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Whether doctor, lawyer, corporate chief, pastor, painter, parent or child, at some time or another in our lives we are all likely to encounter the specter of depression, perhaps not personally, but almost certainly in someone we know well, a friend, a client, a colleague, or a loved one. In fact, depression is so prevalent it has been called “the common cold of mental illness.”

What is it like to be depressed? Let us say this at the outset: If you haven’t been there, maybe you cannot know. And if you haven’t been there, it can be misleading to compare depression with what you do know. Depression is not the blues. It is not a down day or two. And it is not merely feeling sad. It is more like falling into a fathomless, black pit, your mind and body buried in heavy, suffocating quicksand—or more accurately, a deathly slow-sand that leeches out your life, sucking you further under with every ticking, aching hour.

It is a complete loss of vitality, legs that feel like anvils, arms like bags of wet sand, every action arduous, from forcing yourself to get out of bed each morning, to forcing yourself to eat, to forcing yourself to make so much as one lousy phone call.

It is broken sleep...sleeping hours on end, hoping never to face the day...or ragged, jittery sleep you chase endlessly and without solace.

It is feeling isolated, alone, inconsolable, an alien being among “normal” people, unable to be comforted by even those closest to you, no matter how much they may love you or hold you in their hearts.

It is feeling utterly sexless with no more sense of pleasure or libido than a stone.

It is losing your ability to concentrate; finding it hard to read even a can label because your attention span has shriveled to a nano-second; being so overwhelmed by ordinary decision-making that a trip to the supermarket can leave you standing in the cereal aisle crying.

It is eating solely by rote, because there is no hunger in you and any food you force yourself to take tastes like sawdust.

It is hopelessness—and guilt for being hopeless, especially if your feelings don’t make sense, because your life might not look that bad from the outside.

It is thinking about death—by-pills, death—by-knife, or -gun, or -poison, or -car crash, or -plunging from bridge or bell tower, because even that pain seems preferable to living with unending despair, being one of the living dead.

Who Gets Depressed?

Some of us console ourselves with the notion that depression only strikes certain kinds of people, people nothing like us, of course—only certain poor souls who have low self-esteem, those who are pathologically shy or passive, those who have no drive, those cursed with some pathetic character defect that makes them vulnerable. But it just isn’t so. Each year more than 20 million people in the United States suffer from depression—men, women, and children. People just like you. And just like me.

In the years before my struggle began, I would not have classified myself as a candidate for depression. My life was good, so charmed I felt like Queen of the May. Without a lick of training, completely self-taught, I had landed a high-powered job I loved as an advertising copywriter in a prestigious San Francisco agency. I was blessed with an adoring husband, a wonderful teenage son, close friends, and a beautiful home. I was enthusiastic, confident, creative, and productive. What more could anyone ask?

Then, seemingly without warning, my perfect, happy life began to fall apart. From the outside, it was all the same: the job, the loving relationships, my circle of friends, my home. But inside, in the more intimate world of body, mind, and spirit, I had fallen into the deep, treacherous slow-sand of depression, the gravity of life had hold of me. And even as I wondered how this could possibly be happening, I began to sink into the dark.

For some months, I was able to ignore my symptoms enough to keep functioning. Never mind the fatigue, never mind the growing anxiety, never mind the ever-more-screamingly-apparent signs of bodily distress. If someone had helped me recognize the early symptoms, I might not have had to fall as far as I eventually did. But such was not my fate. I continued to push myself, believing I was what I did. I am what I produce. I dragged myself to the office, shutting out the conversation my body and spirit...
were trying to have with me. I had to make dinner, jokes and my deadlines at the agency...because my job and my life just-the-way-it-was was plums I intended to keep.

But the charade could not arrest my descent. Each day I was more ill, more dead and frightened. Over the next weeks I scheduled at least three appointments with my HMO. But not one of these doctors recognized my symptoms as depression. Perhaps I didn’t fit the picture. Perhaps they were looking for someone with “problems at home,” a negative attitude, poor self-esteem. And that was not the person they had sitting across from them in the little paper gown gaping open in the back. The doctors all patted me on the head, suggesting I go home and take a Valium and learn to relax. And I left their gleaming offices feeling like I was free-falling into chaos. Their advice didn’t amount to so much as a Band-Aid for the hemorrhaging wound of my despair. The doctors declared there was nothing wrong. But something was wrong, and I sensed the truth of that in every jittery, tearful cell.

And I got sicker, mired ever deeper in the slow-sand...until I wasn’t sleeping at all, until I had lost 20 pounds, until I was shaking with anxiety and fatigue, until I could not read or write or go to work, until my mind was dull as old oatmeal, until I clung to the slippery edge of tears.

Still not understanding the nature of what we were facing, my husband and I thought we would go to Lake Tahoe for a few days over our anniversary. We hoped the trip might lift my spirits and give me a chance to rest. We were so unknowing we might as well have been comatose. We got to Tahoe, and I failed miserably at trying to give even the impression of a woman celebrating an anniversary with the man she loves. I couldn’t eat and spent all my meals trying not to weep in restaurant napkins. For four more shattering, sleepless nights, I cried. And finally my breaking point broke. I was shot, every nerve in my body quivering, lost to myself and everyone else, my heart breaking. I was so scared, so exhausted, so utterly and completely lost, I felt I might as well be dead. There seemed nothing left in life for me.

How NOT to Help

What would you have done on that day if you had been my husband? What do you say to someone who is in the kind of straits I was? What do you say if you are the husband, wife, child, parent, or friend of someone who is suffering so inexplicably?

First, I can tell you what not to do: Don’t ignore talk of suicide. Don’t ignore the signs and symptoms of serious depression. If someone you know or love has sleep disturbances, difficulty in concentrating, changes in appetite, changes in libido, prolonged sadness, or suicidal thoughts, it is time to act. Depression is a serious disease. According to the American Association of Suicidology, suicide is the ninth leading cause of death in the U.S. each year, claiming more than 30,000 lives. This is the greater tragedy, because depression is a treatable illness. When someone talks of suicide, it is time for friends and family to act, to help the depression-sufferer get the help they need.

And please, bite your tongue in two before you tell someone who is suffering from depression to buck up or offer them peptalks and platitudes. For those of us waging battle in depression’s trenches, it is more than disheartening to be further embattled by friendly fire, having folks who love us exploding grenades of folk wisdom in our foxholes:

You’d be fine if you’d just change your attitude and be more positive...if you’d think of others and stop focusing on yourself...if you’d have more faith (in God, Buddha, Jesus, the Virgin Mary, Positive Thinking, Love, et al.)...if you’d pull up your socks and get on with your life...if you’d just learn to relax and have more fun.

While some of these ideas may not be entirely bad, would you expect them to cure diabetes or set a broken leg? Of course not. In response to more easily understood physical conditions, we would usually urge and encourage the “patient” to get a medical evaluation, take advantage of the most useful and necessary physical interventions or procedures, take any appropriate prescribed medication, and educate himself or herself about the condition and any changes in lifestyle that will help to nurture health and well-being for the future. Evaluation, intervention, medication, and education—that’s what it takes.

Depression is no different. While there may be psychological or attitudinal factors contributing to depression, depression is definitely not “all in our heads.” On a practical, physical level, our bodies are not working right. I am not a clinician or a doctor, so I’ll say it in terms I understand: For some reason or combination of reasons—stress, genetics, disease, unresolved inner conflict—in depression our body chemistry is out of balance, especially our brain chemistry. And what we need—like any other person who is physically ill—is appropriate evaluation, intervention, medication, and education. Based on a thorough medical evaluation, we can discover what else may be required to get us back on the road to health, including the possible intervention of hospitalization, appropriate antidepressant medication, and/or the kind of self-education that can come through talk therapy with a good counselor.

Sometimes antidepressant medication or talk therapy alone will be enough to restore us to health and the everyday pleasures of living. But more often, the two approaches work best in tandem. Antidepressants can provide chemical back-up for the body’s own processes until the body is able to restore itself to more normal functioning. They can be life-saving, buying us time, giving us hope, lifting our spirits, relieving us of suicidal thoughts. Therapy with the right counselor can be equally useful. Through the give and take of honest dialogue, we can begin to discover for ourselves both the roots of our
All I'd had to do was promise I would not harm myself. I was not crazy after all. I could promise that...because I finally had hope.

I wish I could tell you I popped my new pills, clicked my heels three times, and climbed out of the bottomless pit in 7-10 days. But it was a much longer and more difficult ascent than that. This was 1983, before the advent of Prozac-generation antidepressants. While my old-fashioned antidepressants never actually made me anti-depressed, I was able to sleep and eat again, however joylessly. I could hold on. And I did hold on for the nine months it took to find my way back to life again.

It should come as no surprise that every person suffering from depression needs love and support. That love and support can come from friends, a support group, a counselor, a religious community, loved ones, or anyone else. We just need someone who will be there for us in our darkest times. I count myself blessed that throughout my dark times, my husband was able to stand by me, holding a vision that I would get better. Though Larry is an engineer, he quickly saw he could not pull me out of my emotional collapse with logic and reason. Even more importantly, he realized he could not fix me. The only thing he knew he could do was stand by me, believing in me and in the idea that in my own time in my own way I would find my own healing.

When I was writing my first book about depression, I asked Larry how he kept from letting my distress distress him and shatter both his life and ours...how he was able to keep his sanity and go off to work everyday...how he was able to maintain so much of his life in the face of my depression. The only thing he knew he could do was stand by me, believing in me and in the idea that in my own time in my own way I would find my own healing.

Depression is a journey hardly anyone takes alone. The whole family, the whole social circle of the sufferer is afflicted. My depression deeply affected my son, my husband, my mother, my siblings, and my friends in so many ways. But the greatest burden of it fell on Larry and me. When this man said “in sickness and in health,” he meant it. I was nurtured both by Larry’s love and by
his respect. If you want to know how to help a person in depression, I encourage you to consider the wisdom of Larry’s example: Don’t give up your own life or your hope. Know that you cannot fix the suffering or make it go away. Be as present as you can be with your loved one. And for all depression-sufferers, hold the vision that we are on a journey of great meaning, one we can survive, one in which our souls may be made whole in the process.

Surrendering to Gravity

For me, the turning point came in paradox, in unconditional surrender...when I gave myself over to the experience of depression. I don’t mean I succumbed and became its victim. I mean that after months of anguish, I finally accepted I could not make my depression go away, no matter how much I hated it. The only way out was through. Depression was a fact in my life, like gravity. And I didn’t get to vote on it. Fighting gravity, being angry at gravity, denying gravity only gets a person terribly battered and bruised. By purest grace, I began to embrace what was unembracable and ask what it might have to teach me. There was no opening sky, no singing of angels, no instantaneous healing. But when I began to choose and work with what I had, I began to heal. This depression was my own. I would find meaning in it. I would become something not in spite of my depression, but because of it. I would allow my depression to transform me.

My depression lifted in the spring of 1984, but the entire sweep of my life has been changed, transformed by what I suffered. When I could no longer work, when I could no longer play out the roles I had thought of as my identity, I was forced to face issues at the core of my being. Who was I if not the copywriter at an ad agency, if not the ever-enthusiastic cheerleader, if not a continuously creative machine, if not the non-stop do-er? How could I accept the person I had become? Why had I become depressed? How could I live with despair? How could I live with what I did not want to accept? How might my life want to change? I believe these were the very questions I most needed to explore. And it was depression that thrust them upon me. When there is no escape, when we cannot change the circumstance we think we cannot accept, perhaps that is the time when the most profound growth has a chance to take root in our lives. Perhaps that is the only way such growth and transformation can occur at all.

Because of depression, I learned and I am continuing to learn who I am and toward what my destiny is calling me. Depression helped me rediscover my truest nature and priorities. It made me examine my values. It taught me how to live anchored within the deepest possible context of meaning. Depression, dark and despairing and dangerous as it was, was ultimately one of the richest, most meaningful passages of my life.

Reaching Out with Word and Images

I am passionate about depression...passionate about touching the lives of other depression-sufferers, so they know they are not alone...passionate about increasing public awareness so people recognize the signs and symptoms and get treatment earlier...passionate about bringing this suffering out of the closet and into a world where there is more compassion...passionate about spreading the word that hope and help are available, that depression is a treatable illness, that people do recover and may even find their lives changed for the better.

In 1991, my first book, Gift of the Dark Angel: A Woman’s Journey through Depression Toward Wholeness, was published. Since then I have been asked to speak about depression for churches, civic groups, and mental health organizations. Though I knew there was more for me to do, I wasn’t sure what it was. Then in the late fall of 1996, I was startled awake in the middle of the night by a dream.

In my dream I saw a series of images like the poems and black-and-white photographs featured on these pages. I sat up in the darkness that night, alert with an uncanny sense of recognition. I knew immediately these were not mere dream images I might record in my journal and forget by morning. Something powerful was wanting expression, wanting to be made manifest and given form.

What I recognized in the images were pieces of the hard-won wisdom I had gained in my own struggle with clinical depression. These images were so fully realized in their intent, it seemed they might already exist. They seized my imagination, and I felt a sense of responsibility for bringing them into the world where other people—other depression-sufferers, those in the healthcare community who work with us, those who live with us and love us and don’t always know how to help—might view them and be inspired toward greater understanding, courage, hope, and compassion.

I could hardly wait until morning to call John, our twenty-eight-year-old son, who has an art school degree.

Stark awake on a bed of dread, I wait on sleep, desperate for oblivion, pinned, struggling, like a specimen on the blue-steel spike of night. Depression is all in my head... and in my cells, and in my synapses, and in my chemistry.

I swallow my pride with the pill, praying this antidepressant will detonate in my body like a balm.
in photography...and his own experience with depression. When I spoke with John, I described to him my middle-of-the-night vision and asked if he would be willing to help make that vision a reality. By 8:30 that next morning, we were agreed. Together, photographer and writer, we began to create...what? Was this going to be an exhibit, a book? How would it be funded? Where would it be shown? We didn’t know. We simply began to move forward with the project, acting on intuition and a strong sense of purpose. Scheduling our photo shoots on spare evenings in an impromptu studio in the master bedroom of the townhouse where my husband and I live, John and I set about to capture the essence of the experience of depression, both the terrible isolation and despair of it and its transforming possibilities.

During our first shoot, John was on his knees leaning in toward me with the camera, focusing on my face shrouded by the long black veil, and twelve years after my depression had ended, the experience of that year of struggle leaped into my eyes as very current tears. I remembered. Something in my body and spirit remembered so well. And this camera, this photographer, wanted to know everything about the experience of depression for everyone who had ever suffered it.

Months and many photo sessions later, after John and I had reviewed all of the contact sheets and chosen what we felt were the most striking images, I laid out the photographs on the desktop for my inspiration and wrote the poems. In many cases, the images were so powerful the poems seemed to be born almost whole. And every poem and every image spoke some particular truth we wanted to communicate about the experience of depression.

After assembling the results of our work into a portfolio, I presented it to the Mental Health Services Department of San Mateo County, California. To that meeting, the County Mental Health Director and the Medical Director had invited a member of the Mental Health Advisory Board who had personal experience with depression. As this Board Member reviewed our work, she said emphatically, “This is what depression looks like! This is what it feels like!” And with that we were launched. With the support of San Mateo County Mental Health Services and the Mental Health Association of San Mateo County, John and I received an initial grant from Peninsula Community Foundation to create a traveling exhibit, and later, a second grant to duplicate our work.

Response to the exhibit has been gratifying. People have said the words and images give them greater understanding about what life is like for someone who is depressed. Depression-sufferers and their families tell us the exhibit gives them the assurance they are not alone. They tell us they are inspired by seeing their struggle with depression depicted powerfully and truthfully in these words and images. Seeing depression treated like this, with respect and honor, encourages them toward claiming the meaning, and the potential beauty and sacredness of the experience they are living out as soul survivors.

The words and images John and I have created do not shrink from the very real pain of depression’s suffering, but they hold it in a context of possibility and meaning. They come from the point of view that rather than meaningless suffering, depression may be a call from the spirit, urging us to take time to examine the way we are living...so we may begin to live more authentically close to who we are, more in tune with our truest needs. We intend for our poems and photographs to offer the healing balm of hope. Someone else has been there...and come back to tell a story not of mere survival but of healing and transformation.

ANN AND JOHN KEIFFER welcome inquiries regarding their exhibit on depression. They can be reached at 650-341-3109 or via e-mail at Keiffer@calwest.net. The complete exhibit itself can be viewed on the internet at www.wco.com/~john/depression.