



Healing Personal Depression And Anxiety For Good

The Only Self-Help Solution
You'll Ever Need

Jasen Zaejian, Ph.D.

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Preface

Depression is a major problem in human society. This book was written in the most abbreviated format possible to enable rapid learning, without getting lost in complicated theory or definitions. Taking advantage of the flexibility of e-Book technology, with an eye towards sharing what the literature and clinical experience teaches as effective self-help healing strategies, the reader is taken through exercises and strategies, supported by additional instructions in internet hyperlinks to teaching sites, papers, texts, and advanced self-help strategies. An exercise that works for depression, generally is effective to heal anxiety.

The underlined text hyperlinks to other chapters and, in some cases, to actual internet sites for further instruction. Most of the more than 200 endnotes hyperlink to internet sites. To facilitate exploration to sections of interest, the *Table of Contents* are hyperlinked to sections, and section titles are linked back to the Table of Contents. The endnote provides a one-click access to the internet resource, for e-reader platforms supporting internet access. It is not necessary to review the notes to learn and practice the healing strategies cited in the text.

Throughout my career as a clinical psychologist, I have seen people struggling with depression and anxiety, often without an understanding that they can heal themselves. This has driven many to take on the extravagant expense of seeing biological psychiatrists or engaging in long-term psychotherapy with psychologists or other "mental health" professionals, when the research literature indicates that self-help procedures are equivalent or more effective. Some people are reluctant to acknowledge a mild to moderate depression, for various reasons, and do not seek help. This disturbs me to the point where I want to do something about it.

Healing Personal Depression And Anxiety For Good, is just what the title states, *the only self help solution you'll ever need*. While this is not a tome of technical writing, nor a replacement for work with an experienced psychotherapist, the self-help healing strategies presented have been demonstrated as effective by research and practice. Although this was written for the public, students and professionals will learn from the presentation of effective healing strategies and links to the healing literature.

Depression and anxiety are clearly defined from a number of perspectives. We see how they relate to different aspects of life and functioning. Easy to learn exercises are offered. You'll learn an understanding of communication styles and techniques drawn from diverse practices, including traditional psychotherapy, existential psychotherapy, Gestalt therapy, energy psychology, biophysical psychotherapy, easy-to-learn yoga and meditation postures, and nutrition. Approaches proven effective and researched for thousands of years, derived from Tibetan Buddhist psychiatry practices and Auyurvedic healing are presented.

Incorporating at least some of the suggested protocols in a routine can provide relief from depression, anxiety, and emotional misery within a week to a few months, depending on personal effort and *willingness*. *Will* is the essential characteristic that will lead to a return to feelings of pleasure and satisfaction. This can be achieved with less effort than you might expect.

(A note on hyperlinks: If you find a link that cannot be reached, paste the URL in a browser or do a web search on the title for the unlinked references.)

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August 10, 2012

Healing Personal Depression And Anxiety For Good

Introduction

George Herbert Mead, a noted philosopher, social psychological theorist, and one of the founders of the philosophy of pragmatism, established the theory that mind and self arose out of the social communication process.¹ This concept is similar to other theorists from this era of the 1930's. The early psychoanalyst, Wilhelm Reich, addressed the issue of the effects of social communication in his scientific observations that people, especially young people, will react to a toxic style of relating from another by developing what he referred to as character armor.² Character armor protects one from being aware of unwanted anxiety arousing or fearful feelings. It also restricts one's natural movements. When a feeling arises that evokes anxiety, the musculature contracts to self-protect. Muscular contraction is character armor. When you are tense from worrying, or having catastrophic fantasies, or fantasies of doom, notice the musculature of your body, your face, neck, arms, etc. Tension and anxiety have a direct physical effect on organ systems and general health.³ When tension is chronic or long lasting, another layer of character armor frequently results. The tension then becomes unconscious and is usually manifested in physical symptoms, feelings of anxiety, and depression. Reich's work was a major influence in development of the field of Humanistic Psychology, especially Gestalt Therapy.^{4,5} Practitioners of Gestalt Therapy, biophysical therapy, energy psychology, or bioenergetics, especially if they engaged in their own *characterological restructuring* or long term personal therapy (> 3 years), often can experience or see this tension in the bodies of their clients, while the clients claim they are relaxed, tension-free, or unaware of the tension.^{6,7}

Communication is an interaction of symbols, each person reacting to the other's gestures. A gesture is any interaction that is part of the message in a larger interaction. For example the shaking of one's fist being a signifier for anger or displeasure towards the other. One of Mead's students and one of my graduate school professors, Herbert Blumer, coined the term *Symbolic Interaction* to develop Mead's premises. Blumer and Mead maintained that brain functions are made possible only with individuals interacting with the environment.⁸

Relationships require interaction. Relationships proceed in a specific fashion. When I say something to you, you react in symbols (by gesture or by saying something to me in sounds or words). I incorporate my perception and interpretation of the symbols you communicate to me (my perception of your words, gestures, and actions) and then modify my own response resulting from my interpretation of your words and gestures, and so on. Each successive interaction grows on the other. Blumer said that people act towards others and things based on the meaning they ascribed to those others or things. Thus, meaning arises out of social interaction. External perceptions or what one encounters outside of the skin, in our visual, auditory and kinesthetic senses, are modified and ascribed meaning through thought and the interpretive process.⁹ We will see how this is clearly relevant to depression and suicidal thinking.

When taking a closer look, we see that interpersonal relationships, perception, and energy problems are often at the root of "clinical depression."^{10,11} The foundation of most interpersonal difficulties result from:

troubles with establishing and maintaining a relationship,

troubles as a result of words or actions that another directed towards you, or you directed towards another,

troubles with your critical judgments of an intimate other or their judgments of you,

troubles with how you repeatedly feel diminished or criticized by words or actions when you're together with your partner or other significant person, resulting from either their disrespectful statements, or your own self-esteem issues,

troubles with you relating to the other in a demeaning, authoritarian way, or them relating to you in a demeaning, authoritarian way,

uncontrollable events like the death of a loved one,

uncontrollable events like the death of a parent, relative, or loved one, when your intimate other shows no compassion or concern for the temporary disruption of your emotional health, or vice versa,

the unilateral decision of a loved one to withdraw from or end an intimate relationship,

the effects of societal and government policies that create more poverty, unemployment, your own loss of a job, and other concerns.

Often, ostensibly unsolvable issues between partners have one or both immersing themselves in despair, depression, or anxiety because, regardless of whatever they do, including seeing a couples therapist, neither can seem to get beyond the toxic issues creating an impasse in their relationship. I've been there myself. In a book entitled *We'd Have A Great Relationship If It Weren't For You*, one of my first training therapists presents informative strategies for couples to move beyond surface differences and heal their interpersonal relationship issues. The author includes an informative podcast and video interview on his website relative to couples.¹² A myriad of other issues are often involved in feelings of depression and anxiety.

Energy related problems are involved either as cause or the actual result of depression. Psychological and physical problems can surface as energy related problems because of lack of physical exercise and proper nutrition. Depressed people usually diminish their physical activities. This makes the problem worse.

Societal socio-economic policies represent one common factor in many instances of depression, including post-combat depression. The grounds for despair are set when the government reduces benefits and you are forced to live on food stamps with no other source of income because your job was cut or you just mustered out with an honorable discharge, expecting to find employment related to the skills developed in the service to your country. Food stamps are not enough. You need to drive to work to any new job, or pay for public transportation. You cannot see how to get the income to pay for the expense of getting to your job; and your employer asks for your resignation because you had to take the day off when you didn't have the transportation expenses or expenses for child care for an ill child. You cannot see alternatives or a way out. If you resign, you will be unable to collect unemployment insurance. If you are fired, this will become a blemish on your work history. Such a *double-bind* can evoke

feelings of despair and depression.¹³ There are many different versions of this *double-bind*, in social interactions and misinterpretations of other's communication, often mistakenly perceived as clinical depression, defined as the major "mental illness" in modern society.

Depression is a serious social problem, a physical and/or energy problem, a problem resulting from anger or rage, an existential problem, a reaction to circumstances, and a self-image problem. In essence, depression is a problem-in-living. In the media and social discussions, depression is often referenced as an "illness" or the result of a "chemical imbalance" or physical "disease." Nevertheless, there has yet to be conclusive scientific evidence for this belief that depression is a "disease" or "illness," regardless of what you hear in the media. While a disease usually requires professional intervention, most problems in living can be resolved, given a *willingness* or sufficient motivation. The problem of *willfulness* or *will* has been addressed by many psychologists and writers beginning with one of Freud's contemporaries, Otto Rank's 1936 text, *Will Therapy: and Truth and Reality*.¹⁴ Rank influenced many subsequent analysts, including two of my former graduate school professors, Rollo May and Viktor Frankl.^{15,16,17,18} That problems-in-living can be resolved with *willfulness*, is an essential element in existential analysis, and an established fact.

Some in the field of psychiatry refer to depression as a "disease." However, psychiatry has never been able to establish proof, that stands up to the rigors of science, that depression is a real "disease." Depression is a problem, not an illness. This has clearly been established.^{19,20,21} The exercise of personal *will* to overcome a problem is a ubiquitous and indisputable pre-requisite, regardless of whatever belief system or theoretical construct one embraces.

Medicalization of behavior falsely suggests, with no scientific support, that one needs an outside chemical substance, procedure, or at least "treatment" by a "doctor" to overcome most behavior problems. The media and professional associations support these false claims. The latest media regarding the attempted medicalization of normal behavior include articles appearing in the Opinion section of the New York Times, surprisingly, by the former chair of the American Psychiatric Association task force on the DSM-IV, in August 2010 and May, 2012. He argues against the current DSM-V committee proposal to radicalize the definition of the "mental illness" category of Major Depression to include normal bereavement. This may possibly be a foretelling of the end of the authoritarianism and arrogance, underlying psychiatry and biopsychiatry since its beginnings in the eugenics movement.^{22,23,24} A covert thesis of most of psychiatry and the DSM is that *will* is meaningless. There is consensus and insightful studies suggesting that the real problem is denial of sound research by psychiatry (and those psychologists and "mental health" associates supporting psychiatry) fearing loss of control of the field as well as potential profits.²⁵ Look no further than this A.P.A proposal to psychopathologize "normal" behavior, the yearly increase in total numbers of proposed psychiatric diagnoses, and increasing diagnoses that affect children, most lacking foundations in science, or based on pseudo-science, at best.

Bereavement has recently been proposed to be treated as a "mental disease" in DSM-V, most frequently by marketed pharmaceuticals with limited or no effect on normal grief, but with untoward and unwanted physical and psychological side effects. As most all bereavement reactions achieve closure over time, it is not unreasonable to expect biopsychiatry (and it's incestuous brethren, the pharmaceutical industry) to make the claim that it is the success of their pills that results in healing the grief reaction, if this diagnostic category is included in the new manual. As with other illusory claims from this industry, the proof will be difficult, if not impossible to establish. Just as the history of Attention Deficit Disorder began with the diagnosis

created to legally justify the prescription of amphetamine based drugs to children, most newly occurring psychopathologicalization of child and adult behavior represent egregious deceptions, based on no science or pseudo-science at best, requiring considerable discussions beyond the scope of this text.²⁶ Deceptive marketing practices, one component of this trend recently exposed in the media, are directed towards swaying the public that the biochemical approach is more effective, when research has shown it to be less effective than psychotherapy and other less damaging approaches.^{27,28}

This attempt at manipulation of public perception is destructive of at least two signifiers of healthy functioning, self-esteem and healthy self-regulation. The economic effect of this attempt at manipulation of public attitudes, is first and foremost, increased profit margins for psychiatry, psychologists, and other “mental health” associates who support biological psychiatry, and the pharmaceutical industry. The side effect: the discounting of human *will* and a stigmatization of adults and children as “mentally ill.” But the more deleterious effect in using approaches proven to be ineffective, when effective approaches with no or minimal side effects are available, not only suggests a violation of human ethics, it provides an actual impediment to healing, self-esteem development, and an individual’s faith in their own ability to help themselves. Sound National Institute for Mental Health (NIMH) and University sponsored research has shown that psychotherapy, and especially the teaching of self-help strategies are more effective in healing depression and anxiety, without the disturbing physical and psychological side effects, and financial burden incurred in long term psychiatric or psychological treatment.^{29,30,31,32,33}

The following chapters reveal how serious the problems of depression and anxiety are. Much of the problem lies in the “*mental health*” profession’s subtle and not-so-subtle ploys, consciously or unconsciously, to misdirect the public from beliefs in their own healing abilities so that for-profit dependency relationships can be established with professional psychiatrists, psychologists and related “mental health” professionals. The presentation of natural and effective self-help solutions, established by research and practice, are presented as strategies to reaffirm and reclaim your own personal healing abilities.

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