working through the pain

By Stephanie Stephens

Depressed and successful.

If those two words don't seem to go together, read on. There's no doubt that depression can be so disabling it's hard to hold down a job, yet many professionals not only survive, but manage to thrive at work.

People ages 45 to 64 are most likely to be "occupationally evolved," or closer to the top rungs of their career ladder. They're also more likely to meet the criteria for major depression, according to the U.S. Centers for Disease Control and Prevention.

For the three high-achieving individuals profiled here, depressive symptoms knocked them down—but not out for the count. They demonstrate that with perseverance and the right help, accomplishing professional and personal goals is possible despite a mood disorder. We hope their stories of resilience will inspire you.

Ellen McDougall

Ellen McDougall's late mother, Mary, stood up to polio, mental illness, and life-threatening cancer, pursuing a PhD after her cancer was diagnosed. McDougall, too, learned to fight for her health and her career.

McDougall's resumé would turn any executive recruiter's head. She managed the National Register of Historic Places program for 18 counties in New York state, moving on to positions of responsibility with government planning agencies in New York City and Washington, DC, before retiring from the General Services Administration in April 2011.

Ellen McDougall does yoga, meditates, and takes daily walks around Washington, DC, to manage her stress levels.

Photo: RUBEN PHOTOGRAPHY

Daniel Collins

Daniel Collins says he has "looked the devil in the face" during depressive episodes, while he likens to being caught in a tumbling avalanche of snow.

"You hear of people digging, totally discombobulated in the pitch blackness and not sure if they're digging up or further down," says Collins, 49.

Collins no longer allows depression to smother him: "I find a life rich with activity is very helpful in dealing with depression and anxiety, as a preventive measure," he explains.

Collins is senior director of media relations for Mercy Medical Center in Baltimore, Maryland. He's also an adjunct instructor for Loyola University, coordinator and lead reviewer for the Baltimore domain of the theater site Broadwayworld.com, and a blogger for a local news site.

He reads aloud at a facility for the disabled. He volunteers as an usher. And he participates in competitive fencing and community theater.

"I've 'acted' as an individual all my life," says Collins, who "covered up" his depression and anxiety for years—even from himself. He was disconnected from his emotions, he says, and had trouble fully "experiencing my experiences."

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Daniel Collins diverts his mind from painful thoughts and avoids depression's "pitch blackness" by focusing on his interests, from volunteering to local theater.

Photo: KEVIN PARKS

In retrospect, Collins realizes he experienced a major depressive episode at age 16—"I got through it on my own," he recalls—and channeled his depression into overeating.

"Depression, you see, is sometimes like an octopus and has many tentacles," he says. "I ate to feel better, which made me fatter, which made me feel worse about myself. All that, plus lack of a 'life' due to school, work and no social interaction, only served to exacerbate my condition."

Collins shed weight with medical help, but didn't address his underlying mood disorder. As he moved forward with his career, he says, "I dragged this boulder along to work with me every day.... Still, I wasn't that person with depression who had no energy and can't do anything. I had to keep moving, couldn't sit still with my thoughts, and was in the worst pain."

He was 28, working as a media relations specialist for two major health insurance carriers, when he hit bottom with a second major depressive episode. When a psychiatrist diagnosed him with depression and obsessive-compulsive disorder, he recalls "driving around and around, trying to find a therapist. I couldn't find one fast enough."

These days, he sees his therapist weekly and takes an antidepressant to help manage his symptoms.

Collins actually credits his disorders—and the coping skills he's acquired to manage them—with keeping him organized, detail-oriented, in the moment, and on the move.

"Sitting still with thoughts inflicted the worst pain," he explains. "If depression is anger turned against the self, get outside of yourself. Outward depression is energy!"

Terrie Williams

In the late 1980s, Terrie M. Williams was a super-successful New York City publicist, representing A-list stars like Eddie Murphy, the late jazz legend Miles Davis, Grammy-winning vocalist Anita Baker and writer Stephen King. Then the Terrie Williams Agency signed superstar rapper MC Hammer, which ended up to be a double-edged coup.

> "[I] took care of everyone else around me while **neglecting my own needs.**"

"It all meant more pressure, but I was all about business," she says.

That's the point when her depression "really manifested," Williams recalls, escalating from something she could ignore into symptoms that interfered with her work—extreme irritation, inability to concentrate, oversleeping, and "snapping" at people.

High standards and an unquenchable thirst for accomplishment had propelled her along the fast track—and into a breakdown at age 50.

"I'd wake up every morning in a fetal position and in tears," she recalls. "It took every ounce of energy and a few hours to shower, then dress and put the 'mask' on to tell the world that I was fine."

Williams now knows depression began to overtake her in college, where she also worked unrelentingly. "I took this 'secret' with me into what would become a very high-profile career, where I then took care of everyone else around me while neglecting my own needs," she reflects.

She chalked up repeated professional successes as though nothing could stop her, while those close to her warned of the inevitable toll of being her own last priority.

As her symptoms grew worse, her longtime partner, Xavier Artis, would "Terrie-proof" the office in anticipation of her seesaw reactions. When a client said the overly anxious Williams was "leaking" and offered her a free trip, she refused to take any time away from work.

Williams was like a breathless hamster circling on a treadmill, driving herself to keep up with the business she'd poured her life into, then crashing into desolate nothingness when she got home. She would collapse into exhaustion and loneliness, sitting in the dark, eating Sara Lee pound cake and ice cream as a kind of therapy.

One evening while getting ready to receive yet another professional award, Williams buckled onto the floor, unable to stop sobbing. A worried friend implored her to see a psychiatrist, who finally put the truth into words: "You have clinical depression and anxiety."

"I couldn't name it for myself," says Williams, now 57.

From that moment, Williams has pursued an intelligent, focused combination of therapy, medication and self-insight.

"I honor myself. I'm patient, I'm gentle, and I'm so grateful. I'm committed to health and well-being," she explains.

She also made some major changes. She moved from Manhattan's intrusive, incessant assault on her senses to a quieter location in the suburbs. She learned to edit her lengthy task lists for her own good.

"I no longer program myself to do so much in one day," she says.

The Terrie Williams Agency continues to operate under her seasoned oversight, but she no longer allows it to consume her. Committed to a sensible work-life balance, she strives to pursue her passions without draining her emotional resources.

Mental health advocacy, with special emphasis on the African-American community, has become one of her passions. She has written four self-help books, established a foundation to reach out to young people in pain, moonlights as an inspirational speaker, and plans to launch a seminar series this spring on how to change your life.

"I'm not exactly where I want to be, but thank God, I'm not where I used to be," she says. "Depression gave me my calling—after going through the fire, I realized what I was called to do."

Terrie Williams now has a gentler, more balanced life, keeping tabs on her public relations agency while she follows her new "calling" to promote mental health—in herself and others.

Photo: LAYLAH AMATULLAH BARRAYN

Stephanie Stephens is an award-winning journalist, specializing in health, who lives in California and New Zealand.

Keep an eye on the bottom line

The very qualities that drive someone to achieve may also contribute to depression and anxiety, says psychologist Dan Bilsker, PhD, RPsych.

"'High-functioning' people do make harsh self-demands and if they don't achieve 100 percent and things go sideways, they can feel vulnerable, overwhelmed and demoralized. They're like 'tiger mothers' to themselves," says Bilsker, who is on the faculties of the University of British Columbia and Simon Fraser University.

When those individuals recognize depression or anxiety is messing with their success, he adds, they're typically highly skilled at doing something about it. But it's important to acknowledge "those flashing red lights" right away.

"The goal is early detection to prevent the situation from becoming worse [so that] they're unable to work," Bilsker warns. **To excel at managing both depression and a successful career:**

Take a break. When emotional, cognitive and physical symptoms make it hard to stay at the top of your game, the smart thing may be to arrange for an extended holiday or short leave to recoup. However, taking a long leave with no real plan for recovery and re-entry bulldozes a slippery professional slope.

"Some productive time off with really good intervention can enhance functioning, coping and recovery," says Bilsker, who cautions professionals: "Don't sacrifice yourself on the altar of increased bonuses!"

Reclaim your confidence: However necessary for long-term success, taking a mental-health leave raises legitimate concerns.

"Executives worry about not having the same career track afterwards and having a damaged reputation," Bilsker acknowledges. Furthermore, "They can feel less competent, less connected, and they lose self-esteem."

That kind of "cognitive distortion" can be addressed by writing down examples of good work and other achievements in the past, or focusing on intrinsic qualities that depression has muzzled, Bilsker says.

Be prepared: Returning to the office requires some planning. Thomas O'Connor, MEd, CRC, a consultant based in Washington, DC, specializes in psychiatric disability management and return-to-work for professionals with depression and bipolar disorder. He coaches clients on balancing "the public face of a workplace leader and the private face of a consumer grinding to manage daily mental health"—without sacrificing either.

Treatment and lifestyle changes can bring depression under control on the personal side, but perceptions of the "public face" change if the diagnosis becomes known at work. For example, O'Connor says, "Any public emotional expression is potentially viewed through the prism of illness, versus being seen as a normal response to daily living or stress."

In most cases, he says, the best defense is a good offense: "The best response is to develop a proactive plan to understand emotional or stress triggers for distress in your daily job and plan for either better managing these events or constructively avoiding or deflecting them."

Reassess goals. If the stress-depression cycle becomes unavoidable, it may be time to reassess self-imposed standards like wanting a nicer car or bigger house, says Bilsker.

"People make decisions but don't think of them as decisions, rather as unchangeable facts," he points out. "Like the philosopher Jean-Paul Sartre wrote, when you set up life, don't forget you have choices."