

Abilities of People with Anxiety and Depression

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INTRODUCTION

Anxiety and depression are leading causes of illness and disability. The longstanding principal focus of care - primary, secondary and tertiary prevention - for people with anxiety and depression has addressed challenges, such as symptom alleviation. Yet people with anxiety and depression presumably have abilities that can be harnessed in their care. In this editorial, I will outline a conceptual framework for such abilities-focused care, expecting that it may be complementary rather than contradictory to challenges-focused approaches such as psychopharmacology and psychotherapy.

Abilities can be considered as consisting of at least three different types: strengths, which are unrelated to the disorder; compensations, which are indirectly related to the disorder; and neuro diversity, which is directly related to the disorder. Strengths are what people may have pre-morbidly and/or may coincidentally develop after the onset of the disorder, and are widely considered to be adaptive. Neuro diversity is part of what the disorder is, and has traditionally been seen as necessarily maladaptive.

Depression and Anxiety Disorders: Not the Same

Depression and anxiety disorders are different, but people with depression often experience symptoms similar to those of an anxiety disorder, such as nervousness, irritability, and problems sleeping and concentrating. But each disorder has its own causes and its own emotional and behavioral symptoms.

Many people who develop depression have a history of an anxiety disorder earlier in life. There is no evidence one disorder causes the other, but there is clear evidence that many people suffer from both disorders.

Depression occurs more often in women than men. Some differences in the manner in which the depressed mood manifests have been found based on sex and age. In men it manifests often as tiredness, irritability and anger. They may show more reckless behavior and abuse drugs and alcohol. They also tend to not recognize that they are depressed and fail to

seek help. In women depression tends to manifest as sadness, worthlessness, and guilt. In younger children depression is more likely to manifest as school refusal, anxiety when separated from parents, and worry about parents dying. Depressed teenagers tend to be irritable, sulky, and get into trouble in school. They also frequently have co-morbid anxiety, eating disorders, or substance abuse. In older adults depression may manifest more subtly as they tend to be less likely to admit to feelings of sadness or grief and medical illnesses which are more common in this population also contribute or cause the depression.

For example, neuro diversity may be inattentiveness due to Attention Deficit Disorder (ADD); such inattentiveness may allow the person to recognize important distractions that people without ADD may not notice, which if used constructively may allow the person with ADD to enhance pattern recognition of important noise within signal/noise systems, thus perhaps improving collective problem solving. Neurodiversity is an emerging field that requires much further study, including identifying, nurturing and using adaptive neuro diversity in relation to various conditions and in differing circumstances. Such a conceptual framework of abilities-focused care addressing strengths, compensations and neuro diversity holds promise for mental health research, education and care in general, as well as more specifically for anxiety and depression related services. For example, the fact that (mild to moderate) depression sometimes involves a more realistic perspective on life (termed depressive realism; may be viewed as an ability that may be adaptive in some situations, such as during stock market bubbles.

Conclusion

This is not to say that depression should be nurtured, but rather that such a related ability as depressive realism could possibly be used when needed. More generally, a research program addressing theoretical and empirical aspects of various types of adaptive abilities, such as adaptive strengths, compensations and neuro diversity, may advance mental health research, education and care, for people with anxiety and depression and beyond.

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