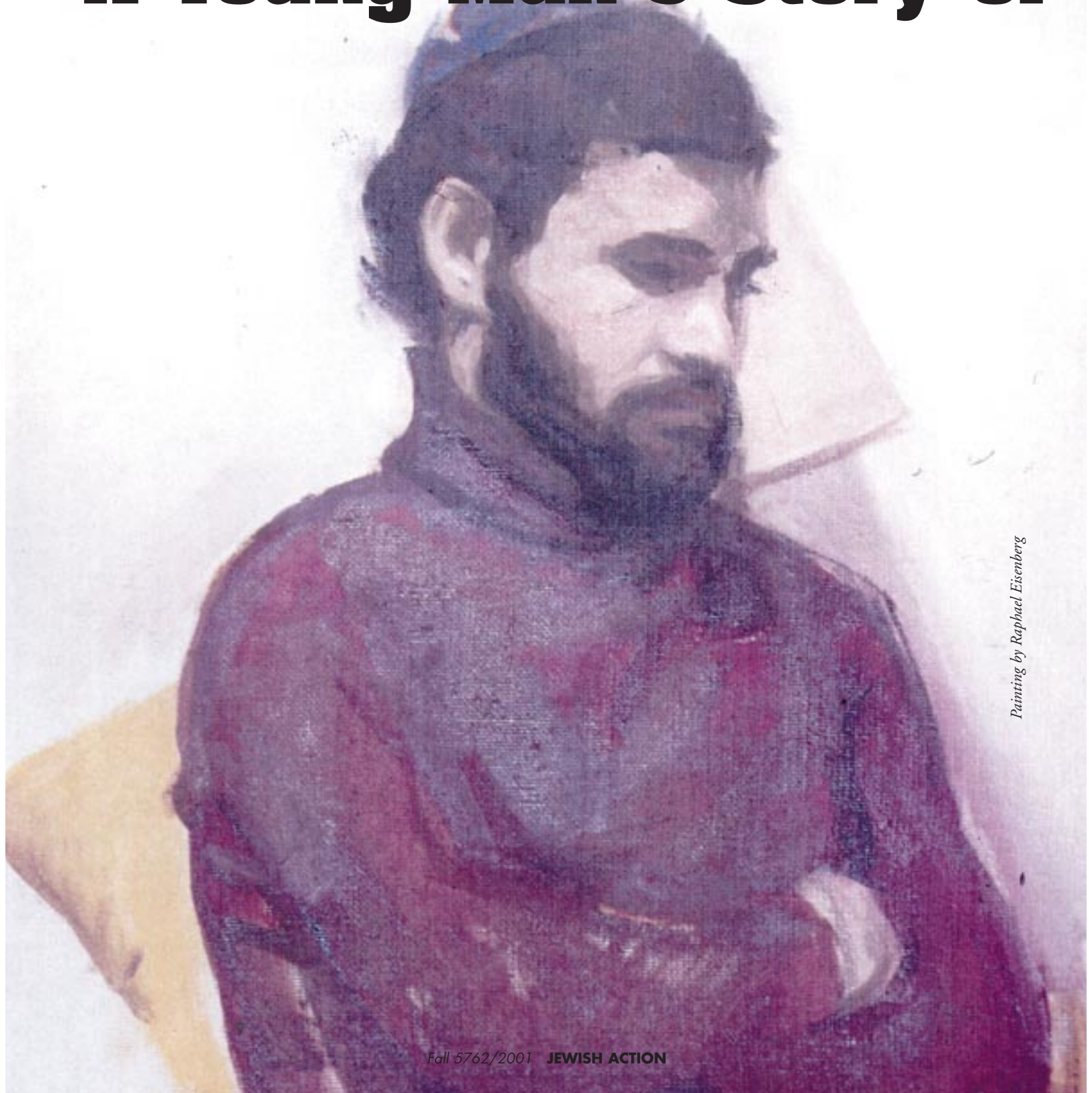


DIMENSIONS

A Young Man's Story of



Painting by Raphael Eisenberg

OF TORMENT: Surviving Depression

By Nathaniel Helfgot

The fall of 1996 was an exciting time in my life: I had just started a new job coordinating the Judaic studies curriculum for Maayanot, a fledgling new high school for young women in Teaneck, New Jersey; I was teaching a few classes at Torah Academy of Bergen County, a local boys' yeshivah high school and I was continuing to lecture at Drisha Institute for Jewish Education. My days were admittedly hectic. However, since my college years, I seemed to thrive on a full schedule, and truly enjoyed being exposed to different places and various populations. I had just returned to New York after spending a wonderful sabbatical year in Israel. While I was still single and looking for a soul mate, I was not particularly unhappy about my life situation. I thoroughly enjoyed my profession, considered myself a successful educator and felt fortunate for the opportunities I had to teach young people and help foster Torah growth and commitment.

Yet, about two weeks after school broke for Sukkot, I began feeling irritated and unhappy for no apparent reason. Overnight, it seemed my jobs were no longer a source of deep satisfaction for me. Instead, I found them overwhelming. I lost my appetite and began sleeping less and less. At one point, I went through three whole days without sleeping at all. What was worse, whether or not I stayed in bed, my mind would race about uncontrollably and refuse to shut off. It was impossible for me to concen-

trate. I couldn't *daven*, learn Torah or read a book or newspaper. I could not focus on any activity for more than 20 or 30 seconds.

I started to lose interest in all things. Eating was no longer pleasurable; I ate simply because I realized I had to in order to function. I lost ten pounds. Life's major and minor pleasures meant nothing to me. As I grew more anxious, I began feeling incapable of being able to teach or effectively communicate an idea to anyone else ever again. Here I was, a successful young teacher, recognized as a Jerusalem Fellow¹ having won awards for teaching and pedagogy, feeling that I needed to quit my job today, not next week or next semester, but today, because I was worthless and could no longer teach or learn.

Ultimately, I came to understand what was happening to me: I was suffering from what is clinically termed "unipolar" or "major depression." The term "major depression" should not be confused with the colloquial use of the term referring to feeling "blue" or unhappy after a setback or rejection. (See box at the end of the article for the clinical symptoms of depression.) These temporary feelings of dejection and unhappiness are experienced by all of us at one time or another. These experiences are rarely debilitating or cause for worry. Major depression, however, is accompanied by physical and psychological symptoms for a sustained period of weeks. According to the most reliable studies done to date, depression hits close to 20 percent of the population at sometime in their lives. Furthermore, depression is an equal opportunity affliction, attacking rich and poor, men and women,² old and young, Jew and Gentile, *frum* and non-*frum*, layperson and rabbi, *baal habayit* and *rosh yeshivah*.

Moreover, the pain experienced by the depressive is real, intense and, in many ways, indescribable. As William Styron cogently noted in his 1990 breakthrough account of his own depression, *Darkness Visible: A Memoir of*

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Madness,³ “If the pain were readily describable, most of the countless sufferers from this ancient affliction would have been able to confidently depict to their friends and loved ones some of the actual dimensions of their torment, and perhaps elicit a comprehension that has generally been lacking; such incomprehension has usually been due not to a failure of sympathy but to the basic inability to imagine a form of torment so alien to everyday life...”

In another passage Styron writes of depression: “It is not an immediately identifiable pain, like that of a broken leg. It may be more accurate to say that despair owing to some evil trick played upon by the inhabiting psyche, comes to resemble the diabolical discomfort of being imprisoned in a fiercely overheated room. And because no breeze stirs this cauldron, because there is no escape from this smothering confinement, it is entirely natural that the victim begins to think ceaselessly of oblivion” (50).⁴

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tyron further notes that

in relation to most physical pain we are conditioned from youth to bear it, because there is always almost some recognition of the coming relief via an operation, medication or some form of therapy. Our optimism, therefore, except in the face of the most chronic and debilitating diseases, often remains. In depression, however, “this faith in deliverance, in ultimate restoration, is absent. The pain is unrelenting, and what makes the condition intolerable is the foreknowledge that remedy will come...more pain will follow...One does not abandon one’s bed of nails but is attached wherever one goes...it is a *despair beyond despair* [emphasis added]” (62).

That November, I came to the realization that I would have to stop working. Maayanot scheduled its first open house for a Sunday morning. The night before I did not sleep again. In desperation, early that morning I contacted a therapist a friend had recommended, described my situation to him and received a prescription for Ativan, an anti-anxiety drug. Before the open house, one of my friends tried to console me, and told me that if I couldn’t make a presentation, I should just let it go. “People will understand if you call in sick.” But I didn’t want to let my colleagues and the school down. Mustering every ounce of energy in my body and soul, I somehow managed to go and do my part. Later, I picked up my prescription and within a few hours, was significantly calmer. That night I slept more than four hours for the first time in two weeks. Ativan, however, is not recommended for long-term use because of its potential for creating addiction and dependency. The next day, I called in sick and went to see a therapist. Shortly thereafter, I was put on Clonazepam, an anti-anxiety medicine, which controlled some of anxiety

and apprehension that are often the by-products of depression and insomnia. I remained on this drug for a number of months until I no longer needed it.

In the days that followed, I met with my various employers, told them the truth about my situation, and tearfully requested a prolonged leave of absence. I could no longer teach at this point and needed to be free of the stresses and demands of daily work. To their credit, my supervisors, Mrs. Esther Krauss, Ms. Faye Safran, Ms. Nina Bruder as well as Rabbis Yossi Adler, Tzvi Grumet, and David Silber all responded with empathy and compassion as well as respect for my dignity and privacy. (In a later, milder episode, Rabbis Dov Linzer and Avi Weiss responded similarly.)

The next few weeks I spent long hours with my therapist, talking about important issues and waiting until Paxil, the new anti-depression medicine I was on, kicked in. One of the newer cousins of Prozac, Paxil is effective in regulating the brain’s serotonin levels. Serotonin is one of the chemicals involved in transmitting impulses between nerve cells in the

brain. According to neurobiological and chemical research, depressed people use up serotonin more quickly than others. Medications such as Paxil, as well as Prozac and Zoloft, slow down the reabsorption of serotonin. Known as selective serotonin reuptake inhibitors, these medications help maintain stable levels of serotonin in the brain.

I was still agitated and full of nervous energy which had nowhere to express itself. One morning at 5:00 A.M. when I couldn’t sit, think or read, I simply got up and walked up and down the 16 flights of stairs in my apartment building. I did this until 5:45 A.M. when my local gym opened and I was able to ride a few miles on the stationary bicycle. Another morning, I felt so wound up, I simply walked nearly 60 blocks from my apartment on 96th Street and Columbus Avenue to Port Authority on 42nd Street and Eighth Avenue. I arrived when the bowling alley opened and proceeded to bowl for two hours straight.

During this period, I was blessed with the strong support of my family and true friends and roommates who tried to be helpful though they did not always know what to do. One friend took me to a movie to “cheer me up.” But unlike one who is “feeling down in the dumps,” one with clinical depression will not be cheered up by a movie or a meal. With depression, the mind has been seized and distorted. No pleasure is experienced at events that usually give one joy. Friends, family and even therapists can rarely do anything to help you, except to be there to make sure you do not make any unwise decisions and try to assure you that eventually the medicine will work and the melancholy will lift. This, I should add, is no insignificant thing. Last year, I spoke to a former student, a wonderful

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young *ben Torah*, who suffers from bipolar disorder. He told me that for three years he went through extraordinary anguish until they found the right combination of medicines that worked for him. Throughout his ordeal, his therapist continued to encourage him, letting him know that the light was just around the bend. He told me that if he had known then that it would take three years to find real relief, he probably would not be here today. I knew exactly what he meant.

I was fortunate enough to be able to confide in my friends without ever once hearing the horrible advice of “just pull yourself out of it” which, of course, is impossible for someone in the throes of this neurological and physiological nightmare. It is no more possible for the depressive to emerge from his depression than for the cancer patient to will away his tumor or the diabetic to magically lift his own insulin level by wishing it upwards.

While I was waiting for the medication to work, my free time was both a blessing and a curse. I would often spend time thinking about my situation, why it was happening to me, and what would happen in the future. However, as I immersed myself in therapy and struggled with various issues, there were also moments of great insight. Often, I wondered whether the depression was caused by a neurochemical phenomenon: was it related to an imbalance of certain neurotransmitters in my brain? Or, was it perhaps psychological, and spurred by some emotional experience that I had suppressed. Had I been upset about returning to New York after spending a sabbatical year in Jerusalem the previous year? Maybe I was angry at my single status and had turned that anger inward? These possibilities tugged at my psyche. I became a regular at Barnes and Noble on the West Side of Manhattan and read every book on the psychology of depression.

Today, I am fairly convinced that standard depression is primarily a neurological issue that is triggered by psychological factors. Thus, the treatment process probably requires a pharmacological component as well as talk therapy to help one understand the emotional factors that help bring about such an illness.

After a few weeks, I returned to work on a part-time basis. My therapist reduced the dosage of my medication and within a few months I no longer required it to sleep or perform other daily tasks. In therapy we stopped focusing on managing depression and began a more free flowing and in-depth discussion regarding my personality, fears, hopes, and a whole range of emotional issues that

are the core of any human being and any Jew. By the middle of March, I was feeling back to my old self and my doctor and I decided to even further reduce the dosage. During late spring—months after I had begun taking medications—I stopped taking them entirely. Soon after, I organized a *shiur* and *seudat hodayah* to God for having allowed me to return good health.

Unfortunately, in late October of 1997, I had a second depressive episode. The process played itself out in almost exactly the same fashion. This time, however, it was eerily familiar and, in some ways less scary since I felt that I had been there before and had made it through. After that episode, I remained on Paxil for over two years before

stopping it entirely. Research, in fact, shows that people who have had two episodes of depression are likely to have more in the future. People who have had three or more episodes are even more susceptible to having a relapse. This past year, I suffered a relapse, which was milder than my initial experience. However, before the depression took full hold of my mind, I reacted quickly. I once again

returned to taking 20 milligrams of Paxil every morning and probably will continue to do so for the rest of my life.

I have learned, however, that there is no one prescription that works for all. For some, Paxil is not effective and those patients require other drug combinations or therapies. In instances of severe depression, patients must be put on stronger medicines that have greater side effects. In extreme cases, sometimes electric shock therapy is even warranted. (While this sounds quite frightening, the modern-day methods of applying this therapy are extremely safe and effective.)

Despite the difficult times I experienced, I feel I have much to be thankful for. During the course of my bouts of depression, I was never so ill as to require hospitalization. Throughout the ordeals, I never once considered suicide or harming myself in any way. The medication prescribed to me had its intended effect within a relatively short period of time and the side effects (some weight gain and other minor consequences) were minimally troubling. Depression has been part of my life but it has not been my life. Similar to fighting other illnesses, when battling depression, one must ask oneself the following question: how do I choose to deal with the reality? Will this illness define my entire life or can I—through treatment, medication and support—reclaim the rhythm of my life, dreams and desires?

True, I underwent enormous pain and suffering over the last six years. But I would be remiss if I left the impression that the few months of depression that I endured were what dominated my life during this time. Indeed, when I think of the last six years I don't think primarily of my depression. Instead, I think of all the life

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and love that I experienced: I have had the privilege and pleasure of teaching hundreds of teenagers and adults; I delivered thousands of hours of *shi'urim* in all areas of Torah; written dozens of articles in *halachah*, *Tanach*, *machshavah* and current events; written a Hebrew *sefer* in memory of my father, ז"ל, who died in 1998, and edited a forthcoming book of letters of *maran harav*, Rav Yosef Dov haLevi Soloveitchik, זת"ל, and a collection of essays by *yibadel lechayim tovim, mori verabi*, Rav Aharon Lichtenstein in Hebrew. In addition, I have chaired half a dozen conferences, attended numerous academic symposia and events, wrote the entire Judaic studies curriculum for a high school, and served as scholar-in-residence at dozens of synagogues throughout the country.


Most importantly, however, I met and married the love and anchor of my life, Rachel Brenner, and together built a home and brought our son, Shlomo David, into the world. I still remember the empathy and support Rachel gave me when we were dating and I told her of my depression. Through her love, caring and real understanding, she modeled how all human beings should act, and gave me one more indication of just how special this person was who had come into my life. I write this with the recognition that with all the pain and distress that has occasionally entered my life, the last few years have ultimately been ones of tremendous growth, joy, creativity and accomplishment. I feel I have and continue to progress and contribute to Jewish and general society. In fact, I believe that were it not for my experience with depression and the introspection that came in its wake, I would not be married today. Learning so much about myself and my emotional issues enabled me to reach out, open up and let another special soul enter and fill my life and heart.

I have put my thoughts on paper to help break the silence and forge a new openness that must and will, *im yirtzeh Hashem*, come. Every few years, one reads in the newspaper of the *frum* boy who jumps off the George Washington Bridge or of the successful *frum* lawyer who shoots himself in the head, or the young adolescent yeshivah girl who runs away from home, never to be heard from again. And I sit and wonder, could these people have been helped before they reached the point of no return? Would they have felt less

shame turning to someone if the community had created a culture where mental illness was not "someone's fault" or reflective of a personal flaw, but a disease to be treated and discussed in the same way and with the same empathy that one speaks of kidney disease, diabetes, and high blood pressure? I wonder why, in 1996, I was not able to have the school administration tell my students and their parents that I was suffering from a bout of depression. Why did I opt for the rather vague formulation that I was "dealing with a serious illness and will be out for a couple of weeks"? We have learned to talk about cancer and lupus and other serious illnesses; it is now time we learned to act the same way with regard to illnesses such as depression.

The secular world is far ahead of us in accepting human frailty and pain and has much to teach us about empathizing with our brothers and sisters in distress. When we see the developmentally disabled teenager bagging groceries at the supermarket, the handicapped person using the wheelchair lift on a New York City bus, the agencies helping abused children and spouses, and the open discussion of mental health in these circles, we realize intuitively that this aspect of modern American society is a positive, healthy development. In the pre-modern Jewish societies in Europe, to which we often longingly look for so much of our social and moral values, there was much good and beauty. However, we would be less than honest not to recognize that those same societies often shunted aside those who were different, and did not make accommodations for them.

Too many of us still speak in whispers about mental illness. The stigma persists. This is troubling because mental illness is a condition that is experienced by many of our own flesh and blood. About 20 million Americans currently suffer from some form of clinical depression and close to one in eight Americans will experience some form of "major depressive episode" at least once in their lifetimes.⁵ These statistics mean that either we, a member of our family, a friend or colleague will experience some form of serious depression sometime in our lives. It is a phenomenon that touches us all. Moreover, the stigma of mental illness is troubling because, God forbid, it perpetuates a climate where people, who can be eased of their suffering, are reticent to seek out the help and support they desperately need, lest they or their families be misunderstood, stigmatized, or treated as less than "normal" (read: the pernicious

and debilitating concern, if not terror, that grips many in relation to *shidduchim*). In the worst cases, it may even lead to fatalities where untreated illnesses lead desperate people to take their own lives when all hope is lost and the pain can no longer be borne. It is long past time for us all to break the silence and speak openly about mental illness, not just at conferences of Orthodox mental health professionals, but in the public forums of our schools and yeshivot, our conventions and fora, and in the pages of our newspapers and publications. In much of our *frum* world, despite the fact that significant progress has been made, the vestiges of these stigmas linger on. It is time for this last stigma to fall and fall quickly in the spirit of *menshlichkeit*, *rachmanut* and the recognition that we are all created *b'zelem Elokim*. 

Notes

1. Sponsored by the Mandel Foundation, the Jerusalem Fellows Program is a prestigious fellowship program in Jewish education.
2. Interestingly, while women seem to be more prone to suffer from depression, men attempt and commit suicide more frequently when suffering from depression.
3. New York: Random House, 17.
4. Styron's book is an excellent primer to begin to understand what happens to a person coping with depression. Two other excellent works that give one an insightful, moving and often searing glimpse into the world of the depressive is Kay R. Jamison's *An Unquiet Mind: A Memoir of Mood and Madness* (New York: Random House, 1995) and Andrew Solomon's *The Noonday Demon: An Atlas of Depression* (New York: Scribner, 2001)
5. US Health and Human Welfare Department and other agencies, *Mental Health: A Report of the Surgeon General*, Rockville, Md., 1999.

RECOGNIZING DEPRESSION: Signs and Symptoms

Depression refers to:

- *A persistent sad mood and/or*
- *Loss of interest or pleasure in most activities*

Depression is accompanied by some of the following signs and symptoms:

- *Changes in appetite or weight*
- *Inability to sleep or excessive sleeping*
- *Restlessness or reduced activity that is noticeable to others*
- *Fatigue and loss of energy every day*
- *Difficulty in concentrating or making decisions*
- *Feelings of worthlessness or inappropriate guilt*
- *Recurrent thoughts of death or suicide*

If you have thoughts of death or suicide, contact a medical professional, rabbi, loved one or friend immediately.

WHERE TO GO FOR HELP

Yitti Leibel Help Line—*Anonymous therapist contact—manned by frum mental health professionals:*
718-435-7669/www.chesednet.org/yl

Echo Medical Referral Service—*An Orthodox organization providing support services via phone and referrals to medical and mental health professionals:* 718-859-9800/845-425-9750

NEFESH-International: *The International Association of Orthodox Mental Health Professionals—*
Information and referrals: 201-530-0010/www.nefesh.org

National Depressive and Manic Depressive Association—*secular self-help organization focused on mood disorders:* 800-826-3632

National Alliance for the Mentally Ill (NAMI): *a self-help, support and advocacy organization:*
800-950-NAMI (6264)

American Psychiatric Association: *contact local chapter*

American Psychological Association: *contact local chapter*