

# Loving Your Superpowers

Mental Health Challenges Can Become Strengths

Andy Bradbury M.D.



Sit here with your family physician to discuss mental health with clarity and optimism. Are you wondering what depression, anxiety, OCD, bipolar disorder, ADD, PTSD, and other mental health challenges are, if you have any of them, or what you should do about them? If you are nervous or fearful about getting help, or embarrassed about seeing a counselor or taking a medication, then this book will speak to you.



Andy Bradbury MD shares his experience of more than 30 years in Family Practice and Emergency Medicine in both civilian and military settings. Andy and Becky currently make their home in Rexburg, Idaho.

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# **Loving Your Superpowers**

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***Mental Health Challenges Can Become  
Strengths***

***Andy Bradbury M.D.***

**First Edition**

*Revised*

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**Andrew R. Bradbury MD**

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**Also by Andrew R. Bradbury**

Network Mechanics – A Connected Universe

***Front Cover Photo***

*The author and a swarm of honeybees as they are coaxed back home. Our challenges are like the honeybee. When understood and nurtured, they enrich our lives.*

## Were They but There at Night

There is a boulder field where every stone  
Is a glazed, glittering gem, like stars fallen from the sky.  
All except one, a plain grey rock alone in the center  
Feeling excluded and shunned.  
People come, tourists, painters, photographers, collectors  
To view each shining boulder, a pleasure to the beholder.  
Ooh! Ahh! Look at this one! Come quick!  
Pockets bulge with fragments and paint cans run dry  
But the grey rock remains ignored  
An ugly blotch on a sweeping mural.  
The sun sets, everyone leaves,  
And they miss the centerpiece of the field.  
For when night falls, the grey rock in the center  
It glows in the dark.

*Reprinted with permission from the author, Devin Teichert, a young Hero with Superpowers.  
Devin wishes to emphasize, "We do not succeed in spite of adversity; we succeed because of it."*

## Abstract

In this friendly book a family physician sits down with you to discuss mental health using understandable and positive images. If you wonder what depression, anxiety, OCD, bipolar disorder, ADD, PTSD, and other mental health challenges are, if you wonder if you have them or what you should do about them, then this book can help. If you are nervous or fearful about getting help, or embarrassed about seeing a counselor or taking a medication, then this is definitely your book. This is a quick read with no fluff, intended to give you a practical way to look at your mental health using an optimistic model and framework that can be remembered. We all need to have our feelings validated and I hope you will feel positive about yourself as you experience these brief chapters. Nowhere here will you find the concept of being crazy; everything is about being human.

Mental health problems are a large part of every family physician's practice. Family physicians provide more mental health care in the United States than psychiatrists. This is partly due to a shortage of psychiatrists, but it is also due to the stigma people associate with mental health problems and the comfort they have with a good family physician. This little book strives to recreate the feeling, caring, and guidance you might receive from a trusted family doctor. It represents over three decades of practice in that schedule-driven world where we have only minutes to try to understand each other and provide a few choice words, some of which we hope will land where they can grow and produce healing fruit. You will not find here self-help exercises, detailed explanations, or the results of scientific research. What you hopefully will find is a concise collection of mental images and validating perspectives on your mental health which bring you understanding of your own worth and strengths. This collection of short pieces provides a way of looking at our experiences which seems to resonate in a healthy manner with my patients. It is written with a personal human feeling and I hope it is received the same way. I wish you to come through this with optimism and empowerment. We are not going to solve your problems in these few chapters, but you might learn of something new that can send you in a fresh direction. Today's crisis can be the launching pad for the changes we need. I genuinely want you to feel better and am optimistic that you will. I hope there is something of value here for you, whatever your challenge may be, and I pray you have new flashes of insight that lead to improved health and even joy.

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## Introductions

“Hi, I’m Andy Bradbury; I’m the doctor. How can I help you today?”

If you can imagine receiving this greeting from me as you are given a handshake and a smile, then we are off to a good start. I am imagining you while writing this, seeing you sitting comfortably in my office for a relaxed discussion. You won’t get the hand waving, body language, intonations, or expressions, but maybe you can imagine these. This homespun book is my attempt to provide my side of the conversations we will have as we discuss mental health. It is casual and personal. I am excited to give you concepts that you may find valuable. Rather than representing scientific rigor, this is a compilation of over 30 years in practice, watching patients’ responses, looking for those “Aha!” moments of insight and trying to recreate the words and images which led to understanding. Were we actually able to converse with each other, this would be crafted more personally for you based on your specific needs and reactions. Since we lack that shared experience, you get the whole package. Some thoughts presented here may be of great benefit to you, while others may seem senseless. Please just take what value you can and pass by the rest. Sometimes words which have no meaning now crystallize later into valuable flashes of insight. Sometimes we hear the same thing over and over without effect and then one day it lands just right at just the right time. If you even once feel, “That’s just what has been going on inside me,” then maybe we are on the right path.

It is my desire and prayer that this work will have a healing effect. The overall tone is one of optimism and caring. Those terms can be put more spiritually as hope and love. I firmly believe that understanding what is happening to us and what treatments are about goes a long way towards healing. Sometimes patients say, “I am feeling better already, it must just be a placebo effect.” I believe knowledge and insight help us to heal and that this part of healing is not just placebo effect; it is real and something for which you should give yourself credit. You have gained knowledge and insight only if you have put in some effort and work. Your insight is a great power. It is the ability to look at yourself objectively, seeing challenges as problems to be solved and not as reasons to feel shame.

This book is for those struggling to understand their mental health, doubtful or even fearful of counseling and medication, and confused or ashamed about their need for help. Mental health challenges exist for all of us. I am convinced that within myself there are aspects of virtually every challenge my patients face, and from that personal experience I am guessing we are all like that to some degree. Finding out that our experiences and struggles are shared with so many others, that we are not alone, helps the healing. I had originally intended this book to be a review for my patients after our visits, but now am hopeful it will be a help to many others.

I am by training and experience a Family Physician and Emergency Physician. I have been accused of being idealistic and simplistic. I am totally OK with that. Some of my explanations may seem fanciful to a researcher; they might be criticized as a freewheeling humanizing of science. I am OK with that, too, if the explanations help us connect on a human level to become healthier. The ER doctor part of me tends to want to try things and see what

happens, then adjust course according to the outcome. I go with what seems to work. This is actually a good model for anyone dealing with mental health concerns. Counseling and medication can be of great benefit, but do not change your world overnight. The journey takes a great deal of patience, often with false starts and set-backs, but healing does come with perseverance.

This book does not pretend to take the place of qualified counseling and medical care. In fact, one of the key goals of this book is to give you the understanding and courage to want to seek professional help. Unlike the setting in a counselor's office, my patients and I are used to the world of 15 minute appointments. This does not allow for detailed counseling, only short sound bites to guide progress and strengthen understanding. You may freely skip around the book to find what helps best today. I encourage you to seek out a counselor who can spend time with you listening to and understanding your personal story. Even if medication is ultimately important in your care, counseling will remain valuable as you strive to understand and deal with what is happening in your closest relationships, with your interactions with people, and to your self-esteem.

I make no attempt to apologize for or conceal my faith. I am a member of the Church of Jesus Christ of Latter-day Saints (Mormons) and some aspects of my faith are bound to show. While the specifics of our religions may differ, anyone who believes in a Higher Power and that there is more to life than we commonly recognize should be able to benefit from the concepts given in this book. I also believe we continue on as individuals after this lifetime. I believe there is help available to us and that we can obtain that help through faith and prayer. If you do not feel you have these beliefs or feel you cannot believe, then I invite you to try the experiment of choosing to believe, at least for a short time, and then see what comes of that choice. Faith is actually a choice we can make, and I offer to you the idea that choosing to have faith, especially to the point of prayer, will lead you down surprising paths. You will have experiences that will convince you faith is a good choice as you find increasing happiness. I admit that this book is my own little view of the universe. I share it because it seems to have helped many patients. Interpretations in this book are solely my own and do not represent the official doctrine of any specific church.

My gratitude extends to thousands of patients through the years who have been examples of courage and caring. I am thankful for mentors who unselfishly shared their experiences. The humblest and most sincere have even taught me about their greatest regrets. My family also has given me more strength than I can express and has been a fountain of insight. We are surrounded by heroes, those who are knocked down but get up again and keep trying, those who keep fighting a good fight, and many who are reaching out to lift others in spite of their own difficulties. I pray that through thoughtful introspection we can each come to realize that our greatest challenges often reveal our greatest strengths, those superpowers which are, after all, a gift.

Let's get started...

## **What Feelings have Brought You Here?**

You may wonder why you are even in the doctor's office. Is what you are feeling real or just something you are making up? Why won't it go away? Maybe you've had the experience that, "It's a sunny day, everything is going right in my life, there are no big problems, so why do I feel like this?" Or maybe there is just too much going wrong in your life and you can't see a way out. Maybe you are seeing the doctor for a variety of physical complaints like headaches, fatigue, stomach pains, or backache and haven't seen yet what is happening to your mood. There are many ways mental health becomes important. We will talk here about a few of the things you may be experiencing. You are allowed to be feeling things from more than one category! Note that everything can look like everything else and your exact diagnosis can be confusing. For example, if you are having problems focusing, as in Attention Deficit Disorder, you may have trouble keeping up in life and this will lead to anxiety and depression. If your main problem is depression do not be surprised that you have trouble focusing. You will need to work closely with your counselor, psychologist, or physician to figure out exactly what the main challenges are, and the answer may change once different treatments have been tried. Sometimes we find out best what is going on only after we try a medication.

Depression can show up as tiredness, irritability, poor sleep or too much sleep, poor appetite or too much appetite, and loss of interest in things which usually are fun for you. You might have a decreased libido (diminished sex drive), feelings of worthlessness, feelings of guilt, and even thoughts of death or suicide. You may feel you have dramatically slowed down, or you could feel agitated. It may be hard to concentrate or make decisions. Physical symptoms such as pain and fatigue may seem more intense. It may just be hard to get out of bed. When depression is severe some people will hear voices or see people or things that are not there.

Anxiety is worry taken to an extreme. It can be a constant background of being on edge. Sometimes there can be a free-floating feeling of panic when you cannot even identify something that is wrong. You may overthink or ruminate about things that you cannot change. You may keep worrying even when you know worrying does not help.

Obsessive compulsive disorder is closely related to anxiety. If you are unable to satisfy your compulsive urges you will become more anxious. You may think over and over about the same thing, need to check that locks are locked, or recheck that doors are shut. There may be a relationship you can't get out of your head. Some people deal with scrupulosity, which is an obsessive certainty that you have done something wrong or are not worthy. Some obsess over cleaning, or organizing, or schedules and lists. Others just can't bear to throw anything away.

Post traumatic stress disorder typically occurs after some horrible event, but can also be triggered by less obvious stresses. There are often nightmares and flashbacks related to the event and certain places, objects, people, sounds, smells, or words can be triggers to bring back a painful flood of memories.

Bipolar patients experience wide mood swings. At the peak, or manic phase, they may need little or no sleep, take on grandiose projects, or engage in risky or hypersexual behavior. Lows may bring the deepest of depressions.

Attention deficit can be present since childhood but might first be recognized as an adult. Inability to focus, distractibility, and impulsivity can cause stress not just at school but also in relationships, at home, at work, in social settings, and in church life.

Whatever your greatest challenges are, it is important to identify them accurately and to discuss them openly with your counselor and doctor so the best treatment can be used.

## **The First Thing is the Most Important Thing**

... and it is the hardest thing to believe or grasp. The first thing is that whatever mental health challenge you have (depression, anxiety, obsessive compulsive disorder, bipolar, unhealthy personality, post traumatic stress, anorexia, bulimia, or others), it is real stuff. You did not cause it, it is not your fault, you did not ask for it, you are not making it up, and you are not imagining it. You came by it honestly, possibly genetically, and not through any fault of your own. There is an excellent chance others in your family share similar challenges, though this may be hard to find out if people do not talk or have their problems hidden by alcoholism or other addictions. This is as real as any other medical condition and we will spend some time explaining how it really is a medical condition.

Coming in as a close second in importance is understanding that you are not your brain. Let me repeat, your brain is not who you are any more than your big toe is who you are. The brain is just part of this physical package, your body, which you received to get through this life. Who you are is over there somewhere, separate from your brain and body, and consists of your Spirit, dreams, and aspirations. We are given this physical package, the brain and body, as a gift, and every one of us has something to deal with in the package. I can show you a family where not everyone, but a lot of people, have diabetes, or another family in which not everyone but a lot of people have cancer. When the cards were passed out, your family got the Mental Health card. How lucky could you be?! But that is all it is, a card and a challenge, a problem to be solved. Those who do best, whether for diabetes, cancer, or mental health, are the ones who look at their card and say, "Hmm, I got the Mental Health card, well that stinks! But I have places to go and things to do and this is getting in the way of the joy and happiness I am here to experience. Give me all you've got, whether it's counseling or medication or anything else, because I want to get this settled and move on with life. I want my life to be about other things than worrying about this mental health stuff." I would not wish any card on anyone, but in some ways the Mental Health card can be extra challenging as while you are trying to deal with it, it is affecting your image of yourself and damaging your self-esteem. The more you can look at this card objectively as a challenge to be faced, a problem to be solved, rather than something to be embarrassed about, ashamed of, or taken personally, the better you will do. I do not know why we get the cards we do, but the unsettling realization has hit me more than once that no matter what I might think, it is all a gift.

The brain remains a great mystery for us. We are starting to get some idea of how it works, but much is still unknown. For the most part we have no objective way to measure it, no blood tests to tell us what is going on. There is research now into some blood tests which may one day be helpful. Wouldn't it be great to have a blood test and learn, "You have this condition and here is the right medication for it, at this dosage?" Someday hopefully this will exist, but for now there is still much trial and error getting to the correct diagnosis and treatment. It is important to understand this at the beginning and to be prepared for the journey.

What we are coming to understand is that the brain is just another chemical organ, like so many others in our body. It runs on chemical messengers. When one brain cell wants to communicate with another it does not do it by an electrical zap like in the cartoons, but communicates by sending a small chemical package, a messenger, across the space (the synapse) between cells. These messengers are called neurotransmitters and there are many of them of different types. If you have too much or too little of one of these messengers, then you will have a problem. This makes sense as it is completely like what goes on everywhere else in the body. I can point to any part of the body and show you how having too much or too little of something causes a problem. Diabetes occurs when the pancreas, a dumb organ in our abdomen that helps digestion, does not make enough insulin and then we can't handle sugars. Hypothyroidism occurs when the thyroid, kind of an energy meter sitting in the front of the neck, doesn't make enough thyroid hormone. The brain is more complicated than all the rest of the body put together, so obviously it will have some of these same issues. We just are not smart enough yet to figure this all out, but we are starting to get some hints. The exciting thing is that once we know about a neurotransmitter that is in short supply, then we can design a medication to improve the situation. Since these medications are designed to do one specific thing, improve the action of a neurotransmitter, scientists are more and more able to keep them safe and specific. The ideal medication today is not addictive, will not make you think weird thoughts, will not turn you into someone you are not, and will not make you into a zombie or throw a blanket over your emotions. If any of these things are happening, then we are on the wrong track and something different should be tried.

I have had extremely creative, intelligent, and productive patients on medications report, "This medication does not change me, it lets me be myself." This is what we are looking for. It is as if the person I am is over there, with a wall of depression, anxiety, bipolar, or whatever keeping me from getting there. When medication is used it can blow that wall away and let me be myself.

There is still fear and judgement about medications. Much of this is left over from what medicine had to offer more than fifty years ago. Back then there was not an understanding of neurotransmitters and brain functioning. Often the only medications of any use were strong tranquilizers. They could not fix anything but at least would put you to sleep or cause you to walk around in a zombie-like daze. This has contributed to the bad reputation psychiatry and medications often share and has been reinforced by media images such as those exposed in the movie "One Flew Over the Cuckoo's Nest." This is a shame because today we have excellent medications that really do good things without the downsides. However, we still need patience. It is not like you can start a pill tonight and tomorrow you will feel great. It often takes weeks or months of patient hard work, adjusting dosage, and changing medications. I wish we could draw your blood, run some tests, and say, "This is the one for you, at this dose." There is ongoing research in this area and blood tests are available (for a pretty high price). These are an exciting glimpse of the future, but are not quite there yet. I do take such information into account when it is available, but still the mainstay of treatment is to make our best guess of what will work and give it a try. If your family is approachable and open to such conversations, it can be extremely helpful to know what medications have worked well for other family members. This is often a great clue to what will work best for you. There are most likely some inherited differences in enzymes that process the medications or in receptors that catch the chemical messages. Family members can share these traits and sometimes have good results with similar medicines.

Not everyone needs to be on medication, and not everyone who gets benefit from a medication will need to use it forever. Ideally you will start care with a counselor and see what progress can be made, then turn to medication if it seems that will be a good tool. For some people use of medication right away is best. If you do seem to need medication, take that decision as a sign of your intelligence and insight; you are the one smart enough to try to fix this and move on. Medications used correctly are a helpful tool and not to be feared. Many people avoid medications when they could be of great benefit. The analogy with other parts of the body is perfect. If a person needs insulin for their diabetes because it is not made by the pancreas, they can sit there all day and think about it but no matter how hard they try, they cannot think their pancreas into making more insulin. The same is true with our brains; we can sit and think all day but cannot think the brain into making more of what it needs. Unfortunately we do not look at problems with the brain in the same accepting way. If I told you your pancreas is not making enough insulin or your thyroid is not making enough thyroid hormone you would not be happy but you also would not take it personally. You would not be offended. Now if I say your brain is not making enough of some neurotransmitter such as serotonin, we take that one personally. We need to realize this is no different than with any other part of the body.

One mistake I see frequently is when medication is not used in a high enough dosage. Particularly in treating depression, anxiety, and obsessive compulsive disorder I have met several patients who have tried multiple medications without benefit. They were convinced medication would not help, but actually had never been on anything except the lower starting dosages. This is about neurotransmitter levels. If the level is almost where it needs to be, that might be only a little helpful, while just a bit more medication may make all the difference. Again, this is a game of patience and persistence. Your willingness to keep trying is the key to your success.

Since this is real stuff, as real as any other medical condition, it is critical to understand it is not about your failures, lack of spirituality, unworthiness, or sinning. Mental health challenges are the result of having an imperfect package (my brain) to live in an imperfect world. These are challenges, problems to solve to help us grow. I do not know why each of us gets the specific hurdles we face, but I do know that ultimately we cannot escape the fact that all of it is a gift. Do not believe your problems are because you do not have enough faith or spirituality. Unfortunately we often meet people, even people we respect for their position, who do not get it and can say hurtful things. Things like, "You don't need that medication, it is just a crutch. Are you sure you are spiritual enough? Are you reading your scriptures, saying your prayers, and asking for blessings? If you were more sincere then these problems would go away." These are damaging comments and they are untrue. I am hanging on the edge of a cliff by my fingernails and they are offering me a giant anchor instead of a helping hand. The same people would likely never say such things to a child fighting leukemia with chemotherapy or a person taking insulin for diabetes. The resources of this world, including scientific discoveries and medications, are here for our benefit, to be used with prudence, gratitude, and wisdom.

In my experience there are two groups of people who can be particularly negative in their comments about your search for mental health. The first are those who, bless them, have never experienced any of this. All they can do is compare to their own experiences. They have had the usual ups and downs we all experience, and some 'blue days'. Their advice is, "Just get up and do something, get out in the sunshine, do something fun." They may mention two extremely important ways to improve your self-esteem and lift your mood, gratitude and service. This



sounds great and has real truth behind it, but for the person in a deep and true chemical depression this is unimaginable and beyond reach. Just getting out of the chair or bed is the impossible thing.

The second group is often more aggressive. These are people who actually have mental health challenges themselves but can't bear to look at them. They have to deny your pain so they do not face examining their own. When either group tries to help by suggesting you stop your counseling, medication, or anything else you are finding useful, you need to believe what I am telling you about this being real stuff and not your fault. Believe it enough to keep doing what helps, and believe it strongly enough to develop a thick skin so comments from others roll off. You can smile sweetly and thank them. Then when they leave you can shake your head and say, "They have no clue what they are talking about." This understanding you are gaining is your first superpower, insight. That insight is the cloud's silver lining and will be of great value as it enriches your life. There is a good chance you will use it one day to help others. You will be a breath of life-giving air to another person one day who is struggling with these concepts. You will be a warm person who 'gets it'. If you and another family member, such as a spouse, both understand this then you can be each other's best support. For yourself, you will need to review the insights you have gained over and over again. We understand concepts intellectually long before we can consistently respond emotionally. It is a long distance from the head to the heart.

The talk by Elder Jeffrey R. Holland, "Like a Broken Vessel", can be found on the internet. Many of my patients find great comfort in this talk. He starts by emphasizing the reality of mental health challenges. These are a real part of life, not imagined. He follows by sharing his own experience with depression and mentions prominent individuals who have dealt with such problems. This is powerful and important. If you are religious and constantly trying to improve yourself, you likely have had this series of thoughts:

"The Gospel (my faith or my church) is supposed to make me happy and joyful."

"I am not very happy and I am certainly not joyful."

"So, I must be doing something wrong."

"After all, if I were more spiritual and following the commandments better, then certainly I would be happy."

This reasoning sounds sensible at first, but it is baloney. Elder Holland's confession of his own experience with depression is proof of this. He is kind of a spiritual man (I say this jokingly for those who know what a spiritual giant he is), and I am confident that within your own faith and among your own heroes you will find others who have wonderful spirituality and yet have faced mental health crises. These challenges are so common that it will certainly be so. Here is the message to take home, "If that man or woman can have depression (or anxiety, or bipolar, or OCD, or whatever), then anybody can have it." It is not about spirituality; it is about being human. Positive thinking and increased spirituality are admirable and helpful goals but they are not the whole solution to mental health challenges. A good book that may help you and your family understand mental health in this way is "Valley of Sorrow" by Elder Alexander B. Morrison.



## Planning to Be Safe

I am blunt and direct about your safety. Depression and other mental health challenges are real. This is not your fault, you did not cause it, and you are not imagining it. It is tragic when someone starts thinking about suicide and does not get help. There is a great deal that can be done to help and there is always another step to take. We really need a promise up front that you will get the help you need. I have no reason to think that your suicidal thoughts will worsen, but we need a solid plan for your safety.

Who would you turn to if you began to have serious thoughts of suicide? A lot of people have vague thoughts of death and this is not so abnormal. We sometimes think, “I just wish this were all over.” However, when you get to the point of actually making plans about suicide or taking steps it is critical that you have a safety plan for who to turn to and how to get help. It is also important that you have committed to follow your safety plan. Perhaps there are close friends, or roommates, or family members you will turn to. Maybe there is someone nearby you have already been thinking of talking to, someone you have observed silently and respected. It is OK to open up to someone new. Have the courage to say, “I have a problem and I need someone to talk to. You’re the one that pops into my head.” If you cannot think of any of these people, then plan to call a suicide hotline, go to the Emergency Room, or call ‘911’. Your counselor or doctor can help you with local crisis resources, or you may call the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255).

It is also important that you have a strategy to deal with depression when it becomes more severe. Work with your counselor to make a list of your biggest reasons for living. Many of my patients deliberately seek out others when depression strikes so that they are not alone. For some this is hard because of social anxiety, but if you can push yourself to do things with others it will take your mind off the depression hopefully long enough to get through the crisis.

Sometimes there is difficulty or confusion finding the best medication for you. Sometimes there are side effects from medications, or several medications are needed for you to feel stable. Sometimes your safety is a concern in spite of our best efforts. In these situations I or your counselor may recommend that you see a psychiatrist either in the office or by being admitted to the hospital. There is no shame or failure in this either for you or for me. The psychiatrist is the medication expert and some people definitely need that level of care. By choosing to bring in more help we are just being smart and doing the next and best thing for your healing. It is part of that intelligent attitude, “Give me whatever there is to help; I have things to do and want to experience all that I can in life, to feel joy.” I’m asking you to have willingness and patience to do what will ultimately make you whole.

Those who have attempted suicide but survived universally report being happy they are still alive. It is essential that you remove from your home anything that could be dangerous on a quick impulse. If you have guns then ask someone in the family or a friend to take care of them for you. If you have any medications which are no longer being used, your police department may be able to tell you about a collection site for these so you can get them out of your home. If this is not available, then pour them out of their bottles into a plastic bag with some paper towels,

pour some water into the bag, let it set until it is mushy, seal it, and drop it in the trash. If the pills won't soften into a mush then add some green food coloring and leftovers to it, anything to make it look undesirable before it is thrown away. You can get full instructions on this from the FDA or EPA by looking up "How to Dispose of Medicine" on the internet. We no longer think it is healthy to flush old medicines down the toilet.

## Hit by a Truck

Many mental health problems first appear in the teenage or early adult years. There may have been no hint a problem was coming your way. This is often a time of transition such as leaving home, starting a new job, going to college, joining the military, or going away to serve a mission. You are ready for something exciting, putting your energy into it, and suddenly your life is changed by depression, bipolar disorder, anxiety, or any of several other problems. Making it worse is the fact that the cause is so invisible and leaves us with nothing to blame. No matter at what age your challenges appear, you may be having some of these thoughts:

“Am I making this up?”

“Can’t I just think or pray my way out of this?”

“This must be my fault.”

These are all common feelings people have. I would like to suggest a different way to look at this experience. Imagine you were working your new job, or attending college, moving into your new life, serving your mission, or whatever else you were about, and went to cross the street. Halfway across you were hit by a truck and now you are in the hospital with lots of pain and broken bones. This is no fun, but you and everyone who knows you is not left with confusion or doubt. You were hit by a truck and it is not your fault.

Now the truth is, you really were hit by a truck, it is just that it is invisible. It is the depression/bipolar/anxiety/whatever truck and it is just as real and painful as the one that would have broken your bones. You were out there wanting to do great things and now here you are, hit by a truck, but this one is more unfair because it leaves you doubting. Do not doubt; it is no fault of yours, it is just a truck. It is a real, physical, chemical, neurotransmitter truck. Make sure you understand this so you can protect yourself from well-meaning but uninformed people whose comments may hurt.

Chances are you are not alone in your family. Mental health problems tend to be inherited, though not directly or 100% of the time, and are more likely in one family than another. You may have difficulty finding out about this in your family. Traditionally many people are uncomfortable talking about depression, anxiety, bipolar, and such. Many are embarrassed. Many are in denial. Lots of the time these conditions are never diagnosed, and other times they are what really is behind alcoholism or other addictions. If you are adopted you may never learn your family history, but sometimes the dysfunction that can come with mental health problems leads to broken families and adoption. You may just be left guessing, but most likely it is there somewhere in your family tree. This does not mean your own children will have the same problems, but it does mean there is some chance. This is why what you are doing now to understand and master all this is so important; you will be a great blessing to future generations. You will understand and see what is happening so that help can be found more quickly.



## Depression, Anxiety, and Obsessive Compulsive Disorder

I will talk about these three challenges, depression, anxiety, and obsessive compulsive disorder (OCD), together because they really are different versions of the same thing and they all often respond to the same medications. In an earlier chapter we discussed neurotransmitters. We are just starting to understand these, but there is one in particular that we know something about. This is serotonin. Pure and simple, if you do not make enough serotonin you will have problems with depression, anxiety, or OCD. Some people just have depression, some just anxiety, and some just OCD, but many people can see aspects of two or all three of these in themselves. Maybe I am mostly depressed but I also worry a lot and have some tendency to perfectionism. Maybe anxiety and panic are my worst problems but they leave me depressed at times. What is the link?

Serotonin seems to be the key most often, though some other neurotransmitters are involved. We even know a little about what serotonin does. Serotonin seems to be in charge of keeping our thoughts moving. It is the thing that says, "I've thought about this enough and I can't do anything about it right now, so I need to let it go and move on." In other words, serotonin runs the 'let it go machine' in your brain, and if you do not have enough serotonin then your let it go machine is not working very well. Have you ever lain in bed at night and been unable to sleep because your mind would just not turn off? Things seem to just go around and around. This feeling is why I say depression, anxiety, and OCD are all versions of the same thing; they are just different ways of not letting go. This can be occurring consciously or in the subconscious mind. Which type of overthinking we do determines our symptoms, whether the thinking is negative and self-critical, worrying, or about things just not being right. If we do not let go of worrisome thoughts then this will build and build into anxiety or even panic. If our persistent thoughts are negative and self-critical this will distort our self-image and build into depression. If we just feel everything should be a certain way and perfect then the overthinking leads to OCD. Getting the let it go machine working properly can be a tremendously positive experience. Visualize a stick pulled out from where it was caught among the gears, or opening a gate to let thoughts flow forward like water instead of being trapped going around and around in an endless circle.

We all have some aspects of these conditions. A certain amount of worry is a good thing, and we all have 'blue days'. Life events such as a broken relationship, job setback, illness, financial pressures, or family issues can lead to 'situational' anxiety or depression and these do not always require medication. In fact, in many of these cases it is better to seek insight through counseling without the help of medication. For more persistent or intense cases, however, both medication and counseling are valuable and the combination of these brings the best results.

Fortunately we have medications now which lift the serotonin or other neurotransmitters. Finding the right one for you can be a challenge but if you stick with it, help is there. You might know of a medicine that works well for a close family member, and that can be a good place to start. It may be necessary to change the dosage, change medications, or even change to a medicine that works differently, but if you can stay with it, keep trying, there will be hope. One

common problem I find is that patients are not taking high enough dosages of their medications for long enough. Sometimes a starting dosage does nothing, the next dose and the next still do nothing, and then as we near a full adult dose there is great benefit. If there are no problems with a medication it is well worth it to work to the full dosage before giving up on it to try something else. Of course, if a medication is working well already then there is no reason to increase the dosage and it is always good to be on the lowest dosage that works. Some of my patients come to their initial visit reporting that several medications have failed when none have actually been tried at adequate doses.

When we start one of these medications I will usually have you return in a couple weeks. This is not because we expect miraculous changes that fast, in fact two weeks is commonly about the time when any benefit just starts to appear. This visit is to make sure you are not having persistent side effects, and to adjust the medication as needed. The most common side effects of these medicines are a little sleepiness, some dry mouth, and even a little nausea. If you take the medicine at night you will often just go to sleep and not notice these side effects. If you can stick with it for several days then any side effects will often go away. However, make sure you let your doctor know if the side effects are severe and certainly report right away if you are feeling more depressed or suicidal. A lower dosage, change in the time of day it is taken, or change in medication may be needed. This is where we don't have enough science and just have to patiently try our options. One medication can do wonders for one patient but have no effect on another, while a second medication works well for that patient but gives side effects to the first. This can happen even if the two medications are closely related. Interestingly we do sometimes find that those with the most nuisance side effects, provided they are not severe and go away soon, may have the best benefit from a medicine; in these cases the medication seems to really do something and not just act like water.

A couple side effects that patients worry the most about are weight gain and loss of sexual desire. Certainly these can be real and are listed as possible for nearly every medication. We should be sensitive to these effects and watch for them, but there is another way to think about this. Depression and anxiety themselves lead us to overeat, lose interest, and not take care of ourselves. I encourage you to give medication a try first to see if improving your depression and anxiety will actually make it easier for you to do those things you need to do to take good care of yourself, such as following a good diet, getting healthy sleep, and exercising. If you do these things then there is a good chance weight and libido will not be a problem.

Those with more severe anxiety may also experience panic attacks. These are episodes where the anxiety builds to a disabling level and brings on intense physical symptoms. In this situation you might find it helpful to use an additional medication, a 'chill pill', from the benzodiazepine family. These medications do not fix anything. They just chill you out to get through a rough time while waiting for the main medication, the one that raises serotonin, to start working. They also help while you are learning techniques in counseling to deal with anxiety attacks without medication. This 'chilling out' can still be important and valuable as it makes life bearable and gets you through tough times. These medications can be addictive if used daily in higher amounts, but use at the beginning of treatment, and later on a more occasional basis, can be a good help. One of the worst things about anxiety is that it leaves you feeling like you are not in charge. You can become anxious about becoming anxious and think, "What if I have a



panic attack in public?” Once you have tried the ‘chill pill’ a couple times you may find you don’t need it so much anymore, because you are once again the boss of your life. You don’t have to worry about having a panic attack because you know you have a solution. Just having the pills with you can make using them unnecessary. The first time you use one of these medications I recommend you try it when there is nothing big happening. You need to know how much chilling out the medication causes and what is your best dose. Remember, this does not fix anything, it is just a chill pill, and will chill your whole body, maybe right to sleep. Definitely do not take it the first time and then drive a car or go sit for a test in school. These medications will work when the panic is full-blown, but are most effective if taken before things get that bad. If you are thinking, “I know where this feeling is heading,” then that is a good time to take the chill pill.

If OCD is your biggest problem then be prepared to work toward higher dosages of the medication. Also work closely with your counselor. OCD is sometimes more of a challenge because it has its own built-in sneaky trap; the more you try to think about not thinking about something, the more you are thinking about it. People with OCD are often struggling with the difference between how the world should be and how it actually is. We know the world makes this difference glaringly obvious. Getting the let it go machine on board takes more effort with OCD. There are many helpful books about OCD. Examples are “Brain Lock” by Jeffrey M. Schwartz and Beverly Beyette, “Over and Over Again” by Fugen Neziroglu and Jose A. Yaryura-Tobias, “The Doubting Disease” by Joseph W. Ciarrocchi, and “Stop Obsessing!” by Edna B. Foa and Reid Wilson. Having so many books should tell you something; OCD is shared by more people than you imagine. You are not alone and you are not weird. Some people with OCD are plagued by thoughts that are frightening or repulsive. They imagine themselves doing horrible things and feel great guilt for this. “I am not a good person, look at the horrible things I think.” Really this is not you creating the thoughts, they are just flying by and your brain is like a steel trap. It hangs on to everything and lets nothing go. Everyone’s brain generates wild thoughts all the time, but they usually just fly away as quickly as they are formed. Not so if your let it go machine is not operating. This is such a common experience that we even have a quotation about it credited to Martin Luther, “You cannot keep birds from flying over your head but you can keep them from building a nest in your hair.” Keeping them from nesting is the game here, but the thoughts are not something you created, they do not represent you, and they are not something you will act on. For practice you can create a mental image of giving little karate chops to deflect these thoughts and send them away as they fly by.

Some people with OCD must check and recheck what they have done or seen. Some are certain they are guilty of great sins. Some have to clean, organize, or wash repeatedly. All of this takes time and energy. Medication can help you let go more easily, but it is best if you combine this with counseling, particularly the type called Cognitive Behavioral Therapy (CBT). There are some specific exercises you will learn about that can help you master your OCD. Learn how OCD acts in your life. You may wonder why sometimes you are meticulously organized, but at other times you just let everything be in disarray. This is because it takes so much energy to control your environment. It becomes an all or nothing game. When you can win, fine, but when you are overwhelmed you just have to give up. Learning that there are ways to live in the middle, letting some things go while working on the important things, should be a goal. Some of my patients with OCD who live with particularly disorganized roommates find it

helpful to imagine their home space, even if it is just as small as their bed and closet, as their main sanctuary. When they leave this they are on an expedition, exploring the jungle. They don't have to change everything they see, but can just travel through it as an adventurer and later return to the small piece of the jungle they can control.

Once you get to the point where you really feel you understand your anxiety or OCD and can live with them, and have graduated to the extent that you can even laugh at them, then (and only then!) enjoy the Youtube video "Stop It!" with Bob Newhart. Here is a strong disclaimer: what we experience emotionally in anxiety, depression, and OCD is incredibly painful. This little video is not intended to make that pain worse and should only be seen if you feel you are developing enough strength to look at yourself with some healing humor. Laughing at ourselves can be healthy if we are in the right frame of mind. What I like most about this little video clip is that it is another demonstration of how common these problems are; you are so not alone that they are part of our modern culture.

Some patients with depression, anxiety, or OCD are also frustrated by chronic pain or a variety of body complaints. If this describes your experience then it is important to know that your pain has a real physical origin and serves an important function, but the intensity and constancy with which you experience it are not fair. It is not fun, and this is no fault of your own. It is not 'just in your head'. This magnified pain is understandable in terms of serotonin as well. Serotonin is involved in our pain circuits, and when there is not enough our sensations of pain can be intensified. We also have a crucial 'let it go filter' for our brain which will not work right if there is not enough serotonin. Imagine the multitude of signals that must be coming constantly to our brains. Every muscle movement, every heartbeat, every breath, every skin sensation, literally millions of messages from every part of our body and our surroundings are flooding the brain constantly. To make sense of all this and deal with what is most important right now, the brain must have a filter that lets only the most urgent messages through. We could not function if we had to be aware of every moving gas bubble in the intestines or the sound of blood flowing near our ears. If you do not have enough serotonin then this let it go filter may not work as it should and you may experience pain or physical symptoms to a severe and distracting level. Work with your counselor and doctor on these symptoms just as you do for depression, anxiety, or OCD.

All three conditions, depression, anxiety, and OCD, can help us fall victim to the great Comparison Game. We examine the lives (as we imagine them) of classmates, siblings, friends, neighbors, coworkers, leaders, and famous people. We do not feel our lives measure up to what we see in others. We find reasons to avoid being around those that remind us of our imagined inadequacies and by doing this miss out on the happiness that comes from sharing life. We are robbed of the joy of experiencing the world of 'what is' and instead can be swimming in the jealousy, bitterness, isolation, anxiety, and self-hating that come from imagining a world that might have been. As we feed this cycle of comparing, our depression grows to feelings of worthlessness, our anxiety about what we should be intensifies, and we obsess about not being successful, not meeting our potential, and not following God's plan for our lives. The search for validation of my own life becomes painful and can lead to pride, anger, envy, and discouragement. In a religious culture this can be worse because we are taught of the evil of prideful comparisons and that such thinking shows a lack of gratitude. In the same way, not

letting go of the past can be interpreted by some as not having enough faith and not appreciating the great gift God gives by forgiving our sins. When we get religion and spirituality mixed up with our truly medical mental health challenges like this, then we have a confusing mess to sort out. If we can see this clearly and give both ourselves and those around us credit for just being imperfect humans trying our best to work through the problems we face, then hopefully we can stop blaming ourselves and others unfairly. This is a huge amount of letting go! If we get that let it go machine working right, then we can feel the joy of this creation as it was intended for us. In the ideal, I feel joy in being what I am and your success adds to that joy as you are my brothers, sisters, and companions on this journey.

If you wish to read more about depression and anxiety I recommend three books by David D. Burns, M.D., “The Feeling Good Handbook”, “Feeling Good: The New Mood Therapy”, and “When Panic Attacks”. He is particularly good at describing the false or negative thinking traps we get into which then affect our moods. These are called cognitive distortions. Learning about these can sometimes be a painfully funny way to come to understand ourselves. Do I insist I must always be right? Must everything that happens be someone’s fault? Am I jumping to conclusions by reading your mind or imagining the worst (I think you are thinking how mad you are at me, but really you are just thinking about your sandwich)? You can get a quick review of these by looking up ‘Cognitive Distortion’ in Wikipedia, but I recommend you read the books by Dr. Burns. After you have worked this out, write down on a file card positive statements you have learned that help you and review these frequently. We all want and need to hear statements that we are great, someone loves us, and someone is proud of us. However hard these are to find at first, use them to push out the negative thinking.

## Superpowers – A Lot of Something Good

So what could possibly be good about any of this? I want you to do a little judo flip in your thinking and realize that there is nothing wrong with you. You are not broken. True, your let it go machine could use a little tuning up, but at the root of your depression, anxiety, or OCD there is nothing wrong. It is actually too much of a good thing. How can this be? Let's look at each of these.

What is behind anxiety? Anxiety means you worry a lot. What is wrong with that? Worrying is actually good for survival. It is how we keep bad things from happening. It is just when we have too much of it that life stops being fun. I would like to live tomorrow once, when it happens, not a thousand times in my mind today. But the basic quality of worrying is a good one, if we can just turn the knob down a little and make it a strong tool in our toolbox. It will distinguish you as a quality person. If I gave you a pill that made it so you didn't worry about anything ever again, you would not like that very much and you wouldn't last very long. We are not trying to change the essence of who you are, but are trying for mastery of those qualities that make you unique, your particular superpowers. If you doubt the value of this superpower, think of the last time you did a group project with others, maybe in school or at work. Did you end up doing most of the work? Were you the one watching the deadlines? Don't you think it would have been nice to be able to reach over and sprinkle a little worry, some concern, on a few members of the team? Wouldn't that have been good for everyone?

So what about OCD? What is good about that? Well, OCD means at some level you want things to be the way they ought to be. Maybe you pay attention to details or cleanliness. Maybe you have some perfectionism or want things in order. Maybe you are intensely honest. What is wrong with any of this? Wouldn't the world be a better place if everyone was like this? We certainly would not be surrounded by slobs. These are all great qualities, if you can just tone them down to be your tools and not something that wears you out. A problem with having to have things perfect is that we cannot get on to the next job because the first job is never perfect enough. Surgeons express it this way, "The enemy of good enough is better." Sometimes serious delays or bad results happen just because we keep pushing for that little bit more of perfection. However, with your let it go machine properly tuned you will find you have powers of observation and attention to detail that distinguish you. You may find you have great strength in keeping lots of projects going at once or in noticing problems before they get out of control. You may be great at visualizing outcomes and predicting the future. You may be able to stubbornly and meticulously stay with a detail-oriented task until it is completed. These are all qualities I want in the person doing surgery on me, or the one who designed the bridge I drive over, or the person doing my tax forms so I stay out of trouble. Again, these are wonderful qualities once they are understood and you become the master. This is not something wrong with you, but it is something powerful.

What is at the heart of depression? We haven't had time to talk, but my guess is that you are an introspective person. That means you spend a lot of time in self-review or self-analysis.

“Did I say the right thing?”

“I didn’t do as much as I could have.”

“That person won’t like me now because of this.”

Does any of this sound like you? This introspection is what it means to be thoughtful. What is wrong with that? It is the very definition of being a nice person. If you don’t believe this, I can introduce you to some people who do not have any of this introspection or self-review and they act like real jerks. Introspection is a wonderful thing, but if you have too much of it then it stops being fun and will weigh you down.

How so? I don’t care who you are, it is impossible to get through the day without thinking, saying, or doing something you shouldn’t. Every day we think, say, or do something we regret. What I am supposed to do when this happens is to look at it and think, “Tomorrow’s a new day, I’m going to let this go and do better tomorrow.” After all, that is why the sun goes down and comes up again, to give us a fresh start. Then tomorrow, when I do the exact same thing all over again, I am supposed to look at it and think, “Tomorrow’s another new day, I’m going to let this go and do better tomorrow.” But if my let it go machine is not working, then tomorrow I am still beating myself up about things that happened 3 years ago, and pretty soon I am dragging this whole train behind me of regrets, things that can’t be let go. We are not supposed to go through life like that. We are supposed to let go, cut it all free, and always move forward.

If you can learn this skill of letting go, then the quality of introspection will become your superpower, the thing that makes you super nice. Your thoughtfulness and sensitivity are causing you pain now but can make you shine as a caring and serving person. The world would be a wonderful place if everyone had these qualities.

Remember, nothing is wrong with you. Your let it go machine could use a tune up, but your basic qualities are outstanding and set you apart as a high class person. This is about the good stuff you have and learning to handle it. You have great tools of introspection, thoughtfulness, caring, worry, wanting things right, and attention to detail. These are superpowers which distinguish you as a quality individual and a nice person. You really have too much superpower and should not be surprised when, just like Spiderman, you swing into the sides of a few brick buildings until you get this figured out. We are not taking these superpowers away, just toning them down, containing and controlling them to be part of your toolbox. You can keep your superpowers at the ready on your superhero accessory belt to summon as you will.

## Passion and Grief

Passion is what makes life fulfilling. Great joy comes from our passion for our spouse, our family, our church, or our career. Losing ourselves fully in a noble cause is the height of true happiness; we find our passion and through this we find our calling. What happens if any of those objects of our passion are lost? We feel profound grief, and this can be from any loss, not just the death of a close family member or friend. We experience the same grieving process with loss of a job, breakup of a relationship, being rejected from a social group, or financial ruin. We also grieve for more abstract reasons, and the intensity of this grief can be just as severe. This can be from a crisis of faith, loss of our health, bursting of a dream, failure at school, or the destruction of some vision we have been chasing. Please do not isolate yourself to grieve alone. There is healing in sharing your experience with others. Seek counseling or a grief recovery workshop when needed.

Whatever the source of your grief, this is the time to be super kind and nice to yourself. You are feeling the consequences of being a sensitive human being, someone who cares deeply. Do not think you are abnormal in your grief but be grateful to know you have real feelings. Do not let anyone embarrass you about your grieving or give you some timeline by which you should be over it. Do not believe them. There is no timeline. In fact, if you are a compassionate, sensitive person then even years or decades later there will be triggers, people, places, sounds, smells, or events, which bring back a flood of emotion. This is good and keeps us aware. As a deep-rooted backwoods New Englander this next advice is really hard for me to give and has been even harder to live by, but here it is: crying is a good thing. Let yourself feel emotion; you deserve the good that comes from it and will process it better this way. Resilient people still cry and years later still have emotions. They are not resilient because they don't feel; they are resilient because they have the maturity to see that the ups and downs of life are all for our growth and are all OK when viewed from an eternal perspective.

Stages of grief are predictable but they are also fluid. You can flow back and forth on the spectrum, think you have passed one stage and then move right back to it. You might not experience all the classic stages. All that is OK. As you can learn from mindfulness training (see the chapter on taking care of yourself), it is wonderful to sit back and observe what you are experiencing in the moment. Even pains are lessened when we let go and flow with them instead of fighting them.

The stages of grief are commonly described as denial, anger, bargaining, depression, and acceptance, as described by Elisabeth Kuebler-Ross. Research types like to quibble about whether stages even exist, and maybe they are right, but this model has been helpful for my patients and myself so I say keep it in your toolbox. Denial is our refusal to believe the loss has occurred; we cling to a false belief that this is not happening. While denial gives us some safe haven from our emotions, it is not healthy in the long run and keeps us from experiencing those emotions that will help us to grow. As we break through denial we are apt to spend a great deal of energy in being angry and in trying to argue our way out. These phases, for me at least, can be the most destructive and persistent. There is no joy or progress in anger and much lost time

looking for deals to change what has happened. Anger held long enough can change our personalities and make it hard for others to be near us. If your grief also involves some legal battles, this can be particularly destructive. Healthy progress along the grieving path cannot even start until the legal issues are resolved. The longer lawsuits and legal threats continue, the more firmly anger and bitterness will meld with our souls. I have known a remarkable couple who just walked away from a lawsuit when they were clearly right and could have won millions. Instead of money they received inner peace, harmony with their community, and a start to healing from a devastating personal loss. What is the simple solution to obtain this peace? I wish I knew an easy way. It is clearly wrapped up in our faith and belief in a Higher Power. I have been so impressed in the Emergency Room by families that have suffered a tragic loss of someone dear, perhaps a child, and yet in the midst of their devastating grief they have been able to acknowledge God's goodness and the certainty that all will be right in the life to come. They know, as I wish we could all feel, that God's loving embrace is there for those leaving this life. Sometimes our passion appropriately never goes away, such as our love for a family member who has died, but that passion is reshaped and put in a different context as we wait for that future reunion in the next life. That faith and eternal perspective allow us to keep functioning in this life in a healthy way. Pain and grief are not caused by God but they are a consequence of living in this imperfect world. Free agency, and this life as a laboratory to practice it, are the great gifts we are given. Those gifts come with lots of bumps but all will be well in the end.

If your grief has been caused by another person, maybe someone who continues to ruin your dreams, it is OK to acknowledge this and say that their behavior is bad. It is healthy to understand what is happening and not blame ourselves for someone else's jerky behavior. This is hard, because to say someone else is wrong we must have thoroughly evaluated ourselves, but the whole process is great for learning. Remember that we can learn something from everyone. From some people we learn wonderful things, from others we learn wonderfully how not to be. Just remember that it is their behavior that is bad and try not to translate that into, "He/she is a bad person." Remember also that you cannot change the behavior of another person, so if you are going to move on and find your passion again, you are the one who will need to change. Maybe the whole experience has happened to spur you on to something new, in a new direction. Ask, "What can I change? What can I learn from this? Is this the start of a new chapter for me?"

Being able to package up the problems we see, all the injustices we watch in our own lives and those of others, and present them to our God, is the ultimate way to let go. When we can see things from an eternal perspective and recognize today's events as just a tiny thread in the vast tapestry of eternity, then we can peacefully turn our anger over to God. But this is much easier in theory than in practice. We can feel so alone. We can even feel that we have fallen from Grace with God. This is where I find the Miracle Hunt helps. Spend some time reviewing your recent life. Can you find even the smallest thing that seems to have been a blessing, to have been more than an accident, to have been one of those choice tender mercies which actually come our way all the time but we don't recognize them? Maybe someone stopped to talk, or you met up with someone who let you know something you needed to hear, or your car did not get stuck, or you happened to get to the store just in time to get the last item you needed for your recipe before it was sold out. It can be something little or big. It can be something good that happened or something bad that did not happen. I guarantee that if you look carefully you will find it. Nothing is an accident and God acts through miracles in our lives continually. We just

need to look and acknowledge. Maybe you can even see where the object of your grief is a blessing. This is not always true, but sometimes it is as it points us in a new direction and maybe away from a career or relationship that was not going to be healthy. Once you find the object of your miracle hunt, small or big, stop and marvel at it. This means God really is working in your life. You have not fallen from God's Grace. If God cares even in this small way, then God cares in the big ways, too. Most importantly you are not alone and there is an eternity out there that is far grander and more important than whatever you are angry about today. Now you know God has a plan for you, a wonderful plan, but remember it will play out over the best time frame, not so fast as we impatiently hope.

Even if we are no longer angry, we are likely to be sad and depressed over what was and what might have been. We grieve over a future that is not what we expected. This can be a long and melancholy stage and is easily brought back even years later with bittersweet memories. Gradually this fades as we reorganize our thinking and find a new passion. This is the essence of resilience, the ability to grow, learn, and mature from bad things that happen to us. It is truly as wonderful a part of living as it is a painful trial. We try to avoid it, and parents try to protect their children from it, but really we should embrace it. It actually has to be experienced and practiced. Having passions in life is a good thing, and every passion comes with the risk of losing something important. Our grief comes in many forms. Embrace it; flow with it; grow with it. It will transform you. There is no time limit to get over it, and the blossoming to new passions as you reconcile your grief is a gift. Grief motivates us to see a bigger picture, life from an eternal perspective. We learn to let go of what is unimportant and to turn to what is of true worth.

Here is a note for those whose obsessive thinking causes them to constantly feel they are to blame. This is a risk for those working in healthcare, but it really is a risk for any caring person. We want to do the right thing. We want to help. Sometimes things do not go well. This is not our fault. When teaching medical students and residents in the emergency room I have found this analogy to be helpful. Imagine there is a precious vase on a shelf across the room. As you enter the room that vase begins to fall. You did not cause it to fall. You did not push it off the shelf, but you are the caring person who is rushing to try to catch it before it hits the floor. Sometimes you succeed and all is well, but sometimes the vase hits the floor and shatters into a thousand unfixable pieces. We can feel sad about this, but our sadness must not extend to blaming ourselves that we are not perfect. We are just trying to do our best. Understanding this is important if we are to be there the next day to try again, and the world needs us to keep trying.



## Hurting Yourself

Many patients who have no intent to kill themselves nonetheless spend a lot of time hurting themselves. They may be cutting arms and thighs, burning their skin, hitting themselves, banging their heads against walls, pulling out hair, or rubbing their skin until it is raw. Why would we do this? I cannot know for certain, but do have some thoughts. I will talk here about cutting but I imagine the same logic holds for other kinds of self-harm.

Up front realize that what you are going through is no fun. It is painful to be depressed or anxious. It is hard to feel different and have things go wrong much of the time. It is especially painful to not be in control of the pain. Cutting offers a few solutions, though none of them really do anything but make things worse.

First, cutting puts you in control of a portion of the pain. You can see it as an observer, and even over time become more and more detached from what is actually happening. This is one of the trickiest and most damaging parts of self-harm; as you do it more and more it becomes easier and easier to participate. Eventually it can get to a point which really is life-threatening.

The second bad idea about cutting is that creating this pain generates internal messengers called endorphins. These are part of the pain control system and actually work the same way as painkillers like morphine, oxycodone, and other narcotics. This means that with time and repetition you can actually become addicted to the cutting behavior and need more and more for satisfaction.

A third bad solution that comes with cutting is how it involves other people. If you are someone who cannot be alone, who needs to be surrounded by drama and to keep others in turmoil, then cutting is just the ticket. Your cutting can stress out roommates and family. It definitely leaves others feeling helpless, unable to leave your side, and frightened.

So what to do if you are a cutter? First realize that it is just a symptom of something deeper. You might be struggling with depression, anxiety, OCD, bipolar, or a personality issue. Get professional help to sort this out. Clearly you have not yet found healthy options for dealing with your stresses and you need help to understand what is happening. As you get that help, also be kind to yourself. Do not blame yourself or get down on yourself for the cutting. You are just a human being trying to get along in a difficult world. This will get better with time and help. Recognize your cutting as a type of addiction and work through it with the same tools used for other addictions (see that chapter in this book). Talk with your counselor about developing substitute behaviors when you are tempted to hurt yourself. This is a good time to start the first levels of your safety plan, which may include being around other people and involved in what they are doing.

## Generations – You are the Hero

Sometimes the most innocent things can cause despair. Have you felt sadness when you have seen a magazine cover showing the most perfect family enjoying a family activity together? How do you feel when another perfect family sends their annual Christmas newsletter or when you watch another family laugh together and support each other? Do you know a family that just seems to do everything right, even going to church and praying together? If you are thinking, “That is not at all what I grew up with,” then your next feelings can easily be ones of jealousy, resentment, or criticism. You may believe those families are hiding some deep imperfections, and surely some are. But if you are honest you will realize that some of those families are sincere and really are working along the road to happiness. This may make you feel sad and hopeless. You may wonder, “What is wrong with me that I ended up in this situation?”, or, “I guess I am just not worth more than what I’ve got.” These thoughts are not fair to the hero within you.

I would like you to step into a picture I will draw for you in the air. Imagine a large hourglass, like the one the Wicked Witch of the West has in “The Wizard of Oz”, only much bigger. The top half of the hourglass is filled with all the generations of your family before you. Whatever you are experiencing, whatever you have suffered, it did not start with you or your parents’ generation. It surely goes far back through the years. I used to struggle with the scripture that says:

“The Lord God...will by no means clear the guilty; visiting the iniquity of the fathers upon the children, and upon the children’s children, unto the third and to the fourth generation.”  
*Exodus 34:6-7*

I would think, “What kind of cruel and unjust God would punish children for the sins of their parents, grandparents, and even great great grandparents?” Now I look at this scripture much differently and see it more as a simple statement of fact. Whatever we do, whatever choices we make, whatever dysfunctions we continue, and whatever actions we set in motion, it will take four or more generations to dilute these out and put them to rest.

But you, you have landed in a unique and important place. You sit in the neck of the hourglass, between those generations before you and all the generations to follow you. Even if you do not have children, the bottom half of your hourglass is full with those lives you are influencing. You are saying, “It stops here, from this point forward it will be different.” This is a wonderful and heroic place to be. It is also a difficult spot and a good place to get beat up and purple with bruises. It may be a few generations before your posterity looks like one of those picture perfect families, but it will have started with you. You truly are a hero. A hero is not someone who always wins, or always does the right thing, or even thinks clearly to make the right choices. A hero is someone who keeps getting up to fight the good fight no matter how many times they have been knocked down. That is the role you are taking. You need to give yourself credit, respect yourself for this, and be kind to yourself.

I like to imagine a scene in heaven before you even came here. I am not saying it happened this way, but this little story does make us think. We are peering down to earth and God is telling us, "I have a real problem down there. This family is quite a mess and they are struggling terribly. I need a volunteer to go down there. It won't be easy and you will be putting everything at risk, even your own soul. I can't guarantee you how it will turn out, but I need someone to do this." Ask yourself, "If I was asked this by God, would I have been the one who raised a hand to volunteer?" I suspect you will grudgingly have to admit that you would have been the one, and given it to do over you likely would volunteer again. You may not like at all what this has put you through, but you were the hero for the job. It may help you to repeat over and over a little inner mantra, "I am the hero."

## Mood Instability and Bipolar

Most things in medicine occur on a spectrum. I imagine regular depression on one end of a long line, and bipolar on the other end. This end is called bipolar I and involves mood swings so intense that they get you into serious trouble. This is much more than just a little bit of impulsivity. You may get arrested for speeding, spend money to the point of financial disaster, act out sexually in high risk ways, and engage in extreme activities like cliff jumping without accounting for the dangers. You may stay awake for days at a time, not because you can't sleep but because you don't want to. You have too much to do. You may take on multiple grand projects and set off to solve the world's problems. Somewhere further toward the middle of the line is bipolar II. These people have mood swings but they are far less dramatic. The dramatic ups in bipolar I are called mania and the less severe ups of bipolar II are called hypomania. Some people, particularly teenagers, like the hypomania and really don't want to be treated. They will stop their medication so they can stay in that high energy state. With maturity patients start to realize that everything comes with a price, and the wonderfully productive, driven, outgoing, creative hypomanic state will inevitably be followed by a terrible depressed down. It just isn't worth it, and seeking stability through medication is far better than these mood swings. We have medications that bring the highs and lows closer to the middle. The ideal is a normal range of emotions, not a lack of emotions.

Far at the other end of the line are those with just depression. There are no unnatural up and down moods, no bipolar swings, just sadness. These patients generally do not receive the medications known as mood stabilizers, although sometimes even here they are useful to boost the help from antidepressants. How do we know where you fit on this spectrum? Your counselor and physician will try to learn in detail about how you have felt when you were up and how you have felt when you were down. Some behaviors look similar to hypomania, such as going on a shopping spree, but are not intense enough to count as bipolar and instead are just part of what we do to try to make our depression go away. Many patients cycle between normal and depressed. This is not bipolar but just a form of depression. Bipolar is all about how far up you go, how much trouble you get into, and how long you stay there. Sometimes this diagnosis is only made after a medication is tried for depression, anxiety, or attention deficit. These medications do not create bipolar disorder, but if it is there and has not shown itself yet, they sure can make it come out. This can feel like a medical misadventure, but it happens to even the most experienced psychiatrists. This is one example of why you need to have close follow up with your doctor when anything new is tried and it is also why both you and I need to be patient as we work toward a good solution for you.

There are many medications known to help stabilize moods. These are in different families according to how they work. Many have other medical uses, such as for controlling seizures or stopping hallucinations. Some people with bipolar disorder hear voices and see people or things that are not there. These medications can be helpful in those cases. Some patients have trouble with anger management and can benefit from these medications even though they do not have bipolar disorder. These medicines do tend to have widely differing side effects and your doctor will have to talk carefully about these. In general the risks of

medications are far less than the risks of not treating your bipolar disorder or depression. Sometimes the side effects can be turned into a benefit. For example, if you are having difficulty sleeping, there are mood stabilizers that will give you solid sleep. Many patients have a medication to stabilize their mood and also another medication for anxiety or depression. This is fine so long as we monitor how you are doing. I will sometimes check an electrocardiogram in these cases just to show that your heart is healthy and that there is no interaction between the medications. This is just a quick office test done by putting sticky pads on your wrists and ankles to measure the signals from your heart.

An exciting aspect of treating depression now is the realization that a lot of patients that we used to think just have depression actually also have a bit of mood instability. They are far from bipolar, but on that long spectrum they are just a little bit shifted from the depression end more toward the middle. For these patients we have often been frustrated that several different antidepressants do not work and that sometimes patients even seem to be worse with medication. If this is what you have experienced, then we might first try just a very low dose of one of the mood stabilizers, the same medication used for bipolar but in a tiny dosage. Once this is working you may have some good success by adding an antidepressant.

Sometimes this all seems like trial and error, and really it is. Stay upbeat, because there are many options and with patience comes success.

What is your superpower with mood instability or bipolar disorder? Often it is creativity. There are loads of famous artists, authors, performers, and musicians who have faced bipolar disorder. You may find those classic creative abilities in yourself. Some of my patients have not seen these types of creativity in themselves but on looking closely have realized they do have wonderfully imaginative creativity in other areas such as solving problems, seeing possibilities, leading people, or recognizing patterns.

## **Take Care of Yourself – It’s the Law**

All of us will benefit from good self-care. This means keeping a routine, getting up at the same time each day, eating balanced healthy meals at the same time each day, avoiding unnecessary stress, getting daily sunshine and exercise, taking medications on-time consistently, and getting to bed at the same time. It’s important for everyone, but for you it is essential.

You are climbing a mountain every day others cannot see or imagine. It takes a lot of energy to handle your thoughts and emotions. It is no surprise you are tired. If you break the rules, miss a dose of your medicine, stay up too late, or push yourself when you should be resting, you will pay the price possibly for days or weeks, right during that stressful time when you can least afford it. Gathering it all back together after a missed dose of medication or a missed night’s sleep can take many days. It sounds boring, but you have to keep a schedule with soldier-like precision. Set alarms on your smartphone to remind you when it is time to take medication. If you know there is a big project due, some deadline to keep, then plan to finish up well ahead of time so you do not have to pull a last minute all-nighter. If it is bedtime, leave things undone and go to sleep. You will be more effective after sleeping anyway. If your school course load or professional work hours seem to make this routine impossible, then perhaps it is time for a serious review of your life goals. Life is not a race and joy does not come as a prize for being the most overscheduled. Maybe there is a wise way to scale back before you are so overwhelmed that you want to quit altogether.

The American way now is to think 6 hours of sleep each night is plenty. This is not correct; adults need 8 hours of sleep. You can get by forever on 6, but you will never feel your best. You can even survive on just 4 hours, but you will be far from healthy and a little over the edge. Not enough sleep is often the main reason people go to their doctor, though it is hidden behind other problems. Fixing this is not easy. If you do try to get the right amount of sleep after being on less, you will not feel better the next morning. In fact, you may feel worse. It takes about three consecutive nights of getting 8-10 hours of sleep to notice the difference, but then one morning you will wake up and realize how much better you feel and how much more clearly you are thinking. You may say, “Wow, this is how I am supposed to feel!” Getting enough healthy sleep is a core principle in overcoming any mental health challenge.

If it is hard for you to sleep, then have this discussion with your doctor. There are medications that can help but you should avoid anything addictive, and it will also be better if your brain does not get trained to have to have a pill to go to sleep. However, if you have been under a lot of stress and missing sleep, use of a medication for a short time can be a great help to get your brain back on track with healthy habits. If we take sleep away from anyone they will have problems with depression, mood, concentration, and many other areas of life.

Sleep Hygiene is a set of rules to follow for a good night’s sleep and is more important than medication. There is an excellent summary from Stanford University which you can find on the internet by looking up “Stanford How to Sleep Well”. Some of the most important tips are to have a comfortable quiet sleep area, use your bed for sleeping (not movies, reading, or

homework), and get up and do something boring if you can't sleep. Many people create 'white noise' to drown out distractions by running a small fan next to their bed.

Sunshine, particularly in the morning, is important for our sense of well-being and to set our biological clocks. Some people will even move to a different part of the country because they need more of the sun, but many of us suffer even in sunny locations because we live so much of our lives indoors. Try to get outside in the sunshine whenever you can. Some people suffer S.A.D, or Seasonal Affective Disorder, and experience severe depression during the winter months. Special lights can be purchased (look up "sad lights") and patients have success reading under these lights for about 30 minutes each morning.

A healthy diet is one as natural and free from processed foods as possible. We hear all the time about healthy low-fat foods, but in our society carbohydrates are now the greater danger. Sugar, white flour, and especially high fructose corn syrup dominate our processed foods. Many low-fat foods have an extra large portion of carbs, making them anything but healthy. Fiber and complex carbohydrates have been taken out of processed foods. This means a rush of high energy hits us with the first bite or swallow. It picks us up, but a crash comes soon afterwards and we quickly reach for the next sweet fix. Even foods which sound healthy, like granola bars, are often just candy in disguise. You can prove it by reading the ingredients. High fructose corn syrup is particularly sneaky as it has a way of generating cravings for more. The more foods look the way they came from the earth, the better for you. The downside of course is that it takes both money and preparation time to eat the way we should. It is far easier to pop a cheap frozen snack into the microwave than it is to carefully prepare a healthy meal. If we can commit to a better way, we will find we feel better while eating less. If we are faithful in our efforts then eventually the bad foods will no longer appeal to us. These recommendations become particularly important if you are one of those patients with hypoglycemia. This is a tendency to react strongly to simple sugars, with moods swinging up and then rapidly down. Treatment for hypoglycemia involves natural foods as described above and also more frequent but smaller meals. This pattern is probably the ideal for most of us.

Aside from too many carbohydrates, the biggest things we do wrong with our modern diet are to eat too few fibers (they have been taken out of those processed foods) and to drink too little water. Water is free and taking enough of it will curb our cravings for unhealthy foods. If we are eating properly it is unlikely that we are missing much in the way of vitamins. High doses of any vitamins are probably not going to help, are often expensive, and sometimes can hurt us. I recommend my patients just take a good daily multivitamin to help fill in any gaps they might be missing in their diets. The one extra they may find helpful is an additional 1000-2000 units of vitamin D3 daily. There is already a little in the multivitamin, but this extra may help some for the sunshine we miss. Vitamin D does not come in our foods; our body has to make it and needs sunshine to do this. While many dietary supplements are advertised, there is little research proving the benefits of most. There is some evidence of the value of omega-3 fatty acids (as in fish oil).

Exercise is a great way to feel better. Unfortunately, right when we need exercise (and healthy eating) the most to relieve our stresses, we are most apt to say we don't have time and to fall into old unhealthy habits. Aerobic exercise like walking, stationary biking, or jogging is

great for endurance and healthy for our hearts and lungs. Weight training is great for weight loss and to help us meet the day's challenges more easily. Some activities, like swimming, are a good mix of both, if we can find the time. Exercise requiring a high level of coordination, such as dance, yoga, or a martial art, seems to be good for our minds. Whatever you choose, the big mistake is to do too much too fast. This often leads to pain, injury, and discouragement. If you have the resources to find a personal trainer that will be the best way to keep you safe and enthusiastic. Brief and modest but consistent activity is far better than a short-lived intensive program.

There is a great and healthy movement now in the scientific medical world toward meditation and mindfulness training. Mindfulness is an ancient tradition which focuses on learning to live in the present. This moment is the only one we can experience. The more we live in or dwell on the past, the more we are developing criticisms, regrets, and depression. The more we live in and think over the future, the more we are developing worries and anxiety. Appreciating this present moment with all the beauty and excitement it offers is a skill and blessing. At its best you can even flow through pain and intense emotional upset with kindness toward yourself and awareness rather than as a victim. This can be learned. Practicing being in the present with meditation sessions can carry through to the rest of the day. I have known some patients to take up new hobbies, such as crafts which require all their attention, and have seen them benefit as these activities keep them in the present. A full mindfulness course can take several weeks and cost hundreds of dollars. Fortunately there is an excellent free program offered on-line at [palousemindfulness.com](http://palousemindfulness.com). Guided meditations can be found at the free app "Insight Timer". On the internet you may review the powerful poem by Jalaluddin Rumi, "The Guest House". A brief and quickly useful technique is outlined at [mindful.org](http://mindful.org) by Elisha Goldstein. This is the S.T.O.P. technique, which reminds us to Stop what we are doing, Take a few deep breaths, Observe what we are feeling, and Proceed with kindness and awareness for ourselves and others. I highly recommend you invest the time to make mindfulness a part of each day.



## Post Traumatic Stress Disorder

We have great protective responses to get through difficult and even horrible times, but we also have long memories. If you have been the victim of abuse, neglect, assault, other crimes, war, an accident, or a natural disaster, then you may experience flashbacks, panic episodes, nightmares, and a variety of physical symptoms including pain, fatigue, and insomnia. This is all part of being human and not a sign of weakness. There is no toughening up to avoid this. In the military we see it in the bravest of soldiers. We even see it in soldiers who never actually experienced events directly but were always at the ready, 24 hours a day, just waiting for something to happen. That takes its toll. There should be no shame to Post Traumatic Stress Disorder (PTSD). I personally believe we have some of this PTSD as a nation and global community thanks to the horrible tragedies we can witness in real-time on television. Many of the images we absorb every day through movies and news reports would cause serious coping problems if even experienced just once in person. I am not sure the long-distance impact of watching a video is that much less. If you are struggling with PTSD find ways to be especially kind to yourself.

Medications are not generally directly helpful for PTSD, but they can often help greatly with symptoms that accompany PTSD. You may be helped by medications for anxiety, panic, depression, nightmares, or insomnia. The real work in PTSD comes through counseling. It tends to be hard and a bit scary as you discuss the very things you wish you could forget. Whatever you have been through, realize that while it was bad enough to experience it, it is now totally unfair that it continues to have a hold on your happiness. Decide that you will take charge and not be bullied any more. We always have free agency in our thoughts. Work with your counselor to package memories properly and put them on a back shelf so you can get on with your life.

One of the unfair patterns I have seen is in women who have been victims of abuse or sexual assault, whether as children or as adults. The brain is odd in this way, that when you have been the victim you are often apt to blame yourself. You can believe you are worthless and not deserving of a better life. I have seen women in this situation find themselves in abusive relationships repeatedly. Somehow they need to find a different path and a different way to choose the right partner. Sometimes the person who is best for you is someone you would never consider. Particularly if your past has been chaotic and full of drama, you may have no interest in a person who is responsible and caring. You don't know the script and they just seem so bland. It is up to you to change. I think you would really enjoy the little story by Portia Nelson, "Autobiography in Five Short Chapters". It is easily found on the internet. The whole point is, this mess you find yourself in is not your fault, you didn't cause it, but you are the only one who can pick a way out of it. You will need to do something different for life to change. If you are experiencing abuse I want you to know there are really only three choices. You can live with it, but then realize that twenty years from now life will be just the same. You can try to change it, but really the only person I can change is myself, not the other guy. The last choice is to move on to a different life. That is the scariest but the best hope.

## Children of Dysfunction

We discussed abuse and PTSD in the last section. I want to talk here about another challenge that is different from PTSD, but if your PTSD is from abuse you will understand. Those who have grown up in homes with alcoholism, other addictions, or any severe dysfunction share some key traits. At a time when life should have been carefree and the adults in your life should have been ones you could trust to protect you, that trust was broken. You were cheated out of your childhood. When you should have been playing games and living in your imagination you were dragged into an adult world of hurt and drama. There is an emotional battery to be charged with love when we are children and yours was not filled. You can get beyond this and the journey can be wonderful, full of exciting insights, but it is hard. I highly recommend two books by Janet G. Woititz, “Adult Children of Alcoholics” and “The Intimacy Struggle”. These may give you that rare experience of reading something that seems to tell you all about yourself, really things you already know but never saw written down. Even if alcohol was not the cause of dysfunction in your case, the principles are the same and you will learn a great deal from these books.

If you grew up in dysfunction, with more shame than love, everything in life can seem to be a crisis. You never got to make healthy choices and never got treated honestly or nicely. You did not get to be a child. Now every little experience has to be taken on with all the thought and consideration as if it might be the last good thing in your life. You cannot bear the possibility of making a mistake.

“This ice cream cone might be the last ever, so I’d better make sure I carefully pick the flavor.”

Your self-esteem and ability to take charge of your own life may be severely injured.

“All my life I was told not to think, that thinking gets me in trouble, that I always make the wrong choices. I guess I don’t deserve any better, I am just the victim and that is how it will always be.”

One of the greatest crimes, beyond what has already happened to you or been taken from your childhood, is the ongoing damage to your chances for a wholesome intimate relationship. I am not talking about intimacy in the worldly sense, meaning merely sexual intimacy. I am talking about the far more important level of total intimacy we all yearn for, to have another person who can share our deepest thoughts and dreams safely and without judgement. This is perhaps the greatest harm that has been done. Those you should have been able to trust failed you, and now how can you trust again?

This is all worth working through, and a skilled counselor can help greatly. Be kind to yourself through this process. It can be draining and painful to review what has happened and to try to understand it. One challenge is how to start a new life while the old one is trying to drag you back. Often dysfunctional families live in constant drama. Even when you are away from

home you may be getting those urgent phone calls trying to pull you back into problems that seem to never end. Your head may spin wondering what is right and what is wrong after all. Others will try to convince you that you are the crazy one. Use fear and negativity as a backwards compass; if someone is trying to push you and what you feel are negative fear-driven forces, then head the other direction. Likely you still have feelings for your family and wish you could help. This is where emotional distance and walls to protect yourself are important. Ironically the best way to help anyone in your family is to help yourself. One day they may look and wonder, “Why is she doing so well?” This is not selfish of you. It is critical for progress.

Decide how to handle those phone calls, potential confrontations, and uncomfortable trips home. Prepare ahead of time what to say and have an escape plan. It does not have to be rude and should not be directed at the other person’s qualities. Others will certainly let you know what they think you should do and how you should think. They will give you their opinions of your medication or counseling whether you ask or not. You are an adult and can make your own choices to do what is best for yourself. After all, you are the one who will live with the consequences. Learn to make a simple statement of what you are feeling and what you have to do and don’t leave room for argument.

“I’m sorry, but I feel uncomfortable and cannot discuss this anymore. I am going to have to say goodbye for now.”

Then do it! Hang up the phone or step out of the house. Plan ahead of time where you will go when this happens. Many patients find holidays are the toughest of all, when they are expected to visit but those visits are sure to be full of drama. Have a simple plan. It will leave others stunned, but you are doing the right thing. Just realize that as you do what you have to for your own mental health, you are drastically changing the script for others. They won’t know how to respond and will even get angry. This is OK, just be prepared for it. It really is a dance and how to perform it well is described in the book “Dance of Anger” by Harriet Lerner.

If you have been the victim of abuse, be kind to yourself as you strive to do better in your own home and with your own children. You will not get it right immediately. You were not given a healthy role model to copy. You may not know what a healthy response to the daily stresses of family life can be. The important thing is, you are trying. Learn how to take ‘time outs’ when your emotions are getting out of control. Find counselors, books, and classes that can help you find a better way. You are breaking the cycle of generations and that is not easy; abuse patterns are truly contagious. Give yourself credit for wanting to do better.

## **Eating Disorders**

This will be the shortest of chapters. If you have an eating disorder such as anorexia or bulimia, get professional help. Seek out a counselor who has experience in this area. Get admitted to the hospital if that is what your counselor or doctor advises. These conditions are dangerous, even life-threatening, and the hardest part is that you can't see what is happening. Your biggest challenge will be to recognize that there is a problem and then to realize that you are the solution. No one is going to fix this for you and no matter how much you feel you are a victim, you are only going to get out by taking charge of your own life. That is about all I can say; you must work hard with your counselor to get the insight you need. There are books about ED (Eating Disorder) that can help your understanding but you should not do this on your own.

## Personality – Who We Are

Personality refers to the pattern of behavior we use to solve problems and get through life. Am I always a helpless victim? Am I the drama king or queen? Do I blame others for everything or do I heap too much blame on myself? Do I worry myself sick, or do I just always think I am sick? Do I have the sadness and gloom of Pooh's Eeyore? Am I unable to cut others a break and forgive them for just being human and making human mistakes? Am I reckless and impulsive? Am I rigid and inflexible? Does everything in the universe center around me? Do I create magical and fanciful memories of my past?

You may see patterns of abuse from your childhood that shaped your personality. Sometimes emotional abuse is as damaging as physical abuse. In some homes there is a great confusion about the difference between shame and guilt. Being guilty just means I did something that was not so good. If I am told about it then I can try to do better next time. This is OK and healthy if it ends right there. Being shamed takes this further to let me know that it is not just that I did something, but that I am actually a bad person. Recovery from this is hard. Pretty soon I am convinced that everything coming from me will be bad because that is just what I am. I may develop all kinds of unhealthy responses to deny this, cover it up, or just prove I really am bad. Guilt feelings can be useful to adjust our course, but shame is destructive.

While I can list for you all the standard abnormal personality types, I am not so sure there is such a thing as a normal personality. I do believe that one of the great goals in life is to find true happiness and that my own confused, clouded view of the universe is my biggest stumbling block to that happiness. I believe we all have something to learn and the potential to change. This may be different from what you will hear from many psychologists and psychiatrists. It is commonly accepted that personality is fixed. It is some combination of what you are born with and what you experienced growing up. Changing it is either impossible or close to impossible. As an optimistic person who believes in a loving God and a just universe, I just don't buy this. I have to believe we can change our personality, but let me tell you it is hard.

How can you change something you can't even see? We have no problem identifying the personality type of others, but just try listening while someone tells you your personality type. We are blind to our own characters. Our pride and embarrassment will keep us from listening. I value so much any bits of insight that come to me on this, but it usually hurts. Sometimes we will open up to learn about our own personality when we realize one day that whatever it is we are doing, even though we can't see it, it is clearly not working for us. We may see a pattern of things going wrong over and over in our lives, and start to be suspicious that in some mysterious but consistent way we are the common factor causing this repeated pain.

A good counselor can help you with this quest, but don't be surprised if they seem to be waiting for you to figure it out on your own. It won't do much good if they just tell you; you won't be listening. Even if you can't see what you are doing that is making your life hard, maybe you can at least recognize it is something coming from you, not others, and that is a good start. What your personality really says about you is that you are a survivor; you have lived

through a lot of pain, and here is how you did it. Congratulate yourself for that success but now realize that the techniques you may have developed back then when life was scary may only be hurting you now when you could be blossoming. If you wonder why relationships consistently end poorly, why every new adventure leads to disaster, or why you seem to have the wrong kind of friends, get some help and try to see what you may be doing to undermine success or to head down the wrong path in the first place. This will be a hard challenge but is well worth it.

## Addictions

Perhaps the greatest gift we have been given is our free agency, our ability to choose. Mastering that gift is why we are here, the very purpose of this life. This is a big school. Temptations toward addictions surround us and represent our daily quizzes. The neat thing is that there is always another day and another chance, but don't be deceived; addictions are the greatest threat to your freedom and self-mastery. You are not in control when you are swimming in your addictions.

Why do we become addicted? There are several reasons. Understanding them is important so you know what you are up against. I am not saying we should make excuses and put the blame somewhere else. Ultimately everything we do is our own free choice and no one else is to blame. But while you fight this battle it is good to be kind to yourself. Recognize how hard it is and cut yourself a break. Forgive yourself. You are allowed to make mistakes. I did not say cut yourself an excuse. Just cut yourself a break for being human, dust yourself off, and keep trying. That is the way of the hero. This is particularly important in addictions. It does not matter who you are or what the addiction is, there will always be slips, times when the addictive behavior sneaks back in. Shame is not going to help here. Yes, you messed up, but that is all. You are not a bad person. Do not let this affect your self-esteem. You in fact should have great self-respect for the courage and heroism you are showing by trying again. It is not important how long you have gone without a slip. All that is important is the next hour and day ahead of you. The battle for self-mastery, for our own free agency, is the greatest we will ever face. Addictions are at the center of the fight. There has been a great debate about whether addiction is a choice or a disease. I side with those who take a broader view and see that addiction is a disease affecting the ability to choose. The part of the brain that allows us to choose can be diseased just like any other part of the body. A good review of this concept is given on the internet by Dr. Kevin McCauley in his video "Pleasure Unwoven". Addiction is a disease, but can be conquered with time, faith, hard work, and support from others.

So what is the other side throwing at us in this battle? They know you are in pain from your depression, anxiety, ADD, PTSD, or what have you. It is no fun to be dealing with these and it really hurts. But once you try one of these addictive behaviors, whether it is with alcohol, drugs, pornography, sex, gambling, food, cutting, or any of many others, you discover that for that brief time while you are wrapped up in the addictive act, your pain goes away. It is a bad solution that brings its own problems, but at least it buries the pain. Of course that pain returns and the cycle keeps going with damage to relationships, intimacy, insight, and personal growth. Many times when I ask a patient with depression, anxiety, or ADD about others with these challenges in their family, they cannot identify anyone. Then I ask about addictions and there can be several. In many cases these probably are people with other mental health problems that have not been identified or treated.

If you are struggling with OCD then you deserve an extra shout out. OCD is not an excuse for addiction, and you still must fight it with all your strength, but at least give yourself credit for the massive battle you are in. Your OCD brain won't let anything go. Images and

habits from your childhood are still there. You can win, but be kind to yourself and don't blame yourself for setbacks. Just let go and keep trying.

There is a chemical basis for all addictions, not just those from alcohol or drugs. Once again it has to do with a neurotransmitter; this time it is dopamine in the brain's reward circuit. It takes a long period of abstinence, staying completely away from the substance or behavior, to calm this back down. Realize that while you are trying to do this, there is a multi-billion dollar industry trying as hard as possible to keep you in your addiction. Do not underestimate how hard this will be or how crafty your adversary is. Gambling, alcohol, the illegal drug industry, pornography, all have their advertising agencies and huge resources to keep your cycle going. These can start working on us in childhood and tailor the temptations to each individual's greatest weakness. Some addictions are especially difficult as there is no way to abstain completely. You can decide to never again take a sip of alcohol or puff a cigarette, but if your addiction is to food you still have to eat. You can choose not to cut or gamble, but you can't choose not to ever see another bit of pornography when we live in a frankly pornographic society that delivers images constantly on television, through the internet, in stores, on billboards and banners, and even on those who walk past us. Once again recognize how big the problem is and just how clever and strong your opponent can be. Be kind to yourself, give yourself credit, cut yourself a break, and keep going. A spiritually based book on pornography which may help is "He Restoreth My Soul" by Donald L. Hilton Jr., MD.

Support groups with 12-step programs, either Alcoholics Anonymous (AA) or others modeled after AA for a variety of addictions, are helpful to many people. An individual I respect a great deal has shared his thoughts on achieving health in this way:

"Wisdom that helped me:

Alcoholism is a disease of the spirit, an allergy of the body, and mainly centers in the mind (perception).

The effects of alcoholism may be most understandable in terms of an allergy; only its symptoms are cured.

Funny anecdote: "A prevailing symptom of my disease is that when I drink, I breakout in handcuffs :)"

Alcoholism is a family disease; it affects the whole family.

We are only as 'sick' as our secrets.

AA and Al-Anon are programs of Action. We have no opinion on 'research-only' programs.

The solution is a personal recipe, but it always contains large helpings of Acceptance and Reliance on power that does not come from ourselves.



Honesty (reality without the adjectives), Open-mindedness (avoid contempt prior to investigation), and Willingness (try new things) are essentials.

It's a very simple solution, you just have to change your whole life :)”

Please read "Alcoholics Anonymous" from Alcoholics Anonymous World Services, Inc. This is the "Big Book" which is available at [aa.org](http://aa.org). Some of the concepts given or paraphrased here are introduced in that book.

## Attention Deficit

Attention deficit disorder and attention deficit hyperactivity disorder (I will call them both ADD in this book) tend to be more controversial and lead to more cynicism about treatment than any other mental health problem. This is too bad because ironically the medications for attention deficit can be more dramatically effective than treatments for any other mental health condition. The skepticism comes from a few directions.

First is the lack of any objective way to make the diagnosis. We don't have a blood test or brain wave scanner that can help. Your counselor will likely have you, a family member, and maybe a teacher, fill out questionnaires which will then be scored. You will see that these can be highly subjective.

Next up is that the most effective medications for ADD are stimulants, including amphetamines, and these are closely related to some addictive street drugs though at much lower strength.

Finally there is the problem that anyone taking these medications will get more work done, whether they have ADD or not. It is just that with your ADD you will find that you become calmer and more focused. It may take a few visits to get to the right dosage, but once this is figured out, it is unlikely you will need more. Occasionally when life gets more hectic and there is more information to deal with, as in higher level college courses, we may make a small adjustment. Beyond this, in general you will just have what makes you feel most like yourself, and that is it. We do not find an addictive pattern. On the other hand, the person who did not have ADD and should never have been on this medication in the first place will also get more work done, but they will get more done because they are wired up, going ninety miles an hour, working through the night, and swinging off the ceiling. For these people this medication can be addictive and they like it. They seek bigger doses to keep up the same effects. This is why the stimulants are the most abused medications on college campuses and some university health centers won't prescribe them.

I take a different approach, having seen these medications make almost miraculous transformations in the right persons' lives. These medications are not for the A student who wants an A+ to get into medical school or law school. People who need these medications are often failing multiple classes and cannot dream of an A; they just want to pass. Problems extend beyond school, to relationships, family life, and jobs. Often a spouse can be a great reporter of what is happening and what progress is being made. Sometimes a spouse is the patient's biggest advocate, reminding with, "Did you forget your medication today, dear?" He or she can tell. I have seen students transform from failing to being top of the class with the correct medication. This is both gratifying and convincing of the value of treating ADD. There can be long arguments about the root cause of ADD, whether it is completely genetic, the result of parenting styles and family dynamics, or produced by our whirling media driven culture. In my mind none of that changes what we do for treatment; you have a condition which is negatively affecting your life and we should tackle it.

Just like other conditions we have discussed, at the center of ADD there appears to be a neurotransmitter, in this case dopamine. We have certain areas of the brain called executive function centers. These are responsible for focusing on a task, prioritizing what is most important, and keeping track of the passage of time. If dopamine is not present in correct amounts then you have difficulty with these functions. Have you ever been trying to read a chapter, been distracted, and then found out it was an hour later and you didn't know what happened to the time? That is what happens repeatedly in ADD. If this was not recognized and treated as a child then several damaging things can have happened to you over the years. You may have become the class clown in an attempt to disguise your discomfort. Your opinion of yourself deteriorated. You put off important things and failed in classes, in relationships, and at jobs. You have become forgetful and impulsive. You have developed habits that will be hard to break.

Even when we find an effective medication, you will still have a lot of work to do. You will have to take the time to remove distractions from your life. Sit in the front of the class so it is just you, the professor, and the blackboard. Take the time to leave your apartment if it is loud and distracting. Find a quiet study spot at the library instead. Exercise and exposure to the outdoors, to nature, have been found to help greatly, if you can find the time. Make sure you are getting at least 8 hours of sleep; there is a definite connection between sleep deprivation and poor focus. Sometimes patients using the stimulant medications find they actually are able to sleep better. The ideal is to wake up and take medication in the morning, have an active, full, productive, focused day, and then fall asleep at bedtime as the effect of medication wears off.

Above all you must get into the habit of looking at yourself differently. Instead of thinking you are not smart, you need to realize you are extremely smart. You are so smart, in fact, that you got through years of school without treatment, just on your native intelligence. But now it is college level work and all the daily required reading is usually like hitting a wall. There is just too much, making it impossible to get by without fixing your ADD. Some skeptics wonder why someone would first be diagnosed with ADD in college and not in childhood. It is just that college is hard and you were slick enough to manage up to this point but now there is just too much to handle. With medication you will find you can read and stick with assignments, but you will have to think differently about work and about yourself. The medication is not a substitute for hard work. I have had patients complain, "Even with this medication I have to read a chapter three times before I memorize it." Really, that is called studying, and everybody has to read the chapter three times. The difference is that now you can sit down and read it. Here is another new habit to learn; now you are able to focus, but you must develop the habit of choosing to focus on the right thing.

You have to think differently about yourself. You must realize you are a capable, intelligent person who can get things done on time. You have probably never imagined yourself this way, but with your ADD treated, this is who you are. People with ADD tend to learn to procrastinate. After all, why would I even want to start a job that I know is going to take me so long, maybe 3 hours when I know it should take 20 minutes? Now that you can focus you need a new habit; you need to look at that pile of work and say, "I can do this, I can do this efficiently,

and the best time to do it is right now.” Like all habits this will come slowly but will stick if you keep at it. You can gradually recognize that you are a capable person and be proud of it.

Stimulants are the mainstay for ADD treatment and when used properly are safe and not addictive. I do not see ADD patients needing more and more medicine. Just because you started them in college does not necessarily mean you will need them forever. Many people find that they use them maybe for graduate school and the start of a new job, but as life gets more predictable and routine they need the medication less and less. Also, after the high pressure of college, eventually life will hopefully allow you more time to exercise, take care of yourself, eat better foods, and get out in nature. All of this will help. There are a couple other options for those who cannot take stimulants or do not find benefit from stimulants. One of these is an antidepressant which also seems to help focus. These other medications can be helpful for some patients but take much longer to be effective and the benefits are not as dramatic. Stimulants remain the first choice when possible.

We do watch for side effects of the stimulants. You will tend to have a dry mouth and a bit faster heart rate. These are usually just a mild nuisance. Your physician should talk to you about other medications, caffeine, and herbal products to avoid with the stimulants so you do not get a stimulant overload. Patients on stimulants have to watch their appetite. You will tend not to be hungry and we cannot continue the medication if your weight drops out of a safe range. One thing I watch for carefully in my ADD patients is depression. The stimulants actually are good for depression and can lift your mood. They are sometimes used as an adjunct to, or something to strengthen the effect of, antidepressants. This is fine but the problem is that many stimulants have a short half-life. That means they only work for a few hours. This is not good if they are covering up a depression; you may find yourself constantly up and down. Some patients do not take their ADD medication every day and just use it on days when they have an intense workload. This is fine provided there is not an element of depression present. If you are having down days, or depressed evenings, then talk to your physician. You may need a higher dosage of stimulant to last longer through the day, or to be more consistent taking the stimulant every day, or you may need to be treated for depression in addition to ADD.

What if you feel you have an addictive personality, or know that many people in your family have addictions? Should you avoid stimulant treatment of your ADD? I am more worried for you if you don't get treated. Patients with ADD who do not receive treatment are a set-up for addiction. ADD is a life-disturbing problem that is painful, and addictions surround us as a tempting but destructive way out or as an unfortunate and damaging way to attempt relief.

## Complementary and Alternative Medicine

The patience required to find helpful treatments in mental health care and the concerns people have about using medications often lead patients to look for approaches outside of traditional medicine. Complementary treatments are used along with traditional medical care while alternative treatments are in place of that care. In general these treatments do not have the same scientific research supporting them as do our more conventional therapies. Some may be helpful, we just don't have data. If you are using complementary or alternative treatments I take a neutral yet simultaneously open-minded and cautious approach. I do not want to undermine something that is working for you, and your faith in a treatment goes a long way toward its benefit. Your relationship with a caregiver can also be profoundly therapeutic. On the other hand, if there is something obviously dangerous in the therapy I will try to explain this to you. More subtle problems are the money that these treatments may cost and the way they may pull you away from more standard treatment that is known to be helpful.

Some patients find great benefit from herbal remedies. So long as this is safe, I will not object. St. John's Wort is a good example of how this can be complicated. This herb has some of the same action on serotonin as more traditional prescription medications. Studies are mixed but some claim it can help depression. The challenge is that herbal remedies are not standardized to quantity and strength the way prescription medications must be. There is no clear way to consistently know how much you are receiving or to systematically adjust the dose. In addition, there can be some serious interactions with other medications you might take. If you want to still use one of these treatments after we have reviewed all this, I will continue to work with you but extra monitoring or testing may be needed, such as an electrocardiogram.

Are pets good for us? Like everything else in medicine, this seemingly simple question has a lot of hidden components. Certainly our pets can make us feel comforted and for some patients can be important in recovery. I have appreciated the unconditional acceptance shown by my dog. However, it is essential to consider all the unsuspected downsides that might be present. Will this pet affect my relationship with others who might be allergic to it or afraid of it? Will it disturb my sleep and make my day to day living more complicated? By using this pet am I avoiding people and not facing hard issues that should be addressed in counseling?

Everything we routinely use in medicine today started out unproven. This is why an open mind is a good thing. We are always trying to expand our box of tools. Treatments should be individually judged on solid evidence. There are real dangers in using untested treatments and if they use up all your financial resources or keep you from trying something else that can help, then that is not so good.

## **I'm Feeling Better, What's Next?**

First and foremost, congratulate yourself for what you have accomplished. Give yourself the credit. Counseling and medication may have helped, but it is really your hard work that has made the difference. It is really you doing the changing, building insight, and working hard.

Once counseling and possibly medication seem to be helping well, what should you do? You probably want to know if you are stuck on this medication forever. How long should you take it? Will the depression, anxiety, OCD, bipolar, PTSD, or whatever come back? The answer is different for each person, but that answer is an optimistic one. We have discussed how the brain is just another organ running on chemicals like any other organ in the body. But the exciting thing is that the brain is better than all the other organs. It can change with time and adjust to what is needed. This remarkable quality is called neuroplasticity. If you have diabetes because your pancreas does not make enough insulin, or hypothyroidism because your thyroid does not make enough thyroid hormone, then that is just the way it is and it is the way it will stay. You will just always need to take insulin or thyroid supplement. But the brain does better than this. Every good day you have, the brain is watching out and adjusting to what good should feel like. This is a great and optimistic quality. It means that once you start to feel better, you can expect that improvement to grow and build on itself.

I want to warn you that although this is a good upward trend, it will not be without bumps. We all have bad days, when all the negative karma of the universe seems to be pointed at us. But that is all this is, a bad day. It does not mean the depression has all come back, or that the medication is not going to work anymore. I have known patients to stop their medication when a bad day came, saying, "This is no good." Please don't do that! No medication can protect us from life. Just hang on and tell yourself, "Tomorrow will be better than today; it can't be worse." I also want you to realize that while you are on a steady upward curve, with bumps, those bumps may ironically seem worse as you are getting better. This is because once we taste something better, who wants to go back and experience those bad feelings again? Compared to the good we are feeling, the bad just feels worse. Again hang in there for the ride.

Which medication is the best one for you? Should you change medications because you've heard of something better? Aren't the newest and fanciest medicines you've seen on TV better? The answer to which is best is, the one that is working for you. Do not be misled by advertising campaigns for new drugs from the pharmaceutical industry. Millions of dollars are put into these advertising crusades to try to capture more business at high prices. We are fortunate now to have several medications in each class that have been around long enough to be available as generics. For the majority of patients there is something among the less expensive generics that will work well. Advertisers will attempt to describe subtle differences between medications that make their product better for certain people in an attempt to capture part of the market. There are a lot of tricks with statistics that can appear to support their claims, but what happens with you as an individual patient is not driven by the statistics. There is a far greater difference between any two people than there is between any two medications in the same class. This is why you need to be so patient with the process of finding what works and to be willing to

try multiple medications even from the same class if necessary to get the benefit you need without side effects. Since every new medication can take weeks or months to show full benefit, this is a real endurance game. I ask all my patients right from the start to be optimistic but also patient. We will get where you need to be if you can just keep trying.

Eventually there is a decent chance you might not need medication anymore. This is not true for everyone and depends a lot on the genetic load you were born with, but it is worth considering. We do know that for the brain to adjust, it must be given enough time, and that means once you feel well you should stay on your medication at least 9 months. I generally tell patients to plan on at least a year, and even then I would not try to come off medication if there was anything big happening in my life. Things should be pretty stable. If your problems were particularly severe, such as with bipolar I, then I will probably not even advise we try to stop medication. Patients with bipolar disorder do sometimes have to go through several cycles of on and off medication to finally convince themselves they need it.

What you especially should not do is stop your medicine just a few weeks or months after you feel better. This is pretty much always a mistake. You feel great and say, "I don't even need that anymore." After a few days you start to realize, "Oh, that is what it was doing for me." Then you have to get back on the medication and hope to get back to where it was working well. That can be a struggle as you try to get those emotions back into the box.

Sometimes after you have been on a medication for a while it seems not to work so well. This does not mean the medication is the wrong one or that your condition is getting worse. It may just mean your liver, the chemical factory of your body, has finally figured out how to break down your medication efficiently and get rid of it. The liver is busily shoveling out the medication as you are taking it in. Often a mild increase in dosage will get things back to a good place.

For women, what are the risks of being on medication while you are pregnant? Talk this over with your doctor, preferably before you become pregnant. While we would all like to use no medications during pregnancy, there are actually very few that absolutely must not be used. There are also only a handful that have been extensively tested in pregnancy and are known to be safe in every way. This is because no one in their right mind is going to take a thousand pregnant women and experiment on them. What are left are most all the medicines we routinely prescribe, from antibiotics to pain pills to allergy treatments and medications for mental health. We may know of some theoretical risks or possible risks shown in animal studies, but we don't have any firm data about the risks in pregnancy. The guidance in this situation is to use the medication if it is needed but stop it if it is not needed. This is really like everything we do in medical practice; we must always balance risks against benefits. One thing we absolutely know is that depression, anxiety, bipolar disorder, and other conditions that are not under control in pregnancy lead to significant problems such as premature birth and underweight newborns. In the majority of cases it is decided that the best action is to stay on some medication throughout pregnancy and many, many women have had successful pregnancies while on medicine for their mental health. We also know that basic good health habits such as proper nutrition and maintaining a healthy weight are likely more important in pregnancy than many concerns about medications.

If you do decide to come off your medication, whether because you have done well for a long time or due to pregnancy, then please work closely with your doctor to do it gradually and to watch for the return of any symptoms. If you find you have to stay on the medication after all, that is perfectly OK. If you have a medication that is safe, not addictive, not too expensive, not causing problems, and that is letting you be yourself, what is wrong with that? It is no different than taking a pill for your thyroid or for diabetes. Nobody wants to be on medication, but it is a smart person that recognizes what is happening, gets help, and gets on with what is most important in life. Being on needed medication is not a sign of failure. It is actually a sign of intelligence. You were smart enough to do what it takes to appreciate the gift of this life fully. Whatever we are today is the sum of our choices and experiences from the past. We should not resent the past or our challenges if from them we are gaining today even a little bit of insight into what this life is all about. Even if bringing your mental health challenges under control resulted in less success in school or at work than you hoped for this year, this still may have been the most important and successful time of your life, the time when you came to understand these problems properly.

Now that you are the master of your own impressive abilities, what is your greatest superpower? It is that you get it about mental health. You understand and have insights about life that others do not. There will certainly be times when what you know and feel can be of great value to others. You will have much to offer. This can be in your profession, at home, at school, or at church. You don't need to stress to create these opportunities, just let life unfold and they will come. Feel confident that what you have been learning is what life is all about, the joy of growing into your gifts.



## Appendix – Faith, Choice, Shame, and Forgiveness

The following devotional address was presented at  
Brigham Young University – Idaho  
29 August 2017

Audio, video, and transcript of this address are found at  
[www.byui.edu/devotionals](http://www.byui.edu/devotionals)

This devotional was prepared with the prayerful desire to provide a measure of peace and healing.

### ***“A Joyful Meeting”***

*Alma 27:16*

After their miraculous and dramatic conversion experience, Alma and the sons of Mosiah wished to spend all their days and energy teaching the truths they had learned. The sons of Mosiah refused to inherit the kingdom from their father and pleaded with him to be allowed to preach. In Alma 17:13 we read, *“that they separated themselves and departed one from another, trusting in the Lord that they should meet again at the close of their harvest; for they supposed that great was the work which they had undertaken.”*

These courageous brethren traveled and struggled for the next fourteen years. Each one fell into unique circumstances. Some, such as Ammon, had great success preaching. For others, we learn in Alma 20:30 that, *“as it happened, it was their lot to have fallen into the hands of a more hardened and a more stiffnecked people; therefore they would not hearken unto their words, and they had cast them out, and had smitten them, and had driven them from house to house, and from place to place, even until they had arrived in the land of Middoni; and there they were taken and cast into prison, and bound with strong cords, and kept in prison for many days”*.

At the end of fourteen years these brethren met again with Alma on the road. Imagine what they would want to say to each other! In Alma 27:16 it is succinctly stated, *“behold, this was a joyful meeting.”* Perhaps this is a bit of an understatement. What do you think they had to say? What experiences would they have wanted to share? What would be the most profound and hard-earned lessons they would be eager to teach?

Brothers and sisters, just like these early Christians, we are on our own epic journeys. We left our heavenly home most likely with great excitement and more than a little nervousness. For whatever reasons, best known to our heavenly parents, we have each followed a unique path. Some have been given the most difficult of worldly circumstances, both physically and

spiritually. Others of us have been placed on paths of comfort and knowledge, perhaps on paths that are so dangerously comfortable that we take the most important lessons of life for granted.

This is seeing our lives in the eternal perspective as journeys for growth, watched over by loving heavenly parents. It is a grand view which allows us to make sense of the confusion we otherwise face every time we try to find meaning in our lives. If we can keep this eternal view, then problems become challenges to be learned from rather than mountains of discouragement. Our brothers and sisters become fellow travelers rather than our competition or our enemies. If we see ourselves in this grand eternal view, then every chance meeting we have, such as this devotional today, is a time for excitement. This is “*a joyful meeting*” (Alma 27:16) and I would like to spend it sharing with you, my brothers and sisters, my fellow travelers, some of what I have experienced. Much of it may not relate to your specific challenges, and in the short time we have much of it will seem brief or superficial, but I pray that through the Holy Spirit some of it will be valuable and help you on your personal voyage.

If you grew up as I did, with that curious mix of skepticism and open-mindedness of the New Englander, not really accepting anything but ready to believe everything, what would be the most remarkable aspect of Latter-day Saint philosophy that would catch your attention? What is the most profoundly soul-expanding aspect of our doctrine you can imagine? For myself it was the concept that God is our Father, not in some superficial way used in prayers and songs, but in the deepest sense of fatherhood with all that it implies about us as children. As a child of God, as unimaginable as it seems, I can become, and He wants me to become, like Him one day. If we grasp this firmly we will gain a self-awareness and understanding that will shape every word we speak and every action we take. We will live and serve as is fitting for our potential. What other perspective could possibly take us more certainly to our fullest achievements? If I am a child of God, and you are a child of God, how will we act toward each other? Can we respect each other and allow for each other’s imperfections? When I was a child I would watch my father use a hammer. I could barely lift the hammer and certainly could not pound a nail in straight, but my father could do these things with ease. He did not ridicule my weakness, but cultivated it, knowing one day I would be able to use the tools he had mastered. Will we one day feel the same about those spiritual powers which seem so impossible for us to exercise today?

If I do not believe in God, what then? We learn in 1 Corinthians 12:4 that “*there are diversities of gifts*”. If you have the gift of knowing, or the gift of believing those who know, hang onto and treasure that gift; do not doubt it. But what if you do not have such a gift of knowing? How can you believe? As a philosophical type I never was an atheist. If we emphatically state that there is no God, or that there is nothing beyond what we can observe with solid experiment, we could be excluding a vast reality more magnificent than anything we have imagined. That has seemed to me to be too narrow-minded. Still, I was agnostic for many years, always skeptical of those who seemed to believe without questioning. Now I realize that questioning is the very essence of our faith. Questioning is what brought Joseph Smith to prayer. Questioning, coupled with some lonely life experiences, is what brought me to experiment with my first heartfelt out-loud prayer to a God I hoped would be there. I can honestly report that life has been a whirlwind ride ever since that day. This is expressed so beautifully in Alma Chapter 32:

*26 Now, as I said concerning faith—that it was not a perfect knowledge—even so it is with my words. Ye cannot know of their surety at first, unto perfection, any more than faith is a perfect knowledge.*

*27 But behold, if ye will awake and arouse your faculties, even to an experiment upon my words, and exercise a particle of faith, yea, even if ye can no more than desire to believe, let this desire work in you, even until ye believe in a manner that ye can give place for a portion of my words.*

*28 Now, we will compare the word unto a seed. Now, if ye give place, that a seed may be planted in your heart, behold, if it be a true seed, or a good seed, if ye do not cast it out by your unbelief, that ye will resist the Spirit of the Lord, behold, it will begin to swell within your breasts; and when you feel these swelling motions, ye will begin to say within yourselves—It must needs be that this is a good seed, or that the word is good, for it beginneth to enlarge my soul; yea, it beginneth to enlighten my understanding, yea, it beginneth to be delicious to me.*

Here is the great secret: faith is a choice. We choose what to believe and from this we are also choosing how we will live. If you have a scientific mind you might be saying, “Wait a minute, what about proof and reproducible experiments?” There are a few observations to make in this area. First, all truth should ultimately be consistent. When we have all knowledge we will certainly find there is no contradiction between pure science and pure religion. Religion and science are complementary tools to get at what is truth. Next, if you criticize religion for its basis in faith, just what do you think science is founded upon? Science is at its core based upon a set of beliefs, postulates which we choose to have faith in. We run with those postulates so long as they continue to answer questions for us. Profoundly, we continue to keep our faith in those postulates even in the face of unknown and confusing discoveries. Truly it is a limited mind that does not allow many unanswered questions to float in the background, waiting for new and expanding information. If you have some familiarity with modern physics then you know that the most extraordinarily successful models we have, Quantum Theory, Relativity Theory, and the Standard Model of particle physics, have apparently irreconcilable differences, but we have faith that some broader view will one day explain both what we know and what we do not know.

If faith is a choice, then what should we choose to believe? I know of no better path to happiness than that given in the 13<sup>th</sup> Article of Faith:

*We believe in being honest, true, chaste, benevolent, virtuous, and in doing good to all men; indeed, we may say that we follow the admonition of Paul—We believe all things, we hope all things, we have endured many things, and hope to be able to endure all things. If there is anything virtuous, lovely, or of good report or praiseworthy, we seek after these things.*

This simple path of prayer and faith has proven itself over and over in my life, and I encourage you to see if it will do the same for you.

Once we choose faith we make a discovery, that miracles are real and happen all the time. We just need to look for them. Miracles can occur on a grand scale, but are also happening daily in the most common of circumstances. We simply need “*eyes to see*” and “*ears to hear*” as proclaimed by both Moses and Ezekiel (Deuteronomy 29:4, Ezekiel 12:2).

Becky and I recently had a flat tire to teach us just this lesson. A flat tire after midnight over 300 miles from home did not seem like a very good miracle, until we realized that only a few minutes before this happened we had left the high speed interstate highway and were now on a much safer road close to our destination. Also, just a week earlier, after first having a vehicle safety inspection, we had taken the same car full of young people over a dangerous high mountain pass where a flat tire would have been disastrous. Miracles occur every day if we look for them. When we see the smallest miracle in our lives, it is proof that God is still there; we are not alone or forgotten.

Now for some practical applications of all this. Suppose your life just doesn't seem to be going well. Suppose it is particularly painful for you to watch those around you who seem to have it all - success, happiness, and spirituality. Even the pictures in a church magazine are hurtful as they portray a family life much different from what you are experiencing or grew up with. Maybe your childhood and teenage years were stolen from you by life's circumstances or the actions of others. Maybe there are problems in front of you today that seem too large to face. What possible good are God, faith, and an eternal perspective for any of this? Where was God through all of this anyway?

The grander view of our journey, from our entrance into this life, through all its challenges, and onward to our return to our heavenly home, is what brings sense to all this confusion and prevents us from getting discouraged by the difficulties of the moment. We see that we have fellow travelers. When frustrated with yourself and others remember that you and they are doing hard things. We can be each other's best support. We need each other and can help each other. None of us should allow ourselves or those around us to feel isolated. This requires a large measure of love and forgiveness. We must stop judging ourselves and others. Surely none of us is perfect. I see our culture fail at this in at least two profound ways. First, we compare ourselves to an imaginary picture we build of those around us. These are frail people just as we are. Those who seem so successful and popular are at heart just as uncertain, lonely, and anxious as we are. We need to cut ourselves a break and allow ourselves to be human. Second, if we are to cut ourselves a break for being human, then we must also allow others to be human. Others make mistakes, do thoughtless things, and forget their promises. God is working in their lives just as He is working in ours. Let them be imperfect and let them still be your brothers and sisters. We must not take this trip alone. When we judge others we forget that our habit of passing judgement may actually be a greater fault than whatever little thing it is we perceive in another. What a wonderful thing that the Lord works with all of us no matter what our flaws may be. The Lord has given great advice for both these situations.

About forgiving ourselves:

Mosiah 4:27 *it is not requisite that a man should run faster than he has strength*

About forgiving others:

*Matthew 7:3 And why beholdest thou the mote that is in thy brother's eye, but considerest not the beam that is in thine own eye?*

Perhaps due to abuse, addictions, or family drama we find we must separate ourselves from family members. By all means do whatever is necessary to be safe and free from the drama which may try to imprison you and prevent your growth. This may even continue for years, but if at all possible try not to totally disown a parent, sibling, grandparent, or child. God is working in their lives as surely as He is working in yours. Leave the door open at least a faint crack in preserving some relationship so miracles may later become visible.

It helps in these difficulties to realize that what we see and struggle with in this lifetime in ourselves and in others is just the packaging for our spirits. We are not the imperfect mind and body we inhabit. Depression and anxiety are not spiritual or character flaws any more than are diabetes and bad knees. These are all part of the package we received for this journey. Mind and body, with all the shortcomings we experience, are consequences of life in this imperfect world. This is a training ground and the flaws are our challenges. One day we will see what each of us truly is, with healed mind and body, and we will be humbled to realize how we have misjudged one another. Some who seemed outwardly to be the most flawed will be revealed as the most pure.

Even though we forgive others, care about others, and want to lift others, we do not need to be like them. If you come from a family of dysfunction and even abuse, it is particularly important to recognize the heroic role you are playing. You are looking back at all the generations before you and saying, "from this point forward it will be different." This does not mean you will always do the right thing. A hero is not someone who always does the right thing, but a hero is someone who keeps getting up each time they are knocked down and keeps trying. The role you are taking is to see that change occurs, starting now. We all have aspects of our family culture, sometimes quite subtle, which we can improve for the next generations.

One of the most pervasive and nearly universal problems in our family cultures centers around shame. Starting in childhood we all begin a lifelong career of making mistakes. We break things. We say the wrong thing. We forget things. We are unkind. We are careless. Every day we manage to do this. The healthy way to go through life is to recognize our mistakes and resolve to try to do better, and then try again. Every day and every moment is a new opportunity, a fresh start. However, we have a quiet internal dialogue, and often a loud spoken dialogue, that undoes this healthy learning process. This is the message of shame that goes beyond, "Oh, rats, I messed up," to, "I am a bad person, I always get things wrong, I'll never be any good, can't I do anything right?" We feed these shaming messages to ourselves and others all the time. We likely heard some of this as children and will find it hard not to use these expressions with others. This is a sneaky tool of Satan's which is keeping us from recognizing

that true royal heritage we have as literal children of God. Watch for and break this cycle whenever you can. Be that hero that breaks the cycle of shaming across the generations.

What about those mistakes we make that we can't fix? Sometimes we are so comfortable and successful in our lives that we think we can fix anything that happens. However, life has a way of shaking this out of us. Sooner or later we will make some mistake that we are helpless to fix. We make a bad choice. We do something dishonest. We hurt someone else. We break a commandment and don't see how we can ever undo the damage. What do we do to fix this? The truth is, after we have tried everything in our power, there are still some things that we cannot fix. However, this is not a time for shaming ourselves into thinking that we are horrible, evil, or bad to the core. Yes, we are human beings who make mistakes, but we are still of great worth. We are still royal children of God and He has provided a miraculous way through the pain. This is the Atonement, perhaps the most mysterious and most wonderful part of all the wonders of our existence. Brothers and sisters, never give up, never think there is no way out. Jesus Christ came to earth for exactly this reason, to provide a way out when we cannot find one ourselves. When things are going poorly, when we seem to have made mistakes that can never be undone, these are exactly the times for our greatest growth. These are times for a reset, for a new direction. These experiences give us the energy to change, and Jesus Christ's gift of repentance and the Atonement, one of those great unknowns we can scarcely imagine, makes the change possible.

Brothers and sisters, thank you for sharing your journey with me. I have given just a glimpse of truths that mean so much to me, about a living God who is our Father, faith that there is much more to our existence than first meets the eye, the reality of miracles, our need for each other, finding forgiveness for ourselves and others, keeping family relationships whenever possible, the importance of moving the next generation a little closer to perfection, the battle we must fight against shame, and the gift of the Atonement. I am grateful for this life and for that internal instrument we have which resonates whenever a chord of truth is played. I am grateful for our Savior and for His gift of the Atonement which allows us to have healing hope for the future.

In the name of Jesus Christ,

Amen

## **About the Author**

Andrew R. Bradbury graduated from Swarthmore College with Distinction in Physics and received his medical degree from Jefferson Medical College in Philadelphia. He earned board certifications from the American Board of Family Medicine and the Board of Certification in Emergency Medicine. Dr. Bradbury's medical practice has included private offices, small and large emergency rooms, hospital care, house calls, nursing homes, university health, clinical teaching, and care of servicemen and civilians during four deployments to combat theatres with the U.S. Army and Air Force. His eclectic interests include theology, beekeeping, natural sciences, aviation medicine, outdoor youth leadership, dulcimer, tae kwon do, geology, and anything that reveals the beauty and symmetry of our universe. Andy has a practical Yankee temperament which developed during his childhood on a chicken farm in western Massachusetts. He and Rebecca are proud parents of seven children and an expanding circle of grandchildren.

*Tempus et Patientia*

Time and Patience