Combating the darkness

Student shares his journey with depression to help others understand it will be okay

Co-Writing Editor | **Ryan Rothkopf**

He sits with his head tilted back, eyes rolled up toward the beamed ceiling light, legs splayed.

"What were you thinking on that night?"

He rolls a few inches forward then back in his chair, face working as he struggles to come up with adequate words.

"What was going through your head?"

His mouth moves, shaping words that aren't there while his mind continues to work. What *was* going through his head that night?

He turns a little and blankly said, "I didn't know what else to do."

Pauses.

"[That night] I thought… 'What good is left? There's nothing left…'"

> "There's someone that cares and there's someone that would miss you"
> **Logan**

On a Wednesday night in early July, Logan* almost ran his car off the road into the Belle Hall Plantation sign.

Throughout elementary and into middle school, he didn't understand what was wrong with him. Why, unconsciously, he slipped into dark moods. Why he constantly worried. Why his anxieties would cause physical reactions, making him ill.

"Before me going to the hospital, I was not diagnosed with depression, I was diagnosed with anxiety with ADHD tendencies. During elementary and middle school we thought it was just ADHD," Logan said. "So we went through so many medications just for ADHD... Freshman year we decided to go to an actual psychiatrist and get me diagnosed, and so anxiety was the big thing that came up. We treated for that. It helped."

As he went through high school he learned to deal with his anxieties. He was coping.

That is, until he started working at a local restaurant -- a job that soon turned into working for a pizzeria.

"So [working at the pizzeria] back in the line in the kitchen, it's very hectic," said Logan about his job that had him working making pastas, "especially for someone still developing [mentally]."

Junior year ended -- he doesn't work there during the school year -- and he went back to work at the pizzeria for the summer. Everything was okay. He had a best friend who was slowly becoming more than a friend. He thought that he was dealing well with work.

But one Sunday night in early July, his work anxiety reached a peak.

"I got to the point where I was too stressed out and I had a break down on the line... It was really busy," he said. "I just shut down. I blocked out everything around me just for a couple of seconds. I kept tearing up."

His co-workers were also slammed and didn't understand what was going on. They pressured him to continue working as he broke down in a corner of the kitchen.

That night when he got home, the anxiety transformed, grew and became an entirely new beast.

That night, Logan wrote his first note.

"I broke down again, I started crying, I couldn't sleep and… It got to the point where I was actually debating hurting myself or doing something bad," he said. "I wrote it on my phone. I wrote a letter on my phone. I waited outside my mom's room debating whether or not to give it to her."

He wrote his feelings down. Bad words from a mind that was done thinking, done feeling, just done being Logan.

"My sister woke up and saw me so she got the phone from me and she looked at it," he said, "and then we went to the hospital."

Logan ended up spending the night.

"My mom and my sister wanted to make sure that everything would be okay… [The hospital] gave me some Ativan to calm down. I was hyperventilating, I don't like hospitals, I think I got an IV that night," he said.

But the next morning, he felt better, more normal. So he went home.

A few days later, he went back to work.

"The girl that I had been talking to, she broke up -- ended the thing with us. And she was my best friend," he said. "I didn't know what to do. So that really hit hard."

It was that Wednesday night that Logan almost ran himself off of the road.

But it's important to note, to understand that there wasn't one thing. There wasn't one specific, end-all button pressed that caused him to come close to attempted suicide. No end-point that led to this.

There was, however, a starting point.

"For me it wasn't true depression at first. Maybe it was just sad moments. But September 2015, my dad walked out on me. I was home alone, my mom and my sister were in [Europe] dropping off my sister to be an au pair. My mom was on the way home, she was going to have a flight that night and I was going to go pick her up. But he didn't even stay to have a real talk with her. He just left the night she was going to come back," Logan said. "I don't acknowledge it a lot, but that was a big thing. I think that's when the depression started to appear."

He doesn't keep contact with his father even now.

Logan went home the night he almost ran off of the road and told his mom what had happened, what they all had almost lost.

After another night in the emergency room, he was checked into a mental hospital.

"What they do there is groups. So it's not focused on what is wrong with you, it's focused on everyone," he said. "I just needed help with coping skills and that's a big thing they hit on. Like every single group was coping skills, coping skills, coping skills."

Even now he uses some of them.

Almost a week in the hospital passed before he was released.

Logan has been dealing with his mental condition his entire school life. ADHD, anxiety, depression, psychiatrists, hospitals -- all of it. And at the end of the day, it comes down to medicines, coping mechanisms and a support system.

In terms of a support system, it's vital to have someone, anyone who understands even remotely what is going through your head.

"[My sister] understands a lot because she has a lot of problems with anxiety and minor depression," Logan said. "So she has to take a lot of meds and she knows what it's like to go to the hospital every month or so and go through something big."

The first step is to communicate.

"It's really hard to hear that your child's going through this," Logan's mother, Joan* said. "I try to talk to him more, to make sure he's okay. But it's just -- I support him whatever he's going to do, which helps him the most I think… [But] get help. Talk to somebody who's certified to help them, to help figure out what it is because there's so many different things out there."

There's no cure for depression. No wonder drug that can make all of the feelings, all of the fears go away.

But there are ways to live with it.

"If I get too bad I'll go talk to someone or go and my room and listen to music or watch movies, things like that. Get myself out of it," Logan said. "Definitely talk to someone that you can trust. You might not think that they care or they understand, but you don't know unless you try. Just find someone, there's always going to be someone. And the guidance counselors. They can help too. But also, even a teacher, like if you're really good friends with a teacher, that can help too."

It's easy to dismiss others, dismiss yourself.

It's easy to think, 'There's no one who would care.'

To destroy yourself with the mantra, 'I'm nothing, I don't matter.'

But that's just not true.

"There's someone that cares and there's someone that would miss you," Logan said, looking down, smiling to himself.

*Names are changed.

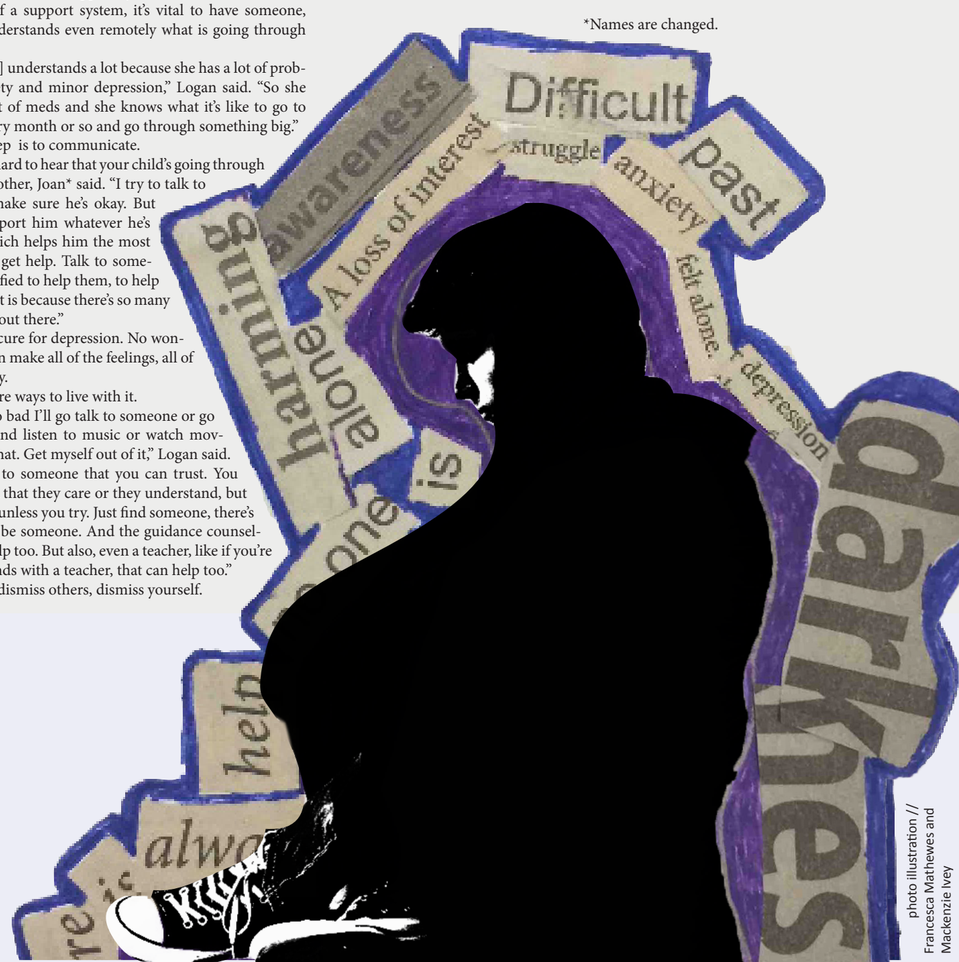

photo illustration // Francesca Mathewes and Mackenzie Ivey

Impact of depression cannot be underestimated, doctor says

The lifetime risk of suffering major depression is 17 percent.

Seventeen percent, according to the Anxiety and Depression Association of America, and many still don't understand the medicine, the all-encompassing nature of the mental disorder.

"When somebody is depressed it affects everything," child psychiatrist Dr. Frampton Gwynette said. "So you'll see deteriorating friendships and a deterioration in life at home and the last straw to break is the work performance," he said.

"When the work starts to slide, you know it's really bad, they're in a bad place. A student's job is their grades, and their relationships at home really affect those grades," he continued.

Depression from a physical standpoint is typically attributed to low serotonin levels, discrediting the argument that these feelings may be summed up as being a "phase."

"The main model we go with is that it's low serotonin. So the way I think about it is sometimes when people say, 'Gosh just get over it,' it's actually not that easy," Gwynette said. "When a lot of stuff happens, like your parents get a divorce or you crash the car, like one thing after another, it takes a toll. At a certain point, your body stops to act for a while."

There's no one way to solve the problem of depression.

"That's why some people are like, well, do I get on meds? Should I go to therapy? If you want to get out faster than a year, then you should try therapy or meds or both," Gwynette said. "But both works better than just meds or just therapy."

The most common form of treatment is Cognitive Behavioral Therapy, shortened to CBT.

"It's kind of like a structured therapy… CBT is designed to minimize those negative automatic thoughts… like 'I'm no good, I'm worthless…' and realize what triggers them and then try to short circuit them," Gwynette said. "It's like dominos. If you hit one domino, 10,000 of them go off. CBT is designed stop it at the first one or two dominos, so it doesn't cause a chain reaction."

But if that chain reaction starts, it can become a detriment to a young person's life in all aspects.

"Never getting out of their room, not getting enough to eat and pulling away from their family and friends… That's when it becomes a big concern," Gwynette said. "The only way we can get better is to talk to another person about it, it's just the way we're built."

--Ryan Rothkopf, Nathan Russell, Abby Vorhees