

Area 25

What's the use of old and frozen thought? I want a howling hurt.

Rumi

If I were a house, I would have been rewired a long time ago. The first person that found the tangle of loose and knotted wires running helter-skelter under my skin would have called in an electrician. For almost twenty-five years, I've dealt with episodic depression. Sun, heat, humidity, bright light, caffeine, noise, a sugar overload, or too many hands grabbing at me can set my nerves on fire. If I had to pick a start date for my depressions, I'd pick a day in late April 1985. Marty was leaving, and my first marriage had been over for less than six months. I was twenty-two. Stuart, husband number one, and I had had a complete marital power outage in just thirty short months.

I fell in love with Marty almost minutes after Stuart and I separated. It was like a car crash with no chance to avoid the collision. I met Marty, a short, grinning, sandy-haired Jew (obvious to me), at the University of Washington Engineering Library. I was returning books for work; he stood at the checkout counter leaning forward on his small, fine hands. We talked for thirty minutes. I don't remember the content-just a strong desire to sleep with him. As I left, he gave me his tan card with his number scrawled on the back. Three months later, when he moved back to Los Angeles, I hit bottom and experienced my first bout of depression. A headfirst plunge into a frozen lake, a loud crack in the ice, and a fast drop into icy water. On the day he left, I cried so hard that he gave me my first non-prescribed Valium. I went to therapy a few months later where I received an official DSM-3- Diagnostic Statistic Manual for Mental Disorders- diagnosis for clinical depression. I can still feel the acidic loneliness that burned away my skin and exposed my nerves. I drank coffee as if I were on a liquid diet. I ate antacids as if they were lifesavers. I slept as if drugged. Early to bed, late to rise, straight to work, and back home to sleep.

While neither the end of my marriage nor Marty's leaving caused twenty-three years of depression, it triggered something. I now believe that the potential for depression must have always been in me, dormant, encoded in my genes. My mother's mother had serious depression and was drugged for it without her knowing. My grandfather had convinced her doctor to give her a little something that would help calm her nerves. One more pill was slipped into her arsenal. My father suffers from Seasonal Affect Disorder and goes untreated. One of my sisters is 'moody'. Another is prone to depression. My all time favorite therapist, Falsberg, says that Russian Jews tend to be well versed in misery. Depression, my heritage, my familial inheritance, is as unwelcome and insistent as credit card

debt. It's a melancholy groove in my psyche, a road of unsubstantiated despair, a fucked thread of my DNA, or in yoga terms, left-over karma that is ripening in this lifetime. Over time, my depression has condensed into a Reverse Seasonal Affect Disorder, a late spring to summer affair. When most people are sitting in the sun happily basking in the rays, I'm running for cover. Nine months of equanimity. Three months of hell.

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I have spent a lot of time with a pen trying to describe the effects of my depressive episodes that may not be clinically useful, but help me make sense of an amorphous disease that has eaten up months and years of my life. With carefully honed descriptions and metaphors, I have something to show for my three months a year of despair much like a crash survivor can point to a jagged scar. The scar, like my writing, is a testament to survival as much as it is a record of the accident or the depression.

Some days I holed up and wrote about the bouquet of freshly fallen hair that I had scraped off the shower floor, and I wondered how much more hair I would lose before the depression faded. I wondered if I would be bald before I'd be happy again. Other times, I wrote about charred and smoking nerve fibers that, like used birthday candles, should have been tossed. Yet I recycled them over and over because, unlike candles, my nerves continued to regenerate. In August 2006, exhausted after three months of depression, I traced my fingers along my hips, over the ridge of my iliac crests, to see if they were still solid. I wanted to hold a bone to the light and look for sheer spots. I wanted to tap it like a carpenter looking for dry rot. Osteoporosis is common in people with depression, and I kept forgetting to take my calcium. Depression was eating away at my (one time excellent) memory like ants moving in on dropped chips at a picnic.

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Depending upon the source, it is estimated that anywhere from 18 to 34 million Americans a year suffer from some form of depression, including major depression, dysthymia- a low level ongoing depression; and bi-polar disorder- a soul-spinning roller-coaster ride. According to the manufacturers of Prozac, whom I don't necessarily trust, 18 million Americans experience depression each year. The National Institute for Mental Health, perhaps a bit more reliable, claims 20 million. Zoloft, a pharmacological relative of Prozac, and therefore also suspect, claims 34 million. No one really knows how many people are afflicted and to what extent. But it's safe to say that there are a lot of people feeling low to down right toxic desperation.

I usually know who is down. Depression can look and smell like a musty, unmade bed. It can appear fragile and small like a thin glass ornament. Or, it can look perfect, cold, and empty like a set table in a china shop. Make-up, glasses, or botox treatments can't hide it. Some people would prefer to give you their Visa and PIN number rather than admit to a regular prozac. Others will share the information as if giving you their email address. The book *I'm Okay, You're Okay*, (which I haven't read) comes to mind. Does it mean something like we're all okay no matter what? Just a matter of thinking positively even when being assaulted by hostile hormones?

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Chris, my licensed board-certified drug dealer, whom I've been seeing for at least ten years, provides my psycho-pharmaceutical support. She is a tall, thin, pretty Latina woman in her mid-fifties with a large warm smile. I don't call her Dr. Duran, as she announces herself, because doctors, including psychiatrists, are people with first names. She advised me to befriend my depression. She urged me to get to know it. Name it. Accept it. Address it. I wanted to ask her what she had been smoking. I wanted to assure her that I don't need a cancerous soul-sucking menace hanging around. "It's something that will always be with you," She said. Her voice gentle and perky, as if she were trying to convince a friend that stage-one breast cancer (treatable) was better than a lethal stage-four diagnosis. (True, but who wants to be happy about any kind of cancer.) WAIT, my mind screamed, THIS IS NOT THE ASSUMPTION THAT I'D BEEN WORKING WITH. It was the first time I remember hearing that I wasn't likely to ever get rid of depression. For each of the previous twenty-three years, I approached the condition as if I were one drug, therapist, or light box away from bio-chemical stasis.

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The brain, according to the early twentieth-century German neurologist Korbinian Brodmann, could be parsed into fifty-two distinct regions (now further split into subsections), divided according to cytoarchitectonic characteristics or microscopic tissue distinctions. Area 25, a rich piece of brain real estate, part of the grey matter of the cerebral cortex, is thought to be over-active in the depressed brain. I ask myself if they could take that portion out or at least freeze it until they know how to treat it, would I do it? Or is depression such a part of me that getting rid of it might be like giving up my sense of smell or color?

A few years ago during a relentless depression, I was given the name of a psychiatrist who was known to have a magical touch. It was as if he were compounding formulas for each patient and not

just dispensing off-the-rack drugs. I was reluctant. I didn't want to be a new patient anywhere with anyone. I was done with explaining my story. I even refused to talk about it with my closest friends. But everyone was pushing me: my husband, my friends, my boss. Even my barista kept asking how I was doing. The recommended psychiatrist, I'll call Jack Roberts, was described as being artistic in his ability to match patients with the right shades and hues of the dizzying array of drugs and doses. I called him. I felt as if I were cheating on Duran. (I doubt she would feel that way.) Roberts and I played phone tag for over a week. Finally, via voice-mail, we set an appointment to talk on a Wednesday evening at 6:00 p.m. I spent thirty minutes before the call rehearsing my story and making notes. When the phone rang, all I heard was, "Hello, this is Jack." I jumped into my story which sounded like the catalogue for a retrospective on depression meds: Atavan, Prozac, Zoloft, Lorazepam, Lexapro Effexor, Paxil, Buspar, Wellbutrin, and Tamazepam. I continued to list the therapies that I had tried: acupuncture, Alexander Technique, Rosen Work, Cranial Sacral Therapy, conventional therapy, and Reiki (performed by my friend Leila, an animal psychic and former banker). I finished my recitation and paused before asking, "Do you think that you can help?"

There was a long silence. I thought that I had lost him.

"Are you there?" I asked.

"Yes."

I waited a minute.

"Well, I've never been asked this before."

"Huh? Is this Jack Roberts?"

"No this is Jack Bryce from the Intiman Theater. I was calling to see if you wanted to renew your subscription."

"What?" I screeched.

"Have you...ever tried the *Artist's Way*?"

I could barely speak.

"I'm sorry. I have to go. I'm waiting for an urgent call."

My heart sank like a drowning swimmer. I hung up and checked for messages. The phone was beeping. Jack Roberts had called. I started laughing so hard that tears were streaming down my face. The phone rang a few seconds later.

"Is Ms. Lawson in?"

"This is Dr. Roberts."

I couldn't talk.

"Ms. Lawson, are you okay?" I went through my Power-point-like presentation for the second time in ten minutes. I set an appointment, told all concerned parties about it, and, then, canceled it a few days before I was to meet him for the first time. I stayed with Duran who had always stuck by me providing both chemical and emotional support. (Predictably my depression dissolved in the cool fall air and returned on schedule the following spring.)

A week later Jack Bryce made a follow-up call. Although he wanted to know how I was doing, he also wanted me to re-subscribe.

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The threat of suicide has slid into everyday language in much the same way that *shit* and *fuck* have become verbal punctuation. I'm going to shoot myself, hang myself, or jump off a cliff are usually devoid of danger-they are the threats of fairly "together people" who dare to say these things out loud and not fear intervention. During the depths of my '06 depression, my friend Fariba wrote via email, "Let's walk on Sunday. If we can't solve our problems, we'll jump." Promise? I wanted to ask.

When I was in graduate school at Seattle University in the early nineties, a professor of mine, Mary Able, a round, jolly apple of a woman, broke-off mid-lecture and launched into her plan for suicide-should she ever need or want to die painlessly. She said she would find a place underwater where she could look out on a school of fish swimming around a coral reef. Then, she said, she'd cut the oxygen on her scuba tank and drift into a pleasant dream-like death. I can't remember how it came up-but she was casual as if it were normal to have a suicide option. Thinking back, this was around the time that Jack Kevorkian had gone public with his physician-assisted suicide campaign. But, still, it was an odd bit of information to pass out.

During the summers, the time of high light intensity, when my nerves have felt as if they were pumping acid, I've stood at the top of the 1913 W.R.B. Wilcox staircase, part of a stately promenade on the southwest side of Queen Anne that overlooks Elliot Bay. I've wondered how bad I would have to feel to jump from this large and beautiful brick and concrete overview. But I know that suicide kills the living too. When my friend Diana suicided a few years back, she might as well have shot her husband and kids before drowning herself. I wouldn't do it to my husband, sons, parents, in-laws, sisters, or friends.

Last year I (reluctantly) tried therapy again. I sought the help of Sharon Kelson-a practitioner of cognitive behavioral therapy. In a small, oversimplified nutshell, CBT attempts to help the client discern the difference between accurate thinking and distorted thinking. It's a psychological rewiring

with a large do-it-yourself component that is particularly good for treating depression. I'm a good candidate for it because I'm disciplined and I've always known, even in the depths of depression, that my thinking is warped. I've always just waited for the non-stop flow of thoughts and feelings to rush by like a long train-car after car after car after car, until the tracks are finally clear, and I can cross safely back into normal life. CBT has given me a set of cognitive tools to work with instead of just waiting for the train to pass.

During the worst part of my depression Kelson asked weekly, "Any suicidal thoughts?" I answered no (which was true), but I wonder if I would admit to being suicidal if I were? Does anyone who is serious admit to contemplating suicide?

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I began practicing yoga 20 years ago when yoga was taught by spiritual seekers and leftover hippies. It was well before the latest yoga surge began. At twenty-six, I was so stressed that I worried about having a stroke. My friend Not-so-Tall Kate (as opposed to Tall Kate) dragged me to a Yoga class. Margo, a petite German woman, led us through a series of demanding postures that made my body feel as unyielding as concrete. Yet, when we got to the breathing practice, I felt as if every cell in my body was being spoon-fed oxygen. I went home after the first class and slept for the first night in weeks. The next morning, I had a few minutes of peace before my endocrine system took me hostage again.

I spent a few years wandering to different yoga studios before I found my first teacher, Gail Malizia, an Italian-American woman with short, thick white hair and a small diamond in her nose. She coached, coaxed, and mentored me for five years as I fell in and out of depressions with little understanding of what was happening. She gave me home practices, meditation tapes, books to read, philosophy to study, and eventually worked with me as I began to study to become a teacher. Though I lived for years by the five-minute headstand and strived for a perfect warrior pose, I was also searching for psycho-spiritual support. Yoga was and continues to be my natural anti-depressant, a defense against the darkness of anxiety, a way to create a little calm in my chaotic mind, a spiritual path aimed at the moment. The actual day to day has been a lot like training a high-strung dog; my mind has continued to chase after squirrels, dogs, cats, strangers, and mail-trucks. But, now, I don't believe my mind when it tells me that everything is fucked.

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Like a lot of depressed people, I have been willing to try almost anything to feel better. When I was twenty-three, I came to the depression section of Magus Books, a used bookstore. There was a ragged copy of *Rebirthing in the New Age* by Sondra Ray and Leonard Or. A book so worn, I figured, must have some wisdom, as if yellowing pages and highlighted passages could correspond to merit. I read the book and was simultaneously intrigued and repulsed. The book proposed rebirthing, the reenactment of one's birth, to start fresh. After a little scouting, I found a therapy group that offered rebirthing with a therapist named Georgia Peal. The group, housed in the basement of a tan suburban split-level, served as a cozy birthing center. Georgia practiced dry rebirthing. (Ray and Or also offered wet hot-tub rebirthing.) I remember the first rebirth that I took part in. Russell, or Russie, was up for his turn. He lay in the fetal position head-down between Georgia's legs, scrunched under a navy blue wool blanket. We were to rub his back as if he were in-utero and coo and comfort him when he came into the world. After giving birth myself (many years later), I now don't get how sliding out of a blanket could equal the thunderous trip down the birth canal. It seems like we should have been squeezing and striking him to simulate a vaginal birth. The newcomers like myself were hesitant at first. After all, there was a nearly six-foot-tall thirty-something man lying under a blanket between a woman's legs.

Russel hid quietly under the blanket for probably ten minutes until he slowly worked his way down the birth canal like a large slug moving down a path. Once out, Georgia coached us along, "Talk to little Russie. Talk to his "child within." Tell him how much he means to you." Georgia handled Russel like a newborn. She stroked his head and rewapped him in a blanket. She tenderly cradled this tall, scrawny man and gave him a bottle that he drank with great hunger. For the short time that I was in the group, Russell was reborn at least three times with no noticeable improvement.

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Two years ago, I woke up on Mother's Day and knew instantly that things were not right. A loud burglar alarm was going off. My breath was short; my heart was pounding. I felt the itching burn of stress hormones being dumped into my system. I didn't know if I should run or hide. After a few seconds it became clear that no alarm was sounding in or near the house, but, rather, the shrill insistence was coming from my head. I lay quietly and examined the feelings in the manner of a cop puzzling over contradictory evidence: feelings of alarm, yet, no alarm. It was 8:30 a.m.

At 9:00 a.m., I got up to pee, brush my teeth, wash my face, and exchange glasses for contacts. When I flushed the toilet, I heard gleeful screams.

"She's up." Noah and Shiah, my sons, ages seven and three at the time, were at the bathroom door.

"Quick. Get back in bed. We've got breakfast for you."

They tugged me back to bed. I resisted the urge to pull away and shush them. Every sound and jerk was an assault on my nervous system. I had wanted more time to count my symptoms, measure and quantify the depression, before I had to face anyone. I slipped back into bed, pulled up the comforter, and waited obediently. Noah carried in a wooden tray: toast and peanut butter, cut up strawberries with whipped cream and sprinkles, a bowl of grape nuts with milk, and a silver commuter's mug filled with mint tea. Shiah handed me a spoon and napkin. They watched as I took obligatory bites.

Steve popped into the room to watch me eat; I waved him to stay. "It's back," was all I said. He didn't need more than the shorthand to know what I was saying. Duran is right, my depression is a presence that is immediately recognizable. It is something that we have learned to live with. My depression, like a bitchy friend who comes for a surprise three-month visit when a week would be too long, sucks up the time, air, space, and tenderness in the house. I walk around like a burn victim: every noise, touch, change in temperature, or light is overwhelming. Between going to bed the night before and waking up that morning, a switch had been flipped. Absolutely nothing else had changed.

On day one of the 2006 Mother's Day depression offensive, I went to the bathroom and set the drugs on the counter, the left-over soldiers from the 2005 depression battle, two strengths of Effexor, 37.5 mg and 75 mg, and Lorazepam for use in case of unmanageable anxiety. Next I called Duran to make an appointment and let her know that I had put myself back on 37.5 mg of Effexor. One minute I'm fine, the next I'm fucked.

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Helen Mayberg, a neurologist from Emory University, in a 2002 article in the *American Journal of Psychiatry*, argued for site-specific brain treatment for depression to control the debilitating effects of the disease without dousing the entire brain in chemicals the way most anti-depressants do. The brain, she argues, is not like broth that can be seasoned to taste and stirred until blended. While reviewing brain research, Mayberg came across a treatment for Parkinson's called DBS or Deep Brain Stimulation, a surgical technique on a specific part of the brain affected by Parkinsons. DBS, speculated Mayberg, unlike Prozac and its offspring, could target the major depression site, Korbinian Brodmann's Area 25, without touching other unaffected areas. Why salt the whole meal if only the potatoes need perking

up? The surgery requires the patient to be awake and responsive with the head held in a vice as it is drilled open. Could I do this? Patients have complained about the odor coming from cut open heads. Could I stand the smell of my own brains?

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By October, a few months after the Mother's day onset, I felt normal again. My depression had dissipated in September. It's hard for me to recall how bad I feel during an episode, but my journal stands in for my memory. The depression just evaporates leaving few stories, fears, or scars. I go back to the business of eating and gain a few pounds. I start to dress in color again. My hair looks better. My skin is no longer yellow-grey. The circles under my eyes lighten. Initially, I go into a bit of hypo-mania-I'm focused, efficient, creative, and unstoppable. I write, I make felt by hand, I cook, I play with my kids, I love my husband, sex is back on the agenda. Our house is once again open for business. We all breathe more easily.

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I don't think or worry about when the next depression will arrive. If it comes, it comes. Though, by mid-summer 2007, I was not depressed. I had not even had a whiff of depression during the usual bad season. I was in South Africa with my sons and my niece. I was watching elephants, giraffes, zebras, hippos, and rhinos. I was reading, eating, sleeping, and enjoying every minute of life. I made a note to self in my journal, "The 2007 depression of Stacy Lawson has been canceled due to proper pharmaceutical support." I don't know if these drugs will always work, if I will need other drugs in the future, if menopause will tip the scales, or if I will be thrown by bad news, but it's good enough to know that at least for now, I'm just fine.