



Editorial

Abilities of People with Anxiety and Depression

Abraham Rudnick*

Department of Psychiatry and Behavioural Neurosciences, McMaster University, Hamilton, Ontario, Canada

Anxiety and depression are a leading cause of illness [1] and disability (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3818162/>). The longstanding principal focus of care - primary, secondary and tertiary prevention - for people with anxiety and depression has addressed challenges, such as symptom alleviation (<http://www.adaa.org/about-adaa/press-room/facts-statistics>). 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 neurodiversity, 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. For example, a strength may be a musical talent and related skills that the person can use for relief from stress. Psychiatric rehabilitation has used strengths to mitigate psychiatric disability, primarily related to serious mental illness such as schizophrenia [2]. Compensations are what people develop secondarily to the disorder, and may be adaptive, maladaptive, or both. For example, a compensation may be self-talk in the face of persistent anxiety, which may be more adaptive when done in private and less adaptive when done in public (due to stigma attached to such an unusual behavior). Psychoanalysis has addressed compensations largely as maladaptive, e.g., when compensatory defenses such as avoidance generate or worsen morbidity or comorbidity [3]. Neurodiversity is part of what the disorder is, and has traditionally been seen as necessarily maladaptive. For example, neurodiversity 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 [4].

*Corresponding author: Abraham Rudnick, Department of Psychiatry and Behavioural Neurosciences, McMaster University, Hamilton, Ontario, Canada, Tel: +1 9058704485; E-mail: harudnick@hotmail.com

Citation: Rudnick A (2016) Abilities of People with Anxiety and Depression. J Psychiatr Depress Anxiety 2:003.

Received: February 19, 2016; Accepted: February 23, 2016; Published: March 08, 2016

Neurodiversity is an emerging field that requires much further study, including identifying, nurturing and using adaptive neurodiversity in relation to various conditions and in differing circumstances.

Such a conceptual framework of abilities-focused care addressing strengths, compensations and neurodiversity 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; https://www.researchgate.net/publication/227708596_Depressive_realism_A_meta-analytic_review) may be viewed as an ability that may be adaptive in some situations, such as during stock market bubbles. 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 neurodiversity, may advance mental health research, education and care, for people with anxiety and depression and beyond.

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