

## The Fellowship of the Depressed

by Janis Owens

Janis Owens is the award-winning author of *MY BROTHER MICHAEL* and *THE SCHOOLING OF CLAYBIRD CATTS*. A lifelong sufferer of various forms of depression, she lives in rural North Florida with her husband and three children.

Into the caldron of current treatments for depression let me throw a deceptively simple method of behavioral modification called 'brainswitching' that is garnering its share of both praise and heated debate.

I feel particularly qualified to wade into the argument since it has been years that I came out of the closet, so to speak, and publicly acknowledged my active membership in a quietly cohesive social movement: the Fellowship of the Depressed. Our ranks grow daily, and though we don't bother to print up a newsletter or sponsor Depression-Pride parades, we know who we are: we have radar.

We are able to immediately zero in on the telltale signs of depression in our friends and family: the bloated face, the listless eye, the quiet pool of despair, at church, at school, at Women's Retreats and Family Reunions.

While our more cheerful counterparts sit in unfettered ease, discussing hair styles and the latest episode of *The Sopranos*, we side up to each other and quietly check on each other's progress; whether the short December nights are causing a resurgence of the old symptoms, whether we're sleeping; how another member of the Fellowship is faring at a new job, and oh, yes, the medications.

Are you still on Prozac? How is the Serzone? Have you tried Buspar? Like most lifelong members of this Melancholy Firm, I know all of the medications, I read up on them with the enthusiasm that Englishmen follow the football scores, and not just the stagy new ones, the designer meds.

I remember the olden days, the Age of the Tricyclic, when drugs like Lithium and Pamalor were the current wonder drugs, and four weeks of agonized waiting was the price you paid for medicated peace.

Then came the Age of Prozac, and the all the others, the Serotonin Drugs, we call them in our Fellowship, not bothering to reel off their actual names, why bother? They' ll only change. We prefer to bunch them according to wider categories: the manic drugs; the Serotonin drugs; the Tricyclics; the anti-psychotics.

By now, we pretty much know their side-effects, their drawbacks. All the advertising campaigns in the world on the behalf of the giant pharmaceuticals can't change the fact that most of the "serotonins" are a bullet in the head of a good sex life, nor can they erase the reality of dry-mouth or chronic constipation, or the weird aura of unreality of the muted life.

In consequence, we sometimes turn to the holistic alternatives, and I often find myself standing in church these days, not discussing sermons or spiritual growth, but whether St. John's Wort actually works; why SamE is so doggone expensive, if it's safe to mix Xanax with Kava-kava. According to Popular Culture, to the wisdom of Dear Abby, of Phil and Oprah, we in the Fellowship have at least one great ally in our fight for sanity: psychiatry and psychology and all the various talk therapies.

That's where every form of nonstandard behavior is eventually sent packing these days, from adolescent rebellion to bedwetting: go see a counselor. Talk to your shrink. Unfortunately, we in the Fellowship aren't too fond of licensed psychiatry, which in real life is truly light-years removed from the way it is portrayed in the modern media.

Here in the real world, if we're fortunate enough to have medical insurance that covers mental illness, it doesn't pay for top-dollar sessions with thoughtful, caring therapists of the Dr. Olivett variety on Law and Order, who show up mid-way in the show and after one insightful session, uncovers the seed of our unrest.

In the Real World, we're most often shuffled off to under-funded community clinics, where our sadness is charted and numbered with a DSM diagnosis, then discussed for fifty minutes, then sent down the hall for a five minute consultation with an actual MD, who scribbles out a prescription for one of our old friends: Serzone or Prozac or Tregitol, or whatever new chemical combo doesn't have a history of making our hair fallout.

If the portrait I'm painting of Life in the Fellowship seems a little bleak, I should also point out that just lately, in the past half-dozen years, our image has taken an unexpectedly positive turn. Since the introduction of the new wonder drugs, mental illness in general and depression in particular has become little short of designer chic.

Gone are the days when we hung our head in shame; when we hid our prescription vials in the back of the cabinet and hushed up adolescent suicide attempts. Now we are the de facto stars of a dozen memoirs and studies: *Girl Interrupted*, *Listening to Prozac*; *Noonday Demon*, to name a very few.

These best-sellers chart in loving details fellow member's Herculean struggle to survive, and as it turns out, we - the worried, the medicated, the chronic fatalists - are the possessors of great sensitivity. We are not only more creative and colorful and insightful than the non-members of our Fellowship, but we are in fact, genius.

Or so says the likes of Patty Duke, Kay Redfield Jamison. We are touched by fire, cut from the same cloth as Mozart, Van Gogh, Winston Churchill. We may be bloated and sad and sexually restrained and medically constipated, but by God, we're special.

We take little solace in it.

What we in the Fellowship crave is happiness, laughter, normalcy. But, according to A. B. Curtiss, the author of *DEPRESSION IS A CHOICE*, and *BRAINSWITCH OUT OF*

DEPRESSION, one of the reasons we (depressives) don't lift ourselves out of despair and hopelessness is because we have committed ourselves, unwittingly, to some pre-painted picture of how our life should be. And depression is not supposed to be part of the plan."

When I came upon Curtiss' book in the mental health section of my local bookseller I'd pretty much taken a blood oath to never buy another book on depression again (otherwise my post-mortem library would consist of diet and depression books, which would depress my heirs.)

But I was immediately intrigued by the flap copy, quietly filed between two of the depression-is-a-gift best-sellers, that didn't paint quite the merry picture of the Fellowship. There was no mention of genius, or gifted, but a lot of less flattering terms for our ailment, such as irresponsible, lazy.

Being a true depressive, who doesn't mind hearing a few home truths about myself (and in fact, has been known to pay a therapist a hundred twenty dollars a pop to do so), I broke down and bought the book, and as it turns out, Curtiss, a cognitive behavioral therapist, is actually a card-carrying member of the Fellowship herself.

Her DEPRESSION IS A CHOICE reads like a quirky tell-all memoir by Annie Lamott, beginning with her own wildly unstable childhood (thanks in large part to her family's susceptibility to manic depression), intermixed with observations on modern psychiatry, depression, medications.

It's hard to exactly pin down Curtiss' political/social orientation; she sometimes comes across as a fundamentalist conservative (pro-Dr. Laura), and sometimes California New Age (has done time in the commune.) She never strays too far left or right, and probably the most extreme stance she takes on psychiatry is her steadfast rejection of the universally accepted idea that depression is an organic disease of the brain, but rather a fixed way of thinking that keeps the sufferer trapped in the sub-basement of the mind, the subcortex.

Largely based on her own experiences as both patient and therapist, she rejects the current river of psychiatric medications, and instead, offers simple mental exercises wherein the depressive is able to sidetrack depression, a technique that she calls Brainswitching. In practical terms, this means that when a depressive feels a wave of depression sinking in, or they're cornered by negative or fearful thoughts, they should simply take control of their mind by repeating some simple verse, such as row, row, row your boat, or any neutral phrase or word which incessantly jumpstarts neuronal activity in the neocortex, while thought-jamming painful thoughts and thus sapping energy from the subcortex.

In a nutshell, this is Curtiss' cure. It is simple but not always easy to do. The negative thought is always easier because it comes on its own, it is reactive (the mind being basically a defense mechanism). You have to choose a positive thought; be proactive.

In scientific terms, Brainswitching is based on the neuroscientific fact that our feelings are all produced in the subcortex but we can't feel our feelings unless they are first received and

acknowledged in the neocortex. People who experience tissue damage in the subcortex can lose the faculty of producing any feelings or emotion. These people are never depressed.

But people can also experience tissue damage in the neocortex in the place which receives the signals from the subcortex feelings and they will not be able to feel or experience the emotion they produce in the subcortex anymore than those who can't produce the subcortical feelings in the first place. These people don't get depressed either.

Instead of zapping feelings with drugs or electro-shock at the site of subcortex, brainswitching by- passes and thought-jams the cognitive focus on them at the site of the neocortex until the chemical balance in the subcortex shifts out of anxious to more normal. These explanations in the book come along with old-fashioned advice of the sort that you usually hear from a doting grandmother; things like the importance of exercise and self-responsibility; the dangers of passivity and blame.

So simple was the cure that as a card-carrying member of the Fellowship, when I first read it, I admit to a fair amount of skepticism. I mean, at forty-two, I've been around long enough to have endured my share of fads -primal scream and recovered memory are two that come immediately to mind. I approach miracle cures with a jaded eye and read along warily till about half way through the book when I had the opportunity to implement brainswitching in a way that made me sit up and take notice.

I was laying on my couch in the middle of a overcast December afternoon, one of those endless days in an endless week when you constantly check the clock, counting down the hours to sunset, when a wave of pure dread rolled over me. With the book in hand, it occurred to me that this was the perfect opportunity to test the theory of brainswitching, and instead of giving into the dread, I challenged it with a small, hopeful thought: 'How quickly the days pass.'

That was about all I could come up with at the time, something I usually think on bright summer mornings when I'm watching my children play in the pool. But it was something; when you are depressed your neocortex is not optimally gear-engaged, which is why Curtiss suggests you decide upon a neutral phrase ahead of time.

The author herself, when she first tried her theory at a moment of dire extremity could come up with nothing better than 'green frog.' So I stuck with my little phrase, even repeated it several times as I read, and do you know, just like that, just that easily, the cloud of dread passed, replaced by a less threatening emotion: a small regret that the hours and days passed so quickly.

It was enough of a reaction that I read Curtiss' book with even more interest, and though my onsets of depression are seldom as abrupt as the ones she describes, I have gotten into the habit of challenging negative thoughts, of never sitting still when I have tasks at hand, of, in short, gaining a measure of mastery of my own life.

After months of practicing brainswitching, I've even successfully (and under a doctor's supervision) weaned myself from anti-depressants and anti-anxieties, both, and with little of the usual rebound depression. For me, this simple, unglamorous cure is working.

And how do my fellow sufferers in the Fellowship react to my newfound freedom, my notable success? To tell you the truth, I don't tell them. Why? A case in point. At my local library I was picking up books for my children and told the librarian -- a nice woman, very bright -- I wasn't getting my usual stack of reading material because I was spending my spare time writing an article about a book.

Naturally she wanted to know the book, and when I said, "Oh, it's not fiction, but by a psychotherapist in California, called DEPRESSION IS A CHOICE --" Well, that's about as far as I got before this well-read, kindly woman drew herself up to her full 5'2", eyes flashing, asked, "Depression is a what?" I knew I was in hot water and tried to explain, but she jumped right in there, told me in no uncertain terms how she had been depressed all her life and let me tell you, it wasn't a choice. She was so militant that it was pointless to argue; I just said my good-byes, and thought: how closely we clutch the chains that bind us.

I had breached an unwritten rule of the club: when you're off medications and espousing a cure that is actually anti-medication, you don't rub it in. I think the reasoning behind this iron-clad rule is that depressives are so guilt-plagued already, for not being happy enough, or successful enough, or normal enough, that one should feel a real reluctance to add to their guilt-load by insinuating that depression isn't an organic disease, as all the books and pamphlets and doctors have been assuring us for years.

Also, Curtiss tells us that depressed people avoid the positive; they actually seek the negative. She cites a 1998 Journal of Abnormal Psychology report that states "people with depression do what people with high esteem do; they look for confirmation of their own self-views in order to maintain or restore feelings of prediction and control. Unfortunately, because depressed people tend to possess negative self-views, seeking feedback that confirms those views produces the added and unwanted effect of maintaining their depression."

So you can see why I hesitate to go around helpfully recommending the book to my depressed friends, and why word-of-mouth will work very slowly to boost this author's sales. But I am delighted that in a world of increasing passivity and blame shifting, maybe even we in the Fellowship - sad and besieged and usually compassionate to a fault -- have been given another gleam of light; a tool to regain the mastery of our very precious lives.

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1. R. Brian Giesler, Baylor College of Medicine and Houston Veterans Affairs Medical Center; Robert A. Josephs, Ph.D., and William B. Swann, Jr., Ph.D., University of Texas at Austin, "A Self-Verification in Clinical Depression: The Desire for Negative Evaluation," Journal of Abnormal Psychology, Vol. 105, No. 3, pp 358-36