The black hole of depression: a personal perspective

Helen M Tolhurst

Despite suffering bouts of deep depression at certain times of her life, Helen Tolhurst has survived to tell the tale. With the help of close friends and a caring and supportive therapist, she is learning to find a balance between pursuing her medical career and taking time out to relax and experience life's small pleasures **(MJA 2004; 181: 404-405)**

My first memories of depression are of black periods as a child during which I hated myself and would hide under the blankets at night, thinking that if I held my breath for long enough maybe I would die. Having had many further episodes of depression since that first childhood experience, I often think how fortunate I am to have been born in the latter part of the 20th century rather than the earlier part, like my grandmother. Not for the reasons that you might at first think — such as the convenience and ease of so many aspects of modern life — but because of the wonders of modern psychiatry. My grandmother (see Box) had her first "nervous breakdown" at the age of 17, when her favourite brother was killed at Gallipoli. From that time on, her life was punctuated by episodes of disabling depression for which she was admitted to hospital and often given electroconvulsive therapy. Her life was transformed by the advent of tricyclic antidepressants in the 1950s — at last there was an effective medication to treat her illness. Like me, several of my family members have inherited a vulnerability to depression, with which some of us have struggled for much of our lives.

Different events have triggered each episode of depression. There was an episode of feeling desolate and losing a lot of weight because of problems in a relationship in my late teens, but mostly I just got on with life, studied medicine, married in 1973, and graduated in 1975. We moved to Alice Springs in 1978 and soon had two beautiful daughters. However, all was not well. After returning to work when I had a 2-year-old and a 6-week-old baby, I found the struggle to balance work and family overwhelming and, after a miscarriage, fell into a black hole of depression. Because of past severe hyperemesis gravidarum, I had not wanted another baby and felt guilty about what I saw as my failures as a mother. I can remember thinking, as I drove around the town, that deliberately crashing into a telegraph pole would be a way out of the blackness. I felt as if I was desperately hanging on to life only for the sake of my husband and children. It is difficult for a doctor to seek help for mental health problems in a remote community like Alice Springs. I felt ashamed of my inability to cope and unable to talk to my colleagues about the desperation I was feeling. My practice partners were totally overloaded with work, and I felt that to tell them how miserable I was would just sound like whingeing. So I struggled through my depression, trying to hide how I was really feeling from those around me. Looking back, I sometimes wonder how I survived.

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A familial illness

A: The author's grandmother, who suffered crippling bouts of depression before the advent of tricyclic antidepressants.

B: The author enjoying life, with the help of antidepressants and a supportive therapist.

Recognising our need for family support, we moved closer to my parents in 1984. Again, just getting on with life, I bought a general practice, while my husband worked as a teacher and our girls started school. But, feeling torn between work and family, I slipped again into the black hole of depression. Help was now more readily available, and I saw a psychologist who suggested I take antidepressants. Too embarrassed to consult any colleagues, I committed the cardinal sin of self-medicating.

By 1995, I realised that, although I had always loved general practice, I was completely "burnt out". I sold my practice so I could pursue interests in research and teaching. However, there were now problems in my marriage and difficulties coping with the needs of my teenage daughters and the demands of a stressful situation at

work. For 6 months I scarcely managed to sleep more than 3 or 4 hours a night, waking in the early hours of the morning, feeling completely alone in the darkness, tortured by black thoughts. I felt guilty about my inability to cope with work and family life and my failure to be the perfect doctor, perfect wife and perfect mother. There were also conflicts at work that recalled past unhappy times during my childhood. As I woke each morning, I felt like a wrung-out rag and it took enormous effort to get out of bed. By this time, I had admitted to myself that I needed professional help. I recovered from this episode of depression with the help of a psychologist and antidepressants prescribed by my general practitioner. The tremors, sweating and increased appetite caused by the antidepressants were a small price to pay for relief from the depression. For the first time, on the advice of my therapist, I took some time off work when the depression was at its most severe.

Although I was relatively well by now, I realised that just wishing to remain so would not make the depression go away. I needed some long-term expert help. Finding a psychiatrist with whom I felt comfortable and confident was more difficult than I had anticipated. I was initially referred to a senior psychiatrist who had an angry and aggressive manner and, without taking a proper history, told me to stop taking the antidepressants, at a time when I was quite suicidal. I think it can be difficult for psychiatrists to find the right balance between empathy and professional objectivity, and I found some psychiatrists so distant that they made me feel as if I were carrying some sort of contagious disease. But at last I found a skilled, caring doctor, who treats me like an intelligent human being and is empathic and understanding about the pain I feel. Thanks to his help, I have recovered more rapidly from subsequent episodes of depression.

Recently, after almost 30 years of marriage, my husband and I separated, and, grief-stricken, I plunged again into deep depression. As I worked my way through many past hurts, I wept and wept until I wondered why I wasn't dehydrated. The wound inflicted by the end of my marriage is slowly healing and at last I am well, but I know now that staying well will take more than just medication. There are many things I need in my life to manage my depression: loving, supportive relationships; the right balance between work and other parts of my life; enjoyable work and leisure pursuits; regular exercise; meditation; and even the company of my cats. I am still learning how much work I can manage, having recently courted a relapse by working 7 days a week for 3 weeks. I need to anticipate stressful events in my life and think about ways to best cope with them. I am learning to be kinder to myself. I am coming to accept that for me there will be side effects with a therapeutic dose of medication.

Hoping to reduce the stigma that members of the community and even the medical profession attach to depression, I am now more open and honest about my condition. The responses of my colleagues to this vary. Some who also have depressive illnesses welcome the opportunity to share their experiences with a fellow depression sufferer, while some offer support and sensible advice. But others react with awkward silence, or rapidly attempt to change the subject with looks that say "Don't mention the war". I wonder why they find open discussion with a colleague about her experience of a mental illness so difficult. Is it so different from diabetes or asthma? Do they think emotional difficulties are too private and personal to discuss with a colleague, or do they really see depression as a manifestation of weakness that I could overcome if I tried a bit harder to "pull myself together"? Still, I continue to hope that being more open about my illness will make life easier for my family members who also suffer from depression.

If I had had some say in the matter I would never have chosen to have a depressive illness — yet, at the same time, I don't regret it. There are two reasons for this. The experience of depression has given me some understanding of the pain my patients suffer when they descend into that black hole, and has made me more able to be empathic about their illness. And emerging from the blackness into normality, which sometimes seems like dazzling light, I have discovered joy in the smallest of life's pleasures.

So, how can a depressed doctor find much-needed help? For me, a supportive relationship with a therapist has been one of the most important factors in getting well. Sometimes you may know of a GP, psychiatrist or psychologist whom you like and trust, or about whom you have heard good things. Sometimes it requires enormous effort to take that first step in seeking help — but you can't, and shouldn't, treat yourself. If you think you need professional help, don't hesitate to seek it. If you don't know someone appropriate you may prefer to contact an organisation such as the NSW Doctors' Health Advisory Service (tel: [02] 9437 6552; website: www.doctorshealth.org.au) that can refer you to an appropriate therapist. There are other helpful resources, such as the *beyondblue* website (www.beyondblue.org.au) and the book *Beating the blues*, by Tanner and Ball. But paramount in recovering from depression is the help of a competent and caring therapist.

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