

FIRST PERSON //

Imperiled Partners

■ BY SUSAN WOOLF

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These days, you can scarcely watch TV without seeing an ad for an antidepressant. They all seem to be shot from the same script: dimly lit room, unkempt actor. Cue the dolorous music. If there's a family member in the frame, he or she is a helpless spectator looking on.

The scene is all too accurate. My husband is clinically depressed, and for more than a decade, I've been the onlooker. If he'd had any other disease, I would have sat in the doctor's office beside him when the diagnosis was made and treatment plans were discussed. But depression is different. It's a lonely, anonymous battle—so much so that I can't use my real name here for fear of violating my husband's privacy.

My husband's depression was first diagnosed 13 years ago. A salesperson for a tobacco company, he was the proverbial glad-hander: ready with a joke, asking after his customers' families. But at home he was a different man. He spoke to me in grunts, if at all. His penchant for a beer after work escalated into a full-blown drinking problem. Soon I started to ask myself why I was in the marriage at all. We went to a counselor, who

suspected, quite rightly, that something else was wrong and referred my husband to a psychiatrist.

I felt, as Walt Whitman wrote, "both in and out of the game and watching and wondering at it." My husband came home with a prescription for Paxil, which he said would take about two weeks to "activate." I wish his psychiatrist had bothered to prepare me for what that meant. One sunny Saturday morning, I returned from the grocery store to find my husband pacing the living room, wild-eyed, fists clenched and teeth gnashing. "Oh my God, I can't settle down," he said. I was terrified. The dosage was tapered back, and after a day or so, my husband returned to normal—whatever that was.

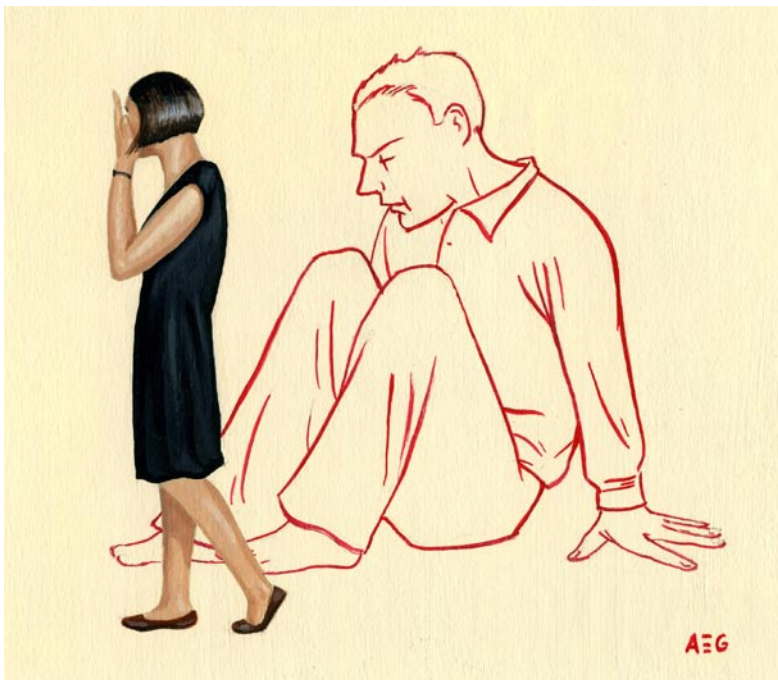
He stayed on the medication for 18 months. But he was never comfortable with the idea of a booster pill for his personality. So, with the help of his psychiatrist, he cut the dose and eventually stopped taking the drug. The depression abated, as can often happen, and I hoped that would be the end of it.

But it wasn't. Ten years later, it returned full force. This time around, experience had taught me that I couldn't control what was happening to him, but I could try to help myself.

Browsing the Internet, I found a support group that included sufferers of depression and their family members. At the first meeting, a beautiful woman spoke in a monotone while looking at the floor. Another talked about how everyone at her job seemed out to get her. When my turn came to introduce myself, I burst into tears. Were these people what my husband would become? I fled and never returned.

It's ironic I found so little relief, because I live 30 miles from New York, a city that should be crawling with resources. I ended up having to consult a psychiatrist of my own, at \$150 an hour, to stop blaming myself for what was going on. The sessions taught me that depression is the same as any other biological disease: It isn't my fault, or my husband's.

If I've learned anything else from the experience, it's that he will not some day be miraculously cured. In a better world, we could both talk openly about his condition, the same way our close friend with cancer did to rally loved ones around her. I watch for signs that the dark cloud might be descending. On days that it isn't, that seems victory enough. ■



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