

Alternative Treatments for Anxiety and Depression

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There is much speculation across the psychological field on how to best treat anxiety and depression. Current experimental research is being dedicated to testing high-intensity aerobic exercise (AE) and employment of mental exercises through mindfulness based stress reduction therapy (MBSR). The benefits of these nontraditional interventions are being compared with the resulting improvements from standard medications and traditional cognitive behavioral therapy (CBT). Pharmaceutical companies benefit from the myth that depression and anxiety result purely from chemical imbalances in the brain, however, psychological research does not support this theory. The results of AE and MBSR can match and enhance the results produced with CBT and outperform common medications used to treat these illnesses. This will prove to be monumentally beneficial for people that are non-responsive to the drugs that are commonly prescribed or cannot afford the regular medication and therapy sessions.

Depression is a source of debate concerning how it should be treated as well as how to best define it and its root causes. Some critics argue that depression is a fake disease manufactured by leading pharmaceutical companies as a way to sell their drugs (Kemp & Quintana, 2019). Canadian journalist, Stuart Laidlaw, gathered from psychotherapist, Gary Greenberg, that “while depression has become a huge business, with drug companies selling billions of dollars worth of antidepressants a year, Greenberg warns against conspiracy theories that Big Pharma invented depression as a way to sell more drugs. Instead, he says, they capitalized on a movement in the mental health field to view depression as a disease. From there, he says, the drug companies, armed with well-paid ad men, stepped in with a “cure” in the form of antidepressants. (Laidlaw, 2010). Others believe the root cause is an imbalance of

neurotransmitters in the brain and maintain that drugs like selective serotonin reuptake inhibitors (SSRIs) are needed to restore balance and correct the issue. This is the serotonin hypothesis, but it is contradicted by evidence showing individuals afflicted by depression with varying levels of serotonin and other neurotransmitters. Although these neurotransmitters are associated with feelings of stress relief and pleasure, people can activate these naturally in a way that is cost efficient and more effective than relying on the pills tucked away in their purses.

An experimental study published in the “International Journal of Psychiatry in Clinical Practice” investigated how exercising for a consistent amount of time over the course of several weeks resulted in the improvement of symptoms in individuals that suffer from major depressive disorder. The researchers found that “according to HRSD-17 assessments, 19 participants had ‘recovered’ and four ‘improved’ at the end of the intervention (Table VI). BDI-II self-ratings placed 11 participants in the ‘recovered’ and five participants in the ‘improved’ categories at the end of the study. On both measures, none of the participants was considered ‘deteriorated’” (Doose, 2015). The results indicated just how powerful regular cardiovascular exercise can be when it comes to treating depressive disorders, and it is not the only study that is reaching these conclusions.

According to an article published in Harvard medical school’s Health Letter (2013), “In people who are depressed, neuroscientists have noticed that the hippocampus in the brain—the region that helps regulate mood—is smaller. Exercise supports nerve cell growth in the hippocampus, improving nerve cell connections, which helps relieve depression.” This information supports the utilization of AE to treat depression, although alone it may not be enough for someone struggling with severe depression. It is not new information that exercise

naturally triggers the release of endorphins and stimulates the release of norepinephrine, dopamine and serotonin without the negative side effects that accompany prescription drugs. A clinical psychologist who conducted a long term study of this treatment for depression discovered that not only did the results of regular exercise rival the results of antidepressants, it proved to be an important factor for preventing relapse in individuals with major depressive disorder (Weir, 2011). The positive effects of implementing AE are not only limited to depressive disorders.

The advantages of AE also extend to a wide array of anxiety disorders. Professor of psychology, Jasper Smits “reasoned that regular workouts might help people prone to anxiety become less likely to panic when they experience those fight-or-flight sensations. After all, the body produces many of the same physical reactions — heavy perspiration, increased heart rate — in response to exercise” (Weir, 2011). Exercise greatly reduced anxiety sensitivity and helped participants to associate the physiological responses to exercise with the activity and not fear, as they had prior to participation in the study. They also had the participants take a carbon-dioxide challenge test, which simulates many of the effects one feels during a panic attack. People high in anxiety sensitivity were quick to panic, but those that had been regularly exercising were much better off in the duration of the test (Weir, 2011). Not only does AE regulate and enhance mood, it decreases anxiety sensitivity and can operate to prevent future relapse and panic attacks. It can also moderate stress and provide a sense of purpose.

Gaudlitz, researcher at University Medicine Berlin, discovered that “adolescents and young adults who exercise regularly had a substantially lower overall incidence of any or comorbid mental disorders after 4 years and a lower incidence of somatoform, dysthymic, and

some anxiety disorders” (2014). Of course, some may disagree with using AE as a primary method of treatment on the grounds that some people face physical limitations that will not allow them to perform regular aerobic exercise. If capable, “it has been shown that regular physical activity is associated with significantly lower prevalence of affective, anxiety, and substance use disorders” (Gaudlitz, 2014). Psychologists, of course, may want to question whether aerobic exercise can be implemented as a stand alone treatment for anxiety and depression because of the physical toll and level of discipline that it involves.

Experiments testing AE emerged along with MBSR, which is a great way to achieve similar levels of health benefits for individuals who are not physically capable of undertaking a consistent, challenging exercise schedule. The MBSR treatment method focuses on returning an individual’s attention and awareness to the present moment. Jennings, S.J., & Jennings, J. L. (2013), experimented with “A total of five male and three female adolescents, aged 17 to 18 years, participated in the pilot study” (p. 23). Their study implicated that brief, habitual meditation sessions increased stress reduction and produced a major decrease in general and social anxiety. The training also counteracted negative cognitions like self deprecation and excessive worrying. It also reduced the tendency to ruminate on thoughts.

Social Psychologist, Jazaieri, conducted an experimental study at Stanford University that compared treatment by MBSR to that of AE in patients with social anxiety disorder (SAD). They looked at the effect of an MBSR program in which participants underwent 2.5 hour sessions a week, a one day meditation retreat, and practiced informal meditation and yoga at home daily (Jazaieri, 2012). The study concluded that “Mindfulness-based treatments for SAD have been shown to improve mood, functionality, and quality of life (Kocovski et al., 2009), reduce anxiety

and depressive symptoms (Goldin & Gross, 2010), and increase self-esteem (Goldin & Gross, 2010; Goldin et al., 2009)” (Jazaieri, 2012). General anxiety disorder (GAD) afflicts approximately 6 percent of the general population and constitutes somewhere between 22 and just over 50 percent of anxiety disorder cases (Newman, 2019). AE and MBSR can be used to help people with a range of anxiety and depressive disorders. Another experimental study examined the effects of AE on patients with schizophrenia and major depressive disorder and found that “results indicate an increase in cognitive performance in the domains visual learning, working memory and speed of processing, a decrease in state anxiety and an increase in subjective quality of life between pre- and post-testing” (Oertel-Knöchel et al., 2014). This is groundbreaking research in the world of psychology and for patients who previously thought their only hope of stability and normality was encased in those little orange, refillable, plastic containers.

These findings call into question the widely accepted theory that prescription drugs are a necessary byproduct of living with mental illness. There is much discussion and debate surrounding the central causes for depression and anxiety such as chalking it up to factors like an imbalance of neurotransmitters or the size of the hippocampus or even just exaggerated ailments pharmaceutical companies harp on to sell their products. Psychologists have yet to nail down and agree on one simplified explanation. What the research does show is that new alternative treatments to these mental illnesses, specifically AE and MBSR, are procuring astonishing results that reach and even outperform traditional CBT and commonly prescribed drugs like SSRIs. Although they require discipline to continue making progress and maintain the effects, they are cost effective, work for people that may not respond to medicine and have benefits

beyond the scope of the traditional treatment methods. Prescription drugs might be accompanied by side effects that AE can avoid. MBSR can be done without the guidance and cost of regularly attending psychological therapy sessions. For these reasons, these newer treatments should begin to replace the traditional treatments. More research should be dedicated to expanding upon these findings and the different disorders it can alleviate and programs should be designed to make these treatments more accessible to those who are afflicted.

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