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I WILL ALWAYS BE DEPRESSED, AND I'M OK WITH THAT
What double depression means—and how a correct diagnosis saved one woman's life.

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[HTTP://WWW.ELLE.COM/LIFE-LOVE/A39440/DOUBLE-DEPRESSION/](http://www.elle.com/life-love/a39440/double-depression/)

When I was in early adolescence, a fog descended. I had been warned about teenage moodiness, but the fog I experienced was less of a cyclical storm and more of a permanent haze. A window seemed to separate me from everyone else, to separate me from genuine smiles and enthusiasm for kickball or shopping or acing tests. My days were cloudy and contained.

I told my mother how miserable I was, how much more miserable I was getting. While she was sympathetic, her own poverty-stricken upbringing made my life seem luxurious. I ate regular meals and lounged in front of the TV; at the same age, she had prepared meager suppers for her siblings. If I was sad and maladjusted, at least I wasn't hungry and cold and frightened. So what if I stayed in my room for hours, alternately sleeping and weeping? Go outside and get some fresh air, she told me. She meant well, but she had no vocabulary for depression. "Those kids who don't like you are just jealous," she said. "Ignore them." I was a good girl, so I tried.

But ignoring your classmates can make you pretty lonely, and my own mind urged a crueler kind of loneliness, the kind that made me stop speaking my mind and stop engaging with the world.

Depression has plagued me ever since.

The Bullet Points of Hopelessness

This is not an exaggeration. Ever since I was nine or ten years old, I have suffered, to some degree or another, from depression. I should make that plural: "depressions." Not because, as you might assume, there has been more than one period of time during which I was acutely depressed, although that is true—but because I was recently diagnosed with something called "double depression." Yes, that's in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, or [DSM-5](#), the latest version of thick bible psychiatrists use to discern the complicated problems of the mind.

WHAT ALL THIS BOILS DOWN TO FOR ME IS BAD DAYS, BAD DAYS, BAD DAYS, SOME WORSE DAYS.

The DSM-5 defines "double depression" as the combination of [Persistent Depressive Disorder](#) (PDD or what was once known as [dysthymia](#))—a chronic depression that exists most days for a period of two years — and [Major Depressive Disorder](#) (MDD). MDD is what we've long called "clinical depression," the kind when a person cannot function, and loses all hope. (The bullet points of hopelessness encompass: staying in bed, eating too much or not eating at all, poor attention to personal hygiene, and so on.) The concept of double depression has been around since the early 1980s, but the combined terminology—PDD and MDD—is a new addition to the DSM-5. Double depression has now been recognized as a syndrome with distinctive characteristics.



The author as a child

COURTESY BETHANNE PATRICK

What all this boils down to for me is bad days, bad days, bad days, some worse days. On a very good day, I brush my teeth without thinking about it. On a very bad day, I don't get out of bed, let alone bother with brushing my teeth. Most of the in-between days involve a long and precise internal monologue: "You need to brush your teeth. Remember to brush your teeth. Get up and move towards the bathroom. All right, you can stay in bed for a few more minutes, but then you have to brush your teeth." It goes on and on and on. Sometimes I don't manage to brush my teeth anyway.

"You Don't Have to Feel Like This"

Although my mother's tactics did not cure my depression, they did keep my grades up and my schedule packed, so that I made it to a top-tier college. But without her support, I lapsed into melancholia, skipped classes, and developed near-agoraphobic tendencies. I hated leaving my room for anything: The library, classes, activities. If the dining room hadn't been just downstairs, I might have subsisted on whatever I could stash in my mini fridge. I was a complete mess, and it felt like no one cared. I managed, somehow, to graduate, and did well enough to be admitted to graduate school. I also managed to meet the man who is still my spouse today. But my persistent depression did not lift during this time. It may even have led to my belief that getting married would be the answer. A few months after graduation, we got married.

"WHY NOT HAVE A BABY?" ASKED NON-ACADEMIC FRIENDS. "WHY DO YOU CRY ALL THE TIME?"
MY HUSBAND SAID.

My depression worsened while my husband went to law school and I pursued my master's degree in English. Chalk it up to the pressures of my program, getting older, or the challenges of maintaining a relationship—whatever it was, I couldn't speak articulately in seminars and worse, I couldn't make sense of anything I read. "Just work harder," said classmates, hurrying to the library. "Why not have a baby?" asked non-academic friends. "Why do you cry all the time?" my husband said.



The author in high school

COURTESY BETHANNE PATRICK

One afternoon, after hours weeping on our hand-me-down sofa, I had a tenuous thought. Maybe this was not normal. Maybe I needed some help.

I chose a therapist from the Yellow Pages because I liked her name, and got lucky—I liked her, too. I told her about the hopeless thoughts filling my head. She placed her hand on my knee. "You don't have to feel like this," she said. "We might want to consider medication."

The moment my therapist told me I didn't have to feel "like this" something deep inside of me responded, something I had forgotten. The possibility of something different set me floating, wondering what it might be like if I wanted to participate in life.

Two weeks later, after dutifully downing a green-and-white capsule daily with my coffee, I woke up and I knew something had shifted. It was as distinct as the moment when the optometrist clicks two lenses into place and you can suddenly read everything on the chart. "Which is better?" says the optometrist. "A, or B?"

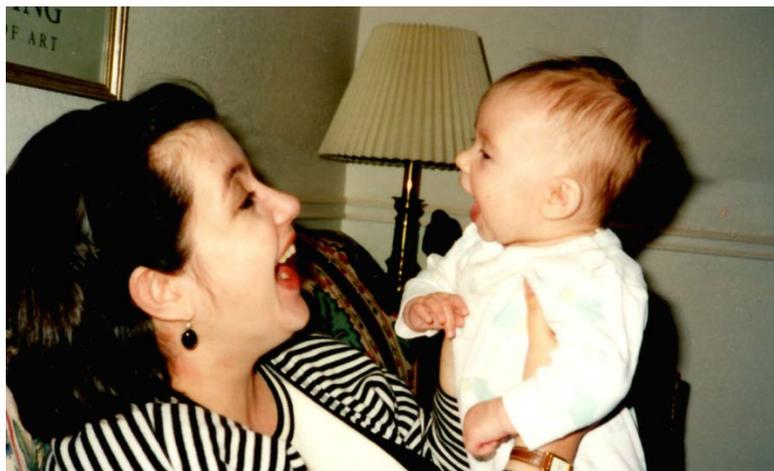
If she took one of those lenses away, you would have Life A. Life A is blurry, fuzzy, difficult to decipher. When she puts it back into place, you have Life B. Life B is clear, sharp, delineated. I chose Life B.

Life B

In Life B, someone knew what was wrong with me and had the tools necessary to fix it. I didn't think, then, of all of the things medicine can't fix, or of the things it makes worse: a lowered libido and an inability to orgasm. Each night I went to bed earlier, hoping my husband wouldn't reach for me, knowing I would turn him down. The few times I didn't were painful, since it was clear I wasn't interested and didn't have the energy to feign interest.

The only thing that did interest me was the idea of children, and soon I was pregnant. Our obstetrician encouraged me to continue taking Prozac, saying it had been deemed safe during both gestation and breastfeeding. I was so happy, the happiest I could recall being since early childhood. My low moods evaporated. I cooked and cleaned and napped and walked serenely knowing that cells inside of me were multiplying. I felt like a well-oiled machine.

After our baby arrived, I suffered a bit of postpartum depression, but it was hard to distinguish it from culture shock. We had left Virginia when our daughter was only four weeks old, heading across the country to Fort Hood, Texas, where my husband had been assigned as an Army JAG attorney. On our first day in temporary quarters, my husband asked his new commanding officer for a restaurant recommendation. The colonel rubbed his chin and replied "Well, there's the Denny's, or Red Lobster." Mental healthcare choices were similarly limited.



The author with her first child
COURTESY BETHANNE PATRICK

When my daughter was around three years old, we decided to try for a second child. The psychiatrist in Texas disagreed with our Virginia obstetrician. "I don't recommend psychopharmaceuticals before, during, or immediately after pregnancy," he told me. "If you want to conceive, you need to stop taking your antidepressants."

I was teaching, I had a happy little girl, a loving husband, and we were headed back to Charlottesville for a brief period later that year. I stopped taking the capsules. I waited the requisite number of weeks recommended by my doctor, and then I stopped using birth control, too. Soon I was pregnant again.

At 16 weeks, I went to the military hospital for a routine ultrasound. At a certain point the technician froze and said "I can't see a heartbeat." She told me to get dressed and wait outside in the hallway while she called the OBGYN.

THE MISCARRIAGE THREW ME INTO A DEEP AND TERRIFYING DEPRESSION, ONE HARDER AND SADDER THAN I'D EVER EXPERIENCED.

I cried so hard that a nurse finally came and escorted me to a room with a door. She gave me a cup of water and tried to help me calm down. The doctor came and explained that there was something wrong. Would I like to call my husband?

The miscarriage threw me into a deep and terrifying depression, one harder and sadder than I'd ever experienced, triggered by loss and exacerbated by lack of proper treatment. It was all I could do to feed and dress my daughter and take her to childcare so that I could hold office hours and teach classes.

Somehow we packed up and headed back to Virginia, where we settled into a house that we'd call home for the ten months that my husband needed to complete a military course. I was starting to understand that my depression wasn't going to be "cured." My husband got our daughter to the park when I was too sad to take her and helped me decorate the house. He made sure I got an appointment with our previous OB, who took one look at my straggly hair and sunken eyes and recommended I start a new prescription of Prozac that day. By the spring of 1997 when we moved to the Washington, D.C. area, I was pregnant again. That fall, a healthy baby who was born. I was a happy mother of two whose antidepressants were working.

The End of Prozac

Five years later, we'd moved three times, which meant that I'd had three different psychiatrists. By the time we returned to the D.C. area in 2002, I was not doing well. A new doctor declared that I had "[Prozac Poop-Out](#)" (yes, that's really what they call it; that doctor became head of the APA). Evidently, for many patients, Prozac and other Selective Serotonin Re-uptake Inhibitor (SSRI)-type depression medications simply stop working after a number of months or years. The technical name for this is [Anti-Depressant Tachyphylaxis](#) (ADT), and it means that the SSRIs suddenly and progressively cease having a good or "prophylactic" effect. Very little is known about why this happens, except that the body seems to become overly tolerant to the medication.

Prozac had been around for a little over a decade, and I'd been on it that whole time. But as my doctor and other psychiatric professionals were discovering, the tide was turning: Some of us, it seemed, needed [something more](#). That left me, along with many other depressives, floundering, wondering what might help. I tried many different drugs—not all antidepressants—in many different combinations. Wellbutrin. Zoloft. Paxil. Abilify. Lithium. Concerta. Adderall. Vyvanse. Synthroid. Sometimes I downed these cocktails as a temporary measure; sometimes the drugs were meant to be a long-term plan. Even [thyroid supplements](#) began as a "subclinical" boost, a means to push my exhausted brain cells to a more alert state. For the next ten years, we stayed in one place and my care became more consistent. My psychiatrists and general physicians were able to pay more attention to what worked for me—and what didn't. We all thought I was getting better.

"YOU MUST NEVER, EVER TELL ANYONE IN YOUR DEPARTMENT THAT YOU HAVE DEPRESSION,"
THE NURSE SAID. "THAT WOULD BE A DISASTER FOR YOUR JOB."

The trouble is, you don't know when trouble is coming. A couple of days after we returned from a vacation in 2012, I was heading out to run errands when I tripped at the top of five concrete steps. Healing involved two surgeries, three casts, several months of physical therapy, and narcotics. Once again, I found it difficult to function on a daily basis. Since I couldn't leave the house for more than two months, very few saw how low I had sunk.

(How did I keep this all a secret, you might be wondering? Let me just say this: In 2007, I took a full-time job at an organization with its own health clinic. My boss was a lovely woman who was a terrible manager, and I was a worse employee. One afternoon I had a full-blown panic attack and went to the clinic. I asked the nurse if I should "come clean" to my boss; after all, one of the department VPs had diabetes, and when she had an episode, everyone rushed to her side with help. "You must never, ever tell anyone in your department that you have depression," the nurse said. "That would be a disaster for your job.")

A few nights after my accident, I could not stop sobbing. Not crying, or weeping, but sobbing. There was enough Oxycodone and Fenganyl sitting on my dresser to end the hell of desperation I felt.

The next day, I called my doctor, my clergyperson, and my best friend. I told them what had happened and made the decision to enter the hospital.

Depression Is a Siren

When you can't see the blackboard in your classroom, you know that your eyes need help; you don't think that the board itself is the problem. When you can't see the good in your life, you think that your life is all wrong. Depression tells you that there is no help to be had, no quarter for refuge, no hand to hold. Depression tells you that resistance is futile. It is the ultimate siren, seducing its victims from deep within our own brains, convincing us that to crash upon the rocks and die won't simply ease our pain, but is the answer to the pain we cause everyone around us.

In 2016, a new psychiatrist took a more extensive family and social history than I'd ever given before, and after several months, explained his diagnosis to me: double depression. He explained the concept of cycling at very low moods. Some physicians believe that people who suffer from "double depression" are really suffering from a form of bipolar disorder in which the depressive episodes are only rarely and irregularly interrupted with a kind of mania. In my case, I wasn't experiencing mania, exactly: My "manic" episodes consisted of those precious days and weeks during which I'd felt normal. In truth, I'd never known an ordinary day. My "normal" was low, my "bad" was lower.

DEPRESSION IS THE ULTIMATE SIREN, SEDUCING ITS VICTIMS FROM DEEP WITHIN OUR OWN BRAINS.

It's been six months since my psychiatrist diagnosed me and put me on the regimen of medications that has allowed me a more stable neural existence. The most important thing about being more stable neurologically is that it makes me more stable mentally—and that means I take my medication consistently.

I'm not going to "get better." As my psychiatrist has explained, I've had so many major depressive episodes that my brain, without medication, triggers those episodes on its own. In the same way that someone uses insulin to control diabetes or blood thinners to control dangerous clots, the medication helps prevent these episodes from occurring.

For years I believed that I had to surmount my depression, to overcome it, to wrestle it into submission so that I could be normal. The diagnosis has allowed me to accept that "normal" may just mean being able to engage with my loved ones and my work. "Normal" means knowing I have a chronic illness and treating it so that I can do the things that make me content. It means accepting that life is good, no superlatives needed.

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