MALIGNANT SADNESS PDF, EPUB, EBOOK

Lewis Wolpert | 224 pages | 06 Apr 2006 | FABER & FABER | 9780571230785 | English | London, United Kingdom

Malignant Sadness

Wolpert quotes Burton's Anatomy of Melancholy Wolpert's title is a very deliberate salute to that great work : "I write of Melancholy, by being busy to avoid Melancholy. That is all well and good, and more useful than a well-meaning exhortation to cheer up, but there is much more to this book. Although there is something mildly alarming about saying so, it is worth reading in its own right. Wolpert quotes Stanley Jackson, who has written a history of the subject: "With such distress, we are at the very heart of being human. No-nonsense is a key quality here, one suspects. Having a no-nonsense partner might help, too. Wolpert, ceaselessly contemplating suicide, writes that his wife "became very angry and said my suicide would have an intolerable effect on her and my children. However, she agreed to help me in a year's time if my condition was unchanged.

Fortunately I believed her, and so began my slow recovery. Health, mind and body books. Be not idle. Nicholas Lezard. Topics Health, mind and body books Awards and prizes Royal Society prizes for science books reviews. Malignant Sadness , his book on the subject, was widely praised and has reprinted many times. Anthony Clare called it 'erudite, scholarly, sober and stylish,' while for Anthony Storr it is 'an excellent book, the most objective short account I know of all the various approaches to depression. Malignant Sadness Lewis Wolpert. Download cover. Availability: Not available to order from this website, please try another retailer. Despite a happy marriage and successful scientific career, he could think only of suicide. When eventually he did recover, he became aware of the stigma attached to depression - and just how difficult it was to get reliable information.

With characteristic candour and determination he set about writing this book, an acclaimed investigation into the causes and treatments of this devastating disease, which formed the basis for a BBC TV series.

Malignant Sadness by Lewis Wolpert | New Scientist

Lewis Wolpert is a distinguished developmental biologist and an accomplished broadcaster. He is Emeritus Professor of Biology as Applied to Medicine at University College, London, and has taken part in numerous radio programmes, particularly interviews with other scientists. Malignant Sadness , his book on the subject, was widely praised and has reprinted many times. Anthony Clare called it 'erudite, scholarly, sober and stylish,' while for Anthony Storr it is 'an excellent book, the most objective short account I know of all the various approaches to depression.

Malignant Sadness Lewis Wolpert. Download cover. Availability: Not available to order from this website, please try another retailer. Despite a happy marriage and successful scientific career, he could think only of suicide. Almost always there is also an inability to concentrate for long or to make decisions. There may be a general feeling of hopelessness coupled with a loss of self-esteem. Often anxiety is the dominant emotion and this may lead to hypochondria — excessive worries about one's health, each apparently abnormal bodily symptom being interpreted as evidence of a major illness. A characteristic feature of depression is the loss of interest or pleasure in almost all activities. Even when something good happens the depressed mood does not improve. It is also characteristic that the depression is worst in the morning and associated with early morning awakenings.

The terms melancholy and depression are closely related and melancholy is the term that was usually used to describe the condition until quite recently. But while the term depression to describe a mental condition is often thought of as having a modern origin, it was actually used in in Baker's Chronicle, which referred to someone having 'a great depression of spirit'. It is also used in a similar sense by Samuel Johnson in , and George Eliot in Daniel Deronda writes, 'He found her in a state of deep depression'. Yet, as William Styron so brilliantly puts it, depression is a word 'that has slithered through the language like a slug, leaving little trace of its intrinsic malevolence and preventing by its very insipidity, a general awareness of the horrible intensity of the disease when out of control'.

The clinical features of depression are well described by one of the pioneers of its study, the German psychiatrist Emil Kraepelin, writing in He feels solitary, indescribably unhappy, as a "creature disinherited of fate"; he is skeptical about God, and with a certain dull submission, which shuts out every comfort and every gleam of light, he drags himself with difficulty from one day to another. Everything has become disagreeable to him; everything wearies him, company, music, travel, his professional work. Everywhere he sees only the dark side and difficulties; the people around him are not so good and unselfish as he thought; one disappointment and disillusionment follows another. Life appears to him to be aimless, he thinks that he is superfluous to the world, he cannot constrain himself any longer, the thought occurs to him to take his life without knowing why. He has a feeling as if something has cracked in him.

There is nevertheless something absurd about the depressive state, for the feelings and thoughts of the depressive can bear so little relation to reality. Some of these almost ridiculous features are described by the writer Andrew Solomon in an article for The New Yorker. He describes lying in bed too frightened to take a shower. While he could mentally rehearse all the steps that were required to get him to the shower, they became like 14 steps as painful and difficult as the Stations of the Cross. Even though he knew that he had effortlessly showered every day for years he now hoped that someone else would open the bathroom door.

It all seemed so idiotic and hopeless, particularly as he had done skydiving, and it seemed that it had been easier to make his way toward the tip of a plane's wing against a powerful wind at 6, feet than it was now to get out of bed and take a shower. No wonder that he wept. If we had a soul — and as a hardline materialist I do not believe we do — a useful metaphor for depression could be 'soul loss' due to extreme sadness. The body and mind emptied of the soul lose interest in almost everything except themselves. The idea of the wandering soul is widely accepted across numerous cultures and the adjective 'empty' is viewed across most cultures as negative. The metaphor captures the way in which we experience our own existence. Our 'soul' is our inner essence, something distinctly different from the hard material world in which we live. Lose it and we are depressed, cut off, alone. Depression, or melancholy as it was known, has a long history, probably as long as that of Homo sapiens itself, and there are descriptions going back to the earliest literature.

It is present in the Bible. Listen to Job's despair: 'Why is light given to those in misery, and life to the bitter of soul, to those who long for death that does not come, who search for it more than for hidden treasure, who are filled with gladness and rejoice when they reach the grave? It was, and still is, common in various cultures to attribute the cause of mental illness to a supernatural agent. In Ancient Greece it was believed that mental illness could be inflicted by the gods as a punishment for some misdeed. In early Christian times it was sometimes considered to be a test of the faithful, sent by the Devil.

Melancholia as a distinct medical condition was, however, already recognised in Greece in the 4th century BC in the Hippocratic writings. It was associated with aversion to food, despondency, irritability and restlessness and fear. The leading authority on medical conditions in the 2nd century BC was Galen, whose humoral theory lasted for centuries to come. The explanation for the condition was in terms of an imbalance of the four Galenic humours — blood, yellow bile, black bile and phlegm — that were thought to govern human well-being and illness.

Melancholia was thought to be due to an excess of black bile. Galen's description of the condition has a contemporary ring: 'Although each melancholic patient acts quite differently than the others, all of them seem to be filled with fear or despondency. They find fault with life and hate people but not all want to die Others again will appear to you quite bizarre because they dread death and desire to die at the same time. It is somewhat ironic that in earlier times there was not always the stigma attached to depression that there is today, and that the melancholic thought of himself as a rather superior being.

For Aristotle, melancholy was the temperament of the creative artist, for creativity was thought to be driven by black bile. Aristotle had an influence on attitudes to melancholy that lasted for centuries, since he asked why it was that those who became eminent in philosophy, politics, poetry or the arts, as well as many of the great Greek heroes, were of a melancholic temperament. He included among these Plato and Socrates.

There could be, he suggested, a touch of mad genius in melancholia, and so melancholy was an enviable condition of the mind. By the late 4th century the Christian Church was using the term to refer to 'a weariness or distress of the heart' — a condition that was regarded as undesirable and requiring treatment. While initially associated with sadness it later became associated with the 'sin of sloth' and known as accidie. Accidie in the s was listed by the church as a cardinal sin for it made, for example, monks lazy and sluggish.

For St Thomas Aquinas, accidie was the result of shrinking from doing some good. But the concept of accidie is more complex than that, and interpretations vary. Some commentators related the origin of black bile to Adam's eating of the forbidden apple. With the weakening of the power of the Christian Church in the 15th and 16th centuries accidie became more and more associated with melancholia. An Arabic medical writer in Baghdad in the early 10th century wrote a treatise on melancholia claiming that black bile was its immediate cause. His definition of the illness is striking: 'A certain feeling of dejection and isolation which forms in the should because of something that the patients think is real but which is in fact unreal. He attributed mental overexertion as a major cause of the condition, but also recognised the role of bereavement and loss of possessions.

Paracelsus, a leading medical writer in the Renaissance regarded melancholy as a form of insanity. His suggestion as to how it should be cured — 'If a melancholic patient is despondent make him well again with gay medicine' — is alas, quite the wrong way to proceed. The term melancholy as used in the scientific literature of the time referred to a cold dry humour normally present in the body. This natural melancholy could be corrupted by heat and so form a noxious humour. The term melancholic could also denote a person in whom black bile was dominant and could cause physical infirmities, fear and sorrow. This condition could worsen to give rise to a mental disorder with excessive sadness and fears, lethargy and a dislike of humankind. An improper diet was often thought to be the cause. Bloodletting to eliminate the offending humour, and warm, moist air and mental diversion, were strongly recommended.

The idea of melancholy began to appear frequently in English literature in the s and the word was in common use in England during the Renaissance. In contrast to the medical perception of melancholy, Aristotle's view persisted, and Robert Burton, for example, asserted that 'melancholy men are of all other the most witty'. It was thought that melancholy encouraged intellectual and creative talents. Yet Hamlet with his black clothing and lack of sociability, his morose brooding and suicidal thoughts, would also have been totally consistent with the Elizabethan conception of a melancholic man:.

I have of late but wherefore I know not lost all my mirth, foregone all custom of exercises; and, indeed, it goes so heavily with my disposition, that this goodly frame, the earth, seems to me a sterile promontory; this most excellent canopy, the air, look you, — this brave o'erhanging firmament, this majestical roof fretted with golden fire, — why, it appears no other thing to me than a foul and pestilent congregation of vapours.

There were several treatises that could well have had an influence on Shakespeare. A Discourse In Burton's Anatomy of Melancholy, humoral theory remained central. His description included many physical disorders such as headache, bellyache and palpitations, and there is little reference to guilt. While he recognised grief associated with bereavement as a possible cause of melancholy he complained of the confusions and contradictions in deciding just what melancholy is. As a working definition he chose 'a kind of dotage, without a fever, having for his companions fear, and sadness, without any apparent occasion'. By the late 17th century the humoral explanations of Galen were giving way to chemical and mechanical ones. The latter particularly gained pre-eminence in the 18th century, influenced by a Newtonian, mechanical view of the world.

Thus, for example, Harvey's discovery of the circulation of the blood led to theories which were based on a faulty circulation, and these then gave way to theories that emphasised the electrical properties of the brain. But, as in the 17th century, treatment was still largely Galenic — bloodletting, cathartics and emetics were used to drain the body of the black, melancholic humour. In Timothy Rogers wrote a book about his own melancholy which was for him 'the worst of all Distemper; these sinking and guilty fears which it brings along with it, are inexpressibly dreadful'. He often felt that God had departed from his soul and he frequently contemplated suicide. In , an Edinburgh doctor, George Cheyne, himself a depressive, wrote of the 'English Malady', by which he was referring mainly to those with a 'deep and fixed melancholy', a condition he ascribed to at least a quarter of the middle and upper classes.

Another author, William Cowper, in was 'plunged into a melancholy that made me almost an infant' and he too thought of himself as 'deserted by God'. John Donne wrote in the 17th century that 'God has accompanied, and complicated almost all our bodily diseases of these times, with an extraordinary sadness, a predominant melancholy, a faintnesse of heart, a cheerlessness, a joylessness of spirit'; this view of melancholy persisted until late in the 18th century when there was a change in medical perceptions, and mental disorders were seen as a disorder in the brain rather than the blood or the soul. Patterns of negative feeling are very common characteristics of depressed people. In this state, the recall of pleasant experiences is difficult.

John Stuart Mill records in his autobiography the experience of such negative thoughts and the inability to enjoy anything:. In this frame of mind it occurred to me to put the question directly to myself, 'Suppose that all your objects in life were realized; that all the changes in institutions and opinions which you are looking forward to, could be completely effected at this very instant: would this be a great joy and happiness to you? All my happiness was to have been found in the continual pursuit of this end. The end had ceased to charm, and how could there ever again be any interest in the means? I seemed to have nothing left to live for. At first I hoped that the cloud would pass away of itself; but it did not. A night's

sleep, the sovereign remedy for the smaller vexations of life, had no effect on it. I awoke to a renewed consciousness of the woeful fact. I carried it with me into all companies, into all occupations. Hardly anything had power to cause me even a few minutes oblivion of it.

For some months the cloud seemed to grow thicker and thicker. The lines in Coleridge's 'Dejection' — I was not then acquainted with them — exactly describe my case:. In vain I sought relief from my favourite books; those memorials of past nobleness and greatness, from which I had always hitherto drawn strength and animation. Considering how widespread depression is, there are few descriptions in the English novel. Perhaps depression is so negative a condition that authors have avoided describing it. Nevertheless, the absence in novels is made up for by poets' and authors' descriptions of their own depressions. Gerard Manley Hopkins' poem is a disturbing description of the pain of depression:. The mood of misery and suffering that usually accompanies depression was expressed by Edgar Allan Poe in a letter written when he was in his mid-twenties:. My feelings at this moment are pitiable indeed. I am suffering under a depression of spirits such as I have never felt before.

I have struggled in vain against the influence of this melancholy — You will believe me when I say that I am still miserable in spite of the great improvement in my circumstances. I say you will believe me, and for this simple reason, that a man who is writing for effect does not write thus. My heart is open before you — if it be worth reading, read it. I am wretched, and know not why. Console me — for you can. But let it be quickly — or it will be too late. Write me immediately. Convince me that it is worth one's while — that it is at all necessary to live, and you will prove yourself indeed my friend. Persuade me to do what is right. I do not mean this — I do not mean that you should consider what I now write you a jest — oh pity me! You will not fail to see that I am suffering under a depression of spirits which will [not fail to] ruin me should it be long continued.

Another account comes from the contemporary neuroscientist George Gray who had a severe depression in his fifties and describes the course of the illness in terms of the inability to anticipate future pleasant events, which he calls self-grooming. In the early stages he begins to feel physically ill, and as the days pass his mental self-grooming decreases.

Malignant Sadness - Lewis Wolpert - - Allen & Unwin - Australia

I was seriously ill. I was totally self-involved, negative and thought about suicide most of the time. I could not think properly, let alone work, and wanted to remain curled up in bed all day. I could not ride my bicycle or go out on my own. I had panic attacks if left alone. And there were numerous physical symptoms — my whole skin would seem to be on fire and I developed uncontrollable twitches. Every new physical sign caused extreme anxiety. I was terrified, for example, that I would be unable to urinate. Sleep was impossible without sleeping pills: these only worked for a few hours, and when I woke up I felt worse. The future was hopeless. I was convinced that I would never work again or recover. There was the strong fear that I might go mad. I had never been seriously depressed before.

On previous occasions the way I dealt with mild depressions — feeling low — was to go jogging. Enquiry among my fellow joggers confirmed my view that we do not exercise for health but to avoid mild depression. The widely held belief that exercise raises endorphin levels and so provides an uplift in mood turns out to be based on quite reasonable scientific evidence. I have to admit that I then rather sneeringly proclaimed that I believed in the Sock School of Psychiatry — just pull them up when feeling low. But that certainly does not work with serious depression. The origins and course of my own depression, and my recovery from it, will be described in later chapters.

My wife, Jill Neville, was embarrassed by my being depressed and told colleagues and friends instead that I was exhausted from a minor heart condition. She was worried that if the truth were known it would affect my career. When I recovered, I was most uneasy about the stigma associated with depression, and the shame felt by many sufferers; it seemed to me a serious illness of which one should not be ashamed. I therefore decided to make my depression public and wrote an article about it in the Guardian newspaper. This brought an astonishingly positive response.

Patients, doctors and those who had had the experience of living with someone who is depressed found it helpful to have the subject discussed in so open a manner. Of everything I have written, both books and scientific articles, this article was most widely read and appreciated. When people complimented me on being so brave, I realised exactly how much stigma is still associated with depression. In fact it was quite easy for me to write about since I had a secure academic position and so nothing to lose. After I had emerged from my depression I thanked the psychiatrist who had treated me for all her help.

I then asked her if I was correct in thinking that psychiatrists really understood nothing about depression. She partly agreed. Of course they have great skills at diagnosis and treatment; for example, antidepressant drugs like Prozac can bring about remarkable recoveries. But it was at a mechanistic level that little seemed to be known. It was even far from clear to me what it meant to 'understand' a mental illness, in the same way that one now understands cancer.

For example, we can understand cancer in terms of the changes in certain genes involved in the control of cell multiplication, and also in terms of the spread of the malignant cells. But even if low levels of serotonin, one of the chemicals in the brain linked to depression, were found to be in some way responsible for the illness, this alone would still be inadequate as an explanation. For how could changes in the concentration in the level of so simple a molecule bring about such profound changes in behaviour as are experienced in depression?

Although there are many 'self-help' books on the subject, I found very little reliable information about depression easily available, and decided to write this book to set down what is known. My purpose is fourfold: to help those who are living or working with a sufferer to understand the nature of depression, since depressives, whether parents, children or companions, are not easy to be with; to help depressives to understand themselves; to remove the stigma associated with depression; and, foremost, to try and understand the nature of this dreadful affliction in scientific terms. This last aim is something of a personal quest. I know that I am entering into areas where I have no direct expertise, being neither a doctor nor a psychologist, but I do have two advantages. I am a research biologist whose interest is in the mechanisms by which embryos develop and the way that genes control cell behaviour and generate limbs and other organs, so I am familiar with basic biological processes and complex systems.

As a scientist I also have some experience of assessing evidence. But more importantly, I have experienced depression, for anyone who treats or

writes about depression and who has not themself been depressed is rather like a dentist who has had no experience of toothache. Depression is very upsetting not only for the sufferer but for those who live with the victim.

Depressives are victims in the sense that they have a frightening and disabling illness; an illness that affects as many as one in ten of the population and is twice as common in women than in men. Considering how widespread depression is, it is particularly unfortunate that it carries with it the additional burden of severe social stigma. The effect of depression on health-care services is enormous. A recent report, Global Burden of Disease, published by the World Health Organisation, states that depression was the fourth most important health problem in the developing world in accounting for about 3 per cent of the total burden of illness and predicts that it will be the number one health problem in the developing world in accounting for about 6 per cent of the total burden.

Over the same period the annual number of suicides will increase from , to , in the developing world. The report also estimates that less than 10 per cent of the 83 million episodes of depression in the developing world in received treatment and that the figure for treated episodes in developed countries may be only two to three times higher. Depression has a confusing number of different meanings. In common usage it refers to lowness and anxiety, common feelings in everyday life. But it is depression as an illness with which this book is concerned, depression that so interferes with a person's life that it is disabling.

William Styron's Darkness Visible is a marvellous description of depression, and at the very start he makes it clear that the 'pain of severe depression is quite unimaginable to those who have not suffered it, and it kills in many instances because it cannot be borne'. So the focus in this book is on major depression, or, as it is so often called, clinical depression; depression so severe that it can lead to the inability to work or even to suicide. The relationship between major depression and common everyday depression, just feeling low, is, however, an important one and will be explored: is major depression just an extreme form of common depression or is it qualitatively different? My title is in two parts. One comes from Robert Burton's famous, monumental, fascinating, but not easily readable, Anatomy of Melancholy in which he recorded all aspects of the melancholic condition known at the time. Burton spent most of his life at Christ Church in Oxford where among other duties he taught theology.

He had an interest in all branches of medicine and science. He chose to write about Melancholy as his life's work largely because of his own affliction by it, and he hoped that writing about it would alleviate his symptoms: 'I write of Melancholy, by being busy to avoid Melancholy. Burton also cared about the style of his writing and would have been gratified had he known that Samuel Johnson, himself a depressive, turned to the Anatomy for consolation — it was the only book that ever took him out of bed two hours sooner than he wished to rise.

The number of papers published about depression is currently more than 3, every year, so I have had to be less ambitious than Burton. The amount of information is enormous, but I try to summarise in an accessible form what is currently known about depression. I start by looking at the experience of depression in the past and present. Then I look at the problems of diagnosis not only in the West but in other cultures. I try to unravel the factors that make people vulnerable to depression, such as their genes, distressing life events, early childhood experiences and even the weather.

Manic depression, though not central to this book, has its own characteristics, and suicide has to be recognised as a tragic consequence of depression: I address these subjects in separate chapters. With this background, it becomes possible to discuss the psychological and biological theories that have been put forward to explain depression, including its evolutionary significance. The psychological explanations focus on the importance of loss and early experience, while the biological require understanding of emotion in terms of brain function and chemistry. Following this, there are discussions of the treatments for depression, such as medication and psychotherapy, with an analysis of what works and for whom. I also report on experiences in the treatment of depression in the East — China, Japan and India.

Finally I look to the future, both at scientific advances and preventative approaches. I have been particularly influenced by several books, including William Styron's Darkness Visible, an account of his own depression; Kay Redfield Jamison's Touched with Fire, which deals with manic depression and creativity as well as other topics related to depression; and The Emotional Brain by Joseph Le Doux. Several ideas have also been very influential on my approach, particularly John Bowlby's ideas about attachment and loss and Aaron Beck's ideas on the cognitive basis of depression and its relation to negative thinking. Arthur Kleinman, an anthropologist and a psychiatrist, has illuminated for me the nature of depression in other cultures. The main title, Malignant Sadness, is meant to emphasise the very serious nature of a depressive illness and also to reflect my conviction that normal sadness is to depression what normal growth is to cancer.

I hope this book will prove interesting and helpful both to those who suffer from depression and to those who live with them. Chapter One. Until one has experienced a debilitating severe depression it is hard to understand the feelings of those who have it. Severe depression borders on being beyond description: it is not just feeling much lower than usual. It is a quite different state, a state that bears only a tangential resemblance to normal emotion. It deserves some new and special word of its own, a word that would somehow encapsulate both the pain and the conviction that no remedy will ever come. We certainly could do with a better word for this illness than one with the mere common connotation of being 'down'. Major or severe depression, also known as clinical depression because it is disabling, should be distinguished from a milder depressed mood. For some sufferers the main feeling is an over-whelming sadness which can be accompanied by numbness, dullness and apathy: thoughts of suicide are common, as are crying spells.

Yet others can become very irritable, even angry. Difficulties with sleeping are common too, as are fatigue and a lack of energy. In severe cases the patient can hardly move and is almost comatose, and may experience hallucinations and delusions. Almost always there is also an inability to concentrate for long or to make decisions. There may be a general feeling of hopelessness coupled with a loss of self-esteem. Often anxiety is the dominant emotion and this may lead to hypochondria — excessive worries about one's health, each apparently abnormal bodily symptom being interpreted as evidence of a major illness.

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Life appears to him to be aimless, he thinks that he is superfluous to the world, he cannot constrain himself any longer, the thought occurs to him to take his life without knowing why. He has a feeling as if something has cracked in him. There is nevertheless something absurd about the depressive state, for the feelings and thoughts of the depressive can bear so little relation to reality. Some of these almost ridiculous features are described by the writer Andrew Solomon in an article for The New Yorker.

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Malignant Sadness: the Anatomy of Depression

Finally and most welcome Wolpert tackles international and intercultural psychiatry head on. From his discussions with clinicians and sufferers in Asia and South America he concludes that depression is as heavy a burden in these places as in the UK. Many depressed individuals in developing countries lack access to the kind of services that helped Wolpert so effectively. There is a hint in the book that, though a non-believer, he does not reject totally some Eastern beliefs such as taoism. In this review I have not otherwise touched upon suicide—the cruelest outcome of malignant sadness and one which does not always attract sympathy. Its rising incidence, especially among young men, takes its own emotional toll. How disappointing, considering the range and effectiveness of pharmacological and physical treatments, and how regrettable it would be if this became an acceptable way out of depression; might the dead hand of euthanasia not be far behind?

Malignant Sadness is an absorbing book which I read with great profit; enjoyable, no—but thankfully I did not feel gloomier at the end than at the beginning. National Center for Biotechnology Information , U. J R Soc Med. Reviewed by T L Chambers. Author information Copyright and License information Disclaimer. I was seriously ill. I was totally self-involved, negative and thought about suicide most of the time. I could not think properly, let alone work, and wanted to remain curled up in bed all day. I could not ride my bicycle or go out on my own. I had panic attacks if left alone. And there were numerous physical symptoms — my whole skin would seem to be on fire and I developed uncontrollable twitches. Every new physical sign caused extreme anxiety. I was terrified, for example, that I would be unable to urinate. Sleep was impossible without sleeping pills: these only worked for a few hours, and when I woke up I felt worse.

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so open a manner. Of everything I have written, both books and scientific articles, this article was most widely read and appreciated. When people complimented me on being so brave, I realised exactly how much stigma is still associated with depression.

In fact it was quite easy for me to write about since I had a secure academic position and so nothing to lose. After I had emerged from my depression I thanked the psychiatrist who had treated me for all her help. I then asked her if I was correct in thinking that psychiatrists really understood nothing about depression. She partly agreed. Of course they have great skills at diagnosis and treatment; for example, antidepressant drugs like Prozac can bring about remarkable recoveries.

But it was at a mechanistic level that little seemed to be known. It was even far from clear to me what it meant to 'understand' a mental illness, in the same way that one now understands cancer. For example, we can understand cancer in terms of the changes in certain genes involved in the control of cell multiplication, and also in terms of the spread of the malignant cells. But even if low levels of serotonin, one of the chemicals in the brain linked to depression, were found to be in some way responsible for the illness, this alone would still be inadequate as an explanation. For how could changes in the concentration in the level of so simple a molecule bring about such profound changes in behaviour as are experienced in depression? Although there are many 'self-help' books on the subject, I found very little reliable information about depression easily available, and decided to write this book to set down what is known.

My purpose is fourfold: to help those who are living or working with a sufferer to understand the nature of depression, since depressives, whether parents, children or companions, are not easy to be with; to help depressives to understand themselves; to remove the stigma associated with depression; and, foremost, to try and understand the nature of this dreadful affliction in scientific terms. This last aim is something of a personal quest. I know that I am entering into areas where I have no direct expertise, being neither a doctor nor a psychologist, but I do have two advantages. I am a research biologist whose interest is in the mechanisms by which embryos develop and the way that genes control cell behaviour and generate limbs and other organs, so I am familiar with basic biological processes and complex systems. As a scientist I also have some experience of assessing evidence.

But more importantly, I have experienced depression, for anyone who treats or writes about depression and who has not themself been depressed is rather like a dentist who has had no experience of toothache. Depression is very upsetting not only for the sufferer but for those who live with the victim. Depressives are victims in the sense that they have a frightening and disabling illness; an illness that affects as many as one in ten of the population and is twice as common in women than in men. Considering how widespread depression is, it is particularly unfortunate that it carries with it the additional burden of severe social stigma. The effect of depression on health-care services is enormous. A recent report, Global Burden of Disease, published by the World Health Organisation, states that depression was the fourth most important health problem in the developing world in accounting for about 3 per cent of the total burden of illness and predicts that it will be the number one health problem in the developing world in accounting for about 6 per cent of the total burden.

Over the same period the annual number of suicides will increase from , to , in the developing world. The report also estimates that less than 10 per cent of the 83 million episodes of depression in the developing world in received treatment and that the figure for treated episodes in developed countries may be only two to three times higher. Depression has a confusing number of different meanings. In common usage it refers to lowness and anxiety, common feelings in everyday life. But it is depression as an illness with which this book is concerned, depression that so interferes with a person's life that it is disabling. William Styron's Darkness Visible is a marvellous description of depression, and at the very start he makes it clear that the 'pain of severe depression is quite unimaginable to those who have not suffered it, and it kills in many instances because it cannot be borne'. So the focus in this book is on major depression, or, as it is so often called, clinical depression; depression so severe that it can lead to the inability to work or even to suicide.

The relationship between major depression and common everyday depression, just feeling low, is, however, an important one and will be explored: is major depression just an extreme form of common depression or is it qualitatively different? My title is in two parts. One comes from Robert Burton's famous, monumental, fascinating, but not easily readable, Anatomy of Melancholy in which he recorded all aspects of the melancholic condition known at the time. Burton spent most of his life at Christ Church in Oxford where among other duties he taught theology. He had an interest in all branches of medicine and science. He chose to write about Melancholy as his life's work largely because of his own affliction by it, and he hoped that writing about it would alleviate his symptoms: 'I write of Melancholy, by being busy to avoid Melancholy. Burton also cared about the style of his writing and would have been gratified had he known that Samuel Johnson, himself a depressive, turned to the Anatomy for consolation — it was the only book that ever took him out of bed two hours sooner than he wished to rise.

The number of papers published about depression is currently more than 3, every year, so I have had to be less ambitious than Burton. The amount of information is enormous, but I try to summarise in an accessible form what is currently known about depression. I start by looking at the experience of depression in the past and present. Then I look at the problems of diagnosis not only in the West but in other cultures.

I try to unravel the factors that make people vulnerable to depression, such as their genes, distressing life events, early childhood experiences and even the weather. Manic depression, though not central to this book, has its own characteristics, and suicide has to be recognised as a tragic consequence of depression: I address these subjects in separate chapters. With this background, it becomes possible to discuss the psychological and biological theories that have been put forward to explain depression, including its evolutionary significance. The psychological explanations focus on the importance of loss and early experience, while the biological require understanding of emotion in terms of brain function and chemistry. Following this, there are discussions of the treatments for depression, such as medication and psychotherapy, with an analysis of what works and for whom. I also report on experiences in the treatment of depression in the East — China, Japan and India.

Finally I look to the future, both at scientific advances and preventative approaches. I have been particularly influenced by several books, including William Styron's Darkness Visible, an account of his own depression; Kay Redfield Jamison's Touched with Fire, which deals with manic depression and creativity as well as other topics related to depression; and The Emotional Brain by Joseph Le Doux. Several ideas have also been very influential on my approach, particularly John Bowlby's ideas about attachment and loss and Aaron Beck's ideas on the cognitive basis of

depression and its relation to negative thinking. Arthur Kleinman, an anthropologist and a psychiatrist, has illuminated for me the nature of depression in other cultures.

The main title, Malignant Sadness, is meant to emphasise the very serious nature of a depressive illness and also to reflect my conviction that normal sadness is to depression what normal growth is to cancer. I hope this book will prove interesting and helpful both to those who suffer from depression and to those who live with them.

Chapter One. Until one has experienced a debilitating severe depression it is hard to understand the feelings of those who have it. This paperback edition features a new introduction, in which Wolpert discusses the reaction to his book and BBC series, and recounts his own recurring struggle with depression. He is the author of, among others, The Unnatural Nature of Science and Malignant Sadness , which was described by Anthony Storr as 'the most objective short account of all the various approaches to depression'. Sign up for free to get first access to tickets. Free to join. The perks. Sign up. Already a Member? Sign in here. Malignant Sadness.