

## 6 INTERMEZZO, 2008: TIME, PILLS, GRIEF AND HEALING

Crumbling is not an instant's Act  
 A fundamental pause  
 Dilapidation's processes  
 Are organised Decays

—Emily Dickinson, c. 1865

### Setting

I ended the chapter 1 journal in mid-1999. It is now 2008. This may seem rather a long time to keep working on one book; and especially labouring to produce yet another chapter that will be largely a narrative of sickness and attempted treatment, improvement and regression, mixed with philosophical reflection on sickness, treatment and personality. But this is a new and rather different kind of story—the disease has matured, and I have come to handle it differently. And it follows directly, as a kind of illustration and perhaps warning, from points made in the last sections of the previous chapter. I also wanted to give some sense of time: from the beginning of treatment to now is some 15 years. Is any disease worth writing about over such a long period?

The answer is yes. Depression is a protean affliction, a shape-shifter, and the arena it shifts in is time—along mysterious pathways of its own, partly determined by its own internal logic, partly by one's behaviour, the events of life, the flux of the seasons. It seemed to me that a depression lasting only 5 years was simply too short to write about: not enough had happened yet, and I had reason to expect more, some of it important. The time-scale is a central concern; the disease can undergo extraordinary transformations, both good and bad, over a longer period. And at least as important, or perhaps the same thing, the victim can as well.

If I had stopped the description in chapter 1 I would have missed an entirely new type of hypomanic episode that is becoming increasingly frequent, what I referred to in chapter 2 as 'mixed hypomania'. Practically no euphoria or elevated mood, but dark affect, anxiety, agitation, tremor, argumentativeness, frequent inability to sleep more than 2 or 3 hours a night, a sense of being trapped, with as a manic-depressive friend says 'no more doors to walk out'. I sit up in bed at night hours at a time, staring into the blackness, unable to read or listen to music or watch TV. Yet in the midst of this there are often subepisodes of relatively good, even mildly elevated mood. In fact, unlike the situation in a depression, I tend to stay creative and energised all through the episode, even if unhappy. This is a new one; if I'd been premature in finishing the writing it would be unknown, and it is important, becoming a major aspect of my disease.

The reader has seen where and what I was in 1999; now that I have been inhabited by this parasite for nearly another decade, it might be of at least clinical interest to see a later self-portrait,

how I have coped with its never-ending invasion, and how the disease has changed its own nature and perhaps mine. Even though the sickness is of course a function of my own mind, often altered by my own actions, I still visualise it partly as an independent agent. *It* does things, not me, though I seem to get carried along and participate, if often unwillingly.

So I have spent nearly a decade and a half living the pharmacological life. Not uninterruptedly, and one of the morals of this chapter grows out of that. Antidepressants are, for many patients, exceedingly nasty drugs. Some less so than others, but if your luck is bad then the one that works for you mentally may work against you physically (or mentally too in some ways), and you finally reach a point where you have to make some hard comparative decisions. Which is worse, my most florid early depression as I now somewhat dimly remember it, or spending year after year with somewhat muted emotional responses, intellectual slowing, sweating and chills and headaches, tremors, nausea and dyspepsia, unable to pee with comfort or have satisfactory sex? Trying to answer this question forced me off drugs a number of times, and that experience taught me something too about the nature of depressive disorders and their medication, and about me and the possibilities of my future.

Recurrent depression appears to be incurable. Once you have it, like insulin-dependent diabetes, you have it for life. It can get better or worse, it can go into remission for long stretches—you can be symptom-free for a year or more and sigh with relief—until it comes back. It is always out there, and will generally find its way home. The longer you live in that dizzying cycle of remission and attack, the more likely the attacks are to return. And this is often true even on medication: the best control is likely to yield to occasional or even frequent ‘breakthroughs’. And for many the more frequent these are the worse they are likely to be. And yet there are actions we take that tend to bring them back more often and more intensely than is good for us. Ideally the serious depressive who has had multiple episodes should be medicated for life; but it is tempting to take drug ‘holidays’. The results can be bad, but may still be worth it. This is a dangerous and unstable way to live, but for some it may be optimal, or at least as optimal as it gets. And there is also the chance, which at times can be the only thing that keeps us from suicide, that even unmedicated or undermedicated (another strategy we often choose for our comfort) the breakthroughs may get less bad, and the remissions longer. This has been my story in part.

But perhaps paradoxically, it is possible to feel such regret at the loss of certain symptoms, or even the whole disease, such a sense of emptiness and depletion, that you try to arrange ways to get them back. For a number of years I lost my manias completely, and could not bear living like that. Kay Jamison expressed it very well (1995: 92):

[...] I tend to compare my current self with the best I have been, which is when I have been mildly manic. When I am my present “normal” self, I am far removed from when I have been my liveliest, most productive, most intense, most outgoing and effervescent. In short, for myself, I am a hard act to follow.

Fortunately since (unlike hers) my manias have been relatively tractable and rarely if ever psychotic, an imaginative psychiatrist who knew me well was willing to cooperate in a strange project, and I have managed—so far, with his help—to regain my hypomanias. Sadly they are much less frequent than before, and often they are not euphoric but dark and frightening and sleepless; though my depression has also somewhat improved. There is however enough of that left too so I can recognise myself. I think this story is worth telling, because there are so many manic depressives whose depression is made worse by the disappearance of their elevated states. There is a sense of desolation and grief at the loss of one's best self, a longing for states that look as if they will never come again. There can even be regret at healing of depression, the loss of your worst self. I will return to this. Now I give a brief outline for orientation, then the gritty details.

At some point in 2001, knowing perfectly well that 'the dose that gets you well keeps you well', I decided to come off Effexor. The reasoning was somewhat obscure, but the main points were that I felt I had plateaued in a good way and might do with less support, and that the side-effects of the drug were beginning to reach the point where they were almost as much of a drain on my quality of life as the condition it was designed to treat. Effexor is well known for its effect on the bladder; after a couple of years I was beginning to develop an almost paranoid fear of prostate cancer (some of whose symptoms this drug, like so many other antidepressants, mimics rather cleverly). I mentioned other side-effects above; but the worst and perhaps most important ones were mental. I found that after long use, even though the depression in its blackest forms was fairly well controlled, there was a distressing kind of deadness at the core of me. It was not sedation, but an overall dulling of responsiveness and loss of quickness. In particular I was not responding to music or art or poetry or friends in the way I was used to: it was as if there was, even when my mood was at its best, a kind of veil between me and everything else, very subtle but disturbing. This is not an uncommon side-effect of antidepressants, even activating ones—but it may be one that on more mature consideration one ought to live with. I did not think so at the time, and still have mixed feelings.

At any rate in 2001 I decided to quit, and depend only on alprazolam, nicotine and alcohol, to see what happened. Could it be that I had really got better and no longer needed an antidepressant? I am an experimenter and (with drugs at least) a risk taker; this seemed to me the time to do some experiential research.<sup>1</sup> So in September I began coming off Effexor (gradually—it is not a good idea to stop antidepressants cold turkey). When my system was finally clear, I was rather twitchy but with a kind of lightness I hadn't experienced in years; there were some

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<sup>1</sup> I thought this was the only way I would find out whether this long remission was a 'real' one, whether anything had changed inside. Some elegant new imaging studies (since often repeated) suggest this is possible. In about 2001 growth of new neurons (not just rewiring) was demonstrated in adult rat hippocampus *in vitro*; now it has been imaged in the adult human (*in vivo*) after long-term antidepressant treatment. This suggested that depressions can really change into something else, can get deeply and structurally better. I had a feeling this might have happened to me. To see how our knowledge of this has grown, Google neurogenesis hippocampus.

depressions and mixed episodes, but I felt I could live with them. (I had never experienced any long period in which I was totally free of these kinds of episodes, and always refused to take the kind of high medication doses that might allow me to be.)

Perhaps what I mean about ‘deadness at the core’ can be seen most clearly in what happened to my experience of music after some time off Effexor. Here is a short extract from my journal at the time. I was in fact in a slightly febrile version of the state which I finally did reach, at least for a while, described in chapter 9 below.

Feel as if I’m missing a layer or two of epidermis, overreactive. Listened this morning to the Bach orchestral suites #2 and 3 for the first time in ages, and found even the restrained B-minor comedy of #2 inexpressibly moving. Maybe not overreaction but the kind of proper reaction a decent musician ought to have? Air from #3 almost got me weepy—or more so than it usually does. Try an experiment: what will happen if I listen to the Mozart clarinet concerto? The best index to what kind of emotional state I’m in is what Mozart in A major does. *Could it be that a (non-sedating) antidepressant can actually depress healthy aspects of what you’re capable of feeling?*

Yesterday was periodically lachrymose, in a sort of not-unhappy way. Music, my own prose God help me producing the odd tear or so. Really! What the fuck is this all about? Listened to the Beethoven violin concerto yesterday afternoon, and it seemed somehow ‘more’ than before—felt exalted and disconnected. Then in evening two Bach cantatas in a row, *Ich habe genug* and *Weichet nur*—almost like hearing them again for the first time. There is a clarity I didn’t know I didn’t have. My hearing seems to have become ‘transparent’, or more analytical than before: the orchestral parts separate themselves out when I want them to with very little effort on my part, and I can hear music again somewhat as if I were reading a score, without losing any of the emotion. Years since I was able to do that.<sup>2</sup>

This was something I did not want to lose again; but I was eventually forced to, partially, and still have not fully recovered it except during sporadic bright bursts of elevated mood. It is hard to be used to being able to hear lines of polyphony simultaneously separate and together, and then lose that ability, and suddenly regain it. This is my image of loss and redemption, the loss and recovery of Bach, maybe the same thing.

During this period I was hypomanic much of the time, which rather surprised me; I would have expected Effexor rather than the lack of it to trigger such states. But I also became twitchy and irritable, and eventually sank into long black depressions of the old familiar sort. After a symbolic 40 days off, I went back on, having (I thought) given up the experiment as a failure. I stayed on Effexor for a while, then after a couple of months went off again because of side-effects. Looking back this pattern should have begun to seem bizarre, but I was immersed in the experiment and did

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<sup>2</sup> Extreme clarity of hearing and hyperresponsiveness to music may be a part of (hypo)manic episodes. See the description in Jamison 1995: 79.

not find anything at all odd about it, merely annoying. I wanted to be me with my other support systems, and it did not seem to be working.

At the end of 2002 I decided (again this shows what kind of fluctuating state I was in) that it might be a good idea to stop smoking. My GP suggested as an aid the drug that he had used successfully himself (he has since gone back to smoking), an antipsychotic, Fluanxol, in very low doses (it is marketed at these doses as an antidepressant and anxiolytic). It was almost useless as an aid to stopping smoking (I cut down a bit for a while, but then regressed); but it did have a good effect on my depression, and was helping with the increasing anxiety I was having. But it had some undesirable side-effects at the beginning, mainly slight tremor and muscle weakness. I took it for a while at Dr P's suggestion with a half-dose of Effexor, and things went along quite well for some months.

In June 2002 I began to find the side effects of Fluanxol distressing (they were really, looking back, rather trivial, but it was a sign of my worsening depression that I could not tolerate even the slightest discomfort), and quit it, coming off Effexor again as well a month later. Still the craziness of this pattern did not for some reason come to my attention—I was absorbed in a series of wacky experiments, unguided by any medical advice. I was quite manic for a month or so after quitting, and then the old depressive pattern with scattered hypomanias came back. I was getting rather worse, but since I had decided against antidepressants as a major mode of treatment, Dr P recommended another antipsychotic, this time one of the 'new generation' ones, olanzapine (Zyprexa). It worked quite well against the depression, but I found it too sedating to continue for very long.

Finally in early 2004 I decided I needed some high-powered sorting out, and went to a specialist psychopharmacologist (Dr D). He suggested I stick with Fluanxol for a while, and said that the side effects would go away, as they pretty much did. He thought that with my kind of disease and the things I wanted—above all no cognitive impairment—this might be the drug of choice. He agreed I was not a candidate for mood stabilisers, and since my experience with standard antidepressants had been so bad this kind of drug might be better. At any rate he thought I should give it more of a chance.

Later I began to realise that it had been a couple of years since I had had a real, exalted, extended hypomania; I was either dull level or depressed or anxious, but the lovely highs seemed to have vanished, and with them much of my creativity and 'edge'. I spoke to him about this, and asked if we might be able to induce hypomanias if I wanted by trying a new drug or adding an activating antidepressant to the cocktail. He was (somewhat surprisingly) perfectly willing to embark on this, and we started on a long process, canvassing a large portion of what was on the market. The first try was a disaster. Instead of my delicious addictive manias I began to suffer appalling anxiety and panic attacks, with hyperventilation and chest pain and a sense of 'imminence of death'. One of them was so bad that I called the psychiatrist after hours thinking I was having a

heart attack. (He listened carefully, said it was a major panic attack, and told me to do some breathing exercises, have a cigarette and a whisky and go to bed.)

This experiment was a failure, though I was pleased to be treated by a doctor who did not think there was anything insane or medically evil about wanting manias and feeling deprived without them, and was willing to help me regain them. After a couple of weeks of this I went back to the antipsychotic alone, and thought things would remain relatively tolerable. I have heard from another doctor that controlled sleep-deprivation is a possible way of inducing hypomanias, but am not sure it would leave me in optimal condition for working..

A bit later in the year I had a bad car crash (car was a write-off), and this was followed by severe Post-Traumatic Stress Disorder, which I still have, though it is a little milder now. The anxiety component began to override the depression, and I was close to totally dysfunctional, constantly looking over my shoulder at terrifying nothings. Dr D then did an inventory of the rather small number of drugs left that I could tolerate and that might work, and suggested another, which was supposed to have anxiolytic properties. It did, but I found it too sedating to stay on very long. I was so dull I couldn't read or work very well, and was even more phobic about driving than usual because I did not trust my reflexes. After a few weeks we started the search again.

The next choice was a tricyclic. It was at first surprising: after all Dr D knew that I dreaded sedation, and everybody knows what tricyclics do. However he was right and I was wrong; it was not sedating for me but in fact activating, and marvellously anxiolytic; after a few months not only my anxiety but my phobias and flashbacks began to decline, and I was pretty stable and not depressed. The side-effects though were even worse than Effexor: my mouth was often so dry I could hardly talk, and the old fear of prostate cancer came back. But the anxiolytic effect was so striking that I stuck with it until he suggested it was time to get off, and I found that much of the anxiety and panic had just vanished and did not come back: it looked as if a genuine change in wiring or neurotransmission had occurred in those few months.

To set things in context, some notion of what Jaime's health was like at this stage is in order, as I was as involved in it as in my own. She had already had cancer four times, three surgeries plus radiation, and was suffering from chronic and excruciating pancreatitis and insulin-dependent diabetes. In addition she was a severe needle-phobic, and could not bear to inject or prick herself, so I was responsible for glucose testing and administration of insulin. During this period her health became worse; she had another cancer, which the surgeons thought they had removed successfully. It turned out not to be the case, and over the next year she got weaker and sicker and in more pain, and I had to devote more and more of my time to nursing. I was committed to keeping her at home, not letting her be subject to the bureaucracy and interference of a hospital or even a hospice. I was determined that she was going to die in her own bedroom with relative dignity, with me in control of the morphine, with her familiar things around her and a cat purring on her shoulder. It worked out as planned, but at the beginning of the terminal phase I knew I could not undertake this kind of work

without proper support, so Dr D and I began to investigate antidepressants again. At this point I put aside my self-centred project of getting my manias back and decided that stability was what I most needed. In addition I was getting more depressed and the episodes were lasting longer than usual; I was becoming irritable and difficult, which was just what Jaime did not need. Particularly after her last scan, which showed extensive metastasis, and left her with a life-expectancy of six months. Whatever my state, it was impermissible for her to suffer my moods during the last months of her life if I could help it. This was the end of 2004. How I got up to 2008 and what condition I am in at the moment might best be shown by some selected journal entries and exchanges of e-mails between me and M during part of that period. (And see also chapter 9.)

### **Selective Self-description, 2003-2008**

*1 January 2003.* For the first time in perhaps half a year woke with a really deep and classical depression: poor muscle tone, feeling of impending disaster, clear suicidal thoughts. In part the irrevocability of retirement: I am now for the first time since 1964 dumped (characteristic way of putting it), jobless. Having through no fault of my own reached the magic statutory age of 65, I was cast on the shitheap of history (typical depressive self-dramatisation). Not unemployed in the least, not without funds (more than before, but ways of getting them complex & people keeping me waiting with paperwork). Stiff and despairing. Started last night, partly in response to Jaime's condition and the suspended state of our relationship due to her weakness and low mood and my apparent inability to do anything right, resurgence of my habit of nagging.

*Edinburgh, 9 February 2003.* 'The fleis is brukle, the fend is sle'.<sup>3</sup> In 'undisturbed' life the line between metaphor and the literal is blurred; in mental disorder it gets blurrier still, & may vanish. The task of giving linguistic substance to cognitive & affective disturbance or frank dysfunction brings one starkly up against this notional boundary. Like all 'boundaries' in the real world it is not there as such; it's a hazy & complex transition zone. And one partly brought into being itself by the attempts of those on either side to name and locate it, and define their own positions.

I've often thought that the curse & blessing of my life is the desire for clarity & intellectual control—regardless. Don't act, describe. Don't follow instinct, have a theory. Avoid common sense, the best intentions and advice and help of loved ones in the interests of clarity, reification, reduction.

Disorder can be made tractable in many ways. My choice has largely been to intellectualise it, see it through science as far as it can be seen, and otherwise reject, reject. Reject formal therapy (probably wisely), reject love and concern and friendship in the interests of crystalline disease—because my temperament lives only in the purest parsimony (as I thought). It seems to

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<sup>3</sup> 'The flesh is brittle, the fiend is sly'. William Dunbar (?1460-?1520)

require such a limpid and constrained world for safety and balance. Certainly it did, though M and other friends were constantly intervening to make sure I could not be as 'pure' as I thought I would have liked, periodically deluging me with concern and love, forcing me out of my comfortable cave. In the end they probably saved me as much as drugs and Dr D.

I have had a lucid and stiffnecked insistence on being as diseased as possible. In my sickness is my self. But also elegantly self-serving. If it's true enough, it absolves me of the need to act, or do anything. Like Aeneas, wherever I go it's propelled by fate. Can be a comfortable way to be. Whether this self-serving inertia is a good or a bad thing is an open question. It can be pleasant in its own way, limited but apparently safe.

The inertia has its virtues. It provides me with a quick ID number, a nicely crafted set of properties that allow me to be characterised as a diagnostic object, with no real particulars. Oh yes, R is 'one of those'—and therefore he can act like one, knowing the expectations, the classical stigmata. (And if one or two should be missing in a tight spot, well they can be put on easily enough.)

But my best friends refuse to accept this. M won't allow me to take all my easy ways out. She accuses me of using my disease like a caddis-fly larva building its protecting case, and hiding at any sign of challenge. She is always after me (sometimes rather fiercely) to do at least some work toward taking hold of myself, stopping my ceaseless rumination and self-dramatisation, and doing what I can. But the brittleness & instability remain. Agitated manias, panic attacks, washes of depression emerge, sometimes at longish intervals, sometimes with a pallid reflection of the rapid cycling of the worst days. But almost always shorter than before, only on rare occasions as intense.

*9 February 2003.* I have been off Effexor for 158 days. I feel overall better than I can recall ever feeling—I think.

*5 March 2003.* No. The black dog is back again in large size and living colour. Has been for about a week now, on and off. Anxiety attacks at odd moments, and waves of the old kind of depression. Partly stress and fatigue: has got much worse since Jaime had a massive hypo the other day at 4.30 AM and it was all ambulance and paramedics and hospital and more worries. I seem to have lost some of the strength I've had for the past six months and am getting overreactive and wimpish and flabby.

Here we go again. Past couple of days as bad as before. Angry, depressed, dark, slightly suicidal. And I keep being tempted to blame Jaime for things. I feel too much responsibility, for myself, for her, for everything. Nothing seems to work very well except drinking, and starting in morning again occasionally, or at least before lunch.

Depressions are (among others) of two kinds: those that are just Brightness Falls from the Air, which can be on you and complete in less than a second, and those that search the surrounds

for imagery to latch onto and come on more slowly. The first kind is terrifying (still, after all these years); the second has a kind of slow trajectory of dreariness and less fear. I can never tell which kind the next one is going to be.

I don't want to go back on any kind of drugs: I feel that episode is over.<sup>4</sup> But I can't subject Jaime to this kind of erratic irritable and gloomy behaviour. That old feeling of wanting to give up again. Matter of both situation and internal weather. Feel pressed for time, anxious, things stretch ahead in the old way blankly and dreadfully. Waste huge amounts of time during day reading silly books just to keep from thinking. Some work in the garden but can't concentrate, no desire to talk to anyone.

I need to change my life and not focus entirely on perusing my innards and being a caregiver, which seems to be all I'm doing (ineptly), and Jaime is getting less autonomous and more dependent, which makes me feel 'tied' and distorts the way I think of everything. Yet I can't let any of this out to her, because she feels bad enough at being that way, and I think under enough pressure she might kill herself just because she thinks she's ruining my life. She suggested I see somebody: but I don't think that will be any good, because talking to strangers is not helpful or even conceivable for me, and drugs are out. I've made that decision. This is a bad regression (partly seasonal, but more than that), and I suppose I'll just have to work out some strategy for weathering it. Would I be better off if I had no academic responsibilities, just waited around to die? I feel rather like that, but I'm too committed to my research and collaborating with M<sup>5</sup> to do that, and she's depending on me as partner. Wait, wait I suppose and see what happens.

*14 March 2003.*

Dear M

Jaime is not doing well and the doctors are going rather mad about certain things which do not seem to respond to anything. [...] More conversations about death; she wants to die but curiously is not suicidal. We manage, still.

Dear R

I'm finding it hard to keep up with Jaime's vicissitudes—it must be infinitely worse for you and of course for her. I had the impression that things were a bit better. Poor Jaime—nothing ever seems to stay the same or better. I suppose if she wants to die but is not suicidal then patience is the only option. And she's good at that. But it sounds inexpressibly bleak and must be dreadful for you. I'm thinking of you—not meditating or

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<sup>4</sup> Note how often I say this (and will below); and how often I do go back on drugs. My intentions were cycling as much as my moods.

<sup>5</sup> M and I had been research collaborators since 2002, writing joint papers, performing at conferences together and working on a very large project at the University of Edinburgh. We still are.

praying, just loving and supportive thoughts.<sup>6</sup>

Dear M

I think her patience may be running out; there does not appear to be any light at the end of the tunnel, or the tunnel is growing longer. [...] it is hard to watch this and do nothing, and I know what I'm tempted to do and have been half asked to but won't and can't. I hope this is cryptic enough. I shouldn't be mentioning it even, but I can't not.

Dear R

Take heart. It is right that you won't and can't. And right that you've only half been asked. The theory is there and is and has been a comfort and an aid to keeping going. But the time will announce itself and it will not be until much, much nearer the end—by which time it may no longer be needful in the same way as the theory dictates. You will both know, and meantime there is still more to say and to do and to feel and to enjoy even *in extremis*. And it's possible still that things will get better.

'To every thing there is a season, and a time to every purpose under the heaven: A time to be born, and a time to die; a time to plant, and a time to pluck up that which is planted; A time to kill, and a time to heal; a time to break down, and a time to build up; A time to weep, and a time to laugh; a time to mourn, and a time to dance [...] a time to embrace, and a time to refrain from embracing; A time to get, and a time to lose [...].'<sup>7</sup>

The time will come when it comes, my dear. Don't fret. It will be clear and it will seem right—not this knotted anxiety or a black funk, but a freeing sadness with tears and peacefulness and completion. Meantime let the doctors discover how to help. Jaime may yet find a way through this. She has before and she doesn't shirk when it comes to survival.

Dear M

As you can imagine life has been pretty close to the bone of late. I'm glad I was able to be cryptic and clear at the same time, and of course what you say is right, and Jaime agrees. But it is hard, still. We're both tougher and more vulnerable than we thought.

Yes, to every time there is a season. But there is another passage in that same book:

'Remember now thy Creator in the days of thy youth, while the evil days come not, nor the years draw nigh, when thou shalt say, I have no pleasure in them; while the sun, or the light, or the moon, or the stars be not darkened, nor the clouds return after the rain [...] And the doors shall be shut in the streets, when the sound of the grinding is low, and he shall rise up at the voice of the bird, and all the daughters of musick shall be brought

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<sup>6</sup> As a rather militant atheist and someone lacking in human subtlety, I used to find it offensive for people to pray for me, and M knew that. It still makes me uncomfortable, but now I simply take it as something that makes them happy, and feel it churlish to refuse them permission. My religious friends have generally had the courtesy I lacked, in always asking me if I minded.

<sup>7</sup> Ecclesiastes 3: 1-6.

low [...] and desire shall fail: because man goeth to his long home, and the mourners go about the streets [...].<sup>8</sup>

I can't tell if the evil days have fully come for her, but they may have, or be on the verge. So if I'm a little odd from time to time, I am living with myself and with her living with this, though she is trying not to let me see that she is. The time will come when the silver cord will be loosed, but it isn't now, and as you say, things are knotted. We both have to make decisions and constantly judge what life is and will be. There is still hope, but less than before, and a dark silent wall up much of the time.

*16 March 2003.* Tonight Jaime remarked, as she has before, that she finds it incomprehensible that the mind should continue to want to survive, when the body doesn't. As far as I can see her life has virtually no quality; there are some goodish moments, but most of it is pain and weakness and distress and the memory of all the things she could once do and now can't, no matter how hard she tries. And she does appear to be getting physically weaker, which is disturbing. There are probably still medical things to do, but she doesn't want to have any more investigations. She has been fucked about enough since it all started in 1986. The only thing keeping her alive right now is a sense of responsibility to the animals and to me—though she interprets her responsibility to me, at least explicitly (not untypically for someone depressed both endogenously and by her situation) as consisting only of helping with the animals. I think she does not see herself as a person at this point, not as herself, but as a remnant, a pretense, a fragment and a burden.

Yet at one point she'll say something like what a wonderful painting a loquat in bloom would make, and then retreat from the idea of trying it—it's abstractly desirable, but she has no faith in her ability to do it, or to summon up the energy to try to work seriously. I think if she could die with no effort or just will herself into dying she would; but she doesn't seem to be able to give up completely. She has talked about just stopping insulin (which would do it); I think the only thing preventing that is concern for what I'd have to go through watching the drawn-out and ugly process. And yet she doesn't seem to want to take the simple direct step of just committing suicide. The pills are there in the kitchen and she could get them anytime. Nor has she except once obliquely raised the issue of my acting *in loco*. She asked very simply: if she were a cat, given her present condition, would I hesitate to have her put down. And the answer would have to be no, I wouldn't. The conversation did not go any further, though we both know that it would be perfectly possible and not even difficult. This is all beyond our experience, both of us.

*12 June 2003.* Bloody disease has shapeshifted again. Now I get, as once before, anxiety attacks instead of manias or depressions. Found Fluvoxamine effective against both depression and anxiety, but can't take it for more than about 10 days: start getting mild but distressing tremors and general

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<sup>8</sup>Ecclesiastes 12: 1-5.

feeling of weakness. JP suggested trying Zyprexa at half the recommended minimal antipsychotic dose (1.25mg before bed). It appears to be working. Much less anxiety, not much depression, but nighttime and into-the-morning sedation. Find myself sleeping 8-9 hours, which is too much, and having trouble, even more than usual, waking up.

*23 June 2003.* Stopped Zyprexa about a week ago; rather dulling and not as anxiolytic as I'd hoped. Started Fluanxol again, .5mg/d. Seems that anxiety is my greatest problem now, though some depressions too, usually agitated. I think I may have to use this drug from time to time in bursts when things get bad. Definitely not stable, but functional, and working fairly well, getting ideas, nothing really manic but a good deal of uppish mood. Irritable too. Overall not as stable as on Effexor, but not dangerously depressed, and quality of life is good enough as long as I have something for bad anxiety.

*30 July 2003.* Still on Fluanxol. Off to a conference in Bergamo tomorrow; will probably continue for the trip.<sup>9</sup> Mood generally better, but (is it just typical nerves?) not looking forward hugely to conference. Feeling that I won't be on top of things, trepidations about excursions, being in busses for 2 hours +, not being able to 'escape'. Feel that I will be trapped in conversations and not be myself, have to force things, and fear of nausea as well. Same old syndrome. More anxiety than usual. Hoping it will go away once I'm irrevocably on the plane, and that presence of familiar people will reorganise things and it will all go OK. Probably will; was terrified last trip to the UK of giving a talk to the Oxford Dictionary Forum, and that was huge success. Was OK if a little anxious during conference—almost too social for me to have *time* to be depressed, which may say something interesting.

*21 September 2003.* Some peculiar episodes. Yesterday a feeling that reminded me of Frodo after having worn the Ring too often. A kind of 'attenuation'; slight depersonalisation, memories occluded, lost their physicality, peoples' faces became vague on recall. Lasted most of day, quite disequilibrating, feeling of loss and detachment. Gone by evening.

*25 September 2003.* Last day of current Fluanxol repeat. Feeling rather depressed, but decided to see what would happen if I stayed off for a while.

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<sup>9</sup>During the whole period of her illness Jaime insisted vehemently (and honestly) that I should not stop travelling but keep going to conferences and to Edinburgh to work with M. We had a friend who was a former oncology sister, and she and other friends took over the nursing when I was away. Jaime insisted that whatever her condition I must not let my career lapse; and that given the hothouse situation it was healthy for us to be apart occasionally for a few weeks.

*26 September 2003.* Saw what happened. Or what would have happened anyway. Really bad depression again, with restlessness and anxiety in afternoon. Friday to Sunday virtually unable to do anything except read thrillers and not enjoy them that much, physical energy low, muscle and joint pains, feeling of wanting to give up, unable to work or concentrate. Will start Fluanxol again Monday and see.

*18 October 2003.* Bad again. Depression recurring frequently, and having terrible effect on Jaime. I seem to say hurtful things without being able to help myself, and she says she would happier if I weren't there. Am going to try and see if I can get out of this. Start moclobemide 300mg tomorrow, and see if it begins to help. Fluanxol seems to be controlling anxiety fairly well, but now failing for depression. I may have been wrong about my ability to stay unmedicated. Hope after all these years not taking it that this drug will work: it was for a while the most effective of all, and the only one I could really tolerate, though I managed suboptimally for years on Effexor. A week of 300mg to start with, and then perhaps talk to Dr D and see if I should go higher then or wait.

*21 October 2003.* Funny thing happened today that taught me something about how far I've come and how far I've got to go. The department has decided to turf me out of my office, since I'm of such an odd status, being an Emeritus but still teaching, and they need the room—they're giving me a little thingie about the size of our loo, and I lose all my nice comfortable chairs. First reaction was absolute old-style rage, with palpitations and hyperventilation, which culminated in a bout of planning how to fuck the department over and make sure that even though they got me out it would be with maximum disturbance and ill feeling. Interesting, that: my first reaction to anything adverse is still anger and a desire for revenge. I only use the office about 4 hours a week, but that's not the issue of course: it's that anybody dares to fuck with *me*. I took the whole thing (which is perfectly reasonable actually, if inconvenient and irritating) as a personal affront. But I cleverly did not answer the e-mail announcing this immediately because I had a feeling the reaction might have been a tiny wee bit over the top. So I may have matured or got better a little over the years.

After a couple of hours of brooding decided nothing to be done so abandoned all plans of revenge and trouble making (had some nice elaborate ones, which could keep the business on the back burner for ages probably, even though I'd lose in the end). What do we make of all this? I was a bit distressed that the old R surfaced with such speed and venom, and pleased that the newer and somewhat less vicious one replaced him after a bit. But I bet the pH of my stomach is still in the negative numbers.

Anyhow I think despite the irritation this is in principle a story with a better ending than I expected. A couple of years ago I would have fought for months, done no work, made everybody's life miserable, made enemies, and lost anyhow. Except in short bursts like this I seem to be losing my anger, which used to define me. If I'm not underpinned by rage will I still be myself? Is lack of

anger a deterioration or weakness, or something healthy? I'm not actually sure.

*29 October 2003.* Now 9th day on moclobemide. Past couple of days some psychic side-effects I think beginning to kick in. Have been beset with unfocussed anxiety, restlessness, anorexia, plus some nausea. Less depressed, but the anxiety and some continuing GI symptoms are unpleasant. I don't recall having these side-effects when I first took it. Both alprazolam and alcohol help. I'm going to stick it for at least a month or so, and see if it actually does any good. I may not really be able to be off antidepressants or some kind of medication as I thought I could, at least not for now.

Definitely in some ways a better drug than Fluanxol (except now for the anxiety). No bulimia (Fluanxol curiously makes food taste better and you gorge yourself), stronger, less sedated and not falling asleep during the day. Feeling as I recall feeling when I first took it a bit hypervigilant, but don't mind that too much. The anxiety though is crippling and makes it very hard for me to do any concentrated work. However, this is a short time so will wait it out and see what happens. Mood otherwise better; had a car breakdown yesterday and did not get enraged or panicky, but there was this pall of anxiety just in general. Better when I'm distracted: did some radio recording yesterday and was fine during, but anxiety returned afterwards. Accompanied by a kind of hollow feeling in stomach like an ulcer attack.

*1 November 2003.* Particularly bad two days. Anxiety is overwhelming, mainly autonomic, unfocussed, but a psychic component too, which leads to depression and a feeling of disconnection. I think moclobemide may have been a mistake. Jaime is now seeing a rather brilliant psychologist who has all kinds of ideas and may help her reconstruct her self-image and get out of her slough. I don't know the best way for me to help, but I'm not sure this drug is it. Decided this morning that after two weeks with no diminution of side-effects I'll take the easy way out and go off it, and try nothing except alprazolam and alcohol. Found yesterday that anxiety attacks defused by drink, but I would not like to resume drinking constantly for relief. Need to get back to concentrated work.

So decided today not to take any, and see what happens. Don't know what washout period is, but not having taken one this morning I feel a little less shaky and better about the gut. We'll see. Perhaps I can manage with nothing now that we're into summer more or less.

*3 November 2003.* Past few days anxiety almost unbearable, coming in waves, with anorexia and nausea. Decided to go back on Fluanxol—can't make up my bloody mind what to do. May go see Dr D again. Not pleased that whisky on empty stomach fixed anxiety very quickly—wonder if I'm beginning to turn the corner from what I thought of as benign alcohol dependence to something more sinister. It works faster than I'd like in principle (if not in practice), which is not a good augury. Must be very careful about sticking to not drinking before set time in afternoon, and maybe drinking less and not again before bed. Don't want it to get too easy to take a drink whenever I feel anxious

or depressed, had my fill of that years ago. Social binge drinking with friends OK, but not those amounts habitually. And absolutely not before breakfast, which I've done a couple of times. That could be dangerous.

*6 January 2004.* Very long hiatus. Too depressed to engage in journal writing for fear that I would get even worse. Complex set of things happening. Worst started in January, working myself into a state of panic prior to a trip to LA, all unnecessary it turned out. But during period before began to get more and more dead and grey. Talked to Dr D about antidepressant, and tried going back on moclobemide. Absolute disaster. Provoked ferocious anxiety and panic. Followed Dr D's protocol, Fluanxol with half dose moclobemide first, then just half dose, then full dose. And this was the drug that had been the best for me, and then pooped out. Anxiety was intolerable, and in bits has still not gone away.

Dr D then suggested mianserin as possibility; definitely anxiolytic but too sedating to use, and gave up after a few weeks, back on Fluanxol + alprazolam 2-3 times a day. My metabolism is clearly changing, as is my disease. Now anxiety more than anything else, and no manias at all. Booh. Was thinking that an antidepressant might trigger some hypomanias, which was the idea at the beginning, but not apparently. Though when I was in LA I did get rather high and loopy when lecturing and in social situations, so it's still there to be called on, sort of.

Situation at home is destructive. We are very isolated, and I am losing my desire for company. Being a 'carer' is draining, and I don't think I'm doing my best for J. She finds me irritable and angry and feels she has to walk on eggs. I don't see it in quite the same way, but one of us is misreading the situation, probably me.

*12 August 2004.* After long period of only Fluanxol I was clearly getting worse. Every morning I'd wake with an anxiety attack that would run on for hours, and then another one at around 3 in the afternoon. Plus long episodes of black depression. Went to see Dr D, who said the pattern was 'classical', and suggested imipramine, a historical relic, the first antidepressant marketed commercially in the 1950s. Says it's particularly good at handling anxiety, which seems now to be the shape that my depression has primarily taken. He doesn't think the anxiety is a separate disorder at all, but just part of a change in the pattern of depression. I seem to be getting more unipolar than bipolar; no hypomanias, just depression and hypothyria and anxiety. Sometimes even normalcy, whatever that is.

Imipramine definitely working; after about a week anxiety and phobicness began to fade. But side-effects are difficult, rather like Effexor but with less sweating. I don't think there's going to be a time now when I can get off some kind of medication—though I'd prefer it if I could just be on Fluanxol, which I'm still taking along with alprazolam. But for now I'll rest after my Noble Experiment.

29 January 2005. Long hiatus again. Dr suggested going off imipramine after a couple of months. Fine for a while, but then depressions started again. We're beginning to run out of options. About a month and a half ago started new drug, Cymbalta (duloxetine), an SNRI that's supposed to work somewhat like Effexor but with a lower side-effect profile. After a couple of weeks quite effective against both depression and anxiety: no bad attacks of either for over a month now. Not pleasant: aside from sympathetic symptoms (less than Effexor, but still urinary difficulties, sweating, dry mouth), a kind of flatness, a dead mechanical loss of initiative. Diminished response to music and poetry, less desire to listen to music at all.

A couple of weeks ago Jaime had a scan and they found multiple secondaries in the liver and chest and possibly a new tumour in the colon; doctors give her about six months. I think this drug is enabling me to cope with the situation, and be better to her. Jaime is doing well, now ironic and funny in her old way and less depressed (as M said her mother was when she finally knew there was an end coming). But I feel somehow I'm responding less adequately (emotionally) than I would without the drug. I try anyhow, but I don't really know how to behave or what to say in a situation like this.

25 March 2005, Good Friday

Dear M

This morning I had the oddest experience, that I don't understand. It seems to be 'meaningful' in a way, but I don't know how. It might mean I'm getting crazier. Anyhow, I was waiting outside a shop for it to open (had mistimed my shopping so got there too early), and was sitting in the car looking west at the mountain. Suddenly I had a kind of quasi-hallucination, which I had difficulty placing either behind my retina or in front of it at first, but it eventually established itself as 'outside'. It was a huge semi-transparent image of Christ on the cross towering over the mountain. Maybe I was thinking of Good Friday and what import it might have symbolically for me or something, but there it was. Very odd indeed. Am I going utterly bonkers or is this the kind of thing to expect when one is in a rather delicate condition?

I haven't the faintest idea what that quasi 'vision' or hallucination was about. Curiously it had very little emotion attached to it, it was just huge and present and I knew all the time that it wasn't 'real', but it was very obtrusive anyhow, and remarkably clear even though transparent. I wonder what it was about. Listened to part II of *Messiah* yesterday and find I've got a good deal of my response to music back, which is a relief—had a long period of chill and non-response which happens when I get depressed, and can also be caused by antidepressants. Can't win. Sunday part III.

Curiously enough the vision wasn't 'religious' in any powerful way, not a conversion experience or anything like that. More a kind of iconographical intrusion I suppose when I'm rather vulnerable; the style was Renaissance, either Italian or German (on reflection I think German or at least northern) though not all the details were that clear. I can still see it and remember it, though not in huge detail, and it came back a few times yesterday and this morning. We'll see if anything else happens; I find this rather disturbing in a way.

If this is the beginning of my hallucinating, does it mean I'm heading for psychosis? It wasn't a true

hallucination, because I knew it wasn't 'real' or 'there' in the strict sense, but a mental projection. Still it was creepy, and I felt somewhat unbalanced. Why would an atheist have a vision of the Cross? It must have been a projected metaphor, but I don't know quite what it was a metaphor of. Only despite its lack of powerful affect there was some sense that it was important and to be noted and remembered. After a while I got some idea of what it might have been about.

*21 April 2005.* Jaime died this afternoon. After a long deterioration and sadness. She got thinner and weaker; the cancer starved her to death. It was grim to watch, but at least I managed to make sure that she did not go to hospital or hospice, but died at home, with Leo purring on her shoulder and the dog at her feet. That must have been the last thing she saw. For the last two days she was in coma, so I do not know what she was thinking—in effect she was not 'there' for at least a week or so. But I kept her on enough morphine for the pain, and alprazolam for anxiety, until she could no longer swallow.

I miss Jaime. I am detached and unanchored, and see her out of the corner of my eye as an evanescent figure. I am constantly tempted to turn round and tell her things, and with a sinking feeling remember that I can never tell her anything again. I don't believe in ghosts, but I think I know what they are. Memories so sharp they get projected outward and become hallucinations. They say people can often still hear in coma, so in the last days I tried to make my apologies and summations, but it may have been too late by the time I did. The last thing I told her was that I loved her and always had. I hope she heard.

*What the Bird said Early in the Year.*

I heard in Addison's Walk a bird sing clear:  
 This year the summer will come true. This year,  
 Winds will not strip the blossom from the apple trees  
 This year, nor want of rain destroy the peas.  
 This year time's nature will no more defeat you,  
 Nor all the promised moments in their passing cheat you.  
 This time they will not lead you round and back  
 To autumn, one year older, by the well-worn track,  
 This year, this year as all these flowers foretell,  
 We shall escape the circle and undo the spell.  
 Often deceived, yet open once again your heart,  
 Quick, quick, quick, quick—! the gates are drawn apart.

— C.S. Lewis

*10 July 2005.* Slowly getting through the grieving process, whatever it is exactly, superimposed on

depression I suspect but I'm not sure how to tell them apart, or if they're even different except for content. Grief also partly rather like PTSD, or maybe it really is, incredibly vivid flashbacks of the worst scenes of a long dying. Almost hallucinatory vividness, sometimes the flashbacks actually interpose themselves between my eyes and the surroundings, so I see through them as it were. Have good and bad days. Cymbalta got me through the worst, but I went off it before going to Edinburgh in late May, on a British Academy Visiting Professorship. Involved a lot of work with M (one of the purposes of the grant), lecturing, socialising. I seemed to manage without too much trouble, though did have some bad moments. But overall my mood, surprisingly considering how short a time this was after Jaime's death, was fairly good. M said I was 'running on adrenaline'. I think this may be part of grieving, a post-bereavement adrenaline rush. The collapse and whatever the rest of the grieving process is comes later.

Judging from my experience anyhow the famous Kübler-Ross 'Five stages of grief' (DABDA) are a load of balls. One is supposed to go through a sequence of Denial, Anger, 'Bargaining' ('Oh Lord, I'll eat my oatmeal if you bring her back'), Depression and Acceptance. At least my experience was nothing like that. I was of course depressed from the beginning. I experienced no denial: I'm not a superstitious peasant, I know that dead is dead; in my world there's nobody to bargain with; and I've never really accepted her death in the sense that I can live with it, and it seems unlikely that I will. Maybe the model characterises some people, but it sounds over- neat and hokey and utterly unfamiliar. Maybe the Five Stages apply except for educated, scientifically-minded depressives?

Stayed off Cymbalta after getting home until 5 July, when mounting depression made it seem a good idea to go back on. So far only side-effects—fatigue, anorexia, dyspepsia, can't pee. Mood effects haven't kicked in yet. Fatigue may also be still a matter of my having not yet got over things. My friends think so, and think I ought to yield to fatigue rather than trying to fight it. When I do try and attempt to work the results are fragmentary and slow. I still have some ideas, but find it hard to do anything sustained. I suppose it will come back.

*6 January 2006.* Another very long hiatus. Couldn't really write, but dumped things on M in e-mails, and to some extent on my friends here, who understand or try to. They are very good friends, solid and intimate enough to tease me and not take me as seriously as I take myself. I need someone taking the piss at times like this. Depressions getting worse and Cymbalta not working, so much against my will but at Dr D's advice I went back on Effexor, 75mg daily. Is this the way I'm going to have to live the rest of my life?

*7 January 2006.* Getting ready for another trip to Edinburgh. Spent last two weeks getting off Effexor again, which is now more difficult as only extended release 75mg form is available, which makes tapering impossible. Dr D is furious at the manufacturers, but has worked out a technique of

tapering using Prozac as adjunct. Not nice. First week until complete withdrawal rather swingy and agitated. Now agitated again and not able to work well, but that's as much anxiety over trip as anything else. This on/off business is not pleasant, but I can't go to Edinburgh and spend 3 weeks dull and dead at the core, my intellect compromised, trying to work and be sociable with all my emotions rather experienced in retrospect than really, not quick or able to be original. But for the past few days the opposite—too responsive and reactive to everything. An unexpected lump in throat and weepy about all sorts of odd things, even meretricious tear-jerking TV shows. Have still not been listening to much music, and don't dare to read poetry because my reactions are over the top. Have not been working well either, but I suppose that will come when I get to Edinburgh and am in that intellectual hothouse. Oh I do need it. Life at the moment is untenable. I have found a capacity to be bored and lonely that rather surprises me—thought I was better at sticking to work and enjoying my own company than I seem to be. Was better (but still not very much work—though come to think of it I did write most of a long chapter in multiple drafts and do some reading) on Effexor, but I do not like that drug, the XR form even less than the old one. But Cymbalta was not working and this was Dr D's suggestion.

Effexor not activating in the way I thought it might be. Anything else left? Wellbutrin? JP says not good for people with anxiety, but I will ask Dr D.

Every time I go abroad I get off Effexor, then get on again when I go back. Psychiatrist has no problems with my going off for three or four weeks at a time and then going back. In some ways it's less than optimal, but so is my present condition. This strategy has worked with no serious after-effects about 5 times now, and whatever might happen I think it's worth it. It's also very depressing and demoralising to be in the state that this drug keeps you in. It may not be totally sensible but it's necessary—at least that's my judgement. But I feel like half a person. And that itself interferes with the antidepressant effect. It's all unspeakably complex, but I think I know what I'm doing, at least I'm doing it under medical supervision and with medical approval.

*6 February 2006*

Dear M

Yesterday was not my favourite day. Jaime would have been sixty-nine. I'm still feeling it a bit today, and am finding being sociable a bit of a drag, though got through lunch fine, if with a bit of effort, and will through dinner. But would somehow rather be alone. Dinner will be OK, L is used to me and is one of the Club anyhow and has silences.

Dear R

Just tried to ring you 4.48 pm our time so you must be out at dinner already. You sounded a little forlorn, but I expect you'll have a good time with L. You're bound to miss Jaime at special times, and at unspecial ones, when something triggers it. And it will make you feel sorry and sad and sorry for yourself for being deserted

and just plain forlorn. Poor you. It will gradually get easier.

7 February 2006

Dear M

I'm OK. Dinner was very nice, L was a dear, no silences on either side, and a nice long mental organ recital (L celebrating year 10 on Zoloft). Everything was fine until we got back, and she wanted to see all of Jaime's unsold paintings, many of which she hadn't seen. Suddenly got to feeling more bereft than ever thinking of how she'd been stopped just when she was finally reaching the place where she wanted to be, and really looking at some of the pictures in detail for the first time in a long time, and remembering the circumstances of works being made, and why she did certain things. Sad but good in a way, because I saw the shape of her legacy for the first time really, looking at everything. I live with these paintings, but had no idea that looking at them all in a row and afresh as it were would give me such a knock.

Dear R

That's lovely, and the sort of knock and the sort of sadness that is good to have, however unbearable it seems at the time. It is part of carrying with you someone that you loved and love. Whether there is a kind of catharsis in these moments depends on many contingencies I suppose, but in the end I think they add up to something that enables one to go on with comfort and hope and (I hope) joy. Hang in. And keep working.

Dear M

I agree. It is a good kind of sadness to have. In a way it reaffirms the person who's gone. But not nice during. Still feeling a bit off this morning. I'm not sure what catharsis really is (though it's a word I use).

Thank you for understanding me. It helps. Still a bit lachrymose today—but I'm glad for last night. The pictures have new life, which is a bit disconcerting but provokes a kind of *notice* and attention, so they're not just on the walls. I looked at one that I've known for years in real detail before I went to bed, and found all kinds of things in it that I hadn't noticed—like that almost all the perspective is deliberately wrong, and there's a flight of steps that looks as if it is supposed to go up to a door but actually takes you into a wall if you look closely and try to follow it. I think Jaime must have been thinking about Escher when she did this, but she never said anything about it.

Dear R

There is nothing more exhausting than grief, and pushing when one is exhausted is not the right thing to do. But then how does one begin to come out of it? [...] I think one way is to separate pain and grief proper. Pain is the exhausting thing. Grief proper (though painful) is also beautiful. Beautiful because it is an expression of love. There is no help for it. But that's because there should be no help for it—any more than one should try and find help for love. It just has to be lived. And in the love, and even in the bleakness, there is beauty. I think that's why I feel that Housman's 'Land of Biscay' is the poem that most captures what it's all about—for me anyway. I find it oddly comforting because it is utterly beautiful and utterly bleak. It doesn't pretend.

*The Land of Biscay*

Hearken, landsmen, hearken, seamen, to the tale of grief and me  
Looking from the land of Biscay on the waters of the sea.

Looking from the land of Biscay over Ocean to the sky  
On the far-beholding foreland paced at even grief and I.  
There, as warm the west was burning and the east uncoloured cold,  
Down the waterway of sunset drove to shore a ship of gold.  
Gold of mast and gold of cordage, gold of sail to sight was she,  
And she glassed her ensign golden in the waters of the sea.

Oh, said I, my friend and lover, take we now that ship and sail  
Outward in the ebb of hues and steer upon the sunset trail;  
Leave the night to fall behind us and the clouding counties leave:  
Help for you and me is yonder, in a haven west of eve.  
Under hill she neared the harbour, till the gazer could behold  
On the golden deck the steersman standing at the helm of gold,  
Man and ship and sky and water burning in a single flame;  
And the mariner of Ocean, he was calling as he came:  
From the highway of the sunset he was shouting on the sea,  
'Landsman of the land of Biscay, have you help for grief and me?'  
When I heard I did not answer, I stood mute and shook my head:  
Son of Earth and son of Ocean, much we thought and nothing said.  
Grief and I abode the nightfall, to the sunset grief and he  
Turned them from the land of Biscay on the waters of the sea.

I had been thinking about grief, and this poem made me think more about it. And grief made me think again about depression and experience, and the extent to which it might, as so many people seem to think, be a bad thing to numb yourself against certain deep feelings, and truncate your experience of suffering. After long reflection I still have some problems in seeing what's particularly good or healthy or life-enhancing about suffering (except as in my case as the enabler of mania). Why should we suffer if we have the technology for preventing it? It would seem to me that the ideal condition for humans ought to include being able to have the mood(s) you want, and tinkering and tweaking till you feel more or less the way you'd like to. One has a right to be shallow and uninvolved if one wants to be, a right not to suffer if suffering can be avoided, a right to have a less 'rich' experience of life, to be deadened when necessary. Thinking back on the past nearly 15 years of being a Bipolar II going from med to med, none of which were as effective as one might like, my first thought is that there's not much good even in my hypothymic (not to say dysthymic or depressed) states. Maybe they do give me a kind of 'depth' and understanding that I did not have before, enable me to deal with and be helpful to and even love people who would as it were have

been out of my orbit if I had not had and continued to have these experiences. But I still wonder if the deepened and more complex texture of my personality and the more social and connected and 'human' outlook that depression may have engendered are worth the cost.

Depression at first glance is garbage one ought to get rid of, at least from the short-term point of view. But without it we probably would not have had Mozart, Keats, Byron, Plath ... This is very different from(hypo)mania, which I adore and encourage by not using a mood stabiliser and taking activating antidepressants. But without the depressions I would not have the manias, so it's a trade-off in the end I suppose. And now having lost Jaime and experienced grief and mourning, and keeping in mind what M says about pain being to be got rid of but grief being beautiful and a token of love, I still sometimes wonder. I really don't see anything that good or healthy about grief, or why it shouldn't be treated as a mood disorder if one wants it to be. After Jaime's death I continued with antidepressants and drank more and took more benzodiazepines to keep the memories away and try to avoid as much suffering, flashback, etc. as possible. I couldn't imagine Jaime wanting me to do anything else, or doing anything else herself if I had died. (She was a very chemical person too, a heavy smoker, 5-foot 4 and slender, drank 3 liters of vodka a week till her pancreas gave out, and lived the rest of her life, much of it as a productive painter, on benzos and antidepressants and sleeping pills and painkillers.) I don't think it was a treason to her memory, or anything bad for me that I did not experience mourning as 'deeply' as possible, and laboured intensely at *not* internalising things and at anaesthetising myself. Not that it worked all that well, but I still think it was better strategy than if I'd just yielded to everything, as I sort of did in the beginning. And in the end I think I came out better than if I'd yielded totally, though of course I can't tell really.

And yet. Would I be me without depression too? The good manias feel wonderful if vertiginous and are productive, the depressions are bleak miseries; but they are *my* miseries, they are intimately part of me, maybe so much so that I would miss them too. There is something appealing and familiar in their horror and darkness, something that perhaps (without being masochistic) I would not like never to have again. I did not quite realise how intimate a part of the household they were, like an unwillingly inherited nasty snappish decaying smelly crippled old dog that one dislikes intensely but cannot bear to have put down, and that one knows one will miss dreadfully, despite the relief. The dog comes with the house, and the house would not be the same without it; and for some reason you need to keep the house and not move into somewhere cleaner and brighter.

*6 February 2006.* Rather sleepy this morning—another night of mares. Also regressing a little, getting anxious and shaky again for no particular reason. It's partly being off Effexor I think too. See how long I can hold out. I'm getting tired of this, but I don't want simply to yield and go back to my slightly more comfortable but otherwise less good medicated state. Will it never end?

Probably not.

*18 December 2006.* Went back to Cymbalta, but now not all that effective. Dr D had a new idea. Augmentation with lithium. Even though lithium is generally sedating and somewhat zombifying, it has the strange property of sometimes potentiating the effect of antidepressants. Used in low doses not as a mood stabiliser but as an extra kick. Since things are not going well, and I've never tried this, despite my almost superstitious fear of lithium I decided that he knew what he was doing, so why not try. Kept on it for a month, but found it most unpleasant. It had no augmenting effect on the antidepressant, but made me feel muzzy and sedated and lacking in motivation, the world passing by in kind of slow motion. Well another possibility down the drain.

*6 March 2007.* Dr D has decided that since Cymbalta + lithium didn't work, and Cymbalta alone is not very effective, the next thing to do is to change chemistry radically. He suggested Wellbutrin (bupropion). This is different from anything I've taken (it's a noradrenaline and dopamine reuptake inhibitor). Very activating supposedly. In fact turns out to be—only three main side-effects, nausea, anxiety and agitated insomnia. First controllable, second two not very well. I am not an easy patient. One day I came to see him just for a checkup and he said when he saw my name on the day's patient list his first thought was How have I failed this time?

*4 May 2007.* Have had enough of Wellbutrin. It doesn't do much for my depression, but I feel as if I haven't had a decent night's sleep in months, and am nauseous and agitated and nervous and anxious. Dr D agrees that if I'm still feeling this way after two months it's time to stop and try something else.<sup>10</sup> That's the trouble with these fucking drugs, you never know what's going to happen, even the doctors don't. There's too much art and not enough science in prescribing psychoactive drugs, because nobody can tell in the current state of technology what you'll react to how. Wellbutrin in higher dose (under the name Zyban) is supposed to be helpful for giving up smoking. Tried it, and didn't sleep for three days. This is definitely not a drug suitable for my biochemistry, at least at present. Who knows, I may have to try it again in the future. In any case the antidepressant effect is marginal, and I have been sunk for months, no matter what I try, in a profound and almost catatonic depression, just with anxiety and agitation added.

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<sup>10</sup> Another example of how biochemistry and the nature of one's disease change: eventually Effexor failed, and as this chapter was being completed I went back on Wellbutrin. I then found it the *best* antidepressant I'd ever taken in some ways, quite unlike anything else. No dulling, a kind of lucidity of mind and transparency and emotional enhancement that I'd not had in years, only nausea, anxiety and dreadful nightmares to live with, but they seemed to be worth it. Then it too began to fail, or at least become unusable. I had hoped this was going to be the Last Antidepressant, but the side-effects began to become unbearable and I went for days on 2 hours of sleep. Now I am back on Fluvoxol and it's working marvellously. The future may have yet more surprises for me.

So what next. Dr D, who is never short of ideas, decided that I should go back on Effexor (aargh), but even worse at *double* the dose I'd been on before. I tend to think he basically knows what he's doing, and I've been so depressed and dead-feeling and terminally sad and unproductive that I'm now willing to try anything, even this poison. So started today.

*10 May 2007.* Antidepressant effect beginning after surprisingly short time. I'm feeling rather better. Side effects worse, but I suppose giving up peeing and sex is not that great a sacrifice for not feeling suicidal. Also now dyspepsia, dry mouth, headaches and the usual screwup of temperature control, this time mainly chills, regardless of temperature. You can just never tell what a drug is going to be like the second or I don't know, about sixth time round.

*11 September 2007.* Nice day today, with sun, but very cold. It's really still winter even though it's official spring. Have been feeling rather weird lately—not at all distressed or depressed, but hyperactive and jumpy, and finding it hard to sit still, and I'm sleeping less than usual. Could this be the beginnings of mania slowly creeping up? There were signs already during my last visit to Edinburgh. Just hope it runs its course whatever that is and then stops, rather than plunging into a depression afterwards which is the usual way the cycle works. I notice an increasing 'sharpness'—I'm reading better than I was before, retaining more and with some sense that my mind has a logic.

*12 September 2007.* There's definitely something on the way. Beginnings of a real hypomania. Uncontrolled and multidirectional but that's OK for starters. Despite all the problems I would not want to tamper with the Effexor dosage for now, as I think it's what's at least in part helping this to happen. That would at the moment, until (or if) I establish my regular cycle again be rather giving up on what might be the best thing that's happened in a couple of years. Still, if the last visit to Edinburgh was any indication, I am getting better and sharper, and I'll stay with that for now.

*23 Sep 2007*

Dear M,

I have been having a splendid time in some ways, but I'm still a little unsettled and unpredictable. Working in little increments, and then getting up to go for a walk or read something or wash dishes or shirts. Very scattered, and sleeping badly. Wide awake at 5 this morning after going to sleep about 1. But there was a wonderful Vivaldi bassoon concerto on the radio so it was worth getting up.

Distinctly manic at times, which will be good when it gets itself in order. Saying silly things occasionally and being a bit flirtatious and having trouble not talking too much. But A (who is also bipolar) was manic yesterday too, so dinner was rather fun. People were trying not to stare at us. A long conversation between two of us both

manic is a rather odd thing to encounter. I hope I'll be sane and not embarrassing when I get to Edinburgh. Have to get used to elevated (rather than just normal and happyish) mood again. I have no idea how long this particular episode will last, and am crossing fingers that it just resolves to 'normal' rather than depressed. Never can tell with this odd affliction. With luck I should be at worst (best?) the way I was last visit. Today it's raining again so I can't go out for a walk, and feel rather imprisoned and restless.

*27 September 2007.* Effexor is having the oddest effects (no jingle intended). My GP calls it Side-Effexor. I'm actually improving. People are remarking that I appear to be myself again, and one friend said I looked 'happy'. What's that? The other thing it's doing is just beginning to bring my manias back, which I'm immensely grateful for. It was such fun (and awfulness too of course) being properly bipolar, and then several years with only depressions. But I have to watch myself a little, as I'd more or less forgotten how to handle these states. Tend to get over-talkative and flirtatious, but so far no damage. Keep my hands in my pockets and leave the room when necessary.

*27 September 2007*

Dear R

I can't tell you how delighted I am that you're still 'up'. It is exciting isn't it? I think I'd assumed that you would turn a corner post Jaime's death at some time around now, but I didn't really expect (or not necessarily) a return to hypomanias. But it does make sense, doesn't it. The acute stage passes, the stress levels drop, the dampeners come off—so why not a return to mad normality? The sadness and loss will always be there of course, but now they can be turned from the grimness of mourning her struggle (and yours) to a satisfaction that she was someone utterly to be celebrated.

*27 Sep 2007*

Dear M

The work mode is beginning to get itself established again, at least better than before. I still waste a lot of time, but I wake up in the morning *wanting* to work, and sometimes do, even if scrappily. I think this current state is just going to be slow to iron itself out, but it will. I feel pretty confident of that now, and am getting impatient for it to settle itself. So I'll just follow my current abilities and try my best.

Still sleeping wretchedly, which is the main problem, and waking up tired. I'd forgotten what these states were like, and precisely how to deal with them. But my mood is still good, no signs of depression, so things will be OK (I think/hope/fondly imagine: select one).

*3 October 2007.* I was supposed to prepare a CV for some Edinburgh business, and sent it to M, and it was all full of absurd mistakes. I kept sending more copies, and each one had new errors. I was kind of flying and manic, and unable to concentrate on anything. M got so worried that she finally phoned me—I know I'm a fuckup, but not like this.

Dear M

I told you I'm a bit odd. I really *looked* and just didn't see the mistakes. Now you know why I've been working so slowly these days. I'm acting like a dyslexic. Or maybe it's just early dementia. I am utterly sorry. The only excuse I can produce is that I am really not quite myself, or maybe I'm a poorly functioning version of one of my selves (one I actually like better). I need to learn to handle this, or I'll end up getting depressed over the way my (desired) elevated mood is fucking up my work.

*3 October 2007, email after M had phoned me*

Dear R

It was amazing to hear your voice yesterday. You sounded as high as a kite. You certainly seem to be recapturing a bit of your manic energy and fizz. You'll just have to find a way of bottling it and giving yourself small sips. It's obviously rather intoxicating [...]. Needless to say I'm delighted you're so cheerful. You have a lot of cheerfulness to catch up on—so let it rip.

*7 October 2007.* I'm very pleased to see more of my ability to respond properly to music coming back. That's another good sign. I went to a number of concerts last time I was in Edinburgh, and enjoyed them more than I expected, but not as intensely as I thought I should—there was still a bit of a veil there. Still not sleeping (except today falling asleep in the afternoon a couple of times), but I may be learning to live with it until it stops. Something important is happening, and I suppose I'll have to let it proceed at its own pace. Meantime I've been getting out of the house more, visiting friends and going out to dinner, seem to have lost the old reclusiveness.

Dear R

Well frankly you sound marvellous. What I'm most pleased about is that you seem to be having so much fun and with a uproaring social life. It's fantastically good for you (for any of us) and will help build a lasting mood state that is up and outgoing not down and inward looking [...]. Now you are rediscovering all your old friends and making others and you have a web which is also a trampoline [...]. A lot of it is to do with the timing of grief. But, as I know with Mother, acute grief can sometimes last a very, very long time so it was hard to know how long it would take with you. I think you're emerging now and emerging in a way that you probably could never have done while Jaime was so ill. Back to the best days though sadly without her—but she'd applaud I think.

*8 October 2007*

Dear M

This incipient (or sometimes not so incipient) mania may be parallel to somewhat resolving grief, and therefore freeing myself to have high moods. I still have a long way to go in handling that properly, but I'm not going to do anything pharmacological. I'm not (yet?) dangerously euphoric, though I have some odd moments. Fortunately all my good friends understand, and are willing to let me behave as oddly as I want. At least I haven't transgressed any boundaries yet. I hope I'm a bit more settled by the time I get to Edinburgh. I'm still having enormous trouble working well, sitting still, thinking consecutively, but I'm somehow convinced (hope

it isn't wishful thinking) that it will settle down enough for me to get productive again. I used to be unproductive because I felt too bad, now in a sense I am because I feel too good. That's a coarse but not inaccurate way of putting it. But music has come back, and that's got to be a really good sign.

I only wish sleep would. This morning woke up at 4, and couldn't relax at all. (The fact that there was a large cat on my head had nothing to do with it.) I stared for a while and then tried to read, but couldn't concentrate, so had breakfast at 4.15, then did some cleaning up so the house wouldn't be too filthy when the maid came at 9. (Do you ever do that?) Then cleared up my desk a bit and got rid of a shitload of useless papers, had a shower, got dressed (all by 6), and then did a little work and a lot of walking about the house. Still no depressions and I'm much less irritable than I used to be.

*9 Oct 2007*

Dear M,

Funny thing happened last night, which scared me a little but seems OK now. Was just getting ready for bed at 10.10 when I was washed over by a wave of classical old-time depression. First time in months. Oh well I said, regardless of prior fizz, this disease is cyclical, and this was bound to happen. Went to bed with it, and slept 8 hours (sure sign I thought of sinking again), woke up anxious and in a bad mood, and suddenly about 11.30 it disappeared and I returned to my current mildly hysterical state. So it may cycle for a while or forever, but if the down cycles stay this short nothing to worry about. If they get worse will see shrink. I really want now to stay more or less in the state I'm in, but they don't call it bi-polar because it has two polar bears.

*20 October 2007*

Dear R

Hooray you're all lit up. It does seem as if your disease is stabilising into its old unstable state. Well at least you know what it's like and how to deal with it. And you were lamenting the lack of manias. So now I suppose you have to put up with the other side of the coin occasionally. Probably just as well or you and everyone around you will end up exhausted. Keep your chin up and keep laughing.

*30 Oct 2007*

Dear M,

Something that happened to me today and I hope will continue. For the first time really since I got back from the last trip I spent much of today not only working hard but *at speed* and *well*. I haven't felt like this—centred, confident, professional, non-demented—in ages. I wrote three reviews of papers, did some reading, did some good and non-scatty thinking. I seem to be reading faster and better and more accurately. I seem to have got a fairly large chunk of me back all of a sudden.

I'm still hypomanic, but more or less in the old style, with at least one foot on the ground. Please cross fingers that this will stay, or something like it. For the first time in ages I actually feel that I have something of my own identity, the old one, maybe I can still use my name without lying. Anyhow, good news at least for today. I thought I'd report. See what tomorrow is like.

*7 November 2007*

Dear M,

As you may have gathered from our phone conversation I am still alive. Rather floating and manic. Thank you for phoning, and for worrying. I'm sorry I forgot to answer your message, it was just one of those days.

K came over at 11 to help with the weeding, and there was no message from you yet, so I thought I'd look later. We spent several hours pulling out all kinds of things (more exercise than I've had in months), and then were suddenly so hungry that we went out to lunch, which was slow in service. Then we came back here and drank, and got so pissed that my mind just wandered away and I got forgetful and actually didn't remember that I hadn't emailed you.

I'm very weird today, in an odd and mixed sort of state, and my memory is like a collander. I am certainly bipolar again, but I've got to watch the top pole now, so I don't fall off it.

*11 November 2007*

Dear M,

I've been having a couple of manically productive days. Yesterday woke up at 5 and got to my desk at 5.15 and did nothing but work till about 10.30. Then I did other things because my eyes gave out, and did some more later. Worked from 6 to 10 this morning and got irritated with all the fiddliness. Marking all potential hyperlinks, changing symbols, revising, I don't know what all. May finish this afternoon or tomorrow morning.

I'm having a slight attack of Time's winged chariot, realising I have to get so much done in something like 11 days, before I leave for Edinburgh. Where did the time go? Well it dissipated itself in silliness. Yesterday had lunch and a companionable shop with L, and she remarked that I seemed very 'up', was talking faster than usual and a bit more (though with her it's a hard competition), and that she thought my condition was very satisfactory. Since one of her chosen roles appears to be acting as my mother (how can you have a 29-year old mother at my age?) I think her observations are good. And she knows more about lunacy than most of my friends, except K who knows it from the inside.

*13 November 2007*

Dear M,

I'm all shaky and diffuse this morning. The being all atremble is to do with the chemistry of real hypomania I think. And Effexor maybe working too well at the moment. I bet if I had some bloods done now my adrenaline levels would be over the roof. But Effexor is a noradrenaline and (weak) dopamine reuptake inhibitor (among other things), and noradrenaline is a precursor of adrenaline and stimulates the adrenals in addition to the brain where it's supposed to be working. That's the trouble with these bloody neurotransmitters, they work in all kinds of places other than where I'd like them to. Dopamine in one part of the brain produces motivation and movement (it's deficient in Parkinsonism); but with nature's superb parsimony it activates the emetic centre of the brain in its spare time. Bouncy and fluent in motion, excellent mood, and nauseated. Everything is a fucking tradeoff.

*14 November 2007*

Dear M,

I'm a bit over the edge again today, I think from suddenly working too hard. Rushing, tremors, mistakes with the mouse because my movements are exaggerated. But I am beginning to harness things, though I feel a bit desperate about deadlines. Have so far been working since 6 in the morning and it's now 11.30, with a time out for phatic emails and reading bits of the morning newspapers. I have been pretty manic for weeks now. Hope I can relearn how to harness it.

On top of everything else I am feeling rather young and easier in movement. It's been a very long hypomania, with no serious depressions, and of course that worries me, being the eternal pessimist, but I feel rather good about things. My friends are coping quite well, though they find me even more talkative than usual and a bit odd. And I have lost some of my control over my usual potty-mouth, and do tend to say things like fuck rather more often and in less appropriate places even than usual. Fortunately most of my friends are as potty-mouthed as I am. (I love that expression: first heard it in an interview with Julia Roberts, who was talking about having to become one for playing Erin Brockovich.)

*14 November 2007*

Dear R,

I can't tell you how pleased and happy I am that you're upbeat and working. Upbeat and manic was joy in itself but now that you're harnessing it and getting things done that only you can do it's so exciting again. 'Just like the old days' to quote Sherlock Holmes. You really have done fabulously. All that struggling and coping and keeping going even when at a low, low ebb is now being rewarded. Or if we believe in grace not reward it's transformed and transmuted and opened out. Or something. Whatever it is it's *good*.

*17 November 2007*

Dear M

Not too much work today, but some. Couldn't seem to settle. But I should be all right tomorrow. Still very jumpy and as the technical term goes 'festinant'. Movements slightly exaggerated, bumping into things from time to time, walking too fast, twitching. But mind is clear as a bell (whatever that means). I appear to be thinking. This is fairly classical (for me) high-grade hypomania, which I'm mostly enjoying, though I find in company I talk too much. If I start getting motor-mouthed again as you put it please kick me under the table. At least not that bleak and hopeless depression, which in fact I haven't had except in hour-long tiny bursts since I came back. So I'm closer to the R everybody knows and considers a royal pain in the ass.

In between this and the next entry a very successful trip to Edinburgh and Newcastle. Did a doctoral viva at Newcastle which was great fun, superb student, and lots of good people I hadn't seen in a long time. Mood very elevated, slightly silly and over-talkative, but we all seem to have enjoyed it. Bloody British trains don't have whisky in the buffets any more, but was clever enough to take a flask with me, as I'd be travelling during afternoon drinking time. Drank about half the flask by the time I arrived, and was in good mood but not drunk. Rather uproarious dinner with old friends, decent hotel, then examination and champagne party the next day and back to Edinburgh. Trip very

successful, M and I completed a long paper we'd been working on for ages and wrote an abstract for another one we have to give next August. Mood either normal or hypomanic most of the time, very social. There's been a major (don't know if it's permanent) change in my attitude: I'm beginning to realise more and more how important people are (me, the classic case of what K calls 'misanthropic personality disorder'), and especially good friends.

*1 January 2008.* Decided to complete my coming out into the world, and for the first time in 15 years had a birthday party. First party I'd ever given on my own, all past ones had been Jaime and me. Normally my birthdays depress me inordinately since I'm preoccupied with age and death and decay. But I thought maybe I could defuse this by surrounding myself with favourite people, all talkative and funny. Successful, though I worried at first since most of them didn't know each other whether it would jell socially. Didn't have to. About 5 hours of very good time, I was somewhat pissed and of course gradually got drunker and more euphoric, and we all seemed to be funny and satirical and profound (alcohol is wonderful that way). Took this as a kind of 'landmark' in what I was beginning to see as an upward trajectory.

*13 January 2008.* Woke up depressed again this morning. Something like the old pattern of cycling seems to have got reestablished, though I have had no hypomanias in a while. Wonder when the next real one will come. Wake up either neutral or depressed, but depressions are usually grey, not black, though I get one of those occasionally. It's like a cycling within a reduced range, mountains lower and valleys shallower. Have had no recurrence of the old kind of depression so far—to put it simply, distress and dullness rather than agony, very little anxiety. The overwhelming pain seems to be gone, and everything except manic episodes is more muted. Sometimes mood is just 'ordinary', I suppose what one might call euthymia, or something close to it, sometimes dysthymia, sometimes real depression, though rarely on waking any more. Elevated states seem to generate more in social settings than when I'm alone, which used not to be the case. But they're there at least, which makes life liveable, and the depressions are normally short-lived, rarely even a whole day. It's like a whole new disease, and I don't understand its structure yet. Something to keep my mind occupied. Why is it that when you get a nice box of chocolates at least one of them is a neatly wrapped turd?

*15 January, 2008.*

Dear M,

I've had a new psychological experience that I just had to tell somebody about. Very distressing. You know those 14th-century tombs in churches that are made in two layers? The top has an effigy of the dead person dressed in best clothing and looking very good; then below there is a colonnade, and inside the cage formed by the colonnade is another effigy, exactly parallel to the top one, but in the form of a partial skeleton, with bits of flesh adhering, rags of clothing, etc.

Well last night as I was getting ready to go to bed, a very detailed image of one of these popped into my head. Only the person on top was Jaime, dressed as V had dressed her in preparation for the undertakers, and the mouldering skeleton underneath was Jaime too, not really recognisable but I knew it was her. And particularly awful; bones sticking out, worms, fragments of flesh. Exquisitely carved in alabaster. And the whole 'vision' was set in the graveyard where she's actually buried.

Nothing wrong with this in principle if it's just a kind of *jeu d'esprit* as it were. But it isn't; it persisted, coming and going for hours last night, and I woke up with it this morning and can't get rid of it. As I'm sitting here typing it's running through my head with an obscene clarity, and no matter what I do it's there, sometimes drifting into vagueness, but most of the time horrendously clear, every flower on the gown she was wearing visible. And inside the colonnade the bones were visible with the same clarity, all the little openings that nerves and blood vessels go through exquisitely detailed. It circles round with the typical ruminative persistence of a depressive 'intrusion' or obsessive idea or visual hallucination.

Sorry, I just had to get this off my chest. I thought maybe by trying to describe it and verbalise it I could depotentiate it a bit, and make it go away or at least get dimmer. It just keeps on,, disappearing for a while and then coming back. I don't know quite what to do about it except get drunk, but at 7.20 in the morning I'm not going to do that.

It took about 4 days to go away; now it's just an occasional presence, rather dimmer than before. Odd, or maybe not, writing about it brings it back, but still a bit veiled. I wonder if it will ever go away.

*16 January 2008.* After a couple of days of flat but not too bad mood, woke up with the real old black blanket descending again. So it's there after all. Grim and reclusive, old desire to drink in the morning. Resisted. Today S and I are supposed to take K out for drinks to celebrate her birthday. Normally they are two of my very favourite people, and we laugh uproariously and gossip and tell dirty jokes, but the thought even of their company was numbing and depressing. How would I be able to talk or laugh? What I wanted to do was lie on the couch in the back room drinking glass after glass of malt whisky (the only thing I could think of that could give me even the slightest pleasure was a 16-year-old Lagavulin I'd been given for my birthday) and read detective stories.

They were supposed to come at 4 and we'd go out to a local pub. I spent the day working idly and unproductively a bit and mostly reading, then at 3.30 suddenly realised it was time to get dressed. Could I manage it or should I text S and tell her I wasn't coming? I decided it would be rude, so in spite of my predilections had a shower and shave (the latter for the first time in 5 days or so, a sign of basal mood), and decided to put on my favourite shirt as a kind of talisman—maybe the green stripes would make me feel better? S and K arrived a bit after 4 and I felt a little less rough seeing them, tried to pretend I was OK. Hug, kiss, slightly fake smile and try to hide the effort. You don't grump about on people's birthdays. And in fact I did slowly begin to feel better. By the time

we got to the pub I was approaching normal, and after a couple of hours of drinking and eating and telling scurrilous anecdotes about colleagues and being potty-mouthed I was feeling fine. Just slightly drunk, enough to take the edge off things, faintly elevated. Then S had to go to a class, so K and I came back to my house, and sat around for a few hours drinking more, and I was deliciously but not grossly pissed by bedtime. And back to a slightly euphoric mood. Odd for a guy in his 70s to have a 28-year-old girl as favourite drinking buddy. Odd for her as well, but then she's eccentric and a depressive too. It seems company, at least the right company, is a fine antidepressant, even euphoriant. K and I always seem to make each other feel better, and lovely evening ended what started as classic shitty day. Woke up next morning hungover but in good mood. A summarising day. I think this is going to be the story of my life.