

YOUR SYMPTOMS ARE THE PATH TO MENTAL HEALTH

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The conventional wisdom about mental illness is hurting people – big time. The conventional wisdom is that mental illnesses are caused by chemical imbalances, genetic dynamics and brain disorders. That belief hurts people because it deprives them of the opportunity to use their symptoms to learn, grow, become healthier and live more the way they want to live.

Yes, the symptoms are painful, uncomfortable, troubling, scary and even dangerous. But they are also wake-up calls, alarms and opportunities for growth and healing. The symptoms are there for a reason. They are reactions to what is going on in your life and to your concerns about yourself and your life. You need to pay attention to them. They have some important lessons to teach you and, if you pay attention to them and use them, you can become healthier, happier and able to live a richer, more enjoyable life.

The one thing you don't want to do is get rid of them, numb them with psychotropic drugs, run away from them. They are not alien. They are not signs of pathology or disease. They are coming from a part of you that is smarter and healthier than your rational mind, a part that is deeper, more essential, more basic.

What makes me think that the symptoms of mental illness are meaningful, somehow functional and potentially useful?

First, I know this from my own experience. I have suffered from mental illness and have been treated by many therapists. With their help I have learned to use the symptoms to become healthier and to live a richer, more enjoyable life.

Second, if you believe in evolution and natural selection you would conclude that the symptoms must have some survival value, must be useful in some ways. Were they not useful, they would have been wiped away by natural selection a long time ago. After all, human beings have been evolving for about 30 million years. Any human faculty that has lasted for 30 million years must be useful to our survival and well-being in some way.

Third, if you believe in Creation, why would God enable us to experience states of being that were not useful to us, that did not have some value for our lives?

The rest of this pamphlet describes in depth and detail how the various symptoms of mental illness can be useful to you.

THE VALUE OF DEPRESSION

Here are the symptoms that are used to diagnose the most common mental illness – depression. (Yes folks, the symptoms that are listed below, and nothing else, are used by doctors and psychiatrist to diagnose clinical depression). You would think – considering the conventional wisdom about mental illness – that there was a more “medical” way of diagnosing depression, a blood test or brain scan. But no, the way it is diagnosed is the doctor, psychiatrist or other mental health professional asks the patient to give a self report on the following questions:

Have you felt sad or empty most of the day, nearly every day for the past two weeks?

Have you experienced a markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day for the past two weeks?

Have you experienced significant weight loss when not dieting or weight gain (a change of more than 5 % of body weight in a month) or increase or decrease in appetite nearly every day for the past two weeks?

Have you experienced insomnia or hypersomnia (excessive sleep) nearly every day for the past two weeks?

Have you experienced psychomotor agitation (jittery, jerky, jumpy stomach) or retardation (slowed down, sluggish, groggy) nearly every day for the past two weeks?

Have you felt fatigue or loss of energy nearly every day for the past two weeks?

Have you experienced feelings of worthlessness or excessive or inappropriate guilt nearly every day for the past two weeks?

Have you experienced diminished ability to think or concentrate, or indecisiveness, nearly every day for the past two weeks?

Have you experienced recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide?

If the patient responds “Yes” to five or more of those questions and if those symptoms are causing significant distress or impairment in social, occupational or other important areas of functioning, the patient is diagnosed with clinical depression.

So if we assume that these symptoms must have some survival value, how might they be useful? What might be going on with a person who is experiencing these symptoms? It sounds as if s/he is very upset about something. Something is not going right in her life. Something is threatening her ability to live the way she wants to live, to love the way she wants to love, to work (express herself) the way she wants to work. Something precious has been lost. He is concerned about his life, where it is going. Is it the job, the relationship, the kids, the demands of parenting, his social status? He's not going to live forever. Maybe he needs to do something about it.

It sounds as if s/he's under a lot of stress or, perhaps shutting down after being under a lot of stress for a long time. Perhaps this is the body's way of protecting itself from prolonged stress. There are worse things that could happen – a heart attack, a stroke, cancer. In fact, research has found a strong link between high levels of stress and depression.

This sounds like a wake-up call, a message that something is not right and something needs to be done about it. The bodymind is saying: "Stop doing what you're doing. Stop focusing on the outer world, on other people, on your spouse, your clients. It's time to quiet down, go inside, take a serious look at your life, get in touch with what is going on. Stop avoiding this by drinking, drugging, working, playing, sexing, competing, winning. You need to make some important decisions or, perhaps, accept what is true about you and your life and become more comfortable with it. You need to do some inner work."

Perhaps this is a reaction to the loss of something that is very precious to us. It wouldn't have to be the loss of a person, a job, financial security or a relationship. It might be the loss of youth, or certainty or a sense of comfort. If something precious has been lost, perhaps it would be healthy to spend some time experiencing the pain of that loss.

How could the painful experience of loss be helpful? If I believe that all human faculties that have survived through the 30 million years of human evolution have to be useful, that is an obvious question. And an answer that makes sense comes to me. Loss is useful because it tells me what is precious to me. It tells me what I want to protect and nurture and tells me in a very powerful way that I better do what I can to protect and nurture those precious things. Valuable information indeed.

What if depression is a state of being that forces people to take a look at their social relationships and that gives them impetus to do something about changing them? That is the hypothesis of Paul Watson, a behavioral ecologist at the University of New Mexico:

"It induces us to be attentive to the structure of our social network: Who has power? Who has what opinions? How do these opinions of different social

partners interact to constrain or enable us to make changes in life? Depression may have a social planning function which helps us to plan active negotiating strategies in a sober, ruminative state so we can go out and actively negotiate ourselves into a better social position with the people who have power to help or hinder us.”

Edward Hagen, an evolutionary biologist, has a similar idea. In the ancestral situation, when humans lived in small hunter-gatherer tribes, depression may have had value in compelling other people in one’s life to make changes that were in one’s interest – to induce the members of one’s tribe to come to one’s aid.

In his book *Care of the Soul*, Thomas Moore has a chapter entitled “Gifts of Depression”. Here is one of them:

“Depression grants the gift of experience not as a literal fact but as an attitude toward yourself. You get a sense of having lived through something, of being older and wiser. You know that life is suffering, and that knowledge makes a difference. You can’t enjoy the bouncy, carefree innocence of youth any longer, a realization that entails both sadness because of the loss, and pleasure in a new sense of self-acceptance and self-knowledge. This awareness of age has a halo of melancholy around it, but it also enjoys a measure of nobility.”

Medical researcher Antonio Damasio found that people who couldn’t feel bad couldn’t make good use of their reasoning powers. In his book *Descartes’s Error*, he describes his work with people who couldn’t process feelings because of lesions in the amygdalas of their brains. Not being able to feel bad, they were unable to make good decisions about their finances, business practices, relationships, etc. They might buy a stock and see that it was losing value. But, not feeling bad about it, they wouldn’t take any corrective action.

But wait a minute. Let’s not get too sanguine about this. Depression is associated with suicide. It is a very debilitating disease. Severe depression keeps people from doing any of the things that make life worth living – loving, working, playing, expressing, enjoying. Let’s be careful not to make light of a serious illness.

Yes, we need some balance here. Perhaps, depression is like many things that are good and useful in moderate amounts but dangerous and deathly in extreme amounts. Included in that list would be the stress response, alcohol, strychnine and water, among others. Perhaps what makes sense is to make a distinction between moderate depression and severe depression. Perhaps, keeping severely depressed people from killing themselves, hurting others or falling into permanent disability calls for extreme measures – psychotropic drugs, treatment in psychiatric hospitals.

Balance makes sense. But that's not where we are today. Today, more and more people respond to symptoms of moderate depression by ingesting antidepressant drugs, drugs that make it harder for them to experience the emotions and thoughts that might be valuable to them. Antidepressants are among the five most heavily prescribed drugs in the United States. People are going to psychiatrists and other doctors. The doctor asks them what is wrong. They say, "I'm depressed" and the doctor writes a prescription. There is no time spent exploring what might be going on in the person's life or how they are responding to their lives that might explain the symptoms.

And it's not merely that the drugs keep people from receiving valuable information they could use to live happier lives. They also have powerful side effects, including impairment of sexual functioning and increased risk of violence and suicide and withdrawing from them is much harder than we've been led to believe.

So how do we explain the willingness of so many Americans to use these drugs?

Several possibilities come to mind. From time immemorial, human beings have been ingesting substances that make them feel better. Witness the use of mescaline, peyote and mushrooms by ancient cultures and the use of alcohol, marijuana, cocaine and amphetamines in today's world. Ingesting a substance is a lot easier than wrestling with one's demons and then having to do something difficult and scary in response to the insights gained from that process.

Perhaps this is the shadow side of scientific medicine. Medical researchers and doctors have made some miraculous advances. They've conquered polio, malaria, small pox and syphilis. They can transplant hearts, lungs, and kidneys. They've developed medicines that reduce the risk of heart disease and stroke. Now, they've developed drugs that cure mental illness. At least, that's what people have been led to believe. In fact, almost all of the psychotropic drugs are only slightly more effective than placebo and have very damaging side effects. And, since they don't address the fundamental cause of the symptoms that cause mental illnesses, they don't cure anything. They impair some of the most valuable of human faculties. But they do appear to be another notch in the gun of scientific medicine.

Or maybe this is another example of the cult of professionalism, the belief that the experts know best. After all, they have advanced degrees so they must be very smart. So we put our trust in psychiatrists and other doctors. If they think these drugs are good for us, they must be.

The danger of both scientific medicine and the cult of professionalism is that they may cause us to lose faith in the brilliance and power of nature, to lose trust in the

ability of our bodyminds to heal themselves and to ignore the valuable information that our emotions and bodily sensations can provide to us.

So I might do well to pay attention to these depressive symptoms, to see what I can learn from them and to use them to become healthier and hardier and to live more the way I want to live.

Of course, most of us don't have the luxury of taking off two or three days to contemplate our navels. But we could find some time during every day to quietly allow ourselves to experience what is going on inside. We could even take some vacation time or sick leave to spend several days on it, perhaps with the help of friends or a therapist.

If you decide to do that, here are some suggestions.

I would recommend that you find a psychotherapist to work with, somebody with whom you feel comfortable, who you sense will respect you and help you come up with your own answers. There is something healthy about being able to say things to another human being that you have not said to anyone else, to let your hair down and expose yourself, knowing that nothing you say or do will go out of the room.

I would recommend that you spend some time just sitting by yourself in quietness, perhaps using some of the simple relaxation or meditation exercises that you can find on the Internet or in various books. Just sitting and noticing whatever thoughts or feelings come up and paying some attention to them - not necessarily hanging onto them or doing anything with them – just noticing them.

I would recommend that you do some things that are enjoyable – perhaps reading books or articles that you want to read and definitely getting some good exercise – running, walking, bicycling, swimming, skiing.

The bottom line is that I urge you to regard the symptoms, no matter how painful and debilitating, as a message of meaning, a message that contains valuable information that can help you live a healthier and more satisfying life. And I encourage you to make an effort to understand the meaning of the symptoms and to use the information they offer to live more the way you want to live.

THE MEANING OF MANIA

There has been a tremendous increase in the diagnosing of bipolar disorder over the past five years. Bipolar disorder has replaced depression as the diagnosis du jour.

Unfortunately many doctors, psychiatrists and other mental health providers diagnose bipolar disorder without paying strict attention to the criteria contained in the Diagnostic and Statistical Manual of Mental Disorders (DSM).

In order to be diagnosed with bipolar disorder, a person has to have experienced at least one manic episode. Following are the DSM criteria for a manic episode:

A distinct period of abnormally and persistently elevated, expansive or irritable mood, lasting at least 1 week (or any duration if hospitalization is necessary).

During the mood disturbance, three (or more) of the following symptoms have persisted (four, if the mood is only irritable) and have been present to a significant degree:

inflated self-esteem or grandiosity

decreased need for sleep (e.g., feels rested after only 3 hours of sleep)

more talkative than usual or pressure to keep talking

flight of ideas or subjective experience that thoughts are racing

distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)

increase in goal-directed activity (either socially, at work or school or sexually) or psychomotor agitation

excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g. engaging in unrestrained buying sprees, sexual indiscretions or foolish business investments)

The symptoms do not meet criteria for a Mixed Episode.

The mood disturbance is sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others, or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features

The symptoms are not due to the direct physiological effects of a substance (e.g., a drug or abuse, a medication, or other treatment) or a general medical condition (e.g. hyperthyroidism).

Although I don't have evidence, my guess is that many people who have never experienced a manic episode have been diagnosed with bipolar disorder.

One of the problems with the current state of psychiatric diagnosis is that there is little agreement about what is causing the symptoms. The current conventional wisdom is that the symptoms are essentially the result of chemical imbalances in the brain, other kinds of brain disorder and genetic dynamics. But, although it is clear that all states of being are mediated by biochemistry, there is no evidence that states of being such as a manic episode are caused by biochemistry.

I start with the assumption that all states of being that can be experienced by human beings must have some survival value. Were that not the case, they would have been wiped out by natural selection long ago. After all, human beings have been evolving for the past 30 million years. Certainly that is enough time for natural selection to get rid of states of being that aren't useful.

So how might a manic episode be useful?

Many people who have gone through manic episodes have come to see them as spiritual emergencies which enable them to break through limited senses of themselves and experience a more free, more holy part of themselves that connects with the higher, more positive, hopeful and spiritual parts of life. Sean Blackwell, who has experienced manic episodes, learned from others and worked hard at understanding them, believes they are triggered by the collapse of a false sense of self and a deeply motivated move by the psyche to resolve a tension between "who you really are and who you think you need to be in order to survive."

Others have used the manic episode as an impetus to seek wisdom and find answers to big questions such as "What are we doing here?", "In what way am I connected to other humans, other plants and animals and the universe?" and "How can I integrate the dark, spiritual, unconscious, emotional, irrational parts of myself with the rational part that lives in daylight and has to deal with the world and 'reality'?"

Most people who have come to see the manic episode as a spiritual emergency and who have been able to go through it and learn from it regard it as a crucial step in helping them to become more healthy and whole, a useful outcome indeed.

A less spiritual but similar possibility is that the manic episode enables people to get a lot done and to have the internal experience of doing great things, acting on a large stage and dealing with important business.

What kind of a person would find such a state of being to be useful? It might be a person on whom parents had put tremendous pressure to be outstanding, so much pressure that the person didn't think it would ever be possible to succeed – and certainly not in one lifetime or in the time available to do it. Is it possible that this is a kind of charade; a faux attempt to create the illusion that one is doing great things or at least trying to do so?

My experience tells me that this is a real possibility. I asked one of my friends who has been hospitalized twice with bipolar disorder what he thought was going on. "I had a lot to do, Al. I had a lot on my plate," he replied. I then asked him if he had gotten a message from his parents that he had to do great things. "It was never said but it was understood," he answered.

Kay Redfield Jamison, the author of *An Unquiet Mind*, described her father as a very powerful man who became increasingly angry and abusive as he got older and who burdened her with expectations that she would never be able to satisfy.

This fits somewhat with what used to be the conventional wisdom about people who suffered from manic-depressive illness, the old name for bipolar disorder. Back then, it was generally understood that "manic depressives" were very creative people, some of whom fed off of their manic episodes to achieve what were, in fact, great things. Some researchers wondered about the connection between creativity and manic depression. They theorized that manic-depressives had a unique ability to hold two antithetical and mutually contradictory ideas or concepts in their minds at the same time and that this ability fueled their creativity. So they could hold onto and use such opposites as wildness and constraint, color and drab, order and chaos, strength and weakness, compassion and cruelty.

There are some darker explanations of the usefulness of mania. Perhaps mania enables people to deny the need to make some of the necessary choices of adulthood and, rather, to maintain the illusion that they can have it all.

So they can have the experience of denying the kinds of choices and sacrifices that "normal" people have to live with as they grow up:

If I get married, I won't be able to live the bachelor life.

If I have a family and settle down, I won't be able to live a life of adventure, travel, risk, excitement.

If I take this job, I won't be able to experience the other ten jobs that would be fun, profitable, exalted, prestigious.

If I live in a medium-sized city that will be good for raising a family and enjoying the day-to-day things of life, I won't be able to play in the major leagues of the large metropolis.

If I have financial obligations to my family, I won't be able to spend money frivolously.

People who are especially vulnerable to rejection and who have suffered the loss of an important relationship might be especially susceptible to this dynamic.

This fits with research, which has found that people who experience manic episodes tend to compartmentalize and split the good and bad parts of themselves, have difficulty in realistic goal setting and score low in Conscientiousness and high in Neuroticism and Openness to Experience on the Eysenck 5-factor Personality Questionnaire.

And there's another way in which mania might be useful. The manic episode may enable people to avoid having to meet the hum-drum, difficult, boring, anxiety producing demands of everyday life – having to work at a job that is not always exciting or fulfilling, having to work out relationships with spouses, children, parents, bosses, co-workers, having to do the hard and sometimes excruciating job of bringing up kids, having to pay the bills and live with all of the constraints involved in that.

So here are at least five ways in which mania might be useful or functional:

It can enable people to experience a less constrained, less false, more holy, connected, spiritual, hopeful and exalted sense of life and help them integrate that part of themselves with the part that wants to live in the more down-to-earth world of "reality".

It gives people who have received the message that they should do great things the illusion that they are doing so or, at least trying to do so.

It enables people to hold opposite and competing ideas or concepts in mind at the same time and, thus, fuels creativity.

It enables people to deny the need to make the difficult choices and sacrifices of adulthood.

It enables people to avoid dealing with the mundane, boring, anxiety-producing issues of everyday life – commonplace work, real love relationships, parenting, paying bills, cleaning house, doing the dishes.

This is not to suggest that people choose to be in manic episodes. No, the drive to be in such a state comes from a place in the mind that is deeper and more basic than the rational or consciously intentional mind. And I believe the place from which it comes is fundamentally healthy and wants the person to live a better life.

If I assume that all states of being must have some potential survival value, I also assume that there must be some learning that can be associated with all states of being. So what can a person learn from the manic episode? Let's look at each of the five ways in which the manic episode might be useful.

It can teach people that they can live in a way that is more true to themselves, that is free to experience the holy, spiritual, connected sense of life, that they don't have to create a false self and live a life that is constrained by what others want them to be and that conforms to conventional wisdom.

People who have received the message that they must do great things in order to justify being alive can become aware of the way in which they have been programmed. They can slowly learn that they don't have to fulfill the roles or live the lives or do the things that their parents programmed them to do. They can come to realize that they can make choices about how they live. They can experience and learn to manage the shame they feel for not being as exalted, as their parents wanted them to be. And they can begin to experience and express their justifiable anger at having that kind of pressure put on them. And, once they have expressed their anger at their parents, they can begin to forgive them, knowing that their parents did the best they could in their own situations, as they perceived them with the resources they had.

People who use the manic episode to hold onto competing and opposed ideas and concepts that fuel creativity can devote themselves to creating. But, in order to do that successfully, they will have to learn how to settle into the painstaking, dutiful, time-consuming, laborious process of turning the creative impulse into creation without being paralyzed by concerns about how the product will be evaluated by others. They will have to follow the path of one of the most successful artists I know who told me, "Al, I didn't succeed until I was willing to fail."

People who are using mania to deny the need to make the difficult choices of adulthood can learn how to experience the regret that comes with such choices. Every time we choose to do one thing, we also choose not to do many, many other things which might be more fun, exciting, rewarding, even exalting. No wonder we feel the regret of such necessary losses. People can learn how to slowly settle into and accept the realities that come along with growing up. They can learn to accept what is really true about themselves and the world.

People who use manic episodes to avoid having to deal with the mundane, quotidian, everyday issues of life can become more aware of what they want in their work, relationships, social and familial lives and more skilled at learning how to get what they want without hurting, discounting or ignoring the needs of others. They can learn to find the middle grounds that are the keys to happiness for most of us.

Am I making too light of the dangers and pain of mania? Perhaps. I've never experienced a manic episode. And I know they have led people to make ruinous business decisions, hurt themselves physically and emotionally and kill themselves and others. Perhaps, like depression, alcohol and the stress response, manic episodes can be useful when they are moderate in length of time and intensity and dangerous when they are too intense or last too long. People have told me that during mania, their thoughts were racing so rapidly and out of control that they couldn't have a meaningful conversation with anyone and certainly wouldn't have been able to learn anything from the experience. Only with the help of mood stabilizing medication were they able to participate in therapy.

But I'm convinced that manic episodes, like all states of being, are there for a reason. They are not random states resulting from anomalous biochemical or genetic dynamics. They have meaning and are somehow functional even though not consciously desired. They are opportunities for learning valuable lessons about oneself and can be used as pathways to becoming healthier and happier.

THE USES OF ANXIETY AND PANIC DISORDER

In its section on Anxiety Disorders, the Diagnostic and Statistical Manual of Mental Disorders (DSM) doesn't include a state of being that is consistent with what we mean when we use the word "anxiety" in everyday conversation. Rather, it includes disorders that are more extreme than that – Panic Disorder, Agoraphobia, Posttraumatic Stress Syndrome, disorders that can be attributed to specific events or situations – Specific Phobia, Social Phobia, Acute Stress Disorder, or disorders that have very unusual or extreme symptoms – Obsessive-Compulsive Disorder, Generalized Anxiety Disorder.

For a definition of the more "vanilla" type of anxiety that visits all of us from time to time, we have to turn to Webster's New Collegiate Dictionary, which defines "anxiety" as:

A painful or apprehensive uneasiness of mind usually over an impending or anticipated ill.

An abnormal and overwhelming sense of apprehension and fear often marked by physiological signs (as sweating, tension and increased

pulse), by doubt concerning the reality and nature of the threat, and by self-doubt about one's capacity to cope with it.

This sounds a lot like the stress response that was defined by Hans Selye as "the non-specific response of the organism to any demand placed upon it."

Again, I am assuming that any state of being that human beings can experience must have some survival value, must contribute somehow to our health and happiness. Otherwise, it would have been wiped out by natural selection long ago. So what would be the usefulness of anxiety or the stress response? This, I think, is a relatively easy one to answer.

Anxiety and the stress response tell us that something is threatening us or being demanded of us that is going to be difficult to deal with. Something is getting in the way of our ability to love the way we want to love, work (express ourselves) the way we want to work, enjoy the way we want to enjoy, live the way we want to live. And the symptoms tell us that energy is being built up in our organism to deal with it. The stress response gives us increased stamina, sharpness, strength, pain tolerance and quickness.

It's easy to see how such a response is useful to us. It gives us the resources we need to deal with the threat or meet the demand. It arms us for battle. Useful, indeed! And there is evidence of its usefulness. Research has found that people who are moderately anxious score higher on the Scholastic Aptitude Test (SAT) than people who are either extremely anxious or not anxious at all. People who react to stress by taking action and trying to exercise some of control over whatever is causing it are healthier than people who avoid it or distract themselves. Gorillas who manage stress well are more dominant and successful than gorillas that don't.

But more than any other states of being I can think of, anxiety and stress are useful in moderate amounts and intensity and extremely harmful in excessive amounts and intensity. Because, if you don't use the energy, strength and stamina that anxiety and stress give you, you will get sick and depressed and, in extreme cases, die or kill yourself. Threats and demands such as unhappy marriages which include kids and houses, depressing jobs that must be retained for the time being, the challenges of parenting difficult children, troubling conflict with siblings, parents, co-workers, spouses can cause this kind of danger.

If I could do one thing to increase the health and well being of human beings, it would be teach them how to use anxiety and the stress response. What are the keys to doing that?

Well, the first step is being aware that you are experiencing anxiety and stress. Some people have been so traumatized that they have shut themselves off from

receiving the messages from their bodies. At the first sign of activation they either explode or go off into the fugue of dissociation. Those people would benefit from the kind of trauma therapy that is provided by the Sensorimotor Psychotherapy Institute in Boulder, Colorado.

Once you are aware that you are experiencing anxiety or stress, the next step is to allow yourself to know what is causing it. What is the threat or demand that has brought this on? This may take some time and effort. You may have to sit with the anxiety and stress for some time. It may help to just sit quietly in a safe, comfortable place and allow your mind to reflect on whatever comes up. It may help to take some long walks in nature, pay attention to your dreams, ask yourself “What am I pretending not to know?”

Once you have an idea of what is causing the anxiety and stress, the next step is to decide what, if anything, you want to do about it. If you decide to do something about it, you’ll need a plan that includes getting help from others, finding a way of doing it without making things worse, overcoming the natural fear of taking action, dealing with the potential obstacles to success, etc.

What if you decide not to do anything about it at this time? Now, it’s important to find some good ways of using the energy, strength and stamina in anxiety and stress: vigorous exercise; building, fixing and cleaning things; other kinds of creative activity; talking to friends or therapists; emoting (getting onto the interstate, rolling up the windows and screaming bloody murder for several miles, finding an isolated country road on which you can walk, start talking to yourself and scream bloody murder for several miles, pounding pillows, beating a tree with a stick); journaling, helping others – some way of using all of that energy, strength and stamina that has built up in you.

Note: Sometimes, the anxiety and stress will make you fatigued. Don’t let the fatigue keep you from taking the action described above. Honest. You’ll feel better if you do it anyway.

Notice that these methods of using the energy, strength and stamina in anxiety and stress are the last step, not the first step. You only take this step after you’ve become aware of what is causing the anxiety and stress and have decided not to do anything about it at this time.

The one thing you want to avoid doing is seeking comfort and avoiding discomfort. Because, if you do those things, you won’t be finding out what is causing the threat or demand that is beneath the anxiety and stress and deciding what, if anything to do about it.

So far we've been looking at the anxiety and stress response that everyone experiences from time to time. But what about more extreme forms of anxiety? Let's take a look at panic disorder.

Panic attacks are very uncomfortable and scary. All of a sudden you notice your heart beating faster and stronger. You notice some sweating, or tightness in the head or some jumpiness in your stomach. You start thinking "Uh-oh, what's going on? Something is wrong." Your heart is beating faster. You notice some numbness in your fingers and toes. You're having trouble swallowing. You feel short of breath, can't get a good deep breath in. Now you're really spun up. "Is this a heart attack or a stroke?" You begin to feel faint and are afraid that you're going to lose consciousness. Your heart is beating faster and faster. You can't catch your breath. You're afraid of blacking out. You're in a vicious feedback loop. The stronger your symptoms, the more scared you get and the more scared you get the stronger your symptoms become.

This extreme experience keeps you from doing whatever you were doing before the symptoms started. If you were driving a car, you pull over. If you're at work, you escape from wherever you are to find a place away from other people. If you're at a party, you rush outside or find a bathroom. It's easy to see how a person who is suffering from frequent panic attacks would not want to leave the house or do much of anything.

So the question: what is the cause of the panic attack? What is underneath it? How might it be useful or functional? Here's my first reaction to that question.

The clearest thing about what is going on is that there is a lot of energy in the bodymind. The body is rewinding up, gearing up for action. What does the body want to do? There must be something important that the body wants to address, to do something about. There must be some problem, threat, dilemma that is demanding action.

That is what I think is going on. I think people who are experiencing panic attacks are facing a dilemma that is so difficult and intractable that they don't even want to know what it is. I worked with many patients who came in complaining of panic attacks. At some point in our relationship, I would ask them if they could think of any problem or dilemma that could explain them. Hardly any of them were able to identify one. I pressed some of them fairly heavily. Still, they wouldn't believe that there was a problem or dilemma behind them. They felt as if they were coming out of the blue, just showing up in a random kind of way.

There was one patient who did get in touch with what was causing the panic symptoms. And her experience is instructive. She came in complaining of the classic symptoms I have described above. She was with her husband, who seemed quite

supportive and understanding. I asked her if she could think of anything, any situation or concern that could account for the attacks. She couldn't. We kept on talking. About ten minutes into our conversation she said, "My son is in the Army Reserves." He's going to be involved in the invasion of Iraq." When she said that she broke down and cried for quite a while. The invasion of Iraq was scheduled to begin in two weeks. Her son was going to be in it, squarely in harm's way. Apparently in an effort to bear up, to not be a burden, to not upset those around her, she had pushed her fear and concern down so far that others couldn't see it and, perhaps, she wasn't acknowledging it. But the body knows. The body is smarter in many ways than the mind. The mind can try to do its tricks and make believe. But the body isn't fooled by that kind of dissembling. It gets revved up and cries out for action.

When the woman calmed down, we spent some time talking with her and her husband about ways in which she could manage her fear and concern and ways in which he and other family members could support her. They left and I never saw them again.

This is consistent with my experience of panic attacks. I've had panic attacks at various times of my life. It has always seemed as if they were coming out of the blue. When they were happening, I didn't know what they were about. Now, when I look back on them, I do know what they were about.

I was 19 years old sitting in a college classroom. There was a young woman in the room who was very attractive, very sexy, exuding her animalness. I began noticing my heart palpitations. I was having trouble swallowing, afraid that I was going to pass out. I managed to get through the attack by focusing on something in the room and gutting it out. Once it passed, I didn't make much of it and didn't put any effort into understanding it. I didn't know what it was about. Now I do.

What I wanted to do more than anything else back then was learn how to be intimate with boys and girls. That was what I cared about. But I didn't let myself know it. I was making believe that the most important thing was going to class, studying and living the life of a pursuer of knowledge. Of course, much of my actual behavior was focused on being with boys and girls but I never acknowledged the fact. So here was the dilemma I was facing. I had a very powerful desire to learn how to be intimate with boys and girls but I was not consciously aware of that desire. I needed a lot of help in learning how to do that and I wasn't going to ask for any help. I was in a big bind. My body knew what was important and wanted to do something about it. So it got revved up and ready for action. Unfortunately I never got the message and spent a fairly miserable four years in college.

Here's another example from my life. I was 36 years old, married, with two children and a job that I enjoyed a lot and that fit my talents and temperament fairly well. But, in order to do my job, I had to do some things that I thought were wrong. I

imagine this happens to lots of people. I was working for a group of other people. They were good people but we had some major differences over what our organization should be doing and those differences would not be easy to resolve.

So I was facing a very difficult dilemma. I liked my job but it required me to do things I didn't think were right. It was not a good time to look for another job in view of my being married with two young children. My mind was trying to find some way of reconciling the situation. But my body wasn't cooperating. So on the way to meetings, I would suffer panic attacks, have to pull off the road and manage my symptoms until they subsided.

I think all panic attacks are about this kind of difficult dilemma, situations that don't have any good solutions, only better ones. With many of my patients it seemed clear to me what the dilemma was. Often, it involved a difficult, unsatisfying marriage that, for various reasons, was not going to be resolved. Hardly any of my patients were able to clearly identify the dilemma and address it. It appeared to me that they were dealing with dilemmas that were so difficult they didn't even want to know what they were.

In such cases, I would help them learn how to manage the symptoms. That involved teaching them how to do self-talk and to focus their attention on something outside of themselves. The self-talk would include messages such as: "I know what this is. This is a panic attack. I've been through them before and I'll get through this one. This is not a heart attack or a stroke. I'll just focus my attention on something outside of myself and this will be over in a minute or two." Most patients were successful in learning how to do this. But the attacks were still very uncomfortable and often were disrupting influences in their lives.

For readers who want to read a very thorough and helpful workbook on anxiety and panic, I recommend *Map of Anxiety and Panic* by Barlowe and Kraske.

Perhaps the most troubling and perverse of the anxiety disorders is Obsessive-Compulsive Disorder (OCD). Here are the DSM's diagnostic criteria for OCD:

Either obsessions or compulsions:

Obsessions as defined by:

recurrent and persistent thoughts, impulses, or images that are experienced, at some time during the disturbance, as intrusive and inappropriate and that cause marked anxiety or distress

the thoughts, impulses or images are not simply excessive worries about real-life problems

the person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralize them with some other thought or action

the person recognizes that the obsessional thoughts, impulses, or images are a product of his or her own mind (not imposed from without as in thought insertion)

Compulsions as defined by:

repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly

the behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive

At some point during the course of the disorder, the person has recognized that the obsessions or compulsions are excessive or unreasonable. Note: This does not apply to children.

The obsessions or compulsions cause marked distress, are time consuming (take more than 1 hour a day), or significantly interfere with the person's normal routine, occupational (or academic) functioning, or usual social activities or relationships.

Again, assuming that all states of being and behavior must somehow be meaningful, must have some survival value, what might be the meaning or usefulness of this kind of experience?

Here's a possible answer. This kind of excessive hand washing, ordering and checking may be a way of dealing with the uncomfortable truth that we don't have any control over the things that we really need to be afraid of. We don't, for example, have control over other drivers whose behavior may maim or kill us, over other kinds of accidents and disasters that are outside of our control, over the safety of an airplane flight when we are on one, even over dangerous illnesses such as heart attacks, strokes, cancer and diabetes. So the repetitive behavior may give us the illusion of having control over things so that we don't have to experience the discomfort of realizing that we actually don't.

As for the intrusive thoughts, perhaps they are useful in that they enable us to avoid having to take responsibility for making decisions and addressing the difficult, real problems of everyday life – dealing with love relationships, jobs, co-workers, bosses, children, financial difficulties, moral dilemmas, competing priorities. Since we deal with these kinds of problems all the time, perhaps we lose sight of how difficult they can be. They often involve conflict with other people. They often require us to make decisions and choices that involve necessary losses and understandable regret. Carl Jung one time defined mental illness as “the avoidance of suffering.” Some human beings will go to great lengths to avoid dealing with the difficulties of the real world. They don’t choose such states of being and shouldn’t be blamed for them but it may be helpful to know what they are about.

What about Post-traumatic Stress Disorder, perhaps the most debilitating of the anxiety disorders? What might be its meaning and usefulness?

Here are the symptoms of Posttraumatic Stress Disorder (PTSD):

Recurrent and intrusive distressing recollections of the event, including images, thoughts or perceptions.

Recurrent distressing dreams of the event.

Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations and dissociative flashback episodes, including those that occur on awakening or when intoxicated).

Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

Efforts to avoid thoughts, feelings or people that arouse recollections of the trauma.

Efforts to avoid activities, places or people that arouse recollections of the trauma.

Inability to recall an important aspect of the trauma.

Markedly diminished interest or participation in significant activities.

Feeling of detachment or estrangement from others.

Restricted range of affect (e.g. unable to have loving feelings).

Sense of a foreshortened future (e.g. does not expect to have a career, marriage, children or a normal life span).

Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

Difficulty falling or staying asleep.

Irritability or outbursts of anger.

Difficulty concentrating.

Hypervigilance.

Exaggerated startle response.

These symptoms appear to be designed to help the person avoid the psychic and physical pain of the traumatic experience and to avoid a reoccurrence of trauma. They also appear to urge the person to relive the experience. It makes sense that people would want to relive traumatic experience. Typically, people who suffer trauma carry some (usually irrational) guilt about it, believing that they somehow contributed to it happening or that they could have done something about it. Reliving the experience holds out the possibility of resolving the guilt or imagining a different outcome, somehow making more sense out of the incident and coming to a more realistic appraisal of it.

James Pennebaker has done this research numerous times. He gives a group of students a writing assignment. Half of the students are assigned to write about the most traumatic experiences of their life. Half are assigned to write about what they are going to do during the summer vacation, where they are going to graduate school or some similar impersonal topic. They write for 30 minutes a day three days in a row. For the next six weeks, their immune systems are evaluated through blood assays and their trips to the health clinic are counted. Every time he has done this research, Pennebaker has gotten the same result. The students who write about the most traumatic experiences of their lives have stronger immune functioning and make fewer trips to the health clinic. The reason for this outcome is not clear. However, one

explanation is that, as the students write about their traumatic experiences, they begin to make more sense of them, develop a more realistic appraisal of them and better integrate them into their lives. This explanation is based on a review of the writing that indicates a progression each day in this direction.

The value of reliving the traumatic experience in a safe, non-threatening way is also congruent with some of the recently developed approaches to helping trauma victims. In one approach, victims learn how to notice and follow their bodily sensations. They are then helped to go in their imaginations to the moment just before the traumatic experience and to shift their attention from their imagination to their bodily sensations. As they notice and follow their bodily sensations, the energy that was trapped inside of them begins to dislodge and process through and eventually discharge. They are then encouraged to go back into their heads and see if they can develop a more realistic appraisal of the event. Eye Movement Desensitization (EMDR) therapy helps people go into an altered state and relive the trauma in a state which sometimes enables them to integrate the trauma in a healthier way.

I've described some of the ways in which the symptoms of anxiety disorders might be meaningful. But that leaves the question of how a person might use the symptoms to become healthier.

For the "vanilla" anxiety that was described at the beginning of the article, that's a relatively easy one. Anxiety gives a person the energy and sharpness needed to deal with the threat or take the action that needs to be taken.

What about panic disorder? A panic attack is a sign that there is a very difficult dilemma confronting the person. So it provides an opportunity to work hard at becoming aware of what the dilemma is. It's a sign that the person should be asking himself that wonderful question: "What am I pretending not to know?"

We've seen that the symptoms of Obsessive-Compulsive Disorder may be an attempt to embrace the illusion that one has control over the things that can hurt one and a way of avoiding having to deal with the everyday problems of life that can be very frustrating and difficult. Perhaps this person can work at becoming more comfortable with the fact that s/he has no control over the things that can really hurt her or him and at learning how to live with the anxiety involved in dealing with the problems of everyday life.

The symptoms of Posttraumatic Stress Disorder can be a sign that the person would benefit from getting some help in developing a more realistic and self-affirming appraisal of the traumatic event by reliving it in a state in which s/he won't be re-traumatized and will be able to integrate it more effectively into his or her life.

THE HEALTH OF PSYCHOSIS

What about psychosis, the most extreme and bizarre of “mental illnesses”? The key symptoms of psychosis are hallucinations, delusions, disorganized speech and bizarre behavior such as talking to people who don't appear to be there. What could be the value of that?

I believe that psychosis is a protective and life-affirming move of the psyche in response to extreme desperation, fear, terror about the prospect of having to live in the real world with real human beings. I'm not the only one. Psychologist John Weir Perry spent lots of time with many people who had been diagnosed with schizophrenia. He came to see that state of being as a deeply motivated move by the psyche to reconstitute itself. All of the people he came to know had suffered a severe blow to their self-concept and were experiencing a severe sense of negative self-image. The symptoms of psychosis were a compensating move. In an effort to compensate for a severely debased self-image, the psyche took on the persona of an exalted, powerful figure. Although it can be seen as healthy in the sense that it is more life-affirming than killing oneself or hurting someone else, the discrepancy between the negative self-image in the real world and the exalted figure in the imaginary world sets up an unstable psychic situation full of a sense of unreality and anxiety. Here is Perry's insight:

“It seems that when the psyche cannot progress further into the next steps of experience so encumbered by this very negative self-image – especially at times of great crises of ebullient falling in love or hurtful falling into rejection – a change is initiated.”

The person's psychic energy is attracted to the exalted, powerful, capable but unreal, imaginary persona and leaves the higher level, the rational part of the psyche stripped of its usual energy and hence in a state of disorganization.

Perry spent lots of time with a large number (50 or more) of people diagnosed with schizophrenia. He found that their delusions, hallucinations and fantasies had similar themes. People see themselves at the center of things, in a central role, involved in some kind of cosmic conflict, a battle between good and evil, God and the Devil, communism and democracy. They see themselves as having been elevated to divine status, perhaps involved in a sacred marriage with God or spirit. They often feel as if they are being reborn and are participating in the creation of a new society. If they are helped to go through the process, they often find themselves in a more complete, balanced, whole world and are able to come out of it more balanced and whole themselves. Here is Perry again:

“The pre-psychotic make-up, with its assumption of unlovability, ... suffers a difficult combination of feelings of crushing insignificance and or superlative prestige-hunger. In other words, the initial tendency of the (exalted, powerful

persona) is to prompt the ego to seek out a balm for unacceptability in the form of some absolute mastery. The psychotic process habitually puts this power-oriented form of the self through a transformation that awakens the potentials for relationship and gives them their rightful place in the structure of the personality and in the style of life.”

This makes sense to me. I believe that psychosis is the psyche’s way of protecting itself from having to live in a world full of toxic human beings, a way of avoiding the impossibility of living up to the expectations that have been thrust upon one and of taking on the responsibilities of an adulthood that is way too scary to enter. I’m reminded of psychologist Alice Miller’s dictum that all you have to do create a mentally ill person is two things: first, don’t let them be who they are and, second, when they get angry about that, don’t let them be angry.

Unable and unwilling to live in the real world of real people, the psyche creates its own world and enters into a process of seeking safety, health and wholeness in that imaginary world. I don’t believe people choose this experience. Rather, it is driven by a part of themselves that is much deeper and smarter than their rational side. If they could only use their rational sides, they might kill themselves or others.

I believe all persons who are diagnosed with schizophrenia have been abused, neglected, discounted, dismissed, in some way traumatized in their early lives. It’s significant that the first psychotic break typically occurs just as the person is having to take on the burdens and expectations of adulthood. They are not prepared to do that, are terrified by the prospect, and find a creative way of avoiding it.

In my years as a psychotherapist, I got to know two such persons. One was a woman in her mid-40’s who had experienced every kind of abuse and trauma you can think of. I noticed that, when she was in trouble or applying for some kind of assistance, she was grounded and lucid. She made perfect sense. But when she was in the safety and comfort of my office she would say delusional things. Why would that be? I think she was constantly testing me to see how I would react when she would say things like, “I was christened by the first pope” or “Abraham Lincoln lived from 1968 to 1903.” I would react by saying something like “But the first pope lived 1500 years ago” and she would reply with, “Oh, I mean the pope today.” By doing that, I passed the test because I was willing to stay engaged with her, to play her game, to stay connected with her. One of the functions of the delusions is to push people away. People have been toxic and such persons want to have nothing to do with them, for good reason.

If I knew then what I know now, I would have encouraged her in her fantasy of being important and exalted enough to have been christened by the first pope. And I would have asked her what her relationship with Abraham Lincoln was?

One day, we were sitting in my office. She looked at me and said, "Al, you look tired." I said, "Yes, I am tired." "You need to talk to the moon more" was her suggestion. This helped me to see that one of the functions of hallucinations and bizarre behavior is to make life interesting. Persons diagnosed with schizophrenia are extremely isolated. They are good at pushing people away and finding ways of distancing themselves. So they need some way of engaging with life that is less dangerous than connecting with real people.

The other person I got to know well was an 18-year-old boy. He also had been abused, neglected and traumatized repeatedly in early life. One day while we were driving in my car he said, "See that guy standing on the corner." "Yes", I replied. "He's reading my thoughts." "Why does he want to read your thoughts?" I asked. "Because I'm important. They want to know what I'm thinking." This helped me see that one of the functions of the delusions is to help people feel exalted and elevated. As some wise person pointed out, when people's thoughts are being intercepted, it is usually not by the next door neighbor or the barber but, rather, by the FBI, Homeland Security or Trilateral Commission.

It also came to me that one of the functions of hearing voices is it enables people to avoid taking responsibility for their behavior or thoughts. It isn't me that is thinking that or urging that behavior. It's the voices.

So I don't subscribe to the belief that schizophrenia is caused by chemical imbalances or genetic dynamics. That turns human beings into random organisms who have no control over their behavior. Human beings are not random organisms. They are meaning-making organisms who are born with powerful desires to love the way they want to love, be connected to others of their species and work the way they want to work. When those powerful desires are frustrated and when it appears absolutely impossible for them to satisfy those desires, they become desperate and, in desperation, they retreat into an altered state of being.

The idea that any state of being which can be experienced by a human being is alien, diseased and worthy of being immediately extinguished doesn't make any sense to me. Human beings have been evolving for more than 30 million years. Any state of being which has survived through the process of natural selection must have some survival value.

The way in which our society treats people who experience the symptoms of schizophrenia is tragic. Instead of helping them, we hurt them. We immediately pump them full of powerful antipsychotic drugs. The drugs get in the way of the healing process in which the psyche is engaged and turn people into zombies and chronic mental patients. The recovery rate for people who take the drugs is about 5%. For people who don't take the drugs it is about 40%.

What we should do is provide such people with a safe place in which they can live without any pressure to “get better”, “stop saying those things” or “straighten up”. A place in which the staff will just be with them as they go through the healing process in which they are engaged. A staff that will help them go through the experience, make some sense out of it, ultimately learn from it and come out the other side healthier, more balanced and more whole than when it started. And a place in which drugs are not the primary modality of treatment.

Amazingly, there were places like that in our country in the 1970's and early 80's. They were called Soteria houses and they operated in the San Francisco Bay area from 1971 to 1983. A well-done study found that people who were treated in the Soteria house rather than the hospital did significantly better in terms of symptoms, social functioning, employment and relapse. But that model wasn't in keeping with the biopsychiatric belief system that was taking over psychiatry. And so, it was abandoned.

The bottom line here is that all states of being which are experienced by human beings have survival value and can help the person become healthier. Even though they are painful, bizarre, scary and unwanted, they are there for a reason. Therefore, we would do well to help people pay attention to them, experience them in a safe place and go through them rather than cut them off and extinguish them through the use of drugs and psychosurgery.

About the author:

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