

The **10** | Understanding How Your  
Brain Makes You Depressed &  
What You Can Do to Change It

**Best-Ever  
Depression  
Management  
Techniques**

**Margaret Wehrenberg**

## **The 10 Best-Ever Depression Management Techniques**

# **THE 10 BEST-EVER DEPRESSION MANAGEMENT TECHNIQUES**

**Understanding How Your Brain Makes You Depressed & What You Can Do to  
Change It**

**MARGARET WEHRENBURG**



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*To Ellie and Hal.  
With you in my life it is easy to be happy.*

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## **The 10 Best-Ever Depression Management Techniques**

## **Introduction: What You Can Do About Your Depressed Brain**

Although depression is a common mental-health complaint and a leading cause of disability over the course of a lifetime, it is hard to understand what causes it and how to treat it. That is not surprising when you look at how many varied symptoms constitute this one category of mental illness. Listing the symptoms a depressed person might have, the *Diagnostic and Statistical Manual, Fourth Edition, Text Revision (DSM-IV-TR; American Psychiatric Association, 2000)* includes, among others, such diverse symptoms as:

- Loss of interest or pleasure in things that might have otherwise been interesting
- Loss of concentration (low mental energy)
- Vegetative symptoms such as loss of appetite, trouble sleeping, or loss of libido
- Negative mood (feelings of hopelessness and helplessness)
- Rumination
- Suicidal ideation

In addition, therapists diagnose the course of the disorder from mild to severe, recurrent or single-episode, with or without psychosis—the options are many. And these symptoms do not include the effects of bipolar disorder, which is a form of depression that includes cycling between depressed and manic moods.

Depression also affects a large number of people, exacting a great cost in disability and suffering throughout the lifespan. Information from the National Institute of Mental Health (NIMH; 2008) about the numbers of people affected includes:

- About 20.9 million American adults (9.5% of the population) suffer from some sort of depression.
- Major depressive disorder is a recurring and chronic illness, frequently returning for two or more episodes, with episodes that often last 2 years or more.
- Major depressive disorder is the leading cause of disability in the U.S. for people ages 15 to 44.
- Depression is currently the fourth-most disabling illness worldwide, and according to the World Health Organization, it will be the second leading cause of disability by the year 2020.
- About 10% of men and up to 25% of women will experience depression in their lifetime.
- Dysthymic disorder (a type of low-grade depression that is more like persistent

negative mood) affects approximately 1.5% of the U.S. population age 18 and older in a given year. This figure translates to about 3.3 million American adults.

The cost of the disorder is nothing short of phenomenal: an estimated \$83 billion in the U.S. in the year 2000, including \$26 billion in treatment costs and \$57 billion in losses such as absenteeism, reduced productivity at work, and the value of lifetime earnings lost due to suicide-related deaths. According to the NIMH, “people with depression fare even more poorly at work, socially, and with their families than do people with a variety of general medical conditions” (NIMH, 2006, para. 2).

Yet depression is often regarded as something of a generic mental-health disorder in that most clinicians, regardless of their specialties, are expected to know how to treat it. With such a variety of symptoms and causes, therapists face a Herculean challenge in knowing which methods to try and where to start to help their clients manage depression. The goal of this book is to offer insight into how the inner workings of the brain contribute to depression, and, in doing so, shed light on how to more effectively control its symptoms. By presenting what I believe are the 10 best depression-fighting techniques, I demonstrate how to manage the physical, cognitive, and behavioral ramifications of depression, as well as change the brain to think in a healthy way.

## **TYPES OF DEPRESSION AND DEPRESSION SYMPTOMS**

The possible reasons that a person may become depressed are varied. Scientific studies on the neurobiology of depression increasingly recognize that “depressive disorders represent a family of related but distinct conditions” (Shelton, 2007, p. 1). Depression may occur due to genetic vulnerability to the disorder or as the outcome of abuse or neglect in childhood that has disrupted brain function and altered the individual’s ability to handle life’s challenges. It may be the outcome of trauma or even long-term, nontraumatic chronic stress. Each of these causes of depression affects the appearance, severity, and course of the illness as well as the treatment choice for recovery.

Working in the therapy office, I have noted distinctive differences between clients complaining of depression, based on the underlying history of the illness.

- When depression developed subsequent to a serious loss, especially early life adversity, clients show an intensity of symptoms, especially plunging into despair and hopelessness.
- Depression that emerged subsequent to a period of chronic stress requires changing the stressor in order to improve the depression. I often see these clients suffering exhaustion and isolating themselves to try to replenish themselves.
- People who describe feeling depression most of their lives without a history of trauma or neglect (endogenous depression) seem to have the most difficulty with motivation for recovery, feeling limited reward and pleasure in life.
- Depression consequent to traumatic stress requires resolving traumatic memory, but in the immediate recovery, thoughts of helplessness and rumination on the

trauma need attention.

Each of these causes of depression shows up in physical, mental, and behavioral symptoms that can be treated with the techniques in this book. The techniques are intended to raise physical and mental energy, to alter mental negativity, and to bolster behavior that will enhance energy and positivity. The symptoms of depression and the techniques used to treat them include:

- *Low mental and physical energy.* One hallmark of depression is lethargy. People with depression feel lack of energy physically. They feel little reward from the physical activities that energize others. They suffer from aches and pains more than others. These symptoms can be helped with the techniques “Start Where You Already Are” and “Mobilize Your Energy.”
- *Depressed behavior.* Chronic stress can result in burnout, and the depressed person who is burned out will show signs of compulsive activity coupled with exhaustion and isolation from others. Some with depression that stems from early life adversity behave in self-injurious ways when overwhelmed with despair. The “Cool Down Burnout” and “Prevent Destructive Behavior” techniques are useful in these circumstances.
- *The thinking of depression.* Rumination, rigidity, and negativity go hand in hand in the thinking of the depressed person. People need to not only interrupt the negativity but also develop strong brain circuits for positive thinking and flexible problem-solving. Techniques that help with this include “Broaden Your Perspective,” “Increase Flexibility,” and “Learn to Live Fully.”

Symptoms in these arenas are the outcome of activity in different parts of the brain. When something is not working efficiently in the brain, the result shows in the way a person feels, thinks, and acts. All of the physical, mental, and behavioral depression symptoms can be controlled by techniques that use the brain to change the brain. The reason the methods in this book are the “best-ever” is because they are known by therapists to be effective for interrupting the negatives of depression and increasing balancing, positive emotions. Now scientific research has shown *why* they work. Since the advent of brain-imaging research, we have learned more and more about how *consistent* application of depression management techniques energizes and elevates the mood of a depressed brain. You can achieve a positive, flexible brain when you know which methods to try and how to make them really work.

### **Working Alone or With a Therapist**

These techniques are straightforward, proven ways to alleviate depression and are intended for symptom management. They can be done by anyone. They are not, however, meant to replace psychotherapy if depression is severe or recurrent. They will not relieve depression that is the result of trauma unless the trauma is resolved, nor will they take the place of long-term treatment for complicated mental-health

disorders.

When a person has the low energy of depression, self-help may be an overwhelming prospect. Working with an involved therapist who is a good personality match with you may predict a good outcome (Hardy, Cahill, Shapiro, Barkham, Rees, & Macaskill, 2001). Initially, your treatment will focus on finding motivation that you can hang onto, and it will progress no faster than your mental energy can allow. The close observation and continuing assessment of the therapist can promote that motivation.

Using the support, encouragement, and guidance of therapy to help you discern how to apply these techniques may give you the external boost you need to stick with practicing these techniques until they work. For these many reasons, getting an evaluation and support from a psychotherapist who knows how to treat depression is, for most people, the wisest course of action.

## **WHAT YOU WILL GET FROM THE 10 BEST-EVER DEPRESSION MANAGEMENT TECHNIQUES**

The sad news is that less than half of people with major depression are recognized as being depressed, and only half of those who are diagnosed with depression receive treatment. Of those treated, only about a third achieve remission from all symptoms (Nemeroff, 2004). Men in particular avoid treatment because admitting to the pain of depression is tantamount to admitting to weakness (Real, 1997). They do not acknowledge the suffering they feel until it is far too serious and has wreaked unnecessary havoc in their lives.

Further, the symptoms of the disorder themselves can block response to treatment. Lethargy, hopelessness, pessimism, bad thinking habits, lifestyles that reinforce the depression, and refractory negative mood all interfere with useful interventions: “I know I would feel better if I exercised but I am too tired to do it.” “If my family would just appreciate how hard I work for them, I would be nicer to be around. How can I feel good when no one helps me?” “I want my life to have some purpose, but I cannot imagine anything I do could be useful to other people.” Depressed clients expressing these ideas will benefit if therapy can shift their behavior, attitude, or thinking in the right direction. Therapy for symptom management requires moving clients out of lethargy and into action, taking charge of cognitive habits, instilling hope, changing lifestyle, and reducing negative mood. Those are hard to accomplish on one’s own.

The range of treatment options is both wonderful and confusing. As any quick Internet search will reveal, medication is considered a first-line approach to treatment, yet cognitive-behavioral therapy (CBT) methods are more helpful in the long run. Studies that look at the combination of medication and CBT suggest that people get a faster start, feeling better after 12 weeks or so on medication plus CBT, but that in the long run, many people do well utilizing CBT methods without any medication (Perlis, et al., 2002). There is growing evidence that building positive brain circuitry will balance and offset the brain circuits for ruminative, negative thinking, so techniques that enhance feeling centered, spirituality, and positive emotion will be of great value. There is no strict protocol for applying the techniques in this book, and therapists vary

in their style, but all of these ideas will be useful during the course of your recovery, so the order in which you apply them may simply depend on what symptom you want to remove first.

Both individuals who suffer from depression and therapists working with depressed clients can use the materials in this book. I have tried to write without professional jargon, so that any person can benefit from the techniques. I begin this book by discussing how the brain works and how medications affect it in Chapters 1 and 2. Chapter 1, *How Your Brain Makes You Depressed*, describes brain basics. Knowing what is going on in your depressed brain will help you understand why the methods presented in this book are going to work to change the physical, behavioral, and mental signs of depression.

Chapter 2, *Managing the Depressed Brain With Medication*, discusses psychotropic drugs used in treating depression. Medications can be very useful and even necessary under certain circumstances. They can relieve sluggishness or diminish agitation, and they can increase the sense of reward from everyday activities that you should enjoy.

Chapter 3, *Identify Triggers, Plan New Responses*, describes four different causes of depression and how they can create triggers. By responding differently to those triggers, you stop the patterns that are based in your life history.

Chapters 4, 5, and 6 describe techniques specifically aimed at energizing the lethargic, unmotivated body and mind of depression. When a person feels sluggish and disinterested in daily life, starting treatments that can be used even in the face of low motivation and low energy is necessary. “Start Where You Already Are” and “Mobilize Your Energy” are techniques that can help even people whose depression is severe. You may be surprised to discover how just very small changes can start to improve the flow of energy and increase your ability to do even more of the techniques. “Cool Down Burnout” is geared more toward people who remain active during depression but are beginning to see signs that their overwork is contributing to the physical, mental, and emotional exhaustion of burnout.

When people have lost sight of what is valuable to them—connection to others, living a balanced life in accord with their values, or being connected to something greater than themselves—they become separated from those who can support and encourage them, and they can feel bereft. In an attempt to deal with the pain or emptiness, they may resort to behaviors that are destructive toward themselves or others. Techniques that balance the downward, negative pull of depression, that encourage connectedness with others and with something greater than oneself, diminish those symptoms that keep people isolated from resources they need. These techniques—“End Isolation,” “Balance Your Life,” and “Prevent Destructive Behavior”—are covered in Chapters 7, 8, and 9.

People with depression become rigid in their thinking and behavior and feel trapped in their narrow, negative point of view. The techniques “Broaden Your Perspective” and “Increase Flexibility,” covered in Chapters 10 and 11, offer ways to break out of these harmful patterns and broaden one’s thinking and behavior. They highlight many strategies to start drawing on joy, delight, and other positive emotions. Building positive emotions changes your brain, making it more capable of generating flexible, creative, and optimistic solutions to life’s problems.

The final chapter discusses the technique “Learn to Live Fully.” True recovery from depression is about more than just “fighting off” symptoms—it is about making fundamental changes in your way of being in the world. This chapter addresses how people can learn to embrace life—with all its ups and downs—rather than reacting out of fear, defensiveness, or negativity.

These 10 techniques each include many different methods to achieve your desired goal. The “real life” examples in this book are all based on the experiences of real people, but they are composites and do not represent any individual person I have treated. The examples demonstrate the effectiveness of the technique and the unique ways people can apply them. Although most readers will want to take advantage of all the techniques, they should start with those that work for the worst aspect of their symptoms and go on from there. There is no ideal order in which to learn the 10 “best-ever” techniques for depression management. Select the technique and the method that works best for you.

## ONE

### **How Your Brain Makes You Depressed**

There is more to know about how the brain works than we will learn in our lifetimes. But what we know so far is that every function in your body—every thought you have, every emotion you feel—is the result of activity in your brain. As an organ in the body, the brain continuously interacts with every aspect of physical functioning.

The brain is different from the *mind*. The mind is a brain-body exchange—a flow of information and energy that goes beyond physical processes alone (Siegel, 2007). However, this chapter will discuss the brain as if its parts were separately causing the physical, emotional, and behavioral effects that we call depression. Although it is a huge oversimplification, as you are getting to know the brain, it can be easier to think of parts as having separate functions. Then we will look at how problems in those functions contribute to the symptoms of depression.

To understand the experience of depression, you will want to remember that your mind is the unique outcome of your physiology and the accumulation of your life experiences, which together shape your awareness, interpretation, and integration of new experiences. For example, information flows into the brain from the heart, the gut, and the vast organ of the skin, carrying vital information about what is happening and whether it is positive, urgent, or challenging. In smooth integration with past experience (stored as conscious and unconscious memory), the brain shapes a response. That flow is a process—the mind, continuously in the moment, integrates and responds to new stimulation. For example, imagine you are walking down a street and smell a strong, acrid odor. If you have never smelled such an odor before, you may be curious or cautious, recognizing that nothing good would smell like that. You would appraise the environment for signals of whether you are at risk. But if you had been in a fire—no matter how long ago—within the blink of an eye your heart might race, your respiration might pick up, and your body would be poised to *run, now!* Why? Because the previous experience shapes your interpretation of that smell as immediate danger.

### **DEPRESSION AS NEUROBIOLOGICAL**

How do you see what the activity of your brain is? You see it in your thoughts, feelings, and actions. People may try to see causes of depression simply as biological or, alternately, the result of things we have lived through. But depression is always biological and biology is always affected by life experience. Life experiences are felt,



reacted to, and remembered because of brain activity. Brain and body and experience are continuously interacting in interdependent exchanges between all our parts.

It is possible, though, to describe how brain structures and functions contribute to being depressed, and this knowledge has made a difference in the psychotherapy of depression. The techniques we have used for years are effective, and now we know why they work so well. And we know better when and how to apply those techniques so that you can use your brain to change your brain. We also know that you can get some relief from depression symptoms even before you complete psychotherapy for the underlying cause of the depression or for other mental-health conditions.

The 10 best-ever depression management techniques are designed to help you diminish or eliminate the most common problems of depression: physical and mental lethargy, rumination, hopeless/helpless thinking, and self-injurious or stress-maintaining behaviors. They take advantage of what we know about how those symptoms are caused by problems in brain functioning and what we know about encouraging healthy brain function. You can successfully apply these techniques even if you don't understand how they work, so you needn't feel bad for skipping this chapter and moving on to those that cover the techniques. For those of you who *do* want to know a bit more about how you are creating change, read on.

## **NEURONS, NEUROTRANSMITTERS, AND COMMUNICATION IN YOUR BRAIN**

Your brain is a complicated network of brain cells called “neurons.” You have 10 billion neurons, and each of them can connect with 10,000 or so other neurons. The possibilities for how those cells connect and network are virtually endless. Those communication networks control everything that goes on in your body. If your brain is dead, nothing will work, even with healthy organs. And just like you do not feel your best if you have an organ in your body that is malfunctioning, your thoughts and emotions can be troubled if parts of your brain are not working well.

### **How Does Your Brain Communicate?**

All of those 10 billion neurons have to communicate with each other to create your thoughts, behaviors, and emotions (among other many tasks that we won't discuss here). So how do they do it? Neurons communicate by sending messengers back and forth in the space between brain cells, called the “synapse.” These messengers of the brain are called “neurotransmitters.” Different messages are carried by different neurotransmitters. I will describe those shortly.

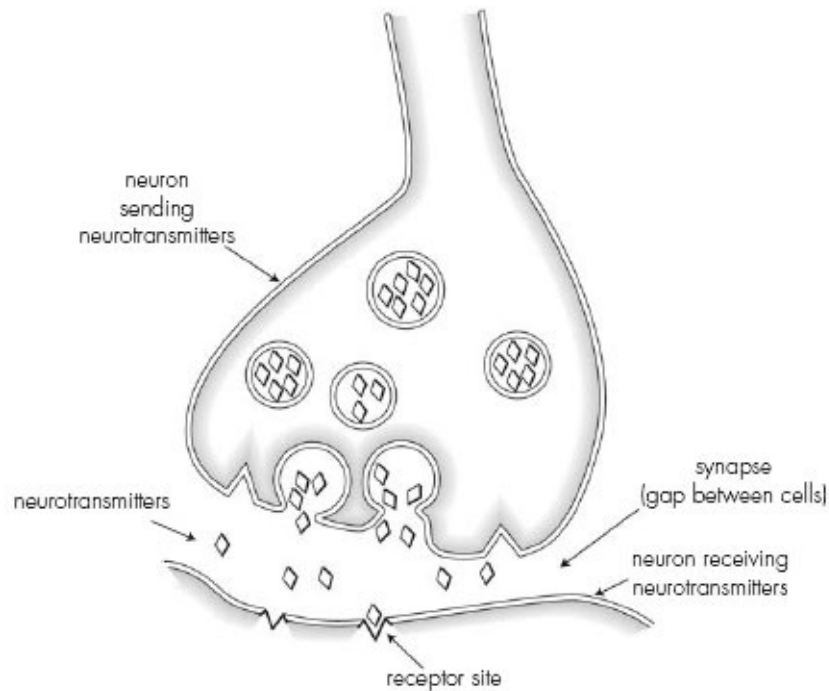
Every message needs to be received. How a message is interpreted and how it affects brain function depends on where the message is received. The meaning of a message is determined by what part of the brain is reading it. Consider the metaphor of email. Let's say you get an email sent to your work team from your boss, who demands overtime to finish a project. If you forward the message to a coworker and add comments about your frustration with your boss, you may get a comforting response. If you mistakenly hit “reply” instead of “forward” and your boss reads your

message, you may feel stressed about what the response will be. If you hit the “reply all” and send the message to your whole team, you will get varied responses, some of which may be confused or unwelcome. Or, if you put your email into the “send later” box, nothing much happens. Same message, different results, depending on the receiver.

In a way, that happens with neurotransmitters. Take dopamine, for example. Dopamine is a neurotransmitter that is received in one part of your brain as “I feel good!” If it is received in the thinking part of your brain, it works to help you pay attention. In yet another part of your brain, it helps you to have smooth motor functioning. (People with Parkinson’s disease are losing dopamine.) If you do not have *enough* dopamine, you feel disinterested, are low on motivation, and find it hard to pay attention. So, as you can see, dopamine produces different results depending on how much goes out and where in the brain it is received.

Take a look at Figure 1.1 for a visual on how neurotransmitters cross the synapse from one cell (called the “presynaptic neuron”) to another (called the “postsynaptic neuron”). When a neuron releases a neurotransmitter into the synapse, three things can happen:

- The neurotransmitter can be received by another cell on a part of the cell called the “receptor site.” Those sites are ready to receive specific neurotransmitters.
- The neurotransmitter can be “cleaned up” out of the space so that new transmissions can occur.
- The neurotransmitter can be taken up again by the cell that released it. “Reuptake” is the function that the most common antidepressant medications affect. (“SSRI” stands for “selective serotonin reuptake inhibitor.”) By blocking reuptake, SSRI antidepressants cause the cells to increase production of the neurotransmitter.



**Figure 1.1 Neurotransmitters, represented as diamonds, are released from a neuron into the synapse to be received by another neuron. From Wehrenberg (2008).**

Problems in transmission of neurotransmitters occur when there is:

- Too little communication, with not enough of the neurotransmitter to make a good effect.
- Too much communication, swamping your brain with activity. For example, in excessive stress, a flood of neurotransmitters may be released, making everything feel like it is overwhelming. Over time, the brain's supply of neurotransmitters is exhausted.
- Out-of-balance neurotransmitter release, which may be caused by one neurotransmitter being low on supply. For example, one theory of depression is that when supplies of serotonin are insufficient, norepinephrine boosts to stimulate production. Then you have agitation and impact on mood as well as other symptoms.

### **Receiving Messages**

Even if the number of neurotransmitters and their transmission are fine, depression can occur if there are problems on the receiving end of the transmission. Just like a radio needs to be tuned to receive the signal, neurons need to be primed and ready to receive a neurotransmitter. Problems in reception can happen as the result of health issues, such as hormonal problems like thyroid malfunction, low testosterone, or fluctuating estrogen and progesterone. In particular, the impact of chronic stress can sensitize

parts of your brain so that you overrespond to messages and feel more stress than a situation might otherwise call for.

You know that there are radio waves and cell-phone signals in the air all around you, but you need to have your equipment tuned in to make sense of the message. Once the signal is received, your equipment has to interpret and send information along. When we switched from analog to digital signals for TV in the U.S., people who wanted to watch TV had to have the right receiver for the signal or there would be no sound or picture on their screen. Your brain also has to be ready to receive and tuned to the right channel to get accurate messages from your neurotransmitters.

Different parts of the brain receive, send, interpret, and create responses to the signals they receive. They receive and relay information, coordinate and interpret signals that help to form a coherent picture of information, and create new responses to information as it comes in. Different parts of the brain have different functions, but just like completing a call on a wireless phone requires the phone to receive a signal, interpret it, and then reverse that to transmit back what you say, the parts of your brain all need to function smoothly for messages to be clearly received and sent.

### ***Neural Networking***

The concept of neurons networking is a vital one in the consideration of depression symptoms and the recovery from depression. There is a well-known maxim “neurons that fire together, wire together” (based on the work of Donald Hebb), meaning that emotion, thought, and physical sensations are all recorded together in the memory of an experience. The whole of that memory—thoughts, emotions, physical sensations—can be evoked by recalling any one aspect of it. It is quite useful that all aspects of an experience can be brought together for the next time we use the memory.

Not only do neurons network, but experiences that we have also stimulate brain growth. When brain cells fire, the activity of firing causes growth of supportive cells and blood vessels in the affected parts of the brain, so there are new cells and new connections between them (Siegel, 2007). One big cause of depression is the ways that *prior* experiences organize understanding of *new* experience. Prior experience is like a filter. A new experience may immediately evoke an old memory, making us see what is happening now through the lens of that memory. This efficient aspect of brain function and neural networking can create depression by coloring new experience with the shades of disappointment, sadness, or helplessness we felt in a previous experience. Even getting into a bad mood can elicit memories of other similar bad moods and the situations that surrounded them (Williams, Teasdale, Segal, & Kabat-Zinn, 2007). Think of how easy it is, when you are already upset at your partner or child, to recall how many other times that person irritated you. That is what neural networks do for you!

### **Balance Is Important**

The brain likes everything to be in balance. It monitors everything that is going on in your body, trying to keep your body in balance. Think about what happens when you exercise. You increase the demand for oxygen, and when you start to run out of it,