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# AGAINST DEPRESSION: FINAL KNOWLEDGE IN STYRON, MAIRS, AND SOLOMON

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If I said you had a beautiful body
Would you hold it against me?

In 1988, American novelist William Styron, prompted by the "mystified" (32) and (as he saw it) shame-faced response to Primo Levi's apparent suicide, wrote an op-ed piece for the *New York Times.* "The argument I put forth," he tells us in *Darkness Visible* (1990), a memoir of his own depression, "was fairly straightforward: the pain of severe depression is quite unimaginable to those who have not suffered it, and it kills in many instances because its anguish can no longer be borne" (33). The article proved catalytic: "The overwhelming reaction" to it "made me feel that inadvertently I had helped unlock a closet from which many souls were eager to come out," and thus that "it would useful to try to chronicle some of my own experiences with the illness" of depression (34). This "chronicle," *Darkness Visible,* proved quite catalytic in its turn. Although some depression narratives precede it, Styron's best-selling book more or less marks the launching point of the depression narrative as a definable and culturally important literary category.[1]

It is hard to know to what extent such discourse has been "useful" in the way Styron seems to have intended, as a way of mitigating the isolation of those souls locked in a "closet" by de-stigmatizing their suffering. But reading his book and other depression narratives during a period of my own suffering, I found them pretty depressing, and I'd like to reflect on why that might be.[2] If such texts construct and circulate certain versions of "depression"—if they help define what it is we talk about when we talk about depression—it behooves us to think carefully about what's at stake in such constructions.[3] Most problematic, perhaps, is that such texts, while they occasionally allude to the difficulty of trying to represent a subject so elusive and recalcitrant,

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ultimately marginalize the questions such a difficulty poses, and thereby presume "depression" is finally narratable and knowable. At what cost? With what implications? Pondering such questions in close readings of depression narratives by Styron, Nancy Mairs, and Andrew Solomon (with a glance at Elizabeth Wurtzel), I hope to show that in imagining they can mean in a way they finally cannot—in pretending to a "final" knowledge—these texts, if they are sometimes "useful," may at the same time reproduce depression's central dilemma. Depression, that is, reads with a desperation for meaning that, I'll argue, these texts ostensibly ameliorate but finally exacerbate. It's in this sense that I find such texts "pretty depressing"—reenacting the failure of meaning at depression's center—and it's in that spirit, as my title suggests, I write against depression as they construct it, and against the depression that they may foster.

Of course, it does seem that some people have apparently found these narratives somewhat "useful." Certainly, although the category of "depression" includes a great heterogeneity of experiences, it may be helpful for a sufferer to read that others have experienced something like an equivalent condition and, as the narratives imply, have survived. Typically, the depression narrative is retrospective: even if it is long lasting and has recurred, the difficulty is framed as temporary—if only because no one in a severe depression is, at the time, likely to write and publish a book. Indeed, insofar as depression involves the dissolution of all structures of meaning, depression narratives may offer the reassurance of a reconstituted (narrative) structure—doubly reassuring, conceivably, if that narrative structure is stabilized around a medical diagnosis, a structuring narrative within a structuring narrative.[4] Moreover, to the extent that depression involves an excruciating sense of absolute isolation, this may be mitigated by the evident possibility that others have experienced something similar, and thus there are grounds for hope.

Still, I want to explore how such potential "usefulness" is only part of the story, to suggest that the narratives, upon close inspection, may operate in problematic—indeed, symptomatic—ways as well. Reassurance that one's condition is familiar to others, for example, carries its own dangers. As I'll argue, depression narratives frequently offer such reassurance by evoking depression as a medical condition, and while this can be a useful construction, if its limits are not appreciated, it can backfire. I was told by a prominent psychopharmacologist, for instance, that I had "garden-variety depression." Such a pronouncement is likely meant to reassure both patient and doctor—to imply that we know just what is going on here, there's nothing "wild" about it—but to me it also suggested a profound, and depressing, failure to acknowledge the intensity, the wildness, of my experience. He could reach his conclusion only by misunderstanding me, by translating my halting,

obviously inadequate attempts to articulate my experience into a graspable list of straightforwardly defined "symptoms." This helped him decide on a "treatment," but it also reinforced my sense of intense isolation and left me wondering: which is worse, utter isolation or being reduced to a type? To remain in wild namelessness or to be named as a garden variety?

The issue isn't only how a depressed reader might respond to the sort of depression narratives I'm examining, of course, but also, again, what cultural work such narratives perform—how they function to help construct and perpetuate certain ways of thinking about what depression is. Since I am largely "against" such constructions, this essay is mostly critical of the texts I consider, and this has prompted some readers of a draft of the essay to raise a very pointed question of their own. One put it most plainly: "These writers are doing something difficult and courageous. Why be so unsympathetic? Why kick them when they are down, at their most vulnerable?" Such a question raises the issue of why, when it comes to depression narratives, the distinction between text and author so basic to much literary study in the past decades ought not to apply. We read and critique texts, not people. Even if we can think of people *as* texts, there is still a big difference between talking privately with someone and responding to their published work. If someone is going to publish a book that helps construct our cultural discourse, it may even be a form of "sympathy" to pay close attention to his or her contribution, and we are well-advised to do this in any event—especially when it comes to texts like Styron's and Solomon's that become central to the ways such cultural discourse is disseminated. If Styron or Solomon were or are "down," their texts are on top.

This defense has itself been critiqued as "not taking into consideration the fact that the genre of life writing problematizes the distinction between author and protagonist." But however problematic that distinction may get, it doesn't disappear, and in any case it is hard to see how such complications exempt a category of texts from the kind of scrutiny routinely brought to bear on published work. As one influential theorist of life writing has argued: "while tact and fairness are especially desirable in assessing life writing that addresses painful personal issues . . . [s]uch writing should not be beyond criticism, especially when it concerns issues of public moment. . . . Publishing one's life renders it public property, and those who do so cannot (or should not) expect that their representation of themselves . . . will meet with universal approval" (Couser 198–99).

Central to the kind of narratives I examine is the muting of questions about representation, and a chief way this is enacted is in the enshrinement of depression as a medical category, a mental illness—not just "depression" but

"clinical depression." Rose Styron's narrative typifies the way that latter term is vested with an authority that purports to make confusing things "finally" knowable—that purports to have found an answer, rather than one more posing of an elusive question: "When I finally figured out that Bill was depressed—not just moody or in withdrawal or angry at life but *clinically depressed*—I knew we needed professional help" (131, her emphasis). Indeed, Michel Foucault famously reads the rise of the "clinic" as an emblematic instance of how (and with what ideological consequences) categories that define knowledge obscure their own constructedness and announce themselves as "objective" and universal.[5] To the extent that depression narratives purvey such ostensibly final knowledge, we can understand them as symptoms, in something like Slavoj Žižek's sense—as necessarily failed attempts to "suture" an "original 'trauma,' an impossible kernel which resists symbolization, totalization, symbolic integration" (6).[6] "We drape over our diverse sufferers a label that hides more than it reveals" (245), as Joshua Wolf Shenk puts it, and what the label of "depression" hides is identity itself: "No diagnosis can tell my story" (252).

The medical construction of depression can have its uses, as I've suggested. But, especially perhaps beyond the medical community itself, it commonly now involves assumptions about an organic origin of a "disease," and widely circulates discourses about "chemical imbalance" and neurotransmitters gone awry. Indeed, the phrase "chemical imbalance" frequently masquerades as the last possible word, as if it were Emerson's "aboriginal Self," the "last fact behind which analysis cannot go" (139).[7] In this way, the medical discourse of depression often (symptomatically) eclipses the fact that neuroscientific knowledge about how the brain works, and how it is related to the mind, is in its early stages, and that there are in any case crucial limits to what it can tell us, as neuroscientist Steven Rose suggests: "being able to map mental processes onto physiological, anatomical and biochemical mechanisms, while it may—I would say will—tell us *how* the brain/mind works, will not be able to tell us *what* the mind is doing and *why*. These questions will have to be answered at a higher level of analysis, and using a different language, than that offered by the best of neuroscientific technology" (11).[8] Thus, for example, most accounts of antidepressant medication exaggerate our knowledge about how and why it works, when it does: "the fact that aspirin can alleviate the pain of toothache," Rose writes, "doesn't explain the origins of the pain. . . . Toothache is not caused by too little aspirin in the brain, even if some biochemical psychiatrists argue that the fact that depression can be alleviated by Prozac does mean that there is a fault in the serotonin reuptake mechanisms in the brain of depressive people" (8). It's one thing to take or prescribe antidepressants, another thing to say you know very much about what you are doing.

To the degree that a biochemical model of depression has obscured other understandings, this likely reflects the economics of the health care industry (medication is more profitable than talk-therapy); the pharmaceutical industry's growing power to set the terms of public debate; and the cultural status of scientific and medical claims to knowledge. Such a model, moreover, can have strong appeal to sufferers themselves, insofar as seeing depression more as a matter of biochemistry than of psyche, and thereby depersonalizing it, might mitigate against the intense "dissatisfaction with the self on moral grounds" that in "Mourning and Melancholia" Freud describes as "far the most outstanding feature" in "the clinical picture of melancholia" (129)—and insofar, too, as a phrase like "chemical balance," even as it poses an ostensibly stabilizing "explanation," can also offer a coded acknowledgment of a sufferer's sense of residing outside the realm of human meaning. Biochemical understandings of physical disease, that is, cannot concern themselves with the *experience* of meaning (or lament its absence). The gap between the terms of one (discussions of how the brain might react to chemical interventions in neurotransmitter reuptake mechanisms, for example) and the however inadequate terms of the other ("dissatisfaction with the self") is absolute. "Chemical imbalance" as the "final" name for depression can thus be read as secretly conceding that the *experience* of depression cannot be named.

* * * * *

If much writing about depression will gesture toward the difficulty of representing it, such writing mostly fails to reckon with that problem too seriously, and thus the experience of depression is widely assumed to be fundamentally narratable. Consider how Lewis Wolpert's *Malignant Sadness: The Anatomy of Depression* appeals to Elizabeth Wurtzel's best-selling *Prozac Nation*. After discussing the so-called "scientific basis of depression," Wolpert wants us not to forget "just how terrible depression is for the sufferer," and so to "provide a description" (129), he offers a long quotation from Wurtzel. "Depression," she writes,

> is like a cancer: At first its tumorous mass is not even noticeable to the careful eye, and then one day—wham!—there is a huge, deadly seven-pound lump lodged in your brain or your stomach or your shoulder blade, and this thing that your own body has produced is actually trying to kill you.

This does sound "terrible," but as a description of the experience of depression it is severely limited; by reducing matters to physical symptoms, her metaphor evades grappling with depression as a psychic experience—misses, that is, the crucial aspect of "just how terrible depression is for the sufferer."

Such reduction, though, has marked the history of attempts to write depression. Stanley Jackson, a leading historian of melancholy, suggests that "there is no literal statement that would convey to a reader the distress of being in the throes of a severe depression," but thinks that "the enhancement of a metaphorical expression" can "bridge the gap of understanding" (396). For Jackson, "two metaphors [that bridge the gap] stand out in the long history of melancholy: being in a state of darkness and being weighed down." Again, the far from self-evident notion that psychic "throes" can be somewhat adequately rendered as physical symptoms—can "draw the reader at least vicariously into the trembling subjective world of . . . a [melancholic] sufferer"—is simply taken for granted. The limits and possibilities of these metaphors aren't parsed in some attempt to reckon with how or to what degree they can represent that distressed "subjective world." To what degree, for example, is "being weighed down" a metaphor, as opposed to a literal statement about how depression might feel in the body? To what degree is "being in a state of darkness" necessarily a condition of suffering, as opposed to mere disorientation or even gratefully experienced rest?

The passage that Wolpert quotes from Wurtzel continues: "Slowly, over the years, the data will accumulate in your heart and mind, a computer program for total negativity will build into your system, making life feel more and more unbearable." This is a step even further away from grappling with how to represent a psychic condition. Depression here isn't even a physical symptom of a body that might have some relation to the complex inner world of a person. It's software, and the self is a computer, processing "data." The result is "total negativity," an empty phrase she elaborates by adding, "one day you realize that your entire life is just awful, not worth living, a horror and a black blot on the white terrain of human existence." In translating positive and negative to white and black, Wurtzel repeats the same binary logic that refuses the complexities of meaning in the first place.[9] What's left is cliché: "life is just awful, not worth living."

As if in response to the inadequacy of such generic renderings, Wurtzel tries again, posing depression not as a cancer, not as data, but "as complete absence: absence of affect, absence of feeling, absence of response, absence of interest." Whence, then, the pain? Why is complete absence "just awful"? It has nothing to do with the particulars of anyone's life, nothing to do, in fact, with life at all. It's simply physics: "The pain you feel in the course of a major clinical depression is an attempt on nature's part (nature, after all, abhors a vacuum) to fill up the empty space" (Wolpert 129–30). Is all of this pain the same? Where does it come from? Why does nature fill the so-called vacuum with pain rather than pleasure or joy or anything else? To what extent are "vacuum" and "pain" useful metaphors in this context? In suppressing such

questions about the difficulties of any "description" of "just how terrible depression is for the sufferer," Wurtzel's text typifies the evasions of its genre.

It might seem like overkill to treat a gossipy book like *Prozac Nation* with such seriousness, but my point is that it is widely taken seriously. Wolpert himself is an intellectual, a research biologist, who is trying to write a serious book—by his own account his subtitle, *The Anatomy of Depression*, is meant to evoke Robert Burton's "monumental" work, *Anatomy of Melancholy* (x)—published by an intellectually respectable press, The Free Press, but of all the possible ways of trying to suggest "just how terrible depression is" to experience, Wolpert appeals to Wurtzel.[10]

* * * * *

Like many others writing about depression, Wolpert begins by acknowledging he is "particularly influenced" (xi) by Styron's *Darkness Visible*. Kay Redfield Jamison's celebratory response is also typical, and it reveals the *scope* of Styron's influence, as it suggests how his version of depression becomes *definitional* for those in the process of becoming experts: Styron's "descriptions of suicidal depression are ones I frequently use in teaching medical students and psychiatric residents" at Johns Hopkins (2).[11] Such canonizing celebration seems to reflect what I'll argue is Styron's deep commitment to representing his "knowledge" about depression as final—a reflection that seems most starkly evident in the *New York Times* editorial on the occasion of his death, focused entirely on *Darkness Visible*. There, that slim book is said to constitute an important "achievement in medicine"—one as "worth celebrating" as Styron's entire literary achievement (Downes). It is presented as a "blessing" for sufferers of depression, a "miraculous book." Indeed, as with a sacred text, the adequacy with which it represents mystery is seen as complete: it is "the only [book] that has ever faithfully reproduced what is going on in [depressives'] heads"; it "elevates a familiar illness, the better to pin it down"; it "gives shape to an ineffable disruption in the brain."

To some degree, this canonization reflects Styron's investment in offering reassurance. His penultimate paragraph proclaims "the truth that depression is not the soul's annihilation . . . it is conquerable," the concluding one evokes Dante's poet "trudging upward and upward out of hell's black depths and at last emerging into . . . 'the shining world,'" and Dante himself gets the book's last words: "And so we came forth, and once again beheld the stars" (84). I think that such a neatly shaped Dantean narrative of descent and inevitable return contributes to what Nancy Mairs—a dissident voice in the chorus of praise for Styron—sees as the book's "peculiar deadness" ("Literature" 128). She sees "the authorial subject" as distanced "from the suffering subject. The

author—highly intelligent, perceptive, above all in control—may then scrutinize and explain and interpret pain without ever appearing to fall victim to it." Staking an authorial position on the far side of his "conquered" troubles, Styron perpetuates the idea that depression is knowable and masterable. That this Dantean position is questionable, to say the least, is evident from Rose Styron's narrative of her husband's depression, where we learn that in *Darkness Visible* Styron "did not mention a second episode. Bill did have a relapse in early 1988" (135) (*Darkness Visible* wasn't started until 1989). The triumphant end wasn't really the end, after all.[12]

Styron's stance of reassuring mastery depends upon his unqualified acceptance of depression as a medical category. He introduces his difficulties not by posing a hard *question*, but by confidently proclaiming a *conclusion*, one bound up with putative medical certainty: "I had concluded that I was suffering from a serious depressive illness," a "disease" with "symptoms" (5). Although he "was floundering helplessly" in trying to deal with it, such helplessness is securely contained within the boundaries of the medical category—and within his own celebrity. If there is a tension between the Styron who "concludes" and the Styron who "flounders," the paragraph quickly resolves it: after a few sentences introducing the "malady," it proceeds to a long, strangely detailed historical account of the Prix Mondial Cino del Duca, the high honor Styron was in Paris to receive, including (in the next paragraph) a list of some of the previous recipients (Jean Anouilh, Andrei Sakharov, Jorge Luis Borges, Lewis Mumford) whose exalted ranks he is joining. The brief reference to floundering is thus eclipsed by a story of accomplishment and fame. Indeed, lest his "disease" seem to undermine his authorial mastery, Styron quickly moves to associate depression in general with worldly success. He mentions William James; lingers on Albert Camus, Romain Gary (Styron's friend, he tells us) and his wife Jean Seberg; mixes in stories of Abbie Hoffman (whom he "knew slightly"), Randall Jarrell, and Primo Levi; and eventually erupts in a "sad but scintillant roll call" of "just a few" (he lists twenty) of the famous modern artists whose suicides mark them, Styron asserts, as victims of the same illness (35).

There's a bizarre, self-canceling quality in such an honorary roll call. Artists distinguished by the intense *idiosyncrasy* of their work—Hart Crane, Vincent Van Gogh, and Virginia Woolf start the list—are evoked to fill out a *generic* category. The rhetoric of a list is one of interchangeability: these suicides are, in that crucial way, all the same, without what Shenk calls a melancholy of their own; age, physical condition, personal history, and historical circumstance are homogenized away. Once again, such lumping reflects Styron's uncritical embracing of the medical construction of depression. A

"disease," it "can be as serious a medical affair as diabetes or cancer" (9), has a grave "clinical manifestation" (35), etc. Styron's resistance to its name—"a true wimp of a word for such a major illness" (37)—nowhere shades into an interrogation of the ostensible thing itself. Abigail Cheever writes that *Darkness Visible* "suggests the ambiguities inherent in constructing an ontology of depression" (349–50), but such ambiguity emerges quite inadvertently, in the face of the text's intended attempt to fix its subject.

The seriousness with which *Darkness Visible* is taken as an important work in our cultural reckoning with depression must, I think, reflect the appeal of Styron's pose of mastery. It leads to the final vision of the sufferer, the worst over, ascending like Dante to the "shining world" (84) (a vision that frames out the inconvenient relapses). But such a pose can't really elide the desperation that coils below the surface of Styron's text, a desperation that emerges in the text's pervasive and obvious self-contradiction—as if the text were haunted by the failure of coherence that its ostensible mastery would locate safely in the past.

Such contradiction is evident in the very terms with which Styron frames his project. As we've seen, he sees his initial editorial as having "helped unlock a closet from which many souls were eager to come out." Cheever points out that his metaphor here links depression with homosexuality, introducing what she calls an "uncertainty" into the text: depression "is at once a disease—like cancer—foreign to the individual and invasive of the self, and a way of life—like homosexuality—both essential and constitutive of one's being" (347). But the meaning of this "uncertainty" goes unexplored—and its existence unacknowledged—the text preferring to dispense answers rather than ponder suggestive questions.

If after this "uncertain" framing the text mostly assumes a disease paradigm, the mastery over its subject the text imagines for itself is nonetheless consistently undermined. We've seen how, for example, the narrative concludes with "the truth that depression is not the soul's annihilation," that "it is conquerable." But as a conclusion, this "truth" seems more a denial than a derivative of some previously reported "facts": depression "kills in many instances because its anguish can no longer be borne" (33), and in its "graver clinical manifestation [it] takes upward of twenty percent of its victims by way of suicide" (35), including the "scintillant roll call" of twenty "fallen artists." So "depression is not the soul's annihilation" except when it is, and "is conquerable" except when it's not.[13] (It might be possible to resolve this confusion by arguing that calling something "conquerable" doesn't imply that it is always, in fact, conquered. But if Styron means this, he would seem to be stigmatizing those who have failed to conquer the conquerable, a position deeply at odds with his announced intention to de-stigmatize depression.)

A similar blindness marks the text's representations of the status of knowledge both about depression and about its causes. On the one hand, Styron recognizes that the "disease of depression remains a great mystery" (11). As a "clinician in the field" told him, "If you compare our knowledge with Columbus's discovery of America, America is yet unknown; we are still down on that little island in the Bahamas." But for the most part a sense of mystery does not pervade the discussions about what we know. Just as his wife "finally" defines him as "*clinically depressed*," Styron himself accepts medical terms as an end to definitional questions: "I had been stricken by no mere pangs of withdrawal [from alcohol] but by a serious illness whose name and actuality I was able *finally* to acknowledge" (46, my emphasis). In place of a "great mystery," such "final" knowledge provides a "reasonably certain" (but probably inaccurate) biochemical etiology: "It has been established with reasonable certainty" that depression "is chemically induced amid the neurotransmitters of the brain, probably as the result of systemic stress, which for unknown reasons causes a depletion of the chemicals norepinephrine and serotonin, and the increase of a hormone, cortisol" (47).[14]

Even in apparently stressing the limitations of knowledge, the text remains rooted in the rhetoric of relative certainty. It concedes that learning about one's own depression "will likely forever prove to be an impossibility," but this is because of the complexity of "the intermingled factors of abnormal chemistry, behavior, and genetics" (38); that is, the uncertainty about how "factors" intermingle is premised on a casually confident presentation of "the" relevant factors themselves ("the" here implying that all of the factors are listed). Once again, however, an authoritative claim seems haunted by the "great mystery" it would seek to occlude; in the act of seeming to stabilize knowledge, the list of factors looses more uncertainties. How can we understand "behavior" as a "factor"—apparently a cause rather than a result? Why does this list of "the" factors exclude what Styron will later call a "psychological element"—the "concept of loss"—whose place in "an understanding of the origins of depression . . . has been established beyond reasonable doubt" (56)? And here again, a destabilizing threat—"loss"—is quickly appropriated into a (quasi-legal) narrative of mastery: "beyond reasonable doubt."

This evocation of loss in a way that denies its threat to narrative mastery also strikingly recurs when Styron applies the general "concept of loss" to his own particular case. Abstractly considering the sources of his depression, he is "persuaded that an even more significant factor [than genetics] was the death of my mother when I was thirteen" (79).[15] But in narrating the details of his experience, Styron frames out his mother, whose significance is revealed only belatedly and inadvertently. Eventually (and parenthetically) we learn of

her importance in the narrative's pivotal scene—the moment when, deeply touched by a strain of music, he renounces suicide and decides to go to the hospital. But tellingly, his initial, and main, account of this moment *makes no mention* of his mother at all. One "bitterly cold night," the furnace having failed, Styron sits alone:

> My wife had gone to bed, and I had forced myself to watch the tape of a movie in which a young actress, who had been in a play of mine, was cast in a small part. At one point in the film . . . from unseen musicians, came a contralto voice, a sudden soaring passage from the Brahms *Alto Rhapsody*.
>
> This sound, which like all music—indeed, like all pleasure—I had been numbly unresponsive to for months, pierced my heart like a dagger, and in a flood of swift recollection I thought of all the joys the house had known. . . . All this I realized was more than I could ever abandon. . . . And just as powerfully I realized I could not commit this desecration [suicide] on myself. (66–67)

Eschewing for the nonce the generic languages of disease and symptomology, Styron here tries to represent the experience of a particular, crucial moment. But he can only represent this life-saving moment by suppressing what we are rather casually told later is at its center. Discussing the "theory of incomplete mourning" later in the book (81),[16] Styron momentarily returns to the pivotal scene, identifying a memory of his mother as what saved him. But this crucial revelation is presented as an *afterthought*, some fifteen pages after the scene is initially described, a key aspect of which is relegated to a phrase set off by dashes—a detachable phrase the syntax tells us we can take or leave: "my own avoidance of death may have been belated homage to my mother. I do know that in those last hours before I rescued myself, when I listened to the passage from the *Alto Rhapsody*—which I'd heard her sing—she had been very much on my mind" (81).

If Styron's second version of the pivotal evening tellingly revises the first, consider how it is again revised in the accounts provided by his wife and daughter. Rose, in fact, directly contrasts "Bill's" version with her own: "Bill's description . . . of his watching a film in the living room as I slept upstairs . . . must be indelible in the reader's mind. In *my* mind I never slept if Bill was not in bed beside me. And the piercing of his heart by Brahms must have taken place several hours earlier" (133). Just as in the crucial sequence he renders his wife unconscious and offstage, so too he elides his daughter from the episode entirely, and in so doing elides what might belie the narrative control in which his text is so invested. "Our daughter Polly came to be with him that evening," Rose writes, and she provides, and calls "wholly accurate," a description Polly "jotted down some time later," a portrait of a "raving" Styron so at odds with the composed narrator of *Darkness Visible*:

> *When I went upstairs to his room he was lying there, with his long gray hair all tangled and wild. . . . "I'm a goner, darling," he said, first thing. . . . His cool, trembling hands kept fumbling over mine. . . .*
>
> *For the next hour, he raved about his miserable past and his sins and the waste of his life and how, when they published the scandal of his life, we should try not to hate him. "You'll hate me. You'll hate me," he said in a whisper over and over. . . . "What a miserable waste of a life. I'm dying! I'm dying! I am dying!" And on and on, and over and over, while grabbing me to come closer, taking my head to his breast, holding me closer. My father.*
>
> *When Mum finally came upstairs, as he held me next to him with his eyes closed, I mouthed the words "HOS-PI-TAL" to her.* (133–34)

Rose speculates "that a depressive's memory, even one as prodigious as Bill's, could be skewed by trauma," but while this is true as far as it goes, it doesn't account for the pattern of *how* things are skewed (though the point isn't to examine Styron's "false" version against his wife and daughter's "true" ones, but rather to interpret their differences). By only belatedly and tangentially writing the memory of his mother into the scene, by marginalizing his wife and obscuring his daughter, Styron represents himself as never having been a raving, clinging sufferer, but rather an heroic, independent individual—one whose present rhetorical mastery renders his despair as somehow always having been safely subordinated to his heroism.

* * * * *

As I've suggested, Nancy Mairs has critiqued *Darkness Visible* in just these terms. Again, she sees the "authorial subject" in the book trumping the "suffering subject," resulting in a "peculiar deadness." Ultimately, for her, the book "distances the reader from an experience she or he may have no other means for understanding. I've *been* mad in just the way Styron has, and even I couldn't figure out from his book what such a state feels like" ("Literature" 129). Like Styron's subtitle, *A Memoir of Madness*, this would seem to invite a question about whether "depression" and "madness" are interchangeable terms. But Mairs doesn't engage the difficult issue of "terms," seeming indeed to believe sometimes that language could function simply as a window: "writers who seek to console . . . must make themselves and their anguish *wholly transparent*, revealing not illness as metaphor but illness as illness" (my emphasis). Where for Jackson only "metaphorical expression" can "bridge the gap of understanding," for Mairs only casting off metaphor can do so, but neither confronts the crucial question about to what extent, or whether, such bridging is possible. Indeed, despite her "need" for Susan Sontag's *Illness as Metaphor* "to be exactly like it is," in wanting "not illness as metaphor but illness as illness,"

Mairs suppresses another crucial question: to what extent is illness itself (perhaps especially depression) *already* a metaphor?

Appearing a few years before *Darkness Visible*, Mairs's own depression narrative, "On Living Behind Bars" (1986), isn't strictly speaking part of a post-Styron discourse, and it grapples with its subject somewhat more deeply, but in important ways it prefigures what is problematic about Styron's influential work. Mairs's sentences are so well crafted that it's doubly strange that, as with Styron, a certain blindness about language characterizes the overall narrative. Conventionally, she does refer to "unutterable loneliness" (129), and to a depression that is "Indescribable really" (139), but a serious consideration of what it means to write about what is unutterable and really indescribable might have qualified Mairs's later call for "wholly transparent" narratives. Without such consideration, "On Living Behind Bars" poses Mairs's distress as a stream of pretty formulaic terms and medicalized "symptoms": "fear . . . which made me flush and tremble with feverish nausea" (125); "panic so overwhelming I had lost all control over it" (126); "anguish" (127); "grief" on which she "strangled" (127); "anxiety-ridden" early memories (127); "terror . . . at separation" (128); "dread and despair" (129); "relentless anxiety" (132); etc. If it's a little unfair to pluck these phrases from their narrative contexts, Mairs's mostly unproblematic reliance on them nonetheless wouldn't seem to let us "figure out from [her essay] what such a state feels like" (to apply the standard she applies to Styron).

If she doesn't seem to really consider how to represent what's "unutterable" and "indescribable," for most of the essay Mairs does think engagingly about what depression may have meant at various periods in her life. But the essay's culmination is a repudiation of such thinking. Like the Styrons, Mairs accepts the medical category of depression as a resolution, rather than one more reframing, of a question: "*at last* I began to learn about depression" (150, my emphasis). This "last" construction of her difficulties is presented as if it weren't a construction at all, but a transparent and transcendental truth—a final knowledge—the terms of which are insistently medical and symptomatic: before she received the diagnosis, no one had "told me that I had quite a common illness, of which disruptive sleeping patterns and loss of weight are clear-cut symptoms, and which tends to respond readily to drug therapy" (147).

In coming to her "last" terms, Mairs does resist the kind of triumphalist Dantean conclusion to which Styron resorts. "[N]othing I know can free me from depression," she concludes (153), and she locates herself finally not emerging into a shining world, but in a kind of prison: "All the bars are in place, and the cement of guilt and disappointment is harder than any of the tools that I've found in here with me" (though this prison is also a writing

room, "not a bad place, really"). But in claiming to resolve the definitional questions, Mairs's "last" terms constitute yet another kind of symptom. The genre of the personal essay, of which Mairs is an exceptionally accomplished practitioner, is an exploration of how a particular mind (the "person" writing the "essay") encounters an idea, a history, a place . . . *something*. It's an exploration, that is, of the *particularity* of the self. Through her essay, though, Mairs discovers herself as *generic*. At its end, she cautiously proclaims the achievement of a (writing) room of her own, but has renounced a melancholy of her own. Resolving away the complexities of her own particular troubles by accepting a seemingly transparent medical category—a "common illness"—Mairs resolves away her self. Although there are a few "personal features of my symptoms," the same illness that happens to her happens to "millions and millions at any given moment" (151). "Depression" thus displaces the person writing the personal essay: her troubles happen "not because I am the one and only Nancy Mairs but because, in being Nancy Mairs, I reify—however idiosyncratically—the privileges, permissions, and denials that mold my type" (151). If the body of her work insightfully explores the particular shape and feel of her own experience, when she writes about depression she becomes a "type," exploration is foreclosed by diagnostic finality, and Mairs prefigures the sort of depersonalization that, in her critique of Styron, she decries.

* * * * *

If Mairs's work is a key precursor to *Darkness Visible*, among the depression narratives descended from it one of the most prominent and highly-regarded is Andrew Solomon's *The Noonday Demon: An Atlas of Depression* (2001).[17] Styron himself, in a book-jacket blurb, places it "among the few indispensable works on depression." Like Styron's, Solomon's book presents itself mostly as having mastered its recalcitrant subject.[18] And like its predecessor, it seems haunted by what its ostensible mastery excludes. If the resultant narratives can thus be read symptomatically, however, in at least one way the symptoms themselves seem inverse images of one another: where Styron's text is marked by strange absences, Solomon's is characterized by its dizzying superabundance—its various pronouncements and narratives so often oblivious to one another that meaning dissolves in the resultant confusion. As I'll argue, the book thus works to inflict on the reader a version of the "breakdown" it attempts to narrate.

Early on, *The Noonday Demon* does articulate a perspective from which to critique its usual claim to masterful knowledge. "Not so much has changed," he writes, "since Antonio in *The Merchant of Venice* complained:

> It wearies me, you say it wearies you;
> But how I caught it, found it, or came by it

> What stuff 'tis made of, whereof it is born
> I am to learn;
> And such a want-wit sadness makes of me,
> That I have much ado to know myself. (29)

In evoking Shakespeare, Solomon for a moment stands with Shenk, who, in wondering about the category of "depression" itself, puts *As You Like It*'s Jaques at the center of his argument:

> If one were forced to choose a single word to describe Jaques—who anguishes at the death of animals, wishes for love, longs for a fool's easy laughter—perhaps "melancholy" or "depressed" would be a good choice among poor options. Shakespeare chose "melancholy," but then had Jaques proclaim that he has neither the scholar's melancholy, nor the musician's, nor the courtier's, nor the soldier's, nor the lawyer's, nor the lady's, nor the lover's. Jaques has, he insists, "a melancholy of my own, compounded of many simples, extracted from many objects." And off the stage he walks. (255).

Just as Shenk suggests that "what we call 'depression,' like the mythical black bile, is a chimera" (245), and Antonio calls himself a want-wit, Solomon here seems to recognize how little we know:

> Let us make no bones about it: We do not really know what causes depression. We do not really know what constitutes depression. We do not really know why certain treatments may be effective for depression. . . . We do not know why one person gets depression from circumstances that do not trouble another. (29)

Indeed, he seems quite pointed in cautioning against a too confident medical understanding of "depression": "what we call illness is also really quite arbitrary; in the case of depression, it is also in perpetual flux" (27).

But this way of seeing his subject does not inform Solomon's book. Consider his subtitle, "An Atlas of Depression." Although recent work on cartographic discourse has argued that maps, conventionally regarded as "objective" representations of universal knowledge, are inevitably constructed around various ideological interests,[19] in calling his book an "atlas," Solomon seems to claim just such an "objective" view (or a complementary series of such views), and thereby to naturalize medical understanding of depression as an illness. But if the boundaries that define depression are "really quite arbitrary" and "in perpetual flux," what does it mean to draw a series of maps (unless the point were to explore how each map interrogates the others, which isn't the case here)? Solomon's acknowledgment of all that "we do not know" about depression recalls Styron's evocation of a clinician's "deft" analogy—"'If you compare our knowledge with Columbus's discovery of America,

America is yet unknown; we are still down on that little island in the Bahamas" (11)—but what does it mean to claim to map America if you've not yet reached the mainland?

Although Antonio's epistemological humility in the face of all he does not know about his sadness is occasionally glanced at, for the most part Solomon presents himself as the very opposite of a "want-wit." He usually imagines himself above the fray, seeing the whole continent, mapping. Solomon may say depression is "not an easy diagnosis because it depends on metaphors, and the metaphors one patient chooses are different from those selected by another" (29), but even such a mild interrogation of the medical terms that undergird his pose of mastery doesn't really register. Twenty pages later we're told that "Major depression has a number of defining factors . . . and is usually fairly easy to recognize: it deranges sleep, appetites, and energy" (48)—his predominant view, and one that informs his own experience as he narrates it. Psychopharmacology is one of the unambiguous heroes of the book, and on his crucial first visit to a psychopharmacologist, his condition is indeed "easy to recognize," apparently "an easy diagnosis" after all: his case, the "shrink" quickly assures him, is "'Very classic indeed'"; he has "'a very normal group of symptoms'" (51).

Solomon does try to narrate what his ("normal") depression felt like to him, but such passages often yield to long, detailed medical descriptions, as if to replace the decentered "sick" or "crazy" character who can't feed himself with a masterful authority, standing secure on what is presented as the firm ground of science. Summing up the decentering, Solomon writes, "Breakdowns leave you with no point of view" (55). But he takes back this self-portrait of a want-wit with the very next sentence, a re-centering assertion of certainty: "There's a lot going on during a depressive episode." This assertion looses an avalanche of medical talk:

> There are changes in neurotransmitter function; changes in synaptic function; increased or decreased excitability between neurons; alternations of gene expression; hypometabolism in the frontal cortex (usually) or hypermetabolism in the same area; raised levels of thyroid releasing hormone (TRH); disruption of function in the amygdala and possibly the hypothalamus (areas within the brain); altered levels of melatonin (a hormone the pineal gland makes from serotonin); increased prolactin (increased lactate in anxiety-prone individuals will bring on panic attacks); flattening of twenty-four-hour body temperature; distortion of twenty-four-hour cortisol secretion; disruption of the circuit that links the thalamus, basal ganglia, and the frontal lobes (again, centers in the brain); increased blood flow to the frontal lobe of the dominant hemisphere; decreased blood flow to the occipital lobe (which controls vision); lowering of gastric secretions. (55–56)

What is the function of this avalanche? Appearing in a medical journal maybe it would function as a useful summary. Here, it serves to enact, and inflict, the mastery announced in the previous sentence, and it does so partly by overwhelming the reader: except for some experts, who will be able to digest this dense, one-sentence hunk of technical language? Like someone undergoing a breakdown, we are left with no point of view of our own, and are asked simply to trust the authority of the writer, who presents the truth: "*There are*" all these changes.[20]

A reader might try to recover some point of view by checking how Solomon substantiates his assertion. His endnote, though, begins by reiterating, in effect, "trust my authority, which is underwritten by medical authority": "The catalogue of what is going on during depression is drawn from multiple sources too numerous to list, as well as from countless interviews with doctors, clinicians, and specialists" (448). The note then does mention three texts. Two of these are journalistic accounts—in *Psychology Today* and *Scientific American*—that could prove helpful but by themselves can hardly warrant the mantle of certainty Solomon draws around himself. The third, Peter Whybrow's *A Mood Apart*, is said to provide on pages 150–67 "superb and vivid descriptions of the basics of the majority of these processes." But a reader of Whybrow's chapter will find it actually concerns the effects of "stress"—not depression per se—on human physiology (as its subtitle indicates: "Stress, Homeostasis, and the Seasons of Mood"), and the specific cases he elaborates involve so-called Seasonal Affective Disorder (SAD) and bipolar illness, neither of which, even on psychiatry's own terms, can stand for depression in general.

Solomon himself half-raises the question about the significance of this "catalogue of what is going on during depression": "It is difficult to know what to make of all these phenomena. Which are causes of depression; which are symptoms; which are merely coincidental?" (56). But again, such caution doesn't infuse the proliferating pages of medical discussion that follow, which presume the importance of the terms of such discussion, and reflect both a largely uncritical alignment with biological visions of depression and a corresponding dismissal of so-called "talking therapies." The chapter on "Treatments" offers a cartographic survey of the "two major modalities of treatment for depression: talking therapies . . . and physical intervention" (101), but nowhere does the book offer the kind of detailed engagement of, say, psychoanalytically inflected understandings of depression equivalent to his engagement with the science of brains and hormones. His discussion of talking therapies, moreover, more or less collapses the drastic differences between psychoanalysis, on the one hand, and on the other, the cognitive-behavioral

approaches that dominate his discussion of talking treatments. Further, although he acknowledges that some psychopharmacologists are more competent than others, Solomon's vivid mockery is reserved for talking therapists. "Shopping around," he "tried eleven therapists in six weeks," and the ten he mentions or farcically describes are all, as he puts it, "weirdos," like for example the woman who "had covered all her furniture with Saran Wrap to protect it from her yapping dogs" and "kept offering me bites of the moldy-looking gefilte fish she was eating from a plastic container" (105). Four are perfunctorily dispatched into dismissive categories: "There were the cognitivist, the Freudian who bit his nails for the length of our session, the Jungian, and the autodidact."

Is it plausible that, before shopping, a therapy-seeker as savvy as Solomon wouldn't seem to have formed an opinion about the issues that so deeply divide Jungians, say, from cognitivists, or that someone so obviously well-connected wouldn't have better luck finding non-weirdos (out of the eleven people he consulted, apparently only one wasn't weird)? One might say, well, this is just a joke. But the point of the joke is to establish a frequently "lunatic" (105) therapeutic discourse against which to feature a supposedly authoritative biological one. He never jokes about his pills. Indeed, when it comes to psychopharmacology, mockery is replaced by something close to worship. He quotes with approval a depressed friend who started going to religious services: "But the thing that saved me was Prozac. . . . It was a miracle" (76). Solomon himself testifies, "medication has set us free" (103).[21]

If the book works to enshrine a medical, biological construction of depression, when it comes to representing the *experience* of depression Solomon's seems somewhat more self-conscious than most such attempts about its reliance on metaphor: "A sequence of metaphors—vines, trees, cliffs, etc.—is the only way to talk about the experience" (29). But just as depression is confusingly both "not an easy diagnosis" and also "fairly easy to recognize," Solomon's metaphors seem (symptomatically) oblivious to each other and to their own implications. A persistent one for a while involves a tree and a vine: "My depression had grown on me as that vine had conquered the oak. . . . It had had a life of its own that bit by bit asphyxiated all of my life out of me. At the worst stage of major depression, I had moods that I knew were not my own; they belonged to the depression, as surely as the leaves on that tree's high branches belonged to the vine" (18). While the intensity of this view that someone depressed is "in the clutches of something alien" (19) registers his antipathy toward psychoanalysis—which in its "assumption that something within is preventing the normal functioning of the mind" has "a lot in common with bloodletting" (323)—it seems starkly at odds with some

of Solomon's formulations elsewhere, most strikingly perhaps in the conclusion of his definitional chapter:

> There is a basic emotional spectrum from which we cannot and should not escape, and I believe that depression is in the spectrum, located near not only grief but also love. Indeed I believe that all the strong emotions stand together; and that every one of them is contingent on what we commonly think of as its opposite. I have for the moment managed to contain the disablement that depression causes, but the depression itself lives forever in the cipher of my brain. *It is part of me. To wage war on depression is to fight against oneself.* (38, my emphasis)

There's no reason why, like Whitman, Solomon shouldn't contain contradictory multitudes, but Whitman offers up his self-contradictions as a subject for his own and our regard. If *Noonday Demon* had considered what it means for depression to be (experienced as) both "something alien" and "part of me," it might help us grapple with issues that elude final knowledge. Instead, following Styron, the text unconsciously enacts its contradictions, undermining the reader's point of view in the act of claiming to help construct it.

Such symptomatic contradiction, constructing and presuming a broken-down reader, marks much of *Noonday Demon*. Describing his breakdown, Solomon writes, "Loneliness is depressing, but depression also leads to loneliness . . . if you cannot speak and have no sexual urges, your romantic and social life disappear, and that is authentically depressing" (61). But how do we understand this assertion, in light of a story of depression populated by so many "close" and "dear" friends? In the same paragraph that announces loneliness, we're told that in the middle of a breakdown, virtually unable to function, Solomon is scheduled to do a public reading from his novel: "a close friend . . . helped me take a cold shower. He not only turned on the water, but also helped me to cope with exhausting difficulties such as buttons and fastenings, and stood in the bathroom so he could help me back out again." In the throes of his troubles, "Before bed . . . I would joke with my father and with friends . . . and that rare intimacy that surrounds illness would make itself felt in the room. . . . Sometimes close friends would sit with me until I drifted off. One friend used to hold my hand while she sang lullabies" (54). At the onset of a later breakdown, he writes, "Some dear friends, recently married, moved into my house and stayed with me for two months, getting me through the difficult parts of the days, talking through my anxieties and fears, telling me stories, seeing to it that I was eating, mitigating the loneliness—they made themselves my soul mates for life" (86). Far from "leading to loneliness," depression here prompts its very opposite, a mating of souls—a mating, as it happens, whose terms evoke the optimally responsive parents of a very young child.

In this light, a more poignant example of how the book seems unaware of itself involves Solomon's portrait of his actual mother, who died three years before his first experience of depression. The contrast between her and his responsive soul mates is striking (though, revealingly, Solomon doesn't remark on this). He decides his mother "was also depressive," but "used pragmatism as a force field permanently to shield her against uncontrollable sadness," and—with her "blessed rage for order"—"kept herself from ever experiencing a breakdown by regimenting and regulating her life" (70).[22] If "uncontrollable sadness" was kept at bay, nonetheless a "certain sadness was always present" in his mother. Here the distinction between sadness and depression per se, crucial to the medical vision Solomon usually assumes, is dissolved. Where depression is elsewhere defined either by familiar, observable symptoms or by the sufferer's own metaphors, here it somehow exists both unobserved and unspoken. His mother may well have been extremely sad underneath her regimented exterior, but is repressed sadness or extreme regimentation exactly "depression"? There's no account of her acting depressed (having a breakdown, having the "classic" symptoms) or consciously feeling depressed. For that matter, elsewhere we see that the notion that depression and breakdowns *can't* be prevented by sheer self-discipline is quite reasonably taken for granted. More troublingly, perhaps, Solomon seems here to *approve* of his mother's extreme regimentation, calling it "wisdom about how to live with one's difficulties," though he is "grateful" that such "wisdom . . . turned out to be unnecessary for me"—unnecessary because, unlike his mother, he lives in "this age of solutions rather than that age of ignorant struggle," referring to Prozac, as if no effective anti-depressant medication were available before SSRIs (and as if the psychotherapeutic treatments that had more currency in the pre-Prozac age amounted to ignorant struggle). Finally, one can only wonder what effect such an intensely self-regimented, "irritable" mother—whose "pragmatism" constructs a defensive "force field" around herself, as she manifests a "rage for order"— might have had on a sensitive son who grows to call such angry self-denial "wisdom."

Solomon himself, however, doesn't wonder this. Indeed, in disclaiming that his depression has much to do with what he calls his "reasonably happy childhood," he writes of "two parents who loved me generously" (39). The representation of his father's generous love during his adult difficulties is certainly compelling, but how can we understand the references to a generously loving mother, on the one hand, in light of his portrayal of a rigid, emotion-denying mother, on the other?

* * * * *

Versions of such a question—"how can we understand this crucial contradiction?"—have echoed throughout my discussion. In one sense, this question registers readerly dismay at a text's failure—dismay, we might say, at the undermining of a reader's point of view, a condition, in Solomon's terms, that implies a breakdown. To ask "how can we understand" is, in this way, to replay the question at the heart of depression itself. Whatever its so-called etiology, depression is experienced as a profound failure of meaning. The world itself—utterly emptied of sense—functions only to provoke the question "how can I understand?", which it drastically fails to answer. In Julia Kristeva's formulation, depression involves the "feeling of being witness to the meaninglessness of Being, of revealing the absurdity of bonds and beings" (4)—a "spectacular collapse of meaning" leading to "difficulty integrating the universal signifying sequence, that is, language": "melancholy persons are foreigners in their maternal tongue" (53).

But where for Kristeva the resultant "despair is not a revulsion that would imply my being capable of desire" (3), we can also understand the intensity of despair in depression precisely as a measure of the uneradicated *hunger* for meaningful language. If depression involves—or is—"noncommunicable grief" (3), a revelation of the apparent "absurdity" of ostensible "bonds," its pain implies a commensurately intense desire for communion; for a reconstituted, unabsurd bond between self and world, between the Real and the text of the world; for meaningful language. Depression reads, that is, with an acute feeling for the inauthentic, for claims to meaning belied by the many ways texts can betray themselves—even if Freud's view that melancholics have "a keener eye for the truth than others who are not melancholic" (128) might seem a little unnuanced.

In this sense, a depressed reader, acutely skeptical but desperately hungry for meaning, bringing that hunger to the texts I've considered—and to the discourses of depression they've helped construct and circulate—may well find that such texts reproduce despair. They announce themselves as meaningful—are proclaimed as such by a variety of cultural authorities—but, in the ways I've tried to show, may function finally to exacerbate depression's central dilemma: how can I understand? If they can be "useful" in the way Styron intends, Adam Gopnik's book-jacket claim that Solomon's book is "never the least bit depressing" may nonetheless be exactly wrong. At the moment, our culturally dominant ways of representing depression can themselves be pretty depressing.

In the face of the failures of those dominant ways, must the question "how can I understand?" remain strictly rhetorical? Can it register something beside despair? I've tried to address this question by writing "against" the texts I've examined—and thus by trying to resist the readerly "breakdown"

they are in some sense structured to produce. To the extent I've been interpreting textual "symptoms," the premises for this resistance have been some of the very psychoanalytic ones toward which Solomon especially manifests such antipathy. It's notable in this regard that—as I've shown for Styron and Solomon at least—arguably the most "symptomatic" elements of their texts involve representations of a mother.

Writing against depression as many depression narratives construct it, and against the depression they may produce, may seem to engage only half the battle. Are there representations of depression that aren't themselves depressing? That's an important question, but in one sense my argument has been that it's a secondary one, at least to an examination of the constructions of depression that are culturally dominant. Still, "against" suggests more than sheer resistance. A witty country song begins, "If I said you had a beautiful body / would you hold it against me?"[23] In registering skeptical distance from texts that reproduce meaning's collapse, "against" also envisions something toward which it is drawn: something that operates in the symbolic order—that can process what "I said"—but that also exceeds it. It registers the possibly requitable desire, we might say, of the speaking subject for a knowledge less, or more, than final, for an uncollapsed meaning in and beyond words. The world's body might not be only beautiful, but in resisting the culturally dominant versions of depression, "against" nonetheless works to hold that body close.

## NOTES

AUTHOR'S NOTE: Thanks to James Berger, Tom Couser, Phillip Lopate, Craig Rustici, and Christin Snyder, who offered helpful comments on drafts of this essay.

1. The growth of this category is bound up with the mass-marketing of Prozac and subsequent SSRIs, though Styron's book itself slightly precedes this development.
2. That others have also found such narratives depressing is suggested by Maud Casey's observation that, during a depression, "I had read Kay Redfield Jamison's *An Unquiet Mind* twice, and took a stab at William Styron's *Darkness Visible*, but they left me feeling even more depressed" (292).
3. My claims about cultural construction of depression concern the American context, with which I'm most familiar, though I do draw from some British and French sources.
4. Cheryl Mattingly's *Healing Dramas and Clinical Plots: The Narrative Structure of Experience* elaborates on the relation between narrative and the recovery of meaning.
5. Thomas Szasz examines the process by which such a category—a "myth" as he puts it—of "mental illness" was constructed and maintains itself.
6. Žižek's notion of the symptom can be useful, even if one doesn't accept his Lacanian premise that the Real necessarily completely resists representation, and thus his conclusion that representation is symptomatic by definition.

7. This discourse has come to inform even some work emerging from psychoanalytically sophisticated literary studies. In the context of a sympathetic reading of Kristeva's *Black Sun*, William Watkin writes, "It seems fairly certain these days that depression is caused by chemical imbalances in the brain . . . coupled often with some kind of trauma" (128).
8. Rose is Professor of Biology and Director of the Brain and Behaviour Research Center at the Open University. I quote from his edited book, *From Brains to Consciousness?: Essays on the New Sciences of the Mind*. In that volume, Richard Bentall's "Why There Will Never Be a Convincing Theory of Schizophrenia," examining recent biological theories of schizophrenia, casts doubt on the category of the diagnosis itself. He doesn't address depression per se, but his view of psychiatric diagnosis in general illuminates, I think, the degree to which medically defined "depression" may not be the "final" word.
9. Wurtzel's color-coded binary also suggests, of course, the way rigid racial categories have been fundamental to our binary systems of thought.
10. To take another example of a serious book taking Wurtzel seriously, Watkin refers to her descriptions as "terrifying" and "as suggestive as Kristeva's" (127).
11. Jamison calls those descriptions "eloquent and graphic," but the bits she quotes seem pretty generic: Styron "was overtaken by anxiety, panic and a 'visceral queasiness'; he was haunted by a 'fidgety restlessness' and 'an immense and aching solitude'" (2).
12. According to his obituary in the *New York Times*, even after the relapse "Depression continued to stalk [Styron], and he was hospitalized several more times" (Lehmann-Haupt).
13. As we'll see, Andrew Solomon tends to contrast a pre-Prozac period of "ignorant struggle" with the "age of solutions" ushered in by Prozac (70). But the confusion in Styron's text between depression as conquerable and as not conquerable cannot be resolved by assuming he's assuming a similar historical contrast. For all his investment in a medical construction of depression, Styron doesn't glorify antidepressants, which didn't work for him (68) (and the depression he writes about seems to have occurred just before Prozac was introduced in 1988, though, despite the initial hype, Prozac and other SSRIs, while often more tolerable, don't seem to be more effective than previous antidepressants).
14. Styron's claim about what is "established" is undermined by Steven Rose's comments about aspirin and headache, quoted above, and by Solomon, who, drawing on interviews with researchers, writes, "It is comforting to think that we know the relationship between neurotransmitters and mood, but we don't. . . . People with lots of neurotransmitters bumping around in their heads are not happier than people with few neurotransmitters. Depressed people do not in general have low neurotransmitter levels in the first place" (111). It is thought, he reports, that "the effect of the [antidepressant] drugs is probably indirect. . . . When you raise serotonin levels and [thus] cause certain serotonin receptors to close up shop, other things happen elsewhere in the brain, and those downstream things must correct the imbalance that caused you to feel bad in the first place. The mechanisms, however, are completely unknown" (112–13).
15. Styron's psychoanalytic hint here is taken by Melissa Wanamaker (see especially 408–409), though her reading of the pivotal scene, I'd suggest, too readily accepts Styron's framing of it.
16. Styron attributes this idea to "an illuminating new book on suicide, *Self-Destruction in the Promised Land*, by Howard I. Kushner" (80), without acknowledging that the idea

is commonplace, indeed foundational, in psychoanalytic thinking about depression, deriving from Freud's "Mourning and Melancholia." Just as his narrative frames out the memory of his mother, he introduces the importance of loss and mourning by framing out the history of (the father of thinking about?) the importance of these ideas.

17. *Noonday Demon*'s website—www.noondaydemon.com/biography—announces it "has won . . . fourteen national awards, including the 2001 National Book Award, and is being published in 22 languages. It was also a finalist for the Pulitzer Prize. It has been on the *New York Times* bestseller list in both hardback and paperback; it has also been a bestseller in seven foreign countries. Among the honors garnered by *The Noonday Demon* are the Books for a Better Life Award, the Ken Award of the National Alliance for the Mentally Ill, the QPB New Visions Award, the Voice of Mental Health award of the Jed Foundation and the National Mental Health Association, the Lammy for the best nonfiction of 2001, the Mind Book of the Year for Great Britain, the Prism Award of the NDMDA, the Charles T. Rubey LOSS award, the Silvano Arieti Award, the Dede Hirsch Community Service Award, and the Erasing The Stigma Leadership Award. It was chosen an American Library Association Notable Book of 2001 and a New York Times Notable Book. . . . Mr. Solomon has lectured on depression around the world, including recent stints at Princeton, Yale, Stanford, Harvard, MIT, Cambridge, and the Library of Congress." The collection of those offering high praise in book-jacket blurbs is especially high-powered: Styron, Harold Bloom, Louise Erdrich, Larry McMurtry, Naomi Wolf, Adam Gopnik, and Kay Redfield Jamison.
18. The book's claim to mastery has been widely accepted. In a *New York Times* book review, Richard Bernstein writes: "'The Noonday Demon' is one of those rare volumes that deserve the adjective 'definitive.'"
19. See, for example, works by J. B. Harley and by Jeremy Black.
20. It is tempting to regard this infliction upon the reader in light of what Solomon calls his "several episodes of violence" against other people (179). In one such episode, feeling "cruelly betrayed" by someone he "loved very much," Solomon "attacked him . . . threw him against a wall, and socked him repeatedly, breaking both his jaw and his nose. He was later hospitalized for loss of blood."
21. In considering Solomon's representation of antidepressant medication, I should make mention of an unusual circumstance that Solomon only hints at. He does acknowledge that "It is hard for me to write without bias about the pharmaceutical companies because my father has worked in the pharmaceutical field for most of my adult life," and that "His company, Forest Laboratories, is now the U.S. distributor of Celexa" (13). But such cautious phrasing omits significant information that would seem to bear on the question of possible "bias." Since 1977, Howard Solomon has been the CEO, and since 1998 the CEO and Chairman, of Forest Labs, and according to *Business Week* in May 2002, "since its U.S. launch in September, 1998, Celexa has come to account for almost 70% of Forest's overall sales—about $1.6 billion in the fiscal year that ended on Mar. 31" (Berfield 74). (Forest now also produces another major antidepressant, Lexapro.) For 2005, the Forbes list of the most highly paid CEOs of American companies ranks him as fourth, with a compensation for that year of $92,115,000; for the five-year period ending that year, his compensation is listed as $294,895,000 ("Executive Pay").

22. Solomon's deployment of Wallace Stevens's phrase "blessed rage for order"—from "The Idea of Order at Key West"—inverts its original meaning. In the poem, it refers not to an impulse to regiment the world but to (something like) the poetic imagination, not to a foreclosure of experience, but to the creation of "ghostlier demarcations, keener sounds." The poem ends:

> Oh! Blessed rage for order, pale Ramon,
> The maker's rage to order words of the sea,
> Words of the fragrant portals, dimly-starred,
> And of ourselves and of our origins,
> In ghostlier demarcations, keener sounds.

23. The song is by the Bellamy Brothers, though the line is on old one.

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