Buddhism and Mental Health

This is a brief and incomplete review of the variety of mental health problems that are affecting people during the covid-19 pandemic, accompanied by comments regarding how regular mindfulness meditation practice can prevent or significantly reduce the symptoms associated with the various disorders. Of course, a person diagnosed with a mental health disorder should consult with a mental health professional, but the social isolation circumstances that are recommended to prevent the spread of the covid-19 virus prevents in-person meetings, so interviews can only happen through the internet. Hopefully, the rapidly increasing availability of vaccinations will allow some degree of in-office consultations later this year.

We tend to keep the Four Noble Truths, dukkha, the cause of dukkha, liberation from dukkha and the Noble Eightfold Path at a conceptual distance; however, for Buddhism to work we must experience through the perspective of the Three Characteristics: realizing the impermanence of our subjective experience (anicca), the absence of a self that is somehow independent of change and from the circumstances of nature and culture (anatta), and the distress and confusion that results from craving and clinging (dukkha). The intention of this review is to analyze the circumstances of the pandemic in terms of the threat of disease and the attachments that we all are affected by in a consumerist and individualistic culture.

First, the characteristics of dukkha: In May 2020, the World Health Organization reported on the prevalence of mental health disturbances and severely limited access to professional help world-wide due to the pandemic:

**Survey finds major disruptions to critical mental health services.**

The survey was conducted from June to August 2020 among 130 countries across WHO’s six regions. It evaluates how the provision of mental, neurological and substance use services has changed due to COVID-19, the types of services that have been disrupted, and how countries are adapting to overcome these challenges.

Countries reported widespread disruption of many kinds of critical mental health services:

* Over 60% reported disruptions to mental health services for vulnerable people, including children and adolescents (72%), older adults (70%), and women requiring antenatal or postnatal services (61%).
* 67% saw disruptions to counseling and psychotherapy; 65% to critical harm reduction services; and 45% to opioid agonist maintenance treatment for opioid dependence.
* More than a third (35%) reported disruptions to emergency interventions, including those for people experiencing prolonged seizures; severe substance use withdrawal syndromes; and delirium, often a sign of a serious underlying medical condition.
* 30% reported disruptions to access for medications for mental, neurological and substance use disorders.
* Around three-quarters reported at least partial disruptions to school and workplace mental health services (78% and 75% respectively).

In the U.S., the Kaiser Family Foundation, a national non-profit organization, has produced a website dedicated to reporting on the pandemic in all aspects. Here are some survey data they posted on their site:

* The percentage of the U.S. population reporting depressive or anxiety symptoms went from 11% in 2019 to 41% in January 2020.
* More specifically among adults, 35.8 % reported symptoms of an anxiety disorder; 28.4% symptoms of depression.
* Among adults reporting anxiety and depression symptoms, ages 18-24, 56.2%; ages 25-49, 48.9%; ages 50-64, 39.1% and ages 65+, 29.3%

This date is interesting in that the highest levels of death due to covid-19 are among the older groups, but the younger ones were more affected, possibly due to significant disruption in higher education and entry-level jobs in the economy. Among those whose lives were disrupted by loss of income, 53.4% showed anxiety and depressive symptoms, while those families whose income wasn’t disrupted reported depression and anxiety 31.8% of the time. 49.3% of women and 40.3% of men with children under 18 reported symptoms of depression and anxiety.

Additionally, there are reports that 26.3% of the population in June 2020 were afflicted by trauma-related distress symptoms; this percentage is likely to have been higher since then as the number of people traumatized by death among their significant relationships or their own near-death experiences, including “long-haul” survivors of covid-19 infection.

An organization called The Recovery Village did a survey of 1,000 people in late 2020 and reported these percentages (note that they add up to more than 100% because of use of more than one drug):

**The survey respondents most commonly used:**

* Alcohol (88%)
* Marijuana (37%)
* Prescription opioids (15%)
* Benzodiazepines, such as Xanax (11%)
* Prescription stimulants, such as Adderall (10%)
* Cocaine (9%)

**Additionally, many respondents displayed higher rates of drug and alcohol use. Of the respondents:**

* 55% reported an increase in past-month alcohol consumption, with 18% reporting a significant increase
* 36% reported an increase in illicit drug use
* In the states hardest hit by the coronavirus (NY, NJ, MA, RI, CT), 67% reported an increase in past-month alcohol consumption, with 25% reporting a significant increase

**The participants were asked why they were prompted to use substances within the last month. Of the respondents:**

* 53% were trying to cope with stress
* 39% were trying to relieve boredom
* 32% were trying to cope with mental health symptoms, such as anxiety or depression

Others reported [using substances](https://www.therecoveryvillage.com/drug-addiction/signs-drug-addiction/) for recreational reasons, to treat pain or because it was part of their daily routine, such as having a drink with dinner.

Second, the characteristics of the Second Noble Truth, the causes of dukkha, all of which are the result of craving and clinging. There are obvious causes such as loss of employment, fear of losing one’s home or actually becoming homeless, disease and the lingering effects on health, death of an important person such as family or close friend. Other less obvious causes would include disruptions in normal routines due to social distancing and other precautionary behaviors; media, which repeatedly reports conflicted renderings of what can be believed and casting doubt about these issues, less opportunities to exercise and the simple loss of routine, which is also stressful.

The ultimate goal of Buddhist liberation practice is the direct realization that there is no separate/autonomous self, and a significant component of that fact is what is called *attachment to view*. The preceding paragraph describes the sorts of views that seem to be required: The view that one’s job is certain, that we can never lose our primary residence, that we are immune to disease, etc. Conceptually, we can accept that jobs are uncertain and so on, but circumstances can eliminate certainty and that experience is shockingly transformative. The resulting disillusionment can induce anxiety and depression, or it can provide an opportunity to investigate attachment carefully and dispassionately to whichever view has been threatened or directly known in order to realize liberation from clinging to a particular self-identity.

In the late 1970’s I experienced something similar. When I graduated college in 1969, I didn’t know what I wanted for a career; circumstances in the early ‘70’s led me to become a hippie silversmith, and along with that identity came a relationship with AnnaSue, who became my fellow traveler through that era. Towards the end of that decade other circumstances created a deepening depression that disabled my ability to produce jewelry, along with my dependence on marijuana to cope with the anxiety and insecurity of making and selling jewelry through art festivals. Eventually, with little or no opportunity for reconciliation, she left me and this created a crisis of identity—attachment to a view of myself as a husband and artist. I was emotionally immobilized when she left. We divorced when she moved to Alabama, about the same time as the death of my depressed, alcoholic father. The identity crisis posed the question: Who am I if not a son, a husband, a father. A friend got me a job as an artist involved with creating sets and props for Epcot and the Disneyland in Japan; I had to cut my hair (no more hippie identity!).

My father died in August and the divorce was finalized in September 1982. I was given a book by Joseph Goldstein, “The Experience Of Insight” for Christmas that year, and I immediately realized that Buddhism would help me to reinvent myself, a glimpse into anatta, non-self, a release from the attachment to a view of self that I identified with throughout the 1970’s. My first mindfulness meditation retreat was for two weeks, ending on Easter Sunday of 1983.

I have a real understanding of how we become fixated on a particular view of how the world should be, both on a daily basis (My favorite tv series wasn’t on tonight because of a report about the latest mass shooting!), or more existentially, the possibility that I might contract covid-19 and die.

The topic for next Wednesday’s review will be on how the Third and Fourth Noble Truths provide the ways and means for coping with the anxiety and depression that potentially threaten us or those we care about in these trying times.