Day to Day: An Illustrated Anthology of Depression

by
Erin Chickering

A THESIS

submitted to
Oregon State University
University Honors College

in partial fulfillment of
the requirements for the
degree of
Honors Baccalaureate of Science in Psychology
(Honors Associate)

Presented May 18, 2016
Commencement June 2016
AN ABSTRACT OF THE THESIS OF

Erin Chickering for the degree of Honors Baccalaureate of Science in Psychology presented on May 18, 2016. Title: Day to Day: An Illustrated Anthology of Depression.

Abstract approved:

______________________________________________________
Kirsi Peltomäki

This thesis is an illustrated look at my own everyday experiences with depression. By exposing the personal aspects of the symptoms, I hope to help contribute to society’s understanding of depression as a whole. Art in particular provides us an avenue unlike any other to express ourselves, and doing so in regards to mental illness is important to spreading awareness and true understanding. Often we get caught up in the diagnostic criteria, stigma, and stereotypes surrounding the disorder, and fail to realize subtle signs and daily experience. Working on this project was not only valuable as a contribution to the field of psychology, but also in that it allowed me to express my feelings and thoughts more clearly than I could have with words alone. Through the psychologically-centered analysis of famous works of art and the creation of my own, I hope to provide not only a better understanding of depression but also motivation for others to utilize art in giving their thoughts and feelings life when words can be so difficult.

Key Words: psychology, art, depression, anthology, mental illness

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I understand that my project will become part of the permanent collection of Oregon State University, University Honors College. My signature below authorizes release of my project to any reader upon request.

______________________________  
Erin Chickering, Author
“Fatigue”
“Reflection”
“Deadweight”
Introduction

Depression is one of the most well-known and recognized psychological disorders today, with about 350 million people all around the world suffering from it (World Health Organization, 2016). It is reasonable to think that most everyone has seen an example of depression, in personal experience, academic knowledge, the media, or in someone close to them. Unfortunately, our mental construct of “depression” often leans toward the extreme: suicidal, chronically teary-eyed, and extremely lethargic individuals. It is important, however, to remember that depression as a mood disorder is not necessarily on the same plane as more severe mental disorders such as schizophrenia. It can be relatively subtle, and those suffering from it are often (or can be made) aware of their concerning behavior and thoughts. However, there are many of us that have never been diagnosed – and may never be – simply because we do not fit this checklist of symptoms that determine an official instance of depression. In fact less than 50% of people affected do not receive or seek treatment. If they do, they are frequently misdiagnosed or not diagnosed at all. Some people that do not actually have depression are diagnosed and receive unnecessary medications (WHO, 2016). Not only does this result in people dismissing these low-level symptoms as mild or trivial, but it can also result in individuals never getting the help they truly need. Many simply learn to accept these low periods as normal, and see no point in talking to a professional about their feelings.

The American Psychological Association (2013) cites lists of criteria that must be met in order to result in a diagnosis of many different depressive disorders. Included are major depressive disorder and persistent depressive disorder (PDD,
formerly known as dysthymia). According to the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, a patient must exhibit at least five of the following symptoms in a two-week period in order to be diagnosed with major depressive disorder:

A. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful).

B. Marked diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).

C. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.

D. Insomnia or hypersomnia nearly every day.

E. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).

F. Fatigue or loss of energy nearly every day.

G. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).

H. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
I. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide. (American Psychological Association, 2013).

While the list is long and thus gives plenty of opportunity for at least five symptoms to be present, the severity (or lack thereof) may not always lead to it being counted. Most often, people may not exhibit at least five of these symptoms, and then may not be diagnosed with major depression. According to the Anxiety and Depression Association of America (2016), one in ten people in America are taking antidepressant medication. While this is not always to treat depression specifically, these numbers are staggering. Surely there are better ways to treat depression than by simply handing out “quick fix” drugs. Unfortunately, treatment other than medication is severely underutilized, with only an estimated half of diagnosed patients receiving treatment (National Institute of Mental Health, 2010).

PDD on the other hand is slightly different. Where major depressive disorder can appear for rather short-lived periods, PDD is diagnosed when similar symptoms have persisted for at least two years in adults or one year in children and adolescents. It is usually diagnosed after an episode of major depression, though such an episode can occur during PDD. The following list comprises the clinical criteria for diagnosing PDD:

A. Depressed mood for most of the day, for more days than not, as indicated by either subjective account or observation by others, for at least 2 years.

B. Presence, while depressed, of two (or more) of the following:
a. Poor appetite or overeating.
b. Insomnia or hypersomnia.
c. Low energy or fatigue.
d. Low self-esteem.
e. Poor concentration or difficulty making decisions.
f. Feelings of hopelessness.

C. During the 2-year period (1 year for children or adolescents) of the disturbance, the individual has never been without the symptoms in Criteria A or B for more than 2 months at a time.

D. Criteria for a major depressive disorder may be continuously present for 2 years.

E. There has never been a manic episode or a hypomanic episode, and criteria have never been met for cyclothymic disorder.

F. The disturbance is not better explained by a persistent schizoaffective disorder, schizophrenia, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder.

G. The symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g. hypothyroidism).

H. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

(American Psychological Association, 2013)
As is plain to see, diagnosing PDD is even more complex than major depressive disorder. Not only are there duration requirements (which many people may not keep track of), the symptoms themselves can often be dismissed as “normal” or a bad day, week, or month. The threshold for realizing help is needed varies considerably for everyone, and may never be reached in some cases. More awareness and attention to the symptoms of depression – no matter how mild – would help improve the statistics of those who seek help.

So, if you are not diagnosed but know that you may be experiencing some low-level (or more severe) depression, what do you do? Many choose to wait it out or distract themselves, but many others decide to express their feelings and thoughts in hopes of alleviating the pain. Multiple mediums are used for this purpose, from writing to confiding in a good friend, but perhaps none is clearer than art. The visual arts have the unique ability to put feelings and thoughts in plain sight to be viewed by others; they are readily accessible by anyone with the ability to view them. While writing may provide a similar effect, words can be difficult. Sometimes putting feelings into words is disjointed and frustrating – we rarely know exactly how to describe what we are feeling and may not even have the right words for it in our vocabulary. Art, on the other hand, takes words out of the equation.

There have been multiple artists in the past who have depicted their own struggles with depression in their work. Pablo Picasso, one of the most well-known artists in history, famously went through a “Blue Period” after his good friend committed suicide. The resulting paintings, rendered in shades of blues and greens with only small touches of other colors, depict not only his own struggles with
depression but also those of the people he painted as he saw them. While my sources for this section take a very psychological view of Picasso’s work, the pieces produced during his Blue Period also touch on many more perspectives, including a very political one. It is important to note, however, that these different viewpoints often blend together and play off one another in many ways. While poor in France at the time, Picasso saw many others in similar situations and used them as subjects in his artwork. Poor people, the blind, and others in dire straits were frequent subjects in these paintings as he dwelled in the grief of his friend’s suicide (Harris, 2003). *The Blue Room* (Picasso, 1901) features a young woman bathing in her bedroom all alone. Though the walls are decorated with pictures and her room is somewhat colorful, there is a distinct air of loneliness about the image. The dark blue tones and contrasting natural light from her window suggest she may not have had the lights on, further adding to the somewhat subdued and depressive feeling. Specifically, Picasso’s blue period can be seen as one of many times in which he used his art to relieve internal tension (Schneider, 1948), which is not only vital to mental health but also a very normal, healthy way of dealing with grief such as his.

Another very famous artist, Francisco Goya, is known for his extremely evocative and strange work. He was especially notable for his many works produced in Madrid, Spain (Harris-Frankfort, 2016), and is cited as an influential artist during the period of the Spanish Enlightenment during the turn of the 19th century (Voorhies, 2003). He was also a contributor to the Romanticism school of thought in art, which brought a lot of previously dimmed emotion to light in artwork. The combination of these movements allowed him to bring his own inner struggles onto the canvas. In
particular, his etching, *The Sleep of Reason Produces Monsters* (1799) is perhaps one of his most blatantly illustrative works concerning his own internal struggles. It was done far before Goya was unfortunately left deaf by a strange illness and his paintings became darker and the famous “Black Paintings” – a series of dark, intense paintings depicting scenes of grotesque violence and at times satanic themes – were created (Muller, 2004). This etching depicts a man bent over a table, presumably sleeping, while countless birds and bats swarm around him. Whether they are heading toward or away from him is unclear, but both work for the purpose of this discussion. This time of great upheaval and change in Spanish society could have contributed to these themes, as well. It seems that this man’s inner demons, his inner struggles and worries, are coming to life in this chaotic whirlwind of animals. The transition to bats from birds, as well, is significant. There is also at least one creature that pulls us into the piece with its eyes aimed at us, not at the man. This was Goya’s way of making the viewer a direct participant in his expression (Schaefer, 2016). His attempt to draw us in is very successful, and in my opinion allows us to see the effect it can have on anyone; no one is immune to their inner thoughts and worries, regardless of their ability to mask them. The deeper you delve into your thoughts, the darker they become.

Clearly, there are many different ways to express your inner feelings and thoughts, and while no particular way is better or more useful than another, the exact expression differs greatly depending on the creator. Some find words easier, and others art. Some utilize non-creative methods such as talking, and some make the leap straight to psychotherapy of some sort. I, however, have chosen to utilize art. Not
only is this the most convenient outlet for me, but it is also the most personally enriching. If I can put these feelings to use in something that I love, perhaps I can come to terms with them on my own.

**Thesis Statement**

In this thesis, I have decided to take a considerably more personal journey than the usual research project. Instead, there are no dependent or independent variables, no experimental conditions, and no statistical analyses to run. The entire purpose of this thesis is to act as a method of self-expression. Though I may love them dearly, using words to express emotions and indescribable feelings can be very difficult and often limiting; I hope to remedy that through the use of visual art.

This problem also arises when learning about depression in the typical classroom setting. Textbooks and even the American Psychological Association’s manual simply list off criteria for diagnosis, as seen above. These often are comprised of common feelings and behaviors and little else. Though these lists are undeniably helpful for professionals looking to diagnose patients, we rarely dive deeper or look at depression from the personal side, the everyday perspective of someone living with depression. While they may have the overall feelings of fatigue and sadness, rarely do we look at exactly how those symptoms manifest in people’s daily lives. No one experiences depression in exactly the same way, and this makes diagnosis even more difficult. A required duration of symptom presentation can help, but even that presents problems: do the symptoms have to be continuous, or are sporadic sadness and occasional, unusual fatigue enough to warrant attention? Many people, because of these oversights and criteria, go undiagnosed or seek help from physicians who
may not be trained to recognize symptoms of mental illness and may simply provide a medication as a quick fix.

This thesis project will provide a better understanding of the day-to-day struggles of depression, particularly that which is undiagnosed, through exposure of my own experiences. As a psychology student, I know the nature of depression better than many people who have little background in the subject, and recognize that these are subtle signs that I may need to find help. Without this education, I may not even recognize these feelings as troublesome and may never make the connection with needing help. I truly hope to help those who read and view this project come to understand how depression can be so simultaneously understated and overwhelming.

It is important to note, however, that this project is based entirely on my own personal experiences with depressive symptoms. Though I do hope that others will be able to sympathize and connect with my work, I do not in any shape or form speak for others with this disorder. Everyone experiences and expresses their depression differently; this is merely my own.

**Approach and Methodology**

This thesis will include three art pieces created with Adobe Photoshop and Paint Tool SAI – two digital art programs – that express my own experiences with everyday depression. Each piece is also accompanied by a written component to detail the process and motivation behind it. However, exact details and specific instances of symbolism will be left vague and will only be explained if prompted and necessary to the narrative. For example, I will explain the overarching theme behind each piece and my motivations for illustrating that particular subject but specific
meanings of objects will remain ambiguous. All work and influence on the art is of a personal nature, and no input was gathered from other sources. Lastly, a final section detailing the experience of working on this project as a whole will be included, exploring the emotions I experienced and the effects the process had on me. I believe that not only do we make art, but it also makes and changes us as we create it. Not only does it allow us to express ourselves in perhaps unrivaled clarity, but it also opens our eyes through the process and makes us think about things in a way we may not have seen before.

I chose to utilize my own personal artistic style, which is very cartoon-like and reminiscent of the Japanese style of anime. Not only was this the most comfortable and frequently practiced style and medium for me, but I also felt that it conveyed a piece of myself. This is what I do and what I love and it was important in my mind to be able to thoroughly enjoy the entire thesis process. If I were to push myself to use an unfamiliar medium or style, it would not have been a true expression of my inner world. Additionally, I believe the simplistic and “light” style of anime and cartoons is a great way to illustrate a rather serious and “dark” topic such as depression. Not only is mental illness difficult to talk about in terms of jargon and true understanding, it is also often challenging to discuss such a taboo and sensitive topic. My hope was to make it not only easier to understand but also less daunting of a topic through the use of such simplistic art.

The anime style of art is most popular in Japan, but its presence in America and other counties has been steadily increasing as of late. Most often it is used to illustrate television shows that are adaptations of graphic novels called manga, but
original series are becoming more numerous. Also, its online following has grown exponentially. Most notable differences between *anime* and Western cartoon styles include the larger, stylized eyes and hair, as well as more detail in the characters’ appearances. Emotions are also much more realistically conveyed, where Western cartoons tend to overemphasize or parody them (Sanders, 2016).

In addition, *anime* is not considered to be only aimed at children as cartoons are in America. People of all ages enjoy *anime* in film, television, or online formats and are not generally looked down upon unless this hobby consumes all aspects of their life. Meanwhile in America, adults who regularly watch cartoons are seen as childish or immature. However, both styles utilize exaggeration and an animated style to convey emotion and stories, and both use traditional as well as digital mediums in order to achieve this (Sanders, 2016).

Illustrations

**Piece 1 - “Fatigue”**

This was the first piece I sketched and truly began working on when starting this project. It came to me the easiest and its development happened quite naturally. I wanted to show what a daily cycle was like for me in my everyday life, from waking up to going to sleep. While each object may seem inconsequential in itself, when added together over the course of a day or many days, they all become very overwhelming. This is illustrated by both the size of the objects in relation to the figure, myself, in the image as well as by the circular layout of the piece.

Ultimately it all comes back to the bed. Not only do I rarely want to get out of bed in the mornings for lack of energy, I look forward to going back to bed at night as
well. However, it is a bittersweet sort of relief. While going to bed brings rest, it also inevitably brings with it another stressful and exhausting day to repeat the cycle again. My stresses and responsibilities have not gone away after I went to sleep; they are still there, looming ever larger in the back of my mind. I want to quite literally curl up, go to bed, and forget about everything. Quite often, I act in favor of doing nothing over making progress on my “to-do list” simply because there is just so much to do.

Each element of the image represents a pressing worry or stressor. While my phone provides an escape in the form of the Internet and various social media platforms, it also holds alarms and countless emails reminding me of ever-increasing responsibilities. I regularly need at least one cup of coffee to get through the day, and occasionally a second of some kind. I have no doubt that I drink much more coffee than I do water, even if the caffeine no longer has any real effect. While laundry is eventually done, it is often put off until I have very few clean clothes left in favor of doing homework or more pressing tasks. Even when it is done, it is left hanging or piled up instead of being put away; that takes precious time that could be better utilized in various other ways. Due to getting home quite late in the evenings and regularly having very little energy for cooking, I turn to fast food and take-out dinners more often than not. Not only is this expensive, but it is certainly not healthy either. My task list continues to grow and grow despite checking things off, and I often have to reschedule and prioritize tasks over and over again in order to find the most efficient method of getting things done. This never-ending cycle is not only repetitive,
but extremely exhausting. No matter how much I get done or how much progress I make, there always seems to be more to do and it seems hopeless.

**Piece 2 - “Reflection”**

While the entirety of this project is highly personal, it was very important to me to include a piece illustrating how I see myself in this mindset. While others see me as the left side of this image about 95% of the time – makeup in place and hair styled, clothes nicely put together and clean – as soon as I get home it is all stripped away. Reddened eyes with dark circles underneath replace smooth skin and an even complexion. A lipstick smile is wiped away, leaving a neutral or defeated frown in its place. If I have no responsibilities that day, I rarely even change out of my pajamas or wash my face – even brush my teeth – for lack of energy. It is not merely laziness; every simple thing added together takes entirely too much effort for my body and spirit to muster. It is a rare day off when I get out of bed before 11:00AM, even if I have been awake for at least two hours. Getting up means I have things to do and I subconsciously put it off. It is highly likely that I have stayed up well past midnight the night before as well, unwilling or unable to fall asleep for fear of the cycle repeating. I have learned to set alarms for myself even on the weekends, at least two or three in order to ensure I am at least up and moving by a semi-reasonable time. If not, nothing will get done and the pressure and guilt of my “laziness” is only compounded upon.

These two sides of me are both inherently connected and separate. I take great care in putting out only my best face to the world for fear of being exposed, even if I know I am not obligated to appear “pretty” for anyone or anything. Ever since I was a
child, I have strived for an air of independence and control, an appearance of being able to handle myself and anything that comes my way. Now that that control and ability is beginning to deteriorate, it leaves me with anxiety and a sense of failure. While my brain tells me that it is okay, that no one truly has everything “together” and under control, I still feel that I should because I am now an adult. When I do not, I feel extremely out of control and lost. My impending graduation and lack of a concrete plan for the future only add to these fears.

**Piece 3 - “Deadweight”**

The third piece was considerably harder to come up with than the others. While there are many different aspects of depression that I have begun to notice in my life, I wasn’t sure what to touch on next. But after a bit of time spent really thinking about it, I realized that I was struggling to pin this down because it was so prevalent in many different aspects of my daily life. This sense of weight, of lagging behind, of being held back compared to others was so prolific and ingrained that it was hard to spot as different or unique between situations.

“Deadweight” embodies the subconscious, looming sense of being behind that constantly surfaces when people are talking about the future or their accomplishments. All of my peers are going on to bigger and better things, whether it’s an internship or graduate school, or even straight into a job. Meanwhile, I am merely going home. “I want to take a year off,” I say, “I’m just so burnt out.” But am I really? I don’t know anymore. I doubt my choices almost constantly. Did I waste four years of my life? No, my heart tells me, you made valuable friends and learned so much. Yes, says my brain, you’re not doing anything with your degree. You could
have majored in something you actually want to use. It’s not that I don’t want to use psychology. I do love it, I excel in it, and I get very excited about it – almost as excited as I do about art. But after four years, I feel like I need a break. I need to discover who I am without school, outside of assignments and school-related commitments. But even if I have that noble of a goal in mind, and even if I have vague plans for after this “break,” I still feel like a failure and like I am lagging behind my peers when I shouldn’t be. I should be taking the next step with them, making the same decisions, going through the same things at the same time. But I am not. I am essentially giving up for a year, in my eyes. Others may not see it this way, but I feel that I am letting my exhaustion and my anxieties win. I fear that it will be too late once I do decide what to do. I will be too far behind. However, it is too late to do anything about it until later.

**Reflection and Conclusions**

Initially, coming to a solid idea for this project was a struggle. While I do not mean to simplify research projects, I feel that they may be somewhat easier to nail down than a creative venture like this. Due to the vast number of research theses that have been done in the past, I was lacking any real and true examples of projects to do. But once I really sat down and thought about it, thought about what I wanted to get out of and put forward with my project, the idea came to me. While I certainly cannot speak for others, I felt that putting my own recent struggles into view would not only help me work through them, but might also add something to the field that has been so frequently glossed over. Many people fail to recognize the everyday, low-lying symptoms of depression; these can be the most prolific and sinister. They sneak up on
you slowly, day by day, until suddenly you realize that you never seem to enjoy your hobbies. You find yourself struggling to pull yourself up out of bed or off of the couch, not for laziness but for a severe, strange lack of any sort of motivation or energy. What’s the point? I have asked and will likely continue to ask myself this question many times.

Since beginning the first piece, “Fatigue,” I began to become aware of just what I was feeling. While each individual aspect of these feelings may not seem overly troubling, they become a problem when all lumped together. I am sure many people my age and in my situation feel similarly, but I cannot speak for them and do not mean to dismiss these struggles as a “millennial problem.” I won’t get into the politics of it, either; that’s not the purpose of this project. More than anything I wanted to find an outlet in this project. I didn’t see my struggles as serious enough to warrant talking to anyone, but I knew I could not bottle them up any longer. So, I turned to the only medium I can truly rely on: my art.

Working on this project has been eye opening in multiple ways. There were many days where, while writing or drawing, I became overwhelmed by what I was feeling and began to cry. Emotional expression is crucial when dealing with depression, either directly or through creativity. Bottling up these emotions is never good, and they will only darken and consume more of me if I continue to do so.

Not only has this thesis challenged me mechanically to look at my art in new and dynamic ways, but it has also challenged my beliefs about depression. This was my goal for others, but I never intended to or thought it would have this effect on me. But I have become strikingly aware of the fact that I have only an undergraduate
degree’s worth of knowledge about mental illness. Perhaps even a more advanced degree would not fill in the picture completely; perhaps it can never be truly understood except through living it. Without experiencing depression (or any type of mental illness) firsthand, even the most experienced psychiatrist cannot fully understand the patient. The situation is only complicated even further when the individual nature of mental illness is taken into account: no two patients will live it the same way. I would not wish these struggles on anyone, but perhaps by listening and learning we as a society can come to a more cohesive and holistic understanding of the mind. Despite knowing logically that anyone can have depression and that it is not selective or confined to a particular population, I had never expected to experience these issues myself. I somehow thought that I was above it, that these worries would not overcome me, but I was naïve. Not only is college a stressful time for everyone, but depression does not discriminate. Majoring in or spending a lot of time learning about psychology does not make you immune.

Because of this, it is important for everyone to understand and learn about mental illness in its many forms. Just because it has not shown up yet does not mean that it never will. Whether it is you or someone you know or are related to, mental illness in some fashion is more likely than not to surface eventually. According to the National Institute of Mental Health, 6.7% of American adults had at least one episode of major depression in 2014 (2016). It is very clear that awareness and understanding are crucial to reducing stigma and inaccurate beliefs about mental illness.
References


Figure 1. “The Blue Room” by Pablo Picasso (1901).
Appendix 2

Figure 2. “The Sleep of Reason Produces Monsters” by Francisco de Goya (1799).