Introduction

About one in four of us will experience a mental health problem at some time in our lives. Anxiety, depression and stress in daily life are widely recognised as a modern epidemic. Anxiety is common – insistent worries, unease, agitation, palpitations, dry mouth, cold sweats, waking up in the night. Anxiety is sometimes dismissed as minor or trivial, but an inability to concentrate or relax means losing the pleasure of both work and play.

The World Health Organisation (WHO) said in 2017, in the lead-up to World Health Day, that depression was the leading cause of ill-health and disability worldwide. They estimated that more than 300 million people were living with depression, an increase of some 18% over 10 years.

The WHO cited issues around stigma and discrimination, a shocking lack of investment in mental health care at all levels and in all types of society, and a failure of Governments to recognise just how costly mental health problems can be to the individual, their families and friends, and to work productivity. In the UK around 12.5 million working days are lost due to mental health issues, a far greater number than days lost due to accidents and injuries, yet it is only recently that companies have begun to wake up to the need to have Mental Health First Aiders. Training is now available in many companies and has been shown to be effective.

Anxiety and depression seldom occur as a single problem: anxious people can become depressed and vice-versa; people with other mental health conditions such as one of the eating disorders often experience depression; the psychological aspects of living with cancer, heart disease or any other life-altering physical health problem are well known.

Some introductory concepts in Western approaches

As long ago as 1948 the WHO defined **health** as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity". Well-being is defined as "a contented state of being happy, healthy and prosperous" – clearly involving personal feelings as well as the objective state of one's physical health.

The Royal College of Psychiatrists has on its official notepaper "No health without mental health". One definition of mental health highlights emotional well-being, the capacity to live a full and creative life, and the flexibility to deal with life's inevitable challenges.

The concept of resilience is an important aspect of wellbeing, both physical and mental. It is defined as the capacity to "bounce back"; to restore to normal functioning after a crisis or catastrophe. It seems to be associated with positive emotions and positive thinking, almost the opposite of anxiety and depression. It has been researched for 40 or 50 years but is becoming more prominent in the search for protective factors.

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Linked with resilience is emotional agility - the ability to make peace with our emotions, even difficult ones; addressing emotional rigidity, by which is meant - getting hooked by thoughts, feelings and behaviours that don't serve us. Increasing evidence from research that being flexible with thoughts and feelings, so we can respond optimally to everyday situations, is key to well-being. Much of this has arisen from studies on meditation practices for people with anxiety and/or depressive disorders.

What is the mind?

How does that 3lb mass of tissue inside our skulls relate to the mind? This problem has exercised philosophers (including spiritual masters of many traditions) for thousands of years.

Cogito, ergo sum: I am thinking, therefore I exist. (Descartes, 1637)

Reason is, and ought only to be, the slave of the passions, and can never pretend to any other office than to serve and obey them. (David Hume, A Treatise of Human Nature, 1738).

Psychologists and other scientists have joined the search in the last 150 years or so. In modern western thinking, the mind is defined more or less as consciousness - as our capacity to be aware of the world and our experiences, to think, and to feel. It can also mean a person's ability to think and reason; the intellect, or a person's attention. BUT – over 100 years ago Sigmund Freud established that consciousness is only a small part - the tip of the iceberg-of mental processes. Consciousness and mind are not synonymous.

In modern cognitive science the mind is identified as the reflection of the activity of the brain and nervous system, which is seen as a fantastic unimaginably complex (possibly 100 billion cells each with a myriad connections) information-processing system linking us to our environment, both external and internal. Neurotransmitters convey electrical impulses from neurone to neurone. This is an active and ever-changing field of research. One suggestion is that, if the brain were a book, the mind is the information contained within it.

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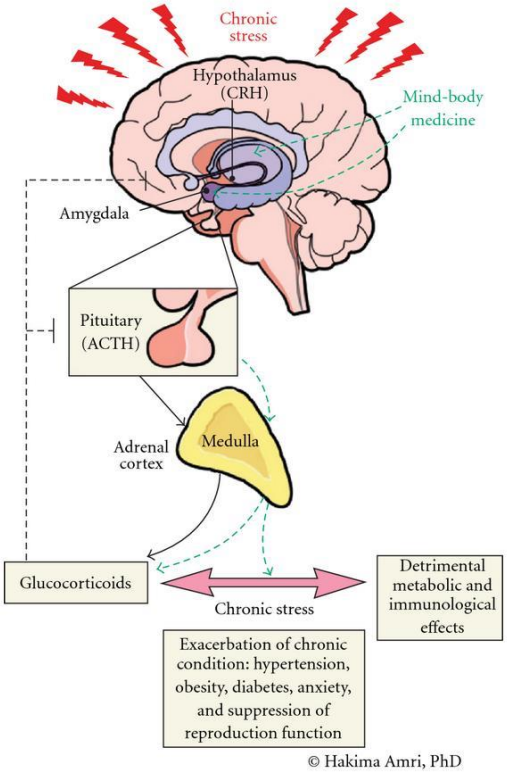
Anxiety and anxiety disorders

Anxiety is a **normal human feeling/response** when faced with threatening and difficult situations. It's a very useful, even life-saving, attribute. Positive aspects of anxiety – or "nerves" – include increasing motivation, improving performance initially, make us do our jobs well, study hard etc. It's when anxiety peaks too high that our performance falls off.

The three systems of anxiety

Anxiety is often referred to as if it is a single phenomenon, but it isn't. There are three parts to the feeling of anxiety:

1. *Bodily sensations*: The acute response to a threat, mediated by adrenaline – they include irregular breathing, churning stomach, sweating, trembling, racing heart and the need to visit the toilet.
2. *Behavioural response:* what you do when faced with the situation you fear. Especially important is the behaviour of avoiding the situation, either not going into the situation, or getting out of it quickly as possible.
3. *Thinking*: This includes your ideas and beliefs, your mental comments to yourself, or your mental pictures about what might happen to you in the situation you fear.



So if you are in a real situation that calls on this response, ideally once the situation is over your body should return to normal functioning. Acute or immediate anxiety as a response to a situation, as long as the situation is accurately perceived, is an essential response. Where it becomes a problem is when we continue to be in a state of high arousal when it is no longer needed.

According to Rick Hanson, a psychologist and Mindfulness teacher, in a recent newsletter, *"We have a brain that evolved to tell lies to help us survive. Over several hundred million years our ancestors had to avoid two kinds of mistakes: thinking there's a tiger in the bushes but actually all is well; and thinking all is well but actually there is a tiger about to pounce. The cost of the first mistake is needless worry; while the cost of the second one is no more gene copies. Mother Nature designed us to make the first mistake a thousand times to avoid making the second mistake even once."*

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Why does acute anxiety become chronic?

When the feelings become severe, perhaps worse than the situation calls for, or prolonged, with little recovery time and/or no ability to resolve the situation by fleeing or fighting, the body stays in a state of arousal and tension. This can result in the development of chronic anxiety, aka anxiety disorder. Individuals suffering from anxiety disorders have specific and recurring fears and also have many physical symptoms because of the effects of prolonged adrenaline/cortisol in the body.

Anxiety disorders can be generalised or take the form of specific phobias. A particularly unpleasant form of anxiety disorder is known as panic disorder -when, apparently out of the blue, the person becomes overwhelmed with such severe anxiety that it may feel as if they're having a heart attack. Other types of anxiety disorder include Obsessive Compulsive Disorder (OCD) and Post-Traumatic Stress Disorder (PTSD).

Affective (mood) disorders

1. **Depression**

Feelings of sadness, which happen to us all and are part of day to day life, can become disorders in circumstances where they become deeper or more prolonged. The WHO defines major depressive disorder (also known as clinical depression) as *"characterized by persistent sadness and a loss of interest in activities that people normally enjoy, accompanied by an inability to carry out daily activities, for 14 days or longer"*.

What does depressive illness feel like? Examples include (not a complete list): Depressed or flat mood on most days and for most of each day; loss of enjoyment of formerly pleasurable activities; significant change in appetite, weight or both – either increase or decrease; sleep problems – insomnia or sleeping too much; agitation or intense lethargy; excessive fatigue; poor concentration; suicidal ruminations or intentions.

There are many and varied risk factors for developing a depressive illness, but our responses to life events in the recent past have been shown to be very important – loss, bereavement, being female (!), harmful alcohol consumption and even the time of year (SAD or seasonal affective disorder). There are genetic factors too and often a substrate of sensitivity from childhood trauma. There are different types and severity of depression and it often recurs.

There are strong links between depression and other health problems. Depression increases the risk of substance use disorders, and physical health problems such as diabetes and heart disease. The opposite

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is also true, meaning that people with chronic physical health challenges are at higher risk of developing depression.

People can have mixtures of anxiety and depressive symptoms. And sometimes it can be hard to distinguish between depressive disorders and poor physical health especially when there is a lot of pain and fatigue.

2. Bipolar disorder

Bipolar disorder used to be called 'manic depression'. Approximately 1:100 people have this problem. As the older name suggests, someone with bipolar disorder will have severe mood swings. These usually last several weeks or months and are far beyond what most of us experience. They are:

Low or 'depressive' feelings of intense depression and despair

High or 'manic'feelings of extreme happiness and overactivity

Mixed for example, depressed mood with the restlessness and overactivity of a manic episode. Some people can also experience psychotic symptoms during episodes of the illness.

Stress

Frequently cited as involved in the genesis and/or maintenance of mental health problems, **stress** is possibly one of the most over-used words in the modern lexicon of what's wrong with us. It is not an easy thing to define and is cited as involved in the causation of diseases and disorders in every system of the body.

We can consider stress to be any condition in which ***the demands for activity exceed the supply of energy***. This links well with the yogic concept of energetic (pranic) imbalances in anxiety and depression (see later). According to Brown et al (Brown, 2009) stress is a major factor in most illnesses of the mind, body and spirit. Sometimes the word "stress" is used (I would argue, inaccurately) to mean

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the body's normal response to being in a frightening situation. It might be more helpful to think of events or life situations as stressors and how we deal with them as either causing stress (distress? dukkha?) or not.

Stressors include:

- Catastrophic events outwith our control: earthquakes, terrorist attacks, crimes against our physical integrity especially rape or other violence. Many or most of us would have an acute stress reaction to such events. However, we would likely go on to develop a mental health problem only if we had specific genetic or social vulnerability factors.
- Major life changes: bereavement, marital breakdown, severe illness in a family member or dear friend, work loss, poverty.
- Cumulative daily irritants – by far the most common – including working too long hours, fractured relationships, many aspects of our increasingly electronically driven lives – phones, computers, social media, addiction to gaming perhaps leading to insufficient sleep etc., meaning we are seldom at peace.

Since we can't stop life events happening, it's important to understand ways we react and what helps us cope rather than becoming unwell. Chronic stress, if we allow it to continue and dominate our lives, has so many negative effects (see separate diagram). In terms of the brain/mind interface, chronic stress can cause inhibition of neurogenesis (repairing neural circuits in the brain) and loss of neuroplasticity. **Management of stress -** calls for lifestyle changes, moderate physical exercise, social and family support, and if needed, psychotherapy.

The Cognitive Model of the Mind

Two and a half millennia after the Buddha, in 1967, a psychoanalyst, Aaron T. Beck, began publishing texts, beginning with one entitled "Depression", which challenged the then orthodoxy of the psychoanalytic model of the mind. He observed that, far from having an *unconscious need to suffer* (the Freudian concept of depression) depressed people were prone to have gloomy negative thoughts about themselves, people's views of them and of the future that occurred *because* of depression and also *perpetuated* it. These negative thoughts bombard the mind, usually sparked off by life events, and become destructive to inner peace and calm when the person believes strongly in them and feels the thoughts confirm their feeling of unworthiness, one of the key symptoms of depressed mood.

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Over the past 50 years this model, often with additional elements such as adding a focus on compassion, has become the pre-eminent psychological method of treatment – but it's not the only one. There are at least 500 different psychotherapeutic methods.

The link between thoughts, feelings and behaviour can be expressed as a circular process that can either be positive, helping us cope, or the reverse. This nutshell view of one model of understanding the origin and maintenance of symptoms- the Cognitive Model- has become well-known in healthcare in the last two decades. **You feel the way you think and you think the way you feel.** Or, as the Buddha put it all those centuries ago…..

> *"All things have the nature of mind. Mind is the chief and takes the lead. If the mind is clear, whatever you do or say will bring happiness that will follow you like your shadow.*
>
> *All things have the nature of mind. Mind is the chief and takes the lead. If the mind is polluted, whatever you do or say leads to suffering that will follow you, as a cart trails a horse."*

(The Dhammapada, chapter 1, 1-2)

The Ayurvedic model of imbalance in the three doshas.

Yoga and Ayurveda belong to each other like a brother to his sister, a plant in its soil. They are sister sciences of the Sanatan Dharma, paths to the Eternal Truth. David Frawley, a pre-eminent authority on Vedic culture, has written: "Ayurveda is the Vedic science of healing for both body and mind. Yoga is the Vedic science of Self-realisation that depends on a well-functioning body and mind". (Quoted in *Ayurvedic Yoga Therapy* by Mukunda Stiles).

"Our biological existence is a dance of the three doshas of vata, pitta and kapha" (Frawley, 1999)

- *Vata* –expresses itself as movement. It governs all life functions and manifests as the life force called Prana. Vata is the most important of the doshas; the key to managing all the doshas is to care for vata (Frawley, 1999). Bringing it to balance restores the system. In the mind a balanced Vata creates peace, open-mindedness, adaptability, intuition and a higher level of intelligence. When it is imbalanced there can be both physical and mental symptoms, including physical pains, anxiety, forgetfulness and over-sensitivity.
- *Pitta* is the principle of transformation. Pitta is "that which digests". If pitta characteristics are in balance, there is sharp, penetrating intelligence, drive and warmth. The psychological imbalances of pitta include anger, excessive self-criticism, dissatisfaction with life, and jealousy.

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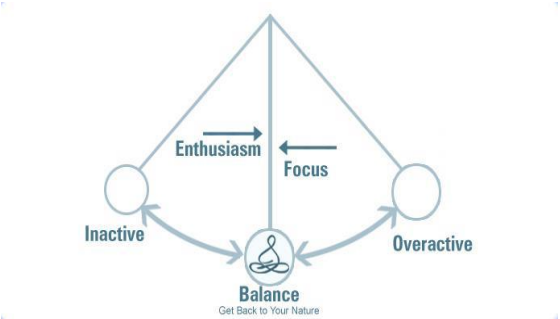
- *Kapha* –the principle of structure, support; "that which holds together". It has several important qualities including lubricating joints, tissue growth, strength and stability. The psychological goal achieved by Kapha balance is compassion and natural charity to help others. An excess of Kapha can lead to feeling unbalanced in the body and mind, weight gain, sadness, lethargy, and general malaise.

The Gunas

For the Yogi the means to the goal of health is to become freed of the primordial forces of suffering, the gunas. These are philosophical concepts of the mind, described very fully in the Bhagavad Gita, especially chapter 14.

The three states are called tamas, rajas and sattwa.



- Sattwa is the state of balance or harmony- peace and tranquillity.
- Rajas is the state of activity. It is a mental state in which someone identifies himself with his actions and seeks to gain the rewards of a full life. Positive aspects of rajas include drive and enthusiasm. Anxiety disorders and agitated depression can be seen as due to an excess of rajas.
- Tamas refers to inertia: the darkness, ignorance and lazy nature of the mind or body. Melancholic depression can be seen as an excess of tamas. Tamas can also have more positive qualities such as the inertia and sleepiness promoting needful rest.

The three qualities influence the human mind and behaviour and set us on a path of evolvement from tamas, to rajas and then sattwa, using the techniques and lifestyle practices of yoga.

Conclusion

In this background material to our day on anxiety, depression and stress in daily life these are necessarily brief and incomplete introductions to Western, Yogic and Ayurvedic models for understanding mental health problems.

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