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Recognizing Chronic Mild Depression

by Joseph Collins, D.O.

Imagine a middle-aged woman who has been depressed for most of her life but doesn't realize it. Her sad feelings started so long ago – possibly in childhood or adolescence - that gradually they became “normal” to her.

Only when her friends finally ask her to get help does it cross her mind that she might be depressed.

Persistent depressive disorder (PDD) or “dysthymia” is essentially a chronic mild depression.

A person with this condition suffers from a depressed mood most of the day, more days than not, for at least two

Depression may go unnoticed because he seems to be functioning well ... nevertheless he is suffering inside.

years and often longer.

The person also may notice changes in sleep patterns and eating habits, low energy or fatigue, difficulty concentrating and making decisions, poor self-esteem or feelings of hopelessness.

There may be little relief from depressed thoughts and feelings.

Mild vs. Major Depression

This is different from the major depression that is depicted in television commercials for antidepressants.

A person suffering from major depression usually is seen as struggling to make it through the day. He often cannot perform at work and may be very socially isolated. Although there is much overlap in the symptoms of major depression and persistent depressive disorder, to a certain extent, it is a matter of degree.

A person with PDD will have milder symptoms and his depression may go unnoticed because he seems to be functioning well in his work or ministry. Nevertheless, he is suffering inside, and may even lose hope that he can ever feel any better.

Roots of Persistent Depressive Disorder

A person may develop PDD either early in life or later in adulthood. He may remember the depression starting following a loss or a trauma in his life. The loss might have been the death of a parent, sibling or grandparent. It could have been a divorce between parents, a near-fatal illness or a chronic form of abuse - emotional, physical or sexual.

Often people with PDD turn to maladaptive addictive behaviors in an attempt to ward off their sadness. Al-

cohol and drug abuse is quite common. Overeating, bingeing and purging food, or severely restricting food, as with anorexia, may occur. Internet pornography use and sexually acting out with others are often seen, and compulsive gambling may be present.

During the course of treatment for addictive behaviors, underlying dysthymia may become more apparent as the addictive behaviors subside. The next phase of treatment then focuses on this depression.

Treating Mild Depression

Psychotherapy is usually the first line of treatment for PDD. A person works with a psychotherapist in an effort to reverse the pattern of negative thoughts, feelings and perceptions. Sometimes effects due to unresolved grief or trauma also need to be addressed. Talking with a trained therapist to work through these issues is often helpful.

Cognitive-behavioral, interpersonal and psychodynamic psychotherapies may all be used to treat PDD.

Because PDD is a condition that often affects a person for years before being detected, it can become embedded in one's outlook on life. Recovery from this chronic depression usually will take weeks, months or even longer.

In order to reduce the recovery time

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Case Study Fr. Mike

by Taryn Millar, Psy.D.

Father Mike has been assigned to increasingly larger parishes over the years and, in addition to his work as a pastor, recently was elected to the presbyteral council. His humor, compassion and intelligence have made him a natural leader.

Yet, Father Mike saw himself in a different light. He saw himself as an imposter. In his own mind, his faults were exaggerated and his strengths were diminished. He always felt a bit empty, a bit melancholic. Little did he know that he was experiencing a chronic mild depression.

Father Mike came from a big family but grew up feeling like the black sheep. His parents and siblings would poke fun of him for his interest in music and art. While well-intentioned, his family's sarcastic way of showing affection was abrasive and made Father

In his own mind, his faults were exaggerated and his strengths were diminished.

Mike feel like an outsider.

His grandfather was the only family member who offered him acceptance and unconditional support throughout his childhood. Every Sunday afternoon, the two would listen to jazz and talk about music. Fr. Mike felt he could let his guard down and be himself.

He adapted to the rejection he felt by his family by developing a charismatic style that helped him make friends easily as he grew up. His friends gave him a sense of belonging and acceptance he desperately wanted. Yet, he was



afraid of expressing hurt, sadness or anger with them. He pushed these feelings down and presented an easygoing front.

Eventually, his self-esteem worsened as he kept his feelings in, internalized negative comments and brushed off compliments. When his grandfather died, Fr. Mike felt that he lost the only space where he could be himself.

At that point, Father Mike's fragile self-esteem crumbled.

When a parishioner would pay him a compliment, he would find a humorous way to disown the sentiment. Initially, this tendency to play down compliments won him favor with his parishioners. Yet, over time, people started to question his authenticity. While he had many friends, he continued to feel disconnected from others and struggled with fostering close relationships.

Using Food to Cope

He began to use food as a way to cope. After a long day of work, Father Mike would sit in front of his television and mindlessly eat junk food. Without realizing it, he would consume an entire bag of potato chips or half a pan of brown-

ies. Food brought a feeling of fullness to his life, albeit a temporary feeling. He became overweight.

When the scale tipped 250, Father Mike realized that his eating had become problematic. He made an appointment with a therapist to discuss his eating issues and to learn some techniques to manage his food intake. During his first session, it became clear that Father Mike's eating problems were symptomatic of his low mood and poor self-esteem. Father Mike was relieved to learn there was a term for the chronic mild depression he had been living with: pervasive depressive disorder.

Father Mike continued individual therapy. He addressed his eating first and developed alternatives to mindless eating, such as spending time with friends and exercising outside. He made deliberate efforts to stop buying junk food and resolved never to eat while watching television.

Though his health improved, he continued to feel depressed and so, with his therapist, he began addressing deeper emotional issues. He worked on

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Fr. Mike, *continued*

accepting his feelings as legitimate, appropriate and worthwhile. As he became less avoidant of his feelings, Father Mike learned additional coping strategies. Running outside and playing the trumpet became outlets for his emotional energy while breathing exercises and talking with friends provided a sense of renewal.

Six months into therapy, Father Mike found a way to use his love of jazz as a resource. He joined a group of jazz musicians he had discovered. The group offered the support and acceptance he so desperately missed since his grandfather's death.

Depression, *continued* from page 1

so the person will begin to feel better sooner, medications may be suggested along with the psychotherapy.

Antidepressants may be Recommended

Antidepressants are typically recommended for treatment of persistent depressive disorder.

An antidepressant can reduce sadness and negativity as well as alleviate some of the physical symptoms, such as changes in sleep, appetite and energy.

Optimally, a person will be able to more effectively use psychotherapy sessions toward recovery when antidepressants are taken.

The antidepressants that are often recommended initially for PDD are selective serotonin reuptake inhibitors (SSRI's).

Serotonin dysregulation has been implemented as a biological cause in

Developing Self Acceptance

Over time, Father Mike began to identify and eradicate negative thinking patterns, such as his tendency to externalize the positives and internalize the negatives. He was shocked by how often he entertained such destructive thoughts about himself. As his thoughts about himself improved, he experienced a greater sense of self-acceptance.

After eight months of psychotherapy, Father Mike began sharing more of his feelings with friends and genuinely accepting compliments from others. As his self-acceptance and sense of connectedness strengthened, he noticed that more parishioners reached out and sought his counsel.

Father Mike found a profound freedom in his ability to be himself without judgment. He noticed that his relationships were emotionally richer and more satisfying and his depression diminished. Slowly, Father Mike no longer saw himself as an imposter. He saw himself for who he truly was: a talented, genuine and resilient person.

Taryn Millar, Psy.D., is coordinator of Caritas Counseling Center, the outpatient program of Saint Luke Institute.

For confidentiality reasons, names, identifying data and other details of treatment have been altered.

Treating mild chronic depression

- Other acute issues, such as anxiety, addiction, grief or situational problems, may mask chronic low-grade depression
- Psychotherapy in conjunction with antidepressants is seen as the most effective treatment; recovery can take months or longer
- Antidepressants often are helpful in reducing sadness and negativity, and in relieving some physical symptoms

depression. The SSRI's are commonly known by their trade names: Zoloft, Lexapro, Celexa, Prozac and Paxil.

Another group of antidepressants that may be recommended are serotonin-norepinephrine reuptake inhibitors (SNRI's). These include Effexor, Pristiq and Cymbalta. Other antidepressants such as Wellbutrin and Remeron can also be helpful.

Relief is Possible

Persistent depressive disorder is a chronic condition that may be present

for years without the depressed person being aware of it.

It is often masked by maladaptive and addictive behaviors and can have a detrimental effect on personal relationships and work. However with proper treatment, usually beginning with psychotherapy, and often including antidepressants, relief from this debilitating condition is possible.

Dr. Joseph Collins is a board-certified psychiatrist and director of medical services for Saint Luke Institute.

Annual Benefit at Nunciature a Success

Saint Luke Institute's 2013 Annual Benefit brought together friends and supporters for a wonderful evening and good cause on Oct. 21.

The Benefit, held at the Apostolic Nunciature in Washington, DC, raised \$420,000 to help priests and religious receive psychological and spiritual treatment and to support the expansion of SLIconnect, Saint Luke Institute's new education resource for healthy life and ministry.

Benefit Co-Chairs, Msgr. Peter J. Vaghi and Kevin and Thayer Baine,

presented the 2013 Saint Luke Award to Jeannette and Ray Brophy, longtime supporters of Saint Luke's. Ray served on the Board of Directors for 14 years, including a term as president, while Jeannette was instrumental in establishing the benefit at the Nunciature and has continued to support our ministry over the years.

Msgr. Stephen J. Rossetti, president of Saint Luke Institute, thanked the guests for their support, noting that 6,700 priests and religious have received care through Saint Luke's



program, enough to staff 30 medium-sized dioceses.

Cardinal Donald Wuerl, Archbishop of Washington, and Archbishop Carlo Maria Viganò, Apostolic Nuncio, also spoke during the program.

SLIconnect webinars

SLIconnect.org includes a growing library of webinars and e-workshops designed to help clergy, men and women religious, and lay ministry leaders stay healthy and minister more effectively.

Webinars and e-workshops, designed and led by Saint Luke experts, typically are one-hour. Many are on-demand, so they can be viewed at any time that is convenient.

Supporting our ministry

"The tools I gained at SLI are priceless."
- former client

Please consider making a gift in honor of a priest, consecrated sister or brother who made a positive difference in your life. Donate online at www.sli.org or call Rich Landfield at 301-422-5406.

Critical Personnel Issues Conference in 2014

Saint Luke Institute and Southdown Institute once again will co-sponsor Critical Personnel Issues (CPI) in spring 2014. This popular bi-annual conference is designed for leaders in dioceses and religious institutes from across North America.

Workshops led by clinical staff from the two organizations will provide participants with insights and practical strategies on how to lead effectively through critical mental health, placement and personnel concerns.

CPI will be held on two dates and in two locations (faculty will vary by location): March 9-11, 2014, near Toronto, Ontario and April 6-8, 2014, near Washington, DC. Details, including topics, faculty and registration information, are online at www.sliconnect.org/conferences/cpi.



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