
"Lately I've been thinking about the allure of suicide again." Thus begins the vivid account of Daphne Merkin's life-long depression. She is probably best known for her wonderful writing in *The New Yorker,* as its talented literary reviewer for several years. *This Close to Happy* was written to explain her experience with depression to a wide audience and perhaps teach us a bit. From the book jacket, "This is a book for all those who know nothing about depression, and for those who know too much."

Merkin quotes herself with some tortuous thinking: "You shouldn't, you should have, why aren't you, there's no hope, it's too late, it's always been too late, give up, go back to bed, there's no hope, the day is half gone, no, the day ahead is too long, there's so much to do, there's not enough to do, everything is futile, and there is no hope."

Any depressed person might ask from where all of this painful thinking might have come. Family has a great influence. A few Merkin family circumstances: her parents had survived pre WWII, but left Germany as soon as they knew it to the Holocaust. Daphne was a middle child with five siblings, all born within nine years. She had been anxious and depressed as far back as she could remember. She cried at the slightest cause. It was all just too much to blame herself and hate herself with no understanding of why she felt so bad and with no help from anyone. She described her parents as cold and distant.

In Daphne Merkin's telling, it sounded as if her family, particularly the parents, were repelled by her unhappiness and could not cope with it. Her mother would say, "Your tears don't move me." Her siblings might say, "Can't she just get it together?" "You like to be sad." "There she goes again." She was left with her self-hate and an unrelenting feeling that she was at fault because she was inadequate.

The parents hospitalized Daphne at age eight for diagnosis. With typical insensitivity, they didn't tell her of their plan until the day she was admitted. Daphne was tested in terms of her environment (this was in the early 1960's). Concepts of environmental causes of mental illness were dominant at that time, but another theory regarding psychiatric treatment was beginning to take hold. Researchers were finding that mental illness had physical/biological causes. Symptoms and mood states could be improved (Continued on page 3)
Ask the Doctor with
David Hellerstein, M.D. and Li Faustino, Ph.D.

What should I look for in a good therapist? How do I know if I am in the right hands?

This answer will vary from person to person. Since each patient-therapist relationship is unique, it is hard to make a guide to find the right therapist except going on how you feel. However, in order to narrow down the search, you might ask people in groups or others with your diagnosis, if they know anyone they like. You may look at the therapist’s website or on-line profile and see if you like how they present themselves on-line and if they have experience with the areas you need. Also, you should consider their location, if you can afford them or if they take your insurance. Talking on the phone or meeting with a therapist for an initial appointment is a good idea to help you decide if you think you can work together. Lastly, just make sure they are licensed with a degree such as a PhD, PsyD, LCSW, MD, etc.

I suffer from anxiety disorder. Are there holistic strategies I can use to minimize the symptoms?

There are a number of different types of anxiety disorders, the most common being generalized anxiety disorder, panic disorder, and social phobia. Mainstream treatments for these disorders include psychotherapy, especially cognitive-behavioral therapy (CBT), and medication, sometimes used alone and other times in combination. Beyond those treatments, there are other approaches that help many people with anxiety disorders, and which are often combined with medication and CBT. CBT often includes training in breathing-relaxation techniques, and muscle-relaxation techniques, as well as the use of various types of guided imagery to help treat anxiety. These approaches are also commonly used in various meditation practices, particularly mindfulness meditation, as well as in various types of yoga. The discipline and regular practice of relaxation techniques can be helpful for managing anxiety symptoms, and often yoga or meditation can help make CBT (or medication therapy) more effective. Other things that can be helpful for management of anxiety are approaches to improve sleep, avoiding excessive alcohol and stimulant use, and regular exposure to morning light (or use of a light box in the mornings). These various types of holistic strategies, and others, can help to normalize biorhythms, which can reduce overall levels of stress, and can induce what has been called a ‘relaxation response.’

Ask the Doctor  Send your questions about depression and bi-polar illness to newsletter@mdsg.org Questions will be answered by a psychiatrist or psychologist as appropriate and as space permits.

News of Note

From the Brain and Behavior Research Foundation (www.bbrfoundation.org), where the full news release can be found.

The risk of postpartum depression (PPD) is more than 20 times higher in women with a history of depression, compared to women with no prior depression diagnosis, according to results from the largest population-based study of postpartum risk factors to date.

Bipolar disorder’s effects on mood may stem from a suite of genetic risks which together cause brain circuit changes that increase vulnerability to the disorder, new research suggests.

In people with bipolar disorder, certain parts of the hippocampus are smaller than they are in people with major depressive disorder and in people without mood disorders.
Reader’s Corner with Betsy Naylor

(Continued from page 1)

by chemicals. Thus began Daphne Merkin’s lifetime of better living through chemistry. These pills gave her some relief, but periodically she would think her troubled mind would be cured by suicide.

The following took place at one of those times. It comes from the memory of her interview with an admitting psychiatrist:

“Why it was crucial that I kill myself. I didn’t care anymore what caused my depression, I said, who or what was to blame. I felt exhausted by the effort to explain what seemed self-evident: there wasn’t anything to do but kill myself. It was a siren call I had been ignoring for too long and the time had come to heed it. I was prepared to be dead, I announced matter-of-factly.”

Although both parents were as cold as refrigerators, Daphne particularly struggled to gain approval from an indifferent mother. As she grew up, she was bound up in a love/hate relationship. She wanted to get away from her mother, but at the same time Daphne felt she could not function without her so she lived at home until she married in her late 20’s. The birth of her daughter Zoe was followed by a long hospital stay for post-partum depression.

Thoughts of suicide were never far from her thoughts. She knew the details of all the suicide methods and she wondered which one would be best for her. Daphne Merkin admired Virginia Wolff, a fellow writer who put enough stones in her pockets to drown when she walked into a river.

Over some years Daphne turned a corner - no hospitalizations in eight years (as of her book publication), less torment and fewer suicidal thoughts. After considerable resistance, she underwent ECT. In her telling, her life became better slowly, but she does not explicitly attribute this improvement to ECT.

During the hard times and the OK times, Daphne Merkin is a well-known literary critic whose vivid writing appears in several periodicals. More often now, she tells us, she feels the pull of life; pleasure in things she had not noticed before, life’s enticements - and gratitude for all those who had "kept her tethered to the earth."

“There would be new books to read, new films to see . . . I had things I wanted to say." "Who ever thought I’d be this close to happy."

New Books

