RANDOM HOUSE eBOOKS

Fighting the Black Beast

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Contents

About the Book

Sadly, no one can wave a magic wand over your head and remove your depression.

Caught in a downward spiral of negativity the victim of this very common disorder may consider suicide as the only answer.

However, the author has found a self-help method that really works. Having overcome his own depression he now offers you his “Eight Point Plan” as a life-line.

This book shows that the dark world of depression is largely a self-created hell, and the downward spiral can be reserved. Recovery is at last made possible.

This book offers you a powerful weapon against the “Black Beast” of depression. It offers you the means with which to fight and overcome it altogether.

Fighting the Black Beast

Overcoming your depression

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Introduction

DEPRESSION IS AN ILLNESS, not just a state of mind. It is not something you can pull yourself out of overnight, although people who gaily tell sufferers to “pull themselves together” and “cheer up” seem to think so. Of course you want to cheer up, who wants to be depressed? But you don’t know how to go about it.

Just trying to be cheerful in the midst of acute depression is useless. Much, much more needs to be done to drive away the dark clouds that have thrown a shadow over your life.

I have been depressed, and I still suffer from it, for it is a chronic illness you have to learn to live with, much like diabetes and arthritis. I have also known quite a number of other sufferers so it is an illness I am all too familiar with.

Depression is like a black cloud hanging over you, blotting out the sun. It is like being alone in perpetual twilight, with a nameless fear gnawing away inside you. The world appears to echo your mood, all the colours fading to grey. Grey buildings, grey streets, grey skies, grey people. When the sun does shine it appears to be mocking you. Depression is a sort of living death where all vitality and enthusiasm for life has been sucked out of you and you are left empty and drained.

Robert Frost in “The Death of the Hired Man” said:

“And nothing to look backward to with pride,

And nothing to look forward to with hope.”

Another view of depression is given by Sara Teasdale in “The Broken Field”:

“My soul is a dark ploughed field
In the cold rain;
My soul is a broken field
Ploughed by pain.”

In depression there arises within the sufferer a yawning emptiness. The future is a dark unknown that seems to offer nothing other than deepening despair, and the past is a nightmare full of ghosts that come back to haunt you in the early hours of the morning. Death is ever present – a spectre that lurks in the shadows of your world, beckoning to you with a skeletal hand, urging you to give up your struggle and accept defeat. Everything has become pointless and hopeless. There is no pleasure in life, only pain.

Other people’s happiness is like an insult to you. You hate Christmas and weddings because you cannot bear to see other people so happy while you are lonely and miserable. You may find yourself thinking, “Damn them! I hope something really horrible happens to them to wipe that superior grin off their smug faces. Then they will know what I’m going through.” Bitterness towards anybody who is happy is common in depression and is one of the most destructive aspects of the illness.

Weddings can be avoided, but Christmas is an annual nightmare that must be endured. If you are unemployed or living on the breadline Christmas seems to have the sole purpose of mocking your poverty. Jewellery shops glittering with golden gifts so far beyond your means that the prices are a joke. Electronic goods you could never afford in a million years. You don’t celebrate Christmas any more

because you do not have anything to celebrate, do you? And all these happy people just make you feel more alienated than ever. Tragically, many people commit suicide around Christmas time.

When life becomes more frightening than death then suicide may be seen as the only answer. There are two forms of suicide; the “token” suicide and the completed suicide. Token suicides are more common in women than men, while in men a suicide attempt is more likely to be successfully completed. The token suicide is a “cry for help” and the person is saying to the world, “Look how unhappy I am. Look how desperate I have become. Now will you take me seriously?” She doesn’t really want to die – just ruffle a few feathers and make people take notice of her. She is careful to ensure that she is found, and may even tell people she is going to attempt suicide.

The methods chosen for token suicide are usually overdoses or slashing the wrists. My aunt, a lifelong depressive, phoned me one morning and just said, “I’ve got some tablets in my hand and I’m going to take them.” I got the Samaritans to keep her talking while I rushed over, only to find her smiling and saying, “I feel better now.” She had achieved her objective and had all the attention she wanted.

The completed suicide is more usual in men. In this case, the person really wants to die and takes pains to ensure that he will not be interrupted. He locks himself away – or goes to some lonely place – and coolly works out how he is going to execute the suicide and then goes ahead with it. He may or may not leave a suicide note. I knew a farmer who appeared to be quite normal and level-headed, but this was merely a guise to hide a deeply troubled soul. One day he just walked out to his barn and hanged himself.

It is important to recognise the warning signs and know when suicide is being contemplated. Never take threats of suicide lightly. Sit down and talk to the person and offer

your support. Show you genuinely care. Hints of suicide may come in some carefully chosen words, such as, “It would be better for everybody if I wasn’t here”, or “Nobody cares if I live or die”, and finally, “I can’t go on”.

Unfortunately, the all to common response is, “Oh don’t be silly.” The depressed person is not being silly. They may be deadly serious. Such unconcerned brush-offs may actually make the person more determined than ever to go through with it because he or she believes nobody cares. Never mock a suicidal person, and NEVER make them feel guilty by saying things like, “How can you do this to me?”

What a potential suicide wants more than anything is for somebody to reach out to them with open arms, offering love, friendship, and a sympathetic ear. It is not necessary to say anything other than, “It’s alright now, I’m here” and *BE THERE*.

Sooner or later a severely depressed person will be sent to see a psychiatrist. Now while psychiatrists undoubtedly help some of their patients, they cannot wave any magic wands. Stubborn cases may be admitted to hospital and even given ECT treatment. The problem is that once the patient has lost control over his or her own mind, they look to the psychiatrist for a miracle. When that miracle does not happen they lose faith in the medical profession and may get more depressed than ever. Then strong drugs are used and these make the world seem even more unreal and even more nightmarish than it already is. The psychiatrist’s big mistake is that he (or she) imagines his methods are infallible and will not admit he is defeated. He prefers to make the patient feel it is his fault!

Psychiatrists do tend to specialise to the detriment of the unfortunate patient. For instance, the patient may first be sent to a psychiatrist of the Freudian school who interprets all his problems as being the result of an overbearing mother or repressed sexuality. Then when this line of treatment fails to produce results, the patient is sent

to a psychiatrist of the Jungian school, who dismisses everything the first psychiatrist said and makes a new interpretation of the patient's problems. Next the patient may be sent to an Adlerian psychiatrist and so on. You can guess how confusing all this is to the patient, and in the end, with some justification, he may dismiss all psychiatrists, saying that none of them have a clue.

Patients on psychiatric treatment must realise that psychiatrists can offer a sympathetic ear, and some guidance, but they cannot cure you. In the end you will realise that you must cure yourself. And that is where this book will help you.

Anyone suffering from nerves or depression will be prescribed some form of medication. In the past barbiturates were popular, and then the benzodiazapines such as Valium, Ativan and Librium. These were highly addictive drugs and have caused more problems than they have cured, although people with acute anxiety do need something. Never take benzodiazapine drugs in regular doses every day or you will become addicted to them. Take them as infrequently and as erratically as possible so your body never has the chance to develop a craving for them. Also, reduce your dose to the absolute minimum. I have taken 5 milligrams of Diazapam (Valium) once a day, although I quite often miss a day, for many years and have not become addicted to them. I believe this is only because I ignored the doctor's original instructions to take one three times a day which would have led to addiction.

There are alternatives to tranquillizers. Herbal preparations such as Lanes' "Quiet Life" pills are very good, and contain non-addictive herbs. Passiflora tablets are also an excellent natural remedy. Then there are herbs such as chamomile, scullcap, valerian, lime blossom and hops. Many of these are in the herbal tables, but they can be bought separately as dried herbs or tea bags. A severely anxious person would be well advised to avoid stimulating

drinks such as tea and coffee and drink these herbal teas instead.

If you are on drugs of any kind, remember that the drugs themselves may contribute to your symptoms and make you feel worse, not better. There may come the day when, drugged up to the eyeballs, and faced with admittance to hospital and ECT treatment, you call “enough” and decide to take charge of your own life and try to cure your depression yourself. This is the time to begin the following Eight Point Anti-Depression Plan.

The Plan is based on esoteric and alternative principles as well as conventional ones, so some parts of it may seem strange and appear to have nothing to do with depression, but bear with it! Everything that is included in the plan is there for a very good reason.

I believe this is the first time a treatment for depression (and to a lesser degree anxiety) has been devised that uses esoteric principles. I can only say that, like acupuncture, although we do not fully understand how it works, it works! There is nothing to lose and everything to gain, so go into the Plan with an open mind and the determination to succeed and banish depression from your life once and for all.

CHAPTER ONE

KNOW YOUR ENEMY

MILLIONS OF PEOPLE have had their lives wrecked by nervous illness. All too often it is dismissed as a ‘‘trivial” problem, when in fact it can be as debilitating as cancer and just as worrying for relatives. In the case of depression it is just as life-threatening due to the ever-present risk of suicide.

Depression is no respector of persons and attacks people of both sexes and in all walks of life. There is evidence that it runs in families, and that there is a gene for it hiding within the forty-six chromosomes that make up a human being. It can therefore be looked upon as a congenital disease – that is, it is present at birth.

While anyone can become temporarily depressed – if they suffer a bereavement for instance – severe long-term pathological depression is something else, and it is present all the time, summer or winter, rain or shine. In chronic depression there is always a dark cloud hanging over you, a shadow on the sun, a nameless fear gnawing away in the pit of your stomach, and a feeling of hopelessness and unreality.

Depression can lie dormant for many years like a sleeping volcano, only manifesting as an unusually “sensitive” disposition, and then some crisis releases the Black Beast and it overwhelms you. The trigger can be a bereavement; a physical attack; a car accident; the loss of a

job; hormonal changes in women, or even the birth of a baby.

I knew one middle-aged lady who was perfectly all right until an over-zealous dentist removed all her teeth. The loss of her teeth prevented her eating properly and no dentures ever seemed to fit her without causing pain. She began to drink to numb the pain and gradually she became deeply depressed. Eventually, in spite of medication, psychiatric treatment, and weeks in a mental hospital, she drank herself to death. It might seem illogical that the loss of one's teeth should result in severe depression, but this case is by no means unusual.

The genetically depressive person is balanced on a knife-edge, and it doesn't take very much to push them over onto the slippery slope that leads ever downwards, through deeper and deeper depression, to suicide.

A man I knew, always a good conversationalist, and apparently full of enthusiasm for life and the kind of person described as "a tonic", changed completely after a car accident and became deeply depressed. From being the life and soul of any party, he became a recluse, hiding in his bedroom when visitors called so he would not have to see them.

The event that acts as the trigger does not have to be particularly earth-shattering – it can be something that a less sensitive person would take in their stride. The menopause for instance can cause depression and/or anxiety in some women, while others sail through it without any problems. The important thing to recognise is that depression is an illness that is genetic in many, even though dormant, and it could flare up at any time into full-blown illness. Anxiety too is probably genetic, and must be accepted as part of your make-up.

Depression can take several forms. The victim may be weepy and withdrawn and without any interest in normal activities, or periods of deep depression may alternate with

“mania” – periods of wild excitement and frantic activity, when the brain seems to be racing and overflowing with ideas. Manic-depressive illness has affected some very famous people – Van Gogh being the most well known. In the manic phase great things can be accomplished, if the victim manages to control his rush of ideas and get something down on paper. But in the depressive phase he feels utterly worthless and all his work seems sub-standard. Creative people are often affected by manic-depression, and there is, in fact, some evidence that creativeness may be associated with the gene that carries depression, so that the two are genetically linked. This is a nice theory as it comforts the creative sufferers among us. It does not, however, explain all cases of depression, since not all sufferers are poets or artists.

Another kind of depression that has only been identified in recent years is known as “Seasonal Affective Disorder” or SAD. This is very interesting as it is a purely chemical upset in the body, and it only causes symptoms during the winter.

What happens is this: Deep within the skull there is a tiny gland known as the pineal gland. This gland contains cells which are similar to those in the retina of the eye and are sensitive to light. While the light sensitive function of the pineal gland is only fully developed in lower mammals it seems to play a part in the regulation of the oestrus cycle in many higher mammals, and may function in humans as part of our hormone system and as a regulator of our “biological clocks”. The functions of the pineal gland and its sensitivity to light in humans is still not fully understood however, and even “Grays Anatomy” was disappointingly vague about the pineal gland. What is known is that the pineal gland secretes a hormone called melatonin, and abnormally large amounts of this are found in people with SAD. Light suppresses melatonin and with it the symptoms of SAD. What has probably happened is that some people

are unable to cope with the low levels of light and short daylength experienced in winter. Human beings remember, are tropical animals and SAD isn't found in the tropics.

The SAD sufferer is perfectly normal during the summer months, but becomes increasingly lethargic and depressed as winter approaches. The sufferer may become so ill that he/she cannot continue working. SAD victims are luckier than most of us because there is a very simple cure – full spectrum light. "Light-bathing" twice a day under this special light will prevent the symptoms entirely.

While SAD is a specific illness in its own right, I believe that most victims of depression suffer from a small degree of this light sensitive malady, and "light-bathing" may be beneficial to all who are prone to "winter blues". SAD or no SAD, the importance of light as an antidote to depression cannot be overestimated. More about this later.

Anxiety can be a separate illness, or it can be mingled with depression. Acute anxiety is a state of perpetual tension and fearfulness. The sufferer cannot calm down, and "nerves" rule his/her life. Often there is a feeling that something terrible is about to happen – a continual dread of some unknown catastrophe. This feeling is caused by the "fight or flight" hormone – adrenalin, and it is the constant flood of adrenalin that gives rise to the classic symptoms of anxiety – palpitations, trembling, muscle tension, and churning of the stomach. In the long term anxiety can lead to many other symptoms such as headaches, stomach ulcers, irritable bowel, even cystitis. All these symptoms lead to more anxiety as the sufferer imagines they are due to disease.

Anxiety sufferers are frequently referred to as "neurotic", by friends and relatives, and they may become hypochondriac, imagining all kinds of serious illnesses. The hypochondriac is desperately trying to explain his or her very real symptoms, so the palpitations become heart attacks, indigestion becomes stomach cancer, and