

Living with depression: Why I might never be 'cured'—and it's okay

In some people, the chemical imbalance and genetic predisposition of depression may be irreversible, so one should learn to adapt to situations rather than insist on overcoming them

Philippine Daily Inquirer · 15 May 2018 · C1 · By Alya B. Honasan @Inq_Lifestyle

Just when you think you're free, this sneaky, insidious illness, depression, can throw you a curve ball. I had been on a low dose of my antidepressant for almost six months now, following my doctor's advice. Although she makes no promises of ever weaning me off it, normalcy can sometimes make you think you've finally beaten the demon. After all, I survived Christmas!



Like with most meltdowns now, I saw this coming. A combination of recent events—realizations, goodbyes, reminders of loss, and the unrelenting pressure of caring for a demanding, aging parent—left my nerves frazzled. Then, the familiar sinking sadness at the end of a long day.

Commenting on my Facebook posts over a grueling period, a friend said, “Did you just have a weekus horribilis?” “More like a fortnightus horribilis,” I managed to joke back. “It’s been a couple of weeks!”

Then, true to the illogical and hypersensitive nature of clinical depression, it took something absurdly minuscule to push me over the edge: an unsatisfactory facial. (Note: The trigger can be absolutely anything—but it’s just the proverbial straw that snaps the camel’s spine in two.) Because of an internal communication problem, the staff in this skincare clinic chain I used to patronize omitted a much-anticipated treatment, despite my multiple reminders that I had scheduled one—not the best thing when you’re stressed, looking forward to a treat, and feel-

ing fragile. So, I gave them a piece of my (not- so- right) mind—and within minutes, I had sunk into deep sadness.

Running away

Thoughts I hadn't entertained in a while were soon dancing around in my head— fantasies of running away, leaving the country, disappearing, and figuring out some way to end my life without really doing it myself. Yes, all that because of a minor customer service failure—a fabulous mountain from a little molehill of vanity.

That's when I sought my doctor's permission, as we had agreed to do if I was feeling off, to increase my dose for a while. I wanted to prevent a total meltdown.

What am I saying here? Bear with me; I'm sharing information (again) that some people might not be comfortable with, so that other depressives experiencing the same thing can be reminded that this sh__t happens to us (because we're special, haha).

1. Some people, I believe, don't ever get "cured" of depression; they just learn to manage it, some better than others. In my case, I think I'm doing okay, except that some extended stability led me to think that maybe, I was getting permanently "cured"—not quite an accurate term.

It's like hoping to be completely "cured" of juvenile diabetes or a congenital heart problem—it's more a matter of changing lifestyles than chopping the erring organ off.

In some people, the chemical imbalance and genetic predisposition of depression may be irreversible, so one should learn to adapt to situations rather than insist on overcoming them.

Sounds like a cop-out? No, it's the gentler way out, and one I'd rather take, no matter what people say. They're not the ones waking up with a lump in their throats and chains weighing down their hearts.

2. The sooner I fully accept that I may be on medication for life—since they aren't frying my brains (although some people still insist they are; really, I'm way beyond worrying about that now), and they're not deathly expensive—the sooner I can be at peace.

Yes, I do know people who have graduated from medication, or have found healthier, more ingenious ways to deal with the illness—and I say, with all sincerity: good job. I also know people who are still afraid to take it; someone I know felt ashamed and self-indulgent about taking antidepressants. Well, he was put on suicide watch for a couple of days after he finally went back to his doctor —not how you would treat a bit of self-indulgence, right?

I've gotten used to the stuff, and today's medicines are cheaper and have less powerful side effects.

Yes, it would be great if I could stop popping them, but if that means having to endure the full force of this mental illness—in spite of trying every possible natural remedy I could get my hands on—then I'll keep my happy pills in there with my vitamin C, thank you.

Morbid daydreaming

3. Don't be alarmed, but the fact is, some of us depressives will always fantasize about suicide, even if it will stay just that: our morbid version of daydreaming.

Then again, it is a fantasy, because although many of us will never do it, we sometimes wish we could—it seems like such a bloody relief. It's that painful.

Depressives who are still walking and talking and being productive and compassionate to others are among the strongest people I know, because the pain can be unimaginable for someone who doesn't understand.

Take my word for it; it's not emo, angst, drama or hugot.

When it's real and unmanaged, depression can kill even the most promising, once-joyful young people.

If you still don't know that, you don't know what's happening in the world, and haven't been watching the news. (Although I don't blame you.)

Again, please don't panic. Like most fantasies, suicide is something many of us depressives will never get around to acting on.

To be clear: some people do act on it, though, or are almost there—and this is where understanding depression and accepting what's happening to depressed loved ones can truly save them.

One grandparent I heard of insisted on an MRI, and not a psychiatrist, for her despondent teenage granddaughter, because “walang ganyan sa lahi natin.”

So, to grandparents, parents, partners or siblings still in denial: please get over yourselves, and to hell with “what other people might say.”

Some people are born with missing chromosomes, heart valves or sensory functions, and still manage to survive and thrive.

Depressives are born with brains, neurotransmitters and serotonin supplies a bit awry; combine that with a challenging life and difficult relationships, and you have someone fighting a daily battle that you don't see.

Someone recently told me she couldn't believe I was depressive, because I was so, uhm, active. (Well, so is a volcano.)

My goal in life used to be to be called a “former depressive.”

Now, I think “a depressive who's learned to live with the illness” is more admirable. But “a depressive who still manages to be happy and grateful” — now, that is something to always aspire for.