

WEEK 6 ANSWER TO QUESTION 2
STEP 6.8 ASK MARK

The second question this week is the following: “I'd like to know more about the link between depression and anxiety, especially the generalised, global kind of anxiety, with no real identifiable cause. Why do some people cope with anxiety, or don't even feel any, when others are riddled with it?”

So there are actually two major aspects to my answer to this question. The first has to do with the relationship between depression and anxiety, and the second has to do with the no identifiable cause aspect of the anxiety referred to. So firstly, the relationship between depression and anxiety.

I can't emphasise enough – because this is really not widely enough known – that there are different types of anxiety in the brain. There's a brain system for fear anxiety, and there's a quite separate brain system for panic anxiety. The two systems have a different anatomy, they have a different neurochemistry, and different sorts of environmental influences impact upon rendering the one or the other more sensitive.

Although it's well known that depression and anxiety co-occur in many patients – that is to say, there is a high degree of co-morbidity, as they call it, between depression and anxiety – what's not sufficiently appreciated is that the sort of anxiety that is at issue in most cases of depression is panic anxiety, not fear anxiety. Just to clarify what I'm talking about, fear anxiety is trepidatious fear – that's the quality of it – and it has to do with the threat of harm to bodily integrity, to life and limb. So “there's a noxious stimulus which might harm me” is what evokes fear anxiety.

Whereas panic anxiety is separation anxiety. It has to do with anxiety about loss, about becoming separated from a loved one, and the quality – the feeling – is panicky: air hunger, “oh my God, oh my God, I've lost him”, “she's lost me. Where is she?” And the behaviour is a searching and what we call separation distress vocalisations – in us humans, crying or calling out the name. That's not how we behave when we feel fear. When we feel fear, we freeze or we flee. We hope to get away from the threatening stimulus. Whereas in a panic anxiety, we hope to find what we're attached to but has become lost.

Now the reason that panic anxiety so commonly co-occurs with depression is because panic anxiety is part of a cascade which we call the separation distress response. In the acute phase of separation distress – in other words, in the acute phase of becoming separated – you feel panic and you search and you cry out. That then shifts into a more chronic state which we call despair, and despair is the normal phenotype for depression. So that's why these two things occur together so commonly. It's because

they actually have their roots in the same system. Somebody who's sensitised to panic anxiety is more likely to suffer depression, and vice versa.

Now there comes the question as to why this *generalised* form of anxiety, this *panic anxiety* which so commonly co-occurs with depression, why it seems to be just that – generalized – in the sense that there's no identifiable cause, to use the words that the questioner used. Here we have to have recourse to the conceptual distinction between *affects* on the one hand, and *ideas* or *thoughts* – representations – on the other hand.

Affects are conscious by definition. An affect is, by its very nature, felt. So the panicky feeling can't be unconscious, otherwise it isn't a panicky feeling. But the ideas that have triggered the feeling can be unconscious – in fact, frequently *are* unconscious – and that's how the situation arises that one feels panic but it appears to have no identifiable cause. It's not that there's no identifiable cause, it's rather the word that needs to be emphasised is that it's not *identifiable*. It doesn't mean that there hasn't been some specific trigger of the ideas that give rise to the panicky feeling – the sufferer or the observer of the sufferer just doesn't know what those ideas are, and therefore the panic appears meaningless, appears unjustifiable.

Frequently, the ideas that are triggered are very early ideas – very early experiences – and it doesn't have to be obvious why those early experiences have been triggered. Because us human beings, we have all these layers of representation and re-representation, what we call symbolization, so that something might trigger an early experience of loss which isn't itself obviously a loss of the same kind at all. So even in the abstract sense, there might be a loss of status, or a loss in relation to self esteem, which – when you dig down to its ideational roots – that loss of self esteem has to do with the feeling that's triggered by the loss of somebody loving you, or who you feel loved by, and this then has the same ideational form as a later event which doesn't look like a loss at all.

I hope I'm being clear there. The main point is that there is a very deep link between separation distress – panic anxiety, that is – on the one hand, and depression – despair, that is – on the other. And the second point being that the feelings are conscious, but the thoughts that go with those feelings very frequently are not, and that's how you get this sort of picture that we're talking about.

I must just say that what I've said here – about the link between panic anxiety and depression – is also an important pointer towards the way in which we need to develop psychiatric nosology, the classification of psychiatric disorders. So that, for example in the DSM – which is so widely used – we have a category called *anxiety disorders* and another category called *mood disorders*. And in fact, in the case of *panic disorder* – which is an *anxiety disorder* – and *major depression* – which is a *mood disorder* – the separation of them is totally artificial. It's very important to recognise that there are these deeper endophenotypes, as they're called – sort of invisible, internal, natural kinds which explain these apparently disparate surface phenomena.

Just to hint at a further instance of the sort of thing I'm talking about, OCD – Obsessive Compulsive Disorder – the anxiety that goes with that – which also is classified as an *anxiety disorder* – the anxiety that goes with OCD is also mainly of a

panicky type. And guess what? OCD also has high co-morbidity with depression. So, thanks for that question. It's given me an opportunity to say a number of things that I think I need to be said.



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