Recognizing and Managing Depression and Anxiety

Depression and anxiety are common feelings, especially for those with chronic illness, but there are therapies that can help treat them.

By Erika Lawrence, PhD
AS IF DEALING with a chronic physical illness were not enough, many individuals also experience symptoms of depression and anxiety. These symptoms can be intermittent or chronic, mild to moderate to severe. Not only can chronic physical illness worsen symptoms of depression and anxiety, but depression and anxiety can worsen physical symptoms and immune functioning. Similarly, depression and anxiety make it harder to have healthy relationships with family, friends and coworkers, and stressful relationships often lead to depression and anxiety.

Am I Depressed or Anxious?

Depression can be a vicious cycle. When we’re depressed, some of us become more annoyed or hostile. Others become numb and withdrawn. Still others become more anxious. It can make us feel like we do not want to do anything, even get out of bed. We may withdraw from others and/or push away the people close to us. It becomes really hard to be there for other people when we’re consumed by depression. We may spend a lot of time focusing on depression-related thoughts — thoughts about ourselves (I am a loser, stupid, a failure), about others (they don’t like me) or about our future (this will never pass, I will always feel like this). Certain things make our depression worse, like ruminating about it (focusing on your negative thoughts) and isolating yourself from others.

Anxiety often goes hand in hand with depression, though not always. Anxiety can be challenging because of the thoughts that come with it (I can’t do this, I will make a fool of myself), the physical symptoms that come with it (heart racing, shallow breathing, muscle tension, chest tightening) and the desire to flee or avoid a situation.

Those who are suffering from depression or anxiety or both need to know they are not alone. Everyone experiences these symptoms at some point in their lives. The problems come about in how we deal with them. Many of us try to avoid these thoughts, feelings or physical symptoms, or avoid the situations in which they arise. Others of us try to control them by trying to “get rid of” negative thoughts, feelings or physical sensations. Unfortunately, it is impossible to get rid of thoughts or feelings. Thoughts and feelings are natural and normal. Trying to get rid of them or control them is like trying not to think about chocolate cake. The more you try to get rid of the thought or avoid the thought, the stronger it becomes. Similarly, the more you try to avoid certain feelings (sadness, anger, fear), the more power they have over you.

A Brief Look at Acceptance and Commitment Therapy (ACT)

ACT is a mindfulness-based, values-oriented behavioral therapy that teaches individuals to accept what is out of their personal control while committing to action to improve quality of life. The therapy uses mindfulness skills, which are a way that a person can deal with painful thoughts and feelings so that they have less impact and influence over them.

With ACT, mindfulness skills are broken down into three categories:
• Defusion: distancing from and letting go of unhelpful thoughts, beliefs and memories
• Acceptance: making room for painful feelings, urges and sensations and allowing them to come and go without a struggle
• Contact with the present moment: engaging fully with the here-and-now experience with an attitude of openness and curiosity

ACT has six core processes:
1) Connection — connecting fully with the present moment
2) Defusion — learning to step back or detach from unhelpful thoughts, worries and memories
3) Expansion — learning to stop struggling with painful feelings and sensations without being overwhelmed by them
4) Observing self — being aware of whatever is being thought of or felt at the moment
5) Values — identifying what matters in life (i.e., what one wants to do with one’s life, stand for, etc.)
6) Committed action — taking action based on one’s values even if it’s difficult or uncomfortable

Combining these six processes allows a person to develop “psychological flexibility,” which is the ability to be in the present moment with awareness and openness, and to take action guided by values.

What Can I Do About It?

So if you can’t control these unwanted thoughts and feelings, what can you control? You can control what you do about your depression or anxiety and whether and how you seek help.

There are two types of therapy that have been shown to be effective for depression. One is known as behavioral activation, which simply means engaging in activities that you enjoy and that you feel you are good at. It also includes spending time around other people who support you and make you happy. The other type of therapy is called acceptance and commitment therapy (ACT). Despite the name, this type of counseling does not mean you should accept that you have depression. Instead, it is designed to help you continue functioning and doing what you need to do despite having feelings of depression or unwelcome thoughts. It has also been shown to be highly effective for chronic pain. For patients who want to try to do something on their own, I recommend either The Happiness Trap by Russell Harris. It covers the same ACT material, but you can use it on your own. Reaching out to people online or by phone if you are too physically ill to see them in person can also be helpful.

The best type of counseling for most types of anxiety (phobias, panic attacks) is still cognitive behavioral therapy. However, for those who are chronic worriers, ACT might be a better fit. Mindfulness meditation and relaxation can be great places to start, and patients can learn how to do these exercises on their own at home. For those who want to try something on their own, I recommend either The Relaxation and Stress Reduction Workbook by Martha Davis, Elizabeth Robbins Eshelman and Matthew McKay or A Mindfulness-Based Stress Reduction Workbook by Bob Stahl and Elisha Goldstein.

A Brief Look at Cognitive Behavioral Therapy (CBT)

CBT is a combination of psychotherapy (emphasizing the importance of the personal meaning people place on things and the thinking patterns that begin in childhood) and behavioral therapy (the relationship between problems, behavior and thoughts). It is a short-term (four to seven months), goal-oriented therapy that takes a hands-on, practical approach to problem-solving.

CBT is based on the theory that it’s not events themselves that upset people, but the meanings people give those events. It differs from many other types of psychotherapies because the typically once-weekly sessions are structured, meaning the individual being treated doesn’t talk freely about whatever comes to mind. Clients meet with a therapist to describe specific problems and set goals that then become the basis for planning the content of sessions and discussing how to deal with them. Homework, a vital part of the therapy, is given between sessions. Homework will vary, but it could include keeping a journal or performing exercises to cope with a particular problem. CBT also differs from other therapies because it favors a more equal relationship between the client and therapist. Known as “collaborative empiricism,” it emphasizes the importance of client and therapist working together to test out how the ideas behind CBT might apply to a client’s individual problems.

CBT can be an effective therapy for a host of problems, including anxiety and panic attacks, chronic fatigue syndrome, chronic pain, depression and general health problems.