Mindful Coping with Distress and Confusion

During the talk of February 16, entitled “How Do You Want to Live?’, the ways that regular mindfulness of breathing and lovingkindness meditation practices, integrated into daily life choices, provide the opportunity to “reinvent” how we live. There is a potential for personal and spiritual growth, stimulated by the rapidly changing cultural norms of current life. A variety of alternative focal points, values and choices regarding what we are conditioned to believe constitutes a good life were suggested. The topic this week is on how dukkha (doo-kah), manifestations of distress and confusion, can be categorized as anxiety and depression, which can also be considered to be at pandemic levels around the world, but more specifically, in the U.S.

I was a psychotherapist for over 35 years, retiring from private practice in 2021; I began practicing Buddhist mindfulness of breathing meditation 40 years ago, in 1982, so my training and practice in the field of mental health is fundamentally influenced by the practices and principles found in the profoundly psychological aspects of traditional Buddhism, supported by contemporary neuroscientific and psychosocial research.

*Dukkha* is typically translated as *suffering*; here is why I use the terms *distress* and *confusion* instead: *Distress* represents the *emotional/affective* aspect of dukkha—an impulsively reactive behavioral experience. *Confusion* represents the *varieties of distorted internal beliefs and narratives* that seem to justify and amplify the emotional/affective components. This way of understanding dukkha is more psychological and, I believe, provides more “targets” for insightful interventions to promote psychological well-being. We can learn to be relatively non-reactive to emotional urgency and to observe the associated internal narratives with more objectivity, as fabrications rather than identifying them as “This is who I am” or “This is how the world is”, then re-fabricating a narrative that is more adaptive while not reinforcing any emotional urgency.

I mentioned above that psychologically defined anxiety and depression are at pandemic levels and have been for several years. The most proximate cause is the significant social and economic upheaval of the covid pandemic, but our culture was already noticeably affected by the political polarization and ecological disruption that has been simmering for several years.

Before describing some clinical symptoms of anxiety and depression, I want to provide some statistical data that indicates the prevalence of stress in society. Here is the data downloaded from Statistic Brain Research Institute on May 29th, 2015, and gathered by the Institute in March and April, 2015:

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| Percent of people who regularly experience physical symptoms caused by stress: 77% | 77 % |
| Regularly experience psychological symptoms caused by stress: 73% | 73 % |
| Feel they are living with extreme stress: 33% | 33 % |
| Feel their stress has increased over the past five years: 48% | 48 % |
| Cited money and work as the leading cause of their stress: 76% | 76 % |
| Reported lying awake at night due to stress: 48% | 48 % |

Here is data on how this stress is impacting their lives:

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| Percent who say stress has a negative impact on their personal and professional life: 48% |
| Employed adults who say they have difficulty managing work and family responsibilities: 31%. |
| Percent who cited jobs interfering with their family or personal time as a significant source of stress: 35% |
| Percent who said stress has caused them to fight with people close to them: 54% |
| Reported being alienated from a friend or family member because of stress: 26% |
| Annual costs to employers in stress related health care and missed work: $300 billion |
| Percent who say they are "always" or "often" under stress at work: 30% |

Here is a listing of the physical and psychological symptoms of stress:

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| Fatigue: 51% |
| Headache: 44% |
| Upset stomach: 34% |
| Muscle tension: 30% |
| Change in appetite: 23% |
| Teeth grinding: 23% |
| Change in sex drive: 15% |
| Feeling dizzy: 13% |
| Irritability or anger: 50% |
| Feeling nervous: 45% |
| Lack of energy: 45% |
| Feeling as though you could cry¨35% |

Here are some statistical reports reflecting the consequences of the pandemic from the Journal of Affective Disorders in the article “Depression reported by US adults in 2017–2018 and March and April 2020”, by Michael Daly, Angelina R. Sutin, and Eric Robinson:

Our findings indicate that depression increased by over 60% from pre-pandemic levels of under 9% in 2017–2018 to over 14% in April 2020 among US adults and provide further evidence that young adults may be most vulnerable to the mental health effects of the pandemic.

SYMPTOMS OF ANXIETY AND DEPRESSION

Here are some of the symptoms of note for anxiety:

* Emotional and physical agitation
* Disturbed sleep
* Muscle tension/headaches
* Repeated patterns of worrisome thoughts, known as rumination
* Preoccupation with what could go wrong/negative perspective on daily life events
* Pounding heartbeat/nausea
* Distractibility/forgetfulness

These symptoms might occur only in certain circumstances, such as worrying about your job or your health, or can be generalized about the course of your life. These are stressful times, and some degree of anxiety is to be expected. The primary concern is the degree to which the symptoms disrupt your ability to function effectively and enjoy your daily life routines.

Here are the symptoms of note for depression:

* Sadness that persists for more than a few weeks, not associated with significant loss/grieving
* Low energy/motivation to action
* Social isolation
* Negative self-esteem/recurring doubts about ability to function
* Either binge-eating or loss of appetite
* Hopelessness
* “Escape” fantasies, which are not life-threatening; however, with severe depression, suicidal thoughts
* Distractibility/forgetfulness
* Restlessness/anxiety
* Possible substance abuse/dependence

It is important to understand the symptoms of Adjustment Disorder, which is less impactful and more situational in its nature than clinical anxiety or depression, even though the symptoms are similar. Adjustment Disorder comes about when one’s life routines or beliefs are significantly disrupted, such as after being laid off, or as a result of having to move unexpectedly. The symptoms are similar to, but less severe than depression and may include symptoms of anxiety. Over time, as one adapts effectively to the disruption of one’s normal life, the symptoms subside.

HOW CAN MINDFULNESS BE EFFECTIVE FOR REDUCING SYMPTOMS OF ANXIETY OR DEPRESSION?

Referring to the previous rendering of dukkha as distress and confusion, the application of mindfulness of breathing can be useful in more effectively addressing anxiety and depression in the various ways you might experience them.

Anxiety is an over-active emotional reactive system, most recognizable as the surging feelings associated with the buildup of adrenaline and other excitatory hormones in the body. This represents the *distress* element of dukkha and can be understood as what Buddhism calls *craving*. Whenever we are excited, either pleasantly, or in this case, unpleasantly, there is an increase in agitation as the result of the repeated “injection” of adrenaline and other activating hormones in the body. *Persistent, mindful investigation of the neutral feeling tone of the sensations associated with breathing interrupt the introduction of excitatory hormones into the bloodstream and, over time, the saturation of adrenaline metabolizes out, producing calmness*.

Complicating this process is the way that the mind creates a narrative associated with the agitation; I call this *confusion*, and Buddhism describes this mental preoccupation as *clinging*. The psychological associations that manifest as confusion emerge out of previous experiences that have enough emotional or habitual similarity to current events, and these fabrications are overlaid on the agitated, adrenaline induced affects. This association seems to validate and activate the flow of adrenaline and other hormones; the process of confusion becomes self-reinforcing regarding the urgent and demanding reactivity.

The active effects of *mindfulness, investigation of mental phenomena* and *Right Effort*, the first three of the seven Awakening Factors, intervene in this process. Mindfulness and investigation bring awareness of distress and confusion, then Right Effort involves an intentional disregard of the narrative, returning attention repeatedly to the calming effect of breath awareness. It is important to develop a tolerance regarding the urgently demanding excitement of anxiety, which is a real phenomenon. The narrative, however, is fabricated and should be ignored, or at least repeatedly interrupted through Right Effort. This process will allow the load of adrenaline in the blood stream to metabolize out, producing more calmness, while retaining the ability to effectively respond to the situation at hand by creating a more adaptive internal narrative.

The interventions associated with overcoming anxiety also apply to depression. However, depression, unlike anxiety, is deactivating and discourages effective interventions. The narrative creates an aura of futility and hopelessness. The ability to clearly investigate the depressive narrative and to realize the fabricated and transient nature of the story is very important to be able to resume normal internal and behavioral functioning. One of the characteristics of depression is overgeneralizing events.

For example, a person who is not depressed, when realizing her or his tire is flat, meaning that getting to work will be delayed while time and money is spent getting the car in good working order, will contact the employer and explain the circumstances, while taking effective action. A person afflicted by depression will overgeneralize the event as an example of the futility of hopefulness: “This proves I am a loser… this always happens to me… I’ll lose my job and never be able to recover!” Recovery from this sort of dysfunctional distorted thinking requires mindfulness that the event is just and unfortunate situation, not proof of one’s life being a failure.

Mindfulness is not a “magic bullet” that will overcome any level of anxiety or depression. There is evidence that these psychological disorders may have some genetic basis and might require a combination of psychotherapy and appropriately prescribed medication to provide relief from distress and confusion. Most people will experience a form of adjustment disorder or perhaps grief because of the stressful experiences associated with the pandemic, sociopolitical conflict or other significant losses, and these disruptive conditions will resolve over time. Even if psychotherapy or medication is indicated to provide relief, research suggests that regular practice of mindfulness or lovingkindness meditation can play a significant role in preventing relapse.