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Depression and Anxiety⁹⁵

“I am now the most miserable man living. If what I feel were equally distributed to the whole human family, there would not be one cheerful face on earth. Whether I shall ever be better, I cannot tell; I awfully forbade I shall not. To remain as I am is impossible. I must die or be better, it appears to me.”

Abraham Lincoln
The 16th President of the United States of America

NOTES OF CAUTION

1. Depression (and anxiety, to a lesser degree) can be life threatening. A number of factors, including a person's medical/psychological history, present health condition and any treatment regimen currently in place will determine the unique health profile of the person and therefore the course of treatment. Hence any actions for the management of depression and anxiety, including changes to the present treatment regimen, must be taken only under the guidance and supervision of a qualified physician or other recognized healthcare professional.
2. Dhamma (in particular Insight Meditation) can provide extraordinary capability for alleviation (and eventually a lasting relief) for depression caused by erroneous thinking. If you are suffering from depression or anxiety and wish to try out suggestions in this book to obtain relief from these disorders, consult your current healthcare professional (typically your physician) and proceed only with his/her approval. In particular, do not abruptly stop your current treatment regimen in deference to the techniques described in this book.

⁹⁵ We have grouped depression with anxiety in the chapter title as they are related; this will become clear later in the chapter. To start with, at this point let's note that depression and anxiety have an underlying biology that's similar.

Because it is a very common emotional problem in the general population, depression has been called the “common cold of psychiatry”. It is estimated that currently over 100 million⁹⁶ people worldwide are affected by the disorder and the number is rapidly increasing. It strikes people in all walks of life – the rich and the poor, the scholar and the illiterate, the famous and the obscure, the powerful and the powerless.

Among the well-known, those who reportedly⁹⁷ suffered from it include:

- Abraham Lincoln, the 16th President of the United States of America.
- Winston Churchill, the wartime Prime Minister of Great Britain.
- Isaac Newton, pre-eminent scientist.
- Ernst Hemingway, Virginia Woolf and Charles Dickens - famous novelists.
- Rod Steiger, Oscar-winning best actor.
- Beethoven and Hector Berlioz - classical music composers.
- Julian Huxley, famous biologist.
- "Buzz" Aldrin, astronaut and the second person to walk on the moon (minutes after teammate Neil Armstrong, on 16 July 1969).

When we look at the symptoms of depression it is easy to understand why untreated depression can have a devastating effect on the life of the sufferer. Some symptoms of depression are: inability to concentrate, cognitive impairment, unrelenting anxiety or sadness, loss of appetite, insomnia, loss of interest in activities which were earlier interesting and pleasurable, feeling guilty, excessive crying, apathy, feelings of hopelessness or worthlessness, and thoughts of suicide. In modern-day terms, a person is considered to be depressed if he/she has, within a period of two weeks or more, experienced:

- (1) a sad or empty feeling or loss of interest or pleasure most of the time, and
- (2) at least five of the symptoms listed above [in addition to (1)].

⁹⁶ At the time of this writing, it is reported that the incidence of depression in Canada is 36%, that is, more than one person in three.

⁹⁷ The term depression, as used to signify the mental disorder, is of recent origin and the diagnostic criteria have been evolving over the years, primarily due to the complex nature of the disorder. Thus, in the case of most of the persons listed, the current belief that a person suffered from depression is an *extrapolation* realized from recorded information pertaining to the suffering of the individual, rather than a professional diagnosis of depression made during his/her lifetime or time of suffering.

Before we can assess the nature of relief Dhamma⁹⁸ can provide for depression, we need to discuss two broad categories to which depression may be assigned. For our purposes, we can define these two categories simply as:

- (A) Depression that is caused by erroneous thinking.
- (B) Depression that is caused by factors other than erroneous thinking.

Dhamma can provide relief for depression is when it is type A. Erroneous (or distorted) thinking is thinking that is fuelled by wrong views (primarily the view of *self*), i.e., thinking that is not in touch with reality. So the theory behind the Dhamma approach is very clear: *replace the wrong views (that cause depression) with the corresponding right views and the depression will be rooted out.* Thus, the antidote for type A depression is Insight Meditation. Most cases of depression can be traced to some form of distorted thinking (type A).

Depression can be caused by factors other than distorted thinking (Type B). These factors include:

- *some organic illnesses* (e.g., brain tumors, some types of cancer, pneumonia, epilepsy, some infections, migraines, multiple sclerosis, Parkinson's Disease, postmenstrual syndrome, rheumatoid arthritis, stroke, thyroid disorders, tuberculosis, certain vitamin deficiencies, dementias and AIDS).
- *prescription drugs* (e.g., oral contraceptives, sedative/hypnotic drugs, some anti-migraine medications and drugs for high blood pressure treatment).
- *'street' drugs* such as cocaine.

In view of the foregoing, it is very important to consult a qualified healthcare professional to rule out type B depression. If the depression a person is suffering from is diagnosed as type B, the only individuals who can provide proper care are qualified healthcare professionals. They must also be made aware, and consulted, in the ongoing management of depression even if the depression is not type B.

When we read Abraham Lincoln's words quoted above, we get some inkling of the intense emotional pain suffered by a depressed person.

⁹⁸ As noted earlier, *depression* is a term of recent origin. The condition closest to depression described in Buddhist literature is referred to by the Pali word *domanassa*, meaning 'mentally painful feeling'.

In the end, it's evident that Abraham Lincoln turned things around with his willpower and did well.

As an endowed feature of the species, the typical human being has the *potential* to lead meaningful lives and to achieve greatness. However, for many people, depression can annihilate that potential replacing it with immense distress (for some lasting a lifetime), if remedial action is not taken to tame this energy-sapping 'monster'. As we shall see in this chapter, help is available.

According to The World Health Organization (WHO), depression is among the leading causes of disability worldwide. WHO also reports that fewer than 25% of those affected (in some countries fewer than 10%) have access to effective treatment.

Having explored the general background of depression, we will now proceed to see how Dhamma principles can be applied to obtain relief from depression (and anxiety).

We have seen (in Chapter 25) that the mind uses existing memory (primarily views) to interpret sensory input from the world resulting in a specific neuro-chemical make-up. This eventually translates into emotions (in the mind) and physiological changes (in the organs of the body). Now let's focus on the emotions, specifically addressing depression. If the views in memory are in touch with reality, then the resulting emotion will be peace. If the views are not in touch with reality, and certain other conditions prevail (e.g., persistence in activation of the damaging views and the views being intense in nature), then the resulting emotion can be depression.

Usually depression is not a stand-alone emotional condition, but is associated with other persistent disabling emotional conditions such as stress, anxiety and guilt, which in turn are products of views that are not in touch with reality. Let's review two of these erroneous views, which are significant for the present chapter. One is a view that directly leads to guilt (self-blame) and the other is self-view, which is the root of all thinking-caused emotional distress, including depression.

- (a) *The View That Leads to Guilt.* The self-blaming view "I did that but I shouldn't have", is an expression of guilt. Prolonged and intense guilt may eventually escalate to depression. In fact, one of the primary routes to depression is via guilt. Chapter 29: X-Conditions clearly show us that feeling guilty (self-blaming) is meaningless and groundless as is the practice of blaming the outer

world. If one ponders the view “*I* did that but *I* shouldn’t have”, it should become clear that the view that leads to guilt, in the final analysis, also is dependent on one’s self-view. However, we will examine these two views separately, for practical benefits.

An objective and health-promoting alternative to the meaningless practice of guilt is provided by the Triple-A formula and is illustrated with an example, which also shows the connection to depression and its alleviation.

Cynthia was returning at night with her 7-year old son Michael to her home in Oakville from Ottawa. Roads were clear and dry in Ottawa but there was freezing rain in Oakville and surrounding areas. Cynthia decided to take Highway 427 instead of the usual 403 as it appeared to her that 427 would have less traffic and be much quicker. Within minutes of turning on to 427, Cynthia’s car collided with an overturned tractor-trailer, lying on the highway as a result of an accident seconds earlier. Cynthia escaped with a whiplash but her 7-year old son Michael sustained multiple injuries.

The doctors informed Cynthia and her husband that the prognosis for Michael was a full recovery from all injuries, but that it would take 9 months to a year.

Cynthia blamed herself entirely for what happened, particularly for young Michael’s plight. She was convinced that it was “her stupidity in deciding not to take the customary 403” that resulted in the accident. Her sense of guilt was so intense that her health and ability to carry on her daily activities were affected. In addition, she became anxious, as she often worried about what effect her condition would have on the future of herself and her family. About 2 months after the accident, she began to slide into depression.

What help can Cynthia summon, based on Dhamma and medical science? Let’s use the Triple-A method to guide Cynthia. We will assume that Cynthia is alert and able to follow rational thinking required to practice, and benefit from, the Triple-A method. To that extent, she has also received the go-ahead from her physician.

- I. *Accept all that has happened up to now as the way it is, the reason being x-conditions.*

Without judging I accept that the accident did happen, Michael was injured and the car is a write-off.

However, the accident *did not* happen due to “my stupidity in deciding not to take the customary 403”, but only due to x-conditions.

I did not *willfully* do anything with the intention of causing harm to myself or to others (including Michael).

Therefore there is absolutely no reason for me to feel guilty about the event, in particular, about Michael’s plight.

This is the way things are.

- II. *Act to improve things from now on, where feasible, with data from past happenings contributing to formulation of this action.*

In the future I will endeavor to not drive at night unless absolutely necessary. When travelling to distant locations, I will listen to weather forecasts and leave early in the morning.

I will make arrangements for home tutoring for Michael to catch up on missed schoolwork.

- III. *Accept what cannot be done to improve things from now on, also, as the way it is, the reason being x-conditions, again.*

In spite of action I take to minimize accidents in the future, they could still happen. That’s part of living.

Michael will have to wait till the end of the year for full recovery. The best available medical system is looking after him. There is nothing I can do to enhance that.

Immediately after this exercise, Cynthia felt a soothing effect in her mind. However, for long-lasting relief from her guilt, anxiety and depression, she will need to apply the method consistently whenever these mental conditions resurface. That is, she will have to diligently practice until rational thinking becomes automatic (involuntary) thinking and forms a shield against attempts of depression to recur. We will discuss a more comprehensive and structured approach to the application of Insight Meditation to cases such as Cynthia’s in the closing chapter (Chapter 40).

While depression is primarily caused by wrong views, the *intensity* of a particular episode depends on a number of factors. These include the duration of each episode, the number of times the disorder has occurred in the past, the nature and combination of triggers and the multiplicity of symptoms.

- (b) *Self view*. As we have already seen, the most damaging of views is the core view that there is a self. When happenings are associated with *me* and *mine*, that is, when they are personalized, the result is some manifestation of distress. If the distress is intense and prolonged, the outcome can be depression.

A good example that illustrates how personalization leads to mental distress is the outbreak of the deadly new infectious disease called SARS (Severe Acute Respiratory Syndrome), which is just a few months into its potential global spread as the author is penning this chapter in the spring of 2003. SARS remains a mystery viral illness at the time of this writing. It happens to be the primary focus of the majority of the people and news media around the world, with many anticipating it to develop into a full-blown scourge. There is a multitude of very important ramifications of SARS - including medical/health, economic and infrastructure issues - that the appropriate responsible groups of the world community are trying to address as best as they can. While these responsible groups are working on their respective issues, our interest, in this book, is another issue - the *mental* reaction of the typical person and the associated *emotional* impact on that person.

Today's electronic communication media bring the latest news on any topic of public interest, such as SARS, instantly to our living rooms. In a typical day, the 'latest news' on SARS may be conveyed in statements such as the following:

- SARS is a national emergency.
- The number of deaths from SARS rises to twenty.
- Businesses severely affected by SARS; the economic fallout will be 'tens of billions of dollars'.
- Tourism disaster!
- Worldwide battle is being waged against scourge of SARS.
- Beijing closes public schools as a precaution.
- One of the best hospitals in the country closes as SARS infects staff.
- Nurses quit over SARS stress.

- The World Health Organization issues travel advisory listing destinations travelers must avoid.
- A nurse traveling by public transport is suspected of having SARS and may have infected other passengers ...
- A health-care professional, a probable SARS case, who visited a funeral home, may have put hundreds of others at risk.

The typical person who digests such news becomes increasingly anxious. In some people the anxiety escalates into panic and even paranoia. If the anxiety is intense and persists for a long time, it could precipitate depression, particularly in vulnerable people. But why does listening to news such as the above, and pondering over them, bring about such distress? **It is because the happenings are personalized – they are associated with *me* and *mine*.** The way one personalizes these happenings can be seen clearly in typical self-talk sentences such as the following:

I too could easily get SARS and that would be terrible. I could die from it. What will happen to my ... if I die? What if my ... gets SARS? If the national healthcare system crumbles because of SARS and I fall seriously ill, there will be no one to take care of me. If the nation's economy collapses due to SARS, that'll be the end of my life's savings. And so on, to endless worry and anxiety that could escalate to more debilitating forms of mental illness.

Note the *I*, *me*, *mine* (underlined) that signify personalization, in each of these sentences of worry and anxiety.

Our immediate concern should not be that these damaging thoughts surface but our failure to apply a rational technique to rebut these involuntary thoughts with thoughts in touch with reality. If such a rational technique is applied, the resulting dislodging of the erroneous thoughts should enable us to overcome the inordinate fear and replace the unhealthy overreaction with healthy, rational action. Then we are empowered to carry on living with courage based on wisdom in the face of SARS (and for that matter, all adversities we humans have to face).

That technique is:

- (i) In part, the Triple-A method described in Chapter 29.

(The Triple-A method was used in this chapter in the example of Cynthia's recovery from guilt and depression

and has been used also in a number of other examples in prior chapters.)

(ii) In completeness, the 'Worksheet' provided in Chapter 40.

We leave the application of (i) and (ii) to the SARS situation as an exercise for the reader, with (ii) to be tried out after the reader has read the complete book, Chapter 40 being the closing chapter. Even if we are not affected by SARS, working through the steps of the exercise will equip us with the coping skills needed to effectively meet similar eventualities in the future.

Before we conclude this chapter, we need to cover a few more points relevant to depression.

- 1) The post-1980 era is a fortunate period in the history of humankind to encounter thinking-caused depression and anxiety as they can be fully overcome with Insight Meditation combined with complementary help from medical science, where appropriate. Why post-1980 era? Because medical science provided the world, beginning in the 1980s, with (a) a good understanding of the biology of depression and anxiety and (b) effective drug therapy for these and other related disorders.
- 2) To practice Insight Meditation one should be alert and able to follow rational thinking. If the depressed person is cognitively impaired, due to an aggravated psychiatric condition, he/she must obtain the services of, and clearance from, an appropriate healthcare provider (usually a psychiatrist) before enlisting Insight Meditation. The treatment likely will include drug therapy. This provisional help will assist in regaining sufficient cognitive capability to practice Insight Meditation
- 3) While depression usually arises from thoughts (fears) about the *past*, anxiety usually revolves around thoughts (fears) about the *future*. For example, the thought "It is likely that I will lose my job" causes anxiety. Likewise, in our example, Cynthia's thought "It was my stupidity in deciding not to take the customary 403 that resulted in the accident" eventually precipitated her depression.

However, depression and anxiety feed one another cognitively and biologically. Usually depression follows from prolonged and unresolved anxiety. Thus the intense and prolonged pre-occupation with thoughts of impending job loss and its

consequences could lead to depression in the vulnerable person. Likewise memories of prolonged depression can trigger fearful thoughts of unremitting depression (and resulting distress) in the future causing anxiety. Thus depression and anxiety, when untreated, can become partners of a vicious cycle. This is all avoidable and unnecessary because both depression and anxiety are effectively treatable as previously mentioned.

- 4) Like depression and anxiety, depression and sleep can also form a vicious cycle. Depression can disturb one's sleep resulting in too much or too little of it, or in creating poor quality sleep.

When we awake, the way we feel is significantly influenced by what has gone on in the mind during the sleep/dream cycle. In sleep, irrational negative thoughts can have a field day because the *will* function is dormant and therefore rationalization is unavailable, resulting in restless sleep causing the depressed person to feel worse upon waking. In that event, it will help to remind oneself as follows:

"This feeling is a residue from the sleep/dream world. As the day progresses '*This too will pass*' as it has in the past." And it will. The process will be accelerated if the person engages in some daily activities, rather than staying in bed or doing nothing.

- 5) Physical work (including exercise) is an excellent temporary relief for both depression and anxiety and can assist in preparation for an eventual lasting relief with Insight Meditation. In fact, physical work has in it the elements of *Calming Meditation* (a recommended prerequisite for Insight Meditation). This is because it is a healthy sensory diversion from the preoccupation with destructive and irrational thoughts (of the past) in depression and (of the future) in anxiety. The thoughts of the present involved in doing physical work are health-promoting and a form of *Calming Meditation*.

Any physical work (such as clearing the garage, taking a brisk walk or cooking) is better than no work and is very therapeutic. We need to remember that the mind and body are partners. When one partner is a bit down, the other partner must help, as in a marriage partnership. When the mind is a bit down, the body (with physical activity) can give the extra 'push' the mind needs to get on the path of recovery and vice versa.

- 6) Progress in depression management can sometimes be like a saw-tooth-curve rather than a continuously improving linear progression. Occasionally one can slide back into unwell days, but in the long term the cumulative effect will be upward progress. The key here, as with all forms of practice involving the mind, is diligence and patience. What we are trying to do is re-wire the depression-supporting neural circuits to wellbeing-supporting circuits and that is hard work. For many, it may take a long time before lasting relief is realized.

Lasting relief can be realized for distress in general, and depression caused by erroneous thinking in particular, with Dhamma practice that entails diligence and patience. This fact is borne out by the case of an inmate⁹⁹ of a U.S. Federal prison who practiced Dhamma as set out in the first edition of *The Way to Inner Peace*. The practice enabled him not only to feel profoundly better but also to no longer require prescription drugs. The first three paragraphs of his letter to the author, being relevant to our present discussion, are reproduced next.

April 10, 2002
Valued Teacher:

Thank you so much for sending me a letter. Dear sir, you don't owe me apologies for anything, most especially for being too busy. Every letter you send is a welcome gift and a wonderful surprise. As I look back now, I can't seem to find any words that would be useful to express the gratitude that I feel for you becoming a part of this life. It's like coming across the most beautiful flower in the whole world that will not ever be forgotten. The impact of our first acquaintance through your book will have a lasting effect for a very long time. The book "The Way to Inner Peace" has made a change in this life and was the catalyst to a new way that is unspeakable. If anything I owe you sir this life and the freedom that comes with the Dhamma. It's hard to explain but I will try.

When I came here to prison back in 1998 I was very sick and lost for sure. I do believe that I was locked in a mental prison a lot worse than the physical one I'm in now. The attachments I had were driving me crazy and the world was just one big bowl of suffering. I had a dual diagnosis that was Major Chronic Depression, and severe Drug and Alcohol addiction with Catatonic Tendencies. I thought that it was the world that was causing my problems and that if it would only be different then everything would be ok. I never dreamed that it was me and my views that was the real problem. When you pointed out that there is a wonderful teacher in everything and I could learn how to change, but only if I would open this mind, it sparked something very deep. Its been like

⁹⁹ For obvious reasons, the prisoner's identity is not published

one big scientific discovery after another, and that everything can be of helpful use on the pathway to learning real coping skills. I know now that the more the resistance the more the need for the lesson. Most of the best lessons come from heading into the uncomfortable. I've ran for so long from the teacher.

Since then I've worked very steady everyday studying and practicing Dhamma. The blessings are unbelievable and even though there's a lot of difficulties its still better than its ever been. When I first came here I was referred to a psychiatrist an taking 200 mg. of trazadone daily. Also was referred to see a psychologist no less than once a week. During that time I made some real breakthroughs and had come to some realizations. The psychologist didn't teach me anything, but just observed the growth and stated that he was amazed in my productivity. He said that the realizations and insights were unbelievable and that I was above all the others that he has ever worked with in the prison system. He asked me just the other day if I minded working with others that were willing, and would share those insights. He's even put up some posters of the sayings about impermanence on his wall. **I haven't had to take any medicine for the last year and a half, none at all¹⁰⁰.**

Warmest regards,

Chapter Insights and Highlights

1. Depression is a very common emotional disorder. Currently, it is estimated that at any given time, over 100 million people suffer from it worldwide.
2. Depression strikes people in all walks of life.
3. For our purposes, depression may be subdivided into two types:
 - (A) Depression that is caused by erroneous thinking.
 - (B) Depression that is caused by factors other than erroneous thinking.

Most cases of depression belong to type A.
4. Dhamma (Insight Meditation) provides a powerful and effective means to overcome type A depression.
5. Because of the complex nature of the disorder and its life-threatening potential, a qualified healthcare professional must be

¹⁰⁰ Bold-facing is by the author

consulted before taking any action relating to depression management.

6. The primary cause of depression, as with other forms of mental distress, is belief in views that are not in touch with reality. The view of a *self*, which leads to personalization of happenings, is the dominant cause.
7. The self-blaming view "I did that, but I shouldn't have", is an expression of guilt, and may also contribute to depression. Self-blaming is a groundless and meaningless practice.
8. Physical activity provides appreciable temporary relief from depression and anxiety. So does Calming (breathing) Meditation.
9. The post-1980 era is a good time for people suffering from depression as medical science has provided (a) an understanding of the biology of depression and anxiety and (b) effective drug therapy. Drugs usually produce side effects.
10. Depression and anxiety/stress feed one another in a vicious cycle.
11. When practiced properly, Dhamma provides lasting relief for anxiety, guilt and thinking-caused depression, with no side effects.