Preface

> Anybody know what's the lethal dose of lorazepam? Will alcohol lower the threshold?
>
> How do you handle telling people about your illness? I am an open person in general, and it's hard not to be able to talk to my friends about something that naturally occupies a fair bit of my mental time. On the other hand, once you tell someone, you can't untell them, and I don't want to lose my credibility, and I don't want people to think I'm 'crazy', or even worse in my opinion 'emotionally unstable'.
>
> —Anonymous Postings to Internet Depression Newsgroups

On the 10th of July 1996 Etienne Mureinik, a prominent South African legal academic aged 44, booked a room in a Johannesburg hotel. He specifically requested one on the top floor, as it happened the 23rd. A few hours later he jumped from the window to his death. The media noted with a kind of wistful puzzlement his accomplishments and apparently bright future, and remarked that he had been under treatment for 'clinical depression'. There was virtually no further discussion; depression did not become an issue in the media, and nobody—at least in public—even raised the possibility that his suicide might have been a natural and reasonable response to his condition.

My reaction was quite different. I felt empathy, envy, and irritation at the lack of public understanding of what had happened, or willingness to confront it. Here was a man with the nerve to go and do it— what I had been wanting to do on and off since I was a teenager, more intensely as the years progressed.

The common view is that suicide is 'cowardly', a cop-out or betrayal of responsibility to self and others. In practice it may often be the latter; but anyone who thinks it either cowardly or self-betraying is seeing darkly through the glass of conventional religion or morality, has never experienced major depression, or both. The moral stigma usually attached to suicide in the depressed can be due only to a lack of understanding of what the overused word 'depression', in its proper medical and experiential sense, really means. Not that this lack of understanding is in itself blameworthy, as things are; some states of mind are simply unthinkable to those who have not experienced them, and because of this (literally) unspeakable.

I wrote this book under a kind of compulsion. It arose from my growing interest in the destructive and mysterious illness I was (and still am) caught up in, and from an attempt to understand it and myself. But another, perhaps 'altruistic' motivation seems to have crept in: to help give some more public prominence to serious depressive illness, clarify what it is and what it is like to have it, and try defusing the stigma that so often attaches to it. Why shouldn't depressives come out of the closet? Why should we lack the courage that homosexuals once needed, and often still do? Why do we so characteristically brood about death and ways of achieving it? I do not counsel suicide, though I certainly defend it as an appropriate response to certain conditions of living. But I think it important, both for the families and friends of depressives, and for depressives themselves, many of whom are mired in a slough of incomprehension,

to communicate something of what it is like to suffer from this potentially lethal disease. Or this terminal disease, since virtually all of us who have it will die with it, if not of it. And to make it clear why so many of us periodically desire nothing in the world more than death, and why some insist on achieving it.

I make no pretense at pioneering: many well-known victims, like Art Buchwald, Patty Duke, Kay Jamison, Joshua Logan, Spike Milligan, William Styron, Stuart Sutherland, Mike Wallace and Lewis Wolpert have 'come out', and there are already a number of excellent and accessible books, all with quite different emphases, different degrees of sophistication, aimed at different audiences. But mood disorders are peculiarly personal and idiosyncratic illnesses. Our brains (what Samuel Beckett aptly called 'the seat of all the shit and misery') are after all the most individual part of us. In fact they *are* us; and despite the common features, everyone's story is different, and the more stories known the better. Mine for instance differs from the others I have read, and most I have come across in person, in that I managed without two things that have apparently been vital to many others. Whatever success I achieved in staying alive and functional, and in the end getting considerably better, was managed entirely without psychotherapy or counselling of any kind, and religious belief or practice. I made it entirely through very sporadic advice from fine doctors, the support of my wife and a few select friends, reading and thinking, and medication. My formal treatment was deliberately drugs only, so I have some personal knowledge of the advantages and limitations of this approach.

I and countless others have survived largely through the at least partial pharmacological repair of shattered selves, assisted by family and friends and good doctors. But as Kay Jamison notes in perhaps the finest nontechnical book on one variety of this illness (*An unquiet mind: a memoir of moods and madness*, 1995), 'the road from suicide to life is cold and colder and colder still'. Many make it, many do not; the world is full of seemingly 'cured' depressives who lovingly hoard their suicide stash ... just in case.

In the end survival is often a matter of hanging on, even in the worst moments, to the possibility of remission. Chronic depression, like advanced cancer, is usually not cured but only held at bay. You somehow have to fight the bleakness and fatigue that come from repeated and terrifying mood-swings and the accompanying feeling of disintegration. And, paradoxically, you have to combine into some coherent and supporting vision two clear facts: (a) when you feel bad you're going to feel OK again; and (b) when you feel OK you're going to crash again. Perhaps the most debilitating thing is that the constant knowledge of (a) often does very little to counteract the equally certain knowledge of (b). It sometimes boils down to a simple question: how long can I bear this? For many the answer is first 'not much longer', and finally 'no more'.

This is in part a rather grim book, about a common and often fatal affliction. The bulk of the available literature suggests that the lifetime incidence of major depression (at least one episode) worldwide is a little over 5% of the population; this is almost certainly low, due to rampant underdiagnosis and the number of depressed people who do not get medical assistance (some studies have reported up to 15% incidence). The lower figure may look rather insignificant at first until one considers that 5% of the world's population is 300,000,000.That's a lot of sufferers from depression. The WHO has recently predicted that within 20 years depression will

be the world's major health problem. The lifetime attempted suicide rate for the US population at large is about 1%, compared to 18% for chronic unipolar depressives, and 24% for manic depressives. Baldly, if you suffer from a serious depressive disorder you are between 18 and 24 times more likely at least to attempt suicide than if you don't. And some 70-90% of suicides in the US and UK appear to be associated with depression. A grim book yes, but not at all hopeless: I am still here after all, writing it, uncured but changed, and for the moment at least in incomparably better shape than when I began it.

My altruistic aim is to encourage understanding and perhaps empathy for other sufferers through a description of my own experience. This may also help some victims to understand just what it is they have, to realize they are more typical and less crazy than they may think, and that they are not uniquely damned—idiosyncratic and original as their disease may seem. This often can be comforting; I was certainly heartened by reading about the experiences of three depressives who went public: Spike Milligan, in his collaboration with the late Irish psychiatrist Anthony Clare (*Depression and how to survive it*, 1994), the American psychologist Kay Redfield Jamison (*An unquiet mind*), and the novelist William Styron (*Darkness visible*, 1991). Reading these books I looked dimly into a mirror and found I was not the only one there. And I number among my friends in the strange freemasonry of the seriously depressed more than a few who seem to have been helped by knowing what I have gone through, and who have helped me by telling me their stories. Perhaps another report, out of the same depths but from a different kind of narrator, with a different story and course of illness, will be useful both to victims and those who have to face the harrowing and often uphill battle of living with them. To others it may be at least of clinical and philosophical interest. But this is not a self-help manual, and the altruistic intent is only a small part of what I eventually found myself doing.

This book is a hybrid—autobiography surrounding and sometimes intertwined with a core of science and philosophy. Chapters 1-2 and 6, 7, 9 are primarily about my experience, or more generally the life of the disordered mind as perceived by itself and others. Chapters 3-5 are the intellectual rather than experiential centre, and more technical than the others, because their subject matter is. Chapter 8 stands alone, as an extended philosophical and moral consideration of suicide. This has resulted in the book falling into three genres, perhaps not completely unified. But the subject matter seems to have dictated this structure: depression is singularly opaque without detailed description of what goes on in the depressive's mind, and incomprehensible (in terms of cause and treatment) without some elementary neuroscience and medicine. And because the problem of suicide is so overwhelming a part of the experience for many, this issue must be dealt with honestly. I have tried to keep the technical parts as accessible as possible, at times perhaps to the point of oversimplification, but I hope not inaccuracy. That is always a risk when a non-professional (I am not a medical person but an 'educated layman') seeks to write about a medical topic in detail.

The writing of this book took me nearly 15 years; or rather I wrote it once starting in about 1994, and except for a good deal of the purely autobiographical material rewrote it extensively in 2008, and added one chapter (6) dealing with what happened to me at the end of

that period. Because of this, there is sometimes a kind of chronological uncertainty: there are passages which may not represent the present me, but an earlier (and who knows, perhaps subsequent) one. The intertwinedness of the disease/person relationship is an important point: it is possible to *become* one's depression in a peculiarly intimate way, without realising it, or realising it but not caring. There may then be a certain lack of unity, an overlapping and intercutting of 'voices' in this book; as there seems in general to be in a life, though not necessarily this dramatic. There is also (I hope) a third voice, a 'neutral' and expository one, in the places where it is appropriate.

There are also some polemical threads running through this structure. Aside from the stigmatisation of psychiatric illness, there are other harmful attitudes I will have a good deal to say about. One is the New Age idiocy of condemning the 'medicalisation' of psychiatry. It is as if it were supposed to be magic, instead of simply doctoring—like any other kind, but unfortunately concerned with disorders of the least understood bodily system. Related to this is the common and nearly hysterical mistrust of drugs in treating mental disorders. This frequently accompanies a 'pharmacological Calvinism', a moralistic dislike or fear of medication in general. There is a general public anxiety (usually misplaced) about 'addiction', 'dependence', 'loss of autonomy', and a misguided view that illnesses of the mind should be treated by 'mental' means only. Drugs are seen to be at best only 'crutches'; taking them undermines the search for insight and understanding that alone can really 'cure' these diseases successfully. This is dangerous; as Kay Jamison has said, to treat depression without drugs 'verges on malpractice'. (Of course it is possible to overmedicate or choose medications unwisely, and especially in the case of children and adolescents there can be dangers in drug treatment—though perhaps not as serious as some of the more alarmist journalism would have it. Almost nothing is.)

It will be clear from the above that I subscribe entirely to the often criticised 'medical model' of depression. I do not subscribe to the paranoid belief that depression and similar illnesses are simply the results of dysfunctional living or society, turned into (fake) disease by the pharmaceutical companies so they can make money selling drugs. Depression is a cluster of *physical* brain diseases, as discrete and unmystical as cancer, and therefore its treatment is a medical matter. Whatever the role of friends and therapists, the central figure in the attack on depression should be the psychiatrist, in my estimation anyhow preferably the psychopharmacologist

Another matter that arises from time to time, though it does not have a chapter to itself, is the strange and complex relation between depressive illness, particularly bipolar disorder (or to use its older and better name 'manic depression'), and artistic and intellectual creativity. As a professional academic and writer, I have found that my own experience of manic depression has clarified some very strange things about living with my brain. It has allowed me to understand why we often feel a kind of perverse affection for our disease, and are unwilling to be as fully treated as we could be. In some circumstances cure may be worse than death.

But perhaps the key theme is dissolving the distinction between the 'physical' and the 'mental', between 'mental illness' and 'brain disease'. People seem to have a primitive fear of

'mental illness'; someone 'on antidepressants', or more euphemistically, 'on medication', is at best suspect, not fully trustworthy, probably intellectually compromised, likely to do who knows what. And since depression does not usually present with obvious physical signs, there is a widespread tendency (philistinism based on ignorance) to treat it as a moral defect, a failure of character. How many depressives have been told 'pull your socks up' or 'snap out of it'? This is as fatuous as telling a diabetic to stop being a wimp and put his pancreas in order. As William Styron notes in *Darkness visible* (62-3), the seriously depressed are 'walking wounded':

> [...] in virtually any other serious sickness, a patient who felt a similar devastation would be lying flat in bed, possibly sedated and hooked up to the tubes and wires of life-support systems, but at the very least in a posture of repose and an isolated setting. His invalidism would be necessary, unquestioned and honourably attained. However, the sufferer from depression has no such option and therefore finds himself, like a walking casualty of war, thrust into the most intolerable social and family situations. There he must, despite the anguish devouring his brain, present a face approximating the one that is associated with ordinary events and companionship [...] But it is a fierce trial attempting to speak a few simple words.

The stigma that grows out of the attitude Styron deprecates even at times affects doctors, and produces a strange and unprofessional pussyfooting. I have known several people who presented to their GPs with obvious signs of depression, and were told that what they had was a 'chemical imbalance' (of course they did) which could be treated easily; the word 'depression' was never mentioned, and the doctors then wrote scripts for the patients without saying that the drug prescribed was an antidepressant. The patient could of course find out by reading the package insert, but few do, and it rarely if ever says on the box what a drug is for.

The public lack of understanding also shows itself in the puzzlement that suicides like Mureinik's evoke. He seems to have a bright future, no obvious sources of unhappiness: what does he have to be depressed *about*? And that is precisely the wrong question. Most often depression is not 'about' anything at all, and it is this very lack of aboutness that makes it so disabling. As a sufferer, nearly a connoisseur, of depressive states, I am almost tempted to say snobbishly that the finest, purest depression is what it is precisely because of this lack of object. It is no more about anything (at least anything current) than cancer or flu are about something. It just *is*. As Virginia Woolf wrote in her diary (28 September 1926),

> Intense depression: I have to confess that this has overcome me several times since September 6th (or thereabouts). It does not come from something definite, but from nothing.

Chronic depressive disorder, as opposed to so-called 'reactive' depressions triggered by bereavement or other stressors, may once have been about something; but by the time it reaches crisis level it usually no longer is. Even when it does seem to be about something, the aboutness is curiously abstract and unconvincing.

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> I use my friends rather as giglamps: there's another field I see; by your light. Over there's a hill. I widen my landscape.
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> —Virginia Woolf, *Diaries* (2 September 1930)

This book is dedicated to the memory of my late wife and best friend Jaime, who lived through and carefully read and commented on the first draft, but died several years before this revision. It is also dedicated to my doctor Jeff Peimer, who is partly responsible for my being alive to write it; to Meg Laing, who maintained an unshakeable faith in me and this project over many years, and spent far too much of her time and energy tearing it and me apart and trying to make us both better; and to Kirsten Morreira for being a depressed and brilliant and unembarrassable friend and listener and commentator.

I could not have written this without medical help—and not just in the trivial sense of being kept alive to do it. A number of imaginative and patient doctors and psychotherapists have devoted time and energy to discussing things with me, and some have read at least parts of this book in one of its innumerable drafts. Special thanks then to François Daubenton, Dave Kibel, Bruce Lakie, Jeff Peimer, Roger Melvill and Bob Werman for being encouraging and pouncing on errors. And to Ian Laing, Dion Opperman, Hein Pierneef, Felix Potocnik, Esther Sapire and James Temlett for telling me things you can't find in textbooks, freely discussing technical, clinical and ethical matters, and at least trying to save me from one or another medical *faux pas*. Ian Laing, combative bugger that he is, was especially helpful (perhaps unknowingly) on a couple of gloriously tipsy Edinburgh evenings. In several fits of polemic induced as I recall by copious amounts of The Macallan (10-year old) I learned a great deal about how laymen should talk—and more important, argue—with doctors, without sounding too much like idiots.

Thanks also to a legion of fellow-victims, some of whom I've exposed to an indecorous amount of self-description, and who have done the same to me. And to many friends, depressive and not, who have coped with me in my less pleasing moods; and have done more than they know by just being good friends, saying or writing the right things at the right time, and shutting up when appropriate. So diffuse but no less sincere gratitude to my (sometimes unsuspecting) support-crew: Debra Aarons, Sylvia Adamson, Judith Ayling, Kate Brett, Claire Cowie, Christiane Dalton-Puffer, Lara Davison, Ana Deumert, Lyn Holness, Meg Laing, Kirsten Morreira, Vaunda Parsonage and Lisa Treffry-Goatley.

Though I began by setting down what I thought was my story and reflections, some of this crew seem to have got in as well. At times I felt I was writing something more like a novel, dialoguing with a set of reflective, enlightening and often critical voices. Some of them indeed became actual characters; they are interwoven for the reader in footnote and quotation, and for me in perpetual subliminal conversation. I thank those initials scattered through my text for allowing themselves to be quoted and weaving their stories into mine.

While I was trying to find out what the audience for this book was, whether it made sense at all, should be finished and was worth exposing to the world, I was helped and encouraged by

friends who took the time to discuss and comment on it while it was in progress, often at heroic length: especially Debra Aarons, Ana Deumert, Meg Laing, Lisa Treffry-Goatley and Roly Sussex. Meg Laing in particular was (and is) my indestructible support, stylistic conscience, copy-editor and fiercest of critics. I also owe an immense intellectual debt to my colleague Peter du Preez, whose profound and deliciously readable *A science of mind: the quest for psychological reality* (1991) opened me to new ways of thinking about selves and persons, in particular as rhetorical and social constructs, and not just as brains and diseases.

Special thanks as well to Sue King and GlaxoWellcome for inviting me to speak at their Neurology Weekends in 1999 and 2000, treating me to superb food, wine and conversation, and a chance to continue my education. And to April McMahon and Selwyn College, for arranging a week or so of irresponsibility and relative solitude in the glorious surroundings of Cambridge and its bookshops. This mini-sabbatical gave me the leisure to walk endlessly, read at will, talk to almost nobody, and let my mind free-wheel and try to make some sense of its eternally looming chaos. Much of the overall structure of this book seemed to come to me effortlessly among the Buddleias, watching the peacefully belching cattle in the water-meadows by my favourite pub, *The Granta*, or in Selwyn's expansive gardens.

And finally my endless gratitude to the late Jaime Lass for tolerating my moods far beyond the call of duty for over four decades, for close, sympathetic and critical reading, and for a firm and stylish editorial hand and a sharp sense of what's over the top and what isn't. My worst breaches of decorum, my worst self-indulgent one-liners, can be blamed only on my not doing as I was told. I suppose I don't have to add but will that all errors and infelicities are mine alone.

Diep River, 2009

1 A JOURNAL OF THE PLAGUE YEARS

> Wer Selbsterkentnisse hinterläßt, wird beim Wort genommen. Welche Tollkühnheit, angesichts der Herzlosigkeit künftiger Geschlechter.
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> —Elias Canetti, *Die Fliegenpein* (1992)[1]

Prologue: self-introduction

This chapter and much of the rest of the book are, as a friend put it, 'the autobiography of a disease'. What is the reader to make of this? The writer of this autobiography-by-proxy is the person with the disease. How credible a witness and commentator can I be if I try to step outside my own condition and report on it? This is a description of a 'mental illness'. Can I reliably describe—from an ostensibly 'sane' position—my own long-term residence in the abysses of something close to madness?

What is required of the reader is a willing suspension of disbelief, or enough charity to accept provisionally both my integrity and present clarity of mind. I can only assert that I am equipped to be reasonably objective, and in much better shape than the person, the Once and (maybe) Future Me, described below by the Present Me, using some of the Former Me's utterances as documentation.

You meet me first in a state close to disintegration. It is vital then that you start with some knowledge of my credentials, of my normal functioning—in short who I am other than the subject of a kind of clinical report. I am not a doctor, scientist or philosopher, rather a somewhat specialised version of the 'educated layman' I write for. But I have a long personal experience of my subject, and I am a professional academic: a scholar, writer and teacher by trade. In summary, I am a manic depressive personally and an academic with strong scientific interests professionally. This not only accounts for the particular flavour and texture of this somewhat idiosyncratic book; it also provides the experience and technical resources to write it.

To start from the beginning, which some people have suggested is a good idea: I was born in the late 1930s in a lower middle-class part of Brooklyn, of Belorussian and Polish ancestry, and educated in state schools. Being the oldest male child of a Jewish lineage I was expected to become a doctor, an imposed decision which I was at least ambivalent about. After a not brilliant early undergraduate career during which I was constantly switching subjects from science to humanities and back, I finally as it were became myself in my last two years, and then ended up getting a PhD in English Language and Literature from Yale in 1965. I subsequently taught at Indiana University (where I switched from English to linguistics), then at the University of Edinburgh in the 70s and early 80s, and became Professor of Linguistics at the University of Cape Town in 1983, where I have been ever since. During this period, I became especially

[1] 'Whoever leaves self-revelation behind will be taken at his word. What a rash thing to do, considering the heartlessness of future generations'. All translations mine.

interested in neuroscience and evolution, and in addition to ordinary courses in linguistics, I taught courses in Language and the Brain (a topic on which I also lectured to medical groups), and on human evolution. After my retirement in 2002 as Distinguished Professor of Historical and Comparative Linguistics, I became an Honorary Research Fellow of The University of Cape Town, and later Collaborating Scholar at the Institute for Historical Dialectology of the University of Edinburgh, and in 2007 a Fellow of the University. I am currently engaged mostly in research on early Middle English with a colleague in Edinburgh.

There are my qualifications and a sketch of the present professional me. But I do not emerge from a psychological nowhere, and some more intimate autobiographical context might be helpful at the outset. This way the reader can see some of what lies behind the character revealing pieces of its later life. Let me begin with a quotation from a fine memoir by Mary Warnock (2000):

> The supreme difficulty of writing about one's self [...]is the risk of self-deception. It is of no help to decide to stick to the facts, because, notoriously, one may describe the facts to suit one's self. One may misremember; or, more disastrously, may obscure by words rendered meaningless by repetition, how things actually were. Nevertheless, I am pretty well certain of some things, and one is that I had, on the whole, a supremely happy childhood, which has never lost its hold over me[...]

The comment about self-deception is true of anybody. The one on childhood contrasts starkly with my experience. My childhood has never lost its hold either, but it is a very different kind of hold. I recall it as implacably wretched and grim (if with some bright episodes); I thought wistfully of death (later suicide) from the time I was old enough to know what it was. On the surface, compared with what some children go through it was not self-evidently horrible. My family was middle-class and educated, with enough money for food and clothes and doctors and books and music. I was not physically abused (beyond paternal kickings, or the standard schoolyard beatings-up suffered by the short and spectacled). But my father, a narcissist and bully, was an overshadowing darkness. Our values and aspirations were different from the beginning, and nothing I could do was good enough. He wanted a normal athletic, outgoing child who would become a doctor and marry a Jewish Princess; he got a sedentary eccentric loner and subversive who became an academic and married the half-gentile artist daughter of a deceased and rather poor doctor. My childhood and adolescence were constant warfare, which I normally lost, years of perpetual frustration, failure and powerlessness. My mother, a vague and ill-defined character, had no power (or desire?) to intervene, and indeed, though she lived well into the 1970s I barely remember her. I have one sister six years younger than me. As so often in dysfunctional families, we were never companions in adversity—our job was self-preservation. I last saw her for a couple of hours in 1977, after a 20 year hiatus, and we have not communicated since. I do not know if she is alive.

There was not a great deal outside the family either. A few good friends conferred a potent if episodic grace, but mostly those parts of my life that were tolerable or exciting and pleasurable took place in my head. I lived for music and reading, and knowing things and

thinking about things, and talking when I could. I had no personal recourse, no real support, until at the age of 20 I married—a girl from a different kind of pathological family, a middle-class battered child brought up by a sociopathic mother who was almost certainly a murderess. She was (though we were both too ignorant to know it then) also a serious depressive; when we first met she was fresh from a suicide attempt, and made another shortly after we were married. We started life together as orphans in an ill-defined storm, at a point in our development when we should not have been let outdoors unsupervised—but half a century later, in spite of difficulties and near-impossibilities, we seemed to have achieved a productive and good marriage, or at least one as good as two serious depressives could. She died of cancer in 2005. For now let us just accept the wisdom of that old Latin saying, *ex nihilo nihil fit* (out of nothing, nothing comes).

Discovery

> The 'morbid melancholy,' which was lurking in his constitution, and to which we may ascribe those particularities, and that aversion to regular life, which, at a very early period, marked his character, gathered such strength in his twentieth year, as to afflict him in a dreadful manner. While he was at Lichfield, in the college vacation of the year 1729, he felt himself overwhelmed with an horrible hypochondria, with perpetual irritation, fretfulness, and impatience; and with a dejection, gloom,, and despair, which made existence misery. From this dismal malady he never afterwards was perfectly relieved; and all his labours, and all his enjoyments, were but temporary interruptions of its baleful influence.
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> —James Boswell, *Life of Johnson* (1791)

In late 1994 I finally realised that the cluster of symptoms that had begun in my childhood, increased in my teens, and had been plaguing me increasingly over the past two or three decades, had reached a point where either I got medical attention or died. I was beset by long periods of untriggered, subjectless, unremitting bleakness and despair, unable to work or enjoy any of the things that defined my existence—life, books, music, pictures, ideas, friends—or to think of anything except pain and guilt and death and misery. These episodes alternated with blind rages, attacks of claustrophobia, paranoid fantasies, fits of hatred, vengefulness, anxiety and panic. As time went on, my life was filled not only with these violent moodswings, but with chaotic mixes of mania and depression, rage and fury against a constant background of despair. I became hypersensitive to noise and the tiniest irritation: anything that irked me, even momentarily—being stuck in traffic, the sound of a neighbour's lawnmower, children shouting in the street—could provoke vivid, persistent, near-hallucinatory fantasies of murder and revenge. I would picture myself blowing the offender away with a shotgun, visualizing with a chilling mixture of mad rage and cold forensic interest the possible effects of a 12-gauge on a human thorax two yards distant. I even thought of wild things like hiring hitmen to get rid of my enemies (not, in the Cape Town of the 1990s, an impossible dream).

These episodes would be accompanied by hyperventilation, tremor, palpitations, and a sense of imminent explosion. I was irritable and unpleasant, badgering and endlessly nagging my

wife with florid and pessimistic visions of disaster every time she even suggested something as seemingly harmless as a change in the garden. I was graceless and edgy, grossly obscene in the most inappropriate situations. I recall once getting an e-mail from my Dean about student dissatisfaction with some course, and simply answering 'Well fuck the students'. My normally short fuse had shortened to the point of pathology.

It became increasingly difficult for anyone (myself included) to live with me. I was haunted by a conviction, persisting as background even in the lucid intervals between episodes, that I was worthless, useless, finished, better off dead from everybody's point of view. Each morning brought the dismal realization that I had twelve or more hours to go before I could get down to serious drinking and finally take a sleeping pill, so the world and I would go away for a few hours, with luck until maybe 4 or 5 AM —unless I woke earlier from nightmares and either lay in the dark and thought about suicide or turned on the light and tried to read to keep my mind off itself. My response to full awakening was invariably dreary and overwhelmingly depressing: 'Oh shit, another day'.

I finally brought myself to go to the doctor, or rather was brought to the point of going by my wife Jaime. I was imprisoned by a stifling inability to act, mired in self-pity and misery, in the seductive embrace of a dark and melancholy love-affair with my own disease. There cannot be many other illnesses you can have this love-hate relationship with. It was only later that I learned how typical this was.[2]

The day I saw the doctor was one of my lucid ones, a calmish interregnum between what had become continual and often terrifying moodswings, during some of which, as the description above suggests, I was barely sane. A doctor seeing me with my symptoms at their most florid might well have thought seriously about involuntary hospitalisation. If total lack of control of one's mood and the contents of one's thoughts and marginal control of one's actions can be called madness, then I was mad at the time (and often later). But this was a 'good day'; I was articulate enough to describe my symptoms clearly, answer questions intelligibly, and give the doctor a reasonable history and self-description. Unfortunately, though, because I was coming out of a depressive episode at the time, I misleadingly focussed exclusively on that; it took some time before we realised that the other end of my moodswings was part of the same disease.

The encounter was not very satisfactory for either of us. I informed the poor doctor that all I was interested in was a quick-fix, palliative pharmacological intervention, and that I was totally unwilling to see a psychiatrist. Whether that was a sensible decision or not is another question (see chapters 4-5). But I had a stiff-necked aversion even to the idea of talk-therapy, or to any kind of treatment that would require work on my part; I just wanted a pill that would make my bad moods go away. But I did manage to describe how I was feeling, and got a diagnosis.

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[2] My depressed friend L commented on this passage in an early draft: 'It's also the total familiarity of it—depression is something that no one can disrupt and take away from you (unlike good & healthy moods which seem to be at the mercy of every shmuck who cares to ruin your day!)'

The doctor agreed to the limitations, and prescribed Luvox (fluvoxamine)[3]. It did lift my mood a bit, but had some nasty side-effects, which in the end I refused to tolerate. It is typical of depression that your tolerance thresholds shoot down almost to zero. The doctor consulted with a specialist psychiatrist, and he suggested another drug of the same general type, citalopram (Cipramil, Celexa), which was if anything even worse.

With my weakened tolerance for anything, I went into total rejection mode, and decided to stop all medication. Boringly typical, as I found out later; the wretchedness of the non-medicated state, often including withdrawal symptoms if you have been taking the right kind of medication before, is a fine excuse for self-pity. The doctor was not happy, and suggested I at least keep some stopgap around in case in my unmedicated state I deteriorated. He prescribed Xanor (US Xanax, alprazolam), a cousin of Valium. It is mainly used for treating anxiety, but may have mood-elevating effects (and in any case I had severe anxiety attacks as well). This was also not a success.

I went to see him again, and from my condition and what I said he decided I was beginning to get out of hand, and should see a specialist psychiatrist. I agreed; this was not after all going to go away by itself. But in my state of mixed mania, depression, anxiety and confusion I was not sure that on the day I would be able to produce an intelligible account of what had been going on. So one lucid afternoon I did some reflecting and wrote the psychiatrist a letter, to guarantee the existence of a coherent history. Writing letters to doctors before seeing them is an odd but useful habit. At least it prevents evanescent but important symptoms from disappearing into the void. In any case, depression can produce episodic confusion and memory-loss, so written records may be all the history there is. For the doctor, information about time-sequences, the content of fantasies (particularly suicidal or homicidal ones), or the duration and frequency of highs and lows, can be extremely valuable. As can self-description, especially if, as is sometimes the case with me, one writes more lucidly than one can talk.

Perhaps this letter, together with extracts from a journal I kept over the next five years, will give a better picture than 'emotion recollected in tranquillity'.[4] I leave the letter and journal material more or less unedited (except for judicious trimming); the disorder, repetitiousness, obsessive self-absorption and insalubrious language are themselves part of the disease (as well as of me).[5] For those who like to read closely and have an eye for subtext, it may be interesting

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[3] A drug related to Prozac (see chapter 5). When I mention drugs I will give their chemical as well as proprietary names (the latter with an initial capital), as these may vary in different countries (e.g. American *Anacin* is British and South African *Anadin*, American and British *Effexor* curiously lacks one *f* in South Africa). For drug details see Chapter 5.

[4] For my way of working at least. Stuart Sutherland (1998) has written a fine history of his own manic depressive disorder in the 'standard' past narrative format, which would be a good complement to mine.

[5] Am I distinct from my disease? Why do I call it 'mine'? Is it mine in the sense that my hand is, or that my house is? Do I possess it or it me? And is 'me' just one thing, or a couple or an infinity? Some hints appear in this chapter, and I will make a serious attempt at an answer in chapter 7, when the necessary background has accumulated.

to note the ironic distance I attempt to keep between myself as author and myself as subject, even in writing originally meant only for my own eyes, as record and perhaps amateur therapy. Maybe this was defensive, to downgrade my condition into something more acceptable and tractable, at least weakly controllable by language, the tool I depend on most in engaging with the world and myself. The plethora of quotations is a function of my tendency to see the world through literature. This may even be a virtue. The things I quote often capture states of feeling better than I could, and the quotations are there because they came to me at particular times, and are part of the story.

Phase Two

> We must never presume that another person's reality is just naturally going to be the same as ours.
>
> —Gail Godwin, *The good husband* (1994)

Here is an edited version of the letter I wrote the psychiatrist at the end of 1994. I decided that he would spend several of his weeks and a good deal of my money getting my history, and the story would likely be useful since Dr P says I am an accurate and detailed introspector. So why not produce a minihistory? I did, and the psychiatrist was (or politely said he was) happy with it. It enabled him to approach the interview with questions ready to ask, and elicit some interesting and useful material, even a diagnosis and semi-prognosis. The letter contained things I have never been able to say as clearly anywhere else, and the details of psychic states are revealing.

> Dear Dr H
>
> As you will recall, I have been referred to you by Dr P, who has been treating me for depression. I suspect it's pretty unconventional for a potential patient to write an unknown doctor a long letter before being seen, but it may be useful for you to have certain information in a more orderly form than I might give it to you in person.
>
> 1. Background
>
> I think I've been in a steadily worsening depression for the past 30 years or so, maybe longer. Certainly in a particularly bad form since about 1989 or 1990, clearly deteriorating, and reaching crises in 1990, 1992, and 1994. I have long-term mood swings, from rather manic to very seriously depressed. The depressive episodes are much more frequent and longer.
>
> The manic side ranges from what might be called 'normal' (for me— verborrheic, joky, a touch of the cheap comedian), to verbally hyperactive, incessantly punning and saying outrageous or obscene things for a laugh (or not), arguing and deliberately trying to shock or offend people. The other side is very different, and black: an oppressive pessimism and fatigue, a feeling that the world is going down the drain and me with it, that nothing will ever come right, and why bother anyhow. Summary: pessimists are lucky because they never get disappointed and can be surprised only pleasantly; optimists always risk disappointment.
>
> One feature of this blackness at its (frequent) worst is an invincible insistence that my cynical, nihilistic vision of the world is an obvious empirical truth, and nothing anybody can say can possibly convince me

otherwise, even when one little rational part at the back of my mind knows that I'm talking shit while they're being sensible. At moments like this I sometimes have the sense of observing my own behaviour from outside, and being rather put off by it, but quite unable to interfere. It's as if 'I' know perfectly well that the 'Other One' is talking crap, but have no power or even inclination to stop him/me from continuing. In the course of one of these little tirades I can see myself getting more and more dramatic, and in some weird way convincing myself that things are worse than they actually are, but not being able either to shut up or look at the world differently. Sort of a helpless self-dramatisation that I come to believe in while I'm in the midst of inventing it. For short periods I can visualize myself as 'That One', wondering idly why he's saying such silly things. But on the other hand feeling that whatever the facts of the matter, he (the pessimist talking to my friends while I observe) has really got his finger on what's wrong.

I am consumed with two (perhaps erroneous but no less powerful) beliefs: (a) that I'm 'finished' (burned out, nothing more to say, might as well give up, my work is deteriorating, my powers failing, haven't published a book since last year); and (b) that somehow continuing to do anything at all is maintaining a fraud I've managed to get away with all my life.

My really blackest periods used to occur either after I'd just finished a major work (*post partum* depression?), or when about to go overseas, when I suddenly am overwhelmed with a feeling that I don't have anything to say, that I'll be 'found out', embarrassed. I am also increasingly now becoming fatigued and depressed at the beginning of each new term, thinking of teaching again, running my department, going through all that boring and stressful routine. Now these episodes are no longer so periodic, but more a constant backdrop, with the elevated moods the exceptions.

2. Current Situation

For some time my wife had been urging me to see somebody about all this, and in the past five months or so it has got so much worse that I finally did. The symptoms that finally triggered my acting were the following:

(a) When I was in the UK in September, I gave up smoking, because I was having to talk a lot and was losing my voice. (I had been a 20-a-day Camel Plain smoker for 40+ years.) This seemed to go OK, but as a kind of compensation (?) I was drinking much more than usual, which is rather a lot anyhow, and alcohol was having less and less effect. In fact I found it almost impossible to get drunk, and was, during the three weeks I was abroad, putting away anywhere from a glass to half a bottle of wine at every meal and 3-6 double whiskies before bed time, which I felt were necessary to get me to sleep. I was also taking Rohypnol [flunitrazepam] before bed, and still sleeping very badly. (I haven't been able to go to sleep without chemical aid for about the past 20 years, and normally have to get drunk to sleep at all.)

(b) When I got home, I was overwhelmed with a feeling that I couldn't work any more (I have a couple of books half-finished, deadlines looming for publishers), and I felt like just giving up. I thought of early retirement (technically possible but financially stupid), sick leave, suicide, simply abandoning everything since I couldn't do any decent work, and what was the point of going on?

(c) This is all I presume endogenous. But this has also been a very stressful time for me exogenously as well. My wife had breast cancer and a mastectomy in 1986; then early in 1993 a local metastasis, and radiation, which left her depressed and unable to work for about a year (she is a painter). And just recently she had another metastasis, this time in the cerebellum, and is currently recovering from surgery. So even though my state of mind antedates all this, knowing that my wife has advanced cancer, and the usual

unpleasantnesses connected with (even others') serious illnesses must have been pretty powerful stressors.[6]

(d) I finally went to see Dr P because my depression was getting even worse than usual. I was unable to concentrate, read, write or think very well, was having memory problems, becoming irritable and unpleasant, and totally unable to support my wife as I should have, merely serving as a source of extra stress. The world had taken on a lack of 'colour'; nothing I normally used to respond to was as attractive as before, I was unable to be moved by music, appreciate scenery, or to have any emotions except very black ones. It was as if the light had gone out of the world. It was an effort to bother shaving or putting on shoes (though I did manage to go to work, with enormous effort, and do what I was supposed to, often rather badly). I would notice a piece of paper on the floor and wait a week before getting up the energy to pick it up and put it in the bin.

Worse, and more frightening, I was starting to drink very heavily. I consoled myself with the thought that I couldn't really be an alcoholic, because I only get drunk once a day, before bed, except on weekends. This was however to change. I began to want a drink earlier and earlier in the day, eventually by a couple of hours after breakfast. At this point I did not yield. I was so depressed and/or agitated that even people other than my wife could tell.[7]

I also began to think more seriously than usual about suicide (which I suppose I've thought of nearly every day of my life since I was a teenager), and considering (easily, since I'm not religious) how nice it would be just not to be there any more, and not have to live with myself and the world.[8]

At any rate I decided that since my wife is still post-op and not herself, and we have a large house and a lot of animals, there's no way I could kill myself before she's OK, can drive and manage the house, and has got back to work. Also, that however bad I feel, there are problems with life insurance that would make it unacceptable to commit suicide in any way that would deprive her of what as beneficiary of some good life-insurance she would get if I predeceased her; so this is on hold. I think I'm enough in control, however shitty I feel, not to do things that would be morally repugnant and irresponsible and traumatic for her. At least I hope so, but I can't be sure.

3. Pharmacological Adventures

I saw Dr P on 17 November, and he prescribed Luvox. At first the results were good; the depression lifted, and I had a sense that the way I'd previously been looking at the world was somehow 'inappropriate'. I lost some of my rage, and began to feel a bit sunnier, a sense of coming out of a storm, onto a bright upland, I was beginning to be able to listen to music again.

But after about a week I was getting agitated and twitchy, couldn't sit still, couldn't read or write, was

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[6]Note the callous self-absorption of this remark. At its worst depression is perhaps the ultimately self-regarding disease. All footnotes to 'documentary' material are later reflections or amplifications added in the process of trying to make a book, to provide extra information for the reader

[7]Like many depressives I somehow managed to hide my condition most of the time, except at home where I self-indulgently let my hair down. Almost everyone who knew me and found out I was seriously depressed was shocked..

[8] This is a characteristic depressive attitude, even before the disease has blossomed. My friend L commented on a mention of suicide in an early draft: 'I can't imagine not periodically planning death, but I suppose there are those who barely consider it (& even stranger still, some who never consider it). For a long time I thought this was just a way of being, but I've come to realise that it's a way of depression'. Another friend remarked, of a mutual acquaintance who was rather shocked by talk about suicide, and said he'd never had such thoughts: 'I can't respect anyone who's never contemplated suicide'.

constantly getting up and walking around aimlessly or in stereotyped circles. Every time I had an episode like this, I wanted a drink, and this worked; I was having a large whisky every couple of hours starting about 11 in the morning, and on some days I put away half a bottle or more by bedtime. Yet at no time did I feel drunk, tipsy, vague, or ataxic: I just drank because it would quiet the twitching and agitation and anxiety. At Dr P's suggestion I cut the dose of Luvox by half, and this did no good.

I also felt a sense of 'alienation': the cheerful, sensible, undepressed (if twitchy and agitated) person inside my skull wasn't me, and I didn't even like him very much. There was the underlying 'real' depressive me, and this other, and we were sharing the same brain; there was a nightmarish feeling that I'd somehow lost my autonomy and was being taken over by this other person with my name, but not me. I felt nostalgic for my depression; the depressed person was the real me, the one I've known all these years, that I felt at ease with.

At any rate I finally told Dr P that I was not willing to live this way, and he put me on Cipramil, which was even worse than Luvox, and precipitated incapacitating anxiety attacks. I stuck it for a bit and then told him I was simply not prepared to fart about with fancy designer psychotropics any more, but would stick to alcohol, which at least I've been familiar with for the past 40 years.

So I went off everything, but Dr P prescribed Xanor, to have around just in case. It did very little. A dose of 1mg knocked me out, and while unconscious is better than depressed, I was totally dysfunctional. I eventually went back shortly after Christmas, and told him that Xanor was really not doing anything, and having tried two antidepressants I didn't want to try any more. He cleverly talked me into being a bit more experimental just in case, suggested I try a drug of another chemical class, and put me onto Aurorix [moclobemide, Manerix, Depnil]. This had no effect for a while, then began to lift the depression a bit (but nowhere near as powerfully as Luvox). But I was still agitated and twitchy, couldn't concentrate, and just bloody uncomfortable. I found that as with Luvox, when these side-effects came on (which they appeared to do cyclically, especially starting in mid afternoon), the effective solution was to drink. And again I was drinking a huge amount, often starting in the morning, and continuing all day. I've always *wanted* a drink at certain times of day; now I *needed* one, got tremors when I hadn't had one for a couple of hours. I was beginning to be afraid I was turning into a lush.

I went to see Dr P again, and he suggested that instead of drinking, I take .5 mg of Xanor when the side-effects got bad. I began this regime on 4 January; and simply took .5 mg along with the Aurorix twice a day. I succeeded in not drinking at all before about 3 in the afternoon, and then having maybe two or three whiskies between then and bedtime.

On the other hand the depression has now returned periodically, as bad as or worse than before. In the past three days I've had dramatic crashes, normally late in the afternoon, and feel an immense desire to give up and just go to bed and read detective stories and drink myself into insensibility. I have not done so, and have even, in a fit of discipline, sometimes not had wine with lunch. I have however started smoking again, because the combination of depression, side-effects, trying to keep more or less off the booze, and life in general is stressful enough that I have to have something.

Anyhow, if this is of any use, I'm pleased. I look forward to seeing you on Thursday, and hope you don't regard this overlong screed as impertinent or pre-empting you; that was not the intention.

I saw Dr H on 12 January 1995. The visit was useful and marginally hopeful. Good questioning revealed that however long and black the depressions are they are part of complex and unpredictable mood alternations also involving highs, what are called in the trade 'cycles'. That is, I constantly went from one mood state to another, depressed to 'level' to manic to depressed . Some of these highs are enraged and as black as the depressions; but the 'good' highs, especially in company, are delightful (for me at least), and I get outrageous, hyperverbal, pun excessively, say silly and funny but sometimes shocking things, and am even more obscene

and bizarre than usual. But they are also the times when I get ideas and work and lecture best, and seem to be the best company.

He asked if I behaved 'irresponsibly' during highs (spending, sexually indiscreet, etc). It seemed to me that I did not (except verbally): I shop more when I'm depressed. Then he asked whether highs or lows are commoner. It seemed that lows were. Manic episodes are more or less figures against a depressive ground. I can conjure up fairly convincing (semi-artificial) highs when depressed if I have to, e.g. when teaching or giving a paper or having to be sociable. But I pay for them with following depressions, or at best an inability to wind down afterwards, which often ends in a panic attack. So most people do not notice when I'm really depressed, and I manage to carry off everyday life more or less. But not well. And it's a strain.

The official diagnosis was bipolar (manic-depressive) disorder, primarily depressive, superimposed on a 'cyclothymic temperament'. The prognosis he said was unclear. Given current signs and treatment, the possibilities seemed to be: (a) I could continue in a 'stable' state of moderate to severe alternating depression and hypomania (relatively mild non-psychotic highs), with the edge taken off the depression and the frequency of depressive episodes diminished; (b) the cycling (and intensity) could get worse; or (c) I could crash into a noncycling depression, which would fail to respond to anything of the kind I've taken so far.

Would psychotherapy, I asked Dr H, be any use as an adjunct? I had told him a good deal about my family life, and my father. As I put it, resurrecting everybody's favourite pop-Freudianism, I have cut off my father's balls by getting one more degree than he has, but am still a mess; is there reason to suspect any kind of 'verbal' therapy might be of use? His answer was no. And in any case he is a 'biological psychiatrist', interested in conditions that are clearly neurochemical in origin, and he was sure that this was my problem. Other psychiatrists have very different opinions.

I saw afterwards that I misread his comment, or at least its implications. He meant that *now* the disorder was purely neurochemical, not that it always was. It had clear 'external' historical antecedents too, in fact the whole texture of my childhood and my first depressions was probably 'adaptive' response to trauma. It was only later that it became 'autonomous'. His point was not that the depression did not start off at least partly as a response to an environmental stressor, but that mine was so far advanced that its antecedents were now therapeutically irrelevant.

One possibility to think about would be adding lithium as a mood-stabilizer (indeed for many, perhaps most doctors it is the drug of choice). However he said it can level the cycles too much, which may pose problems for people who live in their heads (artists, scientists, scholars). If they create only during highs, lithium may depress or disable that creativity. He has treated artists with lithium who have to go off it for months before undertaking any work. I did not propose to risk that, and subsequent experience seems to have shown I was right.

That is, lithium might level the moodswings, but I was not that worried about the highs, even when they turned into rage or craziness. My goal was to diminish not even the frequency or length of the downswings, but their severity. If I could be depressed but functional, with

hypomanias at appropriate times, that would be bearable. If there was any risk of lithium levelling out my moodswings at the cost of destroying my basic creativity and eccentricity, I thought then (and still do) that I would opt for cycling or suicide rather than smoothness.

Progress, Regress, Progress ...

What follows is a series of extracts from a journal (or part journal, part philosophical treatise and collection of mini-essays for myself) that I kept sporadically for the next few years. These, being written on the battlefield, chart better than a tailor-made narration the course of my disease. I present the extracts with repetitions and wanderings intact, as a picture of what a cyclic mood disorder is like from the inside. If you get dizzy and bored from the constant cyclings and changes of mood and mind, the account is accurate; so did I.

***

15 January 1995. On Aurorix about 3 weeks, and it's beginning to kick in. Less depressed, aside from two major crashes. Dr P says there will be more, this is to be expected. Dr H also says Aurorix won't prevent the cycling, but ease the downswings, and maybe make them less frequent. Seems so at the moment. Both doctors say six weeks is about the proper time for the neurochemical fuckups to be more or less as reordered and stabilized as they're going to be, so we'll see in another three weeks or so.

17 February 1995. Most of this month crashes at about weekly intervals; today was the first in two weeks, the longest period in ages without at least one bad downswing.

Drinking a lot again. Today fourth day off cigarettes (nasty bronchitis), feel dreadful. Got into a rage over nothing this afternoon, and have had three double whiskies so far (between 1.0 and 6.30), pretty much the pattern I'm getting back to. Probably have another three or four before bed. Wonder if I should start smoking seriously again?

Main worry is the unpredictability of the crashes: one minute I'm fine, the next either the black blanket drops over my head, or I'm in an irrational rage. I have an uneasy feeling that I'm not quite sane, and might go off the handle at any minute, and do God knows what. I've had this on and off for years, but more now; thinking about it revives old memories that begin to connect. I remember back in Edinburgh over two decades ago having to leave a concert (St Matthew Passion in the McEwan Hall of all things), because I was convinced that if I continued sitting there in the middle of a row of people I would start yelling or laughing or take off my pants or something. It's an indescribable feeling of being on the edge, though of what isn't at all clear. It's more frequent now, especially in public places where there are a lot of people, though I can repress it on long flights or railway journeys, as long as I'm tanked up on Xanor and booze. I manage to travel and live by always getting aisle seats on public transport, sitting near the door at lectures, at the end of restaurant tables, like a cat looking for a safe place in a new territory, ready to flee at the slightest sign of danger.

20 February 1995. First day of term, and successful. Manage somehow a good deal of the time to control things when I have to. This suggests that along with the illness itself there's an element of self-indulgence (or yielding to fatigue). Lurking somewhere in the confused shitheap that my mind appears to be is a residual self-control, and I can at least sometimes disguise the disease even when I'm in a bad state, if social constraints force me to. Though I do lecture badly, even incoherently at times, am short-tempered, say silly, obscene, irrelevant things, and the effort of disguise leads to crashes afterwards.

4 April 1995. Keep off smoking for a couple of weeks at a time and then regress. I suppose I'm sort of 'stable': I can work (though not at my best), am beginning to read again, and still drinking too much. Depressions now cycle unpredictably, really bad crashes no more than once a week or so, which I suppose is good. But I live in constant fear of them, and the anxiety itself can sometimes trigger one.

Jaime's condition doesn't help. She is taking it all coolly as usual; but it's not clear what her life-expectancy is, and she's a support I can't do without. If she dies before me it doesn't matter (except for making sure the animals are taken care of) whether I kill myself or not, since insurance is not a problem. I wish I had her strength; she lives with the knowledge that she might get a brain tumour any day, and the next one might kill her, and simply devotes herself to doing better and better work. I fuck off and pity myself.[9]

One of the great 'advantages' of depression, and part of the reason I felt nostalgic for it when it first started to lift (aside from the unpleasantness of having to live with my double) is that it does provide an excuse for self-pity. And this can be pleasant indeed. I find one song running through my mind constantly, partly because the music is so exquisite, and partly because of the sentiments:

> Flowe my teares fall from your springs,
> Exild for ever, let me mourne
> Where nights black bird hir sad infamy sings,
> There let mee live forlorne.
>
> Downe vaine lights shine you no more,
> No nights are dark enough for those
> That in dispaire their lost fortuns deplore,
> Light doth but shame disclose.
>
> Never may my woes be relieved,
> Since pitie is fled,
> And teares, and sighes, and grones my wearie dayes
> Of all joyes have deprived.

[9] Note this typical depressive self-absorption: it took a very long time before *her* possible reaction to all this really became an object of my concern. For a while I was the only person living in my world.

Harke you shadowes that in darknesse dwell,
Learne to contemne light,
Happie, happie they that in hell
Feele not the worlds despite.

—John Dowland, 'Lacrime', *The second booke of songs or ayres* (1600).

6 May 1995. Returned from trip to UK without any major crashes, but minor episodes. Have been thinking about what depression and its treatment can teach you about the mysteries of 'personality'. People meet me, and find me not changed; this is the same old R, perhaps a bit less 'down' than last September, but still the same person I've known for 10 or 20 years. And yet. The appearances may (roughly) be the same, but the infrastructure isn't; or the infrastructure is tottering, and being maintained in a completely different way.

A personality is a chemical artefact: you *are* the state of your neurochemistry (what else could you be). And yet again. They think they see 'the old R', but in fact they're seeing a self on the verge of disintegration, held up and together only by drugs, alcohol, cigarettes, and fragments of a former will to survive that's manifestable only because of this outside chemical support network. My neurotransmitter systems are no longer 'mine' (in the sense that they work away as they're supposed to without intervention from anybody); they have to be jollied along and monitored and boosted and suppressed. So my 'personality', even though it may *look* the same—if a bit more manic and edgy—is being maintained in a different way: I now have to watch it, coddle it, the way I'd nurse a sprained ankle. It's like wearing a chemical prosthesis.

So more and more of my time is taken up with introspection and self-monitoring. Is a crash coming? If so, what kind and how should I handle it? Drink? Get away and be alone? Go for a walk? Give in and wait for it to pass? And now, even on pretty good meds, because this is the shape of my illness, there are three states to monitor: suicidal depression, mania, and near-panic anxiety, each of which can surface at any time, and each of which requires a different local, emergency approach.

10 July 1995. More downs and a couple of enraged ups. Manic attacks horrifying in retrospect, once I've cooled down, breathing less than once a second. (Is/was this really me?) I weave a tissue of conspiracy out of the events and persons of the world. Every irritation is a personal affront, my prerogatives are being eroded, people are not just assholes or idiots or nuisances but *enemies*. Crystalline if fragmentary images of murder, violence, destruction recur ceaselessly, like a tape-loop run over and over. Those people who play their bloody hi-fi outdoors at top volume eight feet from our boundary wall—-how would the fuckers like it if I tossed over a grenade? Viscera and limbs flying through the air like demented birds. Rambo-like images well up: there I am, short, middle-aged, balding (the embarrassing black comedy emerges only when I think back after my mind has cleared), but somehow with a stark and mythic dignity nonetheless, an armed and triumphant Jahweh-Thor-Zeus, blowing away the white trash over the

wall with an AK-47.[10] So much for manias. In hypomanias, less distressing for me even at their worst than manias or depressions, different things happen, but clearly the reverse of my coin, recognisable as modes of me. My sense of humour, normally a bit dodgy anyhow, seems to detach itself from feeling. Extreme elevation of mood sets me apart from my (underdeveloped at best) human or empathetic self, I can visualise or talk about anything, there's no emotional response or tone, only funniness. Or perhaps better a pure and chaste verbality, divorced from affect. It's hard or impossible to refrain from what others would think of as at best inappropriate, at worst disgusting and sick. Holocaust jokes, cancer jokes, death jokes, discussing farts and vomit at the dinner table. I'm amused by the idea of driving around the streets of a partly third-world city like Cape Town, surrounded by grotesque poverty, in a BMW with a bumper sticker that says 'Fuck the poor'. Even writing that now, in what sort of mood I don't know, but not an extreme one, I find it funny.

My normally half-quiescent anarchic and tasteless streak takes over, and depending how far it does my audience regards it as anything from hilarious to repulsive, and I seem to lose my judgement about which it will be. I delight in offending, and can observe myself doing it, but the temptation is irresistible. A somewhat straight-laced Born-Again doctor prescribes Tagamet for my stomach: I ask him, 'Will it make me grow tits?' (as I know from reading it might). I could have asked if it would cause breast enlargement, but I wanted to say 'tits' to watch his reaction. No, that sounds too premeditated. The impulse and the desire to observe and the act seem simultaneous.

August 1995. Managed to write a paper for a conference in Manchester. It was a surprising success, got through the two weeks without a major crash. Though I did get a good number of attacks of 'social claustrophobia', and found myself on the edge of panic in rooms full of people, and had to get out and go for long walks alone or go to bed for a couple of hours and drink. Thought I was being subtle, but found out later that people had noticed.[11]

This disease has a potent self-reinforcing logic. It's partly a *propositional* illness; you manage somehow to convince yourself that you're finished, useless, might as well be dead, will never work again, the world is a pile of irremediable shit, everything is darkness, even while

[10] The theme of revenge, either violent or sadistic, often dominates both depressive and manic fantasies. A very depressed friend who was having a hard time with her head of department wrote me: 'It is bad to think that if Prof X died a slow and painful death (soon) of stomach cancer (with secondaries in the liver and testicles) that one might be less depressed. Very mature, Dr A'.

[11] My friend M wrote me a few years later about how people do notice. This was in reference to another conference where I was feeling exceedingly depressed nearly the whole time, but had to put on a good show, and work my acting ability to its highest pitch: 'Your eyes had a guarded quality to them and at times you made them opaque. Not sure you did it deliberately or even if you knew/know you can do that [...] But in X (and this was what really gave away that you were having a bad time) I noticed that even when you were apparently being funny and nonsensical and your 'usual self', your inner eyes were closed. Looking inside I suppose [...] Not connecting. Shut off and looking inside not out'. This is an elegant and subtle observation, and the phenomenon is common.

knowing that maybe it isn't 'really' true, but powerlessly watching yourself convince yourself and trying to convince others that it is. It may of course *be* that the world is this way (certainly the empirical evidence suggests it); but the difference between depressives and non-depressives is that we take the evidence more seriously. We refuse to allow any counterevidence to affect our judgement, and want to convince others. This may be a sanity-saving move: if the world really isn't shit I'm crazy, but if it is I'm a connoisseur.

This 'knowing what's true' but not being able to *feel* or act on it is constant. The disease is 'mine', but somehow separate from me; I argue with it, the two of us have conflicting views of the world, there's a subtle and subliminal dialogue between us. Many depressives seem to visualize their illness as a kind of *Doppelgänger*. Dr Johnson personified his as 'the black dog', which kept him closest company when he was alone:

> The black dog I hope always to resist, and in time to drive [...] When I rise my breakfast is solitary, the black dog waits to share it, from breakfast to dinner he continues barking, except that Dr Brocklesby for a little keeps him at a distance [...] Night comes at last, and some hours of restlessness and confusion bring me again to a day of solitude. What shall exclude the black dog from a habitation like this?

It's not always true though that solitude brings on depression; for me it's often the only relief. I have to get away from people to survive. When I'm really depressed I don't want to talk to anyone, I snap at people, answer in a monotone if at all. Though sometimes company can be usefully distracting.

But solitude is comforting—encysting, uterine, even imprisoning, but familiar, as is depression itself. Even if the things going through your mind are unbearable, at least they're yours. Like Dowland's hell, 'light doth but shame disclose'. Maybe prisoners get used to their prisons, even come to be unable to function outside of them. What would happen if I were 'cured'? Would I be me still?

> Die Welt die hält dich nicht, du selber bist die Welt,
> Die dich in dir mit dir so stark gefangen hält.[12]
>
> —Angelus Silesius (1624-77)

Dr P says interestingly that depression is the only contagious psychiatric illness; one of the things they taught him is that a classic diagnostic sign of major depression is that the doctor becomes depressed while talking to the patient.

October 1995. Despite the endemic self-centredness, occasionally someone else's concerns break through, teach you something, give you a rudimentary feeling of worth and engagement. L, a

[12] 'The world contains thee not, thou art thyself the world,/That thee in thee with thee so mightily holds captive'. Virtually untranslatable with any grace, but that's what it means.

young colleague of mine, also suffers from severe depression, and I've seen from the outside now something of what I must look like. At least in her case I was able to get her to see a doctor, tell her I've been there, I know it, there's nothing so horrible as the bleak despair and total emptiness that overtake you in a major crash, but they're cyclic, and this too will pass if you just hang in there. What hypocritical shit—if I believe this for her, why not for me?

I think I may have contributed to saving her life, as Jaime has done for me; but the seriously depressed are always teetering on the verge of suicide. It takes a lot of perspective when you're looking out from the bottom of hell with no visible stairway to think you'll ever see daylight again. L said to me one day 'I wouldn't be here if it weren't for you'. I'm not 100% sure I did her a favour; after 20-odd years of a worsening case, even with treatment, I have mixed feelings about trying to survive, but on the whole I think it can be done, and in the case of talented people with work to do probably ought to.

Fortunately, after you've survived enough episodes you toughen a bit, develop a knack (if you're lucky and skilful, as I seem to be) for seeming yourself in public and getting through necessary performances. Maybe there is a gift, though— it sharpens your ability to dissimulate. At least if you're in a downswing. Some manic episodes are wonderful, because your creativity is heightened, you become hyperfluent and ideas start to flow, even others see you surrounded with a kind of loony charisma, and if you can keep to that level and not disperse into irrational rage or obscenity you are your best self. And as this episode suggests you develop an uncanny ability to spot others with the stigmata: it takes one to know one. I just walk into the office and see L, and can tell from her face before she's said a word where she is, as she can with me. It's a special fellowship, with its own cryptic passwords. 'Bad day?' 'Roger, you look like shit'.

December 1995. Depressions getting worse again. Think almost constantly about suicide. Jaime says she'd fall apart and die without me, and this is probably the only thing that's kept me alive. Went to doctor, finally. He knows I won't try lithium, so didn't even suggest it. Rather increase Aurorix to 450 mg. I'm now back to smoking properly, and don't intend giving up again.[13]

19 February 1996. Downhill again. JP says up Aurorix to 600 mg, the maximum. Seems to be working rather better, in some ways. Still black depressions but rather less frequently. Sometimes remissions as long as three or four days with no mood changes at all.

I wonder if anybody who hasn't experienced depressive illness can have a clue what it's like, except maybe those who treat them or live with them. It's ill-understood, except by

[13] An over-subtle interpretation could take smoking as a kind of delayed suicide, like other risk-taking behaviour. But I think it is the drug, not the idea of croaking from cancer or emphysema a decade on, that I'm in love with. Dr P however considered it, along with my drinking, an index of self-destructiveness. Who knows? Now 15 years later that I have emphysema I still don't know, but my suspicion is that it was the pleasure and addiction that counted.

psychiatrists and those unfortunate enough to come in direct and intimate contact with it.[14] True depression clearly isn't the same thing as 'being depressed', which is something just about everybody experiences at some time or other; it goes away and often does not come back. Like grief or loss, it is (or can be) something you 'work through'. Chronic depressive illness doesn't seem to be like that: you don't work through it. It consists largely of untriggered, arbitrary episodes, not a 'response' to anything, but a dark ferocious metabolic disorder with its own arcane cyclic logic. On second thoughts it *is* also a response to external stressors, or can be: any bump in the ideal smoothness of life can also trigger an episode.

I was trying to think how to describe the inside of this condition to somebody who has no idea. Finally hit on this: imagine the worst physical pain you've ever had, and think of it recurring at unpredictable intervals, only imperfectly susceptible to pain-killers while it lasts, perhaps continuing unabated for weeks at a time. Now try to imagine how, in that state, you'd convince yourself that it will end and everything will be OK again—especially when you know perfectly well that even if it goes away, after some unpredictable period it will come back again and that there will be more remissions and it will come back again, and this will never stop as long as you live. And you'll never know when you go to bed at night whether it will be there in the morning, or when you're walking down the street in bright sunshine, whether the black cloud will suddenly descend out of nowhere and make you want to walk in front of the nearest car.

> Beauty is but a flowre,
> Which wrinckles will deuoure,
> Brightnesse falls from the ayre,
> Queenes have died yong and faire,
> Dust hath closde Helens eye,
> I am sick I must die,
> Lord haue mercy on me.
> —Thomas Nashe, *In time of pestilence* (1600)[15]

Keats knew it too ('Ode on melancholy'):

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[14] A psychiatrist I know told me once that 90% of his colleagues suffered from depression and were taking antidepressants, at least periodically. He thought this was good: psychiatrists, he said, should be 'wounded healers'.

[15] I do not know whether Nashe was a depressive or not (sometimes I think everyone in the 16th and 17th centuries was); but the falling of light out of the air is a familiar experience, and many people I've talked to have had the same feeling, the same kind of response to that line, and to the ones from Keats quoted after. 'Melancholy' was of course something of a fashion in late Elizabethan and Jacobean times. Hamlet, with his 'inky cloak [...] and customary suits of solemn black' is a perfect icon; 'this most excellent canopy the air [...] appeareth no other thing to me than a foul and pestilent congregation of vapours' (II.ii). Another is Dowland, whose motto was 'Semper Dowland, semper dolens' (always Dowland, always doleful). For an excellent account of this fashion, and a fine cultural history of melancholy, see Solomon 2002: chapter VIII.

> And when the melancholy fit shall fall
> Sudden from heaven like a weeping cloud,
> That fosters the droop-headed flowers all,
> And hides the green hill in an April shroud [...]

It takes great friendship and humanity and patience to deal with somebody in this condition; Jaime and one or two friends who are also depressives or have depressive partners are about the only ones who can cope with me in my blackest moods, and it's asking rather a lot of mere friends to bear it. It's not fair on a wife either; if I were her I'd throw me out on my ass.

Even in remission this disease has had a major effect on my character. (Or did my character just become more clearly defined by the disease?) I'm now almost permanently edgy, prickly, brittle, cynical, dismissive, more argumentative even than I used to be when I was (sort of) 'normal'. It's harder than ever to suffer fools (and being a university staff member that's part of your job description). Finally decided to quit all university committees, and not go to any Faculty or Senate meetings, because I couldn't keep my temper when people said stupid things, and was getting publicly more and more sarcastic and obscene. There seems to be a convention that you don't say 'fuck' or 'shit' at Faculty meetings, and I am finding it almost impossible to adhere to. Once I could be combative for a good cause and keep my temper in the interests of the cause; now the provocation of meetings largely populated by self-important windbags and brainless pricks simply tips me over the edge.

It sometimes seems that 'temperament' or 'personality' and psychiatric illness are not really distinct. In me anyhow. It's rather as if they're fuzzy bands on a spectrum with 'normal' at one end and psychotic or close to at the other. The form the illness takes reflects the carrier and vice versa. It's *me*, even in remission, who's manic-depressive.

June 1996. Just read William Styron's *Darkness visible*. One of the subdued delights of encountering others with lethal depression is that you become less unique. You find people who have your symptoms or similar ones, and sometimes survive. Your bizarre experiences are not the marks of a private madness; most of them are commonplace. We all get the stigmata, in more or less the same places. As I found from Styron's description, the sense of impending madness and fragmentation, loss of memory, the horrid feeling of being dissociated and 'shadowed' by your other self, the recurrent panic attacks, are not atypical.

13 July 1996. At the moment on the upside after a very bad manic episode followed by four days of mixed mania and depression, mostly as usual the latter. The only thing that kept me from finding a way out was the effect it would have on Jaime. Though I was more seriously on the verge of suicide than ever before, and except for certain contingencies might have succeeded. I found myself (that's accurate: there seemed to be no premeditation, it was like emerging from a fugue) carefully laying out all the medications in the house on the kitchen counter, reading the package inserts, and trying to work out what I could overdose on. It's tricky when there's nothing lethal available, and you have to start calculating interactions, and wondering if you could

successfully engineer a fatality, not just end up a vegetable. Cool and careful, along with a desperate frustration at not knowing enough chemistry or medicine to do the bloody job right. Let's see, Aurorix is a monoamine oxidase inhibitor, and this means it can interact dangerously with certain classes of drugs. What do we have in the house? Well Xanor isn't much good, it doesn't interact and I don't know how much I'd have to take to ensure respiratory depression. What else? How about Valoid (an anti-emetic): it can raise your blood pressure, and shouldn't be taken with MAO inhibitors. Promising. And how about Actifed (an over-the-counter hayfever remedy)? Well, that contains pseudoephedrine, which belongs to a class of drugs I've been warned not to take with Aurorix. So maybe a box of Actifed and some Valoid, washed down with booze ... Pity they don't print the lethal doses along with the other information.

But I bloody don't know. How dreary if all this care were to result in an imperfect stroke, and I had to remain alive but helpless, aphasic or hemiplegic? Then what chance would I have of a successful suicide? I'd have to lie there begging people to kill me, adding insult to injury. Or maybe worse, the embarrassment of a total flop, barfing it up and ending up feeling wretched all for nothing (though I've read that clever intending suicides do take an anti-emetic first, and then wait a while: so the Valoid might also prevent my losing whatever else I take). Better not risk it after all. Shit.

Curious how unfraught the beginning of this pharmaceutical search operation was. I was calm, almost euphoric, because I was finally *acting*. The 'balance of my mind' wasn't 'disturbed' (it seemed), this was rationality of the highest order, I felt a luminous certainty that I was doing a correct and sensible thing. At least to start with, until I began to reflect both on the difficulties of the task I'd begun with such self-deluding high hopes, and the knowledge that since I'd promised Jaime not to kill myself, this would, if successful, have been a gross betrayal. As well as ambiguities about death itself; what if dying should prove more of a handful than I thought? Death yes, dying, well I don't know. Even in this suicidal euphoria enough Old Biology remains to scare you. I remember out of nowhere a line of Hölderlin: 'Er erschreckt uns,/Unser Retter der Tod'.[16] Christ, am I turning into a fucking German romantic?

How different my atheist fears of dying (but not oblivion) from a religious hesitation. There the fear is of the future, not 'passing over', but what you might find when you get there. For the atheist or tough-minded agnostic there's no 'there'—that's the great attraction. It may be hard to conceive pure nothingness, not-being, but you can't be depressed if you don't exist. The religious, even the unreflective mild knee-jerk believers in an afterlife, have a different problem. Hamlet (a classic manic depressive—not I think a sufferer from an Oedipus complex who could not kill Claudius because he too wanted to sleep with his mother) contemplates suicide in the famous Act III soliloquy, but his action is aborted by trepidation about distant consequences. Who wouldn't kill himself, in the face of all the shit in the world,

[16] 'He terrifies us, our saviour Death'.

> But that the dread of something after death,
> The undiscover'd country from whose bourn
> No traveller returns, puzzles the will
> And makes us rather bear those ills we have
> Than fly to others that we know not of [...]

Dreams too, not just the future, are Hamlet's sticking-point. Death is sleep, but sleep brings dreams, and 'there's the rub'. He fears the unknownness behind the curtain: 'For in that sleep of death what dreams may come/When we have shuffled off this mortal coil/Must give us pause'.

Like most depressives I have perpetual insomnia. Either I can't get to sleep, or can't stay there. But not being able to sleep is complicated: sometimes I just can't feel tired enough, others I'm terrified of falling asleep, no matter how much I want to, how exhausted I am. I take pills, drink, lie in bed reading escapist things, but rouse myself as I nod off out of a subliminal fear that once I let go and do sleep, however much I want to, I'll start dreaming. That's worse than insomnia.

I usually have nightmares (interspersed with occasional silly and pointless 'ordinary' dreams). Almost every one, even the little hallucinatory semi-dreams you have on falling asleep and waking, is a nightmare, drenched in terror, anxiety and guilt. At unpredictable intervals They come to hang me for some Kafkaesque unknown crime, and I wake sweating and breathless and tachycardic just as the trap is about to be sprung. No one has a face except me. Or claustrophobia: I crawl through unending narrow tunnels to unopenable windows, navigate the labyrinths of uncountable caves. Or anxiety and guilt rather than fear of my own death: commonplace trains to catch, as in so many people's dreams, but I have to gather up a houseful of cats, and it's too late for that crucial train, and fuck knows what will happen if I miss it. Or saturated with irremediable guilt, realising I've moved away and left the cats to starve in a locked shed or cellar, and I'm forced to see them wasting away as if I was there, every detail sharp and killing. They look at me piteously out of huge eyes, but have lost their voices.

Fragments of these dreams remain with dreadful clarity for days or weeks, the most striking replaying themselves endlessly on a compulsive loop. Usually I forget, but there'll always be a new crop, and even when I can't remember the content I remember the feeling. I was like this as a child, I recall: unlike the usual kids who don't want to go to bed because they want to stay out and play, I was afraid of lying awake, or of dreams. I still have a phobia about anaesthesia.

Aus dem Reich der Kröte,
Steige ich empor,
Unterm Lid noch Plutons Röte
Und des Totenführers Flöte
Gräßlich noch im Ohr.[17]

—Elisabeth Langgässer, 'Frühling 1946'.

As I reflect my sickness grows older. Perhaps it was with me from birth? My autobiography is episodic and gapped, but little of it feels different from these dreams.

For several days after the aborted suicide-attempt I had a recurrent semi-hallucination, seeing myself from above, lying in foetal position on the railroad tracks just a minute or so's walk from here at night, the headlight of a train bearing down on me. The vision did little but provoke reflection: what would it feel like, could I bear it, would I be brave enough not to get out of the way at the last minute? My cooler and more cowardly self decided this wishful vision was not going to become a reality, and it eventually faded and stopped coming round, except in a kind of dilute and greyish poor photocopy.

This is all so typical. The idea of suicide is never very far away, but it's mostly 'passive suicidal ideation': nothing comes of it except a kind of prospective nostalgia for death. I keep recalling Keats' line 'I have been half in love with easeful death'. During a bad spell you do of course, in the odd lucid moments, know perfectly well that it will go away; but you're perpetually tempted by the idea of suicide in upswings as well, because that's the one sure way of seeing to it that the downswings won't return. What's most demoralizing is the fatigue: how many more of these cycles can I actually endure? I know each bad time will end (though in the middle of a four or five-day downswing it's hard to believe, except intellectually); but I know that the good spells will end too, and the whole fucking circus will go on forever until I die of something else or end it myself.

O lovely appearance of Death,
No sight upon earth is so fair;
Not all the gay pageants that breathe
Can with a dead body compare.
In solemn delight I survey
A corpse when the spirit is fled;
In love with the beautiful clay
And longing to lie in its stead.

—George Whitefield (1740-70)

Everything is corrupted by bleakness and hopelessness and self-disgust. The future stretches out

[17] 'Out of the toad's kingdom/I rise up,/Under my lid still Pluto's redness/And the Death-guide's flute/Still ghastly in my ear'.

in imagination with a nauseating and chilling sameness, like climbing one of Escher's impossible stairways in the dark. Everything is blackness and death and decay and emptiness, and even in the best times this image of what will happen again hovers over your shoulder, just in range of your peripheral vision.

25 July 1996. For some reason I've been obsessively listening to late Mozart. The fact that I can listen to music again is hopeful; indeed I've been listening more and more and better and better, even in the midst of depressions, at least my greyer ones. But why this music in particular?

Is it a coincidence that Mozart was probably a manic-depressive, who had his worst episodes from 1788 on, the very years whose music I keep listening to? And what I tend to gravitate toward is the minor-key music, especially the late string quintets. I put on a CD of the G-minor quintet, and Jaime remarked that it reminded her of Francis Bacon's paintings, it was 'clotted and depressing'. Can it be that we recognize each other not only in person but in the disembodied products of our minds? I don't know why, but Mozart even at his most tragic and distressing as in these late works is somehow consoling.[18] If he could do *that* in what I read as a state very much like mine, and not dissolve into self-pity (though there was a lot of that in his letters from that period), and kill himself, then I should be able to hang in there and do *something*.

Late 1996. A psychiatrist my wife is seeing told her he was disturbed that I was in the midst of such a major depression and was treating it totally with drugs, without seeing a therapist. Dr P had yielded to my insistence on taking the pharmacological route only (whatever he thought of it—I still don't know), and the issue hadn't come up. So I phoned this doctor and asked him to recommend somebody, just as a trial. I respect his judgement, and it was at least possible that I was missing out on something that could be helpful.

Went to see recommended psychiatrist, and decided after one session that this was not for me. He was very personable and bright, and soon lured me into talking about things I had no wish to discuss, and trying to tie my present situation up to things in my distant past (parents, all that shit). I suddenly realised that I was not at an appropriate age to do the work necessary to dig up what might have caused the depression in the first place. (My dysfunctional family and wretched childhood would probably be enough to drive anybody over the edge anyhow, so there's nothing contemptuous of psychiatrists in the phrase 'all that shit'.) I simply could not be convinced that knowing *why* I was fucked up would have any utility in undoing it, or that as long as the drugs were more or less working I should bother. Let the dead bury their dead (weird attitude for a professional historian). Odd isn't it that I should short-circuit my endemic curiosity, especially about the past, just here. Maybe that itself means that I should have persevered. Or not. Before you empty the septic tank you ought to know where to put the shit.

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[18] H.C. Robbins Landon (1989: 195) calls this music 'troubled, alarming and even dangerous'. For the diagnosis of Mozart see Davies 1984, 1987.

What should have been a therapeutic session was transmuted into a fencing-match; I turned out to be as clever as he was, and began parrying his questions, untying the knots he tried to tie me into. Though I liked him personally, and admired his cleverness, I found the whole situation enormously distasteful. I simply don't have the temperament for 'therapy'; I couldn't bring myself to play the game, get involved in the kind of discourse he apparently wanted. That was my one and only encounter with the non-pharmacological side of treatment; I may have been unfairly dismissive and impatient, but I'm convinced I did the right thing, for me. Drugs or nothing.

In fact this seems to be my general attitude (due to the depression, or just general craziness?). I smoke too much and take decongestants, I drink too much and take drugs for gastritis.

January 1997. After a fairly long remission, things getting worse again, this time for external reasons. The new stressor was the discovery of my wife's fourth malignancy; another return, in the right cerebellum, of the 1986 model breast tumour that had been followed by two secondaries, one in approximately the site of the original, and one in her left cerebellum, which required six hours of surgery, during which she stopped breathing. She has retained an optimism about her future which has in no small way contributed to her survival. But her condition affected me perhaps worse than it did her. (What arrogant and self-pitying shit. Even if it were true, how could one know?) I became more and more depressed, again unable to work or do anything except brood and pity myself, not even really think of her, as I should have been doing.

Went into a kind of suicidal reverie again. Gave up the idea of drugs, and returned to the classics: look at all those lovely veins on my wrists (not to mention the arteries), and right there in the medicine cabinet are clean unused razor-blades (in a fit of nostalgia I'd started using an old-fashioned double-edge safety razor), waiting in their pretty little waxed paper packets. For some reason I thought drearily of having to put away all the shirts hanging over the bathtub (we're so controlled by cultural imagery it's hard to conceive slitting your wrists anywhere else), and this stopped me for a moment. I then sat on the back steps, looking into the garden and dreaming of razor-blades, and was about to go into the house and tell Jaime to hide them; then for some reason, as inexplicable as the original, the impulse subsided (though the image sometimes returns when I'm shaving, now with a fancy new razor that you couldn't cut your wrists with). Curiously, even the sharpest knives don't tempt me at all: why?

There's a compelling seductiveness in the idea of suicide, pleasant, restful, consummating, not just desperate. Spenser's Despair, extolling the virtues of suicide to the Red Cross Knight:

Who trauels by the wearie wandring way,
To come vnto his wished home in haste
And meetes a flood, that doth his passage stay,
Is not great grace to helpe him ouer past,
Or free his feet, that in the myre sticke fast?
Most enuious man, that grieues at neighbours good,
And fond, that ioyest in the woe thou hast,
Why wilt not let him passe, that long hath stood
Vpon the banke, yet wilt thy selfe not passe the flood

He there does now enioy eternall rest
And happie ease, which thou doest want and craue,
And further from it daily wanderest:
What if some little paine the passage haue,
That makes fraile flesh to feare the bitter waue?
Is not short paine well borne, that brings long ease,
And lays the soule to sleepe in quiet graue?
Sleepe after toyle, port after stormie seas,
Ease after warre, death after life does greatly please.

—Edmund Spenser, *The Faerie Queene* (1596), I.ix.39-40

16 January 1997. In hindsight, it was only Jaime's urging and saying to me that she didn't think she could survive without me that prevented another serious and maybe successful attempt. Finally dragged myself out of the house and into the car and went off to the doctor (driving aggressively and sloppily: just my depression and general disorder, or another concealed suicide attempt?). I told him what kind of state I was in (in fact I didn't have to: he took one look at me and immediately decided to try another drug). I went off Aurorix and on to Effexor [venlafaxine].[19] In about a week I'd begun to return to something approaching normalcy (as far as I ever achieve it); Jaime remarked that for the first time in over a decade she recognized the man she'd married forty years ago.

May 1998. A surge of energy seemed to generate around March. I began to enjoy teaching again, invented a new course for the first time in years. I tend to be rather hypomanic while teaching; I go on and on in (what to me is) an amusing and slightly flippant way, find it hard to stop talking long enough to listen. May either be brilliant or talking crap, but my critical faculties cut out in these moods.

Went off to Edinburgh, Glasgow, Oxford and Cambridge in late April to lecture and see friends and colleagues, and maintained this kind of mood for most of the time. I seem to have got back much of the crazy and verbally wild spark I once had, and the lectures and (drunken, or even sober) interactions with friends went down well. Though still, after more than a couple of

[19] It's not uncommon for antidepressants to stop working; there's even a medical name for this phenomenon —'poop-out'.

hours in company, I'd feel a slight edginess and approaching panic, and I'd invent excuses to take a walk 'to clear my head', or suddenly get very tired (from all that travelling, you know) and go to bed.

Ran into a colleague in Oxford who I hadn't seen in ages, and we chatted about this and that, at our ages (sixty-plus) naturally about illnesses, who's sick in whose family. She'd heard about Jaime's cancer (in the academic world there's as little privacy as anywhere else), and I casually mentioned that I've found out I'm manic-depressive. She looked at me in a rather startled way and said 'You mean you didn't *know*?' The reason I was an effective speaker, as far as she could tell, was precisely that I tended to go into hypomanias in public. Why didn't anybody else notice? Or were they too polite to tell me? Or did they just assume that nobody could be like that without knowing? Or was the entertainment good enough value that it mightn't be wise from anybody's point of view to go poking about?

This trip was a success, which buoyed my mood. I managed to get rid of a number of old incubuses that had been my constant company for ages, while I wallowed in the depressive's characteristic intellectual constipation. Finished editing a volume about a decade overdue, got off writing a book I didn't want to, got commissioned to write some things I did want to. In a fit of mild elation I phoned Jaime from Cambridge, told her all the bits of good news, and how fine I was feeling. With her typical wry humour and knowledge of me and my condition she said 'Well, when you get home the shit'll hit the fan'. It hasn't yet, but both parties are still there, and they're bound to meet again one day.

September 1998. Off to Europe for more conferences, and a disappointment. Shit and fan have met. I'm more fragile and less controlled than I thought, especially at the manic end. Had a distressing experience in Cambridge; giving a paper at a conference, all of a sudden I found myself departing from what I'd intended to say, or rather capitalising in a bizarre and contentious way on parts of it, and once again watching 'myself' doing something 'I' (the author as it were, not the performer) thought was silly, off the point, and slightly embarrassing. The Other was back again. I launched into a long diatribe on a number of things only marginally related to my topic (though I did manage to establish enough of a connection so the audience didn't start throwing vegetables or looking at their laps). It was tasteless and out of key with the rest of the paper, even if thematically related, and I hadn't expected it at all. Managed to bail out before things really got absurd, though one of the other participants said 'Roger, that was over the top even for you'. For a while felt a bit phobic about going to conferences: what if it happens again, but worse? I suppose if I were on lithium this sort of thing wouldn't happen, but then again I probably wouldn't have written the paper at all, or at least it would have been duller.

October 1998. There was a long remission, but Jaime was right. The shit won't stay away forever. The Cambridge episode wasn't a really bad one, and was over quickly; but I wonder each day (probably unscientifically and foolishly, and fate-temptingly) when I'm going to 'pay' for my good hypomanias and levels with the mother of all depressions or manias. For some

reason good episodes evoke the economic metaphor of 'tradeoff'—as if there's only a certain amount of good mood you're allowed, and when you've exhausted your month's quota it's shit-time again. In the meantime, 'stable' (or 'resting comfortably' as nurses say when they either don't want to give information or haven't any). I retain this precarious condition with the aid of Effexor, Xanor, Imovane,[20] three or so litres of whisky a week and getting properly drunk at least every night, and 20+ cigarettes a day. I hope this regime will work as well as it has so far, medically dubious as it may be. But it's turned out to be necessary; some of us are creatures of habit, I seem to be a creature of addiction and pharmacology.

Does anybody alive now remember Tennessee Ernie Ford? Sometime in the 50s he recorded a song called 'Sixteen tons', which contained a description of the hero's fighting equipment that fits mine of my illness and addictions: 'One fist of iron, the other of steel/If the right one don't get you then the left one will'.

But you have to make sure that the right one *can* get you. There are strategies one learns or works out in this strange world. I've now accumulated enough in the way of second-best pharmaceuticals (the best are too hard to get hold of), and information on dosages and the like to put myself down if necessary. I rather doubt now if I'll have to; but the knowledge of this gold-hoard waiting is calming and makes the future seem brighter. The desperation that comes from knowing you won't be able to commit suicide relatively decently if the time comes is depressing itself; when that lifts, much of the worst of the depression itself does too. As the Boy-scouts say, 'Be Prepared'.

Late November 1998. Interesting how others' well-meant curiosity and concern about one's state produce either resentful silence or streams of verbiage. My friend M tends to worry about me. Not surprising. She's also ferociously intelligent, perceptive, humane and curious, and asks me things about myself that I'm not always willing to expose. She's also much more open to experience and less emotionally constipated, coldly rational, and morally absolutist than I am. And she has never been depressed, though her mother was. I can't remember now precisely what sparked off our November exchange, but on rereading the letters I find that some important points come out more clearly in this uncrafted dialogue than they would in an audience-free monologue. I think I may have made some flippant remarks about suicide, and my rotten family, and this set it all off. In a way the letters were a bit shocking, and clarifying: the arguments give a sharp picture of the barriers between the depressed and the 'normal', and the way a depressive personality can be so wrapped in its temperament and mood that the boundaries between intellect and emotion become blurred or nonexistent. It also says something about the relation of life-history to temperament and maybe to disease. These letters seem to belong here, a point where diary for a moment becomes dialogue and I see myself a little as one other sees me.

[20]Chemical name zopiclone, a hypnotic.

1. Dear M,

Glad I made you think. Depression is black, and because it's black, things are black and white. Does that make sense? Some manias are black too.

As for childhood, well I grew up in a small family with an ineffectual mother and a manic depressive father (as I now see, looking back and knowing more than I did then), and childhood for me is simply an image of cruelty, anxiety and desire for death. I find myself exceedingly surprised that I didn't commit suicide before I was 16 or so. And that I haven't yet. But that has taken work. Maybe this is upsetting; don't worry, I'm not in danger (if that's what it is) at the moment—though I can talk about the subject with some equanimity because I've been on the verge twice seriously, and a lot of other times less so.

Come to think of it, there's a whole world you probably (and luckily) don't know about: you'll find some unpleasant bits of new information in the book,[21] which doesn't pull punches. It was however very difficult to write the personal parts, as you might imagine.

You are the only person besides Jaime and one seriously depressed colleague I ever talk about this kind of thing with. You can take that as a compliment. I feel that whatever I say, however weird, you'll figure out a way of understanding it. That's a gift.

2. Dear R,

Your childhood sounds grim. I'm interested in perceptions of childhood, because I think that a lot of childhood misery, if it doesn't involve obvious things like physical abuse, is not actually recognised as such until afterwards. Children tend to take things as they come, and if not normal then at least as just the way things are for them. Intelligent kids will know they are miserable, frustrated, not regarded positively, denied things that make life enjoyable or even bearable, but may not figure out until their teenage years that this could have been different, or that it is not necessarily their own fault, especially if they are being told a lot of the time that it is. When the blame shifts from self to parent, then it's difficult to recognise that parental misery—for whatever reason—may also be to blame. Not that the recognition necessarily helps, but it can explain. Does your present realisation that your father was/is a manic depressive make you any less angry with him?

Do you remember your childhood as *only* ghastly? Your achievements involve intellectual and moral discipline that I think can only be built up from very early on. It suggests that some of the time or in some environments, perhaps outside the family, you were getting on with life pretty positively and, even if it functioned as escape, it argues for a personality made of stern stuff.

I'm glad you are not about to do away with yourself. Sometimes I have this feeling that if we can all just keep you talking and thinking you'll continue to have an interest in what might happen next. Which is probably, if we're honest, what keeps most of us ticking along and not doing away with ourselves. That and inertia, of course. I don't believe that for myself, I may say. I do actively enjoy life. I also have kids which makes a difference.

[21] M and I had been discussing the gestation of this book during the year, and I had sent her a few fragments of things I was going to put in, as well as general remarks on depression.

Thank you for telling me I understand. It is hard work sometimes [...] I'm trying not to let the things you say upset me.

3. Dear M,

I suppose at least some of my self-discipline comes from trying to avoid going mad as a child, as you say. Am I any less angry at my father? Even if my diagnosis is correct, no. He's a shit anyhow, above and beyond anything that might be mitigating, and I don't propose to do enough careful analysis to decide.

You don't really have to get into a tizz about me; strangely enough I can take care of myself. In fact an intellectual interest in what's wrong with me is one of the things that keeps me in reasonable nick, since at least I'm not (now—I was once) in a fog, and I can be 'clinical' much of the time.

4. Dear R,

I don't nowadays get into too much of a tizz about you. I worry if you go totally silent without warning, but then I'm usually more anxious that something might have happened to Jaime. Comes to the same thing really. You've succeeded in minimising the worry because you say you would tell me if I need to know, and I believe you. You may think it's hard to communicate your knowledge of what depression is like from the inside. But as far as I'm concerned you do a very good job of it. It all makes sense to me. But then for a non-professional who is also a non-sufferer I do probably think about it more than most. I find it very interesting and also quite revealing about the supposedly fully healthy mind too.

I'm sorry your father is a lost cause. Mine was wonderful. I miss him a lot, sometimes agonisingly.

5. Dear M,

I was reading this [letter 2] again this morning. Don't please get the feeling you have to 'watch over me', or keep up my interest by saying things so that Old R will hang in there. First if I caught you doing anything that obvious I'd tell you to fuck off, and second it isn't necessary. I'm not as fragile as you might think, & while I don't usually find life a barrel of laughs, I find parts of it very nice indeed, and don't intend killing myself at the moment. In fact as long as I can remain stable I don't think I will. Though of course if I do decide to (and it will be a decision, not a moment's frivolous impulse), I won't tell you in advance.

But that's not an issue: I'm not terminal, but quite stable if moodswingy as usual. Why am I telling you all this, painting the lily? I suppose it's because you seem edgy. Remember that suicide and quality of life are issues that intelligent depressives think about all the time. Life itself isn't anything so great—after all I'm only here because two people happened to fuck in 1936, and I didn't ask them to, not of course having been there till 9 months afterwards. No I am not suicidal at present, nor have I been seriously for more than a year.

Some day I'll explain this messy business to you, as it's very complex and poorly understood by people who haven't seriously sat there with a razor blade or 2000mg of amitryptaline and tried to decide if this was indeed precisely the right time.

6. Dear R,

I'm not exactly edgy. The word seems wrong in tone somehow. And I'm not complaining since it caused

you to explain further which was valuable.

By the way, were the two people who happened to fuck in 1936 proud of you? Did you ever know, ask or wonder?

I don't of course share your deterministic nihilism—if that's what it is. It's not that I think there is necessarily a 'purpose' to life. In fact I find that notion quite unhelpful. Life is its own purpose if at all. But I do think that part of what Homo sapiens carries in his genetic make-up and evolutionary history is a sense that he can make a difference (for good or bad) to the quality of life of other humans and other creatures. If that is an illusion, it's an illusion I'd rather have than the apparent alternative that nothing much matters. I imagine that the negative expression of what constitutes or gives point to life is stronger in you when you are down. Perhaps it then becomes an intellectual habit of description even when you are enjoying it more.[22]

The capacity for a particular person to make life bearable for a particular other person—whether they want to, or intend to, or even see themselves as willing to, or not—cannot be lost sight of. It is that I think that often makes survivors of someone else's suicide see the act as an ultimately selfish one. It isn't always so, of course. But it is always self-centred (in the broadest sense) because it doesn't give weight to any other connection than that between the self and life/death. As you might have gathered, I have had in the past—a long time ago—some experience of being such a survivor which I have never fully sorted out because much of it remains ambiguous and always will be.

7. Dear M,

Sure, suicide is in a sense ultimately 'selfish', but who owns your self other than you? It's also an expression of a kind of ultimate freedom: I never asked to be conceived or born, so I'm here under duress.

I've also been in the aftermath of suicides, in one case a 'rational' one, where the thought of the repetition of certain experiences that were bound to come was unbearable, and the other where the causation was more or less unknown. When it's serious it comes down to a matter of who you owe more to, yourself or others, and that can be difficult.

Jaime and I have of course discussed this in some detail, as the option is on the horizon for both of us. I know the kind of effect a suicide can have on survivors (why didn't I do enough, etc.); this is expected, normal, and irrational. You can *understand* a suicide if but only if you really have a gut feel for what it's like to want very seriously to die. You have to have found life utterly unbearable and been dreadfully upset at your inability, for one reason or another, to die, to get the full flavour. This is not being morbid, but coldly factual.

Back to family. Were the two fuckers proud of me? Yes, at times, but I couldn't care less. I have a very cold and hard attitude to them, or rather to the one who's alive. When my mother died, I actually went back to New York to her funeral (largely to avoid being disinherited, which is now almost certainly going to happen anyway, & I don't give a shit), but was totally unmoved by her death, only irritated at the mushy

[22] A beautifully perceptive (though at the time infuriating) remark. The 'emotional' and 'intellectual' interpenetrate anyhow, but in depression the boundaries get fudged, and you think you are being rational when in fact you are reflecting your 'standard' moods, even while not actually having them. They remain as a kind of natural clothing for everything you say and think regardless of how you feel.

undisciplined weeping Jews I was surrounded with. I had spent many years *in partibus infidelium*, and getting back to that East European hothouse was dreadful. Stayed in NY 36 hours and then shot off back to Edinburgh. Remember that old poem: 'If a man who turnips cries,/ Cries not when his father dies,/ 'Tis a proof that he would rather/ Have a turnip than a father'. More or less how I feel.

8. Dear R,

You are very vehement for someone who couldn't care less.

No one owns your self. Selves aren't subject to ownership. If you genuinely think that the capacity and 'right' to do away with yourself is ultimate freedom then you have a more naive idea of freedom than I give you credit for. Freedom and responsibility are not two different things. And responsibility is meaningless if it only comprises oneself. Nor I think is it ultimately meaningful to suggest that one has a 'right' never to have existed. It's to do with connections again and the inescapability of people being connected to you willy nilly. Tough but true.

I know you have a sense of moral discipline which is higher than most. But you have a defensive isolationism from other human beings which you don't seem to have from the rest of the natural world. I would bet that your responsibility to the animals in your care would give you pause before you decided to top yourself. But it's also pointless to deny the 'reality' and validity of any concomitant feelings. You've been in the aftermath of two different suicides. How did you feel? Accepting and matter of fact? Perhaps about the rational one. What about the one where the cause was unknown? Regret and mourning and loss are real and debilitating and incapacitating.

I'm not sure how much more I have to say on this at the moment. I do understand, at least intellectually, about the nature of depressive despair and how it can colour thought to the extent of instigating self-destruction.

Without being in the least jolly hockey sticks and pull yourself together about it, I would like to suggest that the healthy, stable mind/body combination does not normally have suicidal thoughts, and that while many people for many and complex reasons may have suicidal thoughts, the pursuit should be primarily of a way to create or recreate health, not be accepting of the 'rationality' or coldly factual perception of the good sense of suicide. The healthy psyche sees nothing rational in suicide and having the rational steps pointed out may well take them on board and accept them as a logical sequence, but finds it allowable to question some of the original premisses. I think it's better that you should talk about these things when you are not depressed because you are more likely to acknowledge that you are not just yourself an island, and that as a connected human being others' views on the matter (coming not from irrationality but from a different rationality) could just be worth consideration.

During this exchange it was hard to know whether to be irritated by her perceptiveness and prescriptiveness, or just intellectually interested, pleased she understood, or what. Is my self-image so far from my behaviour, so 'invented'? Whose clarity of vision counts? Or is it a case of you are right and I am right? And as usual, does it matter?

March 1999. Weather is lovely, typical Cape summer transiting to autumn. Suddenly out of nowhere the bloody wheel again. The internal climate escapes its usual match to the external. The moors are calm and sunlit, not black and stormy like my 3rd-rate Heathcliff imitation, the

sun shines indifferently when I'm immersed in near-terminal gloom, and when I'm not. Why do internal and external weathers fail so perversely to correspond, create a comforting symmetry? (Silly romantic question: a sign of my inner state that I can ask it without blushing.)

It's that time of year again, and I'm not the only one; my equally nutty friend L sends me an e-mail message:

> hello dear, how are you? strange days indeed. hysterically hot, & all sorts of strange undercurrents, overcurrents & middlecurrents. i've just been lying low like an overweight alligator in shallow waters. woke up on wednesday with a strange tiredness in my bones, a kind of weak tiredness [...] d'you ever get that? Have just been trying to sleep it off. it's an old familiar heaviness that hopefully will soon fuck off whence it came.
>
> my sleep pattern is somewhat screwed at the moment, & recently I've been experiencing occasional bouts of nocturnal buzzing (what is *that* about?) Last weekend i got up at 4 a.m. on Sunday & started writing emails. Have you noticed any strangeries with your neurochemicals? Perhaps it's an autumn-winter thing?

Black mind, white sun. Nature pursues its secret business without me. The natural world's indifference, its unconnectedness even when you're part of it, is never clearer than in the depths of a depression. Greenery, flowers, bees, butterflies, birds, sunlight become a personal affront. I am separated from them by a vitreous wall, as I am from wife, friends, music, life.

But autumn is coming after all, this peak of southern summer is a decline, the days shorten quickly, and my brain has decided to note *that*, not the beautiful things, which in any case are corrupted by my mood. The lovely little black butterflies that are Cape Town's icon of late summer fail to charm and signal the comfort of natural cyclicity, but wear mourning. Eggs pour from ovipositors, copulation thrives, making only new food for next year's predators. Cold drifts through the last heat of summer, and I think idly or perhaps not of my neatly stacked boxes of amitryptaline tablets, my dosage notes, my anti-emetic-and-whisky adjuvant package, first aid for Last Things. I fall asleep dreading the morning's waking half-dreams, my heartbeat is irregular, maybe I should give up my blood-pressure meds too, just to help things along?

The intricate loveliness of nature dissolves in the crunching of mandibles. Half-mantises blindly detumesce as their lovers eat their heads, paralysed spiders, now unsalvageable, have been dropped at random by depleted wasps. The depressed eye is elegantly selective.

I'd forgotten prophylaxis in the silly neglect of euthymia. Double your Effexor says Dr P, at least through April. I did, managing at first only to increase the side-effects and provoke black hypomanias, but then again the veil lifted, and there was 'I' after all, or one of me anyhow, under all that crap.

Late April, 1999. The weather holds. The breath that kills blows nearly in vain. I function, fail to lose my temper, my anxiety for the moment has decreased to almost nothing. For the first time in ages, on 150 mg Effexor daily, I manage to have stable mood for weeks at a time. Let's say

double Effexor plus yet more whisky. It's not the water of life for nothing:[23] for all its potential destructiveness it stabilises life and me.

18 July 1999. Whoops. Here we go again, this time up and upper. Past week or so unable to sleep much beyond 5, get up full of racing and not always coherent ideas, work through till lunch, feeling of pressure and anxiety that I can't get things down fast enough. Nervous and ticcy, slightly bad-tempered, but creative, able to spend ridiculous amounts of time sitting in front of the computer till my knees lock. Edit over and over, titivate, reorder, read three books at a time. Start writing verse, parodies of 18th-century heroic couplets, Yeats, Middle English poetry, Latin biblical pastiches including a psalm-fragment on my ulcer. Too many postings to Internet discussion groups on all kinds of subjects, including the size of lions' testicles and whether Neanderthals' burying their people and cats' burying their shit are symbolically equivalent.

Dr P had told me to start cutting down on my double Effexor dose, which I duly did, but I'm still wired and loquacious, twitchy but sort of happy in a nervy way. I feel as if I have some kind of movement disorder, everything I do is exaggerated, jerky, I delete things by accident, hit the wrong icon with the mouse, knock over glasses, spill painkillers all over the counter opening the container just a bit too grandiosely and fast, fast. Bang into walls turning corners, half-miss doorways. Drink during the day to keep my hypomania up, at night to help the sleeping pills get it down. Not comfortable, but better than 'normal', because I'm me again.

At times like this I think well any amount of shit is worth it, if only the slightly ambiguous good times were predictable, and if only I don't disperse into utter silliness, or fall off the edge into whichever of my private abysses is waiting. Today my obverse image is abysses not fans.

22 July 1999. Still manic, but now also depressed and irritable. Sleep completely fucked, one morning up at 4, the next at 8, next at 5. Engage in scholarly debates on Internet groups, satiric and disapproving, manage to conjure up cheerfulness with colleagues at university and while teaching, but come home and kick the dog (figuratively: it's my wife who gets it). Will no one rid me of this turbulent me?

Epilogue

Not long ago I was chatting with L; she's very like me in some ways, cycling from one or another absurd manic state to the blackest funk. We were, typically for gossiping depressive friends, exchanging symptoms—reminded me of a bunch of old ladies in a sauna showing off their hysterectomy scars. Got onto the subject of Dr Johnson's 'black dog' , and the next day she sent me this priceless e-mail message:

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[23] *Whisky* was borrowed in the 18th century from the Scots Gaelic *uisgebeatha*, literally 'water of life'.

> i was thinking about our black dog conversation. when you're feeling ok do you ever find yourself reluctant to admit to feeling ok? i have this theory that articulating ok sends an instant message to god's beeper. so there they all are: j.c., apostles, varieties of angel & god, hanging out, shooting pool, drinking a few beers, & the beeper goes. god says, 'oh, L just told someone that she's feeling ok, boys, we better nip that in the bud.' and god pokes L with a celestial cattle-prod. & the ok is gone.
>
> possibly, just possibly I'm a little paranoid; depression is a familiar animal, joy, contentment & the other major food groups are anxiety-provoking because of their tenuousness. oh, i suppose i should say 'apparent tenuousness'. which brings to mind a woody allen quote i find rather pleasing: what if everything is an illusion and nothing exists? in that case, i definitely overpaid for my carpet.

What an exquisite summary. Everything is encapsulated here: the watchfulness, the pessimism, the fear of 'punishment' for good moods, and above all the need—whatever other kinds of therapy you're undergoing—for a crazy and nihilistic sense of humour. I sometimes think the only things that keep me at all sane are irony, the struggle for detachment, and an anarchic and tasteless sense of the amusing. Here is the narrator of Thomas Bernhard's wonderful novel *Alte Meister*,[24] quoting one of the great depressives in literature, the bitter old man Reger:

> You have the power to make the world into a caricature, he said, the highest spiritual power, he said, which is the one power necessary for survival. In the end we can only control what we find laughable, only if we find the world and life laughable can we progress, there's no other, no better method, he said.

It's not always that easy, and for many—sadly—impossible. But it does help keep a good number of us alive and functional, if less pleasantly for ourselves and others than might be.

[24] 1988: 121-2. Bernhard's odd, repetitious style is almost impossible to render effectively in English, but this is pretty accurate. I'm indebted to Niki Ritt for giving me *Alte Meister* as a present, and telling me that if I read it I would understand Austria and Austrians. But as an unexpected spinoff, the book and its stylistic excesses also helped me understand myself in some interesting new ways. See chapter 7 for more on this remarkable book and some comment on depression as a style and rhetorical stance *vis-à-vis* the self and others.