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The Mindful Way through Depression: Freeing Yourself from Chronic Unhappiness
By Mark Williams, John Teasdale, Zindel Segal, and Jon Kabat-Zinn. Copyright © 2007

PART I



Mind, Body, and Emotion

ONE



“Oh No, Here I Go Again” Why Unhappiness Won’t Let Go

ALICE TOSSED AND TURNED. SHE COULDN’T SLEEP. It was 3:00 in the morning, and she’d awakened with a jolt two hours earlier, her mind instantly buzzing with a rerun of the afternoon meeting with her supervisor. This time, though, there was a commentator. It was her own voice, chiding her with shrill questions:

“*Why* did I have to put it *that* way? I sounded like an idiot. What did he mean by ‘satisfactory’—okay, but not nearly good enough for a raise? Kristin’s department? What do they have to do with the project? That’s *my* territory . . . at least for now. Is that what he meant by evaluating how things go? He’s planning to put someone else in charge, isn’t he? I *knew* my work wasn’t good enough—not for a raise and maybe not even to keep my job. If only I’d seen it coming. . . .”

Alice couldn’t get back to sleep. By the time her alarm went off, her thoughts had moved on, from the hopelessness of her position at work to the dire straits she and the children would be in once she was out looking for a job again. As she wrenched her aching body out of bed and struggled toward the bathroom, she was already picturing herself being rejected by one new prospective employer after another.

“I can’t blame them. I just can’t understand why I feel so down so often. Why do I get so overwhelmed by everything? Everyone else seems to manage fine. I obviously don’t have what it takes to cope with both a job and a home. What was it that he said about me?”

The tape loop in her head started over again.

Jim hadn’t had any trouble sleeping. In fact, he just seemed to have a hard time being awake. There he was again, sitting in his car in the office parking lot, feeling the sheer weight of the day pinning him to his seat. His whole body felt leaden. It was all he could do just to unlatch his seat belt. And still he sat, immobile, stuck, unable to grab the door handle and just go to work.

Maybe if he mentally ran through his schedule for the day . . . that always got him moving, started the ball rolling. But not today. Every appointment, every meeting, each phone call he had to return made him swallow what felt like an iron ball, and, with each swallow, his mind wandered away from the day’s agenda to the nagging question that seemed to be with him every morning:

“Why do I feel so bad? I’ve got everything most men could ask for—a loving wife, great kids, a secure job, a nice house. . . . What’s wrong with me? Why can’t I pull myself together? And why is it always this way? Wendy and the kids are sick to death of my feeling sorry for myself. They are not going to be able to put up with me much longer. If I could figure it out, things would be different. If I knew why I felt so rotten, I know I could solve the problem and just get on with life like everyone else. This is really stupid.”

Alice and Jim just want to be happy. Alice will tell you she’s had good times in her life. But they never seem to last. Something sends her into a tailspin, and events she would have shaken off when younger now seem to plunge her into despair before she knows what’s hit her. Jim says he’s had good times too—but he tends to describe them as pe-

riods marked more by the absence of pain than by the presence of joy. He has no idea what makes the dull ache recede or return. All he knows is that he can't put his finger on the last time he spent an evening laughing and joking with family or friends.

As visions of being unemployed swirl through Alice's head, a deep fear of being unable to do what she needs to do for herself and her kids lurks around the edges of her mind. *Not again*, she thinks with a sigh. She remembers well what happened when she found out that Burt had been cheating on her and she kicked him out of the house. Naturally, Alice had felt sad and angry, but also humiliated by the way he had treated her. He had been unfaithful. She had wound up feeling that she had "lost" her battle to save the relationship. Then she felt trapped by her circumstances as a single mother. At first she had put up a good front for the sake of the children. Everyone was supportive, but there came a point when she thought that she should be over it by now. She couldn't continue to ask for help from family and friends. Four months later, she found herself feeling more and more tearful and depressed, losing interest in the children's choir she directed, unable to concentrate at work, and feeling guilty about what a "bad mother" she was. She couldn't sleep, she was eating "constantly," and eventually she went to her family physician, who diagnosed depression.

Alice's doctor prescribed an antidepressant, which made a big improvement in her mood. Within a couple of months she was back to her normal self—until nine months later, when she totaled her new car in an accident. She couldn't shake the feeling that she'd narrowly escaped death, even though she'd walked away with just a few bruises. She found herself repeatedly reviewing the accident, asking herself how she could possibly have been so reckless, how she could have exposed herself to a risk that might have robbed her kids of the only real parent they now had. As the dark thoughts got louder, she called her doctor for another prescription, and soon she felt better again. This pattern repeated itself a few more times over the next five years. Every time she noticed the signs of being pulled down into the vortex again, she felt increasing dread. Alice wasn't sure she could take it anymore.

Jim had never been diagnosed with depression—he had never

even talked to his doctor about his bleak frame of mind or his persistently low moods. He was surviving, and everything in his life was fine; what right did he have to complain about it to anyone? He would just sit there in his car until something came to him that would move him to open that door and get going. He tried thinking about his garden and all the beautiful new tulips that would be sprouting up soon, but that just reminded him that he hadn't really done the fall cleanup adequately and he'd have a lot to do to get the yard ready now, a thought that exhausted him. He thought about his kids and his wife, but the idea of trying to participate in dinner conversation that night just made him want to go to bed early, as he had last night. He had planned to get up early to finish what he'd left on his desk yesterday, but he just couldn't seem to wake up. Maybe he would just stay at the office till he finished the thing once and for all, even if he had to be there till midnight. . . .

Alice has recurrent major depressive disorder. Jim may suffer from dysthymia, a sort of low-grade depression that is more a chronic state than an acute condition. The diagnosis doesn't matter that much. The problem for Alice and Jim and many of the rest of us is that we want desperately to be happy but have no idea how to get there. Why do some of us end up feeling so low over and over? Why do some of us feel as if we're never really happy but just dragging ourselves through life, chronically down and discontented, tired and listless, with little interest in the things that used to give us pleasure and make life worthwhile?

For most of us, depression starts as a reaction to a tragedy or reversal in life. The events that are particularly likely to produce depression are losses, humiliations, and defeats that leave us feeling trapped by our circumstances. Alice became depressed following the loss of her long-term relationship with Burt. At first she was fueled by righteous indignation and tackled single-parenthood with a vengeance. But it was all she could do to take care of things on the home front when she returned from work at night, so she gave up postwork get-togethers with friends, dinner with her mother, and even phone calls to her sister in a

nearby state. Soon she felt weighed down by loneliness, crushed by a constant sense of abandonment.

For Jim, the loss was a little more subtle and a lot less visible to the outside world. A few months after he received a promotion at his consulting firm, Jim found he no longer had time to spend with friends and had to drop out of his gardening club because he was staying later and later at the office. He also realized he didn't actually enjoy his new supervisory role. Eventually he asked to return to a job similar to the one he had done before. The change was a relief, and no one knew Jim wasn't happy—not even Jim at first. But he started getting spacey and seemed often distracted. In his head, Jim was second-guessing his decision, overanalyzing every brief interaction with his bosses, and ultimately chiding himself over and over for having “failed” his company and himself. He said nothing and tried to ignore these thoughts, but over the next five years he withdrew more and more, had a lot of minor health complaints, and, in the words of his wife, “just wasn't the man I used to know.”

Loss is an unavoidable part of the human condition. Most of us find life an enormous struggle after the sort of crisis that Alice went through, and many of us feel diminished by disappointments in ourselves or others, as Jim did. But embedded in Alice's and Jim's stories are clues to why only some of us suffer lasting effects from such difficult experiences.

WHEN UNHAPPINESS TURNS INTO DEPRESSION . . . AND DEPRESSION WON'T GO AWAY

Depression is a huge burden affecting millions today and becoming more common in Western countries, as well as in developing countries that are “Westernizing” their economies. Forty years ago depression struck people first, on average, in their 40s and 50s; today it's their mid-20s. Other statistics in the box on page 16 show the scope of the problem today, but none may be more alarming than the data showing that

depression tends to return. At least fifty percent of those experiencing depression find that it comes back, despite the fact that they appeared to have made a full recovery. After a second or third episode, the risk of recurrence rises to between eighty and ninety percent. People who first became depressed before they were twenty years of age are at particularly high risk for becoming depressed again. What's going on here? As psychologists who had been involved in treating and researching depression for many years, three of us (Mark Williams, Zindel Segal, and John Teasdale) wanted to find out. The rest of this chapter, plus Chapter 2, explains what science has learned about the nature of depression and unhappiness and how that knowledge, once we banded together with our fourth author (Jon Kabat-Zinn), ultimately produced the treatment on which this book is based.

One of the most critical facts we learned was that there is a difference between those of us who have experienced an episode of depression and those who have not: *depression forges a connection in the brain between sad mood and negative thoughts, so that even normal sadness can*

The Prevalence of Depression Today

Around 12% of men and 20% of women will suffer major depression at some time in their lives.

The first episode of a major depression typically occurs in the mid-20s. A substantial proportion of people experience a first full episode in late childhood or adolescence.

At any one time, some 5% of the population are suffering depression of this severity.

Sometimes the depression persists; 15–39% of cases may still be clinically depressed one year after symptom onset, and 22% of cases remain depressed two years later.

Each episode of depression increases the chances that the person will experience another episode by 16%.

Ten million people in the United States are taking prescription antidepressants.

reawaken major negative thoughts. This insight added a new dimension to our understanding of how depression works. Decades ago pioneering scientists like Aaron Beck had the insight that negative thoughts play a leading role in depression. Beck and his colleagues made a huge leap in our understanding of depression when they found that mood was strongly shaped by thoughts—that it wasn't necessarily events themselves that drove our emotions but our beliefs about or interpretations of those events. Now we know there is much more to the story. Not only can thoughts affect mood, but in those of us who get depressed, mood can affect thoughts in ways that can then make an already low mood even lower. It doesn't require a traumatic loss for those of us who are vulnerable to plunge down into the spiral again; even the kinds of everyday difficulties that many people shrug off can start the descent into depression or perpetuate unhappiness from day to day. Even more, as we'll see, this connection becomes so ingrained that sometimes the negative thoughts that lead to depression can be triggered by sadness so fleeting or minimal that the person experiencing it is hardly aware of it.

No wonder so many of us feel we can't pull ourselves out of the abyss, no matter how hard we try. We have no idea where the descent began.

Unfortunately, our valiant efforts to figure out how we got where we are turn out to be part of a complicated mechanism by which we get dragged down even farther. The way in which our efforts to understand ourselves can lead to additional problems instead of solutions is a complex story. It starts with a fundamental knowledge of the anatomy of depression and of its four key dimensions: feelings, thoughts, body sensations, and behaviors, through which we respond to the events of life. Key to this understanding is how these different dimensions interact.

THE ANATOMY OF DEPRESSION

Let's look briefly at the development of the whole pattern of depression before we get into its individual elements.

When we become deeply unhappy or depressed, an avalanche of

feelings, thoughts, physical sensations, and behaviors comes into play, as revealed in the checklist of the hallmark symptoms of major depression (see box, p. 19) The huge emotional upheaval that can come from experiencing loss, separation, rejection, or any reversal that brings a sense of humiliation or defeat is normal. Disturbing emotions are an important part of life. They signal to us and to others that we are severely distressed, that something untoward has happened in our lives. But sadness can give way to depression when the sadness turns into endemically harsh negative thoughts and feelings. This morass of negative thinking then generates tension, aches, pains, fatigue, and turmoil. These, in turn, feed more negative thinking; the depression gets worse and worse and, with it, the hurt. We only compound our feelings of depletion if we deal with them by giving up activities that normally nourish us, like getting together with friends and family who might be a real support for us. Our exhaustion is compounded if we deal with it by simply working harder.

It's not difficult to see how feelings, thoughts, physical sensations, and behaviors are all part of depression. Earlier in this chapter we described the aches that Alice felt after a night of berating herself, the "iron ball" that Jim felt like he had to keep swallowing when he thought about what his day held in store. As many of us are only too aware, being "down" can make it hard to do much of anything or to make choices that get us where we want to go. What's harder to see is how any one part of this anatomy can trigger the downward spiral and then how each component feeds into and reinforces the others. By this process the state of mind that keeps us unhappy or leaves us vulnerable to depression gets stronger and stronger. A closer look at the parts at this point may help us see the whole more clearly.

Feelings

If you think back to the last time you began to feel unhappy and describe your feelings, many different words might come to mind: sad, blue, downhearted, miserable, despondent, low, feeling sorry for yourself. The strength of such feelings can vary; for example, we can feel

Major Depression

Major depression is diagnosed when someone experiences either of the first two symptoms in the following list, and at least four or more of the other symptoms, continuously over at least a two-week period and in a way that departs from normal functioning.

1. Feeling depressed or sad most of the day
2. Loss of interest or ability to derive pleasure from all or nearly all activities that were previously enjoyed
3. Significant weight loss when not dieting, or weight gain, or a decrease or increase in appetite nearly every day
4. Difficulty sleeping through the night or the need for more sleep during the day
5. Noticeably slowed down or agitated throughout the day
6. Feeling fatigued or a loss of energy nearly every day
7. Feelings of worthlessness or extreme or inappropriate guilt
8. Difficulties with concentration or the ability to think, which can also be seen by others as indecisiveness
9. Recurrent thoughts of death or ideas about suicide (with or without a specific plan for committing suicide) or a suicide attempt

anywhere from slightly sad to extremely sad. It's normal for emotions to come and go, but it is rare for such depressive feelings to occur by themselves. They often cluster with anxiety and fear, anger and irritability, hopelessness and despair. Irritability is a particularly common symptom of depression; when down, we may feel impatient, at the end of our rope with many of the people in our lives. We may be more prone than usual to angry outbursts. For some, especially young people, irritability is a more prominent experience than sadness in depression.



The feelings by which we generally define depression are usually thought of as an end point. We're depressed; we feel sad, low, blue, miserable, despondent, desperate. But they're also a starting point: research has shown that the

more we've been depressed in the past, the more sad mood will also bring with it feelings of low self-esteem and self-blame. Not only do we feel sad, we may also feel like failures, useless, unlovable, losers. These feelings trigger powerful self-critical thoughts: we turn on ourselves, perhaps berating ourselves for the emotion we are experiencing: *This is dumb, why can't I just get over this and move on?* And, of course, thinking this way just drags us down further.



Such self-critical thoughts are extremely powerful and potentially toxic. Like our feelings, they can be both an end point and a starting point of depression.

Thoughts

Take a moment or two to imagine the following scene as vividly as possible. Taking your time, note, as best you can, what goes through your mind:

You are walking along a familiar street. . . . You see someone you know on the other side of the street. . . . You smile and wave. . . . The person makes no response . . . just doesn't seem to notice you . . . walks right past without any sign of recognizing your existence.

- *How does this make you feel?*
- *What thoughts or images go through your mind?*

You may think there are obvious answers to these questions. But if you try this scenario on your friends and family, you'll probably get a range of reactions. What each of us feels depends critically on why we think the other person walked by us. This situation is ambiguous. It can be interpreted in a variety of ways and thus can evoke a range of emotional reactions.

Our emotional reactions depend on the story we tell ourselves, the

running commentary in the mind that interprets the data we receive through our senses. If this scenario happens when we're in a good mood, the running commentary in our mind is likely to tell us that the person probably did not see us because he or she wasn't wearing glasses or was preoccupied. We might feel little or no emotional reaction.

If we're feeling a bit down that day, our story, our self-talk, may tell us that the person deliberately ignored us, that we've lost another friend. Our mind may spin off, ruminating about what we did to upset the person. Even if we had not been feeling very depressed at the start, this sort of self-talk can make us feel worse. If the self-talk says we've been ignored, we may feel angry. If it says we must have upset the person in some way, we may feel guilty. If it says we've probably lost a friend, we may feel lonely and sad.

Multiple different interpretations for the same set of facts are often possible. Our world is like a silent film on which we each write our own commentary. And different interpretations of what has *just* happened can affect what happens *next*. With a benign interpretation, we may quickly forget the incident. With a negative one, we may be pitched into the kind of self-chiding that Alice did after her meeting with her boss: *What have I done? What's wrong with me? Why don't I have more friends?* Negative thoughts often come in disguise, masquerading as questions that might have answers. Five or ten minutes later, the questions may still be nagging us, with no answers making an appearance.

Many situations are ambiguous, but the way we interpret them makes a huge difference in how we react. This is the A–B–C model of emotions. The A represents the facts of the situation—what a video camera would see and record. The B is the interpretation we give to a situation; this is the “running story” often just below the surface of awareness. It is often taken as fact. The C is our reaction: our emotions, body sensations, and behavior. Often we see the situation (A) and the reaction (C) but are unaware of the interpretation (B). We think the *situation* itself caused our emotional and physical reactions, when in fact it was our *interpretation* of the situation.

“I *knew* my work wasn't good enough,” said Alice after meeting

with her supervisor. Alice's supervisor had called the meeting because he could see that Alice was exhausting herself and hoped to lighten her load a little by getting her some help with projects. The supervisor had not thought for a moment that Alice was failing.

"Wendy and the kids are sick to death of my feeling sorry for myself," reported Jim. "They are not going to be able to put up with me much longer." Actually, Jim's family was *worried* to death, and they kept trying to come up with ways to cheer him up or just ignite a spark of life in him again. Jim was too ashamed of himself to take notice.

To complicate matters, our reactions then have an impact of their own. When we feel low, we're likely to pick out and elaborate on the most negative interpretation. Once we've seen someone pass us in the street and our low mood has brought to mind the interpretation that he or she "deliberately ignored me," this only makes us feel even lower. In turn, the increasingly deteriorating mood leads to questions about why this person "snubbed me," which only marshals more evidence to support our case of our own unlikability: *This happened to me just last week with so-and-so; I don't think anyone likes me; I just can't make lasting relationships; What's wrong with me?* The stream of thoughts begins to settle on a theme of worthlessness, isolation, and inadequacy.

If you're familiar with this kind of thought stream, it may be helpful to know that you're not alone in this pattern of negative thinking. In 1980, Philip Kendall and Steven Hollon decided to make a list of thoughts expressed by their depressed patients, shown in the box on page 23. The themes of worthlessness and self-blame permeate the list. If we're feeling okay at the moment, we might see quite clearly that these thoughts are distortions. But when we're depressed, they can seem like the absolute truth. It's as if depression is a war we wage against ourselves, and we marshal every bit of negative propaganda we can muster as ammunition. But who wins this war?

The fact that we often take these toxic and distorted thoughts about ourselves as unassailable truth only cements the connection between sad feelings and self-critical thought streams. Knowing this is vitally important to understanding why depression takes hold in some people and not in others or on some occasions and not on others.

**Automatic Thoughts
of People Currently Depressed**

1. I feel like I'm up against the world.
2. I'm no good.
3. Why can't I ever succeed?
4. No one understands me.
5. I've let people down.
6. I don't think I can go on.
7. I wish I were a better person.
8. I'm so weak.
9. My life's not going the way I want it to.
10. I'm so disappointed in myself.
11. Nothing feels good anymore.
12. I can't stand this anymore.
13. I can't get started.
14. What's wrong with me?
15. I wish I were somewhere else.
16. I can't get things together.
17. I hate myself.
18. I'm worthless.
19. I wish I could just disappear.
20. What's the matter with me?
21. I'm a loser.
22. My life is a mess.
23. I'm a failure.
24. I'll never make it.
25. I feel so helpless.
26. Something has to change.
27. There must be something wrong with me.
28. My future is bleak.
29. It's just not worth it.
30. I can't finish anything.

"Automatic Thoughts Questionnaire" copyright 1980 by Philip C. Kendall and Steven D. Hollon. Reprinted by permission.

When such thoughts have affected us on one occasion, they remain ready to be triggered on other occasions. And when they are triggered, they drag our mood down even further, draining what little energy we have at a time when we need all our resources to cope with what has happened to us. Imagine what effect it would have on you if someone stood behind you all day telling you how useless you were when you were trying desperately to cope with a difficult experience. Now imagine how much worse it would be if the criticism and harsh judgment came from inside your own mind. No wonder it seems so real—after all, who knows us better than ourselves? These thoughts can trap us, turning a small sadness into a tangled web of brooding preoccupation.



Negative thoughts can trigger depression or feed it once a low mood is upon us. We might sink into a glum mood by thinking *Nothing ever goes right for me*. That mood may then trigger self-criticism like *Why am I such a loser?* As we try to unravel the cause of our unhappy state, our mood plunges. As we investigate questions about our worthlessness, we form a whole scheme of other negative thoughts, ready to be recruited at a moment's notice in the future.



Unhappiness itself is not the problem—it is an inherent and unavoidable part of being alive. Rather, it's the harshly negative views of ourselves that can be switched on by unhappy moods that entangle us. It is these views that transform passing sadness into persistent unhappiness and depression. Once these harsh, negative views of ourselves are activated, not only do they affect our mind, they also have profound effects on our body—and then the body in turn has profound effects on the mind and emotions.

Depression and the Body

Depression affects the body, as demonstrated by the symptoms of major depressive disorder presented earlier. It rapidly leads to dysregulation of

our eating habits, sleep, and energy levels. We might not feel like eating, which can eventually result in severe and unhealthy weight loss. Or we might overeat, gaining inordinate amounts of weight. Our sleep cycles can be disrupted in either direction too: either we feel low energy most of the time and sleep too much, or we find it difficult to get enough sleep. We may find ourselves waking in the middle of the night or early in the morning and being unable to get back to sleep. As in Alice's case, we churn over and over the events of our lives and the inadequacy of our response to them.

The bodily changes we experience in depression can have profound effects on how we feel and think about ourselves. If the changes in the body wind up activating old themes of how inadequate and worthless we are, then even minor and temporary changes in the body can make our low mood deepen and persist.

Eighty percent of those who suffer from depression consult their physician because of aches and pains in the body that they cannot explain. Much of this is linked to the tiredness and fatigue that come with depression. In general, when we encounter something negative, the body tends to tense up. Our evolutionary history has bequeathed us a body that will prepare for action when it perceives a threat in the environment, such as a tiger, that we need to avoid or escape from. Our heart rate speeds up, and blood is shifted away from the surface of the skin and the digestive tract to the large muscles of the extremities, which tense up in readiness to fight or flee or freeze. However, as we will see in more detail in Chapters 2 and 6, the most ancient parts of the brain make no distinction between the external threat of the tiger and internal "threats" such as worries about the future or memories from the past. When a negative thought or image arises in the mind, there will be a sense of contraction, tightening, or bracing in the body somewhere. It may be a frown, a stomach churning, a pallor in the skin, or a tension in the lower back—all part of a preparation to freeze, fight, or run.

Once the body reacts in this way to negative thoughts and images, it feeds back to the mind the information that we are threatened or upset. Research has shown that the state of our bodies affects the state of

our minds without our having any awareness of it. In one study, psychologists asked people to watch cartoons and then rate how funny they were. Some of the people had to do this while holding a pencil between their teeth, so that they inadvertently tightened up the muscles used in smiling. Others had to hold a pencil between pursed lips, which kept them from smiling. Those who watched using their smiling muscles rated the cartoons as funnier. Another study asked people to watch cartoons while using frowning muscles. The inadvertent frowners rated cartoons as much less funny. In a third study, asking people to shake their heads or nod while listening to information influenced their judgments about the information. In all of these cases, the people involved were not aware of this physical influence.

What do these experiments tell us? When we're unhappy, the effect of that mood *on our body* can bias the way we evaluate and interpret things around us without our being even the slightest bit aware that this is happening.

Sam was driving home after a tough day at work. Eager to put it behind him, he looked forward to dinner and watching the basketball game on TV afterward. He had no idea that he had a white-knuckle grip on the steering wheel or that he had tensed his right arm muscles all the way up to his shoulder. But when a car pulled abruptly in front of him from a side street and forced him to put on his brakes, he leaned on the horn and yelled, "Idiot! Don't you have any respect for anyone else out here?" He was surprised to feel his face grow hot, and suddenly he was grumbling mentally about the customer he'd had so much trouble with and how *that guy* had no respect for anyone either and how *no one* ever showed him any respect and he was fed up with messing up his job and everything else. By the time he got home, he'd lost his appetite, poured himself a stiff scotch, and refused to talk to his wife or kids until the game was over.



It's not just that patterns of negative thinking can affect our moods and our bodies. Feedback loops in the other direction, from the body to the mind, also play a critical

role in the persistent return and deepening of unhappiness and dissatisfaction.



The close links between the body and emotion mean that our bodies function as highly sensitive emotion detectors. They are giving us moment-to-moment readouts of our emotional state. Of course most of us aren't paying attention. We're too busy thinking. Many of us have been brought up to ignore the body in the interest of achieving whatever goals we are striving to attain. As a rule, we have not been taught to be attentive to our physical selves as a way of learning and growing, to enhance our effectiveness in social interactions, and even for healing. In fact, if we struggle with depression, we may feel a strong aversion to *any* signals that our body may be putting out. Those signals may be of a constant state of tension, exhaustion, and chaos in the body. We would prefer to have nothing to do with it in the hope that this interior turbulence will subside on its own.

Naturally, not wanting to deal with the aches, pains, and frowns means more avoidance and therefore more unconscious contraction in the body and the mind. Gradually, we slow down and are less and less able to function. Depression has started to affect the fourth aspect of our lives: our behavior.

Depression and Behavior

As children or young adults, we may have been counseled by well-meaning people to "soldier on" or "just get over it" when we were feeling particularly downhearted or miserable. Perhaps, somewhere along the way, we picked up the message that it was shameful or weak to show our emotions. We naturally assumed that people would think the worst of us if they knew we were depressed.

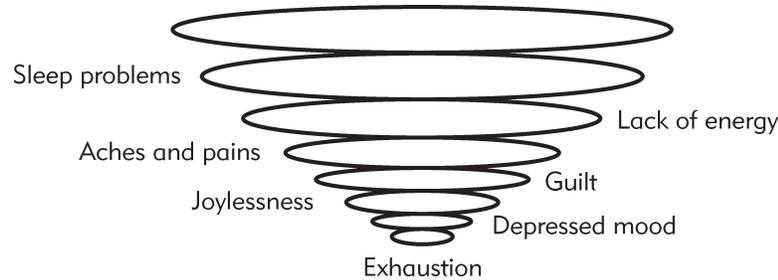
The thinking that accompanies depression, with its core themes of inadequacy and unworthiness, is infinitely transportable to any situation. Without even knowing it, we can become stuck in believing with great certainty that virtually any stress or difficulty we experience is

our fault and that it is our responsibility to sort it out for ourselves. And when working harder doesn't solve anything, that's our fault too. The result is terminal exhaustion.

Whenever Alice's mood began to sink, and she felt her energy was just draining out of her, she consciously adopted a strategy of giving up her "unimportant" and "nonessential" leisure activities, which actually gave her pleasure, such as seeing friends or just going out for fun. As she saw it, this strategy made sense because it meant that she could focus her dwindling energies (which she viewed as a strictly limited fixed resource) on her more "important" and "essential" commitments and responsibilities. This is understandable, except that her essential commitments included being the perfect homemaker, mother, and employee, as well as, of course, meeting all the demands and expectations of family, friends, colleagues, and bosses, whether or not these were reasonable or realistic. In giving up the "nonessential and unimportant" leisure activities that might have lifted her mood and extended rather than depleted her reserves of energy, Alice deprived herself of one of the simplest and most effective strategies for reversing a decline into depression.

Professor Marie Åsberg from the Karolinska Institute, Stockholm, has described this "giving up" as drifting down a funnel of exhaustion (see the figure). The funnel is created when the circles of our lives become smaller and smaller. The narrower the funnel becomes, the more likely a person is to experience burnout or exhaustion.

Jim also had noticed that he no longer looked forward to seeing friends in the way that he normally did and that he wasn't getting the same kick out of the things that he used to enjoy. Each time he considered going out, the thought arose, *What's the point?—Nothing's going to make any difference to the way I feel, so I'll save myself the effort, and stay in and rest—that will make me feel better.* Unfortunately, as Jim was lying on the couch resting, his mind simply drifted into well-worn self-critical grooves. These, of course, all combined to create the perfect setup for the persistence and deepening of his depression. Jim's "rests" ended up making him feel even worse.



The Exhaustion Funnel. The narrowing area of the circles illustrates the narrowing of life as we give up the things in life that we enjoy but seem "optional." The result is that we stop doing activities that would nourish us, leaving only work or other stressors that often deplete our resources. Professor Marie Åsberg suggests that those of us who continue downward are likely to be those who are the most conscientious workers, those whose level of self-confidence is closely dependent on their performance at work, that is, those who are often seen as the best workers, not the lazy ones. The diagram also shows the sequence of accumulating "symptoms" experienced by Jim as the funnel narrowed and he became more and more exhausted.



Depression makes us behave differently, and our behavior can also feed depression. Depression certainly affects the choices we make regarding what to do and not do, and how to act. If we're convinced we're "no good" or unworthy, how likely are we to pursue the things that we value in life? And when we make choices informed by a depressive state of mind, they're more than likely to keep us stuck in our unhappiness.



If we have been depressed before, a low mood can become easier and easier to trigger over time, because each time it returns, the thoughts, feelings, body sensations, and behaviors that accompany it form stronger and stronger connections to each other. Eventually, any one element can trigger depression by itself. A fleeting thought of failure can trigger a huge sense of fatigue. A small comment by a family member can trigger an avalanche of emotions such as guilt and regret,

feeding a sense of inadequacy. Because these downward spirals are so easily triggered by small events or mood shifts, they feel as if they come out of nowhere. And once depression takes hold, we can feel powerless to prevent it from getting worse or to make it better. All our attempts to control our thoughts or to snap out of our feelings are to no avail.

What can we do to prevent the normal and understandable emotion of unhappiness from persisting or spiraling down into depression? Our first challenge will be to understand why it is that we feel so powerless to change how we are feeling and why, despite valiant efforts to assert control, we are continually getting ourselves more and more stuck. As we stated in the Introduction, we will discover that there are very good reasons for this. It is not for want of trying or because there is actually something wrong with us. Rather, it is because our efforts have taken us in the wrong direction!

Freedom from depression is possible, but that freedom comes from an entirely different perspective and understanding of what the problem actually is—that perspective will serve as a map to guide us into a new territory within our own being and experience, where we can tap into and harness deep interior resources of the mind that most of us never suspected we had.