

Short Communication

ISSN: 3029-0708

Journal of Clinical Psychology and Neurology

Understanding Smiling Depression: The Hidden Struggle Behind the Smile

Richmond Ronald Gomes^{1*}, Tohura Sharmin²

¹Professor, Medicine, Ad-din Women's Medical College Hospital, Dhaka, Bangladesh ²Assistant Professor, Community Medicine, Ad-din Women's Medical College Hospital, Dhaka, Bangladesh

*Corresponding author

Richmond Ronald Gomes, Professor and Head, Department of Internal Medicine, Ad-din Women's Medical College Hospital, Dhaka, Bangladesh.

Received: May 28, 2025; **Accepted:** June 10, 2025; **Published:** June 16, 2025

Keywords: Synonym: Happy Depression, High Functioning Depression, Masked Depression, Atypical Depression

Depression is a common, yet often neglected public health problem and mood disorder that negatively affects more than 300 million people globally. Individuals suffering from depression often experience constant sorrow, hopelessness, and anhedonia, or unable to enjoy normally pleasurable experiences. Besides the emotional components, depressive disorders possess somatic components that often impede an accurate diagnosis. These symptoms range from chronic pain, digestive issues, respiratory problems, and cardiac problems. For this reason, we have to consider it carefully within a list of differential diagnoses [1-3].

As per Diagnostic and Statistical Manual of Mental Disorders-V (DSM-V) criteria the person must have 5 or more symptoms (major) (Table-1) during the same 2-week period. In addition to this, he/she must present as depressed mood, loss of interest, or pleasure [4].

Recently, psychiatrists report a new type of patient suffering from depression but without the classical clinical features. Researchers have coined the name "smiling depression" or "masked depression," where an individual may live with unrecognized or undiagnosed depression due to the facade of appearing perfectly happy or content, appearing outwardly cheerful and functional while experiencing internal despair [5-7]. People with this condition may maintain daily responsibilities, excel in careers, or seem socially engaged, yet privately battle feelings of sadness, worthlessness, or emptiness Smiling depression, or masked depression, is not officially recognized in the DSM-5, but is often diagnosed as major depressive disorder with atypical/uncommon features in clinical settings [7].

Table :1 Diagnostic and Statistical Manual of Mental Disorders-V (DSM-V)

- 1. Depressed mood most of the day, nearly every day.
- 2. Markedly diminished interest or pleasure in all, or almost all, activity most of the day, nearly every day.
- 3. Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day.
- 4. A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down)
- 5. Fatigue or loss of energy nearly every day.
- 6. Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
- 7. Diminished ability to think or concentrate, or indecisiveness, nearly every day.
- 3. Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

Key Symptoms

While external behaviors may appear normal, internal symptoms align with classic depression:

- **1. Emotional:** Persistent sadness, hopelessness, guilt, or anxiety.
- **2. Physical:** Fatigue, sleep disturbances (insomnia or oversleeping), appetite changes, and unexplained aches.
- **3. Behavioral:** Loss of interest in activities, irritability, and perfectionism to maintain appearances.
- **4. Cognitive:** Difficulty concentrating, negative self-talk, and suicidal ideation.

Citation: Richmond Ronald Gomes. Understanding Smiling Depression: The Hidden Struggle Behind the Smile. J Clin Psychol Neurol. 2025. 3(2): 1-2. DOI: doi.org/10.61440/JCPN.2025.v3.49

A defining trait is the ability to temporarily improve mood in response to positive events (mood reactivity), which reinforces the mask of normalcy.

Why Is It Dangerous?

- Delayed Diagnosis: Loved ones and even healthcare providers may miss signs due to the hidden nature of symptoms.
- Suicide Risk: Unlike severe depression that saps energy, individuals with smiling depression may retain the capacity to act on suicidal thoughts.
- Physical Health Toll: Chronic stress from masking emotions can lead to burnout, pain, digestive issues, or cardiovascular problems.
- **4. Others:** Weight problems, alcohol or drug misuse, self-harm such as cutting.

Who Is at Risk?

- Cultural/Environmental Factors: Stigma around mental health in certain cultures or families discourages openness about struggles.
- Personality Traits: Perfectionists, high achievers, or those fearing vulnerability (e.g., "fear of burdening others").
- Demographics: Teens and young adults (especially those active on social media), LGBTQ (lesbian, gay, bisexual, transgender, queer) + individuals, and men pressured by traditional masculinity norms.
- Comorbid Conditions: Chronic illness, substance misuse, or a history of trauma.

Why People Smile When They're Depressed

- 1. Fear of burdening others
- 2. Embarrassment
- 3. Denial
- 4. Fear of Backlash
- 5. Guilt
- 6. Concern about appearing weak.
- 7. Unrealistic view of happiness
- 8. Perfectionism

Diagnosis

Diagnosing Smiling Depression is a complex process because it lacks the overt sins associated with other depressive disorders. Standard diagnostic tools, like the Beck Depression Inventory or the Patient Health Questionnaire-9 (PHQ-9), may help show symptoms, yet they sometimes miss nuanced signs in highfunctioning individuals. In smiling depression, the tendency to put a happy face always forces people to put a fake smile on their faces. For example, a genuine Duchenne smilecharacteristic of authentic joy—engages the zygomaticus major (AU12), which elevates the corners of the mouth, and the orbicularis oculi (AU6), responsible for crinkling around the eyes. However, individuals experiencing smiling depression often show controlled or non-Duchenne smiles, where the eyes stay disengaged, betraying their underlying emotional distress despite an outwardly positive demeanor. A patient with smiling depression should always have thyroid function tests, vitamin B12 assay and Neuroimaging such as MRI brain to rule out potentially treatable physical causes.

Treatment and Support

Effective strategies include:

- 1. **Psychotherapy:** Cognitive-behavioral therapy (CBT) to reframe negative thoughts and interpersonal therapy to improve relationships, interpersonal therapy, acceptance and commitment therapy, short term psycho-dynamic therapy.
- **2. Medication:** SSRIs, SNRIs, atypical anti-depressants, mood stabilizers, ketamine may be prescribed for chemical imbalances.
- **3. Lifestyle Adjustments:** Regular exercise, balanced nutrition, stress management and mindfulness practices to manage stress.
- **4. Social Support:** Encouraging open conversations to reduce stigma and foster connection.
- **5. Nutrition:** Colorful fruits and vegetables. Avoid alcohol and recreational drugs.
- **6. Exercise:** Like walking 30 minutes per day.
- 7. Bright light therapy
- 8. Electroconvulsive therapy
- 9. Journaling or creative expression
- 10. Consistent sleep-wake cycle.

Final Thoughts

It is essential to acknowledge the hidden burden of smiling depression at the individual and population levels. Smiling depression is a silent epidemic affecting millions who appear to be "fine" while battling deep emotional pain. It underscores the complexity of mental health, where outward success often masks inner turmoil. Recognizing and addressing it requires dismantling stigma and promoting environments where vulnerability is safe. To create a truly healthy and happy society, the sufferings underlying smiling faces should be addressed with scientific and holistic approaches. If you resonate with this description, remember: seeking help is a strength, not a weakness.

References:

- 1. Depression [Internet]. [cited 2019 Sep 1].
- 2. Lépine J-P, Briley M. The increasing burden of depression. Neuropsychiatr Dis Treat. 2011. 7: 3-7.
- 3. Current Depression Among Adults United States, 2006 and 2008 [Internet]. [cited 2019. Sep 1].
- 4. Tolentino JC, Schmidt SL. DSM-5 criteria and depression severity: implications for clinical practice. Front Psychiatry [Internet]. 2018. 9: 450.
- 5. Smiling depression: symptoms, risk factors, test, treatments, and more [Internet]. [cited 2019 Sep 1].
- 6. Shetty P, Mane A, Fulmali S, Uchit G. Understanding masked depression: a clinical scenario. Indian J Psychiatry. 2018. 60: 97-102.
- Miodek A, Szemraj P, Kocur J, Ryś A. [Masked depressionhistory and present days]. Pol Merkur Lekarski. 2007. 23: 78-80.

Copyright: © 2025. Richmond Ronald Gomes. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.