

Confessions of a Depressed Comic (transcript)

Kevin Breel

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Watch the TED talk here: http://www.ted.com/talks/kevin_breel_confessions_of_a_depressed_comic

Comics modified from here: <http://www.buzzfeed.com/hnigatu/comics-that-capture-the-frustrations-of-depression>

For a long time in my life, **I felt like I'd been living two different lives.** There's the life that everyone sees, and then there's the life that only I see. And in the life that everyone sees, who I am is a friend, a son, a brother, a stand-up comedian and a teenager. That's the life everyone sees. If you were to ask my friends and family to describe me, that's what they would tell you. And that's a huge part of me. That is who I am. And if you were to ask me to describe myself, I'd probably say some of those same things. And I wouldn't be lying, but I wouldn't totally be telling you the truth, either, because the truth is, that's just the life everyone else sees. In the life that only I see, who I am, who I really am, is someone who struggles intensely with depression. I have for the last six years of my life, and I continue to every day.

Now, for someone who has never experienced depression or doesn't really know what that means, that might surprise them to hear, because there's this pretty popular misconception that depression is just being sad when something in your life goes wrong, when you break up with your girlfriend, when you lose a loved one, when you don't get the job you wanted. But that's sadness. That's a natural thing. That's a natural human emotion. **Real depression isn't being sad when something in your life goes wrong. Real depression is being sad when everything in your life is going right.** That's real depression, and that's what I suffer from.

And to be totally honest, that's hard for me to stand up here and say. It's hard for me to talk about, and it seems to be hard for everyone to talk about, so much so that no one's talking about it. And no one's talking about depression, but we need to be because right now it's a massive problem. But we don't see it on social media, right? We don't see it on Facebook. We don't see it on Twitter. We don't see it on the news, because it's not happy, it's not fun, it's not light. And so because we don't see it, we don't see the severity of it.



But the severity of it and the seriousness of it is this: every 30 seconds, somewhere, someone in the world takes their own life because of depression, and it might be two blocks away, it might be two countries away, it might be two continents away, but it's happening, and it's happening every single day. And we have a tendency, as a society, to look at that and go, "That's their problem." We say we're sad and we say we're sorry, but we also say, "So what?"

Well, two years ago it was my problem, because I sat on the edge of my bed where I'd sat a million times before and I was suicidal. **I was suicidal, and if you were to look at my life on the surface, you wouldn't see a kid who was suicidal.** You'd see a kid who was the captain of his basketball team, the drama and theater student of the year, the English student of the year, someone who was consistently on the honor roll and consistently at every party. So you would say I wasn't depressed, you would say I wasn't suicidal, but you would be wrong. So I sat there that night beside a bottle of pills with a pen and paper in my hand and I thought about taking my own life and I came this close to doing it.

And I didn't, so that makes me one of the lucky ones, one of the people who gets to step out on the ledge and look down but not jump, one of the lucky ones who survives. Well, I survived, and that just leaves me with my story, and my story is this: In four simple words, I suffer from depression. I suffer from depression, and for a long time, I think, I was living two totally different lives, where one person was always afraid of the other. **I was afraid that people would see me for who I really was, that I wasn't the perfect, popular kid in high school everyone thought I was, that beneath my smile, there was struggle,** and beneath my light, there was dark, and beneath my big personality just hid even bigger pain.



See, some people might fear girls not liking them back. Some people might fear sharks. Some people might fear death. But for me, for a large part of my life, I feared myself. I feared my truth, I feared my honesty, I feared my vulnerability, and that fear made me feel like I was forced into a corner and there was only one way out, and so I thought about that way every single day. I thought about it every single day, and if I'm being totally honest, standing here I've thought about it again since, because that's the sickness, that's the struggle, that's depression, and **depression isn't chicken pox. You don't beat it once and it's gone forever. It's something you live with. It's something you live in.** It's the roommate you can't kick out. It's the voice you can't ignore. It's the feelings you can't seem to escape.



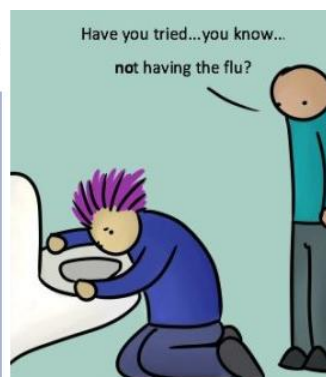
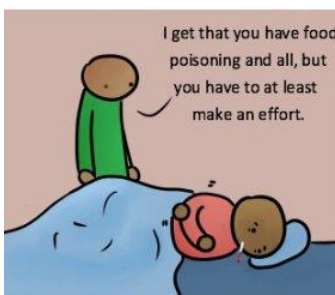


The scariest part is that after a while, you become numb to it. It becomes normal for you, and what you really fear the most isn't the suffering inside of you. It's the stigma inside of others, it's the shame, it's the embarrassment, it's the disapproving look on a friend's face, it's the whispers in the hallway that you're weak, it's the comments that you're crazy. That's what keeps you from getting help. That's what makes you hold it in and hide it. It's the stigma.

So you hold it in and you hide it, and you hold it in and you hide it, and even though it's keeping you in bed every day and it's making your life feel empty no matter how much you try and fill it, you hide it, because the stigma in our society around depression is very real. It's very real, and if you think that it isn't, ask yourself this: Would you rather make your next Facebook status say you're having a tough time getting out of bed because you hurt your back or you're having a tough time getting out of bed every morning because you're depressed? That's the stigma, because unfortunately, **we live in a world where if you break your arm, everyone runs over to sign your cast, but if you tell people you're depressed, everyone runs the other way. That's the stigma. We are so, so, so accepting of any body part breaking down other than our brains.** And that's ignorance. That's pure ignorance, and **that ignorance has created a world that doesn't understand depression, that doesn't understand mental health.** And that's ironic to me, because depression is one of the best documented problems we have in the world, yet it's one of the least discussed. We just push it aside and put it in a corner and pretend it's not there and hope it'll fix itself.

Well, it won't. It hasn't, and it's not going to, because that's wishful thinking, and wishful thinking isn't a game plan, it's procrastination, and we can't procrastinate on something this important. The first step in solving any problem is recognizing there is one. Well, we haven't done that, so we can't really expect to find an answer when we're still afraid of the question.

What if we treated every illness like we treat mental illnesses?



And I don't know what the solution is, but I think it has to start here. It has to start with me, it has to start with you, it has to start with the people who are suffering, the ones who are hidden in the shadows. We need to speak up and shatter the silence. If there's one thing that I see as the biggest problem, it's not in building a world where we eliminate the ignorance of others. It's in building a world where we teach the acceptance of ourselves, where we're okay with who we are, because when we get honest, we see that we all struggle and we all suffer. Whether it's with this, whether it's with something else, we all know what it is to hurt. Right now, depression is society's deep cut that we're content to put a Band-Aid over and pretend it's not there.



Well, it is there, and you know what? It's okay. **Depression is okay. If you're going through it, know that you're okay. And know that you're sick, you're not weak; and it's an issue, not an identity,** because when you get past the fear and the ridicule and the judgment and the stigma of others, you can see depression for what it really is, and that's just a part of life, just a part of life, and as much as I hate some of the places, some of the parts of my life depression has dragged me down to, in a lot of ways I'm grateful for it. Because yeah, it's put me in the valleys, but only to show me there's peaks, and yeah it's dragged me through the dark but only to remind me there is light. My pain, more than anything in 19 years on this planet, has given me perspective, and my hurt, my hurt has forced me to have hope, have hope and to have faith, faith in myself, faith in others, faith that it can get better, that we can change this, that we can speak up and speak out and fight back against ignorance, fight back against intolerance, and more than anything, learn to love ourselves, learn to accept ourselves for who we are, the people we are, not the people the world wants us to be. Because the world I believe in is one where embracing your light doesn't mean ignoring your dark. The world I believe in is one where we're measured by our ability to overcome adversities, not avoid them. The world I believe in is one where I can look someone in the eye and say, "I'm going through hell," and they can look back at me and go, "Me too," and that's okay, and it's okay because depression is okay. We're people. **We're people, and we struggle and we suffer and we bleed and we cry, and if you think that true strength means never showing any weakness, then I'm here to tell you you're wrong. You're wrong, because it's the opposite. We're people, and we have problems. We're not perfect, and that's okay.**

So we need to stop the ignorance, stop the intolerance, stop the stigma, and stop the silence, and we need to take away the taboos, take a look at the truth, and start talking, because the only way we're going to beat a problem that people are battling alone is by standing strong together, by standing strong together. And I believe that we can. I believe that we can.

Ways to Support Someone with Depression

(Modified from <http://psychcentral.com/blog/archives/2012/05/08/9-best-ways-to-support-someone-with-depression/>)
Margarita Tartakovsky, M.S.

If your loved one is struggling with depression, you may feel confused, frustrated and distraught yourself. Maybe you feel like you're walking on eggshells because you're afraid of upsetting them even more. Maybe you're at such a loss that you've adopted the silent approach. Or maybe you keep giving your loved one advice, which they just aren't taking. Below, Deborah Serani, PsyD, a psychologist who's struggled with depression herself, shares nine valuable strategies.

Be there.

According to Serani, the best thing you can do for someone with depression is to be there. "When I was struggling with my own depression, the most healing moments came when someone I loved simply sat with me while I cried, or wordlessly held my hand, or spoke warmly to me with statements like 'You're so important to me.' 'Tell me what I can do to help you.' 'We're going to find a way to help you to feel better.'"

She suggested everything from sending a card or a text to cooking a meal to leaving a voicemail. "These gestures provide a loving connection [and] they're also a beacon of light that helps guide your loved one when the darkness lifts."

Some people assume that if a person with depression has a good day, they're cured. According to Serani, "Depression is not a static illness. There is an ebb and flow to symptoms that many non-depressed people misunderstand." As she explained, an adult who's feeling hopeless may still laugh at a joke, and a child who's in despair may still attend class, get good grades and even seem cheerful.

Serani believes that patience is a pivotal part of supporting your loved one. "When you're patient with your loved one, you're letting them know that it doesn't matter how long this is going to take, or how involved the treatments are going to be, or the difficulties that accompany the passage from symptom onset to recovery, because you will be there," she said.

And this patience has a powerful result. "With such patience, comes hope," she said. And when you have depression, hope can be hard to come by.

Don't judge or criticize.

What you say can have a powerful impact on your loved one. According to Serani, avoid saying statements such as: "You just need to see things as half full, not half empty" or "I think this is really all just in your head. If you got up out of bed and moved around, you'd see things better."

These words imply "that your loved one has a choice in how they feel – and has chosen, by free will, to be depressed," Serani said. They're not only insensitive but can isolate your loved one even more, she added.



Avoid the tough-love approach.

Many individuals think that being tough on their loved one will undo their depression or inspire positive behavioral changes, Serani said. For instance, some people might intentionally be impatient with their loved one, push their boundaries, use silence, be callous or even give an ultimatum (e.g., “You better snap out of it or I’m going to leave”), Serani said. But consider that this is as useless, hurtful and harmful as ignoring, pushing away or not helping someone who has cancer.

Don’t minimize their pain.

Statements such as “You’re just too thin-skinned” or “Why do you let every little thing bother you?” shame a person with depression, Serani said. It invalidates what they’re experiencing and completely glosses over the fact that they’re struggling with a difficult disorder – not some weakness or personality flaw.

Saying Someone Can't be Sad
Because Someone else may have it worse
Is just like saying
Someone Can't be happy
Because Someone else may have it better

Avoid making comparisons.

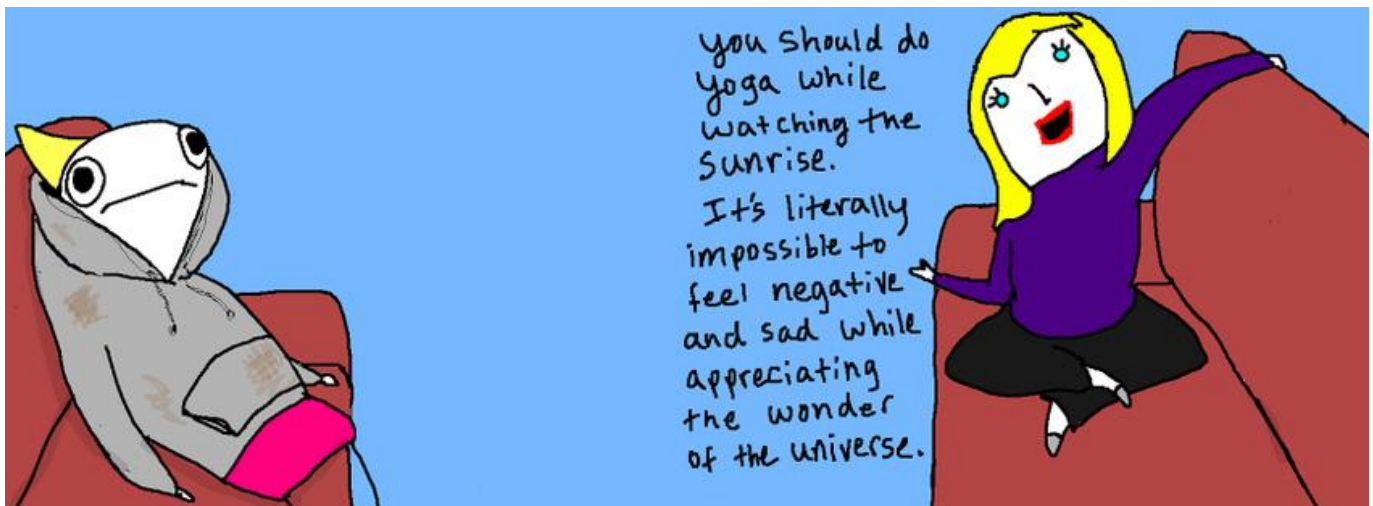
Unless you’ve experienced a depressive episode yourself, saying that you know how a person with depression feels is not helpful, Serani said. While your intention is probably to help your loved one feel less alone in their despair, this can cut short your conversation and minimize their experience.



Avoid offering advice.

It probably seems natural to share advice with your loved one. Whenever someone we care about is having a tough time, we yearn to fix their heartache. But Serani cautioned that “While it *may be true* that the depressed person needs guidance, saying that will make them feel insulted or even more inadequate and detach further.”

What helps instead, Serani said, is to ask, “What can we do to help you feel better?” This gives your love one the opportunity to ask for help. “When a person asks for help they are more inclined to be guided and take direction without feeling insulted,” she said.



(The following was taken from <http://www.metanoia.org/suicide/>)

Suicide is not chosen; it happens when pain exceeds resources for coping with pain.

That's all it's about. People feeling suicidal are not bad, or crazy, or weak, or flawed. It doesn't even mean that they really *want* to die - it only means that they have more pain than they can cope with right now. If I start piling weights on your shoulders, you will eventually collapse if I add enough weights... no matter how much you want to remain standing. Willpower has nothing to do with it. Of course they would cheer themselves up, if they could.

It's a very common reaction to think, "that's not enough to be suicidal about." There are many kinds of pain that may lead to suicide. Whether or not the pain is bearable may differ from person to person. What might be bearable to someone else, may not be bearable to you. The point at which the pain becomes unbearable depends on what kinds of coping resources you have. Individuals vary greatly in their capacity to withstand pain.

When pain exceeds pain-coping resources, suicidal feelings are the result. Suicide is neither wrong nor right; it is not a defect of character; it is morally neutral. It is simply an imbalance of pain versus coping resources.



Anyone can survive suicidal feelings if they do either of two things: (1) find a way to reduce pain, or (2) find a way to increase coping resources. Both are possible.

What can I do to help someone who may be suicidal?

1. Take it seriously.

Myth: *The people who talk about it don't do it.* Studies have found that more than 75% of all completed suicides did things in the few weeks or months prior to their deaths to indicate to others that they were in deep despair. Anyone expressing suicidal feelings needs immediate attention.

Myth: *Anyone who tries to kill himself has got to be crazy.* Perhaps 10% of all suicidal people are psychotic or have delusional beliefs about reality. Most suicidal people suffer from the recognized mental illness of depression; but many depressed people adequately manage their daily affairs. The absence of craziness does not mean the absence of suicide risk.

"Those problems weren't enough to commit suicide over", is often said by people who knew a completed suicide. You cannot assume that because you feel something is not worth being suicidal about, that the person you are with feels the same way. It is not how bad the problem is, but how badly it's hurting the person who has it.

2. Remember: suicidal behavior is a cry for help.

Myth: *If someone is going to kill himself, nothing can stop him.* The fact that a person is still alive is sufficient proof that part of him wants to remain alive. The suicidal person is ambivalent -- part of him wants to live and part of him wants not so much death as he wants the pain to end. It is the part that wants to live that tells another I feel suicidal. If a suicidal person turns to you it is likely that he believes that you are more caring, more informed about coping with misfortune, and more willing to protect his confidentiality. No matter how negative the manner and content of his talk, he is doing a positive thing and has a positive view of you.

3. Be willing to give and get help sooner rather than later.

Suicide prevention is not a last minute activity. All textbooks on depression say it should be reached as soon as possible. Unfortunately, suicidal people are afraid that trying to get help may bring them more pain: being told they are stupid, foolish, sinful, or manipulative; rejection; punishment; suspension from school or job; written records of their condition; or involuntary commitment. You need to do everything you can to reduce pain, rather than increase or prolong it. Constructively involving yourself on the side of life as early as possible will reduce the risk of suicide.

4. Listen.

Give the person every opportunity to unburden his troubles and ventilate his feelings. You don't need to say much and there are no magic words. If you are concerned, your voice and manner will show it. Give him relief from being alone with his pain; let him know you are glad he turned to you. Patience, sympathy, acceptance. Avoid arguments and advice giving.

5. ASK: Are you having thoughts of suicide?

Myth: Talking about it may give someone the idea. People already have the idea; suicide is constantly in the news media. If you ask a despairing person this question you are doing a good thing for them: you are showing him that you care about him, that you take him seriously, and that you are willing to let him share his pain with you. You are giving him further opportunity to discharge pent up and painful feelings. If the person is having thoughts of suicide, find out how far along his ideation has progressed.

6. If the person is acutely suicidal, do not leave him alone.

If the means are present, try to get rid of them. Detoxify the home.

7. Urge professional help.

Persistence and patience may be needed to seek, engage and continue with as many options as possible. In any referral situation, let the person know you care and want to maintain contact.

8. No secrets.

It is the part of the person that is afraid of more pain that says Don't tell anyone. It is the part that wants to stay alive that tells you about it. Respond to that part of the person and persistently seek out a mature and compassionate person with whom you can review the situation. (You can get outside help and still protect the person from pain causing breaches of privacy.) Do not try to go it alone. Get help for the person and for yourself. Distributing the anxieties and responsibilities of suicide prevention makes it easier and much more effective.

9. From crisis to recovery.

Most people have suicidal thoughts or feelings at some point in their lives; yet less than 2% of all deaths are suicides. Nearly all suicidal people suffer from conditions that will pass with time or with the assistance of a recovery program. There are hundreds of modest steps we can take to improve our response to the suicidal and to make it easier for them to seek help. Taking these modest steps can save many lives and reduce a great deal of human suffering.

Depression in society

How common is depression? (Health Textbook pg. 69)

- Explain why it doesn't seem like depression is that common.
- Explain why it can be hard to tell if someone has depression.

Why is there a **stigma** associated with mental disorders?

- Explain how people in society usually feel about people with a mental disorder.
 - Explain why people in society don't treat mental illness the same way as with physical disorders.
- *Hint: think about the difference between "normal" depression and having the disorder...*

Why **should** society treat mental disorders the same way as any other physical disorder/injury?

- Explain why people suffering from Major Depressive Disorder really need to get professional help.

Ways to support people with depression

What are some good ways to help someone suffering from depression?

- Be sure to include the **things you should avoid** doing/saying.

What are your experiences with these kinds of suggestions?

- Have you done/said **these things** to others in the past? How were they received?
- Have people tried to help you by doing/saying **these things** in the past? How did they make you feel?
- Are any of these suggestions new to you? How do you feel about them?

Warning signs and ways to help someone feeling suicidal

What are some warning signs of suicide? (Health Textbook pg. 95)

- Be sure to include the **words that warn**.

How should you respond to someone that is feeling suicidal?

- Write down the two websites in case you need to tell someone to go to them some day.
- Summarize each of the 9 suggestions in your own words
- For #8 (No Secrets), who could you talk to for help with this situation?

What did you learn?

What other thoughts/feelings/questions do you have related to this topic?

Investigating mental disorders

Take some notes on at least 5 different mental disorder mini-posters (not including your own)
(Describe the **symptoms**, at least 2-3 other **interesting facts**, and at least 1 **question** related to the disorder)

Check the post-it questions that other students have attached. If your question is already there, put a check mark (v) on it. If not, copy your question onto a post-it note, and attach it to the back of the mini-poster.