Women tend to have a high rate of suicide during the first and last weeks of their menstrual cycle, which may be explained by hormonal changes. The rate of suicide is low, however, during pregnancy and also during the first year after childbirth.

Émile Durkheim described four types of suicides that are no longer used today, but they did define modern thinking about suicide in general.

Family members of suicide victims are far more likely to kill themselves. The fact that a family member has committed suicide tends to make the unthinkable a reality and therefore presents it as a possibility. It is possible that suicidal tendencies are genetically predetermined, with a combination of genes that contribute to depression, violence, impulsiveness and aggression. Suicide also tends to be contagious. When one person commits suicide, it is not uncommon for friends and peers to follow. In the period directly following Marilyn Monroe's suicide, the rate of suicide in the United States increased by about 12%.

Those who talk about suicide, contrary to popular belief, are the most likely to kill themselves. None of the SSRI drugs have been tested for suicide prevention capabilities. Some antidepressants may actually increase the likelihood of suicide by increasing motivation in general. This is why careful interviewing of patients is necessary with drugs such as these.

Freud suggested that suicide was a murderous impulse toward another person which is directed at oneself. In fact, suicidal depression has distinct neurobiological characteristics and attempts are usually brought on by external stresses. Because stress decreases serotonin and low serotonin levels lead to higher aggressiveness and aggressiveness leads to suicide, it is clear that stressed depressives are the most likely type to lead to suicide. However, predisposition, sex and upbringing all play roles in characterizing suicidal tendencies.

There are more gun-assisted suicides in the United States than there are murders with them. Our country is the only one where guns are the suicide weapon of choice. One-third of completed suicides and one-quarter of suicide attempts are done by alcoholics. Advanced detection is difficult in most cases. Lab tests performed on monkeys show that monkeys brought up in the absence of a mother develop low serotonin levels and early abuse may cause the same result.

A close connection has been found between suicide and parental death. One study found that three-quarters of completed suicides were by people who had been traumatized by the death of someone close, usually a parent. Widespread early suicide is also a problem. About 5,000 Americans between the ages of 18 and 24 will commit suicide and at least 80,000 make attempts. One in every 6,000 Americans between the ages of 20 and 24 kills himself/herself. Suicide is the number three cause of death

among those between the ages of 15 and 24. There is no consensus as to the reason suicide is on the rise in this age group.

The highest suicide rate is among men over age 65. In men over the age of 85, the rate jumps to 1/2000. Many elderly people demonstrate suicidal behaviors such as not feeding or taking care of themselves. Suicide in general is chronically underreported; suicidal actions are disguised because those left behind refuse to admit the reality of suicide. Greece has one of the lowest reported suicide rates. Skydiving is seen as a para-suicidal activity.

Solomon admits to thinking of suicide often, though the impulse does not overpower him and he is able to keep it under control. He says he has thought through many different suicide scenarios and that he probably would have been more active with suicidal tendencies had his depression been any longer or more severe. He first became aware of suicide at the age of nine when a classmate's father committed suicide. He continued to experience suicide indirectly: a close teacher, a few acquaintances and others.

Edwin Shneidman, in 1952 in Los Angeles, opened a suicide prevention center, the very first center of its kind. Shneidman proposed that suicide was a combination of thwarted love, shattered control, assaulted self-image, grief and rage.

Kay Jamison shared the story of her suicide attempt with Solomon and says that no amount of love from other people could help her, though she experienced much of it.

Solomon describes one suicide survivor in particular whose story frightened him. He was an attractive and fairly happily married man on medication for depression. He decided to stop taking his medication and, without telling anyone, did so abruptly. Soon afterward, he began suffering from constant suicidal thoughts. He made plans for his death and took two bottles of Tylenol, having researched this carefully, knowing it would break down his liver in time and inevitably cause his death. In his mind, his reasoning for suicide was justified and when he called to tell his wife good-bye, he was expecting her to understand and go along with the plan. He became annoyed when she objected and hung up on her. She called the police who appeared at his home and he attempted to stall them, offering them tea, etc. to give the Tylenol enough time to destroy his liver. The police, however, insisted that they had to follow up on suicide calls like these and they took him to the hospital and had his stomach pumped just in time. The man later expressed his relief to Solomon at having been saved from his attempt and he looks back on the events as if they were a dream.

Solomon then describes the events of his mother's suicide. Having first endured two rounds of debilitating chemotherapy, she said she wanted to die. She amassed a number of pills she knew would take her life and said that she would take them when it was time. As long as there was still hope, she would go on with the treatments, but when the hope was gone, she had a way out. Those pills made the pain more tolerable for her, because she knew that when it became intolerable, she had a way to make it stop. Solomon believes that the last eight months of her illness, for this reason, were the happiest time of her illness. On June 19, 1991, she decided to commit suicide, because,

had she waited any longer, she would have been too weak to take her own life. Suicide needs a strength and privacy that cannot be found in hospitals. That day, she came home from the doctor after hearing bad news. Her cancer had progressed and her prognosis was not good. She would require serious surgery or the cancer would begin to shut down her digestive system. She decided it was time. She ate a little bit and made some tea to help keep the pills down, then went into her bedroom and took them. She then told each of them, Andrew, his brother and their father, how much they each meant to her, how dearly she loved each of them and how she would always be with them. Then she passed away quietly. Solomon then shares Virginia Woolf's suicide note to her husband and notes that it shares the same spirit as his mother's death.

When Solomon's father learned that Solomon had thrown away what was left of his mother's pills, his father was angry, telling Solomon he had saved the pills for himself, should he ever need to take his own life. The author's father saw Solomon's recovery from depression as a direct result of his love and dedication to his son. He had tried to save Solomon's mother but had not been able to, yet he was successful in saving his son.

History

History Summary

The evolution of the condition of depression and the ideas surrounding it evolved very closely with western thought and can be divided into five stages: the ancient age, the Dark and Middle Ages, the Renaissance, the seventeenth and nineteenth centuries and the modern age. Although it is common to believe that depression is a modern ailment, this could not be further from the truth. Depression has actually been identified as far back as ancient times. Depression was referred to as "melancholia" until the term "depression" was first used to describe "low spirits" in 1660. Although treatments for depression varied greatly throughout history, the symptoms remained very much the same throughout.

In ancient times, the Greeks believed in a sound mind and sound body; therefore, if one was of unsound mind (in this case, depressed), then this must also mean this person was of unsound body. They believed a person's character was comprised of the four bodily fluids: phlegm, yellow bile, blood and black bile. It was their belief that depression was caused as a result of an excess of black bile and was called "melaina chole," from which the term "melancholia" was derived. Remedies for the ailment ranged widely. Hippocrates, who was surprisingly modernist in his ideas, suggested a diet change and special plants and herbs that were believed to eliminate black bile. He also believed in advice and action as cures for depression, having cured King Perdiccas II of the ailment by analyzing his character and convincing him to marry the woman he loved. There grew a strong divide between the medical view versus the philosophical/religious view of depression and Hippocrates criticized the religious/philosophical view which believed in calling gods, etc. to ease the illness.

Socrates and Plato followed Hippocrates and disagreed with many of his views. Hippocrates can be seen as the grandfather of Prozac, while Plato can be seen as the grandfather of psychodynamic therapy. He believed in the strong effect a man's childhood could have on his character and believed also in the strong effect of family. Aristotle came after and followed neither Plato's nor Hippocrates' ideas. Instead, he believed the heart was the regulator of the four humors of the body, which could be disrupted by either heat or cold. In the third century B.C., Erasistratus of Juli separated the brain and cerebellum, believing the brain was responsible for intelligence while the cerebellum was responsible for motor ability. Herophilius of Calcedonius then formed the idea of the brain controlling the central nervous system.

Menodotus of Nicomedia, in the first century A.D., used all of the aforementioned information and prescribed a total health treatment for depression including gymnastics, traveling, massage and mineral water as a part of his regimen. During the same time, Rufus of Ephesius was able to recognize hypothyroidism, which is a hormonal imbalance that causes symptoms very similar to those of depression. He believed that the primary causes of melancholy were heavy meats, not enough exercise, too much

red wine and intellectual labor (he believed that geniuses would then be especially likely to develop depression). He also believed depression was a result of built-up sexual fluids which rotted and infected the brain. He used treatments such as bloodletting to release the depression before it became entrenched in the patient.

After the fall of Rome, the Dark Ages prevailed. Philosophers during this time believed that depression was caused by something external. The rise of Christianity proved disadvantageous to the beliefs surrounding depression. Claudius Galen was the medical authority during the Middle Ages, but his psychopharmaceutical treatments disagreed with the teachings of the Catholic church and became used less and less. According to St. Augustine, since man's separation from beast was his ability to reason, when a person lost his ability to reason (became depressed), this reduced him to a beast. By the thirteenth century, depressives were being fined or imprisoned for their so-called "sin." The medieval church listed nine deadly sins (which were later edited down to seven) and one of these sins was "Acedia" which meant "sloth." Monks were prone to develop this condition. Mental illness in general was seen as a sin during the Middle Ages.

To Renaissance thinkers, however, depression meant profundity and they challenged the Catholic Church in this regard. Marsilio Ficino, a great philosopher of the Renaissance, believed that melancholy was present in everyone as a yearning for the great and eternal, a constant quality of the soul. The English Renaissance, however, kept their views more like those of medieval times, seeing the condition as close to sin and entirely undesirable. The French, however, became the first to treat symptoms that were either from physical disease or imagined afflictions. Andreas Du Lauren published a book called *Discourse of Melancholike Diseases*, where he divided the mind into three parts: reason, imagination and memory. He believed that melancholy was a disease of the imagination.

Beginning with the sixteenth century and for the duration of the seventeenth century, melancholy had become a common ailment. In the seventeenth century, Robert Burton wrote and published his *The Anatomy of Melancholy*, a book to which he devoted his entire life and that became the most quoted book on the subject until Freud's *Mourning and Melancholia*. Burton's book became the first to begin the unification of theories of mind and matter.

René Descartes was the great mind of medicine in the seventeenth century. He emphasized the mind's influence on the body and vice versa, a subject he discusses in his *The Passions of the Soul*. Thomas Willis published his *Two Discourses Concerning the Soul of Brutes*, in which he offered the first chemical theory of melancholy. Explanations of the connection between mind and body differed, but scientific explanations that had been developed increased throughout the eighteenth century. However, in the Age of Reason, depressives (seen as those without reason) were at a very great disadvantage socially and, while science was progressing rapidly, the position of depression in society receded.

In the eighteenth century in the American colonies, depression and Protestantism were strong. Though their lives were difficult and there was a great deal of melancholy to deal with, those who suffered from depression were almost always seen as objects of the devil. Cotton Mather published *The Angel of Bethesda* in 1724, which was the first book published in America on the subject of depression. The book focused primarily on treatments for the ailment rather than its source.

The Romantic period, which began at the end of the eighteenth century, proved a positive step forward for the subject of depression. It was thought of as a condition that allowed insight. Søren Kierkegaard spoke and wrote a great deal on the subject of melancholy. He accepted himself as being melancholy and wrote of his condition as though he seemed to enjoy it and thought perhaps happiness could cause him some harm. He saw mankind as melancholy. Arthur Schopenhauer was even more pessimistic and believed that a depressed person lived only out of basic instinct.

In the nineteenth century, those suffering from mental illness began to be seen as real people once again, after having been seen for the previous hundred years as sinners and animals. The main advancement of this century was the asylum system for residential care of mentally ill patients. The nature of mental illness was debated at length during this time and was redefined. Prior to this, melancholy had been seen simply as one thing, whereas during the nineteenth century, the term was redefined to include categories and subcategories of the illness.

W. Griesinger insisted that mental illness was a disease of the brain. He became the first to present the idea that mental illness was treatable and it was as a result of his work that the asylums began to divide their patients into groups of those who stood a chance of recovery and those with more severe cases. William James addressed the question of enduring life by breaking down his faith in God. Henry Maudsley addressed the same profound kind of question in the arena of medicine and he was the first to ever describe a case of melancholy that recognizes but is not capable of resolving itself.

The modern period of thought essentially began when Freud published "Flying Papers" in 1895 in which he proposed the idea of an unconscious mind, which took the place of the idea of a soul. During this same time, Emil Kraeplin published a series of classifications of mental illness, which proved to define the subject of depression as it is known today.

Early versions of psychoanalysis have been in place for many years with bloodletting, which was believed to draw out melancholy from the body. Freud, however, stated that melancholy is a state that comes about from the loss of desire for food or sex. The first true description of psychoanalysis came from Karl Abraham in 1911, who wrote an essay on the subject which remains valid to this day. He first stated that anxiety and depression were related: anxiety is stress over what may happen in the future, while melancholy is stress over what happened in the past. Abraham believed that one required the other.

Freud challenged the definition of despair and melancholy in his essay "Mourning and Melancholia" six years later. He believed that, while someone in mourning is distraught by actual death, a person suffering from melancholy suffers from imperfect love. Abraham responded to this by offering that depression had two phases: the actual loss of the object of love and resuscitation of this object through internalization. Solomon describes these phases as they related to him when he published his book and his subsequent guilty feelings because he felt he had defied his mother.

Emil Kraeplin, the father of psychobiology, divided melancholy into three progressively more serious states. In the first, a person appears mentally slow, having difficulty making decisions and expressing themselves, or to follow written or spoken words. They take less interest than usual in their environment and explain that they feel tired. He believed that the improvement from this phase was gradual, varying from a few months to over a year. In the second phase, symptoms included bad digestion, pale skin, numbness in the head and anxious dreams. Recovery from this phase, he believed, usually took between six to eighteen months. In the final phase, a melancholy person suffers from dreamlike delusions and hallucinations, which frequently resisted treatment and became a permanent state.

Adolf Meyer disagreed with both Freud and Kraeplin, having been greatly influenced by American philosophers like William James and John Dewey. The principles he proposed instead were so rational and reasonable that they seemed almost ordinary.

In the middle of the twentieth century, two main questions puzzled the arena of neuroscience of depression: whether mood states traveled through the brain in electrical or chemical impulses and whether there was a difference between endogenous neurotic depression (came from within) and exogenous reactive depression (came from without).

The discovery of antidepressants was an exciting landmark in the field, yet the issue arose of determining how they worked. This led to years and years of research on every type of antidepressant. The following twenty years were full of debate over which neurotransmitters were the essential ones and many theories surfaced regarding the issue.

Surprisingly, the most recent modern science of depression is very similar to Hippocrates' belief that melancholy was an illness of the brain that was best treated with oral remedies. Although the oral remedies of the present are much better formulated, the essential perceptions of depression have come from its initial perception by Hippocrates in ancient times.

Poverty

Poverty Summary

Depression afflicts those of the upper, middle and lower classes alike. Yet, though the affliction can reach anyone, it is the treatments that become elusive to the lower class because of their cost. As a result, most depressives of the lower class remain untreated. Also, the disease itself is much easier to recognize in a person of higher social standing, whereas depressive symptoms become much more difficult to distinguish among the poverty-stricken.

Indigence is a valid trigger for depression and relief of this indigence is a great way to recovery. The arguments for treating depression among the indigent are logical. Depressives pose a great strain on society. Of the United States population of people suffering with serious mental illness, 85-95% are unemployed. Many turn to substance abuse and self-destructive behavior, even violence. If left untreated, these problems are then passed on to their children, who are then likely to be mentally dysfunctional themselves. The sons of mothers with untreated depression are much more likely to become juvenile delinquents than other boys and daughters of depressed mothers tend to go through puberty earlier than other girls, which usually leads to promiscuity and early pregnancy. When cost is a factor, it is comparatively less expensive to treat the depression versus not treating it. However, there are no programs in the United States right now for treating depression of the poor.

It is difficult to find statistics in this area since so few studies have been conducted, however, it is known that 13.7% of Americans fall below the poverty line and one study found that 42% of heads of households who receive aid from the Aid to Families with Dependent Children (AFDC) Act are clinically depressed. It is also known that 53% of mothers on welfare are clinically depressed as well. State and federal governments spend about $20 billion a year for poor, nonelderly adults and their children. Roughly the same amount is spent on food stamps for families such as these. If a conservative estimate suggests that 25% of people on welfare are depressed, then at least half could be successfully treated and of that number, two-thirds could return to work, resulting in a savings of over $3.5 billion per year.

Jeanne Miranda has been advocating mental health for inner-city residents for over twenty years. A psychologist at Georgetown University, she has done much research in the area and has acquired valuable information through conducting studies, among few ever to be conducted on the subject. In one of her studies, she came across Lolly Washington. Lolly had grown up as a victim of sexual, physical and verbal abuse since the age of six. By the time Miranda came across her, she was twenty-eight, was responsible for eleven children and was severely depressed, having come to the clinic to have her tubes tied. She received treatment for her depression and cut herself off from her sister and husband. She acquired a job in childcare with the U.S. Navy. Her

salary allowed her to move to a new apartment where she and her children lived much more happily.

Depression among the indigent in America is not as closely tied to lack of money as many people think. In reality, it is about the helplessness of their situation. Learned helplessness is seen as a precursor state to depression. Solomon uses a variety of other case examples to illustrate different instances of depression among those in poverty. People in this situation are mostly not represented in existing statistics regarding depression, yet it is known to affect this class often. Schizophrenia in particular is known to affect twice as many in low-income areas as it does in the middle-class. HIV is also closely tied to depression and poverty. Though most people believe depression is a consequence of HIV and poverty, it is many times a precursor to the disease. It is so prevalent that Solomon states that all of the impoverished, depressed men he interviewed were HIV positive.

Solomon has found that strength of will is usually the best barricade against depression. Among the impoverished he has come across, he has found that they tend to endure a great deal of trauma. He uses an example of a girl named Leslie who suffered very severe, violent abuse from her family. Her life consisted of a great deal of hardship and she fell into depression as a result.

The disbelief in society concerning the issue of depression in poverty makes it that much more serious an issue. Solomon received criticism for a piece he had written on the subject, with the main idea being that these people would obviously have to be depressed, having gone through the extreme hardship they've encountered in their lives. Solomon compares the issue of indigent people suffering from depression to the issue of the hole in the ozone layer found in the Antarctic. When scientists discovered it, they thought their instruments were broken because the hole was so large they could not believe it was real. Solomon draws a parallel between this problem and the one in question, arguing that the problem of depression among the indigent is such a large one that it has not been properly addressed.

In order to remedy the problem properly, however, money is not enough of a solution. Instead, depressives need therapeutic help in order to be able to work and relieve the strain on society otherwise imposed by their unemployment. Without programs to ease this problem, however, the terrible poverty and subsequent depression will no doubt continue.

Politics

Politics Summary

Politics play as large a role as science in the current description of depression. The question of treatment becomes one of the most essential questions. The vocabulary of depression, however, is very easily manipulated, which proves a disfavor. The definition of depression is necessary to determine the extent to which its treatment will be covered by insurance. United States government policy has continued to change in the last decade and continues to do so.

There are four major factors that influence ideas surrounding depression: its medicalization, its vast oversimplification, imagining and a weak mental health lobby. The greatest block, however, is social stigma, which applies to depression specifically more than to any other disease. Many people Solomon interviewed asked him not to use their names in his publication, fearing other people would know they were depressed and perceive them as weak. It took him a long time to find stories for his book because Solomon found it rare that people were willing to be frank with themselves and with the world about their experience with depression. Many people shared their stories, but almost all of them asked not to be identified.

One evening, Solomon attended a house party and when he was asked what he was doing, he replied that he was writing a book about depression. Later that evening, he was approached by a beautiful woman, who confided to him that she had been suffering from depression for a time and, though she had been taking medication and it had helped slightly, she remained unhappy. After her confession, she asked him not to tell anyone, especially not her husband, whom she felt would not understand and would not be able to tolerate it. A few days later, Solomon went riding with the woman's husband and he confided almost the same story. He, too, had been upset and put on medication, the same one, in fact, his wife had been taking. However, he, too asked Solomon not to tell his wife, feeling she wouldn't understand. Solomon did not break his confidence with either the wife or the husband, instead informing them that depression is frequently genetic and he suggested openness on the issue for the sake of their children.

Statements on the subject of depression have been made by public figures such as Tipper Gore, Mike Wallace and William Styron, which may pave the way for others to do the same. In general, however, people tend not to believe a confession of depression, no matter the extent of the details, unless one looks severely depressed. A prejudice exists surrounding the issue, which Solomon believes stems from insecurity. Another common misconception is that depression makes a person useless, something that is simply not true.

Research has been conducted by the National Institute of Mental Health (NIMH) as well as the Substance Abuse and Mental Health Society of America (SAMHSA). Within the United States government, Senator Paul Wellston (Democrat, Minnesota) and Pete

Domenici (Republican, New Mexico) have been the most vocal advocates of improvements in mental health law. Now, the main political struggle revolves around the issue of insurance. Since 1998, it has been illegal for companies with more than 50 employees that offer health plans to have reduced caps on mental health coverage, yet they still may require a higher copay for mental illness than for other illnesses and so mental health is not entirely covered. Laura Flynn, of the National Alliance for the Mentally Ill, argues that depression is a chemical imbalance just like kidney or liver dysfunctions. HMOs often carry even more problems related to the coverage of mental illness.

Solomon emphasizes that depression is a very expensive illness, using his own experience as a lucid example. His first breakdown cost him and his insurance company five months of work, $4,000 worth of visits to the psychopharmacologist, $10,000 of talking therapy and $3,500 for medications.

Senator Wellstone became the first to introduce mental health legislation in 1996 and led the fight to make a distinction between mental and physical illness illegal. Though it is difficult to find anyone opposed to healing the mentally ill, legislation does not pass easily. The reason for this is that when the extent of insurance coverage increases, so does the coverage cost. This means that, in the current U.S. system, there will be fewer people with coverage. For every 1% increase, 400,000 people will lose coverage. This means that if mental health coverage increases cost by 2.5%, one million more Americans will be uninsured.

In the House of Representatives, the focus on the subject of mental illness is that it is a dangerous affliction. Example incidents include the attempted assassination of Ronald Reagan by John Hinckley, the Unabomber, the shooting of two policemen on Capitol Hill by Russel Weston, Jr., Andrew Goldstein, a diagnosed schizophrenic, pushing a woman under a subway train in New York and shootings in post offices and schools all over the country.

Recent research linking depression to other illnesses has begun to make an impact on lawmakers and HMOs as well. The proof that a person suffering from depression is more likely to contract other illnesses makes it too expensive an issue to ignore.

Most people in Congress who fight for mental health legislation have personal experience with mental illness. Senator Reid's father committed suicide, Senator Domenici has a very sick schizophrenic daughter, Senator Wellstone has a schizophrenic brother, Representative Lynn Rivers has a severe bipolar disorder, Representative Roukema has been the long-time husband of a psychiatrist and Representative Wise chose to enter public service after spending time working in a psychiatric ward and developing relationships with the patients he met there.

It is a fact that not all depressives want to be cured. The question, however, is not whether they should be forced into treatment, but, in fact, when they should be forced into treatment and by whom.

One sad fact is that Vietnam Veterans make up a large part of the homeless population in our country. At the Veteran's Administration hospital, one man was admitted 17 times for mental illness. Solomon proposes that if proper medical care were available and administered the first time, it would have saved the cost of the subsequent 16 visits.

Lynn Rivers is the first and only member of the United States Congress to share her own mental health problems. In an election campaign early in her career, an opponent exposed her bout with mental illness, but her calm demeanor in handling the situation, admitting the truth to the public, put her in favor and she won the election. She has continued to be a strong advocate on the issue of mental health legislation.

Solomon also uses the example of Joe Rogers, the executive director of the Mental Health Association of Southeastern Pennsylvania. He has a family history of mental illness and suffered from depression himself. Solomon describes his case in detail, as well as his work in mental health hospitals. Spurred by his own bad experience in a hospital, Rogers began researching other hospitals, though he says his aim was not to find abuses. Instead, his goal was to find whether the model of a state facility was misguided and he sought to discover the quality of a good hospital rather than the gloom in a bad one.

In the close of this section, Solomon speaks directly to his readers when he says that the politics surrounding depression surround the writing of this book. He implores his readers that if they read his pages closely, they can learn exactly how to be depressed. However, everyone's struggle with depression is different and the subject itself continues to be shrouded in mystery.

Evolution

Evolution Summary

The question of "why?" has been largely ignored in medical arenas on the subject of depression, but it is one that has taken the attention of evolutionists. Solomon suggests that looking at evolutionary questions regarding depression is looking at essentially what it means to be human. Mood disorders are complex conditions and are a common outcome of a variety of different causes.

Evolutionists argue that depression occurs much too often to be classified as a simple dysfunction and instead, it seems entirely more likely that the mechanisms that permit depression served as a reproductive advantage at some stage of evolution. From this supposition, there are four possibilities that are each at least partially true. The first possibility is that depression served a purpose in prehuman times that is no longer necessary. The second is that the stresses we encounter in our modern lives are more than what the brain was intended to handle and, therefore, depression is the result of attempting to handle that with which the brain has not evolved to cope. The third possibility is that depression serves a useful function to humans and it is a good thing for people to be depressed. The fourth is that the genes and biological structures of humans that are responsible for depression are also used in other, more useful behaviors and feelings of depression are therefore a secondary result.

It is important to keep in mind the purpose of evolution. Natural selection prefers some genes over others; it does not necessarily wipe out disorders in a quest to achieve perfection. In this case, depression may be a consequence humans face as a result of doing what they did not evolve to do. Solomon believes that the multitude of choices humans face in the modern world contributes to depression. He notes that the average American supermarket has over 300 items in the produce section alone and many markets push 1,000. This kind of choice pushes humans into uncertainty in everything from choices in the supermarket to marriage decisions, which explains a lot about growing rates of depression in modern society.

In addition, there are many stresses for which humans, in general, are not well-prepared. One of these, Solomon argues, is the breakdown of family and start of life alone. The loss of an intimate relationship between a child and a working mother, living a working life that entails little to no physical exercise, living in artificial light, loss of the comforts of religion and the assimilation of the information in our modern age are all great stresses. Solomon asks, "How could our brains be prepared to process and tolerate all this? Why wouldn't it be a strain for them?"

Many evolutionists believe that depression prefers the reproduction of specific genes, yet the fact is that depression reduces reproduction altogether. Depression is intended to warn us away from potentially dangerous behaviors or activities by making them unpleasant to tolerate; therefore, it becomes the capacity for depression that makes the

state useful to humans. Depression may also prohibit behaviors with negative effects, such as stress, for example. Excessive stress can trigger depression, thereby protecting one from experiencing the excessive stress. Depression also allows humans to change nonproductive behaviors by serving as a sign that resources are not being used efficiently and signaling the need to refocus them.

More serious depression elicits the attention and assistance of others. Solomon uses his own experience in this case, saying that his own depression brought out various helping behaviors in his family and friends. He received much more attention than he would have otherwise and his loved ones did all they could to relieve each of his burdens-financial, emotional and behavioral.

Depression is most closely tied to the feeling of grief, which Solomon believes is profoundly important for humans. The most important issue it deals with is attachment, for without the fear of grief at the loss of a close relationship, love as we know it would be impossible. In this way, it can be seen that the capacity for experiencing grief enables humans to experience true love.

The social and biochemical evolution of depression are closely tied, but not exactly the same. Scientists have not yet discovered the exact functions of the genes they believe may lead to depression, but it does appear that it is linked to emotional sensitivity, another very useful trait.

Thomas Crowe of Oxford has very unique theories concerning the brain. He believes that the primate brain is asymmetrical and what distinguishes humans from these primates is that the human brain is symmetrical. While brain size increased as evolution progressed in both mammals, some mutation in the process allowed the brain to form from two separate parts with some measure of independence from one another. As far as mood disorders, Crowe believes that schizophrenic and affective disorders may be the price humans pay for having such a brain.

The topic of brain symmetry is a popular one at present and neuroscientist Richard J. Davidson at the University of Wisconsin has done some promising work on the subject. He uses PET and MRI to obtain snapshots of the brain approximately every two and a half seconds and, using the images, he has been able to map the neural and chemical activity in the brain as it responds to stimuli. His work has very promising practical implications; if scientists are able to isolate the area of the brain affected by depression, they may then be able to directly stimulate that specific area as a form of treatment.

The activity in either side of the brain differs from person to person. Most people experience more activity in the left side of the brain. Those with more activity on the right side tend to experience more negative emotion than their counterparts. This right-side activation also predicts the vulnerability of a person's immune system to depression and is also tied to high baseline levels of cortisol.

Despite extensive research, scientists really know very little about the components of mental illness and exactly the best way to treat them. Solomon admits that

understanding the evolution of depression will not necessarily help in this aspect, though it is important in decisions about treatment. There is no consensus, however, on the treatment of depression and understanding evolution further may lead to an answer to this question.

Hope

Hope Summary

Solomon begins this final section with the example of Angel Starky. Angel suffered emotional and sexual abuse as a child, the youngest in a family of seven. Angel developed depression very early in life and as she grew older, her depression grew worse and developed into a schizo-affective disorder, which caused her to hear violent voices and experience hallucinations. She was taking ten medications daily when Solomon met with her as an adult. Her body was so ravaged by self-mutilation that she was covered from head to toe in terrible scars. She explained that the pain she inflicted on herself was her only small source of happiness. Although many self-destructive patients turn their violence outward, Angel never hurt anyone. On the contrary, she took care in helping people and the hospital staff spoke fondly of her. Her episodes occurred on and off and six months after a particularly bad one, Angel managed to move into supervised housing and land a job bagging groceries, which made her extremely proud and happy.

Solomon confides that when people asked him what his purpose was in writing a book about depression, he was sometimes unclear as to his true purpose. He made up answers to this question until his true purpose finally revealed itself after he was two-thirds into writing the book. He had not anticipated discovering the extreme vulnerability of depressed people. Solomon describes two examples of people who were abused by mentally ill partners and argues that depression does not excuse their actions. He believes that depression does not make an entirely new person; on the contrary, it exaggerates character, making a bad person worse and, in the long run, a good person better.

In his research for the book, Solomon met a multitude of depressed people, but chose only to write about the distinctive cases, where the patient showed an extraordinary amount of strength, brightness, or toughness to distinguish them from the rest of the people he encountered. He wrote about the people he admired. He states that, "By seeing how many kinds of resilience and strength and imagination can be found, one can appreciate not only the horror of depression but also the complexity of human vitality."

Solomon believes that a sense of humor is the best indicator of recovery. Though he admits that a sense of humor is difficult to maintain during a depressive experience, it is entirely necessary to do so. No matter how bad a person may feel during depression, it is essential to maintain the will to keep on living.

It has been argued that depressed people have a more accurate view of the earth than those who are not depressed. A depressed person may have better judgment than a healthy person. Studies have shown that when presented with abstract questions, depressed and non-depressed people are equally accurate. However, when presented

with questions where they must determine their control over an event, depressives tend to give more accurate answers. While the non-depressed tend to overestimate their control over a situation, depressives tend to more accurately assess their amount of control. Another study was done with a video game. After playing for half an hour, depressed people knew exactly how many little monsters they had killed, while the healthy individuals guessed four to six times more than they had actually hit. Freud made an observation that relates directly to this effect: the melancholic has "a keener eye for the truth than others who are not melancholic."

Major depression, however, does not necessarily apply to this principle. As Solomon puts it, "Major depression is far too stern a teacher: you needn't go to the Sahara to avoid frostbite." Solomon believes that despite his serious depression, he has emerged a stronger person for his experiences than he was before he experienced them. He described the outpouring of love from friends and family during a particular breakdown. Solomon describes how he has changed since his experience with depression. He has changed his sleeping habits, gives up more easily than before and is more determined not to waste the time during which he feels happy.

Solomon adds that the opposite of depression, however, is not happiness but vitality, which he is glad to say is something he experiences in all aspects of his life. He says he is vital even as he writes these words and that even when he is sad, he is vital as well. Seven years ago when he began his first breakdown from depression, he was not the same person. He believes that through his experience, he has discovered a part of his soul.

Characters

Andrew Solomon

Solomon is the book's author. Throughout the book, Solomon includes stories of his own bouts with depression, various breakdowns, medications and alternative treatments, to give the reader a fuller sense of understanding and also giving himself more credibility when he speaks on the subject of mental illness. In these stories, Solomon becomes a character in the book himself and the reader goes through his depression with him as he describes it in vivid detail. He experiences three separate breakdowns in the "Breakdowns" section and is prescribed a variety of medications. In each of the sections that applies to him, Solomon uses his own personal experience as an example. He describes his own experience with depression, his three breakdowns, the treatments he received, his own experiences receiving alternative treatments as research for the book and his views and experiences with addiction and suicide. Although Solomon's book is primarily an informative one, it does provide his readers with a first-hand perspective on as much of the material as possible through his experiences, which not only provides the reader with more complete information but gives Solomon a great deal more credibility as an author. In the final section on hope, Solomon shares with his readers his main reason for writing the book, as well as final thoughts on his own personal experience with depression and what he has learned. He emphasizes that he is not the same person he was before his bout with depression and he believes strongly that during his experience, he has managed to find a part of his soul that he would never have discovered otherwise. Throughout the book, Solomon writes in major passages where he conveys his strong beliefs to his readers, as if he is speaking directly to them. Having experienced severe depression himself, Solomon implores his readers, who may one day experience depression for themselves, that, no matter how difficult it may seem, it is vitally important to always retain a strong will to continue living.

Father

Andrew Solomon's father plays a small but important role in the book. When his son begins his first breakdown, Mr. Solomon cares for him and provides him with encouragement. He continues to care for him as Solomon experiences relapses and even feeds and dresses him, urging him to his scheduled public appearances and providing overall support for his son. Since the death of his mother, Solomon's father is his only remaining parent and Solomon turns to him for support. Although his father is almost seventy years old at the time, when Solomon begins to recognize the signs of his illness returning, he informs his father and moves in with him as he deals with his depression. It is clear that without the help of his father, Solomon would have had a much more difficult time dealing with his illness. The love he receives from his father and close friends is what gives him strength and pulls him through at his lowest moments.

Mother

Solomon mentions his mother in the book's introduction when he begins to describe his depression and the effect his mother's death had on him. He considers her death a precursor to his depression. The reader begins to see that he was very deeply affected by her death and is finally able to understand this completely in the "Suicide" section, when he describes her death in its entirety. Solomon's mother was terminally ill with cancer and had planned her suicide once the disease proved painful and debilitating. One day, after coming home from the doctor with bad news about her condition, she decided it was time and gathered her family around her as she took a bottle of pills she had been saving for this purpose. Before she died, she told her family how much she loved and cherished each of them and that she would always love them. She died peacefully, just the way she had wanted. Her suicide not only affected Solomon because of her death, it also affected his views on suicide in general. He looks back on the memory as a painful one, but also very peaceful, calm and loving. His mother got exactly what she wanted and was able to experience a painless, loving death.

Phaly Noun

Phaly Noun is mentioned in the "Depression" section for her remarkable work in Cambodia with her orphanage and center for depressed women. Solomon traveled to Cambodia and met with her there. Cambodians had suffered through a long and brutal civil war and Phaly shared with him her astonishing story of survival. Her husband was taken from her at the start of the war and she had no idea if he had been killed or beaten. She was forced to work in terrible conditions with her twelve-year-old daughter, three-year-old son and newborn infant. They were in constant fear of being put to death. She was tied to a tree and made to watch as her daughter was brutally raped and killed. After lying to her captors and telling them she had been a lover of an important member of government, she managed to escape to the jungle where she remained with her two surviving children. When her breast milk ran dry from malnutrition, her newborn died in her arms and she remained in the jungle with her other son for three years. She was then placed in a camp where she and others were held captive in terrible conditions. Some of the workers at the camp abused them, while others helped them. Phaly managed to set up a clinic and rehabilitated women who had been through similar situations and were so depressed they appeared comatose. Since then, her techniques have been so successful that the clinic and orphanage she runs are almost entirely staffed by women she has helped. She was a candidate for the Nobel Peace Prize.

Laura Anderson

Laura Anderson is mentioned in the "Breakdowns" section and her story serves as an example. She kept in touch through e-mails and the occasional letter or postcard with Solomon for over three years. They exchanged stories about their experiences and supported one another. They grew to be intimate friends in very little time and Solomon came to depend on the support she provided and he did the same for her. She told him

of her moods and medications. She was bi-polar and suffered from severe breakdowns, having tried a number of different medications. The two finally met and Solomon described her as a beautiful blond woman, though she was so shaky and weak with anxiety she could barely speak. Through their meal she was unable to eat and later unable to drive home. She had had a bad reaction to some of her medications and suffered from seizures for a time after. Most importantly, however, she and Solomon shared a mutual friendship that became instantly intimate when they shared stories of their breakdowns and depended on each other for support.

Maggie Robbins

Maggie was a close family friend of Solomon's. Her case was the first time Solomon had ever seen clinical depression, but he did not recognize it at the time. She seemed withdrawn from the group, but he did not realize until later that this was a symptom of her depression. He describes her case in detail, from the first time he saw her withdrawal symptoms, to fifteen years later, when she suffered the worst depressive breakdown he had ever seen. Maggie created an alter ego and called it Suzy, even writing poems about her. She was on medication after medication and continued to suffer from severe depression. After the worst bout was over and she began to recover, she used her faith as a tool in her recovery and was successful in doing so. Solomon presents her case in the "Treatments" section as an example to show how religious faith can prove effective when used by patients to pull themselves out of depression.

Claudia Weaver

Solomon uses Claudia as an example in the "Alternatives" section, to show successful use of homeopathic cures. Claudia suffered from allergies, digestive problems and eczema and began using homeopathic remedies against these problems, as well as drug problems and believes the homeopathic cures were what saved her from more serious problems. She suffered from depression in college and used conventional medication, including Prozac, to get her depression under control. Solomon describes her case in detail, as well as her range of remedies, which she soon began to use in place of Prozac and they were effective in keeping her stable. She married and experienced relapses in her depression but in the end considers herself lucky for having made it through with her life still intact.

Dièry Prudent

Used as an example in the "Populations" section, the two met through Prudent's wife, who was an old school friend of Solomon's and became familiar with his story. Prudent grew up as the youngest of nine children in a poor neighborhood where he was made to feel like an outsider because of the color of his skin. Finally getting sick of being smacked around in school, he began working out and practicing martial arts. Fighting soon became a release for him and he used it to let out his frustrated, unhappy feelings.

He managed to complete school and get a job but when he reached adulthood, his depression worsened. Prudent became Solomon's personal trainer and, since they had their depression in common, a close friend.

Tina Sonego

Used as a case example in the "Addiction" section, Tina is a flight attendant with Moroccan heritage who suffered from self-destructiveness, depression and dyslexia, among other things. She and Solomon began a three-year relationship based on letters and e-mails during which she described her afflictions in detail. While traveling at the age of 19, Tina suffered her first breakdown. After a few failed relationships, Tina found herself attracted to violent men who treated her terribly. She was hospitalized, but continued suffering from depression and turned to alcohol, finding it to be the only way she could deal with her terrible anxiety. The alcohol turned to alcoholism and she turned to AA for help. She describes the first time she was sober as the first time she felt the full effects of her depression. Tina attended AA meetings for over five years and has continued to do so. Finally able to experience a fulfilling life, she has learned from her depression and has turned passionately to her love of dancing.

Lolly Washington

Lolly Washington is used as an example in the "Poverty" section. She was discovered by Jeanne Miranda, a psychologist at Georgetown University, during a study. Lolly had been abused at the age of six by a disabled friend of her alcoholic grandmother. By the time she reached seventh grade, Lolly was severely depressed. Though she went through the motions of completing her schoolwork, she had lost her motivation to live. She believed she was ugly and worthless. Her first boyfriend was physically and verbally abusive to her. Lolly gave birth to her first child at seventeen and was able to get away from her boyfriend. A few months later, she was violently raped by a family friend. She became pregnant as a result of the rape and gave birth to a second baby. Then, as a result of family pressure, she married an abusive man. In the following two and half years, she gave birth to three more children. Her husband abused their children as well and Lolly became even more seriously depressed, losing weight and turning to painkillers for relief. Her husband continued the abuse and Lolly became responsible for the children of her crack-addicted sister. At the age of twenty-eight, she was raising eleven children and went to a clinic to get her tubes tied, where she met Miranda. She received treatment for her depression, cut herself off from her abusive husband and addict sister, acquired a job and moved with her children to a new apartment where she and her family were much happier.

Lynn Rivers

Lynn was the first member of the United States Congress to share her own mental health problems. She was married and pregnant at the age of eighteen and suffered for

many years with depression. Her insurance company only covered a trivial amount of her treatment and her husband was forced to work three jobs just to support their family and pay her medical bills. She was rendered practically unable to care for her two children, something for which she carries guilt with her to this day. She finally found the right combination of medicine and, as soon as she felt well enough, began a career in public service. During a campaign election, her opponent brought up the issue of her mental illness and she candidly admitted the truth. The way she handled the issue with calmness made the incident, which could potentially have harmed her campaign, an asset instead and she won the election. She continues to be an advocate for reforming mental health legislation.

Angel Starky

Angel's case example opens the section on "Hope." She came from a family where she was rarely touched or hugged and was the youngest of seven children. She was sexually abused by a janitor at her school, raped at age thirteen and suffered from depression from the early age of three. Since she finished high school seventeen years ago, she has been hospitalized almost full-time. Her schizo-affective disorder causes her to experience hallucinations and hear voices telling her to destroy herself. She feels panic in addition to her severe depression. She has attempted suicide countless times and has ravaged her body with self-mutilation, the only thing that brings her momentary happiness. Her daily medications include Clozaril, Prilosec, Seroquel, Ditropan, Lescol, BuSpar, Prozac and Cogentin. Solomon met with Angel and spoke with her at length. He was taken aback by the state of her body from all of the self-mutilation and medication. She explained to him that she enjoys feeling pain and that she loves her mother but feels she has tormented her long enough and she wishes desperately to end her life. She believes she is ugly and heavy and suffers memory loss from ECT (of which she has experienced thirty rounds of treatment.) Although she was severely self-destructive, Angel was never violent toward anyone else. In fact, she enjoyed helping people and the hospital staff described her as very patient and caring. She described one time when she attempted to light herself on fire, but suddenly became afraid that she would burn down the building and put herself out immediately for fear of hurting anyone but herself. Angel suffered many ups and downs, able to move out of the hospital for a time into supervised housing before she suffered another episode and was forced to move back in. Solomon's last memory of her was six months after a particularly bad episode, where she had moved back out of the hospital and finally acquired a job bagging groceries, of which she was very proud.

Themes

Depression

Depression is highly misunderstood by many people. It is an illness just like any other and for this reason, needs to be treated. Besides the misunderstandings surrounding the disease, a large problem is also errors in treatment. Hardly any of those suffering from depression receive proper treatment, though the number of people who suffer from the illness is rising rapidly. Solomon describes in detail his own experience with depression, including three breakdowns and how he dealt with the symptoms during each. Solomon also includes examples of the experiences of people around him. Since he has explained that depression varies greatly from person to person as it interacts with differing personalities, the examples allow the reader to obtain a full understanding of the range of effects that can be associated with depression. The remarkable story of Phaly Noun and her unique yet extremely successful technique for rehabilitating women is a testament to courage and caring. All in all, Solomon seems intent to prove wrong the misconceptions surrounding depression as an illness and to correctly convey the severity it can reach by describing his own symptoms, as well as those of other sufferers. Although he knows first-hand how difficult it can be to struggle with the disease, Solomon ends the section by saying that even if it were possible to wipe out the chemistry in the brain that produces depression, he would not want it to be done. If depression were entirely wiped out, it would flatten out all other experiences and life, making it all entirely dull by comparison.

Breakdowns

Solomon did not begin his first depressive breakdown until it seemed all of the other problems in his life had been solved. His life seemed to be in order as far as his social and family life, he had a good job and he was coming to terms with his mother's death years earlier. It was as if the depression struck as soon as he had run out of excuses for having it. His symptoms began with a feeling of numbness, then progressed to a feeling of extreme anxiety to the point where he felt terrified at insignificant things like pork chops. Any small task from getting out of bed to returning calls seemed unbearable. He began medication for the first time, which alleviated his symptoms. Solomon discusses the close relationship between anxiety and depression. They are very similar in nature and often occur together. Throughout his bout with depression, Solomon had to appear in public for readings that had been scheduled to accompany the publication of his new book and with the help of medication and the love of his family and friends, he was able to make it through. He emphasizes that, had it not been for the love he felt from his close friends and his father, he would have had a very different experience. His symptoms progressively worsened and he longed to die. Though thoughts of friends and his father kept him from jumping off the roof, he felt the urge to acquire AIDS so that he could die from the disease, thereby avoiding disappointment from his loved ones. He soon regretted the decision and when the HIV test came back negative, he was

refreshed with the will to live. Solomon makes it clear throughout his description of his breakdowns that, had it not been for the love he felt surrounding him, he would not have been nearly as successful at battling his depression.

Treatments

Solomon discusses the two main types of treatments for depression, talking therapies and physical intervention. He describes in detail the two types of talking therapies, CBT and IBT, emphasizing that although each has been proven successful in treatment for depression, any treatment can only be as successful as the practitioner is competent. He emphasizes the extreme importance of choosing a therapist wisely. Not only must the therapist be competent, but if the patient does not like the therapist, the therapy cannot be successful. There are two types of physical treatments for depression, medicine and ECT. Solomon seems to believe that medicine is usually necessary for proper treatment of depression and, although ECT is not always necessary, it has had great success rates and for certain people, can be extremely useful. Solomon mainly emphasizes that the treatment cannot work without the help of the patient, who must be willing to help it along. Physical intervention and talking therapies are not as useful alone as they are when used in conjunction with each other. The most important thing to remember is that depression affects each person differently and that the patient must be willing to take an active part in treatment and recovery in order for any treatment to be truly effective.

Alternatives

Solomon describes all kinds of alternative treatments that have been used for depression, from homeopathic treatments to an elaborate group dance. Solomon not only describes each of these treatments, but also adds a variety of case examples of patients who have used each of the treatments, even participating in quite a few himself to report on their usefulness. Opinions vary greatly on the subject of alternative treatments, but Solomon believes that the most essential component in any treatment is belief itself. If the patient believes he or she will benefit from a specific activity, it is more than likely true. As Solomon put it, "If you really truly believe that you can relieve your depression by standing on your head and spitting nickels for an hour every afternoon, it is likely that this incommodious activity will do you tremendous good." No matter what the treatment, if the patient believes it will work, that is half the battle.

Populations

Depression afflicts people of both sexes and all ages and backgrounds. In this way, it is an equalizer. Solomon discusses the fact that women have a much stronger tendency to develop depression than men, for reasons that are attributed to physical as well as social differences. Theories on the subject vary widely. Men, on the other hand, although they report depression much less often than women, are much more likely to

commit suicide. Men who suffer from depression sometimes show symptoms that are not generally seen as characteristic of depression, such as violence. The elderly were found to have extremely high rates of depression, largely attributed to loneliness and with variations in symptoms from younger people. Homosexuals have also been shown to have an extremely high depression rate. Solomon can empathize with homosexuals because of a childhood during which he struggled with his sexual identity. Views on depression vary from culture to culture and these views have a huge effect on the people. People who grow up surrounded by a specific culture learn to think in a certain way and if this way of thinking does not provide room for mental illness, it makes it very difficult for these people to deal with the illness. Solomon traveled to Greenland to speak to the Inuit people. Although depression affects as much as eighty percent of the population, the subject of depression was never discussed among its people and they were forced to keep their feelings inside, which resulted in a population of greatly depressed and often suicidal people. Solomon makes it clear that depression affects everyone, regardless of social class, culture, age, sex, or sexual inclination.

Addiction

Solomon describes a variety of different addictive drugs, their effects (most from personal experience) and their symptoms, as well as their medical uses. He states that depression and substance abuse often coincide and when they do, they tend to form a cycle. Depression can lead a person to substance abuse and the effects of that abuse can lead to more depressing circumstances. and therefore exacerbate depressive symptoms. When depression and substance abuse do occur together, it is important to treat the two illnesses together as well, though it is common for practitioners to simply treat the substance abuse first, ignoring the depression and thinking of it simply as a symptom of the abuse, rather than the completely separate illness it really is. Solomon describes his own experiences with the various drugs he describes and with addiction in general. He believes he has a primarily non-addictive personality and has not become addicted to any of the substances with which he has experimented. As far as alcohol, Solomon expresses his belief that society plays a major role in the determination of what is seen as addiction. He grew up with alcohol on the dinner table and became accustomed to it, developing a high tolerance. Then as he moved on to college and into adulthood, the views of his peers on the subject of alcohol changed and he began to see it differently. Solomon also uses his own experience to describe the addictive effects of antidepressants. Though they are useful drugs and effective in many cases, they are very addictive. Solomon, who has been taking Zyprexa for years, admits he has tried to get off of it three times and was unable to do so. He continues to take it to this day. Solomon adds one more link between depression and weakness: depression has a weakening effect on the body and this weakness makes one a likely candidate for addiction.

Suicide

Solomon makes it clear that, although suicidal impulses and depression often occur together, this is not always the case. One does not necessarily need to be depressed in order to commit suicide, as is commonly thought and not all depressed people are suicidal. He discusses the four different classifications of suicides, distinguishing the thought processes behind each so that the reader can distinguish between them and see that not all are "cries for help," as common thought tends to suggest. He discusses in detail his own experience with suicidal tendencies during his depression. Solomon felt the urge to kill himself many times and, although he never actually made an attempt, he did plan out various scenarios for doing so and admits candidly that if his depression had been any longer or more severe, he is sure that his suicidal impulses would have been much stronger. Many groups tend to be at higher risk for suicide, including those with suicide in the family, those who have experienced the death of a parent, the elderly and homosexuals. Although Solomon describes the case of a man who attempted suicide, the most prevalent example in the section is that of his mother's suicide, which he describes in vivid detail and which seems to have deeply affected his views on the subject. The only other death Solomon has witnessed in his life was a person shot by a gun and he thought to himself that the death of that person did not belong to him/her, it belonged to that bullet. He sees his mother's death, on the other hand, as entirely hers.

History

Although it is a common thought that depression is a modern ailment, this is far from the truth. In fact, the subject of depression dates back to ancient times when it was referred to as "melancholy." During these ancient times, Hippocrates' views were surprisingly modern. He believed that melancholy was a disease of the mind and suggested treatments including diet changes and oral remedies. In the Dark Ages, the rise of Christianity proved severely disadvantageous for the arena of depression. It was seen as a sin and those who were afflicted with it were seen as sinners, in God's disfavor and shunned. The Renaissance, however, glorified depression and those who suffered from it were seen as profound thinkers. Through the sixteenth and eighteenth centuries, thoughts surrounding the subject changed once again as the issue of the mind and body relationship arose, indicating that a mental malady also indicated a problem with a person's physical body. In the Romantic period, depression was considered a necessary state for insight. The modern view, beginning with Freud, saw depression as a mental illness to be remedied in large part by oral treatments. This led to the discovery of anti-depressants and vigorous research on the chemical intricacies of the brain. In the end, the views on depression seem to have come full circle. They have gone from Hippocrates' view of melancholy as a disease of the mind to be remedied with oral treatments, through the Middle Ages where depressives were seen as sinners, into the Renaissance where they were seen as profound thinkers and into later centuries where the views began to change, to modern times where the disease is remarkably now seen much like it was by Hippocrates in ancient times.

Poverty

Depression can be thought of as an equalizer because of the way it is capable of affecting any person in any level of society. It affects the rich and the poor alike. The main issue that arises with this fact, however, is that treatments are not so transcendent. They cost money and therefore, the poor, though they are equally as afflicted with the disease, are not nearly as likely to find suitable treatment. Also, depression is relatively easy to spot in someone of middle to upper class standing, but it is difficult to pick out a depressive person among the poor. Through as many statistics as are available on the subject, Solomon shows in numbers the severity of the situation that is faced. If the impoverished continue to go without proper treatment, they will continue to be a burden on society. However, this burden would be eased significantly if proper action were taken to provide adequate treatment for the indigent and depressed. After treatment, many would be able to return to work and ease the burden on society. In order to reach this kind of resolution, however, it is necessary to break through the social misunderstanding that depression among the impoverished is not a serious issue. Solomon uses an effective analogy when he compares the enormity of the issue to the discovery of the hole in the ozone layer above the Antarctic. When scientists first saw the hole, they thought their instruments were broken, in disbelief that a hole of that size was possible. It was indeed possible, however and Solomon posits that the situation of untreated depression among the poor is such a large one that it has gone equally unnoticed.

Politics

Solomon discusses the issues regarding mental health in legislation, the social misunderstandings and the political issues that make mental health legislation so difficult to pass. It is important to keep the definition of depression in mind as well, since it plays a major role in policy decisions on the subject. If depression is seen as an organic disease like other diseases, then it should be covered equally by insurance. However, if it is seen as a character ailment, then it would be completely discarded in insurance coverage. Not only is mental illness seen by many as a violent affliction because of the sufferers in the news who have committed violent acts, but also the cost of providing care seems to provide an almost insurmountable barrier. Although mental health legislation has a great deal of support in Congress, cost is the main issue preventing it from passing. Under the current healthcare system in the United States, if mental health coverage were to raise the overall cost of coverage by a mere 2.5%, an additional one million Americans would be without coverage. There is hope for legislation, however, as many members of the Senate have personal experience with mental illness, whether direct or indirect and the subject continues to be a topic of discussion in legislation.

Evolution

In the arena of evolution, the purpose of depression is central to discussion. Evolutionists believe that depression occurs much too often to be a simple dysfunction and must therefore serve some true purpose. There are four possibilities for the purpose of depression. The first possibility is that it served a specific purpose in pre-human times but is simply no longer needed in this modern age. The second possibility is that depression is caused by the excessive stress humans face in their modern lives. The third possibility is that depression does, in fact, serve a useful purpose and that it is essentially a good thing for people to become depressed sometimes. The fourth possibility is that the genes and biological structures that are responsible for depression are also used in other behavior that is more useful. Solomon shares his belief that the multitude of choices that are available for humans today and that become necessary to make must have an impact on depression. He believes that the inordinate amount of stress humans face in their everyday modern lives must also adversely impact them and contribute to depression as well. One essential component of the subject of depression is its tie to grief. He believes strongly in the fact that the experience of grief is what allows humans to fully experience true love. Without the fear of losing a loved one, love would lose its splendor and the experience would not be nearly as fulfilling. Solomon adds that the understanding of depression as it relates to evolution is useful in finding treatments for depression.

Hope

Solomon uses the final section of the book for the theme of hope. He adds final insight on his own experience with depression, as well as his beliefs on the subject in general. He emphasizes that depressives seem to have a more accurate grasp on reality than do healthy people and backs up this fact with study results. He presents the idea that depression is not something to be avoided at all costs, but something from which to learn. He speaks directly to his readers, who may have an experience with depression and shares his strong belief that a sense of humor is the surest indication that a person will recover from depression. He adds also that, no matter how severe the situation may get, it is vitally important to keep one's will to live strong. In his own personal experience, Solomon adds that he is no longer the same person he was seven years ago, before having experienced depression. He says that somehow, during the whole ordeal, he has managed to find a part of his soul. Solomon believes that the opposite of depression is not happiness but vitality, which is something he experiences to this day in every aspect of his life.

Style

Point of View

Although the book as a whole is meant is primarily an informational piece, the author draws a great deal from his own experiences to give the reader a full understanding of the effects of depression and anxiety. He also draws from the experiences of other people he has come across in his research and personal life. This first-hand perspective gives Solomon more credibility as an author to speak on subjects with which he has had so much intimate experience. He also includes a multitude of case examples and quotes from personal interviews of people whose cases relate to the section in which their story appears. This gives yet another point of view on each subject so that the reader may experience each section topic in a different light. Most sections include at least one case example, in addition to Solomon's personal experience and the informational passages about each topic. Solomon also shares his personal views on many of the subjects from the standpoint of a person who has not only experienced depression, but who has become an activist and speaker in the field. He provides evidence for and shares his opinions with his readers.

Setting

The book is set at the time during which Solomon writes it; the references he makes to people, places and timeframes are done from the reference point of the late 1990s to the beginning of the century, just before the book was published in 2000. Solomon uses multiple case examples in each section to illustrate his points and each example goes back to the time in which it took place. Solomon shares his own personal experiences as well, which primarily took place in New York during his bout with depression. He also does quite a bit of traveling in researching topics, alternative treatments, etc. for the book and those personal experiences are documented as they took place all over the world. The case examples also take the reader back to a different time and place, yet only temporarily. In the history section, Solomon travels back all the way to ancient times and back through the Middle Ages, Renaissance and up to modern times, describing the views surrounding depression in each time period.

Language and Meaning

Solomon uses a colloquial style in his writing, as if he is speaking directly to his reader. Any psychological words or phrases he uses that are not well-known are briefly defined for the reader to fully understand his meaning. Though the book is written primarily about depression and other related topics and is directed toward the psychological, it is not mean for only those familiar with the field. On the contrary, Solomon has made it easy for anyone interested in the subject to read and understand the book. His purpose to inform his readers on the subject of depression is done through his personal

experience, case examples and informational passages, which add varying degrees of meaning to his ideas. All in all, the book is written in a format that provides any person a colossal amount of information on the subject of depression and all related topics in a format that is both exceptionally informative and easy to understand.

Structure

The book is divided into twelve sections, each with its own topic or theme. The book begins with the first section about depression, where the author informs the reader about the disease through facts and figures, as well as clearing up misunderstandings that surround the disease. The second section, about breakdowns, goes into much further detail about the author's affliction with depression and each of his three breakdowns, using not only himself but others around him as examples. The third section, about treatments, also includes Solomon's own personal experience, as well as a thorough discussion of a multitude of medical treatments available for depression, including their purpose, function and side effects. The fourth section describes a variety of alternative treatments, most attempted by Solomon himself and many not widely known. The fifth section describes various subgroups in the world population and their association with depression. The sixth section chronicles addiction, including a detailed description of addictive substances and their effects, including much from the author's personal experience. The seventh section, on suicide, describes classifications of the act and the types of people most prone to committing suicide. The eighth section provides a detailed description of the evolution of depression and the ideas surrounding it from ancient times to the present. The ninth section provides information about the connection between poverty and depression, a subject that tends to be greatly ignored in our society. The tenth section discusses the politics surrounding depression and how it is perceived in society. The eleventh section describes the role depression plays in evolution. The final section gives hope to those affected by depression.

Quotes

"Depression is the flaw of love. To be creatures who love, we must be creatures who can despair at what we lose and depression is the mechanism of that despair. When it comes, it degrades one's self and ultimately eclipses the capacity to give or receive affection. It is the aloneness in us made manifest and it destroys not only connection to others but also the ability to be peacefully alone with oneself. Love, though it is no prophylactic against depression, is what cushions the mind and protects it from itself."

Section 1: Depression, page 15

"Large depression is the stuff of breakdowns. If one imagines a soul of iron that weathers with grief and rusts with mild depression, then major depression is the startling collapse of a whole structure."

Section 1: Depression, page 17

"The worst of depression lies in a present moment that cannot escape the past it idealizes or deplores."

Section 2: Breakdowns, page 99

"For the time being, we must accept that fate has given some of us a strong vulnerability to depression and that among those who carry such a vulnerability, some have treatment-responsive brains and some have treatment-resistant brains. Those of us who can get substantially better in any way must count ourselves, no matter how dire our breakdowns may have been, among the lucky ones."

Section 3: Treatments

"I think that the best treatment for depression is belief, which is in itself far more essential than what you believe in. If you really truly believe that you can relieve your depression by standing on your head and spitting nickels for an hour every afternoon, it is likely that this incommodious activity will do you tremendous good."

Section 4: Alternatives, page 137

"Context, race, gender, tradition, nation-all conspire to determine what is to be said and what is to be left unsaid-and to some extent they thereby determine what is to be alleviated, what exacerbated, what endured, what forsworn."

Section 5: Populations, page 215

"Part of what is most horrendous about depression and particularly about anxiety and panic, is that it does not involve volition: feelings happen to you for absolutely no reason at all."

Section 6: Addiction, page 225

"Many depressives never become suicidal. Many suicides are committed by people who are not depressed. The two subjects are not part of a single lucid equation, one occasioning the other. They are separate entities that frequently coexist, each influencing the other."

Section 7: Suicide, page 243

"Saint Augustine had declared that what separated men from beasts was the gift of reason; and so the loss of reason reduced man to a beast. From this position it was easy to conclude that the loss of reason was a mark of God's disfavor, His punishment for a sinning soul."

Section 8: History, page 292

"Depression cuts across class boundaries, but depression treatments do not. This means that most people who are poor and depressed stay poor and depressed; in fact, the longer they stay poor and depressed, the more poor and depressed they become."

Section 9: Poverty, page 335

"Definitions of depression strongly influence the policy decisions that in turn affect the sufferers. If depression is a 'simple organic disease,' then it must be treated as we treat other simple organic diseases-insurance companies must provide coverage for severe depression as they provide coverage for cancer treatment. If depression is rooted in character, then it is the fault of those who suffer from it and receives no more protection than does stupidity."

Section 10: Politics, page 361

"It is eminently clear that there is no consensus on when to treat depression. Should depression be removed like a tonsil, treated like liver disease, or ignored like a pimple?"

Section 11: Evolution, page 420

"The opposite of depression is not happiness, but vitality and my life, as I write this, is vital, even when sad."

Section 12: Hope, page 443

Topics for Discussion

How does the author's first-hand experience with depression add to the book? In your eyes, does this give him more or less credibility? How so?

What are the major misunderstandings surrounding depression and other mental illnesses? How has the author come across these distorted views in his own life? How would you refute these misunderstandings?

Solomon described his first three breakdowns in detail in Section 2. What characterizes each of the breakdowns? How is the third one different from the first two?

What role does a society's culture play in the acceptance of depression and its treatment? Discuss the societies that Solomon addresses in the book and their differing views on depression. What effect do these views have on the people in their society?

What are the issues surrounding depression and poverty? Are these issues a significant problem in today's society? What plan of action do you propose for lawmakers and legal activists to ease the situation?

What is the earliest era in which the issue of depression was addressed? How has the subject of depression evolved from this time period to the present? Address each major era and the main views and attitudes toward depression in each one.

Solomon mentions many myths surrounding depression and its treatments, as well as the common beliefs surrounding depression in relation to suicide and addiction. What were your views on these subjects before reading the book? Have your views changed since reading Solomon's work? If so, how?

Solomon is an active speaker worldwide on the subject of depression and clearly has his own views regarding each of the issues he addresses in the book. What do you think are his main intentions in writing this book? How does he make his views clear?

How does Solomon feel about his mother's suicide? How did her death affect him and his depression, as well as his views on suicide. Solomon provides an excerpt of Virginia Woolf's suicide letter, saying he believes it shares the same spirit as his mother's death. Do you agree? Why or why not?

Of all of the characters and case examples Solomon provides in each of the sections in this book, which do you find most compelling and why?