

The Nature of Stress

“For me it starts with a tight feeling in my chest. I get a sense of urgency, like there’s something very important that I should be doing, but I’ve forgotten what it is. My breathing gets faster. My heart pounds. I can’t sit still. I watch out for it happening now. Most of the time I can catch it before it gets away from me. Breathing exercises help a lot.”

What is stress, exactly?

The stress response is like a fire alarm system in your body. The alarm gets activated whenever you feel angry, threatened, or challenged. Instead of ringing a bell, however, it causes a complex set of physical changes to take place.

What kind of changes?

Here are some of the more important ones:

- Your blood sugar rises to give you more energy.
- Your breathing speeds up to give you more oxygen to burn the sugar.
- Your heart rate increases to pump the oxygen and sugar faster.
- Blood is diverted toward large muscles and away from your digestive system and skin.
- You perspire more to help you cool down.
- Chemicals called endorphins are released to reduce your sensitivity to pain.

Why does this happen?

When the stress response (also called the *fight or flight response*) developed, the main threats to well-being were physical dangers (for example, attack from predators). The best way to survive was either to fight or run away. The changes listed above help us fight harder or run faster than usual. This makes it more likely that we will survive. But think:

⇒ How many of the stressful events that you’ve dealt with recently involved fighting or running away?

Probably not many. The stress response is still useful to us now and then. But most of our challenges today can’t be dealt with by fighting or running away. Despite this, the stress response will switch on while we’re in traffic, or dealing with children, or attending a difficult meeting.

Why does the stress response switch on when we don't need it?

The system is controlled by a part of the brain that is very old, primitive, and (frankly) not very smart. When we feel threatened it switches on whether we need it or not. And some of the changes it brings about can actually harm our ability to cope.

Why is stress a problem?

Most modern pressures are best solved by sitting down and thinking calmly about what to do. The stress response makes it hard to slow down and think. It brings on a lot of powerful emotions (like fear and anger) that get in the way of a calm response. As well, our bodies are not designed to have this emergency system switched on all the time. Long-term stress can make us more vulnerable to disease.

What causes stress?

Anything that challenges your ability to cope can activate your stress response. Major life events are a big cause. Some examples: Having children, moving to a new home, starting a new job, losing a job, breaking up with your partner, or dealing with illness or death in the family. Situations like these tend to overload a person with emotions and responsibilities. When a lot of them happen at once, the stress is even greater.

In addition, relatively minor events, or *hassles*, in your life (like mild health difficulties, problems dealing with a coworker, commuting, disagreements with your partner, and so on) can be very stressful. Some research suggests that these ongoing minor stressors cause more trouble for us than the major events. We *do* tend to “sweat the small stuff.”

Does it depend on how you look at these situations?

Yes! The stress response gets activated when you think you may not be able to handle the situation. You might be perfectly safe, but if you *believe* that you are in danger then you will experience a stress response. If you *think* you are about to lose your job you are likely to feel tense – regardless of whether you are right or not. The important thing is what you *think* is going on, not what is *really* going on. If you view a party as a chance to speak with people you enjoy, you may feel happy about going. If you see it as a chance for you to humiliate yourself, you might fear and avoid it.

In general, then, we can look at stress this way:

Situation ⇒ Interpretation ⇒ Response.

In other words, we interpret events in the real world and it is the *interpretation* that determines how stressed we feel.

How does stress management work?

You can cope with stress by dealing with the situation, the interpretation, or the stress response itself.

We cope with **situations** by defining the problem, breaking it down into pieces, and setting goals for overcoming the problem step by step. Other strategies include being assertive, overcoming procrastination (again by breaking problems into small pieces), managing your time, and letting go of tasks and responsibilities that aren't important.

Coping with **interpretations** means changing the way we think. The stress response is designed to protect us in life-or-death situations. But we often show signs of stress in quite minor situations (such as getting delayed in traffic). This is because we sometimes interpret these situations as being more important than they really are.

We all have our own ways of distorting our view of the world. Some of us search for signs that we are about to be rejected, and we may see them where they don't really exist. Some of us believe we have to be perfect at everything we do. Some of us have been taught to believe that we are faulty in some way. Each of these ways of thinking can lead to stress. The solution is to discover and correct these unrealistic attitudes. This type of coping is covered later in the manual.

Coping with **responses** means relaxing away the stress response itself. Useful strategies include deep breathing, meditation, biofeedback, and structured relaxation exercises. These strategies are not covered in depth in this manual because they can take a long while to learn. If you are interested in learning more about relaxation, ask your instructor for information about relaxation training in your community.



There's more to managing stress than these strategies, however. The way that you live your life can have a profound effect on the amount of stress you experience. Some of the more important **lifestyle factors** are discussed later in this section. Read on.

Is there such a thing as good stress?

Yes. Challenges often point us in the direction of growth. We all need a certain amount of challenge in our lives. Not having enough challenge can make us feel bored and dissatisfied. If life becomes *too* challenging, however, we often begin to feel overwhelmed.

Stress in the form of interesting challenges (such as difficult sports, caring for a new baby, or work projects) can be positive until our limits are reached. Beyond that limit the challenge can become draining rather than stimulating.

Another way of looking at good and bad stress has to do with the amount of control you have. Generally, situations that you *choose* to get into have fewer negative effects than situations you can't control. So if you *offer* to care for your sister's children while she is on vacation you might look forward to the challenge. If you are *told* that you have to take her children whether you want to or not, you will tend to feel more stressed.

The Nature of Depression

“It feels like you are falling off a cliff into a black hole. Sometimes it feels like no matter what you do it doesn’t make any difference anyway – so why bother? It’s hard to accept what is happening to you. I thought I might never get my memory and concentration back. Then what could I do? Sometimes I felt like my brains were scrambled. Recognizing it was the depression helped. Keep hope. Get moving even when you don’t feel like it. You will get better.”

What is Depression?

This section focuses on depression, though much of the material also applies to serious anxiety problems and to the emotional reactions people go through in times of personal crisis.

Many people feel absolutely helpless in the face of depression. It comes and goes like a huge black cloud, and most of us feel we can’t control it. But learning about depression and where it comes from can help you to push the cloud aside.

There isn’t room here to give all the details on each type of depression. But, in brief, these are some of the more common terms that are used:

- **Major Depressive Episode.** At least two weeks of feeling extremely low or disinterested most of the day, nearly every day, plus at least some of a long list of other symptoms (such as insomnia, significant weight loss, and feelings of worthlessness).
- **Major Depressive Disorder.** A history of one or more major depressive episodes without any manic or hypomanic episodes (periods of extreme mood highs).
- **Dysthymia.** Generally a milder (but still serious) form of depression that has been present for at least two years.
- **Bipolar disorder.** Formerly called manic-depressive disorder, this usually involves a history of both extreme lows and highs of mood.

If you have depression...

- ⇒ **You are not alone.** More than 4% of adults are depressed at any given time, and more than 15% of adults will be depressed at some time in their lives.
- ⇒ **Depression is not a sign of weakness.** Many capable, intelligent, and extremely accomplished people have been depressed. Being depressed does not mean that you have a “weak personality.”

Major Characteristics of Depression

Depression is more than just a low mood. It can have a big impact on your whole being. The following is a list of the most common signs of depression. The truly depressed person will have a large number of these signs, and they will be quite severe. Not all of the symptoms have to be present, however. Some may never appear at all. It is also possible to have a number of the signs and *not* be truly depressed.

Feelings

- Sadness, emptiness, or despair much of the day, nearly every day.
- An inability to enjoy activities that normally give one pleasure (this is called *anhedonia*).
- Feeling unusually anxious, angry, or irritated.
- Extreme feelings of worthlessness, guilt, or shame (often including guilt over being unwell).

Behaviour

- A tendency to do very little, since nothing seems enjoyable.
- Withdrawal from social activities.
- Change in eating habits. Some people eat more, but usually not out of hunger or a desire for food.
- Speeding up or slowing down of physical movements (gestures, walking, speech, and so on) most of the day. Observable by others, not just a feeling of restlessness or slowness.
- Lack of exercise.
- Allowing chores to build up.

Physical Functioning

- Fatigue or loss of energy for most of the day.
- Significant weight loss (without trying to diet) or weight gain.
- Insomnia: difficulty getting to sleep, extended periods of wakefulness through the night, or waking very early and being unable to get back to sleep.
- Sometimes hypersomnia: sleeping much more than usual.
- Reduced sexual desire.

Thoughts

- Difficulty concentrating.
- Impaired memory.
- Difficulty making decisions.
- Being very easily overwhelmed.
- A strong tendency to focus on the negative.
- Neglect of more positive factors in one's life.
- Thoughts of death or being better off dead, or about hurting oneself.

What Causes Depression?

A huge amount of research has examined the causes of depression. Although much remains to be done, some things are now clear:

- There is no single cause of depression.
- Different people get depressed for different reasons.
- Most depressions have multiple causes.

We can think of these different causes as *risk factors* for depression. Most people have at least a few risk factors and never get depressed. The more risk factors are present, the greater the chance that the person will experience depression. Very few people seem to get depressed because of a single factor. We can divide the risk factors into three main groups: Environmental Factors, Personal Factors, and Biological Factors.

- ✓ Place a checkmark beside the factors that seem to apply to you. You may wish to put two checkmarks for the factors that apply to you in a big way, and single ones for those that apply only a little.

Environmental Factors

___ **Major Life Events.** A recent history of major life disruptions (such as death of a loved one, moving, divorce, financial setbacks, or job loss) is a risk factor for depression. The more severe and numerous the events are, the stronger the risk. Ongoing difficulties such as marital problems, hassles at work, and difficult relations with others also contribute.

___ **Few Rewards.** Having too few positive experiences seems to predispose people to depression. Some of the more important positive experiences include contributing in a positive way to others, feeling effective at something you do, rewarding social interactions, spending time in the outdoors, and having pleasurable time to yourself. Being able to spend some time on tasks or activities that you find meaningful appears to be helpful in overcoming this factor.

___ **Societal Factors.** Being on the receiving end of bigotry, crime, and injustice can contribute to a vulnerability to depression, as can being poor or powerless. The higher rate of depression in women may be due in large part to societal factors. These include excessive demands (career woman plus caregiver plus housekeeper plus...) and an expectation that women will care for others without attending to their own needs.

___ **Isolation.** Having a restricted or unsupportive social network is a risk factor for depression. Unfortunately, depression usually reduces the drive for social interaction, which can make the isolation worse.

Personal Factors

- ___ **Negative Thinking.** Depression produces a negative way of looking at the world (which, in turn, helps keep the depression going). But negative thinking can also bring on the depression in the first place. A tendency to focus on the negative, ignore the positive aspects of yourself and your life, and constantly predict the worst all increase the likelihood of becoming depressed.
- ___ **Personal history.** Poor childraising, a difficult or unreliable relationship with one's parents, and experiences of loss, abuse, or other trauma in childhood can all increase the likelihood that one will have depression as an adult.
- ___ **Age.** A minor factor. Depression most commonly makes its first appearance early in adulthood. Barring other factors such as illness or isolation, increasing age does not appear to be a significant risk factor in itself. Menopause may produce symptoms of depression for some women, but does not seem to produce clinical depression.
- ___ **Gender.** Depression is more common in women than men. This may be due to increased poverty and certain role expectations for women. Women at home with more than two children under 15 are at somewhat higher risk. Bipolar disorders are about equally common in males and females.
- ___ **Marital Status.** Separation and divorce are risk factors for depression in the following one to three years. Marriage seems to be a mild preventive factor for men (making them less vulnerable to depression), but not for women.

Biological Factors

- ___ **Family History of Depression.** It appears that no one inherits depression. But we all inherit a vulnerability to depression: some of us are more vulnerable, others less. Depressed individuals are somewhat more likely than others to have had depressed relatives. Most children of depressed parents do *not* develop depression.
- ___ **Lack of exercise.** People in poor physical condition are more vulnerable to depression, and seem to recover from depression more slowly.
- ___ **Poor nutrition.** People with inadequate or imbalanced diets, or with certain dietary deficiencies (of certain of the B vitamins, for example) appear to be more vulnerable to depression.
- ___ **Physical Ailments.** Some ailments and hormonal conditions (such as hypothyroidism) can cause symptoms of depression. A good physical examination is important to rule these out. Other ailments may contribute to depression because they are stressful, painful, or change your life in unwelcome ways.
- ___ **Drug-related factors.** Alcohol, street drugs, and some medications can all contribute to depression. Ask your physician about the effects of any prescription medication you may be taking. Avoid alcohol and street drugs during depression.

What if I have a lot of these risk factors?

Don't despair. Almost everyone has at least *some* risk factors. Some people have a lot of risk factors and still don't get depressed.

Think of your life as a balance between positives and negatives. One way to avoid tipping the balance into depression is to reduce the negative factors. Some risk factors (such as having a family history of depression) may be out of your control. Others can be changed, however. If you don't have many rewards, you may be able to change your priorities to make your life more fulfilling. If you think negatively, you could use the strategies presented later in this manual to balance your thinking. If you are isolated, you might create a plan to get more people into your life.

Is my depression chemical?

Every depression is chemical. That is, during a depression the supply of certain chemicals (such as serotonin and norepinephrine) is affected. The question is: What's causing the chemical change?

For most people the answer is a complex interaction of lifestyle, social, and biological factors. While there may be some things you can't change (such as your genetic makeup), working with other areas of your life to make it more fulfilling can help immensely.

Another way to tip the balance is to increase your positive, life-enhancing factors. These include: regular exercise, stimulating activities (television doesn't count), appropriate diet, watching your caffeine intake, good sleep habits, understanding the value of fun, and setting and working toward realistic goals.



The more negative factors you have, the more positive ones you need.

What about medication?

Medication can be quite helpful for many people who have mood disorders. The medications used may differ depending on whether a person has regular depression or bipolar disorder. Many of those who take medication experience a lift in mood and a reduction in other symptoms (such as loss of appetite or difficulty concentrating). For people who experience extreme mood highs as well as lows, some medications act by evening out these mood swings. But:



Medication is seldom a *complete* treatment for mood problems.

Medication may help, but it will probably be important for you to make changes in your life as well. Don't use medication as a way of helping you to keep living an unhealthy or unfulfilling lifestyle. Instead, use the energy and mood lift you get from the medication to make some changes to improve your life (such as starting a regular exercise program, overcoming perfectionism, learning assertiveness skills, and/or defining and working toward your life goals). Examine your risk factors for things that you can *change*.

Some additional points about medication:

- Different medications work for different people. It can sometimes take time to find a medication (or combination of medications) that works well for you without too many side effects.
- *Never stop taking antidepressant medication suddenly.* This can cause a sharp reappearance or upswing of the depression. If you want to stop a medication, consult with your prescribing physician. Usually you will stop in stages by gradually taking less over time.
- Some people (including many who have bipolar disorder) benefit from taking medication over the long term. Others take a medication for a while in order to give them the strength to make positive changes in their lives. Eventually they will gradually reduce and then stop taking the medication.
- It can be tempting to stop taking a medication as soon as you get the results you want. The result is often a rapid return of the problem. It is generally best to stay on the medication until your mood has been steady for a while. Then, if the medication is reduced this is usually done gradually while the mood is carefully monitored.



Suggested Reading on Depression

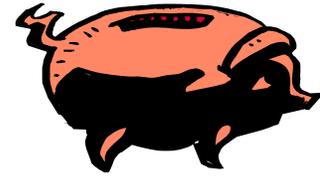
Copeland, Mary Ellen (2001). The Depression Workbook (2nd ed). Oakland: New Harbinger Publications. Depression from someone who's been through it. A strong emphasis on education about the nature of the disorder and creating a sustainable lifestyle.

Paterson, Randy. (2002). Your Depression Map. Oakland: New Harbinger Publications. An expansion of the principles presented in the manual you are holding, by one of the same authors.

Styron, William (1992). Darkness Visible. New York: Random House. The author of *Sophie's Choice* describes his long battle with depression in depth.

The Sustaining Lifestyle

Imagine that you have a bank account for your energy, interest, and motivation. If you prefer, you can think of it as a gas tank filled with fuel. We spend this energy (or use the fuel) in a variety of ways.



- **Responsibilities.** Partners, children, jobs, extended families, community work, bills, homes, pets, possessions – we all have at least some responsibilities. Some people have more, some have fewer. Each one requires a certain amount of time and energy.
- **Stress.** All of us have at least some stressful circumstances in our lives. Chronic illnesses use up a certain amount of energy. Financial hardship takes energy. Dealing with loss takes energy. Life changes (negative *or* positive) use energy as we adapt to new circumstances. In fact, a situation is really only stressful to the extent that it uses energy and strains our ability to cope.
- **Working for the future.** Working toward our goals takes energy as well. Creating change in our lives takes planning and work. It uses our fuel.

We are designed to work with challenging situations. We are made to use our energy. That's why we have it. But the thought of all this fuel or energy getting used points us to an important question.

What are you doing to replenish your energy?

To remain emotionally healthy you need to put as much fuel *into* the tank as you hope to get out of it. Otherwise your energy level will drop. People often feel anxious and overwhelmed when they realize that their lives are using up energy faster than it can be replaced. One way of looking at depression is to say that it's what happens when you run out of fuel.

So how do you fill up the tank? Cars have it easy – they just need gas. Humans need more.

This section discusses a number of aspects of your lifestyle that can help improve your energy level and ability to cope. The topics covered include diet, exercise, sleep, caffeine, drugs and alcohol, and (oddly enough) taking time out to have fun.



Diet

Food is the most obvious source of our energy. When we are depressed, anxious, or overwhelmed by responsibilities, however, our diet often suffers. Some people overeat. A more common problem is lack of appetite. If this occurs, it is important to remember that although you may not *feel* hungry, your body still needs fuel. Here are some tips on keeping up adequate nutrition during difficult times.

- **Eat regular meals.** It is usually easiest to eat (and to control what you eat) if you keep to a routine. Try to have three set mealtimes per day. Ensure that you have enough food at home for all three.
- **Eat by the clock, not by your stomach.** If you have lost your appetite, push yourself to eat at mealtimes anyway. If you have been overeating, try to eat only at mealtimes while sitting at the table.
- **Make it easy.** The effort of preparing a meal can be a barrier to getting enough nutrition. The important thing is to eat, not to cook. Buy foods that are easy to prepare (but keep an eye on their nutritional value). Once your energy returns you can go back to more elaborate dishes.
- **Make extra.** Cut your preparation time by making larger amounts than you need and refrigerating or freezing some dishes for reheating later.
- **Make it healthy.** Stock up on nutritious food and snacks using the Canada Food Guide (see the box).
- **Watch your sugar intake.** If depression has been a problem, avoid eating too much refined sugar or starches, as these may have an effect on your mood.
- **Avoid dieting.** If you wish to lose weight, avoid strict diets. These may change your metabolism so that you gain weight even faster when you end the diet. It is much better to adopt healthy (rather than restrictive) eating habits and burn more calories by increasing your physical activity. Also remember that our culture promotes images of unhealthy thinness. Before attempting to lose weight, determine whether you really are too heavy. See your physician for further advice.

Canada Food Guide Recommendations

Guidelines are per day for adults. The actual amount of food needed depends on your age, body size, and activity level. The guide recommends choosing low-fat alternatives where practical.

Grain products: 5-12 servings. Examples of a serving: one slice of bread, 30g of cold cereal, 3/4 cup of hot cereal, half a bagel, half a cup of pasta or rice.

Vegetables and fruit: 5-10 servings. One medium sized vegetable or piece of fruit, one cup of salad, half a cup of juice.

Milk products: 2-4 servings (more if pregnant or breast-feeding). One cup of milk, 3/4 cup yogurt, 50g cheese.

Meat and alternatives: 2-3 servings. 50-100g meat, poultry, or fish, 1-2 eggs, 2/3 cup beans, 1/3 cup tofu, 2 tbsp peanut butter.

Physical Activity

Regular physical activity is related to improved mental and physical well-being. Recent research indicates that:

- On average, physically fit individuals are less vulnerable to stress and depression than less active people.
- People with anxiety disorders and depression tend to be less physically fit than average.
- A regular exercise program may be as powerful a treatment for mild to moderate anxiety or depression as medication or psychotherapy.
- Aerobic (cardiovascular) and nonaerobic exercise seem to have approximately equal effects on depression and anxiety.

How does exercise affect mood?

1. **Exhilaration.** During and just after cardiovascular exercise many people experience a sense of exhilaration or euphoria. This seems to be related to the release of endorphins (a type of neurotransmitter) in the body. This is the “runner’s high” you may have heard about.
2. **Mood Improvement.** A more general improvement in mood tends to take place after at least a few weeks of regular exercise. *It does not seem to matter whether the exercise is aerobic or not.* What counts is the regular participation in physical activity.
3. **Energy.** Improvements in fitness are also associated with increased energy. This energy can help you to do more, which we know helps to improve mood.
4. **Stress Reduction.** The stress response prepares you for physical activity. Getting some exercise can be a good way of “burning off” stress when you are feeling particularly tense.

Warning! In addition to changes in mood, exercise can have a number of *side effects* – such as increased health and longevity, greater energy, and reduced susceptibility to injury!

Hmm. What to do...

The most important thing is to pick activities you like and that are convenient for you. Here are some options:

Aerobics
 Aquabics
 Calisthenics
 Canoeing
 Cycling
 Cross-country skiing
 Dancing
 Downhill skiing
 Gardening
 Golf
 Hiking
 Ice skating
 Jogging
 Kayaking
 Pilates
 Racquetball
 Rollerblading
 Rowing
 Running
 Squash
 Stretching exercises
 Swimming
 Tai chi
 Tennis
 Walking
 Weight training
 Yoga

Tips for developing an exercise program:

- **Get a physical.** Before starting, ask your physician about any limitations on your activity.
- **Pick the right activities.** The biggest challenge is keeping at it. Pick activities that you enjoy at least a little, and that are reasonably convenient.
- **Consider getting instruction.** A personal trainer may sound too Hollywood to some, but it can really help to get professional instruction either when you start out or on an ongoing basis. And lessons can make almost any sport more enjoyable.
- **Variety helps.** Pick more than one activity and alternate them. Include at least one thing you can do when the weather is poor. Experiment. If you haven't tried something before, give it a shot (but use caution to avoid beginner injuries). If you don't like it you can always switch to something else.
- **Stretch and warm up first.** Learn how to do stretching and warmup exercises properly, then make sure to do them before each exercise session. This can reduce the likelihood of exercise-related pain or injury.
- **Frequency is more important than duration.** Regular short periods of exercise (three to four times a week) are better than irregular long periods.
- **Focus on enjoyment.** People who exercise for the enjoyment and challenge seem to show stronger mood improvements than people who exercise because they hate the way they look. Try to put an emphasis on how you will feel.
- **Monitor if bipolar.** If you have bipolar disorder and your mood is swinging upward, strenuous exercise may make the problem worse. That's the time to switch to gentler exercise.
- **Don't wait to "feel like it."** You may *never* feel like exercising, even when your mood improves. If you're waiting for the impulse, you may never exercise. Go even if you don't feel like it; you'll usually be glad you did.
- **Nothing changes overnight.** Use goal-setting when developing a fitness program, and be sure to pick something achievable. For example, aim to swim once for five minutes rather than starting off by committing yourself to a daily 70 laps.

An adequate level of fitness can be achieved with as little as thirty minutes of exercise three times a week. Based on this, what do you think about your own fitness level?

Check one:

Probably adequate Could be better Could be a *lot* better

If you were to increase your level of exercise, what would interest you the most? Which would be the most achievable?

Sleep

Stress, anxiety, and depression often disrupt sleep. But this sleep disruption can lead to even more anxiety and depression, which may worsen the sleep problem, which may...well, you get the picture. In other words, sleep difficulties are a **cause and an effect** of mood problems. Regardless of which came first, it can be worth the effort to work on getting a good night's sleep.



The following is a list of tips for improving your sleep. Most are designed mainly to help with the three insomnia-related problems discussed in the box below.

- **Avoid over-the-counter sleeping medications.** Over the counter sleeping pills, medications that induce drowsiness, or a bit of alcohol: all of these may help some people fall asleep, but they usually disrupt the quality of that sleep. The point is whether you feel rested the next day, not whether you fall asleep. Instead, take sleeping medication only as directed by your physician. Some of the prescription medications available are somewhat less disruptive to the sleep stages than nonprescription medications. If you do take sleep medication, remember that the mark of its success is how you feel during the day, not whether it actually puts you to sleep. Report the results to your physician.
- **Set a standard bed-time and keep to it.** Your body operates on a 24-hour cycle that can be disrupted by going to bed at different times. This is what causes jet lag: not the air travel, but the change in bed-time. If you can't keep exactly the same bed-time each night, at least try to go to bed within an hour of the same time.
- **Set a standard rising time.** Get up at the same time each day even if you feel the urge to sleep in (and even if you went to bed later than usual). Getting out of bed may seem like a strange way of getting more sleep, but the type of sleep you get in the early morning is not really all that helpful anyway. Having a standard rising time will help you to set your internal clock.
- **Don't go to bed too early.** If you never get to sleep before 1 a.m., don't go to bed before 12. You will only spend the extra time in bed awake, frustrated that you are not sleeping. Want to get to sleep earlier? Start by setting your bed-time between 30 minutes and an hour before the time you have normally been getting to sleep. Then gradually begin going to bed earlier (by, say, a half-hour a week).

The Top 3 Mood-Related Sleep Problems

- **Sleep onset insomnia.** It usually takes you more than an hour to get to sleep.
- **Sleep maintenance insomnia.** Frequent waking during the night, plus difficulty getting back to sleep.
- **Early morning waking.** Waking up much earlier than you should (e.g., 4 a.m.) and being unable to get back to sleep.

Many people have all three. Other common sleep problems include hypersomnia (sleeping too much), sleep apnea (severe snoring), nocturnal myoclonus (muscle spasms while sleeping), and restless leg syndrome (leg discomfort and jerking).

- **Save your bedroom for sleep.** And, yes, sex. Avoid associating this area with other activities that are inconsistent with sleep – like working, eating, arguing, exercising, using the telephone, watching television, and so on.
- **Create a good sleep environment.** The best bedroom temperature for most people is 18° to 21° (65°F to 70°F). Avoid temperatures above 24° (75°F). If noise is a problem, some options include earplugs, soundproofing the room (cloth hangings can help a bit), and devices that emit white noise (e.g., fans or special noise machines). Eliminate hourly watch beepers or clocks that gong if they attract your attention. If a restless bed partner is a problem, consider a larger bed, special mattress, or even twin beds (at least until your sleep stabilizes).
- **Make your bedroom dark.** The light from nearby streetlamps is enough to disrupt the quality of sleep for many people. Try to have the room as dark as possible. Completely opaque curtains can help a great deal.
- **Avoid napping during the day.** Unless, that is, you are a great 20-minute napper. Longer daytime naps can disrupt your ability to get to sleep at night.
- **Prepare for sleep.** Avoid strenuous activity, exercise, heavy meals, and bright light for at least one hour before going to bed.
- **Practice breathing or distraction strategies when attempting to get to sleep.** It can be tempting to use the time spent lying in bed to think about problems or your plans for the next day. This will keep you awake, not put you to sleep. Practice any mental exercise that takes your mind away from these topics.

How would you rate your sleep lately? Circle one:

1 2 3 4 5
Great Some problems Terrible

The worse your sleep, the more likely it is that your mood is being affected. Do you have any of the common sleep problems described in the box on the last page? Which ones?

If you have been having problems sleeping, look back over the tips on getting better sleep. Try to come up with a few suggestions (or ideas of your own) that you could put into action.

1. _____
2. _____
3. _____

Caffeine



Caffeine stimulates the stress response. If you have been having difficulty with stress, anger, or anxiety recently, the last thing you need is a chemical that makes the stress response system more active. Caffeine can also aggravate tension headache, irritable bowel syndrome, chronic pain, and other physical problems.

Caffeine is an addictive drug. Heavy users can become psychologically dependent on it, develop tolerance (meaning that more caffeine is needed to get the same effects), and undergo withdrawal if they don't get it. Withdrawal symptoms include headache, drowsiness, irritability, and difficulty concentrating. Many people discover that they are dependent on caffeine when they go without coffee and develop splitting headaches.

How much caffeine does it take to become dependent? Some people are much more or less sensitive to caffeine, but 450 milligrams per day seems to be about average. The table below can help you to calculate your average daily consumption. Notice the serving sizes. Your coffee cup may hold more than this!

Substance	Approx mg		# per day	Total
Coffee				
Drip (8 oz./240ml)	210	×	_____	= _____
Percolated (8 oz.)	150	×	_____	= _____
Instant freeze-dried (8 oz.)	110	×	_____	= _____
Decaffeinated (8 oz.)	5	×	_____	= _____
Espresso (1.5 oz. shot)	90	×	_____	= _____
Tea				
5-minute steep (8 oz.)	95	×	_____	= _____
3-minute steep (8 oz.)	55	×	_____	= _____
Other				
Hot cocoa (8 oz.)	15	×	_____	= _____
Reg or diet cola (12 oz./356 ml)	45	×	_____	= _____
Most other soft drinks (12 oz.)	0	×	_____	= _____
Small chocolate bar	25	×	_____	= _____
			Total	= _____

If a) stress, anger, or anxiety are significant problems for you, and b) your total is over 450 mg *or* you suspect that caffeine is affecting you negatively, then it's worthwhile to try reducing caffeine for a month to see if this helps you. **If you decide to reduce your caffeine consumption, do so slowly** to avoid the withdrawal symptoms. If you drink 10 cups of coffee a day, reduce to seven cups, then four, then two, then one, then half a cup, then none. Stay at each level for four to six days to allow your body to adjust.

Remember: You are giving up caffeine, not hot beverages! Drink as much herbal tea as you like, and feel free to have decaffeinated coffee, tea, and cola.

Drugs and Alcohol

One of the reasons that people take street drugs and drink alcohol is that these substances sometimes make them feel better – temporarily. In the long run they can make problems worse for a number of reasons, including the following:

- Problems are avoided rather than being dealt with.
- Performance at work, at home, and in social situations is impaired.
- Psychological and/or physical dependence can develop.
- Physical health can be impaired.



During periods of depression, anxiety, or stress, alcohol and drug use may seem particularly tempting. But at these times using such substances can be a particularly bad idea. Your tolerance for their effects and your ability to control your use may both be lower than usual. The situation usually requires concrete, constructive action rather than a retreat into substance use. As well, drugs and alcohol interact with many prescription medications, including most of the medications prescribed for anxiety and depression. In general, then, it is best to follow these guidelines for a sustaining and sustainable lifestyle:

- Avoid recreational drug use.
- Avoid using alcohol at all during periods of depression or severe stress.
- Avoid using alcohol if you have a personal or family history of alcohol abuse.
- Even if you are feeling fine and have no history of abuse, adopt a personal policy to drink only in moderation.

The prospect of eliminating alcohol and drug use from your life can be a daunting one. Remember that while using none is best (particularly in the case of recreational drugs), reducing your intake is better than becoming overwhelmed and giving up. Use the principles of goal-setting to help you examine the problem and overcome it a bit at a time.

How much alcohol have you had over the past week or two? What about other substances?

If you would like to cut back, what is your goal?

What steps could you take that would help you to reach this goal?

If your use of drugs or alcohol is altogether out of your control, you are in good company: Many people have had this problem. A number of organizations exist that can help you to regain control. Ask your therapist or trainer for more information.

Having Fun

“I used to think that if I was struggling, straining, and sweating I must be doing the right thing, and that anything easy, fun, or pleasurable was ‘shallow’ and not worthwhile. When I look back on it I think this idea was guaranteed to make my life miserable. Now I make sure I include fun as part of my life.”

Having fun? Stress, anxiety, and depression are serious problems that require serious solutions. Aren't they? Don't they?

Few of the points in this program are made more seriously than this one. When people become anxious or depressed they tend to give up the things that they used to enjoy. They often have less energy than usual and feel that they have to use all of the energy they have left on productive activities. Fun is seen as a time-consuming frill that they can't afford. This is a serious problem. Why? Because:

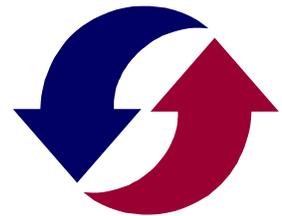
 **Having fun gives you more energy than it takes.**

If you have been having mood problems, your energy reserves are probably low. Removing the things that you normally enjoy can feel like a way of conserving your energy for more important tasks. In reality, giving up enjoyable activity actually *reduces* your energy in the long run.

Ask a non-depressed person to do as little as many depressed individuals do – to have as few social contacts, to get out as little, and to give up many of the activities she enjoys. What will happen? She will likely begin showing signs of depression.

Conclusion: **Fun is not an option. It is important!** Although you may have many priorities in your life, it is *essential* that you make room for at least some of the activities that you used to enjoy.

If you have been depressed or discouraged recently, you may have noticed that as your mood worsened you felt less like doing things. In other words, your low mood seemed to cause a loss of interest. But once you are down, the lack of involvement feeds into the mood problem. Many of the symptoms of anxiety or depression work this way. The mood problem brings on the symptoms (such as withdrawal, lack of sleep, lack of interest, poor eating habits, and so on), but then the symptoms make the mood problem worse.



In overcoming this lack of involvement it is important to remember that you may not actually *feel* like doing the things you used to enjoy. Don't wait for your eagerness or interest to return before you get moving. They may not come back on their own. First you need to begin doing some of the things that you used to like. The enjoyment and enthusiasm often come later.



Checkpoint: Building Enjoyment into Your Life

What place does enjoyable activity have in your life right now? Have you given it up?

Some people never learned to value fun. Have *you* ever been much good at having fun? If so, when was that? If not, what do you think stopped you?

Name five activities you used to enjoy but haven't done lately:

1. _____
2. _____
3. _____
4. _____
5. _____

There may be some items on this list that you enjoyed, but that might not be great for you right now (for example, going to a pub). Of the ones that would do you no harm, which one would be the easiest to work back toward? Or is there something else that you would like to try?

How could you pare this down to something manageable? For example, perhaps you used to like working on a hobby for eight hours at a stretch. You might be able to do it for ten minutes the first day.

The first time you get back to an old activity you may not enjoy it very much. In fact, you may find it quite unpleasant. Remind yourself that the first few times are the most difficult, and that you are just getting used to the activity again. Give yourself permission *not* to have a good time. Usually the old enjoyment creeps back in – especially if you haven't been looking too hard for it.