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UNDERSTANDING ANXIETY AND DEPRESSION FROM DIAGNOSIS TO TREATMENT

BY EMILY LEAS

SOMETIMES, DEPRESSION or anxiety seep slowly into our brains, bones and muscles, finding an unstable home in our thoughts and holding us prisoner to the fear, worry and sadness that come with these conditions. Other times, they explode into our consciousness and change the direction of our lives, as they did for Jennifer, 32, of Madison. At the age of 14, Jennifer, whose name has been changed to protect her privacy, became very aware of the possibility of death after watching a movie about a mother dying of cancer, then having a friend's sister tragically die in a car accident.

"It was like a bomb went off," she recalls.

"Everything started to shake. Everything was different. The panic and the anxiety of dealing with death just took over."

Jennifer was convinced that her mom and dad were going to be ripped away from her. She began to question everything about the world, about her life, and realized she didn't have answers for any of it. For two weeks one summer when she was supposed to be going to tennis camp and hanging out with friends, she instead spent every second with her mother. Eating, sleeping, even showering with her out of fear that she would lose the one person she felt kept her safe in a world of uncertainty.

"I wanted to die," she says matter-of-factly.

Anatomy of Anxiety

Jennifer was suffering from panic disorder, a condition that affects about 3 percent of Americans each year and is twice as likely to occur in women than men, starting in adolescence. General anxiety disorder is as common with similar statistics for women versus men.

Shilagh Mirgain, a senior psychologist and clinical assistant professor with the UW-Madison Department of Orthopedics, explains that anxiety can pop up in many forms at any time. Common anxiety inducers are paying bills, a case of the nerves before a big presentation or even realistic fear of a dangerous place or person.

"Anxiety disorders on the other hand are more persistent," she explains. "We get hooked by these thoughts of fear or worry, which take us away from the moment."

Those thoughts begin to control us, instead of vice versa.

"It's like a domino effect. When we are trapped in our thoughts of fear or worry, it causes more worry. It can lead to avoidance patterns, which can lead to more worry, and eventually depression," Mirgain says.

In some cases, anxiety disorders grow from a complex set of risk factors such as environment or considerable stress leading up to the first panic attack. But according to many researchers, about one-third of cases stem from genetics, similar to other biological conditions like allergies or diabetes.

With any form of anxiety, whether it's found in the mundanities of life or the more severe case that Jennifer experiences every day, research shows many basic techniques can help manage the problem. Kim Bean, a licensed clinical social worker with The Psychology Center in Madison, starts with meditation and breathing exercises.

"With anxiety, the central nervous system is hyper-aroused, so breathing practices, and meditation in particular, can be challenging at first," she says. "But with persistent practice it really can help calm the nerves."

She also suggests yoga as a moving form of meditation, as well as reducing caffeine intake, which is like "throwing fuel on a fire."

A newer type of treatment for anxiety,

according to Mirgain, is Acceptance and Commitment Therapy, which is really about changing one's relationship to anxiety and defusing it in order to head in the direction of our values.

"It's about being able to tolerate those panic symptoms so that you can realize this thing or situation won't kill you or hurt you," Mirgain explains. "Let the worry be there, whether it's about a storm coming, whether your mom is safe, or your upcoming presentation. By reframing your thinking, you can unhook from those thoughts and move forward."

According to the Anxiety and Depression Association of America, nearly half of people diagnosed with depression are also diagnosed with an anxiety disorder. And many who develop depression have a history of an anxiety disorder earlier in life. Even though there is no evidence one disorder causes the other, there is clear evidence that many people suffer from both.

"Both disorders have a similar pattern of thinking...that negative rumination," Mirgain explains. "Depression is more about dwelling on past experiences, while anxiety tends to be negative thoughts about the future or some perceived threat."

And while anxiety and depression often rely on similar treatments, anxiety tends to persist through a person's life, while depression presents itself in episodes that can be overcome.

In Jennifer's case, her anxiety was so severe initially that these basic techniques barely scratched the surface of her condition—the sudden clawing tension in her muscles, pressure in her chest and narrowing of her consciousness to only the need of escaping wherever she was.

Her therapists and doctors initially prescribed a high dose of the antidepressant Wellbutrin, which she says turned her into "a complete zombie. There was nothing to me anymore."

As with most psychiatric medication use, finding the right combination for your brain and body can be a delicate dance, and Jennifer navigated many medications throughout high school.

"When I started college I thought that I was better," she says. "I stopped the medication, but I would still have panic attacks and anxiety and depression. I just tried to deal with it."

And "dealing with it" meant a lot of drinking. Within a year of stopping her medication, Jennifer had another full-

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blown, two-week panic attack.

"It was to the point that I was trying to slit my wrists," she says. "I was trying to kill myself because I knew it had happened before. It would happen again. I'll never escape this."

From the initial onset of her panic disorder, Jennifer also fell into a deep depression, and now without her medication, both the anxiety and depression took over her life.

Understanding Depression

According to the National Survey on Drug Use and Health, in 2015, 6.7 percent of all U.S. adults had at least one major depressive episode in the past year. Women had nearly twice the rate as men.

According to a study cited by the National Institutes of Health, one in four women and one in six men will have a major depressive disorder in their lifetimes.

Most professionals believe that women's rates may be higher because they are more likely to seek treatment and talk about it than men. In addition, hormonal changes can wreak havoc on our brain chemistry, which plays a major role in our mood. Things like premenstrual problems, pregnancy and post-partum and menopause can lead to depressive episodes.

Luckily, depression is treatable, but it's estimated that two-thirds of sufferers don't seek the help they need. So how do you know if your lowered mood, sadness and lack of motivation are due to the long Wisconsin winter, pressure at work, family stressors or something more serious that needs attention?

Mirgain explains that clinical depression is diagnosed as Major Depressive Disorder if a person has depressed mood or diminished interest most of the day, nearly every day for at least two weeks. Or it could be diagnosed as Persistent Depressive Disorder if the lower mood persists for at least two years. The difference between the two conditions is in the level of severity.

"In both cases, it's not just for 30-minutes a day," Mirgain says. "It's an ongoing, empty, hopeless feeling. Often there's a feeling of worthlessness, and all of this can sometimes lead to thoughts of death."

At The Psychology Center, Bean notes that she typically sees patients come in when their mood is interfering in their lives in a meaningful way.

"It may be that they aren't sleeping, they can't focus on or even go to work. They may be crying all of the time, or just feel as though they can't cope," she explains.

As scientists dig into the brain and its intricate chemistry, more is discovered about the causes of depression. The Mayo Clinic notes that depression is more common in people who have relatives with depression, but biological changes and neurotransmitter shifts in the brain can play a role, as well as traumatic or stressful events.

Bean says exercise is the best medicine for depression and anxiety.

"Aerobic exercise is really medicine for the brain," she says. "It changes things biochemically in a favorable way."

The tricky part is that depression tends to zap motivation, allowing a heavy fatigue to settle into the brain and muscles. Bean says it's important to seek help from a professional if you've reached this point. In some cases, when addressing activity levels, sleep habits and alcohol intake aren't enough to shake the depression, medication may be indicated.

"I think of depression as a broken leg that needs a cast to heal. Medication can be like that cast," says Mirgain. "Because your mood is so low, it's difficult to motivate yourself to do these other lifestyle treatments because all of your energy is going to managing your mood. Medication can help lift that mood to push you to try other behavioral changes."

With or without medication, acknowledging and interrupting negative thoughts is critical for managing anxiety or healing depression. Bean explains that Cognitive Behavioral Therapy is a common method for doing this.

"One of the things that characterizes depression and anxiety is negative thoughts," she says. "And the problem isn't that we have them now and again... it's that we tend to dwell on it."

The cognitive part of the therapy trains you to really look at the specific negative thoughts. Bean says these thoughts are often very exaggerated or over generalized, so she walks the person through the process of looking at that thought more rationally.

"We learn to understand that we're often creating stories in our heads. If you have depression or anxiety, these stories are likely to be tinged with worry or negativity," she says. "So we learn to recognize thoughts as part of the story, labeling it as such, and learn to drop the story."

The story is a biased reflection of the situation. Focus on what's here, what's now and what do I know for sure.

When dealing with either anxiety or depression, Bean and most practitioners also rely heavily on mindfulness training. Anxiety and depression take us away from the present moment, trapping thoughts in that cycle of worry, fear and negativity.

Bean starts with attention training, "What am I feeling in my body and what am I feeling in my emotions," then progresses to, "How can I engage in the present, and not only engage, but without judgement, and with some patience and with acceptance."

She explains that people with depression or anxiety may be more judgmental of themselves or others because they are imprisoned by their thoughts.

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TECHNIQUES TO OVERPOWER DEPRESSION AND ANXIETY:

Over her 18-year struggle, Jennifer has found that any kind of exercise, especially cardio activities, help her manage her anxiety and mood. Abstaining from alcohol also has helped. She also changed her diet, becoming a vegan and eliminating soy products, which "made a drastic difference," she says.

Kim Bean, a licensed clinical social worker with The Psychology Center in Madison, also recommends the following:

- ✦ Mindfulness training, or acknowledging that your thoughts are just thoughts
- ✦ Being present in the moment
- ✦ Breathing exercises
- ✦ Meditation and yoga
- ✦ Regular sleep
- ✦ Creative outlets and therapeutic journaling
- ✦ Adult coloring books
- ✦ Talking about it with a trusted friend or loved one
- ✦ Reducing caffeine (for anxiety) and alcohol (for depression)

"So lightening up that judgement can be really helpful for feeling better about ourselves and what's going on around us and inside of us," Bean says. "Self-compassion is another attitude that is related to nonjudgement. And not just self-compassion...compassion in general."

Talking About It

As more is learned about mental illness, its causes and symptoms, the more we feel comfortable talking about it. Jennifer has experienced this firsthand as her own treatment has evolved from only medication to behavioral therapy, meditation, mindfulness and beyond.

"There can be such a stigma about these conditions," Mirgain points out. "However, it's just so common, especially for women. By putting words to their experience to somebody they trust, it can help lighten the load. You don't have to suffer or struggle in isolation."

Throughout her teen years, Jennifer found it difficult to explain or even talk about her condition with friends for fear they would think she was "weird" or "crazy." She relied on her family, therapists, and after her second major panic

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attack in college, Jennifer returned to her medication. But alcohol continued to be a cloak to hide her anxiety and depression.

"I would drink to forget everything. To just try to be happy," she says. "Then the day after drinking, my anxiety and depression would be 400 times as strong. It seemed like every hangover I had, I would just want to kill myself. I couldn't deal with the feelings and the fear."

Four years ago, she was diagnosed as an alcoholic, and it wasn't until two years ago that she found the will to face the anxiety and depression sober.

"It's been life-changing," she says. "It's scary because everything I drank to forget and try to hide, now it comes out the same, but I have no escape from it. But now, being 32 compared to when I was 18, I have better resources and more experience with how to manage it."

She relies heavily on exercise, yoga, breathing exercises and significant changes in her diet to manage the daily struggle with the panic and fear.

"Some people think it's easy...take a pill and you'll be fine. But that is not the case at all. It'll help, but sometimes it does the reverse and pushes you even further down," she says.

Looking at the well-put-together 32-year-old, it would be hard to guess there are demons that plague her every moment. When asked about her bravest moment, Jennifer says it was continuing to live when she wanted to die.

"I'm living with a heart that fights to survive, but a mind that tries to die," is her way of attempting to explain it. "I realize the things I worry about are ridiculous, but even though I'm aware, I can't just stop. I have to remind myself all the time, that being afraid of the wrong isn't the way to make things right."

The journey that Jennifer's been on for the last 18 years is a challenge, but Mirgain points out that both depression and anxiety can be opportunities for personal growth, allowing the struggle to strengthen other parts within ourselves.

"I think of depression as a signal that we're disconnected from some part of ourselves. The weight of depression pushes us down to our core self," she says. "While anxiety can help us develop strength we didn't even know we had as we battle those fears and worries."

Dive into the muck. Ask for help. And while you're at it, you may even find your better self. 🌟



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