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THE DEPRESSION CURE

The 6-Step Program to Beat Depression without Drugs

Da Capo LIFE LONG

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MAKING THE CHANGE

Introduction

Depression is a devastating illness. It robs people of their energy, their sleep, their memory, their concentration, their vitality, their joy, their ability to love and work and play, and—sometimes—even their will to live. As a clinical psychologist, I've worked with hundreds of patients to help heal depression's debilitating effects, so I will never underestimate this treacherous foe. From the day I first walked onto a psychiatric unit at Duke Medical Center two decades ago, I've devoted my career to fighting the disorder: I know it far too well to make any blanket promises of a one-size-fits-all cure.

Yet here's what I *can* say with complete confidence: Depression is beatable. And the six-step program outlined in *The Depression Cure* is the most promising treatment for depression I've ever witnessed in my years of clinical research and practice. Admittedly, this is a bold claim—one I never would have imagined making when I began developing the program a few years ago.* But it's based on three important observations:

- The program—*Therapeutic Lifestyle Change* (TLC)—has proven remarkably effective in a large treatment study at my university. Patients were randomly assigned to receive either TLC or treatment-as-usual in the community (mostly medication), and

* With the help of several talented graduate students.

fewer than 25% of those in community-based treatment got better.* But the response rate among TLC patients was over three times higher. In fact, *every single patient who put the full program into practice got better*, even though most had already failed to get well on antidepressant medications.

- All six components of the TLC program—omega-3 fatty acids, engaging activity, physical exercise, sunlight exposure, social connection, and enhanced sleep—have antidepressant properties. We know this from mountains of published research. But TLC is the only approach that combines these separate elements into an integrated package—a comprehensive, step-by-step program that's more potent than any single component used on its own.
- Most important, TLC addresses the modern depression epidemic at its source: the fact that *human beings were never designed for the poorly nourished, sedentary, indoor, sleep-deprived, socially isolated, frenzied pace of twenty-first-century life*. The program provides a long-overdue, common sense remedy for a contemporary American lifestyle that's drifted dangerously off course.

In recent years, I've been invited to speak with thousands of people—patients, therapists, psychiatrists, students, and many others—about this lifestyle-based approach to healing depression. The question I'm most frequently asked is: Who might benefit from the program?

My reply: Everyone. This usually draws some laughter, as most people think I'm joking—a bit of ironic, self-mocking exaggeration. But I'm actually quite serious. At least four groups of people can benefit from the TLC program, and together they include just about everyone.

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* "Getting better" was defined in the study as: experiencing at least a 50% reduction in depressive symptoms and no longer meeting diagnostic criteria for major depressive disorder by the end of treatment.

- The program was initially designed to help those suffering from clinical depression—whether or not they're already receiving some other form of treatment. TLC is highly effective when used on its own, but the program can also be combined with antidepressant medication or traditional psychotherapy.
- Then again, you don't have to be diagnosed with full-blown depression to benefit from TLC. The protocol can also help those who are simply feeling blue or fighting milder symptoms of the disorder.
- Likewise, the program offers protection to anyone who wants to minimize the risk of depression in the future.
- A few years ago, psychologist Harriet Lerner—the bestselling author of influential books like *The Dance of Anger*—observed something else about the TLC program that I had never considered: Each step involves something that's good for us, no matter how well we may be doing already. As Harriet put it, "Your program isn't just about depression. It's something *everyone* can use to their benefit."

She's right, of course. There's a wealth of research on the physical and psychological benefits of the program's core elements: weight loss, increased energy, lower blood pressure, improved cardiac health, better immune function, reduced inflammation, greater mental clarity, and an enhanced sense of well-being. These are treatment "side effects" worth signing up for, and they represent another important reason for embracing the TLC program.

Despite the treatment's beneficial effects, it's still advisable to get a physical exam before you start putting the protocol into practice. In my own clinical research at the University of Kansas, I don't let anyone begin the full program until they've first seen a doctor. This policy

may surprise you, but it's based on sound reasoning. For one thing, it's always a good idea to check with a physician before embarking on a new exercise program. The same goes for taking high-dose nutritional supplements or increasing sun exposure. Since these are all core elements of the TLC program, it's important to get your doctor's okay before you begin.

In addition, depression can be triggered by many common medical conditions—diabetes, sleep apnea, thyroid disorder, heart disease, chronic infection, and hormonal imbalance, to name a few—and the disorder can be very difficult to treat effectively until such underlying medical problems are addressed. Finally, several drugs carry the potential to cause depression (ironically, even some common psychiatric drugs), and your doctor can help you consider this possibility, as well.

In the chapters that follow, I'll describe the Therapeutic Lifestyle Change program in clear, step-by-step detail. And I'll share countless stories of those who've used the program to overcome depression and find their way to lasting recovery. My hope is that by putting TLC into practice in your own life—one step at a time—you, too, will begin living the depression cure.

1

The Epidemic and the Cure

"I don't know what's wrong with me. All I want to do is close my eyes and never have to wake up again. It's like my whole life is slipping away, and there's nothing I can do about it. Everybody keeps telling me I just need to 'snap out of it.' Don't they know how cruel that is? I mean, do they think I want to be like this? Sometimes I just start crying and I don't even know what I'm crying about. People stare at me like I'm crazy, like: 'Look at that poor guy. That poor, pathetic . . .'" Phil's voice trailed off as he slumped forward in his chair and cradled his head in his hands.* He fixed his gaze on the office floor and whispered, "I'm sorry." He repeated the phrase over and over, like a mantra.

Even though I was all too familiar with the devastating effect of depression, I still found it difficult to picture what Phil had been like just a few months earlier, before his illness struck. Phil's wife, who phoned to set up his first appointment, described him as "a confident, fun-loving guy." He was someone who ran a successful business, enjoyed a strong marriage, and adored his two kids. His wife said, "You would have looked at Phil and thought, 'Here's a guy who has it all.'"

* All names and other potentially indentifying information for each patient have been altered to preserve confidentiality.

And yet there he was in my office, struck down by depression in the prime of his life. Over the span of a few short months, he had lost his energy, his memory, his sex drive, his confidence, his ability to sleep through the night, and his concentration. He could no longer function effectively at work. He had completely withdrawn from his friends and his family. Lately, he had even lost his will to live.

Like many of the patients I treat, Phil had been taking antidepressant medications for a few months before he came to see me. Unfortunately, the drugs hadn't helped very much—an outcome that's more common than most people realize. Although medications are certainly valuable in some cases, they work for fewer than half the depressed patients who try them. (And many quit taking their meds anyway due to difficult side effects like sexual dysfunction or weight gain.)

Even though antidepressant use has skyrocketed in recent years, the rate of depression in the United States hasn't declined: It's *increased.* According to the latest research, about one in four Americans—over seventy million people—will meet the criteria for major depression at some point in their lives. Ominously, the rate of depression has been on the rise for decades. It's roughly ten times higher today than it was just two generations ago. How can people possibly be so much more vulnerable to depression now? What has changed?

It's clearly not a matter of genetics, since the collective gene pool simply can't change that quickly. It has to be something else. That something else, I believe, is lifestyle. Consider the following:

- Only one known group of Americans hasn't been hit by the modern depression epidemic: the Amish. Still clinging tenaciously

to their eighteenth-century way of life, Amish communities have a rate of depression dramatically lower than that of the general population.

- In developing (third-world) countries, the lifetime rate of depression is often a fraction of that observed in the West. However, the prevalence of depression has begun to go up in those countries where people are shifting from more traditional to more Americanized lifestyles.
- The risk of depression has increased relentlessly in recent years across the entire industrialized world (such as Britain, Germany, Australia, New Zealand, and South Korea). It's not just an American phenomenon.
- Modern-day hunter-gatherer bands—such as the Kaluli people* of the New Guinea highlands—have been assessed by Western researchers for the presence of mental illness. Remarkably, *clinical depression is almost completely nonexistent among such groups*, whose way of life is similar to that of our remote ancestors. Despite living very hard lives—with none of the material comforts or medical advances we take for granted—they're largely immune to the plague of depressive illness that we see ruining lives all around us. (In perhaps the most telling example, anthropologist Edward Schieffelin lived among the Kaluli for nearly a decade and carefully interviewed over two thousand men, women, and children regarding their experience of grief and depression; he found only one person who came close to meeting our full diagnostic criteria for depressive illness.)

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* The Kaluli subsist on a combination of hunting, foraging, and gardening, so they are also sometimes referred to as horticulturalists.

Such cross-cultural studies make one thing quite clear: the more "modern" a society's way of life, the higher its rate of depression. It may seem baffling, but the explanation is simple: *The human body was never designed for the modern post-industrial environment.* Until about twelve thousand years ago—when people invented farming and began domesticating livestock—everyone on the planet made their living by hunting and foraging for food. People lived as hunter-gatherers for the vast majority of human history.

And our genes still reflect this history: They've changed very little since the days of our hunter-gatherer forebears. Our genes are still beautifully calibrated to that ancient environment and are still building—in effect—Stone Age bodies. Unfortunately, when Stone Age body meets modern environment, the health consequences can be disastrous.

Consider the runaway epidemic of obesity. A staggering 65% of American adults are now clinically overweight. Why? Because our appetites are still fine-tuned to the Stone Age. Our hunter-gatherer ancestors faced a fluctuating, seasonal food supply—with the prospect of hunger and starvation ever just around the corner. So it made sense for them to crave sweets, starches, and fatty foods—the richest calorie sources available—and to binge whenever those rare, nutrient-rich foods happened to be on hand.

Our brains are still programmed with this sensibility. We, too, find it virtually impossible to resist the urge to feast on calorie-rich foods. When we savor, say, a slice of cheesecake (a sweet, starchy, fatty trifecta), our Stone Age brains gleefully register the satisfaction of storing away many, many calories for a rainy day—no matter how much energy we might already have tucked away in our fat reserves.

But over the past several decades, for the first time in human history, high-calorie foods have become available 24/7. Because the brain was never designed to regulate appetite in the face of such

perpetual abundance, daily calorie consumption has gone through the roof. We see the food, and our brains can't "just say no." To make matters worse, this nutritional bonanza has coincided with a sharp drop in the number of calories people burn each day, as conveniences like the automobile, electrical appliances, and television have gradually turned us into a nation of couch potatoes. The result? A modern epidemic completely explained by recent changes in lifestyle.

Let's turn our attention back to the Amish, duly famous for their resistance to lifestyle changes over the past two centuries. Their rate of obesity? A recent study puts it at a mere 4%. As for modern-day hunter-gatherers, their obesity level is approximately 0.

But can the modern epidemic of depression, like that of obesity, really be explained by changes in the way people live? A wealth of scientific evidence says it can, and it goes far beyond cross-cultural studies. As we'll see in the next section, this evidence has important implications that may forever change the way we understand and treat depression.

THE ANTIDEPRESSANT LIFESTYLE

In many respects, modern Americans should be among the happiest people in the history of the world. Whether we look at rates of infant mortality, hunger, medical care, life expectancy, or material comforts, Americans are better off (on average) than the vast majority of people who have ever lived. Doesn't it follow, then, that we should also be among the least likely to get depressed? Shouldn't we, at the very least, have lower rates of depression than contemporary hunter-gatherers, whose lives are so much harder than our own? After all, they're

much more likely than we are to experience tragic events like the death of a child, crippling illness, or violent assault—events that can serve as powerful triggers of depression.

Yet even as they suffer these disastrous events, hunter-gatherers rarely become clinically depressed. For some reason, they're much more resilient than we are. (It's a good thing, too, because if they *weren't*, the human species probably would have become extinct back in the days of our remote ancestors.)

But how are hunter-gatherers able to weather life's storms so effectively? That's the question I kept coming back to when I began wrestling with this mystery a few years ago. What emerged from my quest, after poring over hundreds of published studies in search of clues, was a finding so clear—and so obvious in hindsight—I was amazed no one had ever noticed it:* *The hunter-gatherer lifestyle is profoundly antidepressant.* As they go about their daily lives, hunter-gatherers naturally wind up doing many things that keep them from getting depressed. They do things that change the brain more powerfully than any medication.

For most of human history, everyone benefited from the antidepressant effect of these ancient lifestyle elements. As a result, people were able to cope with circumstances vastly more difficult than most of us ever face today. But over the past few hundred years, technological evolution has proceeded at a relentless pace, and many protective features of that ancient way of life have gradually disappeared. Accordingly, the rate of depression has begun to spiral out of control. Our Stone Age brains just weren't designed to handle the sedentary,

* At least, after reviewing the relevant scientific literature, I couldn't determine that anyone had noticed it. Science journalist Robert Wright does hint at the possibility, however, in his 1995 *Time* magazine article, "The Evolution of Despair."

isolated, indoor, sleep-deprived, fast-food-laden, stressed-out pace of twenty-first-century life.

In the chapters that follow, we'll look at the potent antidepressant effects of six major protective lifestyle elements that we all need to reclaim from our ancestors:

- Dietary omega-3 fatty acids
- Engaging activity
- Physical exercise
- Sunlight exposure
- Social support
- Sleep

These six elements form the core of a breakthrough treatment for depression, Therapeutic Lifestyle Change (TLC), developed by my clinical research team at the University of Kansas. TLC is a natural approach to healing depression, with no side effects and no insurance forms to file. And in our preliminary clinical trials, TLC has yielded exceptional results—far superior to those typically observed with medication. Among our study patients, the rate of favorable response to TLC has been *over three times higher* than that of antidepressant "treatment as usual" in the community. And we've yet to see someone put the entire TLC protocol into practice without experiencing significant improvement.

Omega-3 Fatty Acids

Did you know your brain is mostly made up of fat? It sounds like a straight line from a stand-up comedy routine, but it's true—the human

brain is about 60% fat by dry weight. Fat molecules (sometimes called *fatty acids*) play a crucial role in the construction of brain cells and the insulation of nerve fibers. Fortunately, the body is able to make many of the fat molecules the brain needs. But there are some forms that the body can't manufacture on its own; these fats can be obtained only from our diet. And among the most important dietary fats is a group called *omega-3* fatty acids—critical building blocks for brain structure and function.

Omega-3 fatty acids are found mainly in fish, wild game, nuts, seeds, and leafy vegetables, all things found in abundance in the hunter-gatherer diet. *Our distant ancestors ate five to ten times more omega-3 fat than we do.* In fact, omega-3s have gradually disappeared from the American diet over the past century.

In the days of our great-grandparents, for example, beef cattle fed on the free range, where they ate grasses and wild plant sources of omega-3. Remarkably, beef used to be good for us. Today's cattle, in contrast, are mostly grain-fed, and they have little beneficial omega-3 content. The same is true with our grain-fed, farm-raised fish (most of the fish now consumed in America).

Because the brain needs a steady supply of omega-3s to function properly, people who don't eat enough of these fats are at increased risk for many forms of mental illness, including depression. Across the globe, countries with the highest levels of omega-3 consumption typically have the lowest rates of depression.

Clinical researchers have even started using omega-3 supplements to treat depression, and the results so far have been highly encouraging. For example, British researchers recently studied a group of depressed patients who had failed to recover after taking antidepressant medication for eight weeks. All study patients stayed on their meds as prescribed, but some also took an omega-3 supplement. About 70% of

those who received the supplement* went on to recover, compared with only 25% of patients who kept taking only the medication. This study—along with a handful of others like it—suggests that omega-3s may be among the most effective antidepressant substances ever discovered.

Engaging Activity

Depression is closely linked to a toxic thought process called *rumination*—the habit of dwelling on negative thoughts, turning them over and over in your mind. We've probably all ruminated at some point. It's a perfectly natural response to upsetting events. And when rumination lasts for only a short while, it can even be useful, helping us figure out what went wrong and how we might work to correct things in the future.

The problem comes when people start ruminating for long stretches of time, going over the same thoughts again and again and again. Such chronic rumination actually cranks up the intensity of our negative mood, making it unbearably painful. Unfortunately, many depressed individuals spend literally hours ruminating every day.

The first time I introduced the concept of rumination to patients in a TLC group, it was as if a light went on for many people in the room. "I do that all the time!" one patient exclaimed. "And it definitely makes me feel worse." Someone else chimed in, "You mean there are people who *don't* ruminate all the time? I thought it was just something everyone did." Another smiled knowingly and said,

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* Study patients were randomly assigned to various omega-3 dosage levels. I've presented here the results for those who received the supplement at the dose recommended in the TLC protocol: 1,000 mg per day of the active omega-3 molecule.

"It's so cool that there's actually a *name* for it. But how do you *stop* ruminating?"

How, indeed? For one thing, people only ruminate when they have free time on their hands, when their minds aren't occupied with some reasonably engaging activity. Sitting stuck in traffic, watching a boring TV show, eating a meal alone, staring off into space . . . those are the times when rumination typically takes over. The biggest risk factor for rumination is simply spending time alone, something Americans now do all the time.

When you're interacting with another person, your mind just doesn't have a chance to dwell on repetitive negative thoughts. But, really, any sort of engaging activity can work to interrupt rumination. It can even be something simple.

Dana, a forty-something accountant in one of our recent TLC groups, told us the following story: "You guys had just covered rumination, and literally as I was driving out of the parking lot after group, I noticed I was doing it! The negative thoughts were right there, going around and around in my head. I mean, I had no idea I was doing it that often. Anyway, I pulled the car over and just sat there in the parking lot and thought about how I could stop it. All I could think of was to turn on the radio and find a good song to focus on instead, so that's what I did. And it worked. I didn't ruminate for the entire drive home. Before I learned about this, I would have just stewed in those negative thoughts and pulled into my garage feeling like crap, but now I think I know how to turn it around. It feels like I finally have some control."

In Chapter 5, we'll go over the link between rumination and depression in much greater detail. We'll also cover several key strategies for helping you break the rumination habit.

Physical Exercise

Hunter-gatherers are in remarkably good shape. They get hours of exercise every day, with a fitness routine rivaling that of elite athletes. They commonly walk five to ten miles each day just to find food and water, which they then have to haul back to the rest of the group. They erect their own dwellings and routinely handle logs weighing hundreds of pounds. They perform ritual dances that last for hours.

In effect, the hunter-gatherer life is an intense cross-training regimen—one that involves lots of lifting, carrying, sprinting, climbing, walking, and stretching on a daily basis. Modern life, on the other hand, is notoriously sedentary, and most Americans are woefully out of shape. Many can run no farther than the distance from the sofa to the refrigerator. This is unfortunate, because exercise is a remarkably potent antidepressant.

Researchers have compared aerobic exercise and Zoloft (a commonly prescribed antidepressant medication) head-to-head in the treatment of depression. Even at a low "dose" of exercise—thirty minutes of brisk walking three times a week—patients who worked out did just as well as those who took the medication. Strikingly, though, the patients on Zoloft were about three times more likely than exercisers to become depressed again over a ten-month follow-up period.

There are now over a hundred published studies documenting the antidepressant effects of exercise. Activities as varied as walking, biking, jogging, and weight lifting have all been found to be effective. It's also

becoming clear just *how* they work. *Exercise changes the brain.* It increases the activity level of important brain chemicals such as dopamine and serotonin (the same neurochemical targeted by popular drugs like Zoloft, Prozac, and Lexapro). Exercise also increases the brain's production of a key growth hormone called BDNF. Because levels of this hormone plummet in depression, some parts of the brain start to shrink over time, and learning and memory are impaired. But exercise reverses this trend, protecting the brain in a way nothing else can.

Chloe, a twenty-one-year-old college student with a shy smile, was a patient in one of our TLC treatment groups two years ago. Introducing herself at the first session, she told us, "I've struggled with depression—on and off—for pretty much my whole life." Abandoned by her mother and raised by an alcoholic father who often left her to fend for herself, Chloe confessed that feelings of loneliness and sadness were constant fixtures of her childhood and adolescence. Things got even worse when she went off to college, where she fell into a debilitating episode of clinical depression. By the time she started treatment, she had stopped attending her classes and instead spent much of her time holed up alone in her apartment.

I spoke with Chloe early on in her treatment about the therapeutic value of exercise, but she said she'd never enjoyed working out. She also expressed a strong distaste for "the whole gym scene." I reassured her that our goal was to help her find some kind of physical activity she could enjoy. "I guess I used to like riding my bike as a kid," she recalled, "but I haven't done anything like that in years." With a little encouragement, she agreed to make a trip home to pick up her old bike and bring it back to campus. The following week, Chloe

started going out for short rides, mostly just exploring the streets around her neighborhood. But before long she was pedaling all over town, often riding for over an hour each day.

Within a few weeks, Chloe began noticing a bit of improvement in her mood, her energy, and her sleep. Even though she was still depressed, this modest turn for the better seemed to spark a glimmer of hope. So, despite her continued symptoms, she kept on riding. And things slowly kept getting better. The following week, buoyed by her increased energy (a typical side effect of regular exercise), she worked up the courage to venture out shopping with some girls who lived next door in her apartment complex. Chloe found—much to her surprise—that she actually enjoyed herself. Soon, it was like a vicious cycle in reverse: exercise led to increased energy, which led to a better mood, which led to greater social activity, which led to more exercise (since she rode her bike to most social engagements), which led to increased energy, and so on.

The more we learn about the beneficial effects of physical activity, the more the following truth comes clearly into focus: *Exercise is medicine.* Literally. Just like a pill, it reliably changes brain function by altering the activity of key brain chemicals and hormones. This is a crucial point, but one that's often missed. For when people hear that depression is linked to a chemical imbalance, they usually conclude, "Well, if *that's* true, people with depression obviously need to take a drug—another chemical—to straighten out the imbalance." It's an understandable assumption, but it's dead wrong. Medication isn't the only way to correct brain abnormalities in depression. Physical exercise also brings about profound changes in the brain—changes that rival those seen with the most potent antidepressant medications.

In Chapter 6, I'll explain how you can start and maintain an exercise program to bring about these important benefits. You'll find a way to work out that doesn't feel like *work*—an exercise routine you can actually enjoy. After all, isn't that the best way to make sure you'll stick with it? And I can reassure you at the outset: Antidepressant exercise is much more doable than most people imagine, and it doesn't require an expensive gym membership. It can be as easy as going for a walk with a friend or taking a bike ride in the park. Physical activity is something we were designed to find enjoyable.

Sunlight Exposure

Millions of Americans and Europeans get depressed every year, almost like clockwork, during the dark, dreary months of winter. They suffer from a disorder aptly named SAD (for *seasonal affective disorder*)—a condition triggered by reduced light exposure during the short, cold, cloudy days that run from November through February or March (depending on where you live). Predictably, SAD hits people particularly hard in northern latitudes, where winter daylight is scarce (residents of New England, for example, are afflicted much more often than those living in Florida).

Although simply going outside on a sunny day can brighten your mood, an even deeper link exists between light exposure and depression—one involving the body's internal clock. As it turns out, the brain gauges the amount of light you get each day, and it uses that information to reset your body clock. Without enough light exposure, the body clock eventually gets out of sync, and when that happens, it throws off important *circadian rhythms* that regulate energy, sleep,

appetite, and hormone levels. The disruption of these important biological rhythms can, in turn, trigger clinical depression.

Because natural sunlight is so much brighter than indoor lighting—over a hundred times brighter, on average—a half hour of sunlight is enough to reset your body clock. Even the natural light of a gray, cloudy day is several times brighter than the inside of most people's houses, and a few hours of exposure provide just enough light to keep circadian rhythms well regulated. But people who are inside from dawn to dusk often find their body clocks starting to malfunction.

Of course, thousands of years ago our ancestors were outside all day every day, so they always had enough light exposure to boost mood and prevent SAD. Likewise with modern-day hunter-gatherers. Even Americans of a few generations ago typically spent at least a few hours outside each day. For us, though, the situation is different. Increasingly, we just aren't bothering to go outside at all. And even if we wanted to, most of us don't have the luxury of spending hours at a time outside on a regular basis.

Fortunately, when getting enough sunlight isn't a realistic option (during the shorter days of winter, for example), you can use an elegant, high-tech solution that's effective in elevating mood and resetting the body's internal clock. In Chapter 7, we'll cover a range of options—both natural and high-tech—for getting adequate light exposure year-round and keeping mood and circadian rhythms in sync.

Social Support

Anthropologists who visit modern foraging tribes invariably notice something peculiar about their hosts' social lives: *Hunter-gatherers almost never spend time alone.* Even though the typical village consists of

only fifty to two hundred people, it seems that just about every activity is a social occasion. Hunting, cooking, eating, playing, foraging, sleeping, grooming—they're all carried out in the company of close friends and loved ones. Loneliness and social isolation are virtually unknown.

The contrast with our way of life is profound. We often struggle to carve out the smallest blocks of face time with the very people we hold most dear. Not only do we spend much less time than previous generations interacting with our friends, neighbors, and extended family, but we're even less likely to connect with others in church or synagogue, or in civic groups like the Rotary Club or Girl Scouts.

Sadly, many Americans now spend the bulk of their leisure time walled up in their homes, parked in front of a TV or computer screen—alone. They spend hours each week sitting in traffic—alone. They often eat alone. And now they can even go online and do their shopping alone.

In many cases, technology promotes our increasing social isolation. For example, until a few months ago, I used to enjoy bumping into my friends and neighbors at the local video rental store. But that doesn't happen anymore, now that I can log in to an online service that delivers DVDs right to my mailbox. And even on the university campus where I teach—a place where people are still forced to get out and walk in public—many are now oblivious to the social world around them as they march along to the beat of an iPod. Sadly, our coolest new gadgets always seem to wind up cutting us off from each other.

As if we weren't becoming isolated enough, one of the great tragedies of depression is that it causes people to withdraw even further from the people around them.

Jane, a middle-aged divorcee with downcast eyes, was one of the more socially withdrawn patients we've ever treated in a TLC group. She used to shuffle unobtrusively in to each session, staring at her feet and speaking (only when spoken to) in a barely audible voice. Since depression had taken hold of her life the year before, she'd become increasingly reclusive, pulling away from her friends and loved ones, and even avoiding her adult children who lived in the area. But as my co-therapist and I learned more about Jane over the first few TLC sessions, it became clear that before her depression struck she'd been a vibrant, socially confident woman. A few weeks into treatment, we gently challenged her to think about friends or loved ones she might try to reconnect with, and she promised to "think about it." As fate would have it, her daughter contacted her shortly afterward to see if Jane might be willing to watch her two-year-old grandson every night after work that week. Reluctantly, she agreed.

After just a few days of this "grandson therapy," Jane noticed her mood starting to lift slightly and a little bit of her energy returning. The shift was subtle, but she said it felt like "somehow life wasn't quite so awful." So she took the fateful step of volunteering to watch her grandson the following week as well, and the improvement in her mood and energy slowly continued.

Jane was surprised by this clear connection between social contact and mood, but she couldn't deny her own experience. Gradually, with our encouragement, she started reaching out to reconnect with other people as well—an old friend, a neighbor, a coworker, a daughter. She said it felt like she was learning to reconnect with her old self in the process, to rediscover the person she used to be before depression robbed her of her social world. Inspired by her progress on this front, Jane grew determined to put other TLC elements into practice: She

began getting regular exercise, taking an omega-3 supplement, and seeking out daily sunlight exposure. Over time, this process catalyzed further improvement—her sleep, her concentration, her appetite, and her confidence all slowly began to return. Fourteen weeks after she began treatment, Jane's depression was in full remission.

The research on this issue is clear: When it comes to depression, relationships matter. People who lack a supportive social network face an increased risk of becoming depressed, and of remaining depressed once an episode strikes. Fortunately, we can do a great deal to improve the quality and depth of our connections with others, and this can have a huge payoff in terms of fighting depression and reducing the risk of recurrence. In Chapter 8, I'll help you assess the strength of your social support networks, and provide a set of strategies for enhancing the quality of your connections with others.

Sleep

As you've likely discovered from your own experience, sleep and mood are intimately connected. After just a few nights of poor sleep, most people are noticeably less upbeat. Many of us start to get downright cranky. And when sleep deprivation continues for days or weeks at a time, it can interfere with our ability to think clearly. It can even bring about serious health consequences. Disrupted sleep is one of the most potent triggers of depression, and there's evidence that most episodes of mood disorder are preceded by at least several weeks of subpar slumber.

Not only can poor sleep cause depression, but depression can cause poor sleep. (Talk about a vicious cycle.) Fully 80% of depressed patients experience some form of sleep disturbance. While some have trouble drifting off at night, most have even greater difficulty *staying* asleep. Often, they'll find themselves wide awake in the middle of the night, tossing and turning until daybreak. Even worse, depression also affects sleep *quality,* depriving people of the deepest, most rejuvenating sleep phase (known as *slow-wave sleep).*

Despite its obvious importance, a good night's sleep is something most of us rarely get. It's a distinctly modern problem. Hunter-gatherers—whose sleep cycles are closely bound to the natural ebb and flow of darkness and daylight—have been observed to sleep about 10 hours a night. Even American adults of the nineteenth century averaged a good 9 hours. And now? We clock in at a paltry 6.7 hours per night. Not surprisingly, most of us walk around in a state of perpetual drowsiness, masked only by our collective caffeine habit (about 90% of Americans now consume it on a daily basis) and the widespread use of other stimulants.

Fortunately, as we'll cover in Chapter 9, you can take numerous steps to improve both the quality and quantity of your sleep. Not only can these strategies help improve mood and many other symptoms of depression, but they can also prevent the chronically disturbed sleep that so often ushers in an episode of full-blown depressive illness.

THERAPEUTIC LIFESTYLE CHANGE: AN IDEA WHOSE TIME HAS COME

The way we live can powerfully affect the way we feel. It's a simple observation, but one with profound implications when it comes to

fighting depression. For as we've seen, six distinct lifestyle elements—ranging from exercise to nutrition (omega-3 fats) to social support to light exposure—can fight depression as effectively as any medication. They can even bring about important changes in the brain. Modern-day hunter-gatherers benefit from each of these lifestyle factors in abundance, and this explains why they rarely get depressed, despite leading very difficult lives. And although the world has changed a great deal since the days of our ancestors, these protective lifestyle elements were still present in American life—to a somewhat lesser extent—right up until the past century. In recent decades, though, they have steadily disappeared, and the rate of depression has skyrocketed in lockstep with their departure—not just in this country but around the globe.

When I first began to put all this together a few years ago, I started encouraging my depressed patients—folks I was treating at the time with a more traditional form of psychotherapy—to incorporate these antidepressant lifestyle elements into their daily routines. Not only did I find that most patients were surprisingly eager to make such lifestyle changes, but the clinical results were stunning. Even patients who had not responded to drugs or traditional therapy began recovering—*quickly*.

Such dramatic clinical results took me by surprise. Sure, I thought a lifestyle-based strategy might be helpful in some cases of depression, but I had no idea just how powerful it would prove to be. I caught an early glimpse of its effectiveness, however, in the experience of the first patient I ever worked with on these principles of therapeutic lifestyle change.

A tall, soft-spoken man in his mid-forties, Bill had been severely depressed for over four years. Other than a few brief periods of remis-

sion, he had been continuously depressed since his early teens. When we started working together, he had already been on medication (Serzone) for well over a year with little meaningful improvement.

In one of our first sessions together, Bill casually mentioned that although he didn't exercise regularly, he'd noticed in the past that working out sometimes made him feel a little better, at least for a short while. Since I'd recently been immersed in the research literature on exercise and depression, I was intrigued by his comment and decided to push him a bit on the point. "Bill, would you be willing to try working out on a regular basis? Dozens of published studies show it can help with symptoms of depression." Although his energy level was pretty low, he agreed to try jogging three times a week, either outside or on the small treadmill stored in his basement. (Like most pieces of home exercise equipment, it had been gathering dust for years.)

At our next session, Bill reported a small but noticeable improvement in his ability to sleep through the night, and he attributed this to the exercise. The following week brought a noticeable upswing in his energy level. Encouraged by this development, I decided to see if he was willing to crank things up a notch on the lifestyle front. So we spent the next few sessions talking about the clinical benefits of omega-3 supplementation, the toxic effects of time spent alone ruminating, and the importance of getting adequate sunlight exposure, social support, and sleep. To his immense credit, Bill gradually began putting into practice every major therapeutic lifestyle element we discussed. And within two months, his depressive symptoms were gone. Completely gone. It was nothing short of remarkable.

It's now been over five years since we began working together, and Bill is still fully recovered—the first stretch of continuous recovery in his adult life. In fact, we still touch base by phone every so often for a

quick checkup, and during our most recent conversation Bill told me, "Steve, these past four years have been by far the best of my life."

Over the past few years, many others like Bill—people who had given up hope of ever beating their depression—have overcome the dreaded illness as well. The great majority of patients in our clinical trials have escaped depression's grip, and the response rate to Therapeutic Lifestyle Change has been considerably higher than researchers typically see with antidepressant medication.

I realize this is a surprising claim. After all, depression is a serious illness—one that robs people of their vitality, their hope, their sleep, their play, their friends, their work, and sometimes even their very lives. Can this debilitating disorder really be fought more effectively with a set of basic lifestyle changes than with powerful antidepressant drugs?

It *is* hard to believe. But I've seen firsthand the dramatic improvements that typically follow in the wake of these simple changes, even among those who haven't responded to medication.

Despite the best efforts of mental health professionals, depression continues to destroy millions of lives each year. This simply cannot continue. As we begin to reclaim the natural antidepressant benefits of the life we were all designed for, I believe we can put an end to the modern depression epidemic once and for all.