



DAVID M. CARREON, MD

THE
OPPOSITE
— OF —
DEPRESSION

What My Work with Suicidal Patients
Has Taught Me about Life, Hope,
and How to Flourish

It has been fashionable for many years for science—medicine in particular and psychiatry explicitly—to reduce the human experience to biology, chemistry, and physics. For many, this has left the landscape of the healing arts ultimately barren and desolate. But thanks be to God, into this very landscape comes *The Opposite of Depression*, and with it our trusted guide Dr. David Carreon. Here we find the accessible, practical—and, above all, *hopeful*—words of one who knows his craft, who loves God, and whose mission is to bring help and healing to those of us who are willing to listen. Read this beautiful rendition of how to meaningfully respond to depression and discover the beauty of life in ways you might never have imagined.

CURT THOMPSON, MD

*Author of *The Soul of Desire* and *Anatomy of the Soul**

The Opposite of Depression is far more than a book about mental health (though it's that too); it brilliantly inverts the contours of depression to reveal the way to a flourishing life. Bursting with insights on contemporary challenges from trauma to weariness to loneliness, it provides both a concrete way forward and the hope to inspire perseverance. If you're depressed, read this book. If you're not depressed, read this book.

JOHN ORTBERG

*Founder of Become New and author of *Eternity Is Now in Session**

David Carreon is an outstanding young psychiatrist who truly understands the importance of addressing not only the mind, but also the body and the soul when it comes to living a life of meaning and fulfillment. Anyone who struggles with depression or is just weary of life-as-usual will find this book extremely helpful in pointing them in the direction of flourishing.

JEFFREY M. SCHWARTZ, MD

*Coauthor of *You Are Not Your Brain*, *The Mind and the Brain*, and *The Wise Advocate**

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The Opposite of Depression: What My Work with Suicidal Patients Has Taught Me about Life, Hope, and How to Flourish

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Descriptions of patients in this book are composites of many individuals, nearly all of whom I have treated directly. Details have been changed to preserve anonymity, and none of the people depicted here literally exists. These case histories are intended to be representative and may therefore seem familiar to some patients I have treated. But any resemblance to a real patient is coincidental.

This book is not intended to be a substitute for the medical advice of a licensed physician. You should consult with your own doctor on any matters related to your health.

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To my wife, Abigail

Contents

Introduction 1

1. Depression's Surprising Gift 5

PART 1: MIND

2. Mood: Feelings and Emotions 21

3. Pleasure: The Pathway of Enjoyment 39

4. Trauma: Broken, Mended, Stronger 53

5. Conscience: The Burden of Guilt 73

6. Attention: Choosing Where to Focus 87

PART 2: BODY

7. Food: What's on Your Plate? 103

8. Sleep: Mind and Body at Rest 117

9. Exercise: Get Moving 135

PART 3: SOUL

10. Meaning: A *Why* to Live For 149

11. Truth: It Will Set You Free 163

12. Relationships: The Power of Together 179

13. Hope: The Thing with Feathers 191

14. Beauty: The Elevator of Consciousness 205

15. Blessedness: Beyond Flourishing 213

Notes 219

About the Author 235

Introduction

There's a well-known story about a farmer who went out to sow seeds in his field. As he broadcast the seed, some fell on the pathway and was quickly devoured by the birds. Other seed fell on rocky soil, where it sprouted quickly but just as quickly wilted under the hot sun. Still other seed fell among thorns, which grew up alongside the tender plants and eventually choked them out. But some seed fell on good, fertile soil, where the plants were able to put down deep roots and *flourish*, producing an abundant crop up to a hundred times what had been planted.¹

This book is about how to flourish in life. It's about expanding and growing your overall sense of well-being—especially if you are struggling with a nagging sense of dissatisfaction or weariness, or if you're depressed. And who hasn't felt that way at some point? Life throws us challenges that test us physically, emotionally, mentally, and spiritually. If it hasn't happened to you yet, there's a chance it will someday, and a very good chance it will happen to someone you care about. But whatever your situation, and whatever your life circumstances, my hope is that this book will show you how to experience the fullness of life, health, and purpose.

My profession has given me a helpful vantage point for observing people who flourish and people who don't. As a psychiatrist specializing in treating major depression, I have witnessed the suffering of my patients firsthand and listened to their distress. Patients come to my clinic precisely because they are *not* flourishing. Their depression has robbed them of much

of what makes life feel satisfying, purposeful, and worthwhile. But in the course of my practice, I have also seen that it's possible for someone to move from a crippling state of misery, weariness, and disappointment to a life of thriving.

Being depressed feels bad—very bad. But in my years of battling on behalf of and alongside patients with depression, I've learned that this misery-maker can serve a hidden and useful purpose: It gives us important clues about how to flourish instead.

As I'll explain in the chapters to come, the opposite of depression is not necessarily happiness or the complete absence of suffering. Even under the best of circumstances, life can be difficult, and we can't control everything that happens to us. But we can make *choices* and develop good *habits* that will give us greater contentment in our lives. We can discover a sense of meaning and purpose. We can feel all the emotions we're meant to feel. We can live out our deepest values more consistently. We can have the energy to pursue activities that give us joy. We can bring our best selves to our family, friends, and coworkers.

A key assumption of this book is that there are habits of well-being, just as there are habits of depression. Often, the habits of depression are exactly the opposite of the habits of flourishing. We will look at both sets of habits, and I will offer some practical steps you can take to start moving your life in a healthier and more satisfying direction.

The way you approach these action steps may differ from others, depending on your starting point—whether you're simply feeling weary or are downright depressed. (In the next chapter, we will explore the difference between dissatisfaction and depression.) If you're suffering from major depression, you don't have the energy right now to implement all the habits of flourishing we will discuss. That's okay. As we'll see, changing even one small pattern or practice can generate some positive momentum—something you can build on. I'll show you how to choose a practice and start changing your life—even if, at first, it's only a microstep at a time. Any positive step is progress, and progress leads to more progress. In other words, there's *hope*.

Another key assumption is that, as humans, we have inherent value and purpose. I'm writing as a Stanford-trained psychiatrist who is also a

Christian, and thus I have a high view of human flourishing. As you read, it will become clear that my faith is an important part of my worldview. It should also be clear that I don't assume my readers (or my patients) share my faith or my worldview. Most of what I've written is based on my clinical experience and the latest scientific knowledge, but I will also refer occasionally to spiritual wisdom, including stories and images from the Bible. These stories are part of our collective consciousness. They have endured, not least because of how deeply they have resonated with people. During the many centuries when scribes were rare and parchment was an audacious expense, countless good-but-not-great stories were likely lost. The stories in the book we now call the Bible were among the ones that made it through. You don't have to share my faith to find value in them.

My worldview also shapes the structure of this book, which is divided into three sections. The first section is about the *mind*, exploring the role of thoughts and feelings in depression and how we can train and use these capacities to build a better, more flourishing life. The second section shows how the *body* affects depression and depression affects the body, and how to transform the physical habits of depression into patterns that help us become healthier and more productive. The final section looks at the capacities of the *soul*, showing how we experience transcendent aspects of reality and how to lead a life of purpose and meaning.

Whether or not you share my worldview, I think you'll find that applying the habits of flourishing will help you move past much of what's keeping you stuck in your depression, dissatisfaction, or weariness. In the chapters to come, you'll learn how to recognize unhealthy patterns that can drag you down, and how to flip the script on those patterns so you can move toward greater well-being.

If even the thought of embarking on this journey feels a bit daunting or exhausting right now, I understand. And I want to encourage you. I believe every person is created in the image of God—and as such, is innately valuable. *You* are valuable. You are worthy of care. What's more, you are designed to flourish in mind, body, and soul. If you're ready to see new life blooming in your heart and mind, let's get started.

DEPRESSION'S SURPRISING GIFT

*Out of the night that covers me,
Black as the pit from pole to pole,
I thank whatever gods may be
For my unconquerable soul.*

WILLIAM HENLEY, "Invictus"

In a sense, a life of flourishing can be described very simply: It is the *opposite* of depression. Though you may be familiar with what depression feels like and how debilitating it can be, you may be surprised at how exceptionally common it is in our society.

In 2020, the National Institute of Mental Health estimated that 8.4 percent of adults in the United States had experienced a major depressive disorder in the previous year.¹ Add to that all the people with bipolar depression, subclinical depression, and dysthymia—a less severe but more persistent and longer-lasting form of depression—and we're talking about a substantial segment of the population, including many of our friends, family members, and coworkers. I'm sure you know many people living with depression. Maybe you're one of them.

As a psychiatrist, I have focused my career on combating major depressive disorder—and let me tell you, I *hate* depression. It is a pernicious and tenacious enemy. Not only is depression both common and debilitating, but it is also *pervasive*. Unlike most other medical conditions, which may

affect one or more parts or systems in the body but leave the mind intact, depression impinges on *every* aspect of a person: body, mind, and soul (that aspect of ourselves that relates to the supernatural or transcendent).

Severe depression may cause altered moods, disordered sleep, changes in weight, an inability to concentrate, sexual dysfunction, and many other incapacitating symptoms. In fact, depression's reach goes even deeper than our physical and mental selves. Whereas cancer may metastasize within the body but leave our cognition and personality intact, depression metastasizes throughout our entire being—affecting our deepest sense of identity, our sense of purpose, our faith in God, and our hopes for this life and the next.

People with depression don't just feel like a more limited version of themselves; they don't feel like themselves *at all*. Understandably, this can make them question the value of their existence. Depression is one of the worst states of disease a person can experience, and it has been found to be the second leading cause of disability worldwide.² The authors of a 2015 research study that sought to quantify all medical suffering on a scale from 0.0 to 1.0 found that enduring a day with severe depression (0.66) was even worse than a day when a person has a nonfatal heart attack (0.43) or a day living with unrelieved terminal cancer (0.57). In short, depression was found to be more debilitating than nearly every illness covered in the survey.³

Though the researchers defined *death* as the extreme end of the spectrum (1.0), some of my patients have told me they would prefer death. These people are not being overly dramatic; sadly, it's simply a common feeling.

Depression has afflicted the human race for a very long time. One gut-wrenching illustration of the despair that often accompanies depression is found in the story of Job, one of the most ancient stories recorded in the Bible. It's a story passed down by people with souls like ours; people whose storytelling may have gone a long way toward making us who we are.

As the story unfolds, Job loses all his wealth, his ten children are killed, and he is saddled with a chronic illness and emotionally abandoned by his wife. Finally, as if all that weren't enough, Job is falsely accused by his closest friends of causing his own suffering.⁴ In the midst of his agony, he cries out,

When I lie down I think, “How long before I get up?”

The night drags on, and I toss and turn until dawn. . . .

My days are swifter than a weaver's shuttle,

and they come to an end without hope. . . .

I prefer strangling and death,

rather than this body of mine.

JOB 7:4, 6, 15, NIV

Like many of my patients, Job had manifold symptoms, and everything together produced a desire for death. But that's not the end of the story. Fortunately, there's hope. Understanding the miserable details of depression can be useful, not only to create empathy in others for those who suffer, but also to help us see what the *good life*—the opposite of depression—looks like. For that, it's helpful to look at what happens when depressed people get well.

In the course of my clinical work, I see both the suffering caused by depression and the relief that comes when people are healed of their depression. It is truly awe-inspiring to witness, not unlike a resurrection. And it has important lessons to teach every one of us.

ARISE, O SLEEPER

I run a clinic in Silicon Valley called Acacia Mental Health. We provide holistic care—including psychotherapy and traditional medication management—for the most hopelessly depressed. But when other therapies don't work, we also have a secret weapon: a treatment called *transcranial magnetic stimulation* (TMS).

TMS has been around since 1985 and has been FDA cleared since 2008 as a safe, effective, noninvasive treatment for major depression.⁵ TMS activates or deactivate parts of the brain, restoring the brain to normal patterns. Typically, TMS is administered through a monthslong course of treatment, but Acacia is one of only a few clinics in the world to apply TMS in an accelerated manner, compressing the entire treatment into five consecutive days. As of this writing, we're also one of only a very few clinics using a patient's individual brain activity, measured by functional magnetic

resonance imaging (fMRI), to target treatment. This allows us to stimulate the exact part of the brain most likely to alleviate depression. We also integrate other aspects of treatment (such as therapy and chaplaincy) to care for the person's soul, through a process we call HOPE—Holistic, Optimized, Personalized, Expedited—TMS. In short, we can radically change people's brain activity in a matter of a few days, restoring them to mental health.

I love my job because I regularly get to see people who have lost all hope walk into our clinic on Monday and walk out on Friday with their depression gone. I often receive comments such as these: "I feel quiet inside . . . like I used to be" and "I feel like I have my life back." Sometimes friends and family who don't know that the patient has gotten the treatment will notice positive changes in the color of their face, their posture, or how they walk.

Following up with psychotherapy and adjustments to medication, we have helped many people escape from truly terrible depressions. But what's most relevant for our purposes here is that the *speed* of this new treatment has provided amazing insights into the nature of depression.

When I practiced traditional psychiatry, change was typically slow—often almost imperceptible. After meeting with depressed patients for session after session with little tangible improvement, it was easy to start believing that the morose people sitting in my office had always been that way; depression felt much more like a permanent personality than an acquired condition. When recovery occurred, it was usually gradual and thus the changes were often difficult to notice from one session to the next. But with accelerated TMS, the improvements that occur during the compressed, five-day treatment course are readily apparent and often quite remarkable.

It's almost as if our patients *wake up* from their depression. When they first come in, they haven't been feeling like themselves for a very long time—in some cases, for more than a decade—and that's because they *weren't* like themselves. I understand this now because, after successful HOPE TMS treatment, I can see who they really are. One of the great joys of my job is being able to meet the real person underneath all the despair and hopelessness.

I remember one patient who came to me on a Monday for a five-day

treatment. What she didn't tell me until a year later was that she'd had supplies in her car to kill herself on Saturday if the treatment hadn't worked by Friday. But it *did* work. By the end of the week, she was free of any thoughts of suicide, and they had not returned by a year later.

As I began observing these rapid and remarkable changes, it gradually dawned on me that a bright and shining gift lay hidden within the terrifying package of depression: *Because depression is practically the definition of a life that disappoints, discourages, and debilitates, its opposite must be a unique and powerful representation of the good life.*

Depression can hold us down in so many domains of life, but without depression we are free to pursue wellness in all those same domains. Sometimes it's hard to see our desired life up ahead on the horizon. Sometimes the only way to find the right direction is by walking away from the coldness and chaos of despair, by doing something—*anything*—that moves us in a positive direction.

I soon found, however, that taking away the biological *symptoms* of depression doesn't necessarily take away the *habits* of depression: lack of exercise, poor diet, isolation, poor sleep patterns, ignoring beauty, avoiding church and community activities, unhealthy thought patterns, neglecting to serve others, and so on. These people were undepressed, but they weren't *thriving*; their lives were not flourishing. Depression isn't just a painful emotion, and the opposite of depression is not just the absence of depressive symptoms or just feeling good emotionally. Depression is an actual illness that affects every aspect of our lives. But the reverse is also true: Every aspect of our lives can have an effect on our depression. What we've learned by temporarily reversing depression using tools such as rapid TMS is that people will not achieve true flourishing unless they start adopting habits of well-being. The good news is that there are several different entry points into flourishing and we can pick a place to start.

Once the depression lifts, people need to learn some new habits—healthy habits—that support a life of meaning and purpose. This can be done even when suffering is still part of their lives. Though it's neither possible nor desirable to avoid all emotional pain, it's almost always possible for someone to adopt at least some patterns of a flourishing life, and to experience more contentment than they would have otherwise.

Here's an analogy you might find helpful: Learning new life habits after recovering from depression is similar to doing physical therapy after surgery. The surgeon can replace a bad knee, but physical therapy is still needed to restore optimal function. Moreover, learning how to move appropriately will help to prolong the benefits of the surgery and possibly prevent further damage.

Likewise, if you're in the grip of depression, there are therapies available to help you feel like your true self again. That's where you want to start. But once the disease of depression has been successfully treated and you're ready to pursue a more flourishing life, you will still need to recognize and unlearn the *habits* of depression and replace them with the habits of flourishing. What you will find in the remainder of this book are practical and proven ways to do just that—to start moving toward the *opposite* of depression.

WHAT DOES IT MEAN TO FLOURISH?

Though I will share many insights in these pages about the disorder of depression (where I think they can be helpful), depression is ultimately not what this book is about.⁶ While I believe the practices in this book, along with professional treatment, can help a depressed person heal, my primary focus is on how to live life to the full—that is, to *flourish*.

Flourishing means living a life that develops as it should—just as an acorn will flourish by growing into a healthy oak tree if not hindered by drought, disease, or weeds. People who flourish grow into a more developed version of themselves, without the hindrance of mental illness, bad habits, or unedifying relationships. Flourishing people have good habits of body, not slowed down by unnecessary sugar crashes or sleep deprivation. Flourishing people have activities that are meaningful, relationships that are full of love, and a relationship with God or the transcendent that pulls them forward into the future.

Flourishing doesn't just mean *happiness*—which many people assume is the opposite of depression. Recovery from depression doesn't merely mean feeling happy again. It's about feeling a *full range* of emotions. Depression often paints a monochromatic gray over its victims' emotions, regardless of

their actual circumstances, but recovery helps people experience a variety of *appropriate* emotions. Sometimes that emotion is happiness, but if one's circumstances are objectively bad, then the appropriate feeling might be sadness, anger, grief, or some other seemingly negative emotion. Flourishing means being able to respond appropriately to our circumstances and take meaningful steps to improve the quality of our lives—in every aspect.

Mood is only one part of the picture. Depression involves so many other dimensions of a person's life. What if we could actively seek depression's opposite in all those areas, or at least the ones that are most important to us? What if we could see new life sprouting up everywhere?

I strongly believe that, by understanding how depression affects every major domain of a person's life, we can learn how to flourish in those same areas. By pursuing the opposite of depression, we have the beginning of a pathway toward physical health, mental calmness, interpersonal connection, and ultimate meaning.

Flourishing will not look the same for everyone. Tolstoy said, "All happy families are like one another; each unhappy family is unhappy in its own way,"⁷ but it seems to me the opposite is true of people with depression. Though depression can be somewhat monotonous in the type of misery it produces, every flourishing person flourishes in a unique way. The fascinating variety of human traits, characteristics, and interests that emerge is a beautiful thing. God seems to love diversity, be it of heavenly bodies, each separate in its brilliance; of animals, each different in its appearance and habits; or of humans, in the multitude of diverse ways we express our true selves when unhindered by depression, oppression, or distraction.

What kind of flourishing have you been dreaming about? What deficiencies in your life will cause you regret if you don't deal with them? These are the areas where you can concentrate on learning to flourish.

ARE YOU DEPRESSED OR ARE YOU JUST WEARY?

This book is for anyone who wants greater well-being, but especially for two broad groups of readers: those who are *depressed* and those who are *weary*. As I provide descriptions of these two groups, I invite you to think about which one fits you best. Your identity as either depressed or weary can affect which

information in this book will be most helpful to you, which goals you will settle on, and how quickly you can expect change to occur.

In this section, I will describe the symptoms of depression. But before I do, a quick word of caution: *A book cannot diagnose depression.* There is no substitute for professional evaluation; wisdom and experience are required to appropriately apply general criteria or descriptions to real people. Though this book can be a helpful complement to professional treatment, you will get the most out of it once your depression has improved. To deal with your depression, see a doctor or therapist, and then move on to the opposite of depression with the help of this book.

According to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), in my role as a physician I may diagnose a person with major depressive disorder if he or she has had at least five of the following nine symptoms for at least two weeks and these symptoms are causing social or occupational impairment:

1. Depressed mood most of the day, nearly every day, as indicated by subjective report (e.g., feeling sad, empty, hopeless) or observation made by others (e.g., appears tearful).
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).
3. Significant weight loss when not dieting, or weight gain (e.g., a change of more than 5 percent of body weight in a month), or decrease or increase in appetite nearly every day. (In children, this can manifest as failure to make expected weight gains.)
4. Insomnia or hypersomnia nearly every day.
5. Psychomotor agitation (e.g., fidgeting, pacing, tapping, rapid talking) or impairment (e.g., trouble with walking, daily activities, or communication) nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
6. Fatigue or loss of energy nearly every day.
7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).

8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for dying by suicide.⁸

Those are the formal criteria, and they often play out in the following ways:

- You lose your appetite and neglect good nutrition.
- Your movements are curtailed and sluggish.
- You can't sleep, and when you do it doesn't feel restorative.
- You feel despondent and despairing every hour of every day.
- Nothing in your life feels good; pleasure is a distant memory that feels as if it happened to someone else, or else it's a shadow of what it once was.
- Your attention and focus are all over the board, driven by the hurricane winds of emotion and circumstance.
- You have limited ability to take action; your depression might as well be physical chains holding you down on your bed, or a physical weight you carry everywhere.
- You are racked with guilt, beating yourself up for sins, both real and imagined.
- Your past haunts you, destroying current relationships and experiences that would otherwise be shelters in the storm.
- Whatever action you take feels meaningless; you can't imagine anything you could do that would matter.
- Your mind sends you deceptive messages throughout the day—like propaganda from a hostile radio station. You believe what you're hearing, feeling powerless to rebut the arguments.
- Many of your relationships have faded away because of neglect or conflict; those that remain feel flat.
- The world appears gray, with no beauty or transcendence.
- You are convinced that nothing will ever change. You feel that any choices you make will be pointless or futile.

Depression can feel like fighting for your life in a chaotic sea—like you must swim with all your might merely to keep your head above water and survive.

WEARINESS

But what if you're not actually depressed? What if your burdens aren't as heavy as those associated with clinical depression, yet the inordinate weight of daily existence is pulling you down and wearing you out? Maybe you've fallen prey to the ennui so pervasive in our culture—that dull sense of dissatisfaction that afflicts so many in Western society today. There's nothing exactly *wrong*, but in a way, that's the problem. You're disappointed with the direction of your life but feel powerless to change it. I refer to those in this state as people who are *wear*y. Weariness is not a mental illness, per se. It doesn't have criteria listed in the DSM. But it's something I often see in a professional capacity as people emerge from episodes of major depressive disorder, or hear about ever more commonly, even apart from those who've had a formal diagnosis.

Do you feel relief when someone cancels their plans with you? Do you feel as if you barely make it through the day, often feeling tired? Are you often sad? Do you feel distracted and unable to focus and do deep work? Do you have a hard time believing that what you're doing really matters? Do you feel bored when you're not working? Do you feel a bit detached or lukewarm toward friends or family? Do you beat yourself up about minor mistakes you've made? Do you rarely feel a sense of transcendence?

If you answered yes to several of the above, you might be weary. That's the catchall word I've chosen to use here, but there are many other labels that describe similar states: *burned out*, *melancholy*, *glum*, *morose*, *dissatisfied*. If this describes you, you're not depressed. In fact, you're probably pretty typical. You probably don't need to see a doctor. Prozac wouldn't help you. However, you're not fully free. You are carrying invisible weights that make everything harder. You can still move and change, but it takes extra effort and vision that may be hard to conjure up. Life is hard for everyone, but if you're in that in-between space—somewhere between depression and flourishing—the difficulties of life seem to weigh heavier. But again, there's hope.

FIRST STEPS FOR THOSE WHO ARE DEPRESSED

So where do we begin in our efforts to turn a life of depression into a life of flourishing?

First, remember that you are worthy of care. You have a truly devastating condition that affects your body, mind, and soul. You ought to be provided with mental health care that addresses your entire being. This may include treatments such as psychotherapy, medication, or brain stimulation.

Second, it's important for you to know that treatment *works*. Psychotherapy works. Medications work. Brain stimulation works. Like any medical treatment, there are exceptions to the rule, but most people who get treatment find relief. If you have tried all of this and it hasn't helped—which is when most of my patients come to me—you are the exception. But you should know that psychiatry is rapidly advancing, and we may well have new treatments soon.

Third, in combination with treatment, there are steps you can take to move against your burdens. While there's no guarantee you'll ever be fully free of all symptoms of depression in this life, there is value in fighting the disease regardless. You are meant to thrive, and it is worth the effort to pursue a return to full health.

So, how do you fight? Where do you start?

We will explore a range of action steps you can take in different areas of your life. If you are dealing with depression, you may need to begin with the simpler ones. There's nothing wrong with that. Quite the opposite! As you start to improve, you may be able to choose more ambitious goals. In any case, it's likely your suffering is only temporary. Medical and other treatments may provide relief from your depression, perhaps sooner than you imagine.

Some people describe themselves as “depressive,” as if depression itself is an inseparable part of their being. But I want you to know that your depression can be fully separated from who you are, restoring you to a healed and complete person. Your suffering is not essentially who you are; it is a condition that can often be successfully treated. Not unlike a resurrection, you can be “brought back to life,” free of the disease you once had.

The best way to start moving toward a reality characterized by freedom

from depression is by *fighting* the disease. Look for positive things you can do that you're not doing now, or for negative things you're doing that you should stop. Take one step at a time and believe that it's worth it, even if it feels futile. Step by step, you may be able to find your way out of the dark forest of depression and keep going—not just back to “normal” but on to flourishing.

FIRST STEPS FOR THOSE WHO ARE WEARY

If you're not clinically depressed but you're weary, let the soul-draining dissatisfaction you feel drive you to change. Let it be the annoyance that prompts you to take off your shoe and shake out the pebble. There's a lot you can do to turn your life in a more positive direction. Though you may not be brimming with motivation right now, you have enough energy to start reworking habits and attitudes that are not serving you well. Where to begin? Anywhere you like! All positive movement is movement toward a more flourishing outlook on life. The peak toward which you are navigating is the same as for those who are depressed, but you're closer to it and have more resources at your disposal to complete the journey.

Whether you *feel* it or not, you are in an incredibly good position. Though it's not always the case for someone who is clinically depressed that making lifestyle changes alone will lead to a lifting of the depression, most people who are weary, burned out, or dissatisfied will find that even small changes in the right direction can kick-start a virtuous cycle. Every positive change leads to a greater ability to make more positive changes. The more success you have, the more you will be able to change. It's easier to get from weariness to flourishing, because you're both closer to your goal and have more capacity to make changes.

A LIFE IN BLOOM

In the course of providing rapid TMS treatments to depressed people, I have come to believe that depression uniquely incapacitates the core faculties of the human experience. But with successful treatment, many patients can learn to exhibit a delightful variety of ways to flourish. What depression

teaches us about ourselves provides valuable information for making progress toward our desires, whether we are depressed or merely languishing in our dissatisfaction with the status quo. This truth informs the remainder of this book.

STEPS TOWARD FLOURISHING

If you are suffering from depression or if you are weary, burned out, or dissatisfied with your life, the first thing you need to know is that there is *hope* for a better day. You may need to receive treatment or therapy (if you are depressed) and/or learn and apply the habits of flourishing, but life *can* be better than what you're experiencing now. You can start by internalizing three fundamental truths: (1) You are worthy of care, (2) treatment *works*, and (3) there are steps you can take to be free from your burdens.

