

# Into the Fearful Deep: A Doctor's Reflections on Major Depressive Disorder

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...For he fled  
Into the fearful deep, to hide his head  
From the clear moon, the trees, and coming madness.  
'Twas far too strange, and wonderful for sadness,  
Sharpening by degrees, his appetite  
To dive into the deepest. Dark, nor light,  
The region; nor bright, nor sombre wholly,  
But mingled up; a gleaming melancholy;  
A dusky empire and its diadems..

John Keats.

As a young woman, I posed the passionate questions of life - What is the nature of love? What constitutes the religious experience? What unites and what separates human beings? I searched for answers in the Himalayan foothills, where my Indian husband and I lived and worked for more than ten years. One day it struck me that our development work was so inextricably linked to global systems of inequity that our efforts to improve the health status of villagers were futile. In a painful moment of epiphany, I thought, *I am simply part of the problem, not the solution.* That moment was a recognition of a darkness within, stripping away the veil of illusion hiding the knowledge that within each of us lie the seeds of evil as well as goodness.

Until that time, I had been skimming easily along the surface of life. Suddenly, the ice beneath me cracked, and I plunged into a nether world of chilling darkness where all landmarks were lost.

Within a few weeks, I had developed all the symptoms of major depression. I lost my energy and motivation to work, gradually abandoning my community health commitments. The demons of guilt and despair tormented me in the arid hours of the night.

I was prescribed the tricyclic antidepressant imipramine, but my condition worsened. My husband, increasingly alarmed, suggested we move to Canada where a familiar environment might help in my recovery. Incapable of making any decisions, I agreed to leave. In Canada, I was prescribed the selective serotonin re-uptake inhibitor (SSRI) fluvoxamine, and within a few weeks I noticed some relief from the pervasive despair. I returned to work as a family physician, and gradually a sense of purpose began to dawn in my life again.

Perhaps it was not unexpected that I would suffer from major depressive disorder, since the spectre of this illness has haunted my family for generations. My grandmother's English family had owned a shipyard in Barrow-in-Furness where elegant sailing ships were built. By the turn of the twentieth century, those beautiful schooners were becoming remnants of a bygone age. My great-grandfather lost his fortune and had to sell his ancestral home and property. A family story tells of my great-grandmother, who, after this terrible loss, "took to her bed and wept for two years". This little fragment of oral history clearly describes major depressive disorder. Yet in the society of my English ancestors, "keeping a stiff upper lip" was a valued cultural trait, and suffering from an illness of the emotions was a matter of shame. Several of my ancestors committed the ultimate act of despair and took their own lives, deaths that were carefully concealed by the family. This erasure of identity of those who suffered so deeply is a peculiarly

tragic aspect of major depressive disorder. Through my act of naming the illness that caused so much anguish in our family, I call these forgotten ancestors back into being.

A couple of years after our move to Canada, I had a relapse of the depressive illness. This time I didn't return to the doctor who had prescribed fluvoxamine, but simply took samples of SSRIs from my own office shelf. I felt better after a few weeks, and congratulated myself on having hidden the illness successfully from everyone except my husband. When a second relapse occurred a year later, I realized that an underlying issue in the depressive illness had to do with unresolved sadness at leaving India. I decided to write about those extraordinary years, hoping that through the creative act of writing I would find healing. I enrolled as a part-time student in a PhD program in medical anthropology, choosing to write about the ways in which women in the Himalayas speak through their bodies, their symptoms reflecting cultural life-worlds. My reading of the field of illness in its cross-cultural context was fascinating, and writing the thesis filled me with the joy of the creative process. But a few days before being granted the degree, I felt waves of cynical despair lapping once again at the shores of my soul. How could my intellectual analysis of cross-cultural health issues possibly be useful to those Himalayan village women I loved? Soon I began to feel the familiar symptoms of yet another recurrence of the depression.

Marcel Proust wrote, "Illness is the doctor to whom we pay most heed; to kindness, to knowledge we make promises only; it is pain we obey." How true this is! It was the unremitting pain of the depressive illness that finally caused me to seek help from a colleague. The physician

who treated me listened to the stories of my illness and offered thoughtful reflections. She also took me firmly in hand, pointing out how I had been overworking and neglecting self-care. Within the culture of medicine, hard work and personal invincibility are cornerstones of the ethos, and the doctor who overworks is usually admired rather than criticized. I have learned the need for self-care, to nurture body and soul on a daily basis. I now exercise regularly, take time for holidays, and practise yoga and meditation to nourish the spirit. I still struggle with the temptation to overwork, to sacrifice the important for the urgent. I would love to spend more time writing, but the demands of my medical practice usually take priority.

Reaching out for help was an acknowledgment of my own vulnerability, and paradoxically I found new strength in that very act. In the role of the patient, I realized the great healing power of the physician who listens with compassion. How often we doctors try to reduce major depressive disorder to biology - a mere aberration of neurotransmitters! But when we are ill with a disease of the emotions, we have an urgent need to make sense of the illness by telling the story of our suffering. If nobody is willing to listen, we feel cheated, impoverished. In the dark world of depression, a small flame of hope is often lit by the one who listens.

Do people with mood disorders have special gifts of perception, of creativity? I believe we experience the world more intensely, and that we have an unusual capacity to perceive emotion. This capacity brings both joy and pain. When I take SSRIs, the sharpness of perception blurs, the contrasty nature of life mellows. After some time, I long for my original way of perceiving the world, in its intensity, richness, and depth of field. I ask myself, *am I sacrificing the greatest*

*joys in my life to eliminate the greatest sorrows?* Ah, there is a philosophical question indeed! On this very dilemma has turned my decision to stop the medications, not once but three times. What doctors call “non-compliance” is often far from an act of defiance or carelessness, but rather a decision weighed with agonizing care. For now, I have committed myself to staying on medications, as well as paying meticulous attention to self-care. Even as I write this, however, a flicker of temptation kindles within my heart. I think, *should I go off the meds?*

Within my practice lifetime, the parameters for the diagnosis and treatment of depression have broadened immensely. A substantial portion of the population in the Western world now takes psychotropic medication. I am deeply concerned that doctors and patients are beginning to regard taking an antidepressant lightly, something to dull the painful edge of living. Also, people whose suffering arises from poverty and oppression can be silenced by inappropriate psychiatric diagnosis. We urgently need to debate the question - What is this widespread use of psychotropic medications doing to our capacity as human beings to feel? John Keats wrote:

But this is human life: the war, the deeds,  
The disappointment, the anxiety,  
Imagination’s struggles, far and nigh,  
All human; bearing in themselves this good,  
That they are still the air, the subtle food  
To make us feel existence.

To feel existence - isn’t that the essence of our humanity? Numbing of human emotion could have disturbing consequences. Will we observe the polluting of our beautiful world with

indifference, turn away from our own complicity in the great divides between rich and poor? If we take antidepressants to shield ourselves from emotional pain, do we deny ourselves “the work of despair”, as Joanna Macy calls it? It is necessary to feel anguish about the state of the world, great sadness at the deprivation faced by so many of our fellow human beings. We must face it, even if that terrible pain cracks apart our protective shell and exposes our vulnerable and tender hearts. Out of that chaos new ways of understanding may take birth.

This spring, I returned on a visit to India, to those mountains I love so much. Trekking in the high reaches of the Himalayas, I fell into step beside two village women carrying baskets of potatoes. Within minutes I was laughing, filled with the same delight I always felt with these women of the hills. One of them reminded me of a village midwife I had worked with years ago, and I recalled a fragment of our conversation. I told her I was leaving India because I thought my work had been useless. She replied, “Don’t be foolish! You came with a good heart, you worked sincerely. That is enough. After that, it is God’s work, not yours.” This simple evocation of the great truth of the Bhagavad Gita, the treasured scripture of the Hindus, brought tears to my eyes. Could the answer to all those years of agonizing be so simple, then? Perhaps when we take on personal responsibility for the ills of the world and launch grand schemes to bring about change, we risk arrogance - a fatal spiritual flaw. We should not avoid facing the injustices of the world, but rather be willing to observe them carefully, with great attention. Then, we must move forward in whatever way opens before us, to do what we can to alleviate those ills. That is enough - the outcome must be offered to the Divine. In my life at this moment, I am a practitioner and teacher of family medicine in Canada. Since I am a seasoned

traveller in the inner landscape of depression, I can offer insights to the medical students I teach, as they work with patients lost in that bleak world. And, when the opportunity arises, I will return to the part of the world I love most, to those little villages in the Himalayas. I will begin my work all over again - but this time, with a certain lightness of spirit.

In the most profound stories of depression, spiritual metaphors illuminate the sufferer's attempts to grapple with the meaning and significance of life. My journey with depression was indeed a "dark night of the soul", a spiritual odyssey into the depths of despair, emerging at last into a world whose beauty I will never again take for granted. My journey with depression is a rich tapestry depicting the flowering of a personality at mid-life, in which the dark tones of depression set off the beauty of the intricate patterns of my evolving maturity. In the quest for answers to my passionate questions of life, I found great love - the love of my husband and children, my Indian family, and of so many village people. Could it be that this wonderful capacity for love is carried on the same genes that predispose me to depression? If that is so, then I accept it all, I celebrate it all.

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