

an essay by grady sedgwick

Depression, Drugs, and Driving All Night

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Bluefoot Publishing

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A friend told me her name is Candice. She smokes cigarettes but won't touch alcohol, the exact opposite of me. I like her skinny legs, short brown hair and, especially the way she almost—not quite—but almost goes out of her way to say hi to me. We see each other nearly every day at Coffee Waves in Port Aransas, a small town on a small island off the coast of Texas. She reads books and talks to people. I write on my laptop. I definitely want to meet her, but if she finds out that I live in a van ... well, it just wouldn't work. (Yes, I'm in a minor slump.) Nevertheless, the ball is in my court and it's time to make something happen. If I don't introduce myself soon, she might think I'm not interested.

Here's the idea I've been tossing around: unload everything from my van—food, clothes, etc.—into a friend's garage, then ask Candice for a lunch date and hope she doesn't figure out how low I've fallen. We'd eat on the mainland, away from friends who might out me, because "I'm so bored with Island restaurants." We'd go to her apartment, because "my place is a such a mess." It's an idea that might work, for a while anyway, then she'll ask where I live (probably the first date), and I'll have to lie to her. That's okay, by the time she finds out the truth, she may have lost interest. I may have lost interest too.

On the other hand, maybe not. Candice could be the one. From what her friends have told me, she seems right. Let's say she inspires me to get a job and rent an apartment, there's still one overriding problem, an elephant-in-the-room problem big enough to ruin everything: At some point she'll be there to witness a colossal shut down, my shut down. While I'm only in a minor slump now, I occasionally sink much lower. If Candice sees this, she'll surely run. It's happened before. It's a problem I've had since high school. How do you fake normalcy and pretend to be engaged in life when the sun has gone down? How do you continue in a relationship after

telling a girlfriend, "My life is getting dark, just take your things and go."

At night I either park my van at the Aransas Pass Ship Channel or find an isolated spot in the back of Charlie's Pasture. This morning I woke up at the channel. There were no mosquitoes buzzing inside the van, and the spring winds felt nice blowing through the open windows. Out in the channel, a crew-boat cut through the waves on her way to the oil rigs in the Gulf of Mexico. I reached for a jug of water, had a few sips and put on my shorts before stepping out into the sand. A woman was standing on the jetty reeling in a redfish, while her husband told her how to do it. "Keep your line tight," he said. "Don't let him get in the rocks." It had been an easy decision. There was nothing left—no job, no money, and not enough energy to start over—so I moved into my van.

Sitting in the front passenger seat, I turned on the radio and listened to an NPR story about a doctor who's been treating clinically depressed patients with Ketamine. Traditional antidepressants have worked miracles for some people, giving them their lives back, but antidepressants are not always effective and sometimes only work for a couple years. Usually for me, they don't work at all. When you get low and desperate, and the good doctor starts pushing the same drug on you that his drug rep is pushing on him, some people get fooled by false hopes—like me—several times.

This Ketamine drug sounds different though, and the NPR story is impossible to ignore. Candice is impossible to ignore too. She deserves better than a despondent, unsuccessful writer living in a van, so after spending the day thinking about it, I decide to summon up the energy for one last great effort. If it works, if Ketamine helps me return to the living: "Hi Candice, I'm Grady Sedgwick. It's nice to finally meet you."

Surfing internet websites, I learned that Ketamine was first developed as a battlefield anesthesia for the Vietnam War and is now used in veterinary medicine as a horse tranquilizer. It's also used as a club drug called Special-K. When recreational users do too much of it, they go into the K-Hole, which is a dangerous place to be. On a discussion page at hipforums.com,

someone asked which is better, snorting the powder or shooting up the liquid. One guy responded, "You wanna go instant fucking K-Hole, then shoot it up. No, Man, not recommended—worst drug experience of my life."

People drive around Port Aransas in golf carts, drink beer at The Gaff and go fishing off the jetties. I couldn't be in a better place. The showers on the beach are free. The bathhouse on top of the sand dunes has a sink and metal mirror for shaving. It all works, living in a van on the Island, but I'm stuck. I've been stuck for three years, and even here, the best place I've ever lived, the thought of improving my life by rejoining the world—fishing with friends, finding a job, and renting an apartment—hasn't seemed worth the effort. I'd rather spend my days writing at Coffee Waves, my nights inside the van—sweating in summer, wrapped in a sleeping bag in winter—but I know that's just the depression talking. If this Ketamine drug will lift a little of the darkness, I'll take it from there and put my life back together.

After asking around Corpus Christi, the closest city to Port Aransas, I'm starting to realize that finding a local doctor to administer Ketamine is going to be impossible. Using it to treat depression is too experimental. The good news though, I found several hospitals and universities that recently started testing Ketamine in clinical trials: Baylor College of Medicine, National Institutes of Health, and Mount Sinai in Manhattan. Over the past couple weeks, I've applied to all three and answered several questions via email and over the phone. They need to make sure I'm drug resistant and that I've never had a psychotic episode.

Everything seems to be moving along well enough except for two issues. One, at clinical trials there's a fifty percent chance of never receiving the actual drug, only a placebo. Two, none of the hospitals are willing to continue treatments long term, which means, after five weeks, even if the drug is working, I'll be shit-outa-luck. So when a doctor from Baylor asked me to drive to Houston for a consultation, I told him no thanks.

The only doctor in this country I can find who's currently using Ketamine in his private practice, is Dr. Levine in Princeton, New Jersey. His credentials look impressive: Tulane School of Medicine and Johns Hopkins. So after several phone and email conversations with him, I cash in a life insurance policy and leave for Princeton.

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North of Waco, I pull off Interstate 35 at a rest area and crawl into the back of my van to spend the night. In the past, whenever I noticed people deluding themselves with wishful thinking, I was always quick to judge, quick to point out lousy reasoning, yet now I wonder if I'm doing the same thing.

At four in the morning someone knocks on the van. My first thought is police, something I've experienced a number of times, although in Texas it's legal to spend one night at a rest stop. I unzip my sleeping bag, wiggle out of it and see a woman standing beside the front passenger window, still knocking on my van. I climb into the front passenger seat and roll down the window to see what she wants. She first gives me a bullshit story about running out of gas and needing money. Then she gets honest and steps back from my window to show off the entire sloppy package. "I'm offering services to lonely travelers."

"No, thanks," I tell her, not without a little regret though.

On Interstate 40 through the middle of Tennessee there isn't much to listen to on the radio. Most of the stations broadcast gospel music, yet at the same time, many of the highway exits have huge billboards advertising adult video stores with names like Cupid's Outlet, "Open 24 hours ... A Touch of Class."

After two nights of sleeping at rest stops and one night parked behind a Holiday Inn, I finally make it to Princeton. A reasonable guess is that I've tried eight or ten antidepressants, four or five natural remedies, a couple psychiatrists, a couple psychologist, four philosophies, three religions and twelve geographic cures, plus I've self-medicated with every type of

street drug I could get my hands on ... Some of the above helped for a while, nothing worked.

On Vannegie Lake near the Princeton campus, scullers glide across the water, rowing in perfect unison. Seeing this, something I've never seen before, reminds me how far away from Texas I am. Instead of searching for a hidden place to park at night, I decide to play it safe and get a motel room. At the Sunco gas station, while the guy behind the counter sells scratch-offs to a line of customers, he suggests that I look for an inexpensive room along Brunswick Pike towards Trenton.

I find a room at Mount's Motel, where my neighbor is sitting outside his door in a wheelchair, drinking beer, breathing oxygen from a tank. "How's it going?" I ask before realizing it's probably not the right thing to say to someone in his condition. He offers a half smile and lifts his beer.

In the morning I meet with Dr. Levine at his office in Palmer Square. He's young, wearing a navy blue suit and tie, and looks more conservative than anti-establishment, yet he's open minded, cynical of big pharmaceutical companies, and willing to experiment with alternative methods to help his patients. We talk for an hour and a half in his office. He confirms a number of issues we'd discussed in emails and phone conversations, and then he says, "How about today?"

"What? To start?"

"No reason not to," he says. "I have an opening at two o'clock."

Back at Mount's Motel, I plug in my laptop and email my mom and sister in Louisiana to tell them where I am and why. Then I email a psychiatrist friend to let him know what I'm about to do. "David, I'm in Princeton, about to go for it, will keep you posted ..." Last week, he tried to talk me out of it.

Ketamine is a derivative of PCP, not a lightweight drug. For treating depression, it's given to patients through an IV and takes about an hour for the full dose. The Hematology clinic, where I'm supposed to meet Dr. Levine, is only a mile from my motel. I leave for the clinic thirty minutes early, walking barefoot, shoes in hand. On the Island, I almost never

wear shoes, even at the IGA grocery store, but here in New Jersey there's a young Guido outside a neighborhood deli giving me a hard look. I'm eighteen hundred miles from home, alone and not looking for trouble, just looking to change my life.

Traditional antidepressants usually take anywhere from two to five weeks before becoming effective (if they ever become effective). In comparison, Ketamine sometimes offers symptom relief in twenty-four hours or less. The NPR story mentioned that some patients feel the weight of depression lifting in as little as two hours. Heading to the clinic, taking my time, I'm thinking positive about the future: Candice at Coffee Waves, a job in Port Aransas, an apartment?

At the clinic I ride the elevator up to the third floor to meet Dr. Levine, who's still wearing his suit and tie. He takes me to a room lined with windows that look out into the trees. The room is bright and airy with a dozen comfortable recliners along the walls and windows. Each recliner has a table beside it with a metal stand for hanging an IV bag. I sit next to a friendly looking black lady reading a magazine. Eight people are hooked up to IVs. Four nurses move back and forth between the patients and a long counter with computers.

Dr. Levine sits on a stool at the foot of my recliner and asks, "How are you feeling right now?"

"No problems," I tell him, "I'm ready to do this."

He nods his head. "You'll receive a saline solution for about ten minutes, and then you'll feel the Ketamine enter your bloodstream. I'll be here the whole time, so let me know if you start feeling too uncomfortable. We'll stop the drip for a while."

A nurse sticks a needle in my hand and inserts a tube into the needle. She hangs a plastic bag to begin the drip. I have a cup of water on the table beside me and a National Geographic in my lap. I start reading about koala bears in Australia, whose habitats have been destroyed and now have to live in residential neighborhoods. It's an unsettling story because these harmless little koalas, unable to figured out city streets and city traffic, keep getting run over by cars. The neighborhood dogs are a problem too, the article says, as koalas are easy targets and don't understand why dogs are so aggressive. What ends up happening is, the dogs chase them down and rip them apart.

"How are you doing?" Dr. Levine asks, as he pulls up a stool.

"Nothing yet," I tell him.

Dr. Levine has large sympathetic eyes, as if something tragic happened to him, maybe a trauma that caused him to devote his life to helping people, but I'm just guessing. "Okay," he says and nods his head. "I'll be right over here if you need anything."

The magazine has a picture of a koala bear that looks afraid and lost, holding onto a eucalyptus tree in someone's front yard. In another picture, there's a blue tarpaulin laid out on the floor at a veterinarian's office. A dozen koalas are spread out in various positions, some on their backs, others on their sides. All of them have wounds, stitches and bandages. Some have tubes in their arms, but the tubes are cut off, unattached to IV bags, and the koalas are all dead.

"Is everything good?" Dr. Levine asks.

"I'm ready for whatever happens," I tell him.

"Okay, that's good. Just relax and allow yourself to go with it, to experience it."

He returns to the long counter to sit with the nurses and do paperwork. Two women are reclining near the side windows talking, their heads turned toward each other. I can hear the younger one explaining that she's decided to start pulling away from her daughter.

"Pulling away?" the older woman asks.

"It's better for her," she says. "Christy's fourteen and needs to learn how to get by without me."

"You don't know that," the older woman says and shakes her head. "It's too soon for us to start talking like that." I look around the room again and realize that everyone except me is receiving chemotherapy. It's both sad and uplifting to be reminded that my situation could be much worse. I lay my head back and, within another ten minutes, get so damned high that I consider calling Dr. Levine over to ask if this is normal. He had prepared me for it, told me what to expect, but holy shit I am way-way out there. Too far out there. At some point he comes back and sits beside me. I somehow ask for more water. When he returns with my cup, it takes forever to reach out with my hands. How will I be able to do this, hold on to the cup or find my mouth? I don't want everyone to see me dump water down the front of my shirt. The thought quickly vanishes when my lips expand to the size of swollen surfboards, so I lift the cup and pour a stream of water in the general direction of my huge open mouth.

The next time he comes back, I'm having a hard time staying focused enough to answer his questions or respond with words. If I could talk, I'd tell him I'm in trouble, that I'm slipping into the K-Hole. Shit, Doctor! I'm drifting away, falling into the abyss. On the wall across from me, the water fountain has become soft like melting metallic ice cream. I watch as it gradually loses its shape and slides off the wall onto the floor.

When the infusion finally ends, the recovery is fairly quick, but I'm a little pissed off. The first thing I do is ask Dr. Levine if he's ever had a Ketamine infusion.

He thinks for a moment before answering. "Ethics may be an issue," he says. "So no, I haven't tried it."

"Maybe you should."

Staying focused requires effort, but I'm able to have a fairly normal conversation with the lady sitting in the next chair. Thirty minutes later, I successfully stand up and cautiously take a few steps before wobbling back into the recliner. After another thirty minutes it's okay to leave. I'm riding the elevator down with a nurse whose arms are loaded with bags and flowers. "I feel rude for not helping you carry something," I say to her.

"Oh that's nice," she says, "but I think I have it all situated well enough."

The elevator stops in the small lobby, and once again, I offer to help carry something to her car. She declines and pauses as if she's reconsidering the offer, so I pause too. We're both standing in the small lobby, neither of us moving, and then before I understand why, she shoves forward into the door huffing in frustration.

Walking back to the motel, I feel like an idiot for not opening the door for her. My head is still in a fog, and I consider running to clear the Ketamine from my body, sweat it out, but I don't want the Ketamine leave. I want it to stay inside me and do its job. I want the neurotransmitters in my brain to reconfigure themselves into normal.

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Back at the motel room, I fix a peanut butter sandwich and turn on the local news. The big story rocking the state, is about Governor Christie falling asleep at a Bruce Springsteen concert. For the governor to fall asleep when the Boss is performing seems to have offended everyone in New Jersey. Governor Christie explains that he absolutely did not fall asleep and was only relaxing his head in order to enjoy the music. When a reporter doubts his story, Christie calls over one of his assistants to back up his story.

The two hour cure doesn't happen, although I'm not worried about it yet. Maybe in the morning the weight will back off and I'll feel better. If Ketamine works, I'll receive three infusions a week, and at some point, one infusion a week, and then hopefully only once a month. Finding a doctor near Port Aransas willing to give me the drug might be a problem. In a worst case scenario, I'll drive down to the border, cross over into Matamoros and have a Mexican doctor shoot me up.

The next afternoon, I go online to answer a list of questions on Dr. Levine's website. Here's an example. "I feel too heavy to leave the house, and instead, stay in bed most of

the day." ... A: None of the time. B: Some of the time. C: All of the time.

After taking his test, he calls me and says, "I'm looking at the results here and see that there hasn't been much improvement."

"Not anything major," I tell him. "Slightly better though."

"Okay, that's good," he says. "Don't lose hope. If you want, try another infusion tomorrow, and if it doesn't work, we can talk about other options."

I'm lying in bed watching Anthony Bordain explore the cuisine of Istanbul. He's hitting the street stalls, stuffing his face with exotic foods. My disappointment over the first infusion is sinking me into a dangerous low, and my thinking's starting to get irrational. I'm worn out, close to losing hope and feel like staying in this room forever. Something bites my neck, the same damn thing that's been biting me for two days. Good, let it bite! Let it make me sick.

The cleaning lady knocks on my door, so I force myself out of bed, stand up and push my pillows off to the side. Bedbugs are crawling across the white sheet, some tiny, some fat with my blood. She knocks again. Now the bugs are scattering, searching for darkness. I'm scratching the bites on my neck.

"Señor?" she calls out.

Standing behind the door I tell her, "No, necesito nada."

She moves on to the next room pushing her cart past my window. On the Island, Candice is probably at Coffee Waves talking to people and laughing. Maybe she's sitting in one of the big leather chairs wondering what happened to that writer guy. The writer guy is not doing well.

My only option is to leave the room and find another place to stay. After taking a long hot shower, hauling my things out to the van, I argue with the motel owner through a plexiglas window. He keeps repeating "no bedbugs, not possible," while I make threats about contacting the city, the health department and the newspaper. He eventually refunds my money, and I drive across the highway to Howard Johnson's.

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At the hematology clinic, I choose a recliner and begin receiving the second infusion. Dr. Levine sits beside me to ask how I'm feeling.

"Doctor, I wonder if the first infusion didn't work because I didn't allow it to work—maybe some sort of self-punishment, like an atonement?"

He pulls the stool up closer waiting for me to explain, but I don't know how to explain and change the subject. "If Ketamine works this time, and the darkness backs off, I'd like to go into Manhattan and spend a day touring the city."

He tells me about commuter trains and tickets. "Yeah," he says. "Sounds like a good idea."

I tell him that I've always wanted to see the Hotel Chelsea. "Several famous writers lived there on their way up, and some, on their way down: Dylan Thomas, Jack Kerouac— Have you heard of Charles Bukowski?" Whoa, fuck! The Ketamine is kickin' in.

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Before packing up to leave Princeton, I call Dr. Levine to thank him for his efforts, and then I email my sister to tell her that it didn't work. Driving south on Interstate 95, my phone rings. It's my sister calling to find out what's next, what I'll do now. "I'm going back to Texas," I tell her, but she's worried and wants more information. "Listen, this is no big deal. I'm fine, no worse than before. It was a new treatment and no one was expecting a miracle." ... Actually, on some level, I was expecting a miracle.

In New Jersey people aren't allowed to pump their own gas, yet before leaving the state, I pull into a station and, instead of waiting for the attendant, get out and pump it

myself. There won't be any beach parties on the Island, and there won't be any stopping in Louisiana to visit my family. Getting back to Port Aransas is what I'm thinking about now, humping the load when it piles on and catching my breath when it backs off. It's what I've always done.

Twenty years ago I drove from San Diego, California, to Lake Charles, Louisiana without stopping to sleep. I was wired then and I'm wired now. After driving all night through Baltimore, Washington and Richmond, I eventually turn west on Interstate 20 and pass through Atlanta, Georgia. My goal today, before it gets dark, is to see the Talladega Superspeedway in Alabama. I'll tour the grounds and find a place to sleep for the night, wake up in the morning and march on through Mississippi, Louisiana, and Texas.

There's no point in pursuing Candice when I get back, not after this failure, not until I can offer her a complete person. The good news though, the money from my insurance policy won't be needed for Ketamine infusions and can be used to rent an apartment. I recently read a book about treating depression with diet and exercise. It's something I've never tried before, so from now on, once I have a kitchen, there won't be any fast food hamburgers or hot dogs from Stripes. It'll be fresh fruit, fresh vegetables and whole grain rice. If I have to do push-ups and run three times a day, then son-of-a-bitch, that's what I'll be doing—running for my life.

Update:

After returning to Port Aransas, I followed through with the plan, read more about the effects of nutrition on depression, and while living in my van, searched craigslist until I found an inexpensive apartment twenty miles down the coast. The decision to rent a place felt right and, once the contract was signed, I went to the grocery store to load up on healthy foods.

Everything was perfect at my new place; I juiced fruits and vegetables, ate healthy meals and jogged. After a couple weeks, to speed things up, I decided to go on a three-day fast, water only, to clean the toxins from my system. Ten hours into it, images of juicy cheeseburgers became an obsession, then thoughts of chicken fajitas with guacamole took over.

Two and a half days without food, my stomach was in knots, nauseous and hurting. I'd read both sides of the arguments about fasting. Some said it's healthy and rejuvenates the immune system, others said it's an ineffective waste of time. The fast started off with enthusiasm, then the whole thing seemed pointless.

So yes, I failed five hours short of seventy-two hours, but I didn't allow that to discourage my larger plan of diet and exercise. Other than taking an occasional day off to physically recover, I ran every day, usually twice a day. My route went past a marina on Laguna Madre, where bay fishermen launch their boats early in the morning and return in the afternoon to drink beer at the dock and show off their catch. Surrounding the marina is a small community of fishing camps, a bait stand, and a large field with stacks of crab traps beside an abandoned boat. Along the main road, there's a low bridge over a canal where kids jump into the water, and just past that, is an area of white sand perfect for running sprints along the bay.

One morning a black dog with matted hair and scraggly teeth came charging at me from under someone's porch. He was old and ran with a limp, but nevertheless, he came at me with bold determination. I had to quickly decide whether to act submissive or kick him in the face. For two years I worked at an animal shelter in the Texas Hill Country and I love dogs, but I also know what teeth can do to skin. After stopping, rather than kicking the bedraggled dog, I turned to the side and lowered myself, becoming less threatening, then offered the back of my hand for him to sniff. It was a tense couple of seconds while he stopped and sniffed my hand before wagging his tail and snuggling up against my leg.

It became an everyday ritual for us, the friendly dog coming out to say hello, and me giving him lots of attention. A month later though, when I jogged past the fishing camp, my friend wasn't there. At the end of the gravel road, I turned around to look for him and noticed he was trying to catch up with me, hobbling as fast as he could run. After we told each other hello, scratches under his chin, snuggling against my leg, he seemed satisfied and slowly began making his way back home.

Three months into the new plan, without any positive effects, my disappointment was taking me down. The writer David Foster Wallace, who later killed himself, said depression is a level of psychic pain wholly incompatible with human life. From what I've read about him, his suffering reached levels that I'm only slightly familiar with, but still, I wasn't feeling well and started spending most days in bed.

Not wanting to see or talk to anyone, I kept the blinds closed to discourage neighbors from coming over, and to discourage friends and family from contacting me, I thought about sending everyone an email to let them know I'd be out of commission for a while, unable to communicate. When I get like that, basically shut-down, it's not that I no longer care about people. I still appreciate email updates from friends and family, hearing the latest news about what everyone is doing, it's just that it takes too much energy to fake a cheerful response.

In "The Crack-Up," an essay by F. Scott Fitzgerald, he wrote "I had weaned myself from all the things I used to love ... Every act of life from the morning toothbrush to the friend at dinner had become an effort."

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