



Writer Nancy Graff wanted her article accompanied by a photograph of herself in order to visually challenge the stereotype of mental illness: "A portrait," as she put it, "of a mentally ill person who — guess what — looks normal, even looks like the rest of us."





# TO THE OUTER BANKS OF THE SOUL

By Nancy Price Graff

**We talk freely nowadays about many formerly tabu health topics — cancer, alcoholism, AIDS. The last bastion of “unmentionable” disease may be mental illness.**

**A writer and editor who has been a patient on DHMC's psychiatric ward eloquently details her struggle with chronic depression, giving an enigma a very human face.**

Several years ago, just about the time I stopped dreaming, two unusual phenomena began to disturb my nights. The first struck when I lay in bed at night waiting endlessly for sleep. Random images, vivid and surreal, would begin whipping past me, each lasting no more than a fraction of a second. Half of the images were fantastic but harmless: people I had never met hurtling through space toward me, packs of dogs running toward me, wind-whipped leaves engulfing me like a thick

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and too ashamed and confused by what was happening to ask for help.

Week by week through the fall of 1992, I shed the routine of my life the way people undress. I gave up reading and writing as I lost my powers of concentration and my ability to comprehend sentences and abstract ideas. I gave up listening to the radio when all noise became intolerable. I gave up driving when I could no longer make safe decisions at intersections. Gradually, I gave up eating, laughing, cooking, playing with my children, visiting with friends, answering the telephone, and, finally, leaving the house.

It took me even longer to accept the fact that many of my thoughts were openly hostile to my own well-being. During the long days when I had once written contentedly at home, I now sat on the edge of the bed or the couch doing absolutely nothing. Time meant little, and I filled the awesome silence of each day until my children were released from school by composing suicide letters in my head and trying to decide whether pills or a gun would end my life most efficiently. I think I was so long in coming to the realization that I was close to killing myself because I have always believed that even the dark side of the soul has a place in our lives. By the time I grew aware enough to be terrified of my brain's separateness from the pith of my earlier life, I hardly recognized myself.

The route to being admitted to a psychiatric ward is a tortuous one, no matter whether it happens abruptly after an attempted suicide or inevitably after a long and painful decline. Ironically, my own articulateness probably hurt as much as it helped my urgent search to discover what was happening to me. Early in the autumn, after a day when my husband had come home from work and found the children hiding in their bedrooms and me sobbing inconsolably on the kitchen floor, I made an appointment to see my doctor. But my insistence that I was suffering from a plague of all-too-physical symptoms left her with no option except to order a round of tests that did indeed prove to both of us that this was probably not so.

Nevertheless, as the weeks passed, I felt myself growing sicker, even deathly ill. I began making regular biweekly visits to my doctor and to a psychiatrist and described to them my bouts of uncontrollable crying and rage, my inability to read or write or tolerate noise of any kind — whether it was the laughter of my daughter or the minuets of Mozart on the radio — and my fear of driving because my attention span was so short that I constantly lost all sense of my car in relation to its ever-changing surroundings. Eventually, they both diagnosed depression and coordinated a treatment, but the depression I was suffering from was so much more acute than anything they had treated me for in the past, that as long as I was able to sit in their offices, suppressing my tears with a fierce will and describing as accurately as I could the variety of symptoms that were overwhelming me, the severity of my condition was difficult for them to fathom. To them — and to all outward appearances — my condition changed little, and neither did the results of the increasingly expensive tests to which I was being subjected.

Finally, I gave up going to the doctor altogether, but toward the end I began calling her at home in the evening and on her days off, abusing our friendship shamelessly but incredulous that no one could hear what I was really saying or see the lifeblood dripping out of me, regardless of what the tests failed to reveal.

What brought me at last to the psychiatric ward of Dartmouth-Hitchcock Medical Center in January of 1993 was almost anti-climatic. My doctor wanted a second opinion. My psychiatrist, who made the ar-

rangements, concluded that I needed to be in a secure place, but he did so reluctantly because he knew how resistant I would be to following this advice. My husband and I agonized over the decision, but he refused to make it for me. As much as he wanted me to get well, he feared that if he made the decision to have me admitted to a ward for the mentally ill, I would blame him for the rest of my life. I had my own fears — a terror of what it would mean to me professionally and socially to have been hospitalized in a psychiatric ward.

In the end, I was moved by the desperation of my situation. I had become another person entirely by then and did not have the slightest clue how to regain the self that I had lost. My husband wanted me to stop hurting, to start eating and sleeping again, to stop crying. My friends wanted me to stop cancelling lunch appointments and to make them laugh, as I always had before. I wanted to stop the tornado that was moving through my family with devastating effect, and, most heartbreaking of all, I wanted to look into my young children's eyes and see something other than bewilderment and fear. Although I told my son and daughter at dinner the night before I was to be admitted that I was going into the hospital to find out why my head hurt so much and to stop crying, I really went because I was convinced that at my own hands or by some other means, I was dying.

I have struggled with depression in some form for 13 years. The cold darkness that puts the earth to sleep in winter and gives the natural world time to rejuvenate envelops me like a shroud. I sleep more, cry more, crave carbohydrates, and seek sunlight as desperately as any flower. Over the years I've seen therapists, psychologists, and, for the past six or seven years, a psychiatrist. I've changed my diet, increased my exercise, invested in special lights, and tried lithium plus half a dozen antidepressants. All of it has helped to a degree, but a cure has been elusive. Meanwhile, my fear of those bleak winters has grown to be as powerful psychologically as any of the physiological changes that winter induces in me.

I've suffered from depression at other seasons, too, but I never felt the sadness or mental confusion so acutely or so devastatingly as I did in the fall of 1992. Only in retrospect can I see those previous depressive episodes as minor rehearsals for what lay ahead. No episode except for one about a year later compares to what I experienced three years ago, but that is small consolation. When I am depressed, I am unable to tell myself, "It's okay, things could be worse." In the pitch dark where I have too often found myself, it's hard for me to accurately estimate the size of my opponent. And now I have a new fear: that things will get worse. They have proven they can; perhaps they will again.

The nurse who admitted me was quiet and matter-of-fact. My husband and I answered honestly and as best we could her questions about the reasons that brought me there, but much of it was a mystery, even to us. My fear and confusion kept bringing me back to the same question: "Why me?" But this was not her concern; she had more immediate questions that needed answers.

When I finally broke down, my husband put his arm around me and finished the interview alone. In my room, I waited submissively while the nurse went through my belongings and removed my razor, my blow-dryer, the mirror from my compact, my thyroid and migraine medicines, and everything else that struck her as potentially harmful. It was a humiliating experience because it confirmed for me that I was no longer able to take care of myself. But even at the time, I understood the necessity of the search and thought it ironic. For months, ever since I had scarred my wrist





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by grinding a fork into it the day after Thanksgiving, I had thought about suicide daily. Agreeing to be admitted to the hospital was the first life-affirming act that I had performed in two months.

As the nurse was finishing her search, I whispered to my husband that I did not think I could endure this, but when she left, and later my husband left and the doors locked behind him, I felt mingled with my fear and apprehension an enormous sense of relief. I was not convinced that I would get well and ever again be the person I had once been, but I prayed no harm would come to me here. I had the sense that I had just bought time itself.

The routine of the psychiatric ward reminded me of camps I had attended as a child. The days were filled with a regular schedule of activities, chores, and meals. I fell into step. Accustomed to being free and active, I felt keenly my inactivity and confinement. As soon as I obtained privileges to move about the hospital without an escort, I started walking. Every day I walked, often in weather so cold it hurt to breathe, lap after lap around the hospital, as if I thought it were possible to outrun my illness and lose it in the snow and cold.

Art therapy at first reminded me of arts and crafts class, but as I saw some of the terrors my fellow patients faced worked out in clay or on paper, I came to appreciate the unfairness of that comparison. But it was no place for me. Instead, when I was offered paper and pastels to take back to my room, I started drawing privately, as I had not drawn since high school. I drew

prolifically, sketching still lifes, photographs from magazines, my family snapshots, and everything I could see from my window. For a while my room overlooked a sharp corner of the building and a small wedge of sky grounded by a white marble cornice. The scene was boring and changeless, but when the light was right, I could see the trees in the woods across the road reflected in the windows I faced. As long as the light lasted, I sketched those reflections, over and over, haunted by the metaphor they represented of perseverance and wildness, while I clung desperately to the hope of a future life of strength and freedom. For the most part, though, my therapy was not in the finished pieces but in the process. The work itself was calming. I drew as I had once written, quietly and alone, and found that drawing could be a fair substitute for self-expression at a time when my access to language and ideas was crippled.

Group therapy and the women's discussion group were shocking experiences for me at first. Many of my fellow patients were victims of abuse, incest, poverty, and lack of education. Beside them, I saw myself as privileged, educated, loved, and valued, and I was embarrassed to be in the midst of women who were fighting such heroic battles to survive. The room was often filled with anger so explosive and keen that it charged the air and frightened me. For a long time I believed that I had nothing to share that would be of value to any of the other women who sat in that circle with me, but as I listened I discovered common experiences — above all, a shared dread of what lay ahead for all of us. As patients came and went, I also discovered that privilege is no shield against the acute pain of mental illness. I had as much right to be there as anyone.

The most difficult times of the week were the twice-a-week rounds, when a team consisting of the chief psychiatrist, a resident, a social worker, an art therapist, my nurse, and my case manager trooped into my room to discuss my progress with me. After the first awkward meeting, I determined that in the future we would all sit or we would all stand, but I would no longer sit while they stood. I also began writing my questions down so that I would not forget them. My brain, already unreliable, forgetful, and frequently erased as clean as a gray computer screen, was simply not up to the stress of facing a firing line of health-care professionals who, it seemed to me, held my future in their hands but stood there mutely challenging me to take the right first step to save my own life.

More than once as I faced this line of professionals in my room, I thought about what really separated us. Certainly it was not appearance. Every time I treated myself to a cup of tea in the hospital cafeteria, I was asked by the cashier if I were on the staff. At any time, it was clear, I could have put on my coat, walked out



the front door, and simply disappeared, and no one would have said a word to stop me. Neither was it education, intelligence, or social class, because within certain parameters, we shared all these, and often interests, too.

What separated us was a gulf of competence, and I resented theirs in the face of the loss of mine. I resented the easy grace with which they moved through their work and their dealings with the people around them, just as I once had, and I sobbed on my knees in the privacy of my shower when I thought about what I had lost.

Every weekend I went home on a day pass to the embraces of my children and the cautious survey of my husband. The first visits home were difficult for me. Although we skied for the better part of every afternoon, once we went back to the house, the ordinary bustle and noise, my son's whistling, the pressures to finish homework and practice the piano, to fold the laundry and help get dinner on the table quickly got on my nerves. All week I had longed to see my husband and children, whose presence had always been a part of my wholeness, but now I found myself retreating to the solitude and quiet of my bedroom. Later, as I drove alone in the dark back toward the hospital after these visits, I cried, not because I had to go but because I wanted to.

As I began to get better, my visits home became much more tolerable, often enjoyable, and leaving each Saturday or Sunday night became harder and harder. But I was surprised to discover within me a growing hurt, even a resentment, that my husband and children were coping so well without me. Once, when they arrived for their regular Tuesday evening visit at the hospital, I noticed that my seven-year-old daughter's hair needed washing. I rounded up some fresh towels from the ward linen closet, undressed her, and washed her hair in my shower — probably breaking half a dozen hospital rules in the process. But for the first time in a very long while, I felt needed and normal and competent within the circle of my small family. It was a minor contribution, I realize, but a month earlier I would not have been able to do what I had just done.

Toward the end of my month-long hospital stay my husband remarked lightly during a visit one evening that he had finally mastered our home's routine and that he was becoming comfortable as a single parent, I felt as if he had stabbed me. He did not mean it literally, of course, but I knew something he didn't: My illness had given me a sense of what constituted my minimum essential self. After months of feeling myself being whittled away, I was down to the bone. If I lost anything else, including all the mindless chores of motherhood, I would lose it all.

In the laboratory of this sophisticated research hospital, my doctors went looking for a culprit. What they found was abnormal blood chemistry consistent with some of the latest research in biochemical depression. They discovered elevated cortisol levels from my adrenal glands, levels that control feelings, moods, and emotional stability. This finally created an opportunity to begin treating my depression with specific medicines aimed at a physical cure. At long last, we were able to take a step away from the medical game of darts in which one antidepressant after another is thrown in the general direction of the depression in the hope that one of them will have a positive effect. But the medical staff did not stop there.

As my weeks as an inpatient passed, I lost track of how often I answered questions about what had brought me to the hospital in the first place. New nurses, new doctors, new specialists all went over the same ground. I understood they were looking not just for a way to make me well but for

clues as to what had made me sick, but their questions took on an ominous tone. I began to feel that we were launched, consciously or unconsciously, on a mission to find someone to blame. Everyone has demons in their lives, and I am no exception, but this particular witch hunt is a slippery and insidious business. When a doctor suggested my parents as possible culprits, I protested strongly. When my parents asked painfully during a telephone call one night if my husband might be causing some of the problems, I pleaded with them to stop. Almost everyone I dealt with wondered what grievous memories I might be repressing, and some expressed skepticism that my childhood and marriage were generally as happy as I described them. I could see the doctors' reasoning: How could they trust my answers until they had finished probing around in the closets of my past to see what might be hidden there. But I resented their intrusions and their insinuations. When my husband came for a joint session with two of the professionals working on my case, my heart ached for him when I saw how nervous he was under their scrutiny, how acutely he felt indicted for the mess I was in. But when he failed in a critical moment of the interview to live up to the picture I had painted of him, I was ready to throw him to the dogs because his failure opened the door to questioning all of my other assertions.

Twice I saw a specialist in behavioral medicine. Unlike most of the staff I dealt with, she was ruthless and critical in her questioning of the ways I had lived my life. When I saw how little she thought of me, I became as desperate as a puppy to please her, to convince her that underneath my illness was a person just as calm and bright, as well educated and interesting as she was. But she didn't buy it. And so we boxed. Her role, looked at in the most forgiving light, was to provoke me into reconsidering the assumptions that lay behind the way I had lived my life until then; my role was defensive, to keep my gloves high and protect myself against further hurt at a time when I already felt exposed and vulnerable.

But it was an unfair contest from the start. After all, I couldn't remember my homework assignments from one visit to the next. I could feel her taking points off for every lapse. I couldn't even finish my sentences, because I lacked the concentration to remember the question that I'd been asked. For this, she mentally moved me into the class for slow learners. She grew increasingly impatient and derisive with me. I started to cry, humiliated by my weakness and apparent stupidity. She made it all too clear that she thought I was mismanaging nearly every aspect of my life. I was a perfectionist, a migraine personality, a type "A." In a moment that sears me still just to think of it, I realized that she thought this was all my fault. I left her office crushed, almost physically sickened by the way she conveyed what all too many of us in the psych ward were willing to believe: that we had brought this all on ourselves. Worse still, I wondered if she were right.

For me, all along, one of the most frightening aspects of my illness was the loss of my cognitive skills. I spoke slowly because I had access to a small vocabulary and because I had to wait for each word to pop into my head. I had trouble reading and writing because ideas quickly became too abstract for me to follow. Once I turned the page, literally or figuratively, I couldn't remember anything on it. I got lost easily, not just in conversations but in physical places I knew well, and in my own thoughts. I forgot things five minutes after they were said to me.

One day I left the ward and went up to the gift shop, where I purchased two blank white note pads. Back in my room, I went about writing one word at a time on each page, starting at the back of one of the pads. Some pages I left blank. Toward the end of the second pad, I wrote three words





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per page, one above the other, each part of a separate sentence. I explained my illness in those books.

When  
I  
am  
depressed  
I  
think  
  
like  
this:  
one  
word  
at  
a  
time.

These became my flip books. When my case manager flipped through them back to front, she had a sense of what it was like to wait for each word in a thought to appear, how frustrating it was sometimes when no words appeared, how disjointed my thought processes had become, and how confusing it was when many words appeared all at once.

Another time I used a deck of cards to explain to a doctor what I could no longer do in my head. I laid the cards out as if I were playing Solitaire, and then I began moving the cards around. Before I became sick, I explained, I could manipulate numbers, images, ideas, and words in my head in the same way I was manipulating the cards, and yet keep track of the

whole. Why, before I had become sick, I had always done a fair amount of my writing in my head while I drove in the car or waited for children at dentist's appointments and piano lessons. I was confident I could recall it hours, even days, later. Now, however, I could no longer do the simplest math in my head, or envision a strategy for a chess game, or visualize a route to follow in my car between two points, or even conjure up a picture of my family. I had given up writing altogether. I couldn't hold a thought in my head for a minute.

Yet another time I struggled to explain what it was like a dozen times each day to have my mind go blank in the middle of a thought, as if the plug had been pulled and the stream of my ideas had drained completely away. There was never any hope of retrieving those ideas. I had lost not just my thoughts but the entire conversation. Repeatedly I had to ask, "What were we talking about?" but even with a reminder, I could rarely pick up where I had left off and start over. Thinking, I was reminded repeatedly, is a complex interaction of ideas and language, and to have only one or the other is worthless. My husband and doctor learned to read these "blank screen" moments on my face, which would suddenly go limp, the intellectual energy of my conversation instantly erased from my eyes and the corners of my mouth. Invariably they were patient and understanding, but I did not understand it myself. To me, these moments were frustrating and terrifying proof that I had lost my mind as completely as I had lost that single thought.

Toward the end of my stay in the hospital I had a roommate, a gentle, soft-spoken young woman in her early twenties who had suffered from auditory hallucinations for more than a year, after nearly a decade of fighting anorexia nervosa and bulimia. In order to drown out the voices that haunted her, she slept with a Walkman plugged into her ears. One night, when she was having trouble falling asleep, her restlessness kept me awake and eventually we started talking. We lay in the dark like two girls away at camp and talked. She told me about the course of her illness and about what it was like to have crude, hostile voices shouting at her wherever she went. What frightened her the most, after the fear that she might have to listen to these vile voices for the rest of her life, was the awareness that they came from within her own subconsciousness. They were, she had realized with a shock one day, her.

All of us in the psychiatric ward had journeyed toward the outer banks of our psyches, to an unbearably lonely place full of ideas and ways of thinking that no well person could possibly consider normal or sane. The view from the outer banks is different; anything is possible, and most of it is terrifying. I met



a pregnant woman with a vivid scar around her neck where any other woman might wear a necklace. Visible within the scar were the exquisite, scalloped twists of the rope from which she had once dangled. I met women, as ordinary as those who wait in line with me at the grocery store, for whom the slightest, most innocent remark sets off horrifying memories of the abuse they suffered as children. No place they could escape to was far enough away from their past to make them feel safe. I met a harmless, kindly elderly man so lost in time and place that he had to be told every day that the reason his shoes didn't fit was because he had wandered into some other patient's room and walked off in someone else's shoes. Another man, young and obviously bright, had a mane of hair as wild as a man-eating lion's and a stare so vacant, so devoid of human understanding or connection, that he frightened every woman on the ward.

Later in the week, my roommate thanked me for being one of the few people who was not afraid of her. The truth, however, was that throughout my stay in the psychiatric ward, I was rarely not afraid, and not just of her, although she never gave me any specific cause to be frightened of her. The staff was calm and competent, and no patient, to my knowledge, was ever hurt, not even when a fight broke out in the game room one evening among three women over two pool cues. But there was so much to be afraid of besides pool cues being used as lances. I feared everything I did not understand about my illness, from the loss of my ability to think clearly to the extent and object of my anger. I feared, too, everything I was learning about my illness, including the fact that it was likely to be a chronic condition. I feared not just the demons in my troubled dreams but everyone else's demons, too, the sad and frightening thoughts of an entire carnival of characters who, like me, feared their lives as much as they feared for them.

When I moved finally to a single room, I welcomed the solitude, but I did not anticipate how terrifying the long nights would be. Every night I felt like my seven-year-old daughter going through the ritual of safety checks as I looked in the shower, carefully closed the bathroom door so I wouldn't have to look at the black maw of that opening, cracked the curtains to let in a little light for reassurance, and then lay down to sleep facing my door, which could be closed but not locked against the terrors I knew from my own experience would be loosed by the darkness.

My own journey to the outer banks took me to places I could never have imagined existed within me, to places where I was utterly and absolutely unreachable. I thought of trees exploding into fire in my dreams and of the thread-like pair of scars on my left wrist. I thought of the look of hurt and disbelief on my 11-year-old son's face two months earlier when, during a disagreement, I had slapped him hard across the face. I had acted unthinkingly and out of frustration because my mind was simply incapable of keeping up with his reasoning. Never before in my life had I done anything like that. I thought of my husband's pale, drawn face crumpling the day I had walked into the house after disappearing for several hours. He was certain that I had killed myself, and — make no mistake — that had been my intent. I handed him the note, but the pills were locked in my hand with a grip of iron, as if to loosen that grip would release my final grip on life itself.

For a long time after my roommate and I stopped talking that night, we both lay awake, sobered and silent beside these thoughts of the dark places we had been and the excruciating pain our illnesses had inflicted on those around us. I cannot say even yet if my family will survive my illness intact, but I know something of the other costs. My first

round-trip ticket to the outer banks ran about \$50,000 and cost me a year of my life and all of my self-confidence. Other patients I met would have counted themselves lucky if they had paid twice that.

I went home abruptly after four weeks on the ward, despite the protests of my doctors, when my insurance company informed the hospital that I had reached the limit of my mental health coverage, and I had no money myself to pay for more treatment. It was a bureaucratic decision made without the slightest regard for me or my illness, but I survived. On the whole, I had received excellent care. I came home in late February with new medicines and new ways of dealing with some of the stresses in my life. The days were getting longer, the sun was stronger. My first week home, I slept until noon every day and often went back to sleep in the afternoon, grateful not to have someone shining a flashlight in my eyes every hour of the night to ensure that I had not hurt myself. A month passed before I was able to read anything more challenging than a newspaper and remember it an hour later, but I could fix dinner again and greet my children with a smile when they arrived home from school. It felt good to be home.

In time, I began dreaming again, not the grotesque and troubling visions symptomatic of my depression, but the ordinary, benign dreams of someone who is no longer afraid of who she has become. I went out and about the small city where I live as I had not done in six months, and I answered honestly almost all of the questions I encountered about where I had been and how I was.

Still, certain things could throw me and did. Two months after my discharge I broke down crying in a town an hour away when I could not remember the way home. All I had to do was ask for directions, and I did, but I cried anyway because I was still frustrated and frightened by having information lost and inaccessible in my mind. Well into the spring, I was asking my son to vacuum the lawn when I meant "mow," or pointing out red-winged butterflies to my daughter when I meant "red-winged blackbirds." Four months passed before I felt clear-headed enough to try writing seriously again.

Seven months later, I was still being visited occasionally at the moment of sleep by the sort of odd visions that I had had the previous winter. In the most haunting one, the cards of a Rolodex flipped by me at a steady clip, each one bearing a face. I didn't recognize a soul among them. Hundreds, perhaps thousands, of faces flipped by before I finally fell asleep. Who were those people? Why did they appear to me? I try not to jump to conclusions about what such visions might portend. It does no good to be afraid.

By late summer, I felt better than I had in a long, long time: good-natured, even tempered, and engaged again with life. But beneath that exterior I was a different person from the one I had been 18 months earlier. More than two years later, with another acute depressive episode behind me, I am no longer the self-confident, outgoing woman I once was. I am tentative, as if each day I must test the ice beneath my life to see if it will hold. I am also diminished, my intelligence less reliable, less quick, less manipulable than it was before this experience began. My memory is slower, my vocabulary smaller, my future as a writer less certain. I no longer speak before groups nor trust my composure in charged situations, whether it is speaking with my children's teachers or discussing a good book with a friend. Like a wingwalker, I must constantly adjust my position, fight for poise, and be sensitive to the slightest wind shifts in my life.

But I am wiser, too. I once thought it was impossible to walk beside the dark abyss my depressions represented without falling in. Now I know





*A common misconception about clinical depression is that its victims are nothing but misanthropes who suffer from sheer lack of will power. If this were so, many more of us would be well, Sylvia Plath might still be writing poetry, and Edgar Allen Poe's stories would not be filled with the haunting hallucinations that I have come to know so well.*

otherwise. I have come to appreciate the critical difference between the possibility of falling and the much worse experience of actually falling. All the possibilities of our lives will not be realized, and this includes some of the worst ones.

I have come so far on my journey, I fear looking petty if I insist on regaining the final yards back to my starting point, but what fills that distance was once a part of the whole against which I took the measure of myself, and I mourn its loss. My husband and psychiatrist say they can still see evidence of my cognitive impairment from time to time — in how long it takes me to recall a name, for example, or in how completely I can forget a conversation we've had — but no one else seems to notice. This is a private loss, a redefinition of self that I will have to contend with alone.

Meanwhile, I have retreated from my determination to confess my state without embarrassment or shame to almost everyone who asks how I am. Most people are compassionate. They shake their heads and reassure me that they, too, have been depressed, or they laugh sympathetically at how we all start to forget names as we grow older; and indeed, almost everyone has been depressed at the end of a bad day or groped for a name to put with a face. When I first encountered this sort of reaction, I felt challenged to make it clear that my illness went far beyond what they had experienced, but this often meant parading before them scars and episodes that, frankly, were too personal and sometimes humiliating to share. I have learned to accept their naiveté as one more of

my illness's challenges, to let them depart believing they are made of sterner stuff.

Perhaps what we need is a new term for clinical depression, one that would clarify the difference between (and make it easier to talk about) the depressions we all experience in the day-to-day course of our lives and the kind that requires us to be hospitalized in places where the glass in the mirrors and windows can't be broken even if a chair is thrown at it. But perhaps I ask too much. Perhaps only a true pilgrim can recognize a fellow traveler.

Certainly, there is considerable misinformation still widely believed about clinical depression, both moderate and acute. The most common is that it is a perversion of nature or nurture, curable by a few sessions with a therapist or the tonic of love. If this were true, many fewer people would suffer from depression, me included, for I am surrounded by love. But it is an illness, no more curable with love than cancer is and quite often no more curable by talk than the common cold. The second is that its victims are nothing but misanthropes who suffer from sheer lack of will power. Again, if this were so, many more of us would be well, Sylvia Plath might still be writing poetry, and Edgar Allen Poe's stories would not be filled with the haunting hallucinations that I have come to know so well. But I have seen at close range the fierce will power it takes to hang onto life in the face of indescribable despair, and I can bear witness to how false the assumption is. And finally, I'm aware of widespread scorn that the pharmacy of drugs used to treat depression is no more than an anesthetic to numb people who are incompetent to cope with life. Numerous times, by the most well-meaning people, I have been advised to "just stop taking all that medicine," as if by some miracle I could throw aside my crutches and walk. But in recognizing depression as a biochemical illness with complex physiological causes, one must accept the medicines that treat these chemical imbalances as a critical part of the cure. As much as I love my husband, my parents, and my whole family, and as ardently and desperately as that love is returned, the only things that have kept me alive for the past three years have been my children and my medicines.

Unfortunately, all of these misconceptions conspire to humiliate the victims of depression, suggesting to the ignorant and the uninformed alike that like the victims of AIDS, we are all suffering from no less than we deserve for our weak characters. Most heartrending of all, I have seen the innocent, shattered families of suicide victims, already consumed by guilt, turned into malefactors, defending themselves against the whispers that if those who had finally succumbed to the despair of depression had been loved better or more or differently, the tragedy could have been averted.



That is usually not the case. If I have learned one thing in all of this, it is that love is a gift of grace to the acutely depressed, but that love alone cannot rekindle the light of life after the loss of all hope has finally buried the soul in darkness.

Often the breaking points are related only obliquely to the terrible symptoms of mental illness. Time and again over the past three years I have asked myself why my husband has not left me, for he walks through the door each evening not knowing who will greet him. Too often, I feel like a burden, not a partner, and it is a role I find almost impossible to live with after knowing myself once as a more-than-competent mother, a successful writer, and an active member of my community. When we have talked occasionally about separating, I have regarded it as the ultimate gift to him, an opportunity for him to walk away from a mountain of debt and start again with a woman who is everything I once was. But the discussion alone nearly stops my heart from beating, for I am frantic that my mental health history would cost me custody of my children and access to his health insurance, the loss of either of which would take away any options I had for the future. And besides, I still love him. That is one of the few things that has remained unchanged. I love him for all the reasons I married him 20 years ago and because he has stayed. When I have walked through those doors at the hospital and heard the click of the lock behind me, his hand has always been in mine.

And finally, there are those people who act as if mental illness were contagious. I have watched them listen sympathetically when I describe the past three years, but I have also seen a number of them unconsciously shrink backwards, as if I were a leper asking to shake their hand. All of this leads to preoccupying questions: Who will love me, no matter what happens? Who will forgive me if, in the end, I need forgiveness? What will survive, not just of me but of my family? What is my future? After a lifetime of believing that self-control is a measure of good breeding — which is a pathology in and of itself, upon which my doctors and I have spent considerable time in therapy — how does one express the rage that comes from discovering at the age of 39 that one's life has taken an irrevocable turn away from the light and possibilities of life toward a bleak place where the center does not hold?

My psychiatrist cautions me to be patient, and I have come to appreciate the irony of the relationship between his use of that word and my status as a patient. But three years have gone by since I was first hospitalized. I feel the rush of time passing and the fragility of my existence in a way that I never did when I felt strong and carefree. I take 12 pills a day on a good day and have been hospitalized again, this time for a briefly successful series of electric shock treatments that taught me there are terrors beyond anything I had yet imagined and that erased from my memory a whole year of my life. My psychiatrist encourages me to be optimistic. He still believes a cure is possible, but I also know that my depression could return tomorrow or next month or next year, and that, in fact, it is highly likely to strike again, each episode potentially more devastating than the last, although that seems hard for me to imagine.

What, I ask myself, exists beyond the black void at the edge of the universe? I try, but at the moment I'm not sure that I'll ever again be able to teach or to read certain authors. My mind, as it is now, could not bear the intellectual complexities those activities would impose. As each day passes without my regaining the last full measure of my mind's facility, I find it harder and harder to believe that I will ever again be what I once was. And I cannot help feeling cheated. I tell a friend that I feel as if I

have gone through a windshield and suffered a terrible head injury. Now it is her turn to look blank. I look fine; she has no idea what I am talking about. She waits for me to make her laugh. It was always one of the things I did best.

I am looking now for ways to reinvent my life and not be bitter or unhappy over the way things have turned out. I am still luckier than many others. I see my psychiatrist, take my medicine, make plans the color and texture of hope, and pray that I will be able to see the life ahead of me as worth living.

Five months after I was discharged from my first hospitalization, I received a telephone call from someone who had been a close family friend when I was growing up. We had not been in touch for almost 20 years, but he had heard of my illness from my parents, and he was calling to tell me what my mother apparently could not: that she had suffered from depression when I was child and so had her mother, my grandmother. I was stunned by the confidence but not surprised, if that is possible. My mother still cannot talk about it with me. When I called her several weeks later — after my initial anger had passed and I had come to terms with the knowledge that she and others had made me carry the burden of my illness all alone at every hospital interview, as I disclaimed any family history of depression or mental illness — she would admit to me only that she had had her “down times.” But this euphemism hardly does justice to the genetic tie that binds us. We are not talking about descending a staircase but about scrabbling desperately at the bottom of a well while the water rises inexorably about us. I have been able to forgive her and the others only by remembering that they come from a generation when the unmentionable subject of mental illness shared the shame of incest and rape, all of them damning the victims for being involved.

In the first rush of emotion after that unexpected telephone call, I felt better about my experience, vindicated somehow that my depression was not my fault. As the weeks passed, however, and I had time to consider the information more carefully, I found less and less comfort in the knowledge that I was probably suffering from a genetic inheritance that also puts my children at risk. Perhaps there are no explanations that could satisfy me.

I am grateful that medical advances are being made every year in the treatment of mental illness. I also know that my generation is more willing to regard at least some forms of mental illness as valid medical illness, as real and as treatable as diabetes or heart disease. In that spirit, my husband and I have been open and frank with our children (they both know as much as they seem able to understand about my illness), and I have written this article and quit wrestling with whether to put my name on it. But I am not naive; I know prejudice is still widespread, skepticism common.

Moreover, I have come to appreciate the pain of my mother's burden. Within me, as within her and her mother, there is very likely a mutated combination of DNA capable of destroying any or all of us, our marriages, and the people we love most, or, most agonizing and unthinkable of all, our children. As I type near an open window, with the laughter of my two bright and happy children wafting in like music, that knowledge makes my blood run cold. Their precious lives may rest someday on two pieces of information it is my responsibility to convey to them, regardless of whether a cure for this particular form of mental illness comes in my lifetime or not. The first is that mental illness is not their fault. The second is that there is no shame in seeking treatment. If I could be certain they understood those two things, I would give anything, anything at all. ■