Mindful Coping With Pandemic Distress

The talk of March 24, 2021 described the varieties of mental health problems that could be stimulated by the distress and confusion of the previous year, during which we were exposed to the uncertainty of being infected by COVID-19 and the flood of misinformation regarding the pandemic and the 2020 election cycle. These circumstances also included the gathering of tens of thousands of people to protest any number of contentious issues.

The symptoms of anxiety, depression, post-traumatic stress and addiction were reviewed during that talk; this week’s discussion will describe how mindfulness meditation and lovingkindness meditation training can be beneficial for effective coping with these stressful circumstances. These disciplines can be organized in the context of the Third and Fourth Noble Truths. The Third Noble Truth includes liberation from dukkha—distress and confusion--, while the Fourth Noble Truth describes the ways and means that support liberation, the Noble Eightfold Path, particularly Right Effort, Right Mindfulness and Right Concentration. Here are the categories and effective applications of various Buddhist principles and practices for coping:

**Anxiety**: There are two characteristic elements of anxiety—an amplification of the natural physiological alarm systems of the body and the internal narratives that predict severe danger rather than accurately assess stressful circumstances. The natural alarm systems involve the secretion of certain hormones into the bloodstream, the most well-known being adrenaline. This hormone travels wherever blood vessels go and create an escalating level of physical tension in the muscles, heart rate, racing thoughts, and even the way the intestines process food. Accompanying this activity is a stream of thoughts that are typically anticipating and identifying potential threats.

This system of integrated thought and physical arousal is a fundamental way animals react to life-threatening circumstances. When our ancestors responded to immediate threats to survival such as predatory animals or hostile invaders; in contemporary life, our threat assessment systems are conditioned to react of less immediate threats such as loss of status or property. Biologically, the adrenaline activates the body to a perceived threat that isn’t actually life-threatening; when the mind creates an overreactive narrative, we experience what is termed a Generalized Anxiety Disorder, which is a psychological diagnostic term.

Mindfulness intervenes in the anxiety provoking process in two way: Reducing the level of adrenaline in the body and challenging the narrative process that predicts immediate catastrophe, substituting with a more rational and adaptive narrative. Here’s how it works:

* Anxiety stimulates the secretion of adrenaline and other hormones into the bloodstream; adrenaline acts to increase the sympathetic system, which causes the physical symptoms of anxiety. When we are trained to focus sustained attention on the sensation of breathing, there is no adrenaline secretion, as the sensation of breathing is typically neutral in feeling tone. This interrupts the ongoing adrenaline stimulation and, after a fairly brief interval, the amount of adrenaline in the body metabolizes out, creating more physical relaxation and emotional calmness.
* The decision to repeatedly bring attention to the breath activates the “top-down” function of the preorbital cortex, the area in the forehead that regulates emotional reactivity by sending a signal down to the part of the brain that initiates the stimulation of the adrenal gland. *The strengthening of the top-down function creates a “buffer” of non-reactive awareness that is noticeable and enables the ability to be mindful of anxiety related narratives.*
* The anxiety related narratives, which would otherwise be reinforcing the flow of adrenaline, are less potent and convincing, and this provides the opportunity to challenge the anxiety provoking thoughts, substituting more realistic and adaptive narratives.
* Like any other skill, repeated practice of the anxiety interrupting process—creating periods of breath awareness that calms the mind and identifying anxiety related thoughts, then challenging and replacing them with more adaptive ones—becomes routine and builds confidence that reduces potential future anxiety events.

**Depression**: Depression is quite similar to anxiety in how it operates, with a combination of emotional upset and cognitive distortion. This mood disorder can either be diagnosed as agitated depression (associated with anxiety) or lethargic depression (associated with low energy/initiative). A significant difference is that depression diminishes one’s self-confidence and often disables the ability to function due to doubt or unwarranted feelings of inadequacy and guilt. The way mindfulness meditation operates to interrupt depression is like the way anxiety is interrupted, with more emphasis on mindfully investigating distorted thoughts and replacing them with more adaptive and realistic thoughts, particularly regarding self-identity. There is a form of mental health counseling called Mindfulness Based Cognitive Therapy (MBCT), which is well-researched and applied in psychotherapy. The thoughts are termed *irrational thoughts, cognitive distortions* or *maladaptive schemas*, and they represent categorical ways the mind interprets experiences that are dysfunctional. A classic example is *perfectionism, which demands that everything one does must be done without error; if a mistake occurs, it is not just an isolated incident, but rather is “proof” of one’s unworthiness*. This sort of attribution is called “overgeneralization”, expanding and incident into an all-encompassing belief. A possible alternative to perfectionistic thoughts might be *Everyone makes mistakes—I hope I can learn from this one and perhaps be less likely to make a similar mistake in the future*.

The same procedure for treating depression applies as with addressing anxiety: to create a “safe zone” of stability, clarity and calmness with mindfulness of breathing practice, develop the ability to observe the process of thinking with detached mindfulness, identify the cognitive distortions and effectively challenge them with more realistic and adaptive thoughts. It is especially important to be able to perceive thinking as a process with enough detachment to be able to not “make it personal” and then change the thoughts with consistency.

**Post-Traumatic Stress**: The past several years have been stressful because of environmentally generated events such as hurricanes, tornados, blizzards, droughts, floods, fires, and so on, plus the political and cultural tension and controversy we have all witnessed, either directly, or at least through the media. 2020 added in the COVID-19 pandemic, with the threat of or actual experience of the disease, plus the social isolation and disruption of lifestyles through unemployment, etc. There is a psychiatric disorder that is familiar to most people, Post Traumatic Stress Disorder (PTSD); there is a less familiar diagnostic category, Acute Stress Disorder (ASD). The difference between the two is the onset of the stress reaction: with ASD, up to 4 weeks, and PTSD, any time beyond 4 weeks.

The symptoms can be quite dramatic in some cases, or more subtly reactive in others. Some of us have experienced severe stress, with COVID-19 hospitalization or the loss of a loved one through disease or other circumstances. Others have become homeless through severe weather events or loss of employment. I would describe a more subtle “sub-diagnostic” variety of stress reactivity which involves degrees of anxiety or depression:

* Some recent or re-stimulated memory of loss or threat, such as job loss, COVID-19 infection or finding out someone important in your life has died tragically through disease, accident or suicide.
* Preoccupation with the event(s) that interrupts normal sleep patterns or ability to stay on task, either at work or casually.
* Irritability or emotional fragility.
* Fascination with similarly stimulating occurrences in the news or in entertainment.
* Hypervigilance regarding health, possibly with vulnerability to “conspiracy theories” or other fantasy-derived suppositions such as 5G networks causing disease.
* Impulsive shopping online as distraction from other, threatening preoccupations.

Mindfulness can be helpful in ways similar to those applied to anxiety and depression. With fear of illness or loss, the practice of lovingkindness or compassion contemplations can also be helpful.

**Addiction**: The previous discussion on March 24 covered an alternative view of addiction that goes beyond the traditional focus on substance abuse and dependence, suggesting that any behavior that is repeated, with an accompanying preoccupation and disruption in functional behaviors such as sleep disruption, excessive spending or concern among friends and family that continues despite the negative consequences, could be considered as a behavioral addiction. This might involve excessive computer gaming, pornography, compulsive gambling, etc. *The main criteria is that the behavior is dysfunctional regarding maintaining an effective lifestyle and harmonious relationships, and yet the behavior continues to control one’s choices.*

Any addictive behavior is a maladaptive attempt to cope with what is called a “co-occurring disorder”, such as the other diagnostic categories described above, therefore the benefits of training the mind with mindfulness of breathing and lovingkindness meditation would also apply in the case of addiction. A classic approach to addressing addiction involves the variety of 12-step groups such as Alcoholics Anonymous. These groups include “Daily meditation and prayer” as a key element for recovery. The same principles and practices that apply with Buddhist mindfulness of breathing meditation apply here.