Chapter 4. Managing Sadness And Depression

Sadness and depression are two different entities. Sadness is an emotion, as are guilt, shame, loneliness, irritation, and feelings of helplessness, hopelessness, and worthlessness. Such feelings are the most prominent emotions present during depression, which is a syndrome involving many other symptoms. Clinical depression includes cognitive, behavioral, and physical ("vegetative") symptoms in addition to mood symptoms. In addition to the negative moods noted above, depressive symptoms also include a loss of capacity to experience pleasure during activities that have typically been enjoyable in the past. Thus, the mood symptoms of depression involve both the presence of negative feelings, and the absence of positive feelings. Physical symptoms of depression include loss of energy and loss of (or occasionally an increase in) appetite and sleep, while cognitive symptoms include loss of concentration and short-term memory, confusion and slowed thinking, and an inability to make decisions easily. A common behavioral symptom of depression is withdrawal, which sometimes involves wholesale retreat from life, via reduced involvement in pleasurable, productive, and social activities, and retreat from consciousness by escaping into sleep. It is not unusual to experience at least fleeting suicidal thinking when depressed, though such thinking is more dangerous when it escalates toward behavior, via consideration of methods of suicide and actual planning of suicidal behavior.

Sadness is a feeling that we all experience from time to time, typically in response to the loss of something or someone important to us, whether it be a loved one, a job, our youth, or something less important. Likewise, grief is a common experience, particularly given the inevitability of death as a component of life. I sometimes distinguish between "wet grief" and "dry grief." Wet grief involves the tearful loss of someone we were intimately attached to, who met our needs for a significant period of time. In contrast, dry grief refers to the permanent loss of a relationship that we always wanted but never attained. For example, the death of a distant father whose love eluded us because he deemed us not good enough, or because he was lost in his bottle. Such dry grief is often more difficult, and leaves an empty feeling. At least with wet grief, we have lost something that we can look back upon and savor once our tears have dried. But in either case, grief, like sadness, is not equivalent to depression, though it can escalate into depression. The degree of our losses, and our capacity to tolerate and accept such losses, often determine whether or not our sad mood or grief will escalate into the syndrome of depression. As we will see later, proponents of mindfulness

encourage us to “radically accept” negative feelings such as sadness and loneliness as a part of everyday life and as a source of feedback, rather than engaging in wholesale attempts to avoid or suppress such feelings, only to paradoxically accumulate them. Some of us are predisposed to depression as a result of a genetic/family history of depression, or intense and/or frequent early experiences of loss. These factors will lead us to be more sensitive and reactive to losses that, without such a background, would have a lesser impact.

So how do we cope with depression, or for that matter, with persistent down moods that are not frequent or intense enough, or accompanied by enough additional symptoms, to meet the criteria for clinical depression? Antidepressant medication may be helpful, particularly if our depression is severe or even moderately severe, especially if we have a past history of pronounced depression. While medication may not be necessary for milder forms of depression, antidepressants are usually helpful in reducing the intensity of severe depressive symptoms, thereby making it easier to access our internal resources, and to seek out external resources to combat the portion of depression that remains after medication takes effect. Typically, medication is a temporary crutch, used to reduce symptoms for a number of months or perhaps a year, until you are able to access, activate, and further develop your skills to counteract depression. It does not address the sources of your depression, except in the atypical situation in which strong genetic or other permanent organic factors drive a primarily biologically based depression. Most depression is associated with losses, rejection, failure experiences, abuse and neglect, and by our thoughts, self-criticisms, interpretations, behaviors, and preoccupation with these experiences. As we discussed in the mind versus body chapter, such experiences are represented in the mind in the form of feelings and thoughts, and are represented in the brain at the neurotransmitter level. However, unless there is a clear and primary biological basis for depression, we should be reluctant to accept interpretations that attribute depression solely to biological causes. Some psychiatrists all too often display biological reductionism, attributing depression to a neurotransmitter deficiency. The mind and brain are parallel systems, and a chemical imbalance in the brain is usually just a physical manifestation of depression in the mind. Once the mind is healed, the brain follows suit, neurotransmitter functioning is restored, and antidepressant medications are no longer necessary. There are indeed a significant minority of cases in which depression is genetically driven, or caused by permanent medical conditions (e.g., brain damage), which may then require long term antidepressant medication. And biological sources of depression should be

ruled out via medical assessment, as there are a number of manageable biological conditions that can cause or contribute to depression, but are subject to reduction or elimination via appropriate medical intervention (e.g., hypothyroidism, nutritional deficiencies). However, more often than not, depression is generated in the mind, and requires a psychological approach, in some cases supplemented by medication. Psychotherapy can help you resolve losses or traumatic events that initiate depression, and help you change thought patterns and behaviors that maintain it.

From a behavioral standpoint, it is particularly important to counteract withdrawal tendencies. Such withdrawal is quite understandable. If we feel lousy, have little or no energy, no motivation, and a reduced ability to enjoy ourselves, we are unlikely to feel like doing anything. Accordingly, we're likely to withdraw into ourselves, stay within the safe cocoon of our homes, and avoid social contact or other outside activities. We may further withdraw to sleep, sleeping 12 or 14 hours per day as a means of avoiding conscious experience of our emotional pain. We may also abandon our responsibilities (e.g., housework, paying bills, going to work, or even caring for our children properly), because life sometimes just feels too overwhelming to deal with when we are depressed. However, if we are determined to gradually reduce and overcome our depression, it is vitally important that we counteract our withdrawal, since withdrawal often increases depression in the long run, even if it is easier at the moment. Depression and withdrawal often become a vicious circle, in which depression increases withdrawal, with this withdrawal further increasing depression, etc. Why is this so? Even though we are less capable of pleasure when we are depressed, we are usually capable of at least some pleasure until our depression becomes severe. If we abandon these pleasurable pursuits, we further deprive ourselves of the experience of pleasure, resulting in an even lower mood. If we abandon our responsibilities, we lose our productivity and sense of accomplishment, which typically results in self-criticism and lower self-esteem, which in turn increases depression. And if we withdraw from social contact, we deprive ourselves of the emotional support and social connectedness that is otherwise available from our friends and loved ones, which leaves us feeling more alone, unsupported, and therefore more depressed. Thus, while it is natural to withdraw when experiencing a combination of low mood, energy, motivation, and pleasure, such withdrawal only increases our depressed state. The result is a degenerating spiral of increasing depression and withdrawal, in which our response to depression (withdrawal) only increases our initial depression. Accordingly, it is imperative that we counteract the

withdrawal that often accompanies depression, despite the fact that depression makes it particularly difficult to fight withdrawal. The solution is to be found in discipline, even though self-discipline is particularly difficult to muster when we are feeling low. We cannot afford to wait until we feel like becoming more active, or until we feel like reaching out to others.

In many situations in life, motivation and emotion precede behavior. That is, we wait until we feel like doing something before we do it. For example, we may not eat until we feel hunger, and we are unlikely to propose marriage until we feel love. In other situations, however, is important to behave in a certain way in order to generate a desired feeling. Thus, it is important to study hard in order to obtain good grades in order to create a feeling of accomplishment and self-respect. If as children, we all waited until we felt like doing homework (and could get away with it), our grades would plummet, and our civilization would perhaps be not far behind. Accordingly, it is important to counteract withdrawal, and engage in potentially pleasurable activities, carry out responsibilities, pursue physical exercise, and reach out to supportive friends and family members in order to feel better, even though these behaviors are difficult to produce at the moment. The behavior must precede the recapturing of the feeling. "I don't feel like it" won't work.

Allow me to expand on this idea, and later approach the issue from an entirely different direction. Which is the most difficult to immediately change: thoughts, feelings, or behavior? No, not thoughts, because I can choose to instantly start thinking about my next ski trip rather than the next sentence of this paragraph. And not behaviors, because I can immediately stand up and go to the refrigerator, or turn on the television, instead of completing this paragraph. Feelings cannot be immediately changed, without first changing thoughts or behaviors. This is why alcohol and other drugs are popular, because chemicals can often alter feelings more quickly than thoughts and behaviors can, particularly if we don't know which thoughts or behaviors are needed. If I want to reduce some negative feeling, let's say guilt for the sake of an example, I cannot just eliminate it directly. I have to take my mind off of it and think about something else, or find a different way of thinking about the issue that precipitates my guilt, perhaps by realizing that it wasn't really my fault, or perhaps by falsely blaming someone else. In any of these scenarios, I am changing my thinking in order to change my feeling. Or I can change my behavior, by apologizing, or engaging in a flurry of behavior in order to distract myself. Likewise, when I am caught in a degenerating spiral of depression and withdrawal, I may be able to drink my way out of a down mood, though chemical suppression has

its own consequences, but I can't eliminate this mood without first changing my thoughts or behaviors. We will turn to thoughts in a moment, but as far as behavior changes needed to reduce depression, counteracting withdrawal, elsewhere referred to as behavioral activation, is the most important initial behavior change.

As we said earlier, in the absence of motivation, energy, enthusiasm, and the expectation of pleasure, healthy coping behaviors can be accomplished only via self-discipline. If I don't have any energy, or any expectation of pleasure in the day ahead, I won't feel like getting out of bed. It probably won't help for me to wait to feel like getting up. I may end up laying there awake for hours, or retreating back into sleep. I will need to MAKE myself get out of bed. I have to resort to behavioral discipline, rather than waiting for my feelings to change. Fortunately, it is often necessary to produce only a short burst of energy in order to initiate a behavior which is thereafter self maintaining. Very few people turn off the shower and get back in bed after managing to drag themselves out of bed and into the shower; likewise, when you put on your jogging clothes and begin to run, you're unlikely to turn around after running ten steps. Thus, if you can muster some self-discipline for a brief period of time, even just one minute, you can often initiate a behavior that maintains itself thereafter.

Another behavior that is typically quite helpful in counteracting depression is exercise. This should come as no surprise, as the mind and body are connected and influence each other. Aerobic exercise is usually recommended, involving three or more weekly sessions lasting thirty minutes or more. Unless medically contraindicated, exercise that significantly increases the heart rate, resulting in sweating, is usually considered more beneficial than less strenuous exercise. On the other hand, I have seen many clients benefit from yoga, tai chi, and other less strenuous forms of exercise, perhaps because these practices get you in touch with your body, allowing you to escape the torturous confines of your mind. Thus, counteracting withdrawal, and engaging in exercise are at the top of my list of antidepressant behaviors.

We mentioned both thoughts and behaviors as means of changing feelings, so what about thoughts? Aaron Beck's famous cognitive triad is a good starting point. Beck was a pioneer in the transition from behavior therapy to cognitive behavior therapy. He advanced a theory that dysfunctional beliefs can generate self-defeating automatic thoughts. Such thoughts typically have three targets, oneself, the world, in the future. I am more likely to become depressed, and stay depressed, if I think that I am worthless, the world is cold and uncaring, and my future is hopeless.

Depressed people tend to think differently than people who are not depressed. They tend to view themselves, their environment, and their future in a very negative and pessimistic manner. If you put on a pair of dark sunglasses, the world will look darker. If you believe that you are defective and inadequate, and that your future is hopeless, what is the use of trying? But if you don't try (to change behaviors), you are unlikely to change, and in a self-fulfilling prophecy, you inadvertently, via passivity, create the outcome that you expect: continuing depression. And if you are convinced that you don't deserve others' love, and that others don't care about you anyways, you are unlikely to accept compliments or seek emotional support from others, and therefore you are unlikely to get it, and you have again proved your point, at least to yourself. But if you want to think your way out of depression, you must become proactive in addressing the cognitive triad. That is, you must learn how to be self nurturing and supportive to yourself, in your self talk, while developing a more hopeful and optimistic, or at least balanced view of the future, and think of the world, or at least your own social world, or perhaps a new social environment that you create, as a potential source of support and connectedness. If this approach to depression, involving a focus upon changing thoughts and behaviors which create and maintain depression, is appealing to you, many self help books and cognitive behavioral oriented therapists are available to help you expand beyond our the brief discussion of this approach.

New ways of thinking and behaving can also work together. Expectations are an important component of thinking, and the source of most frustration on this planet, as we shall see in our chapter on frustration and anger. When we're attempting to counteract withdrawal in order to eke out some experience of pleasure when depressed, it is important to use a different yardstick of success. Don't expect to initially experience the degree of pleasure you are typically accustomed to, since your capacity for pleasure is significantly reduced during depression. Instead, the goal should be to simply increase your existing degree of pleasure to some extent. This new way of thinking, involving a shorter yardstick for judging the sufficiency of pleasure during depression, may involve asking yourself, "Did I enjoy myself more than I would have if I had stayed at home by myself, contemplating the woeful state of my life?" If the answer is "Yes," then plan to engage in additional, similar activities. If the answer is "No," then try out different activities, but don't give up hope of generating at least occasional oases of pleasure in your life. If instead, you expect to enjoy yourself as much as you did before you were depressed, this demanding yardstick for success will leave you believing that you have failed, and that future efforts

to enjoy yourself are doomed. Such thinking will return you to your previous state of inertia, mired in depressive withdrawal.

While we are focused on the role of expectations in depression, Seligman's canine experiments yielding the concept of learned helplessness are pertinent. These experiments demonstrated that dogs who were electrically shocked, without the opportunity to escape the pain, eventually gave up trying to escape their pain, even when the opportunity to escape was available. Earlier we talked about feelings of helplessness, hopelessness, and worthlessness being common in depression. We will address self-nurturance as a means of contracting feelings of worthlessness shortly, and hopelessness is always an issue when addressing suicide risk, but here we are talking about helplessness and the way that such passivity interferes with escape from depression. The concept of learned helplessness was a welcome addition to existing theoretical approaches to depression when Seligman published Helplessness: On Depression, Development, and Death in 1975. Previously, psychoanalytic perspectives on depression included the notion of anger turned inward against the self, while the behavioral theories (prior to cognitive behaviorism focusing upon thoughts) emphasized the role of reinforcements and punishments (operant conditioning) in the development and maintenance of depression. Those approaches are useful, but insufficient. We certainly see our share of depressed individuals who are nonassertive and feel incapable of expressing anger toward others but are quite down on themselves. Likewise, rewards and punishments certainly impact our emotions and the frequency of behaviors needed to produce pleasure, counteract withdrawal, etc. But Seligman's experiments with dogs, aside from understandably aggravating animal-rights advocates, helped us understand how depressed individuals, perhaps after a history of extensive abuse and neglect, could give up trying to escape their depressive cage, even after their abusive environment (the source of their depression) was long behind him. If you don't expect to succeed in counteracting your depression, a self-fulfilling prophecy of helplessness is likely to fulfill your expectations. Accordingly, to escape depression, you must identify and challenge such expectations. While still on the subject of managing expectations when fighting depression, don't expect to be as efficient as usual in carrying out your responsibilities when you are depressed. Your capabilities are temporarily decreased due to depression, and it is important that you be supportive to yourself, rather than self-critical, at a time when your concentration, energy, motivation, self-esteem and feelings of self-efficacy are particularly low. Indeed, self-esteem is a basic building block of self-satisfaction and happiness in life, and the lack of self-esteem is a central

ingredient in depression. The ability to be emotionally supportive of oneself, and self-soothing during periods of emotional distress, is essential when trying to combat depression.

So how do we become self-supportive if we have a lengthy history of low self-esteem, self-criticism, and depression? Quite commonly, individuals with a long history of self-criticism, shame, and low self-esteem are nonetheless capable of being quite supportive toward others, particularly loved ones. This combination is particularly frequent in codependent individuals, who are used to sacrificing their own needs while catering to the needs of others. If only they could find a way to treat themselves as well as they treat others, they could finally benefit from their own capacity to be supportive. But how to do so? If you have well-developed religious resources, you may be able to allow yourself to immerse yourself in God's love, thereby accessing the acceptance and soothing that you are otherwise unable to provide for yourself. Alternatively, if you are able to be loving toward your children, you may be able to take a loving parental stance toward yourself, treating the vulnerable, needy, childlike side of yourself the same way that you lovingly support your children. This approach requires you to temporarily separate yourself into different states of mind, or "ego states," specifically your wise and loving "higher parent" and your more vulnerable, childlike needy self, using your higher parent to soothe and nurture your "inner child" while setting limits on the self-criticism typically directed toward you by your more self critical "codependent self." As we discuss in our chapter on inner child work, dialogue, or more accurately, trialogue between these ego states can be surprisingly effective in becoming more self supportive, which in turn helps to reduce depression. We thereby utilize a significant strength, our ability to be supportive toward others, as a means of improving upon a characteristic weakness, our inability to nurture ourselves. This ego state approach to self-care is discussed further in our chapter on codependency and inner child work.

One can also access self-help literature on self-affirmation**,** though there is some controversy as to whether positive affirmations of one's self actually work. Support for self affirmations dates back as far back as 1922, when the French hypnotherapist, Emile Coue recommended the simple daily affirmation: "Day by day, in every way, I am getting better and better." While he was mocked at the time, attempts toward positive self-persuasion continued in Norman Vincent Peale's focus on the power of positive thinking, and in more recent offerings by cognitive behavioral therapists and those espousing positive psychology. A variety of self-help books and workbooks are available to support your development of self-affirmations.

On the other hand, some evidence suggests that self affirmations may work better for people who already feel positive about themselves, whereas positive self statements made by individuals with low self-esteem may instead provoke contradictory thoughts reflecting one's typical negativity toward oneself. Thus, some professionals, particularly "third wave" psychologists promoting mindfulness, adopt the viewpoint that fighting against feelings and thoughts produces a rebound effect. First, suppressed feelings tend to accumulate rather than evaporate. Secondly, suppressing thoughts can lead one to focus all the more on that thought. Try to not think about pink frogs. By trying not to think about them, you have succeeded in thinking about pink frogs more than you have in your entire life. And as we noted above, thoughts that are inconsistent with your typical thinking can activate those typical thoughts, thereby reinforcing rather than reducing them. I am not suggesting that thought suppression is always counterproductive, as I believe in assembling a toolkit, and using different tools for different jobs, while different individuals find different tools more effective. Thus, if self affirmations, or an ego state approach to self affirmation works well for you, use them. Alternatively, an approach involving mindfulness may instead encourage you to take a step back, notice and accept your negative thoughts and feelings from a slightly detached perspective, as if they were autumn leaves flowing downstream, or clouds passing through the sky above you. And the intersection between self affirmations and mindfulness can be found in self compassion meditations.

A good resource for healing depression via mindfulness is Williams et al., The Mindful Way Through Depression. If unhappiness sits side-by-side with happiness, as an inherent and unavoidable part of life, is it advisable to try to avoid the unavoidable? What are the consequences of attempting to avoid the unavoidable? Is the problem the unhappiness, or the avoidance? From the mindfulness perspective, which we will review in more detail in our chapter on positive psychology, disturbing emotions such as sadness, inadequacy, and guilt are not only inescapable parts of life, but also provide feedback regarding what we need to attend to and address in life. Depression is sometimes like quicksand. The more we try to fight it, the more we sink. And more specifically, the more we attempt to suppress negative feelings, the more we become preoccupied with them. Let us distinguish between low moods and full-scale depression for a moment. We all experience low moods, whether they involve loneliness, sadness, guilt, shame, or other depressing feelings. The mindful way of managing such feelings involves awareness and acceptance of such feelings as a starting point, rather than attempts to suppress or eliminate them. Yes, we can take actions to shorten

them, such as calling a friend if we are lonely, but attempting to prematurely eliminate such feelings may instead multiply them, and acting as if something is wrong with us for having such feelings will negatively impact our self-esteem and thereby invite depression. If we instead accept such feelings as part of the normal ebb and flow of positive and negative experiences in life, we may find that they flow right by, rather than becoming a pesky target for termination that becomes an unwelcome guest, a preoccupation, overstaying its due time in our consciousness. The paradox here is that accepting a mood may allow it to pass, whereas negatively judging it and attempting to change it may maintain it.

Depressing experiences, such as losses, rejections and failures, are sometimes intense or repeated, resulting in more persistent low moods and development of the full array of symptoms that constitute the depressive syndrome. Disturbed by such a turn of events, we may begin to brood upon our problems, how they started, how they escalated, and whether they will ever end. We become mired in the past, worried about the future, and oblivious to the preciousness of now, the opportunity to enjoy the moment. Not only do thoughts beget feelings, but feelings elicit thoughts and memories. In our depressed mood, we begin to ruminate upon the series of losses that got us depressed and wonder who will die or reject us next, or how we will fail again. We review past events that have proved our worthlessness and dwell on upcoming events that could lead to further failure, ridicule and embarrassment. Sometimes these thought processes just happen because we passively allow our mental associations to proceed on their own, as our low mood precipitates negative thoughts, memories, and future concerns. At other times, this process may be more deliberate, in our determined, self- protective attempt to find an exit to the madness. Sometimes we may come up with some good ideas about how to change, but other times it becomes paralysis by analysis, and we just stay stuck or sink deeper as we seek change. What else are we to do? The mindfulness approach utilizes a combination of cognitive therapy and Eastern meditation in order to short-circuit self-defeating reactions to depression, such as self blame and rumination.

A mindful lifestyle leads us to approach rather than avoid, to turn toward whatever arises, including down experiences that we would normally try to escape or fight. We shift from “doing” mode to “being mode,” and let go of our relentless focus upon the difference between how we feel and how we want to feel. We target the metadepression, the depression about the depression, by allowing ourselves, without judging, to notice and accept our low moods, while also noticing any thoughts, self-criticisms, and memories

that tend to accompany such moods. We disable the automatic pilot that leads to such rumination, and allow ourselves to be in the moment, which is always a fresh start, and a more direct experience, if it is not entangled in depressing memories, forecasts and judgments. Ultimately, your negative thoughts about yourself, your past, and your future are just that – thoughts. We must learn to not confuse thoughts about things with the things themselves – to not confuse our often harsh opinions about ourselves with our true value, to not mistake our often selective attention to past failures as a true accounting of past events, to not confuse our fearful fantasies of the future as an accurate prediction. They are just thoughts, often colored by our negative moods and self-esteem, and driven by a thinking/judging gear stuck on autopilot. By taking control of our consciousness, we transition to being mode, in the present, noticing our feelings, thoughts, and memories as they pass through our mind.

But even more directly, we attend to our raw bodily sensations, the raw material of consciousness, before sensations are processed into thoughts, feelings, and judgments regarding those sensations. We get beneath the epiphenomenon, to the phenomenon, beneath the processed food, to the raw food itself. We focus on the most direct, initial component of our awareness, sensory awareness, beneath the secondary baggage of thoughts and judgments and feelings regarding those sensations. We thereby get closer to and more connected to our bodies, via immersion in the sensations arising from our sensory organs, our eyes, ears, nose, tongue, and skin. We get out of our heads and into our bodies. Do you ever stop to ask yourself where the center point of your awareness is? Most of us would locate it in our heads, perhaps in the brain just behind our eyes. But shift it for a moment. Feel the entirety of your body as a physical presence in the midst of your three dimensional environment, in which the air around you is a gaseous substance as well, not just empty space. Feel your entire body, from head to toe, move through that gaseous substance, fully aware of the back of your body and the space behind you as well, not just what you see in your frontal vision. The Body Scan is a meditation practice that is introduced early in mindfulness programs in order to enhance awareness of your body. Mindfulness programs use a variety of meditation practices for various purposes, to hone your concentration, to focus on the present instead of mindlessly marching toward your next goal, to focus on sensations and get you out of your thinking/judging head, and to develop compassion toward yourself. Such self-compassion is essential if you are going to move beyond the self-criticisms, feelings of worthlessness, and low self-esteem that often constitute the bedrock of depression. Mindfulness programs provide us with

an alternative perspective on relief from distressing emotions, an extra tool. If this approach sounds appealing to you, check out Siegal's The Mindfulness Solution for a good introduction to mindfulness, or Williams et al.'s The Mindful Way Through Depression for a more specific application of mindfulness to depression. But don't just read these books. Do the meditations as you go. Mindfulness is a practice, not just an idea. Get out of your head!

Transitioning to a different angle on depression, the foundation of depression often includes a feeling a significant loss. This loss may be the loss of loved one, the loss of a job, the loss of friends in familiar surroundings after a geographical move, the loss of self-esteem after a failure experience, the loss of health, or some other type of important loss. It is important to address and grieve such losses, and to determine if and how such losses can be replaced as a means of filling the existing void. Grief and sadness must be expressed and worked through before such feelings can be significantly reduced. Time does not heal all wounds. Despite the temporarily increased emotional distress experienced when allowing oneself to cry, talk about sadness, and otherwise grieve, such emotional expression is necessary if we are to gradually reduce our grief and regain our emotional equilibrium. This is not to say that we need to consistently immerse ourselves in grief. Is also important to be able to contain and suppress sadness and grief, thereby allowing ourselves to control our grief when we need to, while expressing and expelling our grief when we're able to. Once again, we need skills on both ends of the dimension. It is also necessary to address the losses that generate sadness and grief. Some losses can be replaced, while others need to be accepted, while perhaps also pursuing new meaning in life from unaccustomed sources. The permanent loss of one's health, and the approaching loss of one's life are losses which must be accepted, if we are to succeed in the last stage of life, and such acceptance is certainly easier to muster if we are able to look back on our life with satisfaction. Other losses, such as the loss of a job, rejection by a lover, and losses associated with moving from one locale to another are more easily replaced, but require aggressive action in order to develop alternative sources of satisfaction.

Success in managing depression also requires attention to our basic physical needs. Maintaining adequate nutrition even the face of loss appetite is important if we are to maintain the physical and emotional strength necessary to combat depression. Maintaining adequate sleep is likewise important, though less subject to voluntary control, and may require temporary use of medication, though we must be vigilant for the opposite

problem, excessive sleep as a means of depressive withdrawal. As we have noted, physical exercise is also quite beneficial in the management of depression (as well as anxiety), though once again, self-discipline is often required to initiate exercise, given the urge to withdraw when depressed. By taking care of our physical needs, counteracting withdrawal and rumination, reaching out for social and spiritual support, grieving and replacing or accepting losses, being in the moment and accepting feelings, learning to soothe and nurture ourselves, and if need be, seeking antidepressant and/or sleep medications, we can begin to turn back the tide of depression, rather than unwittingly maintaining or increasing it.