

# Reclamation: How I Am Surviving Depression and Using the Illness to Elevate Others

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**Abstract:** Roughly 25 million people suffer major depressive breakdowns annually. Depression is predicted to supplant cancer soon as the second leading cause of death in the United States. This narrative is a young social worker's reflection on his bout with clinical depression, how he used it to empower others by founding and directing a grassroots support organization (GSO), and how he reclaimed his health. An unabashedly candid piece, this story inherently combats depression's stigma, adds texture to the usual list of depressive symptoms, and illustrates that real-world grassroots tactics can empower others. This narrative also explores the process of helping and being helped and the people involved in these processes. Both general community members and helping professionals alike can combat depression and other mood disorders by being open about this illness and embracing productive grassroots tactics.

**Keywords:** depression, mood disorder, suicide, bingeing, substance abuse, therapy, grassroots support organization, GSO, helping profession, social work, self-care, non-profit.

*For my family, a confederation of love, and  
for Roger.*

This story started half my life ago. It is about my illness, but the larger narrative has ostensibly been with humankind from our beginning. Five to eight percent of American adults suffer at least one major depressive episode annually, and depression is predicted to supplant cancer soon as the United States' second leading cause of death (Duckworth, 2013; Horwitz, Briggs-Gowan, Storfer-Isser, & Carter, 2007). Many people with depression painstakingly wonder why they're ill and how to be healthier and seek help. I knew, or had some hazy sense of, my own answers, but I either didn't want to face them or I couldn't. Understandably, many people's stories are hushed up by social stigma and fear. I, however, will share mine—I would be shouting it from a mountain top if I could—because too many people are needlessly suffering from an illness that is far too commonplace to be so vastly under-addressed. What follows are instances of self-sabotage, hurt, and pain. Depression was the culprit, but the actions were mine. They are what can happen when this illness is treated like a harmless passerby rather than a ne'er-do-well lurking in the shadows. You will also see as I did, however, that depression can be used to elevate others.

## Struggle

No single factor causes depression, though the scientific community maintains that it is rooted in a person's environment and biology and that it is experienced across demographic lines (Duckworth, 2009; Duckworth, 2013). Passed down to me from my family tree in Italy, depression was waiting within my chromosomes and cells. When it surfaced, it consumed me like an unforgiving plague. Eighty to ninety percent of people diagnosed with major depression can be treated and live more or less as they wish (Duckworth, 2009). However, from my diagnosis at 15-years-old to when I was roughly 20-years-old, I thought, like an untrained sprinter trying to chug past a well-conditioned opponent, that I could defeat my depression without the necessary hard work.

My first depressive breakdown occurred in Boston, where I moved after a few semesters at a college near home. The brisk autumn evening was accented by fallen leaves that crackled beneath my feet. I coaxed an older co-worker into buying beer for me. I said it was for a party, but secretly I knew I would doubtlessly get drunk by myself while reading the short stories of Raymond Carver, himself an alcoholic. I achieved my goal and then stumbled down the avenue to the restaurant where I worked. I don't know why I went there, perhaps unconscious self-destruction, but I was fired on the spot. I was angry and

confused. So what if I was drunk? It wasn't during my shift. What the hell was wrong with *them*?

I trudged back to my apartment, where drunken-depressive irrationality enveloped me. I decided that my personal library had exceeded its usefulness, and, clearly, the best way to discard it was to throw it book by book out the window. Perched on the radiator, I carelessly tossed Hemingway and Steinbeck and Carver to the sidewalk. I looked at the new John F. Kennedy biography my mother sent me and wondered, "Am I becoming *Ted Kennedy*?" To hell with the Kennedys. Out it went! A couple, arm-in-arm, stopped to see where the cascade of books was coming from. Outside the next morning, a man fixated on the literary hodgepodge asked me the same thing. I said I didn't know. That was that.

After a miserable year, I quit Boston and retreated to my parents' basement. I was deeply depressed and untreated. Depressed males are apt to suppress their emotions, potentially aggrandizing anger, aggression, and substance abuse; risky and addictive behavior likely increase too (Duckworth, 2009). Thus, the looming question wasn't *whether or not* I would have another breakdown but *when and how*. My friends were receiving their diplomas. I had a menial job and emotional scar tissue. I felt like a failure. Virtually every day, I obscured my pain with food like one would try to smother a ceaseless fire. My once slim, athletic frame succumbed to obesity. The basement, a veritable cave with a tiny corner window, became my sanctuary. Everything I needed—my bed, a desk, a couch, a table facing the TV—was in place for my ritualistic behavior. I would hurry out of work, buy food for two, and indulge inside the cave. At 22-years-old, this lifestyle's perversely elegant rhythm satisfied me.

I eventually entered a period of irritation-infused alcohol binging. For weeks on end, life was a continuum of sleep-work-eat-drink-repeat. If my parents

said "Hi" (how *dare* they), I would offer distancing exclamations like, "I *just* want to be left *alone*!" If someone called down to the cave, I would hurl beer bottles across the room to accentuate my rage. Then, one cool summer night, the *when and how* were answered. All of my beer consumed, I hastily assembled a suds-soaked yet ingenious plan: I would walk to buy more and then continue walking indefinitely! I dotted through the suburban neighborhood. Imbibing as I went, my jaunt's debauched nature just didn't register in my submerged mind. I disregarded the colonial church whose spire reached ceaselessly to heaven. The passers-by who were wholesomely enjoying the evening didn't matter to me. I continuously ignored my parents' anxious text messages. Finally, with a bag of click-clacking empty bottles by my side, I returned home. My father confronted me by the door. My parents' love for me was exceeded only by their befuddlement. They thought I would kill myself. Who would live like this? My uncle drank himself to death—would their son do the same? Their instincts weren't off. More than 90% of suicides correlate with depression, other mental health illnesses, and substance abuse, and the year that this episode happened suicide was the tenth leading cause of death, taking nearly 35,000 lives (Moscicki, 2001; National Institute of Mental Health, n.d.).

Later that night, my now glassy-eyed mother bravely came down to the cave and said, "We're taking you to the hospital." I thought the whole notion was laughable, and I ignored her. She wouldn't leave, so I acquiesced to what seemed like a charade. Of course, this wasn't a joke—95 million hospital emergency department visits were made by U.S. adults in 2007, 42.7% of which were ascribed to mood disorders and 22.9% of which were alcohol-related problems (Owens, Mutter, & Stocks, 2010).

At the ER, my mother informed the doctor that I was suicidal. After a battery of tests, continuing what I thought was a game, I signed the admission form for 5 North, the hospital's version of a medieval chamber for the socially unfit. Dressed in a hospital gown, I was

wheeled to a place that epitomized lifelessness: a sterile décor, listless patients, worn-out staff milling about.

The next day, after group sessions and meetings with doctors, I retired to my room. My roommate was standing at the foot of his metal-frame bed with the Bible opened, his head arched back, and his arms extended like the Rapture was approaching. He was talking to God. This confirmed that my admission was not a joke, and, insofar as I was concerned, that I didn't belong there. I was depressed, but *these people* were sick! I ducked my oblivious roommate's reach and scurried to the bathroom. Peering into the mirror, I slicked back my thick, greasy hair with a sharp part convinced that its lustrous appearance proved that I was in the wrong place. I had to leave. After 48 hours in 5 North, a doctor finally signed my papers: AGAINST MEDICAL ADVICE. I didn't care. I was going home.

Now, to be forthcoming with you (there won't be much to hide when we're done here anyway), my early-to-mid-20s weren't a continuously bleak period. Depression, with its peaks and valleys, doesn't work that way. When my symptoms lapsed, I thought, like I did after my diagnosis, that I could live without intervention or like I didn't have an illness. I managed to complete a few political internships and political science courses, and a state senate campaign hired me when I was 25. I even had a romantic relationship. These were positive happenings, sure, but my life was a veil of togetherness hiding a grandiose ego. See, grandiosity obscures depression, and the illness is buttressed by this grandiosity and by fantasy, both defense mechanisms against depression. Depression itself is a reaction to the painful loss of individualism and self-efficacy (Miller, 1980, p. 64).

We lost the senate campaign, and I lost a potential staff position. My girlfriend and I broke up. I slid into yet another valley and returned to menial work until I was hired by another campaign at the beginning of the

following summer. Untreated and consequently too depressed and irritable to handle the hustle and bustle, I was fired by August. I idled until January when a local government project took me on as a project director. This was a boon to my confidence, so the grandiosity returned. What reasons did my unreconciled psyche have not to perceive successfulness? I often wore a suit to meetings with important elected officials. I had an office adorned with framed fine-art prints. I was portrayed in the local papers as a commander of good government reform. At a political fundraiser, I even met and talked with the governor and stood beside him during his obligatory speech. But this was not reality; instead, it was more akin to a fantastic Hollywood role. Behind this disguise, I was still living at home, was unhealthily overweight, had few friends, and wasn't in therapy or taking medication. I was fired after a year because my unbridled depression contributed to a mismanaged relationship with my director.

But, shortly after I was sent packing, *it* happened—yes, *it!* The truth about my life emerged as a grand epiphany, an orgiastic burst of emotions like a cannon's boom or a thunderous blast! Was it being fired again? Did some mental switch finally just click? Serendipity, perhaps?

Whatever it was, at 27—roughly 12 years after my diagnosis—the seemingly perpetual mist that obscured my self-image finally subsided, and the most vivid vision of reality appeared. Every thought and emotion suppressed over the years welled up inside of me like crested waves frozen in time. The painful reality of navigating this discovery set in. Each night, I was relieved to go to sleep because everyday was a terrifying mishmash of self-loathing, panic, and racing thoughts: *Had I been a bad brother and a bad son and a bad friend and a bad boyfriend? How much life did I waste? Did I do anything right so far? Would my heart explode? Who was I?* I needed direction and I needed answers. I urgently made a plan.

There was no time to waste, for I felt all I had done was waste time. Without a broad vision, I began a journey somewhere, traveling carefully

on the currency of hope.<sup>1</sup> Although vulnerable, unnerved, and desperate, I reentered therapy unabashed about my tumultuous feelings. My clinician kept me uplifted. It didn't matter that my journey didn't fit society's existential prescription because, as he often assured me, "there are many ways to get to Florida." I also offered emotional reparations to the people I felt I hurt, which, of course, was also an attempt to repair my self-image. For example, I asked my brothers, 7 and 9 years younger, respectively, to come down to the basement. Perplexed, they sat, what seemed uncomfortably, on the bed. I was at my desk, anxious and fighting through tears. I needed them to hear me acknowledge my illness and my fraternal shortcomings and, despite my actions, that I loved them. They assured me that I didn't owe them an apology and that it was all okay, but I laid out the changes I was making in my life. The past was unalterable, but I was sorry, I loved them, and I was going to do better. I was at the mercy of my illness, but now I was changing, and I needed whoever would listen to know this.

I also re-enrolled in college. My program comprised independent studies, most of which I took with one particular professor. Determined to graduate, I drove each week to an old stable house converted into a college. My life was raw and scattered outside of school, but inside my professor knew, and greatly supported, me as a driven, intelligent student. After three semesters, I had amassed a near-perfect GPA and even spoke at commencement. I asked the graduating class,

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<sup>1</sup> If you're wondering how I kept getting hired, you're asking an important question. When it was time to clean up, interview with a crisp resume, and convince my interviewer that I was the right man for the job, I shined in those 45 minutes. People with depression may tell white lies (i.e., I'm feeling well today, life is great, etc.) or omit unpleasant truths to avoid everyday pain and stigmatizing feelings, but we may also offer self-sustaining lies. In my case, I said what I had to for jobs.

"Whatever you do with your future, how will the determination you used to graduate make you a better person for yourself, your loved ones, and those in your community?" and I advised them that they "may surpass even the achievements represented by their presence here today" if they remembered the following French proverb: "Audacity, audacity; *always* audacity." I asked that question and offered that advice as much for myself as I did for them. I would soon start graduate school to study social work. I was in a relationship again. My journey was taking greater shape, and my life—yes, my life—was blossoming!

### **Elevating Others**

Depression devours life, but, paradoxically, it can also nourish an existentially profound worldview. For instance, Abraham Lincoln exemplified this "depressive realism" (Alloy & Abramson, 1979). Some people with depression need to fight against something. Lincoln fought to preserve the Union and abolish slavery during the Civil War, and depression was perhaps his greatest asset. Shenk (2005) wrote that "the suffering he had endured lent him clarity and conviction, creative skills in the face of adversity, and a faithful humility that helped him guide the nation through its greatest peril" (para. 34).

I was convinced that my return to therapy and impending graduation were signs that I had achieved recovery. It was time to pay forward the support and good fortune I had received. I founded, and continue to direct, a 501(c)3 grassroots support organization (GSO) to elevate others beyond their mental health challenges<sup>2</sup>. With the proper resources and support, health and recovery were attainable. The stigma against people with mental illnesses was—*is*—society's misunderstanding of human biological imperfection.

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<sup>2</sup> Seed funding came from this writer and from a generous donation by a member of our board of directors. Sustained financial support has come through fundraisers and private donations.

I also figured, who better to direct such an organization than someone who is living with depression and has experienced the gamut of mental health services? After my diagnosis, I was existentially disoriented, and I didn't know how to explain it to my friends and loved ones. Professional help had shown its precarious nature (a therapist once fell asleep on me midsession). In 5 North, the social worker asked me where I had last attended school. When I replied, "Harvard University," she looked at me incredulously, as if I told her Magellan's circumnavigation was a hoax and she better be careful on the edge of the earth. "The Harvard University?" she asked. And, why shouldn't she have—a person with a mental illness is *of course* intellectually deficient! I knew what self-reconciliation with a diagnosis felt like, how hard living with a mental illness could be, and that the potentially harrying nature of seeking services could deter people from possibly life-saving help.

Like depression's impact on Lincoln, my experiences guided my vision. The organization embraced the general GSO model: to empower marginalized people to lead healthier lives with actionable resource information and self-advocacy yet without continued outside intervention—all while providing the uplifting and indispensable support they deserved (Boglio Martinez, 2008, para. 5; Lane, 1995, p.184; Brown, 1991, p. 808; Daubon, 2002; Chambers, 1995; Slocum & Thomas-Slyter, 1995).

Our team of mental health professionals and I provide educational outreach to sufferers and people whose loved ones may have mood disorders<sup>3</sup>. Our cost-effective, workshop-style modality, called Info Talks, generally goes as follows: one of our mental health professionals and I go to a venue where I explain to the audience why I started the

organization, hopeful that my self-disclosure defuses any tension, breaks the ice, and creates some camaraderie. The professional then presents on mood disorders in plain language for 20-30 minutes (and, if requested, any comorbidity such as drug and alcohol abuse). Last, we have a question-and-answer session that generally becomes a dialogue among audience participants.

We literally "meet the clients where they are." Info Talks occur in spaces like the audiences' schools, social service agencies, and similar places. This spacial familiarity hopefully yields greater comfort. Importantly, we bring the information to the audiences. To find useful and reliable information on the Internet, especially for those unaccustomed to research, can be vexing. We bring in a professional, answer the audience's questions in real time, and distribute a list of local resources for services beyond ours, such as support groups and therapy. Would this down-to-earth, realistic approach have helped me earlier in my life? I'm not sure, but the following two instances (of many) speak to the promise of our approach.

The director of *Next to Normal*, a play whose protagonist is a woman with bipolar disorder, invited us to help his actors better understand and appreciate their characters' struggles. After we presented, one of the actors flagged down the doctor and me as we walked through the rain-slicked parking lot.

"I just want to thank you," he said.

"Of course. It was a pleasure and we hope that the talk helped you," I replied.

"N-n-no," he stammered. Then he looked at us with abysmal sincerity. "See, I have depression. None of the other cast members know, so please don't tell them. But, I wanted to thank you. *I feel less alone*. Keep up the great work." We shook hands and off he went. We had been thanked before, but never like that.

Our work that evening had an instantaneous impact. Other times, however, affecting

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<sup>3</sup> Our standing Committee on Mood Disorder Information comprises a medical doctor, a psychologist, and a licensed social worker, all of whom have specific training in or practice within mood disorders.

someone takes longer. A middle-aged man interested in volunteering e-mailed me during the winter of 2011. I suggested he write a narrative for “Profiles of Courage,” our web site’s section for people to share their stories. He just wasn’t prepared to be open about his depression. I understood, of course. A year later I unexpectedly received a message from him: “I’m ready.” He submitted a gritty, honest piece that detailed the self-consciousness, fear, and struggle that mood disorders caused his family and him. “I am out of the shadows, courageously living my life anew with a great sense of who I am,” he wrote. “I hope that my story, which reflects the challenges of so many, might help others in their journeys. Perhaps my story will encourage them to come to terms with their own illnesses and give them the courage to live healthier.”

### **Reclamation**

You may think that after my epiphany and new successes that my blossoming life became a sweetly-scented bouquet of prosperity. However, if I had ever truly developed control, then I lost it the spring before graduate school when I chose drugs to blunt my unresolved pain. I fit right in with the roughly 20% of Americans with anxiety or mood disorders who also struggle with alcohol or substance abuse (Agency for Healthcare Research and Quality, 2007). Not only did I withhold my drug use from my clinician, but I quit working with him. Appearing as a grown man, I was still living in my childhood home. I was selfishly consuming the medicine that liberated my parents from their own physical ailments, and it was all too easy—a cabinet in the charming suburban kitchen housed tiny, semi-opaque orange cylinders filled with the promise of happiness and optimism in mere minutes.

The ritualism returned, and my days revolved around “escaping.” Just like the food and alcohol binging, this escape was depraved yet graceful to my deluded mind. I became not just an abuser, but a hypocrite. Let’s take an evening the non-profit addressed a social

services agency about the co-morbidity between drug abuse and depression. A demographic patchwork of clients squeezed into a circle with the agency’s counselor, the non-profit’s doctor, and me. The clients had to be there, yet we were there as good Samaritans. As they spoke, I felt like a fraud. I could not elude the incontrovertible truth that the clients were me and I was them, all of us struggling and in need of help. At the end of the evening, we applauded their honesty and encouraged their pursuit of recovery. Then, at home, I cowardly cast aside the truth and slipped into my escape.

My abuse continued into the summer. I relished the resolute sun like God placed it in orbit just so I could feel happier. When I coupled this warmth with my chemical escape, I felt like the golden orb was not far off, but was instead radiating within my very bones. In late August, I sashayed into social work school with this fabricated jubilation. Although autumn dulled the sun, I went home every night anticipating my encapsulated escape. By mid-semester, my middling academic work hinged nightly on an inner battle between sprawling out on my couch in drug-induced euphoria and hitting the books. Digesting Paulo Freire’s *Pedagogy of the Oppressed* is demanding enough sober. Sitting limply at my corner desk beneath the lamp’s meager light, I would sometimes attempt to read: “In dia-di-a-lec-ti-cal thought, the world...” Wait. “...the world and action are int-intimately interdependent. But action is human only when it-it-it is not merely an occupation but also a preoccupation that is, when it is not Di-chot-o-mized from reflec...tion” (Freire, 1993, p. 35). Most nights I chose the couch.

Naturally, my field work suffered too. I had been placed with high expectations at a community center. My supervisor said she read my resume and thought, “I have to have him here!” The drug abuse only exacerbated the inherent field challenges. I progressively arrived at the center late. I conducted one intake assessment sloppily and then simply failed to appear for the next one. I soon showed up spottily to facilitate adult day care programs. This was not just surprising but intolerable.

When my supervisor confronted me, I opened up to her. She was receptive and supportive, but the center's and clients' well-being took precedent. My future was jeopardized, more so than I realized—had I used drugs at the center, I would have automatically failed that semester. Luckily, I managed, with improved work, to finish, but “I have to have him” became “I'm sorry, but you're just not welcome back.” My life choices led me to a forked road. There I was. One path demanded courage, character, and pain but led to recovery. The other one surely led to personal and professional oblivion.

Now, this is where I can be—must be—explicit about the necessity of helping professionals caring for themselves. Of course, many of us enter our lines of work inspired by those who helped us; but, as emotionally resilient as we may be, we are susceptible to the same afflictions our clients face. Each opportunity we don't take to prioritize our health jeopardizes our capacity to uplift our clients and communities. So, at the forked road, I chose the first path because I had to. Enough was enough. I reached out for a new therapist (whom I still see today). Without mincing words, our work together salvaged, and perhaps saved, my life. He contended that I could achieve recovery, but only through diligence, patience, and honesty inside and outside of his office—the necessary hard work I avoided for years. There was no “this is too damn hard” option, and there wasn't any looking back.

Whereas other therapists and I didn't mesh or didn't invest the proper work, this therapist and I developed a synergy of love and determination. He took the time to know me as a person, not as a DSM-rendered symptomatic list or a history of mishaps. He recognized my pain and acknowledged my errors yet pronounced my potential—the potential every person has to maximize his or her abilities. I wasn't just a patient on his list, but a priority in his professional life. I had never had a clinician call from his Hawaiian vacation just to ensure that I was doing well. And, not only did he meet me where I was,

but I met him at the critical point of where he needed me to be. As winter 2013 thawed, my drug abuse abated, but I still periodically relapsed. Over the years, my dissociation had stunted my maturation, suppressed my feelings, and enabled my idle existence. Living in my parents' basement fostered my drug use and ritualistic life. I needed to move out, but I was concerned about supporting myself financially as a student. My therapist respected this practicality; however, one session he looked into my eyes severely and declared: “If you stay there, Andrew...you're dead.”

I didn't disagree. I still had to finish the current year. I switched placements and shifted from the clinical to the community organizing track. My academic work and field practice began to thrive. The improved spring semester was capped off by a project that carried over into June. My colleagues and I organized an event for macro practice that drew students (as well as practitioners) from over a dozen schools. This summer was entirely different from the prior one. I parlayed my academic success into personal achievement. By this point, I had quit drugs completely. I hiked trails and kayaked the bays and harbors by day and ran the high school track beneath the moonlight. And, I will never forget the brightly burning June day that symbolizes my reclamation. I paddled my kayak beyond the moored boats into the open harbor. I removed from my shorts four oblong pills. I shook them in my hand like dice, and I looked at each one as if it encapsulated all the years of abuse, depression, and struggle. Then I tossed each pill, one at a time, into the water's abysmal darkness, and I kayaked onward. I was no longer a victim of depression but a person managing his illness.

In the fall, I moved into an apartment with two incredible people, who quickly became close friends. I was flourishing academically, and I was a leader at my field placement, exploring my practice abilities unfettered by a deleterious lifestyle. In September, my colleagues and I unexpectedly won a national student award for the June event. The award was to be given in Dallas in November. I volunteered to make the trip, which was in itself a personal victory. The

prior November I was mired in drug abuse—now I planned to fly across the country to accept an award and sit on a panel with social work professors to discuss the importance of enhanced macro education. But I didn't stop there. My tactical self-awareness was buzzing, and I knew I could make this trip special. With the support of a mentor, I rented a car in Dallas after the conference. I drove beneath the crystalline stars hanging over New Mexico to Arizona, where the sun blazed down on the palm trees. I kept going through northern Arizona's pines up to Salt Lake City, where the Jordan River courses and August canyons frame the land. I stopped at a half-dozen social work campuses along the way to present on the project's importance. A year before, I couldn't show up on time to my field placement 20 minutes from home; now, I was giving talks over 2,000 miles from my front door.

What's next for me? Well, when I was in Utah, a professor from the social work school put me up for the night. We talked at her living room table, articles and books appropriately strewn about. "What are you passionate about?" she asked. Taking her question to heart, I paused. "I'm passionate," I finally said, "about helping others find their passions in order to improve the world around them." I nodded my head in affirmation. This summer I will start my doctorate in social work, the next step in my journey towards further elevating people

### **Conclusion (or Beginning)**

That, in brief, is my story. I have never been so forthright in its telling, but I wanted you to know it because Donne (1999) was right that no man is an island (p. 103). Just as the clients in the group were me and I was them, some of you reading this are me. People you know and love are me. When we share our stories, our hearts become tenderer and our wills become stronger in battling depression. Admission of depression's reality, however, is not sufficient. If we are ill we must be a people of action, not rhetoric, of resource, not excuses, and be willing to suffer failure and

pain to obtain our most precious resource—our health.

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