Is There No Way Out of the Mind?

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I’m not living, I’m just killing time.
—Radiohead, “True Love Waits”

I am so tired. I am twenty and already exhausted,” Elizabeth Wurtzel writes in her memoir on depression, Prozac Nation.¹ The bestselling book, published in 1994, details Wurtzel’s lifelong struggle with clinical depression throughout her youth and college years at Harvard University, ending with the almost miraculous treatment that the antidepressant Prozac provides. Nineteen years later, after Prozac has both risen and fallen as a household name, the exhaustion and depression Wurtzel described is still around—and looks like it’s not going anywhere fast. Like Wurtzel, the nation as a whole and young adults in particular seem increasingly unable to be happy.

Whatever role social media has played in this trend, it offers some striking examples of its effects. Anonymous platforms—on Facebook, Tumblr, and other sites—serve as outlets for pithy jokes and occasional confessions, but also very sad, very angry, and very helpless messages.

Take, for instance, some recent posts on “UChi Secrets,” an anonymous Facebook group catering to the University of Chicago community:

¹. Wurtzel: 293
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From #219: “I don’t know what the fuck is wrong with me... I am so. fucking. sad. and I don’t know why. I feel like I’m going insane.”

From #399: “None of my friends know I’ve been severely depressed for years. I’m in therapy and taking antidepressants, but I’m still convinced that someday none of that will matter enough to keep me alive.”

From #528: “I’ve been meaning to go to student counseling for weeks now... But I’m scared if I go talk to someone, I’ll realize I don’t actually have any real problems, that I’m just wasting their time.”

From #538: “I’m totally fucking this all up. I’ve missed god-knows-how-many assignments and essays, not to mention all the class I’ve missed, and the stress is getting to me... I pretend to my friends that everything is fine, and that I have it all under control, but I don’t.”

Beyond such general forums, also consider the launch this winter of the “U of C Melancholia” blog, an anonymous project that collects submissions and the author’s own commentary on the experience of depression. The anonymous creator of the blog writes about his or her own depressive experience and history, delving briefly into the lack of effective therapy the University offers and exploring life with depression through photographs and text posts. Medication: “1mg clonazepam, 300mg...
bupropion, 25mg fluoxetine.”\(^2\) Living spaces: mostly, on a bed with a blue blanket. Books on how to deal with depression and dim, shadowy photographs capture the malaise he or she lives through daily. Other submissions to “U of C Melancholia”—long text posts and images about anger problems, feelings of isolation, and other mental illnesses—clearly give the impression that depression is not a rare, isolated problem for this generation.\(^3\)

Indeed, the recent crop of the confessional written word on the Internet is part of a larger social picture that Wurtzel describes as having suddenly broken out after she graduated college. “It seemed that suddenly, some time in 1990, I ceased to be this freakishly depressed person who had scared the hell out of people for most of my life with my mood swings and tantrums and crying spells, and I instead became downright trendy.”\(^4\) The New York Times reported, in 1992, that a study of the international prevalence of major depression revealed, in the 20\(^{th}\) century, a trend of increasing unhappiness worldwide. In some countries, those born after 1955 were three times more likely to suffer from depression than those from two generations prior. The upshot of most other studies since then—based on both large populations and select ones, such as college students—is that depression is, for whatever reason and whatever the diagnosis now means, a great deal more prevalent than it has been in generations past, and that people are reporting it at younger and younger ages.

At this point it would be useful to discuss what, exactly, a diagnosis of depression entails. The symptoms of depression listed by the National Institute of Mental Health include, among such indicators as suicidal thoughts or attempts or insomnia, “persistent sad,

\(^2\) “U of C Melancholia,” Tumblr

\(^3\) This campus in particular has never been a stranger to depression: self-deprecating jokes about the terrible weather, the unsexy squirrels, the academic pressure, and the lack of social interactions in a highly cloistered environment abound. For example, a house t-shirt recently printed features the phrase, “You will be unhappy here...” and on the back “...there is no punch line,” and a U of C crest with the phoenix in tears. But this culture has become more intimate with the rise of anonymous online platforms, reminding us that it’s not a far jump from self-deprecating jokes to pure depression.

\(^4\) Wurtzel: 335
anxious, or ‘empty feelings,’” “loss of interest in activities or hobbies once pleasurable,” “fatigue and decreased energy,” and “overeating, or appetite loss.” These vague symptoms are feelings that all college students and young adults can identify with at one point or another. But when does depression become a serious illness, requiring professional attention?

Though everyone might feel sad at times, not everyone is clinically depressed. Medical depression becomes a problem when the feelings of lethargy, listlessness, emptiness, and bleakness do not go away. Feeling sad for a few days might be normal; feeling sad, empty, and listless, unceasingly and sometimes without cause, is not. The Stanford School of Medicine writes: “Major Depression is more than a temporary state of feeling sad; rather, it is a persistent state that can significantly impair an individual’s thoughts, behavior, daily activities, and physical health.” The capitalization is theirs—Depression with a capital D, not feeling down for a day or two. The dividing line, then, is where depression begins to significantly interfere with an individual’s quality of life. Yet this is precisely the sort of depression that is on the rise.

Depression affects at least 9 million American adults each year—and many more cases go unreported or undiagnosed. Andrew Solomon, author of The Noonday Demon: An Atlas of Depression, a well-researched book on the history and cultural presence of depression around the world as well as his own experience battling depression, points out that making a list of symptoms as an arbitrary boundary for what counts as “major depression” and what does not is precisely that—arbitrary. Yet Solomon also points out that different people have different psychological limits, and what can trigger one person to depression might be manageable for another. “No one has ever been able to define the collapse point that marks major depression,” he writes, “but when you get there, there’s not much mistaking it.”

Unfortunately, that same clarity does not extend to a course of treatment. Solomon’s analysis, in fact, reveals just how little we

5. “What are the Signs and Symptoms?” NIMH
7. Solomon: 17
know about depression; research has shown that it is associated with lowered levels of serotonin in the brain and other imbalances in neurotransmitters, but as the Stanford School of Medicine admits, “the exact etiology of depression is yet to be determined.” Solomon describes most treatment—even prescriptions—as trial-and-error, and writes that most studies and statistics show only ambiguous correlations between disease and cause.

On the other hand, there is also a social stigma surrounding depression. Many people simply do not take someone seriously when they say they are depressed, and it is not difficult to understand why. On the surface, many depressed people still seem to function “normally” in their daily lives, just like anyone else. We may find it hard to believe that our perfectly ordinary-seeming classmate, who raises his or her hand to talk in class sometimes and spends late nights reading just like the rest of us, may have attempted suicide or be on a cocktail of anti-depressants. We may not know the right thing to say—if, indeed, there is anything we can say—to those who struggle with mental demons, and we may feel anger at our own powerlessness and inability to banish the dark malaise of depressive thoughts with comforting words. Solomon writes, “People around depressives expect them to get themselves together: our society has little room in it for moping... they do not want to be close to measureless pain,” but at the same time, “No one can do anything but beg for help (if he can do even that) at the lowest depths of a major depression.”

Wurtzel gives the example of being curled up on her bathroom floor in a major episode of depression, with her friends tired of her and not knowing what to do with her and all her crying. One friend tells her: “Happiness is a choice, you’ve got to work toward it.” And

8. Solomon: 29
another: “Come on! Cheer up! Pull yourself together!” Such trite phrases were of no help to Wurtzel—they made her feel even more alienated and powerless.

The problem is that it is difficult to get help. Even here, with the University of Chicago’s wealth of resources, students seeking professional attention are frequently relegated to “short term care.” One story shared on the “Student Health Horror Stories” Tumblr blog was told by a student who, having gone to a therapist for help, received very little support, even had the therapist laugh at him or her, and ultimately was told to keep a journal. If even a therapist won’t listen, who will?

Given the stigma surrounding depression, it is often too difficult for the depressed to communicate their distress. Depression is an isolating disease; from the outside, it is difficult to gauge what’s going on inside. But, as Solomon puts it, “Illness of the mind is real illness.”

Yet there are voices. With increased attention surrounding depression and the rise of digital technology, the number of outlets for communication and self-expression has grown. Of course, confessional writing has long constituted a literary genre of its own; names such as Charles Bukowski, Anne Sexton, Sylvia Plath, and Virginia Woolf are nearly as famous for their melancholic feelings as they are for the power of their words. As Plath wrote in the poem “Apprehensions,” “Is there no way out of the mind?”

On the one hand, a key part of the creation of such work is that it isn’t just limited to a depressed audience. Many of the writers I have mentioned are widely read, and reading their work is one way in which people can learn more about what has become an all-too-prevalent modern malady.

9. Wurtzel: 10
10. “Student Health Horror Stories,” Tumblr
11. Solomon: 20
12. Plath
On the other hand, the popularization of depression through literature and art is itself dangerous. Take, for example, how Wurtzel describes the United States as becoming a “Prozac Nation.” Prozac is prescribed to almost everyone and anyone, including her friend’s pet dog. When the disease is given such attention and easy access, it becomes easy to self-diagnose, particularly with the relatable symptoms provided by the NIMH. Moreover, it becomes easy to blame the disease for one’s problems and place all hope in a medical solution that may or may not work. This is a dangerous route. That depressive confessions are more available now, in the age of the Internet, also risks a trigger effect—that people already struggling with depression might be made to feel even worse. Similarly in literature, the myth of the melancholy genius is alluring but dangerous, and a stepping-stone into the hazy moral ground of determining just how much one should share.

Indeed, the rise of depression in online outlets has already set off the trigger. Tumblr, for instance, passed a policy in response to
a proliferation of self-harm blogs in February 2012. Concerned that many of the depressive blogs on the site were negatively influencing visitors, Tumblr established a rule prohibiting content that actively glorified self harm, eating disorders, and the like.13

But people do need to express themselves. What should these depressive creators have done?

This is a difficult question, but it might help to draw a distinction between expression that speaks to profound dispiritedness of the human condition and expression of unadulterated depression. There are times when angst is just that—angst. Sylvia Plath may have been personally depressed, but I would argue that she—and this goes for all artists of her abilities—was not defined solely by her depression. She rose above the disease to create the works that would make her famous and resonant with readers. It is not depression that made Sylvia Plath into an artist; she was the one who made art out of her depression.

The final question, and the one to which we always return to, is, of course, how can depressives be helped? How do we solve a problem no one knows the answer to?

It is important to be informed. Despite the prevalence of mental illnesses today, the social stigma surrounding depression is a clear sign of ignorance. Sylvia Plath may be dismissed as “too depressing” for those not suffering from similar symptoms; Andrew Solomon’s book might seem like a laundry list of what it’s like to be chronically unhappy. We spend so much time these days trying to be politically correct, arguing against heteronormativity, and fighting racism, discrimination, and sexism, that the problem of excluding depressives might be shunted to the side. But they are a huge and growing part of our society, too, and if we want to help, if we want to move towards lessening this modern malaise so that the number of 9 million Americans who are diagnosed every year might be gradually reduced, being informed is crucial.

13. Tumblr, “Self Harm Blogs”
Depression shows us one more chink in the human armor. It attacks us where we’re most vulnerable—in our minds, a part of the human body we still know very little about. The presence of a disease that cripples what ought to be inviolate reminds us of how vulnerable we are as conscious, rational beings; the fact that we don’t know the answer, cure, or etiology to mental disorders suggests that we would all benefit from learning more about depression and looking deeper into ourselves.

Thus when treading on the fragile ground of mental illness, the only surefire move is acknowledging the difficulties; all we know we can do starts with listening, whether through anonymous outlets or personal conversations, to the far too often muffled voices of those who are trying to tell us something about how they feel.
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WORKS CITED


