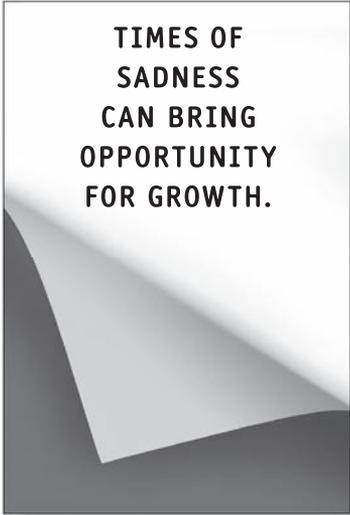


# 1 harness your unhappiness



**TIMES OF  
SADNESS  
CAN BRING  
OPPORTUNITY  
FOR GROWTH.**

Feeling sad, blue, or downhearted is as natural, normal, and even *useful* to the human spirit as breathing, sleep, and nourishment are to physical well-being. But there are times when sadness and despair persist, overwhelming any sense of well-being and interfering with daily functioning.

## Three Shades of Blue

Take Joan, a 66-year-old former elementary school teacher, who thought she should be living the American dream. Her three adult children had promising careers and their own families; she was contented with her 40-year marriage to Bill; and both she and Bill were in good health for their ages. They had sufficient financial security to travel and pursue other lifelong dreams. But Joan's seemingly idyllic life was ravaged by dark periods of feeling intensely down, negative, self-critical, and hopeless. These periods of being stuck in the blues could last a few hours or occasionally even several days.

Joan had coped reasonably well with several significant losses in her life. Although she had experienced two episodes of clinical depression, treatment with antidepressant medication was effective, and now that she was unfettered by work and family responsibilities, she believed life should be easy. Yet she struggled to take delight in positive feelings of joy, contentment, or interest, despite the maintenance dose of medication she'd been taking for several years. Instead, too much of her time was spent feeling gloomy, sad, and anxious. It was as if the medication took her only so far—preventing her from slipping back into clinical depression, but leaving her vulnerable to the blues on any given day.

Joan's struggle with feelings of sadness and despair had actually lasted all her life. She often woke up with a sense of dread, feeling that something awful might happen

that day. During these times, she was flooded with negativity and would brood about the possibility of imminent death. She had no motivation, interest, or energy, and felt as if she could cry for no good reason. She ended up doing little on these days; she would lie in bed and isolate herself from others. These frequent returns to the blues frightened Joan, because with each episode came the fear that she could be pushed over the edge—that she could plunge back into clinical depression. For Joan, living under a dark cloud also meant living in fear.

Persistent and recurring sadness knows no age boundaries. Todd was a 20-year-old university student who did well in both schoolwork and sports. He had a few good friends and a steady girlfriend. He got along reasonably well with his parents, was in good health, and had no significant financial problems. Despite admitting to having a pretty good life, he often felt down and discouraged. He had a rather negative, pessimistic outlook on life and found it hard to feel happy or contented for more than a few minutes. His friends nicknamed him “Eeyore,” after the gloomy donkey character in *Winnie-the-Pooh*. Todd found it difficult to handle even the smallest criticism or setback. He was a constant complainer who could be highly critical of himself and others. And yet, despite his negativity, Todd was quite successful and was generally well liked because he worked hard and showed concern for others. When he went out drinking, Todd was a different person—relaxed, humorous, and good-natured. But most of the time Todd felt miserable, downplaying his accomplishments to himself and others. For Todd, life was anything but a bowl of cherries.

Sometimes people get stuck in the blues after experiencing a significant loss or discouragement. Sarah, a 33-year-old mother of two elementary-age children, had separated from her husband a year ago, after he disclosed an affair. At first friends and family rallied around, providing Sarah with much-needed practical and emotional support. They commented on how well she seemed to be doing, and how emotionally strong and resilient she seemed at juggling the demands of being a single mother and maintaining a high-pressure sales job. But as the months dragged on, Sarah noticed a fundamental change in her emotional makeup. She used to be a positive, optimistic, even cheerful person who truly enjoyed life. But now enjoyment and happiness seemed elusive. Generally she felt down much of the time, more serious, and more preoccupied with life’s challenges than she used to be. She was more easily irritated and short-tempered, especially with the children. And at the moment, the future looked daunting and lonely. Others seemed to her to rebound fairly quickly from their losses, but Sarah was having a hard time getting back on her feet.

Joan, Todd, and Sarah illustrate three avenues into a prolonged struggle with the blues. Like Joan, many people who have experienced clinical depression are likely to suffer prolonged periods of sadness even when they are not in the midst of actual

depressive episodes. Others, like Todd, seem to have a depressive personality in which seeing the negative in everything and feeling glum come quite naturally. And still other people, such as Sarah, experience a devastating loss that leaves them stuck in a persistently downcast emotional state.

Whatever their causes may be, prolonged, intense, or frequent feelings of despair, unhappiness, and gloom can have a paralyzing effect on quality of life. Sadness that drags a person down, that persists, or that constantly recurs can lead to loss of employment or reduced educational attainment, marital and family strain, reduced social relationships, and even poorer physical and mental health.<sup>1</sup> Those stuck in the blues experience substantial personal suffering in the form of isolation, loneliness, boredom, fatigue, and indecision. No wonder people desperately want to end their sadness and return to the land of the living.

The question you might ask is this: “How can I get a better handle on my sadness?” The answer starts with understanding how you get stuck in the blues in the first place.

Have you ever noticed that the way you feel can change quite suddenly? One moment you're feeling happy, contented, and very positive, and then all at once your feelings shift and the dark clouds seem to roll in for no obvious reason. You may be left wondering why you suddenly feel so down and blue. In fact, the cause could be almost anything—from a trivial, offhand comment a colleague just made, to a particularly hurtful incident that occurred earlier in the week. The fact is that our feelings change a lot during a typical day, and we all vacillate between feeling positive about ourselves and our lives and feeling sad or dejected. To experience positive and negative emotions is a normal, and even a necessary, part of life. However, our feelings also vary in intensity, duration, and appropriateness, and this is where the problem lies. If your sadness is deeper, more enduring, or more frequent than the circumstances seem to demand—occurring in situations that most would not find particularly discouraging—it can become a problem, causing you significant personal distress and interfering in your ability to function. At the same time, your moments of feeling happy, contented, and fulfilled may be few and far between. So the problem is not that on some occasions you feel sad, but rather the extent that your daily life is dominated by the blues.

The traditional way to address frequent, intense, and/or prolonged sadness is to ask how to reduce or eliminate depressed mood states. Psychiatrists and psychologists have taken this approach for years. But the second way is to look at how people *deal with* their negative mood states. How can sad feelings that are disabling in their intensity, their duration, or their frequency be changed into more normal, adaptive feeling states? This book presents 80 strategies for lifting yourself out of a sad or depressed mood state, so that it doesn't have a chance to get you stuck, doesn't wallop you over

the head with enervating regularity, or doesn't knock you to the ground like a violent wind. *For many people, getting unstuck is a matter of learning ways to repair a negative mood before it takes hold and really drags them down.*

Some rather blessed people rarely seem sad, and when sadness does strike them, it appears to evaporate as quickly as it appears. For people like Joan, Todd, Sarah, and possibly you, however, sad mood may be a more frequent visitor, and mood repair doesn't come so easily. Fortunately, you can learn a variety of ways to repair negative mood before it digs in and overwhelms you. To learn mood repair, however, you first have to understand the nature of sadness and its function in everyday life.

**The problem of depression can be considered a problem of failed mood repair.**

## The Joy of Sadness

Human nature is composed of physiological, behavioral, emotional, and cognitive systems that interact in response to internal and external environmental demands to ensure our adaptation and survival. Emotions such as joy, sadness, fear, anger, surprise, and shame play a major role in both adaptation and functioning; they even define in large part what it means to be human. Technically, the word *emotion* refers to a very brief, momentary feeling state (e.g., joy, anger, fear), usually triggered by a particular situation and involving a distinct pattern of thinking, facial expression, and behavioral response. *Mood*, on the other hand, is a more enduring emotional state that can last for hours or even days and often involves a more complex mixture of specific emotions as well as persistent ways of thinking. *Sad mood* is a sustained period (i.e., hours or days) of unpleasant feeling. Different terms have been used to describe sad mood, including *prolonged sadness*, *dysphoria*, *depressed mood*, *mild depression*, or *stuck in the blues*. These terms are used somewhat interchangeably throughout this book.

**Brief periods of sadness can be useful, helping us think through life problems.**

Emotions are adaptive, and therein lies the joy. But there can be “joy” even in longer states of sadness. Emotion researchers have discovered that individuals who are feeling low engage in more personal reflection, process information more deeply and in more detail, and may evoke more sympathy and social support from others.<sup>2</sup> What this means is that sadness may enable us to better accept the losses in our lives, reconsider our life goals and values, and strengthen connections with others. The title of this chapter, “Harness Your Unhappiness,” is a recognition that sad feelings are necessary; but they have to be kept in check and recalibrated, so that sadness returns to

its rightful place in the kaleidoscope of emotion, where it can serve useful functions. Mood repair strategies are the way to harness sad mood for these purposes.

## Beginning with Basics

Let's begin by looking more closely at sad mood. This sustained period of unpleasant feeling involves diminished energy or arousal, together with the following: (1) a sense of significant loss or failure; (2) a perception of interference with the attainment of valued life goals; and (3) a belief of helplessness or reduced personal control. The mood repair strategies presented in this book target each of these core elements.

### A SENSE OF LOSS OR FAILURE

A key element of persistent sadness is a sense of loss or failure. The loss or failure could involve someone or something very important in your life, such as the death of a loved one, unemployment, or major conflict with a close friend. Or it could be something less important, such as a coworker's complaining about one of your reports, a friend's making a critical comment, or your child's coming home from school with a poor grade. Even thinking back to an earlier loss or failure can trigger an episode of sadness. Derek felt intensely sad whenever he thought back to a negative work performance review he'd received a couple of weeks ago. Helen felt a wave of sadness sweep over her when she thought about her mother's recent diagnosis of breast cancer. Emily would become tearful thinking about the unkind remark her husband made to her the other night. And John felt a profound sense of sadness as he struggled with his doubts about the love of God in his life. The possibilities of loss or failure that can trigger sadness are almost endless.

You will want to be strategic in your mood repair efforts by focusing on the chapters of this book addressing the core features of sadness that are most problematic for you, either now or when you find yourself stuck in the blues any time in the future. "Tool Finder" sections are provided throughout this book to help you tailor mood repair to your particular experience of sadness. However, don't jump ahead! Continue reading this chapter to get a complete understanding of your depressed mood.

#### TOOL FINDER

You will find specific mood repair strategies that target loss and failure experiences in Chapters 3, 6, and 8. In the meantime, take a moment to consider times in the past week when you've felt down. What losses,

failures, or disappointments have triggered your negative mood? Are there certain distressing situations that you keep thinking about over and over?

### A PERCEPTION OF INTERFERENCE WITH ACHIEVEMENT OF IMPORTANT GOALS

People are most likely to feel depressed when they perceive that their attainment of cherished goals, values, and aspirations has been disrupted. Depression is rife among young adults, who often have to deal with delayed progress toward career, educational, and relationship goals. The intensity and persistence of the sadness will depend on the importance of the personal goal that is seen to be blocked. One of the most intense experiences of sadness occurs in grieving for the death of a loved one, because it involves disruption of the basic human need to be in a loving, intimate relationship with another person. Joan, mentioned at the start of this chapter, found that her periods of sadness were related to her perceived loss of two goals: her sense that she was not enjoying her retirement, because this was an important goal for her; and her belief that her friends probably viewed her as weak, insecure, and anxious, even though she wanted to give the impression of competence, independence, and resourcefulness. Carol felt depressed whenever she thought about Jason, her 18-year-old son who was charged with drug offenses. She'd tried so hard to offer parental support and guidance to help him get on the right path, but she felt she had failed to achieve this goal.

**A perception of interference in the pursuit of valued life goals often triggers a low mood.**

#### TOOL FINDER

Chapters 5 and 9, in particular, discuss the importance of goal-setting strategies for dealing with a perception of disrupted goal attainment when you are feeling down and depressed.

### A BELIEF IN HELPLESSNESS OR REDUCED PERSONAL CONTROL

Another core element of persistent sadness is a belief in *helplessness*, or the inability to cope or adapt effectively with loss or failure. Passivity, submissiveness, and indecision are hallmarks of depression. When experiencing profound sadness, you may feel like giving up, resigning yourself to failure, deprivation, and loss. Because you lack interest, motivation, and energy, you may feel like isolating yourself, sitting back, and doing nothing. A typical thought is “Why bother? It’s no use; nothing I can do will

help.” Sadness, then, involves a state of giving up, of surrendering to life and its circumstances. In the most extreme form, you may experience it as the desire to crawl back into bed, pull the sheets over your head, and just sleep forever.

**TOOL  
FINDER**

Chapters 5 and 13 present strategies for dealing with the belief of helplessness, the withdrawal, and the avoidance that are so common in depressed mood.

## Sadness: A Complex Human Experience

You have probably noticed that *sadness* as defined in this book encompasses not just emotion, but also thoughts and behavior. This multifaceted nature of depressed mood or sadness is deeply rooted in the neurophysiology of the brain. Researchers have found that sad mood involves activation of the amygdala, which is a brain region responsible for interpreting the emotional significance of sensory input. It also involves reduced activation in the dorsolateral prefrontal cortex and anterior cingulate cortex, which are higher cortical regions responsible for cognitive control, memory, reasoning, judgment, and inhibitory processing.<sup>3</sup> All this means that the experience of feeling sad—its intensity, duration, and quality—involves a close interplay between the lower cortical pathways implicated in emotion registration and expression (i.e., the amygdala) and the higher cortical centers involved in the regulation of emotion (i.e., the dorsolateral prefrontal cortex and anterior cingulate cortex). If you experience frequent, persistent, and intense negative mood, this most likely involves both excessive emotion generation (i.e., the amygdala) and inhibited activation of the emotion regulation pathways of the brain (i.e., the dorsolateral prefrontal cortex and anterior cingulate cortex). In other words, this book’s emphasis on improving emotion regulation in order to alter your experience of both positive and negative emotion has a sound basis in the neurophysiology of emotion. What the mood repair strategies in this book are intended to achieve is more efficient and effective activation of the cortical emotion regulation pathways in the brain (i.e., the medial prefrontal cortex).

**When you are practicing mood repair, you are retraining the cognitive, behavioral, and neural components of emotional experience.**

Sad or depressed mood is more than a neural response. Sadness also affects memory and thinking (or *cognition*) by making negative thoughts, memories, and expectations more salient, engaging, difficult to ignore or control, and believ-

able. Behavior is affected, too: Depressed individuals often act in a passive, unassertive manner and choose to avoid difficult situations, social interactions, or effortful tasks. At this point we don't fully understand the link between the neurophysiological dysfunction of emotion regulation and the behavioral deficits in depression, but decreased activation in the prefrontal cortex may contribute to the tendency to avoid and procrastinate.

What *is* clear is that being stuck in the blues is a complex state that requires a broad approach to mood repair. You have to harness specific aspects of negative mood to restore a sense of balance and functionality to your daily experiences of feeling blue. As the Tool Finders above indicate, the following chapters contain a broad range of interventions that target different aspects of the depressive experience. In the chapters themselves, you'll find even more specific guidance about when particular strategies are most useful.

#### TOOL FINDER

Many of the mood repair strategies, especially those in Chapters 4, 6, and 7, deal with the negative thinking that fuels depressed mood. Specific strategies in Chapters 5, 11, and 13 address the behavioral deficits often seen in prolonged states of sadness.

## Feeling Sad and Blue in Everyday Life

I have stated earlier that the main goal of this book is not the traditional one of trying to help you *reduce* depressed mood. It's to show you how to *repair* naturally occurring sad states, so that they become more adaptive and contribute to generally healthy emotional well-being. To do that, you will need to know what *more adaptive* really means. What is the "natural" emotional state of the average person? What would be the optimal or "perfect" mix of daily emotion? What do most people feel on a daily basis?

The first thing to keep in mind is that there are important personality differences in the experience of emotion. Some people are more prone to negative emotion (naturally glum), while others are more likely to experience positive emotion (naturally cheerful)—and this propensity has a strong genetic basis. Therefore, you will need to take into account your own personality's constitution when you are forming goals and expectations about mood repair. The sidebar "The Science of Daily Depressed Mood" on pages 9–10 provides additional information on the nature of sadness or depression that you might find helpful in forming realistic expectations about your daily mood repair efforts.

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## the science of daily depressed mood

The daily emotional experience of the average person can be described as mildly positive (see Chapter 2 for discussion). Moreover, people tend to have a *positivity offset* when they are responding to low levels of input (which characterizes much of the day), but a *negativity bias* when demands or inputs become more intense.<sup>4</sup> Thus people seem to live much of the day in “mild satisfaction,” although it is also clear that this state of mild positivity does get disrupted with brief periods of negative emotion, such as sadness. And when sadness strikes, even though briefly, more often than not any feelings of happiness vanish. Moreover, for some people the frequency and duration of daily depressed mood are greater, and the effects on daily living more profound, than might be expected. These individuals—the ones prone to protracted periods of sadness or “the blues”—will benefit most from the mood repair strategies discussed in this book, which are designed to improve a person’s ability to “down-regulate” or reduce negative mood.

So how common is the struggle with persistent depressed mood? We can start with the most extreme form of depressed mood: the one called *clinical depression* or *major depression*, which every year afflicts approximately 14 million Americans, or 1 in 5 individuals over their lifetimes.<sup>5</sup> Although persistent sadness is one hallmark of major depression, the condition goes far beyond mere sadness and includes other persistent symptoms, such as loss of interest, poor sleep, appetite disturbance, poor concentration, lack of energy, suicidal thoughts, and the like (see Chapter 15 for more details). Other individuals struggle with *minor depression*, which involves at least 2 weeks of daily sadness or loss of interest, and possibly one other symptom such as sleep disturbance or fatigue. The lifetime prevalence for minor depression hovers around 10%.<sup>6</sup> Finally, certain segments of the general population may struggle more than others with depressive mood or symptoms; these include young adults, women, the elderly, those with chronic medical conditions, and individuals with a negative affect personality type. In sum, the occurrence of prolonged depressed mood or sadness is not evenly spread across the general population. The research indicates, however, that a large percentage of the population does struggle with persistent feelings of depression.

Those who experience prolonged depressed mood don’t have to be convinced of its seriousness. However, there are other reasons for dealing with the problem of persistent sadness. There is evidence that people who struggle with this problem are at higher risk for developing clinical depression later, and that even minor depression can cause significant interference in daily functioning, quality of life, and physical health.<sup>7</sup>

At first glance, you may be surprised to learn that minor depression does not respond as well as the more severe clinical depression to the conventional treatments designed for depression. Although it is not entirely clear why this is the case, it may be

**Although mild positive emotion may be more typical, millions of people struggle with prolonged sadness or depressed mood that can be called *minor depression*. Learning better mood repair skills will be particularly important for those with subclinical or minor depression.**

that because people with minor depression have fewer symptoms that are less intense, there is less room for improvement. However, the mood repair approach operates from a different perspective, and so it has much to offer those with minor depression. The strategies discussed in this book can be used with the full range of depressive symptoms, from mild, transient episodes to more severe depressive experiences. You don't

have to reach a certain threshold of depressed mood before you can use mood repair to your own advantage.

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## Mood Repair: The New Science of Emotion Regulation

We are naturally compelled to take action to reduce, eliminate, suppress, or avoid negative emotions, as well as to maintain the positive ones. Unfortunately, our efforts in either direction may not be very effective, especially in the long run. Because the primary goal of this book is to show you how to repair sad mood, the next 12 chapters focus on negative mood repair, or strategies to down-regulate unwanted feelings. Only Chapter 14 presents strategies for mood enhancement, dealing with up-regulation of positive emotion like joy and happiness. The two are addressed separately because, as you'll learn in Chapter 14, they are not two sides of the same coin. Nevertheless, work on both types of emotional experience is critical for improved life satisfaction.

**Both types of emotion regulation—repairing sadness and enhancing happiness—are necessary to improve life satisfaction.**

The term *emotion regulation* refers to processes that function to decrease, main-

tain, or increase aspects of emotion.<sup>8</sup> Emotion regulation can involve a wide range of responses—from moving to another area to begin a new job that you expect will bring more positive emotions such as pride and joy, to trying not to think about a recent conflict with your child because it gets you down. Attempts to regulate emotions can be automatic, such as when you instinctively look away from an automobile accident because it fills you with fear and sorrow for those involved. They can also be conscious, highly purposeful actions intended to change the way you feel, such as going to a comic movie with your partner to feel joyful and relaxed.

The ability to regulate emotions effectively is a key element of good mental health. Successful emotion regulation enables people to concentrate on tasks, maintain social interaction and intimacy, and establish a sense of inner comfort and well-being. By contrast, emotional disorders such as anxiety and depression can be viewed in large part as resulting from ineffective efforts at emotion regulation, or *emotion dysregulation*. Such efforts can result in an excess of negative emotion, like sadness, or a scarcity of positive feelings, like joy and happiness. Emotion dysregulation can include not knowing about or not using effective emotion regulation strategies; overrelying on maladaptive approaches; poorly timing efforts at mood regulation; or mismatching a strategy with an emotion-eliciting situation. Thus attempts at emotion regulation can be successful or unsuccessful, depending on the choice of strategy.

## Ineffective Emotion Regulation

Over the years, researchers have discovered a number of emotion regulation strategies that are relatively ineffective in repairing negative moods like sadness. One of them is *situational avoidance*, or attempts to escape from or avoid situations associated with unwanted, unpleasant feelings. Actual physical avoidance is a prominent behavior associated with fear, but to avoid situations that make them sad, people may also withdraw, isolate themselves, and procrastinate. For example, you may avoid contact with a critical coworker whose complaints lower your mood, or postpone dealing with bills because you feel discouraged about your financial situation. Even though seeing other people and participating in various activities might eventually make you feel better, you may choose to avoid them as well, because everything seems to take longer and require more effort. What these behaviors add up to is that you never get around to dealing with problems, pursuing goals, or interacting with people. During her “black days,” Joan would stay in bed for most of the day. Todd would end up cutting classes on days he felt depressed. In both cases, avoidance seemed the more attractive response because it took less effort; in the long term, however,

Joan and Todd felt more depressed, because their avoidance actually increased their problems of living and interfered in their quality of life. Habitual avoidance prevents an individual from coping with the life circumstances that contribute to depressed mood.

**TOOL  
FINDER**

Chapters 3 and 13 focus on maladaptive situational avoidance and how to overcome it.

Excessive analysis, or *overthinking*, is another maladaptive emotion regulation strategy. Two of the most common forms of excessive analysis are *rumination* and *worry*. Many people waste time trying to evaluate their thoughts and feelings in an effort to understand why they feel so sad (i.e., rumination), or they become preoccupied with the possibility of some terrible future event and try to figure out ways to avoid it (i.e., worry). In the end, rumination and worry both only intensify negative mood. It is likely that both types of thinking are linked to activation of the hippocampus/amygdala regions, as well as to hyperactivation of certain areas of the prefrontal cortex.

**Overthinking—trying too hard to understand your problems, situation, or current emotional state—can aggravate rather than soothe negative mood.**

Even though most people are aware that rumination and worry are harmful instead of helpful, they feel that these thought processes are automatic and that they have little control over them. Sarah would spend hours replaying what her husband had said to her about his affair, agonizing over the possible reasons he had cheated on her and what she might have done to contribute to his unfaithfulness. All of this thinking got her nowhere; it produced no new insights into the affair, and it only left her feeling more depressed and rejected.

**TOOL  
FINDER**

Chapter 6 deals specifically with the problem of rumination in depression.

The two most fully researched maladaptive emotion regulation strategies are *thought suppression* and *emotion suppression*. As discussed in more detail in Chapter 4, our thoughts have a tremendous influence on how we feel. When sad, we tend to

think about loss, failure, hopelessness, and personal inadequacy or worthlessness—so we try *not* to think about them as a way to feel less depressed or miserable. There is evidence from neuroimaging research that thought suppression is associated with increased activity in the prefrontal cortex and anterior cingulate cortex, which are brain regions involved in the cognitive regulation of emotion. You can think of thought suppression as the cognitive counterpart to situational avoidance. For example, if a salesman has had a rough day at work with lots of criticism from customers, he might try hard not to think about the day by distracting himself with other thoughts. The problem is that actively trying not to think negative, critical thoughts may paradoxically cause him to pay even closer attention to these thoughts, so he ends up thinking about them more rather than less. At the very least, deliberately attempting to suppress unwanted thoughts is an ineffective strategy that doesn't reduce sad mood. Sarah knew she should not be spending hours thinking about her ex-husband's affair, because it made her feel more miserable. But the more she told herself not to think about the affair, and the harder she tried to push the thoughts and images from her mind, the more frequent and vivid their intrusion became. In fact, the intrusion seemed so powerful that Sarah ended up wondering whether she was losing her mind.

Likewise, efforts to suppress the expression of unwanted emotions (i.e., holding back your tears and putting on a brave face), or to suppress the emotional experience itself, can make feelings of unhappiness and sadness worse.<sup>8</sup> Pretending to be happy when you're not is a highly counterproductive approach to emotion regulation, as Todd discovered when he tried to be more cheerful and humorous around his friends. Invariably his family and close friends could see through his act and knew that he was feeling down and blue, but pretending to be happy also seemed to deepen Todd's depression, because it highlighted the fact that he really didn't feel happy at all.

Todd learned that effective mood repair begins with acknowledging how you truly feel. That's why throughout this book, mood repair is presented within the context of genuine emotional experience. Depressed mood or sadness is always acknowledged, expressed, and then dealt with. For decades, psychologists have known that denial of genuine emotion is not an adaptive approach to emotion management.

**Effective mood repair begins with recognizing how you truly feel.**

## TOOL FINDER

Chapters 4, 7, and 8 offer more productive alternative strategies to suppression—strategies that have a better impact on depressive thoughts and feelings.

## Effective Emotion Regulation

Although it's important to recognize the ineffective emotion regulation strategies you may have been using, what is essential is to learn which emotion regulation strategies effectively dampen negative mood and/or boost positive emotions like happiness. The mood management strategies described in subsequent chapters tap the many effective methods researchers have identified.

For many years, *situational exposure* and *problem solving* have been shown to be effective in reducing negative emotions like anxiety and depression, respectively. Both strategies, through which you confront the situation or problem responsible for your low mood, are the opposite of avoidance. Let's say you feel blue because of arguments with your partner. Adaptive coping would involve approaching your partner and attempting to resolve the conflict with compassion, active listening, and effective problem-solving skills. Joan would lie in bed and isolate herself on blue days, as mentioned earlier. But when she forced herself to get out of bed, get dressed for the day, and make at least one phone call to a friend, she noticed she felt better. By contrast, when she did spend half the day in bed, she felt guilty and would berate herself for being so lazy. These negative self-critical thoughts lowered her mood even further.

### TOOL FINDER

Many mood repair skills, especially those presented in Chapters 3, 10, 11, and 13, are based on the notion that directly confronting an emotion-eliciting situation is the most effective way to manage fear and sadness.

One of the most effective strategies for reducing negative mood is a process called *cognitive reappraisal* or *cognitive restructuring*. This strategy involves changing how you evaluate a situation, in order to alter its personal or emotional significance. Cognitive reappraisal is one of the core therapeutic ingredients of a highly effective treatment for depression called *cognitive therapy*, which was originally developed by a psychiatrist at the University of Pennsylvania, Aaron T. Beck. Using cognitive reappraisal to deal with negative emotion activates the prefrontal cortex, the part of the brain involved in emotion regulation.

Elena felt quite depressed when she didn't get a job she really wanted. Even though she thought she did quite well in the interview,

**Are isolation, procrastination, and other types of avoidance typical coping responses for you? If so, try confronting the people or situations that trigger negative emotion and see how much better you feel.**

she immediately jumped to conclusions like “I wasn’t considered smart or talented enough for the job,” “This proves I’m not very competent,” and “I’ll never amount to anything in this life.” Blaming herself for not getting the job made her feel more and more depressed. Once she began using cognitive reappraisal, she could remind herself: “The job competition was really stiff, and the fact that I was short-listed meant that the selection committee clearly thought I was competent,” “I may not have gotten the job because my skills were not a good match for what the employer needed at this time,” and “I’ve only been job-hunting for 3 months; that’s not very long in this tough employment market.” Notice that cognitive reappraisal involves attributing the negative selection outcome to circumstances that are transient and changeable, and not to some permanent personal flaw or deficiency. This reappraisal of the situation won’t lead to joy or happiness, but it will have the effect of dampening depressed mood. Elena began to feel less depressed when she started to embrace this more situational or circumstantial explanation for her disappointing job interview.

**TOOL  
FINDER**

Chapter 4 presents a detailed explanation of using cognitive reappraisal to repair sad mood. Later chapters return to this technique frequently.

*Emotion expression* is another adaptive emotion regulation strategy emphasized by emotion researchers.<sup>8</sup> This approach involves the free and genuine expression of both positive and negative emotion. This expression is not contrived, forced, or controlled, but rather a flexible, free, and appropriate outflow. Elena, for example, could be expected to express her sadness at hearing that she did not get the job. She might go through a couple of days feeling the blues, but she could harness that sadness to reflect more realistically on her situation and on what to expect when searching for a job.

Being genuine in your feelings also involves acknowledging and intentionally expressing negative thoughts. Doing this in a systematic, planned, and limited manner can help reduce negative emotion, although it is important not to get stuck in the negative thinking. During the first few months of her separation, Sarah tried to put on a brave face, working hard to hold it together around her children, family, and friends. However, she found this constant suppression of emotion draining, and it seemed to perpetuate her sadness. So she learned to let herself have crying episodes that lasted only a few minutes. If it happened around the children, she simply explained to them that “Mommy misses Daddy and is feeling sad.” When she cried or expressed sadness around other family members or friends, she would talk briefly about the separation. Sarah learned that appropriate expression of her sadness seemed to have some healing

effect, and she was better able to cope with her despair. Chapter 3 presents several mood repair strategies based on the healing power of planned expression.

*Emotion-driven behavior*—that is, behavior occurring in response to a heightened emotional experience<sup>9</sup>—can be adaptive or maladaptive. Examples of behaviors that are driven by and feed sad mood include becoming more sedentary and inactive, getting less sleep, being more angry and confrontational with people, eating more junk food, and passively watching more television. These seemingly soothing things may seem to be short-term solutions for feeling low, but in the long term they block mood repair.

A more helpful emotion regulation perspective is to identify your problematic coping responses and replace them with emotion-driven behavior that represents more adaptive coping. This might involve initiating a physical exercise program, getting more sleep, or learning interpersonal and assertiveness skills. Todd, for example, would withdraw from his friends and girlfriend whenever he went through a funk; he would isolate himself in his bedroom and play *World of Warcraft* for hours on end. Although at the time gaming seemed to soothe his depression by providing distraction, it also put him behind in his schoolwork and caused conflict with his girlfriend. Todd found that going to the gym with one of his friends and having a good workout proved to be a more effective mood repair strategy, because it involved physical activity, productive distraction, and social contact—all of which can diminish sadness.

#### TOOL FINDER

Chapters 5 and 12 focus specifically on learning more adaptive coping methods to alter negative mood.

*Acceptance* and *mindfulness* are the latest emotion regulation strategies to appear in the research literature. In many respects they should be considered *deregulation* approaches because mindfulness and acceptance make no attempt to change thoughts or feelings. The intention of mindfulness and acceptance is to allow thoughts and feelings to come and go, without any effort to exert control over them or to manipulate them in any way. Acceptance emphasizes greater awareness, openness, and acknowledgment of all emotions, without judgment or attempts to alter them.<sup>10</sup> Instead, you are encouraged simply to observe your thoughts and feelings—to watch them flow through your mind as you would observe the flow of water in a river.

**Adaptive coping behavior can have a “multiplier effect” on positive and negative emotions by creating conditions that activate other adaptive mood repair responses.**

Mindfulness involves deliberate training of attention, in which you learn through repeated practice to gently redirect your attention away from distressing thoughts and feelings to present, momentary physical sensations of calm established through Buddhist-inspired meditation. By engaging in mindfulness practice, you learn to tolerate negative emotions, reduce avoidance and rumination, increase your acceptance of thoughts and feelings, and reduce the credibility or significance of unwanted emotions and thoughts.<sup>10</sup> Learning to accept one's thoughts and feelings rather than desperately trying to change them through analysis and reasoning is an important goal of this emotion regulation strategy. Acceptance became an important strategy in Sarah's mood repair toolkit. She was reminded of being alone and separated almost every moment of the day. With the help of her therapist, she learned to accept the "separation thoughts" by letting them float through her mind—not responding to them or trying to push them away, but instead passively, nonjudgmentally watching the separation thoughts pass through her conscious awareness.

**TOOL  
FINDER**

Chapters 7 and 11 provide more detailed explanations and present several approaches to sad and depressed mood that are based on the mindfulness and acceptance perspective.

## Getting the Most from Mood Repair

The 80 mood repair and enhancement strategies presented in this book cover a wide range of emotion regulation processes and activities. Not all of the strategies will be equally effective or even appropriate for all readers. Our differing personalities, life circumstances, and past experiences make depressed mood highly unique for each of us. For example, some people are more interpersonally sensitive than others, and so their depressed moods are more often a response to perceived disapproval or rejection by others. Other people are more achievement-oriented, and so they become depressed when they experience failure or disappointment in work or career. When some people experience depressed mood, they engage in rumination, which makes the depressive experience worse; others may resort to avoidance and procrastination, refusing to deal with the problems and difficulties in their lives. Some individuals become agitated or restless when depressed, whereas others become too passive and sedentary. As you first read through all the subsequent chapters to learn about the different mood repair strategies, you will notice that I highlight which aspects of the depressive experience are targeted by each strategy. You can use this information to

select those strategies that will be most relevant to your experience of depression, and in this way develop your own personalized plan for mood repair.

Joan suffered frequent bouts of depressed mood that were characterized by rumination (“What if I become clinically depressed again?”) and concern about negative evaluation by others (“It would be terrible if my friends thought I was weak and incompetent”). For Joan, the mood repair strategies in Chapter 6 on rumination, Chapter 7 on mindfulness, and Chapter 11 on focused self-compassion would be most helpful. Todd, on the other hand, experienced a surge of self-critical thinking, pessimism, and hopelessness whenever he became depressed. Chapter 4 on negative thinking, Chapter 9 on hopefulness, and Chapter 14 on positive emotion or happiness would be most relevant for Todd. Sarah struggled with increased depressed mood after her marriage broke up and she had to face new challenges as a single mother. She would find the strategies described in Chapter 3 on dealing with difficult situations, Chapter 5 on behavioral strategies, and Chapter 13 on facing dreaded and difficult problems most relevant.

You will probably get the most out of this book if you read through the whole thing to become familiar with all of the mood repair and enhancement strategies. Then go back and concentrate on the chapters that are most relevant for your experience of depressed mood. At that point, do the exercises and follow the instructions for implementing mood repair during your times of depressed mood, but remember that some of these strategies will be more effective for you than others will be. You should test the strategies, determine which ones are most effective in reducing your depressed mood, and then practice those strategies so they become your natural ways to cope with negative mood. As well, you will find that many of these strategies involve lifestyle changes such as diet, sleep, and exercise, which provide longer-term benefits in the form of prevention. That is, you may find that you are less prone to bouts of sadness or depression because of making healthy lifestyle changes. So you should consider including strategies in your toolkit that have this potential for prevention, such as mindfulness meditation (Chapter 7), social connections (Chapter 10), physical exercise (Chapter 12), and positive psychology (Chapter 14). When a strategy has this preventive potential, it will be highlighted as such in the chapter.

Not only is it important to be strategic in how you implement mood repair, but it is crucial to maintain realistic expectations. Sadness is a normal part of our human emotional makeup, and so it is not possible, or even desirable, to eradicate all unhappiness from life. The goal is to reduce the intensity and duration of depressed mood states, as well as the interference with daily living they cause. The mood repair strategies are to be used for this purpose, but of course you will still have

**The goal of mood repair is reduction but not elimination of sadness.**

bouts of sadness. The goal of mood repair is to minimize the negative impact and dominance of depression in your daily functioning and long-term well-being.

Likewise, it is important to realize that some life circumstances are more toxic than others. Dealing with the death of a loved one is much more challenging for mood repair than overcoming the distress caused by a critical comment of a friend. Finally, mood repair will be more difficult for some people than for others. If you tend to be pessimistic, negative, or self-critical by nature, you will need to be kind, patient, and compassionate toward yourself. “Rome wasn’t built in a day,” and replacing well-used maladaptive coping responses with healthier, more effective mood repair will take time and determination. With the right strategies, however, you can learn to minimize the impact of sad mood and live the life you want.

**Instigate mood repair with a strong dose of patience and kindness toward yourself.**

## Making Mood Repair Permanent

Even when people are aware of their feelings, they often don’t pay much attention to emotion regulation in daily living. Most people are at least aware of the fluctuations between feeling happy and sad, but they do not consciously, effortfully mobilize emotion regulation to reduce sadness or promote happiness. Instead, they tend to rely on habitual ways of dealing with emotions in a somewhat automatic, thoughtless manner. The challenge of this book is to change your way of thinking about emotion management. Rather than simply “ride out your emotions,” there is much you can do to alter the way you feel. This is especially true for feelings of sadness or depression. The first step in taking a long view of mood repair is to become much more intentional about reducing unhappiness and increasing joy and contentment in your daily life.

The second step is to recognize that mood repair is a daily activity and not a single “fix-it” phenomenon. Repairing mood doesn’t somehow permanently alter the propensity to get stuck in the blues. Instead, you will need to adopt mood repair as an approach to your emotional life. If I feel sad or depressed, rather than getting stuck in this unwanted state, I respond by engaging in mood repair. This involves adopting the attitude “OK, I feel sad. Now what do I need to do to get unstuck?” You can think of mood repair as a set of skills you learn and then keep applying over and over again throughout life whenever you feel sad or depressed.

The third step is to embrace lifestyle change, which is involved in many of the mood repair strategies in this book. For example, initiating a physical exercise program, changing dietary and sleep habits, taking up mindfulness meditation, being

more sociable, and practicing gratitude and compassion toward others are major changes in behavior and attitude that involve adopting a more flexible, holistic perspective on mood management. You can expect these lifestyle changes to have broader effects than simply down-regulating a single episode of sadness. They can also serve a maintenance function by creating a more positive, optimistic, and “in control” orientation to the demands of daily life.

Your resilience in dealing with life challenges and adversities can be fortified by these lifestyle changes. Experiencing more frequent and prolonged positive emotion has what some researchers call a “broadening and building” effect that will add to your resilience.<sup>11</sup> That is, many of these strategies will decrease the general tendency to experience negative mood, and will thereby play a preventive role in emotional adjustment. I encourage you to begin making some of these larger, more ambitious changes, because they can produce broader and deeper results in your life than simply applying specific techniques to reduce depressed feelings at a particular point in time.

Finally, I challenge you to make emotion management a higher priority in your life. Many people spend far more time and resources pursuing goals that offer much less payoff for improving quality of life than can be expected from emotion regulation. For example, many people in developed countries devote an inordinate amount of time and effort to making more money. They claim that this is necessary to provide economic security and well-being for themselves and their families. At least implicit in this frenetic work pace is the idea that greater wealth will bring more comfort, life satisfaction, and happiness. And yet there is considerable evidence that wealth generation is a weak and inefficient way to achieve greater happiness; a growing body of research indicates that increased attention to our own emotions and their regulation can yield much bigger returns in improved life satisfaction.<sup>12</sup> The fact is, many people spend too much time doing the things that bring them the least amount of happiness, and not nearly enough time doing the things that generate the greatest amount of happiness. You may be thinking, “I can’t afford the time and effort needed to do emotion regulation work.” Of course you can think this, but the real question is whether you can afford to continue ignoring your emotional life, or letting your emotions rule your everyday existence in a manner that causes ever more distress and interference in your quality of life. So I encourage you to read on and discover how you can learn to tame the blues.