



Medicine in Television Series

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Olive Kitteridge and Depression

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HBO miniseries tend to have few rivals in the award ceremonies. There were good reasons why this exquisite, four-episode production, aired in 2014, triumphed at the Emmys, winning a total of eight statuettes. Three of them went to the cast, responsible in good measure for its impeccable results. Bill Murray, Richard Jenkins, and especially Frances McDormand, all help to reflect the personality of a dour woman with depressive symptoms in an objectively bucolic setting. The script adapts the novel of the same name written by Elizabeth Strout, the 2009 Pulitzer Prize winner.

It seems as if the entire world knows what depression is, but very few people truly understand it. It is not unusual at all to hear somebody say they are depressed. It means no more than that they are rather sad for some setback or mishap. Even if in some cases such sadness may be more than justified, in others it is no more than the simple expression of a passing sentiment, a feeling that will vanish once the worrying problem has been solved, or even if the sun comes out the next day. Depression has entered our everyday vocabulary, but that does not mean we are using the word correctly. What is more, in the immense majority of cases we are doing a disservice to people truly suffering from clinical depression.

When Olive Kitteridge explains to her son Christopher what depression is, she describes the sufferer as somebody with “bad wiring”, someone poorly put together. This is merely a figure of speech, far removed from depression’s complex reality, but behind it lurks an idea that is actually based on many psychobiological theories regarding this mental illness. The award-winning HBO miniseries, *Olive Kitteridge*, which adapts Elizabeth Strout’s Pulitzer-winning novel, perhaps does not aim to place depression center-stage, but thanks to tiny gems such as the aforesaid scene, it is a good departure point for a

discussion on how different North-American generations have confronted this illness.

In the original novel, Olive Kitteridge is basically the common nexus by which the stories of several families in that small town of Maine are told, where neighbors still know each other by first and last names. She is not necessarily the protagonist, which is an aspect the TV series has managed to respect up to a certain point. Olive does not take absolute prominence until we reach the last of the four episodes forming the miniseries. This leaves the door open for us to get to know the stories of the people surrounding her, and we realize that depression and mental problems in general abound in the chilly lands of Maine.

One of the first characters introduced is her husband, Henry, ironically the village pharmacist. His first customer is Rachel, who apparently suffers from depression, and she tries to convince Henry to give her more Valium than he should. The pharmacist’s reaction is a good example of how people who truly do not understand depression react to it. First, he advises her to get out of the house, since according to him it is “good to get out when you’re feeling blue”. Henry uses the word “blue”, which can mean both “depressed” and “sad”. His customer replies: “Christ, Henry, blue is what I feel on the good days”. The phar-

macist continues in the same vein, recommending insistently that she goes to buy light bulbs of a higher wattage, at least until the end of winter when the days get lighter and less gloomy. This scene perfectly sums up the way many people keep treating and (mis-)understanding this disorder. And this customer expresses what many people suffering from clinical depression would scream to the four winds every time somebody tried to jog them out of this state with a couple of well-meaning platitudes, not understanding that the problem needs more than brighter light bulbs and a few strolls around town.

Clinical depression is not simply being downcast or sad. Neither does it refer to feelings that one might experience over a work or relationship crisis, or even at the death of a loved one. Problems like these can unleash depression, but despite most people having phases like these in their life, not everybody ends up suffering from this disorder. Clinical depression is a syndrome, a set of symptoms related to the individual's affective capacity. One in six people will suffer from it at least once in life, most of them from 18 to 44 years old, on average starting at 27. Women are at greater risk of suffering from it, doubling the prevalence ratio of men. Its origin is from multiple factors, or rather that different elements intervene which cause the illness; one of these tends not to be enough, but these factors must occur together.

It is not easy to diagnose. It cannot be determined by analyzing blood or any other kind of biological markers to indicate whether somebody is suffering from depression. A psychopathological, clinical diagnosis must be made, normally based on the directives set in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), published by the American Psychiatric Association. This manual describes a number of symptoms which, according to their presence and degree, determine whether a person is suffering from any type of depression. So to diagnose a major depressive disorder, the individual must display a minimum of five of the symptoms described, for at least two weeks. These symptoms include sadness, dysphoria and irritability, anhedonia (which is the incapacity to enjoy or display

interest in certain activities), weight loss or increase, insomnia or hypersomnia, psychomotor slowdown or agitation, asthenia (the sensation of physical weakness), recurring feelings of uselessness or guilt, a reduction in intellectual capacity and recurring thoughts of death or suicidal ideas. All of this must affect the individual's social or working life in some way, and must not be related to organic diseases or drug use, nor with habitual grieving for somebody who is deceased.

So is Olive Kitteridge suffering from depression? She is convinced she is. And it is likely that the DSM mostly agrees with her. Her irritability is something that leaps out –she has very little patience and is capable of getting annoyed over any detail. Anhedonia is one of the characteristics that best defines Olive's personality, and throughout the series she shows a (pathological?) lack of interest in any of the things that happen to her. Henry gives her a card for Valentine's Day, which ends up in the waste. Years later, he gives her another card, simply to say he loves her, and she gives him a hug, displaying possibly the least emotion ever seen on TV. Her son's wedding is a good example. On a day in which her husband gets emotional and feels happy because his son will be living nearby, Olive is incapable of showing anybody a smile, even telling her son that she hopes the ceremony will be short.

Clearly, all of this affects her capacity to relate socially, and many guests feel chastised by her conversations. Yet physically it does not appear that Olive has many problems, since she is always busy, whether cooking, tending the garden or working at the high school. However, the only scene in which we see her teaching shows us how strict she is in the detention room with students' punishments (to give us yet another example of her impossible nature). Even so, we still do not know whether Olive suffers from other symptoms that would be required to diagnose her with MDD. The question is, do we not see them because they are not shown, or because they do not exist?

A better example seems to be the pharmacy customer, Rachel, who is incapable of enjoying anything, who spends her day sleeping on the sofa (hypersomnia), forgets to collect her son



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from school (affecting her family life) and needs Olive to come and spur her on to get dinner ready for her boy. It is that incapacity to see the positive side of things, and having the certainty that nothing can improve in future, which best describes the typical patient of depression. And it is not something that will change with a slap on the back and a 200-watt light bulb. As presented at the start, Rachel seems to be the most stereotypical example, though we then see that in reality her problem is even more complex.

What probably is not so well known is the genetic factor, which can play a significant role in the development of clinical depression. Doubtless, ignorance of this factor helps stoke certain opinions and ideas on how depression functions. But Olive, ahead of her time, is clear that a genetic relationship exists. Resuming the conversation on depression with her thirteen-year-old son, she insists that he must know what it is, since his family has always suffered from it. She is convinced that her son will also suffer from depression throughout his life, and the truth is, as an adult he will end up taking Prozac and attending different types of therapy. During dinner, Olive mentions her father, who suffered from depression and ended up committing suicide. Furthermore, she claims that her husband's mother went through the same. To this, her husband replies that his mother simply "had her moods". Whether Olive is right, or simply analyzing their parents and son from her own bias of considering herself depressive, is something that viewers must decide by watching the series to the end. But at that point, they table the issue of genetics, the hereditary factor of depression, which is something the series should be applauded for.

Science seems to agree with Olive, and studies of families show that an individual has a greater risk of suffering from depression if a direct family member has suffered or is suffering from it. While the prevalence in the general population is about 5.4%, this increases to 15% for family members with precedents (figures that are, in fact, a far cry from Olive's grim determinism). Nevertheless, this type of study has a risk, which is that the environmental factor cannot be controlled. Does Olive's son suffer from depression

mainly due to genetic reasons, or because he has led his entire life watching his mother act like a depressive person? Living on a daily basis with somebody who considers that everything is done badly, who barely smiles and makes your life hell, as Christopher recognizes years later, is not the best way of preventing depression from developing. Remember that not everything is based on genes. Many other factors must come into play to unleash a depression, and the social factor is likewise important.

Health sciences have other resources for trying to overcome this obstacle: adoption studies and studies on twins. Adoption studies try to determine to what extent genetics have influence in a specific environment. So a comparison is made between children adopted by a healthy family and high-risk children, those who live with their biological parents and suffer from the syndrome. What has been observed is that children with the genetic factor who have been adopted by a healthy family have greater chances of developing the illness than the general population. But once more, controlling the environmental factor can place this in doubt, so studies of twins seem the best way of determining the respective weight of genetics and environment. In these, the results in different types of twins are compared: monozygotic (who are identical) and dizygotic (who share only half each other's genes), and one of the conclusions is that genetic inheritance plays a considerable role (present in 40% to 60% of cases). This tends to occur more frequently with serious depressions and mainly in the case of women, but it also occurs in men, especially in those cases in which depression starts at under 30 years old.

Studies on twins also enable environmental factors to be identified that can have some effect on the development of depression. This is an illness triggered by multiple factors, and the genetic or environmental questions alone do not seem to be enough of a trigger. These studies show that certain stressful life events have a causal effect. Some examples are the death of a loved one, separation and even harassment (such as bullying). This means that among identical twins, despite them both having the same genetic risk,

if one experiences certain stressful episodes during their life and the other does not, the former has a greater probability of suffering from depression than the latter. Yet we must emphasize the idea of non-determinism: the fact that one has a genetic predisposition, and even experiences several stressful events during their life, does not mean they will definitely develop depression. Perhaps the clearest example (a somewhat simplistic view, we admit) is that of a lottery: almost everybody has tickets, and some people have many more than others, but that does not guarantee they will win the lottery. So Olive has given her son several tickets, but it is impossible to know whether the winning ticket is among them.

What the series makes clear is that being born and living in Maine guarantees you have a good number of tickets in that lottery. Is this because of the climate? The idea that a cold, dark location such as the state of Maine, with a lot of humidity and not much sun, is the perfect place to develop depression is a widespread literary cliché—and we see little sun in the series. The popular belief that one's surroundings, in the most literal sense of the word, have an effect on one's mood is made patent here. But is this belief true? It seems to be true that winter or fall, the seasons with least sunlight, have an effect on our serotonin levels (the so-called mood or pleasure hormone), and so are periods that are more prone to depression. Seen in this light, it seems that Henry was partially right when he recommended Rachel purchase more powerful light bulbs. In this argument, cold places such as Maine have a propensity for developing the illness. Therefore, the number of individuals with depression would tend to be greater in comparison with other areas with a more agreeable climate. However, in a study conducted in the US from 2006 to 2008, the prevalence of different forms of depression was greater in states such as California and Florida, which enjoy a much warmer climate. In fact, it is precisely in the southern states (Louisiana, Arkansas, Mississippi, Alabama, etc.) where the prevalence of depression is much greater, far surpassing 10%, while in Maine it remains at 7.9%. So if the environment is not always a determinant, we have to fall back again on the genetic

question, which could explain why so many people with a depressive disorder are concentrated in the same spot. The typical endogamy of more isolated regions may offer an explanation for this (apart from the author's choice to set the story there, naturally). Yet as noted, this is a continual sum of factors, and one must not only take into account psychosocial and environmental aspects, but genetic ones.

Olive seems to display some characteristics typical of a depressed patient, yet throughout the series, she is able to overturn our assumptions with some of her statements and behaviors. Perhaps her posture regarding the illness is what locates her more in the terrain of fiction than in reality. She claims she suffers from depression, but this does not seem to constitute a problem—it is rather a feature of her personality. One could say that she even feels happy with it, and has never done absolutely anything to shake off this apathy, or to improve her social relationships. The irony with her husband being the pharmacist is that she has never undergone pharmacological treatment. Furthermore, it seems she has no great love of psychologists and psychiatrists either, since, in her son's words, she thinks "headshrinkers are the devil".

No, Olive does not seem to be upset at having to live with depression. She goes even further: when talking about the illness with her son, she says it goes with being smart, that only "normal" people are happy and only intelligent people suffer from depression. Ernest Hemingway thought the same, saying it was quite strange to see somebody both intelligent and happy. The idea that mental illness is associated with intelligence or creativity has existed for a while. It even seems to have been demonstrated that certain types of psychiatric disorders (schizophrenia, bipolar disorder) are more prevalent in artistic profiles. But the idea that intelligence and depression have a more or less direct relationship is something that has never yet been fully proven. Some studies claim this is so, while others deny it. Some claim that intelligent people tend to worry more as they are more aware of the dangers in their surroundings, and it is precisely this attitude that enables greater survival. Nevertheless, if we re-



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call that US study on depression, we see that not having higher studies seems to have a relationship with the prevalence of depression: the lower the educational level, the more chance of developing it. So concluding that depression is exclusive to intelligent people is still too risky and simplistic. Firstly, because the concept of “intelligence” remains, to this day, a highly controversial subject. The idea that there are different types of intelligence –therefore that we cannot speak of intelligent people but of people with certain intelligences– is gaining increasing relevance. For example, if we speak of emotional intelligence (a relatively novel concept), research shows that, the greater one’s emotional intelligence, the lower the incidence of depression. Meanwhile, another study demonstrated that people with greater linguistic intelligence were more prone to suffer from anxiety or even depression.

The latter quickly prompts us to think of Olive Kitteridge again, more specifically her lover, the literature professor, who she considers interesting, and truly intelligent, and with whom she seems to get on much better than with her husband. The same occurs between Olive and Rachel’s son (Rachel, the depressive customer we saw early on) with whom she deals more tactfully than with her own son. Likewise, this young man seems to understand his literature professor extremely well, closing this circle of intelligent depressives with affinities in the town of Crosby. Shortly afterwards, we discover both he and his mother suffer from bipolar disorder, not depression, reinforcing afresh the relationship between intelligence and mental illness, and meanwhile the genetic question of its development. Are we being sold a romantic idea of depression? I would not go so far, because Olive’s story is anything but romantic. She will tell her husband he is too good for her, and apologize for being a bad wife, recognizing that she has made his life really tough. And she herself, when talking about her father’s suicide, says it is neither a pretty end nor a clean one.

Inevitably, suicide always hovers around depression. In the first scene of the series, we see a very aged Olive heading out into the woods with a loaded gun, ready to end her life. The death of her father is ever-present, as is another, which

Olive avoids, of a character whose mother committed suicide. Likewise, the suspicion hovers that certain accidents, one fatal and the other not so, were in fact intended. There is even a conversation in the third episode where the issue of suicide is openly raised as a solution to all one’s problems.

The reality is that, of all those who at some point express a wish to kill themselves, only 10% are successful. In the US around 30,000 people commit suicide every year, but more than 500,000 attempt it. There can be several failed attempts, and a third of them will try again within a year. It is the fourth cause of death in the US, and most victims are from 15 to 24 years old. Speaking of depression, one in six people who suffer from depression try to commit suicide (implying they are unsuccessful). In the light of these data, the degree of effectiveness of the characters in Olive Kitteridge is surprising. As mentioned, in the same series they often talk about suicide. Some see it as a solution, even an honorable way of ending their misery and problems. Olive seems to play with the idea quite disconcertingly. She will defend at some point that suicide is no solution at all to one’s problems, or add that it is a dirty way to go, and always affects somebody negatively, while at other later times in her life, she claims that once her dog is dead, she will have nothing left to do than shoot herself. She says this in an exaggeratedly rational tone, arguing that she no longer has any more roles and so, therefore, her existence has no more meaning for anybody.

Like depression itself, suicide is a complex, multi-factored phenomenon. Purely psychological and social factors may intervene, but it is also explained by neuro-biological processes. Though much remains to be studied on this issue, it seems clear that suicide victims have a low concentration of serotonin, the substance that, as mentioned above, modulates our feelings of pleasure and moods. In the brain, this mainly seems to affect the neurotransmission of serotonin in the prefrontal cortex, the hippocampus, the hypothalamus and the septal nuclei. Among its functions, the prefrontal cortex is in charge of cognitional control and behavior, which, if damaged, can increase impulsiveness and affect our

capacity for decision-making. If to this is added damage in the hippocampus, which controls emotions and stress, and the capacity to recall recent facts, then we have an individual who can lose their capacity to make suitable decisions for the context in which they find themselves. Lastly, damage to the septal nuclei seems to be related to development of pessimistic feelings. Therefore, committing suicide is not normally a rational and premeditated decision, but a cumulus of factors added to each other until they explode. This is why Olive Kitteridge's calmness when planning her own suicide is possibly quite divorced from the reality of a depressive person.

It is not just depression that is closely linked to suicide, but also bipolar disorder (likewise seen in the series), schizophrenia, post-traumatic stress disorder, borderline personality disorder, consumption of alcohol and drugs, and certain stressful facts that may be related to financial problems or interpersonal relationships. It could be one or several of these factors together that end up leading a person towards attempting to take their life. Yet depression remains one of the foremost reasons. It is thought that between 45% and 70% of those who attempt or commit suicide suffer from depression. Even so, it is still only specific profiles among those suffering from depression who attempt it, profiles with violent and impulsive characteristics. It appears conclusive that many suicides go through a period of great anxiety right at the time of making the attempt. Once more, this does not seem to be Olive's case. In the opening scene, she is heading towards the woods and making all her preparations with a certain lack of urgency, as if she were preparing a picnic rather than a suicide.

We have mentioned bipolar disorder several times. Since it appears in the series, and because of its relationship to depression, it is worth examining to some extent. Bipolar disorder is characterized by a series of extreme changes in mood. During certain episodes, some characters feel very happy, extremely happy (a phase known as a manic episode). However, shortly afterwards they get down and go through a depressive episode, with all the features we have described here for depression. In some cases, they can

even suffer mixed episodes. These episodes can last between one and two weeks, and occur throughout the day. Rachel, who seems to be the classic depressive patient, later reveals she has bipolar disorder. In fact, this is a common diagnostic error, since many patients only seek help during their depressive episodes.

Bipolar disorder may sometimes be accompanied by certain psychotic symptoms (including hallucinations), and is often diagnosed wrongly as schizophrenia. As a matter of fact, one of the most surreal and striking images in the series is linked to this disorder. At the start of the second episode, we meet the adult version of Rachel's son, Kevin Coulson, who has returned to the town hiding a weapon in his car trunk. Olive, who seems to have a sixth sense concerning matters linked to suicide, ends up getting into the car to distract him. This is when we realize Kevin may have inherited the illness from his mother. Although the only thing we know is that thanks to this, he has studied psychiatry, probably to understand what happened with his mother and what is happening to him. We realize our error here, of having thought that she too was another depressive in Crosby's catalog. Kevin's childhood memories help us understand that more was going on there.

Olive Kitteridge is, for many reasons, a great series, with memorable characters and acting, especially Frances McDormand as Olive. Though she herself, as the series producer, has recognized that at no time did they aim to place depression center stage, it is undeniable that the series invites reflection and even debate on this mental illness (along with others), and how it has been portrayed over the decades. Within Olive's family, starting with her father, continuing with her and ending with her son, viewers are offered three different ways of dealing with depression. We have that absent father, who at 45 years old committed suicide, but who hailed from a generation in which depression was probably not understood. It was definitely not considered an illness, and the only way out he found was to shoot himself in the kitchen. Then we have Olive, much more aware that depression is an illness, and furthermore hereditary. For her, the only thing to do is

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go forward and endure. We could even say that she rebels against the illness and does not allow it to take her over, but her means of bearing it seems to be cruel and antisocial. Lastly, Christopher represents the “modern” way of facing it. This is the generation of Prozac, psychologists and psychiatrists, and even of therapy groups. Through these three generations, we have seen a social evolution of mental illness, from not even mentioning it to spending the day talking about your problems with others, as Olive Kitteridge would surely say her son does.

It is important always to bear in mind the context in which mental illnesses are presented, since history has shown that the form of deal-

ing with them has changed a great deal, not just based on medical advances but also about what society thinks of these disorders. Perhaps medicine nowadays is much more advanced concerning knowledge of depression from most of society, and this series helps us reconsider many aspects regarding it, starting with the genetics question.

But is Olive Kitteridge somebody who truly suffers from depression or not? The definitive answer can be found in the final scene of the series, and that scene returns us once more to the start of this chapter, and to rethinking whether the use we make of the word “depression” is correct or not.