

There is a particular kind of depression that does not always look dramatic from the outside. It does not always involve crying every day, missing work, or staying in bed for weeks. Sometimes it looks like competence. A person gets up, answers emails, pays bills, goes to dinner, and somehow still feels absent from their own life. They describe themselves with words like flat, disconnected, heavy, blank, shut down, or just stuck.

Numbness can be one of the most confusing parts of depression. People often expect sadness. What they get instead is a deadening of motivation, pleasure, desire, and even grief. They know they should care, but they cannot feel much. They know they used to laugh more, want more, enjoy more, but now everything seems muted. This is often where shame enters the picture. If you are not visibly falling apart, you may wonder whether your pain is real enough to deserve help.

It is.

Depression therapy can be especially effective for people who feel trapped in this in-between state, not in full crisis, but far from well. The work is rarely about forcing positivity or finding the right inspirational phrase. It is about understanding what is driving the shutdown, what the numbness is protecting, and how to restore movement in a nervous system that has gone still.

## **When depression feels more like paralysis than sadness**

Many people who seek depression therapy say some version of the same thing: "I do not even know what I feel anymore." They are not necessarily unable to function. They are unable to engage. Tasks take more effort than they should. Decisions feel harder. Pleasure is dulled. Time starts to blur. A week passes and they cannot say what they did with it.

This kind of depression often has a frozen quality. The body is not energized enough for action, but the mind is not at peace either. A person may feel restless and slow at the same time. They may sleep too much or wake up exhausted after eight hours. They may keep scrolling, keep snacking, keep distracting themselves, not because any of it feels good, but because stillness feels worse.

From a clinical standpoint, numbness can show up in several contexts. It may be part of major depressive disorder. It may be tied to chronic stress, burnout, grief, trauma, anxiety, or a long period of emotional overload. It can also show up after years of pushing through. A person who has spent a decade being "the reliable one" sometimes reaches a point where the system simply stops offering full emotional access.

That matters because not all stuckness responds to the same treatment in the same way. Good therapy is not just about identifying symptoms. It is about understanding the function of those symptoms.

## **Numbness is not laziness**

People who feel emotionally flat are often harsh with themselves. They call themselves unmotivated, weak, lazy, dramatic, or broken. In practice, that self-criticism usually makes the depression worse. It adds pressure to a system that is already depleted.

Numbness is often protective. When the brain and body have carried too much for too long, they do not always respond with visible alarm. Sometimes they reduce access. Less feeling. Less reach. Less energy. It is a bit like a dimmer switch turning down the intensity because full brightness has become too costly.

This does not mean depression is a choice, and it does not mean the body is handling things well. It means there is usually a reason the system has shifted into shutdown. That reason may involve unresolved loss, chronic invalidation, perfectionism, childhood adaptation, relational pain, or trauma. It may also involve biology, medication effects, sleep disruption, substance use, medical conditions, or a combination of several factors.

One of the most helpful moments in therapy often comes when a person stops asking, "What is wrong with me?" and starts asking, "What happened to me, and what has my system been trying to do?"

That shift does not remove suffering, but it makes healing possible.

## **Why talk therapy alone sometimes feels insufficient**

Standard talk therapy can be very helpful for depression, especially when it gives people language for what they are experiencing and tools for interrupting hopeless patterns. But people who feel numb often report a frustrating experience. They can explain their history clearly. They can identify negative beliefs. They understand that isolation is making things worse. Yet they still feel stuck.

This is not a sign of failure. It is often a clue.

Depression does not live only in thoughts. It also shows up in the nervous system, the body, attention, sleep, appetite, and relational patterns. A person may intellectually understand that they are safe, loved, and capable, while their body remains braced, collapsed, or offline. In these cases, therapy has to go beyond insight. Insight is useful, but it is not always enough to restore emotional range.

That is one reason many clinicians now integrate approaches that address both cognition and physiological regulation. A treatment plan might include traditional depression therapy alongside trauma-informed work, somatic awareness, behavioral activation, mindfulness, medication support, or approaches such as Brainspotting when appropriate.

The key is fit. Not every method suits every person. Effective therapy is rarely about following a trendy method. It is about matching the treatment to the pattern in front of you.

## The hidden overlap between depression, anxiety, and trauma

Depression and anxiety often travel together. So does trauma, even when a person does not initially identify their experience that way.

Consider the person who says, "I [child psychotherapist](#) am numb all the time, except when I am alone at night, then my mind races." Or the one who feels exhausted, detached, and unmotivated, but also startles easily, overthinks every conversation, and cannot relax. On paper, they may meet criteria for depression. In the room, it becomes clear that anxiety therapy also has a role because the shutdown is happening on top of chronic activation.

Something similar happens with trauma therapy. Trauma is not limited to catastrophic events. It can also involve repeated emotional neglect, ongoing unpredictability, coercive relationships, frightening caregiving, bullying, medical trauma, or years spent in environments where genuine feelings had to be hidden to stay connected or safe. In those cases, numbness is not random. It is an adaptation.

A patient once described it this way: "If I let myself feel one thing, it feels like I might feel everything." That sentence captures a lot. Emotional shutdown can be an attempt to avoid flooding. Depression then becomes both a symptom and a strategy, painful in its own right, but also serving a purpose.

When therapy recognizes that complexity, progress tends to deepen. The goal is not simply to reduce symptoms on a checklist. It is to increase capacity, so a person can feel more without being overwhelmed by feeling.

## What effective depression therapy often looks like

For someone who feels stuck and numb, therapy should move at a pace that respects the shutdown rather than attacking it. Pushing too hard can backfire. So can staying too abstract for too long. The best work usually combines steadiness with precision.

Early sessions often focus on mapping the pattern. When did the numbness start becoming more pronounced? What tends to make it worse? What briefly lifts it, even a little? Is there a trauma history? Are there panic symptoms? Is the person dealing with grief, burnout, hormonal shifts, recent loss, or a relationship crisis? How is sleep? Appetite? Substance use? Concentration? Suicidal thinking? Are there long stretches of dissociation or "checking out"?

These questions are not just diagnostic. They shape treatment. A person who is deeply anhedonic and isolated may need a different starting point than someone whose depression is woven tightly with hypervigilance and trauma triggers.

Most good depression therapy includes some mix **Psychologist** of these elements:

1. Careful assessment of symptoms, risk, history, and current functioning
2. Education about how depression affects the brain, body, and behavior
3. Structured work on patterns that maintain hopelessness, withdrawal, and self-criticism
4. Support for reconnecting with emotion and sensation at a tolerable pace
5. Coordination with medication or medical evaluation when indicated

Even that list does not capture the texture of the work. Real therapy is often less linear. One week may focus on getting a person to shower before noon and step outside for ten minutes. Another may uncover a deep layer of grief that has been sitting untouched for years. Another may involve noticing, for the first time, that numbness arrives after conflict because conflict once meant danger.

Small shifts matter. A patient who says, "I listened to music and actually felt something for about thirty seconds," may be describing a major clinical opening.

## Brainspotting and the frozen parts of depression

Brainspotting is one of the approaches some therapists use when depression has a strong trauma, dissociation, or nervous system component. It is not magic, and it is not right for everyone. But in well-chosen cases, it can help people access material that remains difficult to reach through words alone.

The basic idea is that where a person looks can connect to how the brain processes emotionally charged experiences. In a Brainspotting session, the therapist helps the client find an eye position associated with **Counselor** activation, emotion, or a felt sense in the body. The work then proceeds with focused attention, attunement, and careful tracking of internal experience.

For people who feel chronically numb, this can be useful because the numbness often sits on top of something unprocessed. Not always a single memory, and not always a story the person can tell cleanly, but a network of stored activation, pain, fear, or helplessness. Brainspotting can sometimes help loosen that network.

I have seen people who seemed emotionally flat for months suddenly access grief, anger, or relief with surprising clarity during this kind of work. That does not mean their depression disappears overnight. More often, it means movement begins where there had only been deadness. The person starts saying things like, "I feel more in my body," or "I am tired, but in a different way," or "I had a bad day, but at least I could actually tell I was sad."

That distinction matters. Feeling sad is often progress when the alternative has been feeling nothing.

Still, Brainspotting requires judgment. If someone is highly unstable, actively self-destructive, or unable to regulate at all, the therapy may need to begin with safety, routine, and stabilization before processing work goes deeper. Good clinicians know when to proceed and when to slow down.

## When intensive therapy makes sense

Weekly therapy is enough for many people. For others, especially those who have been stuck for a long time or whose symptoms are layered and severe, intensive therapy can be worth considering.

Intensive therapy means longer or more frequent sessions over a shorter period. That might look like several extended sessions in one week, half-day formats, or short-term concentrated treatment. This approach can be particularly helpful when a person feels like they spend the first half of every weekly session just trying to arrive, then lose momentum in the six days that follow.

The benefit of intensive work is continuity. There is more time to settle into the material, more room for deeper processing, and less pressure to compress everything into fifty minutes. This can be especially useful in depression therapy when numbness is mixed with trauma, avoidance, or dissociation. Once the door opens even slightly, having enough time to stay with the process can make a difference.

It is not the right fit for everyone. Intensive therapy asks a lot. It can bring up fatigue, strong emotion, and practical concerns around cost, schedule, and integration. Some people need a slower weekly rhythm to metabolize change. Others finally get traction when therapy becomes more immersive.

A thoughtful recommendation for intensive therapy should come from clinical need, not marketing.

## What progress really looks like

People often imagine healing as a sudden return to normal. More often, progress is uneven and quietly noticeable. First there may be more awareness of the numbness itself. Then a little more access to emotion. Then moments of preference, desire, or irritation. Then a willingness to reach out instead of disappearing. Then a day that feels lighter for no obvious reason.

Progress in depression therapy may look like a person noticing hunger again, or caring enough to clean their kitchen, or crying after months of feeling blank. It may look like less doom on waking. It may look like finishing work with half the internal drag it used to take. It may look like a parent realizing they can enjoy twenty minutes with their child instead of moving through the evening in a fog.

These are not trivial gains. They are markers of reconnection.

What is harder for many people is tolerating inconsistency. Early change rarely moves in a straight line. Someone may feel more alive and then crash for two days. They may reconnect with sadness and worry they are getting worse. They may experience anger as energy returns and think therapy is creating new problems.

Usually, this is not regression. It is range returning. A system that has been shut down does not always reopen gracefully.

## What to look for in a therapist

The relationship matters more than many people expect. When numbness is part of the problem, a therapist who feels overly polished, distant, or formulaic can reinforce the sense of deadness. You do not need a performer. You need someone steady, observant, and able to track both what you say and what seems to happen underneath it.

A good fit often includes a few qualities:

1. The therapist takes numbness seriously and does not reduce it to lack of effort
2. They can work with depression, and also understand trauma, anxiety, and nervous system patterns
3. They are comfortable going beyond surface coping skills when deeper work is needed
4. They pace the process well, neither rushing emotion nor colluding with endless avoidance
5. They can discuss options plainly, including medication referral, Brainspotting, or intensive therapy when relevant

It is reasonable to ask direct questions. How do you work with emotional numbness? How do you tell the difference between depression and trauma-related shutdown? What do you do when a client understands their patterns but still cannot shift them? Their answers should sound grounded, specific, and realistic.

Be cautious of anyone who promises rapid transformation. Also be cautious of therapy that stays purely intellectual month after month when your lived problem is that you cannot feel.

## Practical support between sessions

Therapy matters, but what happens between sessions matters too. The depressed nervous system often needs repeated, modest experiences of contact, movement, and predictability. Grand plans usually fail. Specific, small actions are more effective.

If I am working with someone who feels shut down, I often encourage experiments that are almost absurdly manageable. Stand outside for three minutes after waking. Eat something with protein before coffee if mornings are chaotic. Put on one song and notice whether any part of your body responds. Text one safe person a factual message instead of waiting until you feel social. Choose one task that can be finished in under ten minutes and do it before opening social media.

These are not cures. They are wedges. They create tiny openings in a closed system.

There is also value in reducing what worsens numbness. For many people, that includes alcohol used to "take the edge off," doomscrolling late at night, inconsistent sleep, and relationships that require constant self-erasure. Depression thrives in environments where nothing gets interrupted.

None of this should be framed as blame. You do not behave your way into severe depression by mistake, and you do not simply discipline your way out of it. But behavior can either reinforce shutdown or gently challenge it.

## If you are afraid therapy will not work

That fear is common, especially if you have tried therapy before, or tried medication, or read enough self-help to feel fluent in the language of healing without actually feeling better. Many people arrive demoralized. They do not need hype. They need honesty.

Some depression is straightforward and responds fairly quickly once support is in place. Some is stubborn. Some has roots that were missed for years because everyone focused only on productivity or mood without understanding trauma, attachment, anxiety, or dissociation. Some requires a combination of approaches before the right fit emerges.

The fact that you feel numb does not mean you are unreachable. It often **Mental health service** means your system learned to survive by reducing access. Therapy at its best respects that adaptation while helping you outgrow it.

There is a difference between being incapable of feeling and being organized around not feeling too much. In clinical work, that difference changes everything.

A person can look lifeless and still be protecting a very alive interior. That is why experienced depression therapy does not just ask how to get rid of symptoms. It asks what those symptoms have been doing for you, what they cost, and what would need to become safer for you to let them loosen.

For people who feel stuck and numb, healing often starts there, not with pressure, not with performance, but with careful attention to the intelligence of the shutdown. Once that intelligence is understood, change becomes less mysterious. You are no longer fighting yourself blindly. You are learning how to help a burdened system move again.

And movement, even slight movement, is often the first sign that hope is not gone. It has just been buried under something heavy, waiting for enough safety, skill, and time to surface.

## Dr. Katrina Kwan, Licensed Psychologist

Name: Dr. Katrina Kwan, Licensed Psychologist

Address: Online-only practice

Phone: [+1 650-387-2578](tel:+16503872578)

Website: <https://www.drkatrinakwan.com/>

Hours:

Sunday: Closed

Monday: 9:00 AM–6:30 PM

Tuesday: 9:00 AM–4:30 PM

Wednesday: 9:00 AM–4:30 PM

Thursday: 9:00 AM–4:00 PM

Friday: Closed

Saturday: Closed

Latitude/Longitude: 36.6993761, -102.41164

Map/listing URL:

<https://www.google.com/maps/place/Dr.+Katrina+Kwan,+Licensed+Psychologist/@36.6993761,-102.4116399,2840486m/data=!3m2!1e3!4b1!4m6!3m5!102.41164!16s%2Fg%2F11vx46gbs5>

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YouTube: <https://www.youtube.com/@Dr.KatrinaKwan>

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Dr. Katrina Kwan, Licensed Psychologist offers online therapy for adults in Florida, Utah, and Washington State.

Her services include Brainspotting, trauma therapy, anxiety therapy, depression therapy, intensive therapy, somatic therapy approaches, nervous system regulation support, and accelerated resourcing.

The practice may be a fit for adults seeking therapy for trauma, anxiety, depression, overwhelm, nervous system dysregulation, or neurological recovery concerns.

Because sessions are offered online, clients can ask about therapy from home without needing to travel to a physical office.

The website describes a body-mind approach that integrates Brainspotting, somatic work, parts work, and related therapeutic methods.

Dr. Kwan's website lists state licensure in Florida, Utah, and Washington, so prospective clients should confirm current eligibility and fit before scheduling.

To contact Dr. Katrina Kwan, call +1 650-387-2578 or visit <https://www.drkatrinakwan.com/>.

The public map listing identifies the online practice profile and hours, but no public walk-in street address was verified from the accessible listing data.

Clients should use the website and phone number to confirm appointment availability, online session requirements, and whether the practice is appropriate for their needs.

## **Popular Questions About Dr. Katrina Kwan, Licensed Psychologist**

### **What does Dr. Katrina Kwan offer?**

Dr. Katrina Kwan offers online therapy for adults, with services that include Brainspotting, trauma therapy, anxiety therapy, depression therapy, intensive therapy, somatic approaches, nervous system regulation support, and accelerated resourcing.

### **Where does Dr. Katrina Kwan provide online therapy?**

The official website lists online therapy in Florida, Utah, and Washington State. Prospective clients should confirm current licensing, eligibility, and availability before scheduling.

### **Does Dr. Katrina Kwan have a public office address?**

A public walk-in street address was not visible in the accessible official website or listing data reviewed. The practice is presented as online therapy, so clients should confirm visit details directly before relying on any map

location.

### **Who does Dr. Katrina Kwan work with?**

The website describes adult-focused mental health treatment for concerns such as trauma, anxiety, depression, overwhelm, nervous system dysregulation, and neurological conditions including stroke and traumatic brain injury recovery.

### **What are Dr. Katrina Kwan's listed hours?**

The public listing shows Monday 9:00 AM–6:30 PM, Tuesday 9:00 AM–4:30 PM, Wednesday 9:00 AM–4:30 PM, Thursday 9:00 AM–4:00 PM, and Friday through Sunday closed. Hours may change, so confirm before scheduling.

### **What is Brainspotting therapy?**

Brainspotting is listed as one of Dr. Kwan's therapy services. Clients interested in this approach should ask how it may apply to their goals, symptoms, and therapy history during consultation.

### **Does Dr. Katrina Kwan offer intensive therapy?**

Yes. The official website describes intensive therapy options along with ongoing online therapy. Clients should confirm session format, timing, fees, and clinical fit directly with the practice.

### **Is this a crisis or emergency service?**

No. Website and listing information should not be used as a substitute for emergency care. In an emergency or immediate safety concern, call 911 or go to the nearest emergency room.

### **How can I contact Dr. Katrina Kwan?**

Call +1 650-387-2578 or visit <https://www.drkatrinakwan.com/>. Social profiles include [Facebook](#), [LinkedIn](#), [TikTok](#), [X/Twitter](#), and [YouTube](#).

## **Landmarks Near Dr. Katrina Kwan's Online Therapy Service Areas**

[Seattle, WA](#) — Washington clients near Seattle can contact the practice to ask about online therapy availability.

[Spokane, WA](#) — Spokane-area clients can use the online format to ask about therapy access without traveling to a physical office.

[Tacoma, WA](#) — Tacoma is a practical Washington reference point for clients exploring online therapy in the state.

[Olympia, WA](#) — Clients near Washington's capital can contact Dr. Kwan to confirm online session availability.

[Salt Lake City, UT](#) — Utah clients near Salt Lake City can ask about online therapy services listed by the practice.

[Provo, UT](#) — Provo-area adults can use the website to request information about online therapy options.

[Ogden, UT](#) — Clients in northern Utah can confirm whether Dr. Kwan's online therapy services are a fit for their needs.

[Park City, UT](#) — Park City is a useful Utah-area reference for clients considering online care from home or while managing a busy schedule.

[Orlando, FL](#) — Florida clients near Orlando can contact the practice to confirm online therapy availability and scheduling.

[Tampa, FL](#) — Tampa-area adults can use the online format to ask about therapy services without a local commute.

[Miami, FL](#) — Miami clients can visit the website to learn about online therapy options listed for Florida.

[Jacksonville, FL](#) — Jacksonville is a practical Florida reference point for adults exploring online therapy with Dr. Katrina Kwan.

[Tallahassee, FL](#) — Clients near Florida's capital can call or use the website to confirm whether online care is available for their situation.

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