

Book Review

Holmes, M. G. (2010). *Down to 1: Depression stories*. Pasig City: Anvil. 92 pages.

Common questions that people ask after someone commits suicide are the following: Was the person depressed? What caused the person's depression? What led this person to commit suicide? Was it possible to have prevented this person's suicide?

To provide some answers to these questions, Dr. Margie Holmes' has come out with a short (92 pages) and easy-to-read book entitled *Down to 1: Depression Stories*, for both mental health professionals and laypersons interested in learning more about the reality of having clinical depression.

In her introduction, Dr. Holmes explains that this book is very personal for her. In fact she says that it is written for, "the girl I used to be 33 years ago, when I had my first major depressive episode" (p. ix).

The book is divided into four main parts, which she says corresponds to the main things she would have wanted to know during the time that she was depressed. The first part is a very simple and helpful 20-item test, the Zung Self-Rating Depression Scale or Zung SDS, which the reader can take to find out if he or she is depressed. However Dr. Holmes is quick to caution the reader that the Zung SDS is, "merely a tool to help gauge your mood and cannot take the place of a comprehensive clinical interview for confirming a diagnosis of depression," and that, "Without active participation with a mental health professional, its interpretation is useless" (p. 4).

The second part, which is the longest part of the book, clarifies the common misconceptions of depression and distinguishes between

simply feeling “sadness or the blues” from being really clinically depressed. Dr. Holmes explains that, “Like love, depression has been used to describe feelings that pale compared to the real thing. Where love is concerned, that can be a terribly sad experience. Where depression is concerned, count your blessings for not having experienced the real thing” (p. 7).

The definition and nature of depression is clarified further through the author’s responses to two website letters to her. Her responses illustrate how there are many possible factors that can contribute to depression and how depression affects all aspects of the person’s life. In one particular letter, Dr. Holmes replies to a certain James who is agonizing as to whether to tell his fiancé about having been diagnosed before as clinically depressed. Aside from addressing the concerns about the stigma that depression brings to an individual, Dr. Holmes explains to her reader that, “As in all important things in life, there are no simple answers. Being depressed, like other familial reactions, either good or bad, can be a function of both shared genes or shared experiences” (p. 21).

If there’s one thing that this book clearly points out it’s that one cannot clearly pinpoint just one cause for depression. There are always several factors that play a part in leading one to become clinically depressed and we must all be careful not to oversimplify things by blaming just one aspect (e.g., poverty, family history, and biology).

The most illuminating part of the book of course is the stories of the survivors themselves. Dr. Holmes lets the courageous survivors (she calls them the FCD 10, which is short for ten formerly and/or currently depressed people) speak for themselves and share their own experiences of going through depression.

Through the FCD 10’s narration of their own depression stories, the readers are given a better understanding of what it really means to be depressed. More importantly, it helps readers appreciate the fact

that even though depressed individuals share common symptoms, each one has a different story to tell. In fact, the FCD 10's stories show that many possible life events can trigger depression and that there can be a very wide variety of symptoms that a depressed individual can find most striking. For example, some of the FCD's interviewed share that it was through the loss of a loved one – through either a break up or death – that they first felt the grip of depression. With other FCD's interviewed, depression was something that they felt gradually and only realized that they had when different aspects of their lives (e.g. work, studies, or even driving through traffic) started to get affected.

The striking symptoms for them include being unable to sleep, being unable to derive pleasure from activities that they used to enjoy, constant fatigue, increased alcohol intake, isolation, and thoughts of suicide. However, the most common symptom seems to be a feeling of hopelessness. Peque Gallaga, one of the FCD 10, simply describes it as, “you are in a hole, and there's nothing that you do that gets you out of it” (p. 27).

Especially informative are the FCD 10's sharing of the ways that they coped with their depression (not necessarily effective) which were also as varied as their stories. The following are the ways mentioned: asking for help from a professional, getting support from loved ones and relatives, medication, writing, yoga, consulting a priest, joining a prayer group, getting a pet, having sex with prostitutes, playing computer games, diet and exercise.

The third part of the book delves into the issues regarding seeking medication when depressed. In this section of the book, Dr. Holmes expounds on both the benefits and dangers of taking medication. She also advises those who are seeking treatment for depression to “choose you psychiatrist well.” Among many other qualifications, she says that the psychiatrist you choose must be someone who “has the best intentions, talking to you about your symptoms for the full hour and

not just prescribing drugs.” Again, it is very interesting to see how medication helped for some of the FCD’s while other FCD’s either experienced negative effects of medication or never had to take medication at all.

Finally, the fourth and last part of the book tackles suicide and provides a summary of some studies that tackle its intricacies, nuances and complexities. It also gives the reader a list of common myths and beliefs, including quasi-myths, that people have about suicide. Dr. Holmes’ answers here are particularly helpful to those who know someone who has expressed to them their desire to commit suicide. Dr. Holmes debunks many of the common beliefs such as: people who talk about suicide do not attempt it, poverty is one of the major causes of suicide, and an individual who survives a suicide attempt is out of danger.

The only objectionable part here is when Dr. Holmes talks about Myth#7 which is that suicide is a shameful act of weakness. I agree with the author that this is false in the sense that it is not helpful to hold this belief and to apply it to all incidences of suicide. More importantly, the feeling of shame is one obstacle that prevents families left behind from healing and asking for help. However, I feel that there is a need to clarify what Dr. Holmes states when she says that, “It is important to remember that suicide requires courage and strength of character for three reasons. First it is the truth. Second, it is a kinder, gentler view of those that attempt and/or complete suicide. Third, it is important for those left behind to realize that suicide can be an act of courage and someone who dies by suicide almost always cannot see any other way else to protect their loved ones” (p. 72).

It is difficult for me to accept these assertions for the following reasons. In the same way that it is not helpful to judge a person who has committed suicide as weak and shameful, I believe that it is not helpful to make a generalization that all suicides show courage and strength of character. The danger in making this assertion is that readers

may interpret this as a reason to look up to people who have committed suicide as “heroes”. More dangerous is the fact that proclaiming that an act of suicide is courageous and representative of strength in character may provide a rationalization for people who are thinking of committing suicide to go through with it. Another difficulty with the statements mentioned is that it does not provide the readers with a full picture of what happens to the families and loved ones left behind by people who commit suicide. Yes, it is good to see the perspective of someone who has committed suicide and how for them there seems to be no other way to “protect” their loved ones; however it would also be good to provide the reader with the reality of the suffering and grief that people left behind have to endure when their loved one commits suicide. Mentioning this would give a more complete picture of the consequences of suicide. This is one limitation of the book.

Despite these points, I believe that Dr. Holmes manages to accomplish what she has set out to do in this book, which is to reach out to more people and help them understand the nature of depression. She manages to do this in a very simple, straightforward manner, along with her trademark wit and charm. More importantly, with this book she has provided an opportunity for those who are suffering from depression to have a voice and hopefully for those who are still in the dark to be heard.

After reading the book, the reader will still not be fully equipped to handle one’s own or another person’s depression (as the book clearly shows, you will really need a professional for that). But through these stories on depression, one can come out with a deeper understanding and perhaps a more compassionate stance on people who suffer from depression.

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