



# SECRET STRUGGLE

**SHE SEEMS TO HAVE IT ALL TOGETHER, BUT ON THE INSIDE SHE'S BARELY HOLDING ON... AND IT'S ONLY A MATTER OF TIME BEFORE IT ALL COMES CRASHING DOWN AROUND HER. WE ASK THE EXPERTS: WHAT IS HIGH-FUNCTIONING DEPRESSION, AND CAN IT BE TREATED?**

BY CHARIS TORRANCE

**A**fter the suicide early in 2022 of Miss USA 2019 Cheslie Kryst, her mother said in an interview that the beautiful, accomplished woman who seemed to have it all had been dealing with high-functioning depression, 'which she hid from



Cheslie Kryst, who was Miss USA 2019, died by suicide on 30 January 2022. Her mother revealed that she'd dealt with high-functioning depression.

everyone, including me, her closest confidante, until very shortly before her death'.

You won't find 'high-functioning depression' in the Diagnostic and Statistical Manual of Mental Disorders (DSM), but it is a term that has cropped up more and more in contemporary mental health spaces over the past few years.

We asked psychiatrist Dr Aneshree Moodley and clinical psychologist Jeanie Cavé to give us some insight into it.

### **The different faces of depression**

We know what 'real' depression looks like, as it's so often portrayed in the media: someone who has shut themselves off from the world, barely able to get out of bed, let alone take care of themselves or others. They're described as being so impaired that they're not able to function in their day-to-day life. But is depression the same for everyone? Increasing numbers of people are experiencing depression, but by looking at them

you'd say that they seemed just fine.

Let's first look at the depression we're most familiar with: major depressive disorder. As Dr Moodley explains, a major depressive episode or disorder is a biological and psychological disorder, which implies it has a complex combination of neurochemical, neuro-anatomical, genetic and psychological roots.

'The psychological roots,' she says, 'are the better understood and more widely known roots of depression – they refer to the stressors of life such as interpersonal relationship stress, work-related stress and financial hardship.'

'Think of your nervous system as a highway,' Cavé says. 'Stress, trauma, depression and burnout live on a continuum according to the traffic on the highway. When you feel stressed, you might notice some cars on the highway but traffic is free-flowing. When anxiety enters the picture, you begin to notice increased congestion, and it becomes more difficult to get where you need to be. Trauma is when two cars try to be in the same place at the same time and there's a crash.'

'If we don't clear that crash away, it affects the flow of the traffic in the future, and when there are so many crashes that there isn't any more space for traffic, that's when we get depression and burnout.'

Having meaningful emotional contact and support systems in place opens up more lanes on the metaphorical highway, whereas isolation risks reducing the lanes on that highway.



**Left:** Dr Aneshree Moodley is a psychiatrist with a practice in Milnerton, Cape Town.

**Below:** Jeanie Cavé is a clinical psychologist and the owner of Impact Therapy Centre in Fourways, Johannesburg.



It's important to keep in mind that everyone reacts to stressors differently. 'Person A's depression looks very different to Person B's depression,' Cavé says, 'but what we mostly see is a loss of motivation, a loss of "occasion" activities that the person used to enjoy, and functional impairment.'

Individuals with major depressive disorder tend to have relatively clear and observable symptoms, Dr Moodley says, but this is not the case for those with high-functioning depression.

## High-functioning depression explained

'Essentially, anyone and everyone could potentially be living with high-functioning depression, including high-achieving and distinguished members of society such as lawyers, teachers, accountants, nurses and doctors,' Dr Moodley says.

Living among us are people who suffer from severe depression but seem to have it all together. They're still meeting up with friends, dealing with challenges at

work, having their nails done... but, Dr Moodley says, sometimes an individual conceals their depressive symptoms. 'Perhaps on the weekend they're sleeping all day, or harbouring secret feelings of hopelessness, even questioning whether the world would be a better place without them.'

So why does this happen? The reason for them hiding their symptoms could be their own ignorance of the condition, or internal or external biases surrounding mental health, or even the fear that being labelled 'depressed' may affect their work and personal life. Even though mental health awareness has increased enormously, especially post-Covid, there are still people who regard mental illness – and even just asking for help – as a weakness.

Sometimes, someone with high-functioning depression may experience persistent low-grade symptoms of depression without a noticeable change in functioning.

'We used to call this "dysthymia", which was seen as a less severe depression experienced over two years,' Cavé says. 'You are so severely depressed that you don't even know you're depressed because you're so dissociated from yourself. You just keep going, because it doesn't occur to you not to do so.'

## What's the harm?

Some people might say that high-functioning depression sounds like life, right? Doesn't the fact that someone can carry on with everything going on in their life mean that they're okay?

It doesn't help that we're consistently told, 'It's not so bad,' 'Things could be worse,' 'You should be grateful' or 'Look on the bright side.' So when someone has this intense feeling of not coping or starts to imagine what would happen if they just stepped off a cliff, they push these thoughts down, fix their face and get on with the job at hand. Because isn't that what being an adult is all about?

Being able to function doesn't make those feelings of depression any less valid or less concerning. 'The greatest risk associated with having high-functioning depression is not being helped or delaying help-seeking,' Dr Moodley says. 'What otherwise would have been avoidable consequences are now unavoidable, such as damage to interpersonal relationships and experiencing persistent neurochemical or neuroanatomical changes to your neurological pathways.'

Cavé notes it can also result in treatment-resistant depression. 'It's



like having no pain sensation; you just keep getting more and more injured without realising it.'

As the crashes on your nervous-system highway start to pile up, a mental breakdown or even acts of self-harm and suicide can ensue.

## Warning signs

'People with high-functioning depression are almost in survival mode,' Cavé says.

The symptoms may not be obvious but they're present, and they often overlap with symptoms of major depression.

These can include:

- **The three signs of burnout:** feelings of emotional and physical exhaustion, a sense of lack of achievement, and depersonalisation
- **Anhedonia:** a reduced ability to experience pleasure
- **Increased irritability or anxiety**
- **Withdrawing from personal relationships**
- **Changes to sleep patterns and sex drive**
- **Thinking about suicide and self-harm**
- **Self-medication,** including emotional eating, excessive drinking or the urge to go to the gym every day

A family member or close friend may notice some of the signs of depression, like fatigue, irritability, isolation and sadness, but unless the person opens up to someone about how they actually feel, it's possible that no one will realise they need help until it's too late.

## Treatment options

The good news is that there are several treatment options available.

'Talk therapy with a registered mental health practitioner using evidence-based methods is just one scientifically proven method to reverse neurophysiological and neuroanatomical changes brought on by depression,' Dr Moodley says. This includes cognitive behaviour therapy, dialectical behaviour therapy and Brainworking Recursive Therapy.

There are also new therapies coming out, Cavé says, such as transcranial magnetic stimulation, which uses electromagnetic pulses to reorganise the nervous system. 'There's also evidence that psychedelic-assisted therapy such as low-dose psilocybin and ketamine drips can rapidly treat depression.' (A word of caution: you should always do this with the help of a medical professional who knows what they're doing.)

Cavé adds that once you clear those car crashes, you'll have the tools to combat it the next time you feel a depressive episode coming on. 'Seeking out social contact, taking care of yourself and practising yoga, meditation and mindfulness can all help.'

And it's important to build 'tollgates' for yourself. 'This means having good boundaries, not only in terms of managing your capacity but also in terms of expressing your needs.'

High-functioning depression could be minimised, says Dr Moodley, by improving awareness of the signs and the treatments available, as well as by removing the stigma by normalising help-seeking behaviours for psychological or emotional disorders.

'This is especially important in today's world where outperforming ourselves has become the norm,' she says. 'With the advent of social media, we have increased the pressure to excel in not just one, but in multiple roles in life.' ♦

## WHAT TO DO IF YOU THINK A LOVED ONE HAS DEPRESSION

When you talk to the person, it's important to avoid corrective listening – which is 'when we try to change somebody's uncomfortable feelings into positive ones,' says Cavé. For example, when someone tells you that they are struggling, you 'correct' them by reminding them of all they've accomplished or what is good in their lives.

In fact, any time you respond to someone telling you their feelings with 'at least', you are probably guilty of corrective listening. 'We think we're being encouraging, but actually we're making it worse for the person and making them feel more isolated.'

Instead, Cavé suggests acknowledging their feelings. 'Start by saying that you see how hard they are trying or the effort they're putting into work or looking after the kids, and then offer them support by asking how you can help them.'

If you or someone you love is in danger of harming themselves, the Suicide Helpline offers free 24-hour telephone counselling, crisis intervention, information and referrals countrywide. Call 0800 567 567 or SMS 31393.