

# BLUE MIND FLOW TO TRANQUILITY

*Empower Yourself to Ease Symptoms  
of Depression Naturally & Effectively*

PUBLISHED BY BLUE MIND HEALTH

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TRANQUILITY

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Depression Naturally & Effectively*

Blue Mind Health

**BLUE MIND: FLOW TO TRANQUILITY**  
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## INTRODUCTION:

# RED MIND, GRAY MIND, BLUE MIND

As with most “new” concepts (though this one is not **new** so much as suddenly **noticed**), **Blue Mind** had to get to the right place, the right time, to be taken seriously.

Over the past decade, the mental, emotional, and physical benefits of water have gained steady ground in the scientific and health communities. Particularly in how the human brain reacts to the experience of being on, near, or in water – or even seeing or hearing water virtually.

Humankind is statistically overwhelmed, exhausted, and losing touch with the simple and fulfilling parts of our world that have always worked to ground us, to calm us, to heal us.

We have never been busier.

We have never been sicker.

We have never been sadder.

Something must change. There are “public health epidemics” that affect every aspect of our minds, bodies, and spirits...and they are getting worse year after year.

## BLUE MIND: FLOW TO TRANQUILITY

Heart disease, cancer, diabetes, neurodegenerative disease, autoimmune disorders, unexplained pain and fatigue, anxiety, stress, and depression...among so many others.

We are sleep-deprived, poorly nourished, and disconnected from one another – and the world at large – like no other period in history.



## BLUE MIND: FLOW TO TRANQUILITY

Our bodies are hurting.

Our spirits are hurting.

Our minds are hurting.

**Red Mind** is the term used to describe a sort of manic, anxious, and chronically stressed state. This is shockingly common in both adults and children. Perpetual, unrelenting chronic stress leads to physical ailments and mental distress that gradually worsens.

**Gray Mind** is the numb sensation when your mental and emotional capabilities are wiped out. That state when you can't really think or do or be because you're drained of everything you have. This severe depression is punctuated by unrelenting sadness, loneliness, or feelings of pointlessness (among others). This mental and emotional pain is becoming a legitimate epidemic in our society that crosses all genders, ages, and lifestyles.

**Blue Mind** is the answer to these negative states. It represents calm. It is a state of peace where your mind and body are synced, in balance, and working together rather than against each other.

It may not be the answer to every problem in your life that you face...but it is certainly a start. The concept is based on water – the same water found in your sink, in a community pool, in a public fountain, in a marine exhibit, in the ocean.

This beautiful blue planet we call home is 70% water.

The incredible human body is almost 70% water.

Is it any wonder that – under the right circumstances or focus – they could work together to mend the broken pieces inside you?

There's a lot to cover in the field of depression or **Gray Mind**. Technical things to discuss, symptoms to pinpoint, and risk factors to examine.

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Some of this information may hit a bit close to home. Maybe you or someone you care about is suffering from **Gray Mind** right now.

If so, you've probably said, "I'm fine" a thousand times in the last decade. Perhaps you've tried several medications without success. Maybe you're in therapy now – or have been in the past – but you still don't have the peace, the control, or the balance you crave.



You want answers. You don't want to be patronized. You're searching for natural options that are as effective as they are safe.

Whatever your circumstances...you are not alone.

There are men, women, and children all over the world who are going through something painful emotionally and mentally right now – just like you. They're struggling to find balance, to find relief, to find peace in a life that often makes you fight for it.

In fact, how *not alone* you are is staggering. The state of humanity's mental health is indeed a public health epidemic.

## BLUE MIND: FLOW TO TRANQUILITY

It is just as serious, dangerous, and expensive as heart disease or cancer – only far more common than the first and second biggest killers on the planet.

Author J.K. Rowling who penned the *Harry Potter* series patterned her Dementors after her own intense battle with depression. She created nightmarish creatures that sucked every good thing out of a person and left them an empty husk of their former selves.

That may be the best description of **Gray Mind**.

Let's break it down, pick it apart, expose the beast's underbelly...and see if you can't slay it. If you can't destroy the monster of **Gray Mind** entirely, perhaps you can wound it – make it a little less horrific – and gain a little peace in being able to fight another day.

The most important thing to remember is that there is no harm in trying something new, something different, and seeing what happens.

A little **Blue Mind** goes a long way.

## PART ONE: FACTS ABOUT **GRAY MIND**

Most people feel depressed from time to time. Almost everyone has been hurt or upset and used the expression “I’m depressed.”

However, this is usually a transient state of affairs – a response to a particular situation, loss, or stressor that is not part of your normal daily life.

Actual *depression* is a clinical condition that is more severe (and longer lasting) than everyday feelings of “the blues.” It may last for long periods of time, accompanied by feelings of intense sadness, loss of interest, or worthlessness.<sup>1</sup>

This is **Gray Mind**.

Your perception of yourself and the world around you can become unclear, making you susceptible to greater feelings of despair.

Depression is not a choice. It is the #1 cause of medical disability worldwide.<sup>2</sup> It can – and will, if left unaddressed – bleed into every single area of your life, changing core aspects of your personality and altering your typical behavior.<sup>3</sup>

A depressed person’s deep despair and sense of helplessness can be so crippling that he or she may consider the possibility of causing physical pain to their body or even ending their life.

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According to data compiled by the United States Centers for Disease Control and Prevention (CDC), there were more than **45,000 suicides in 2016** in the United States alone – more than twice the number of homicides in the same year.

Since 1999, there has been a **30% increase in U.S. suicides** across genders, ages, races, and socioeconomic groups.<sup>4</sup>

Suicide is the **10<sup>th</sup> most common cause of death** in the U.S. and the **second most common cause of death** for people ages 10 to 34.<sup>5</sup>

Approximately half of those who committed suicide did not have a diagnosed mental health condition prior to taking their life.

The CDC estimates that 1-in-6 adults will experience **Gray Mind** at some point in their lives.<sup>6</sup> It will affect the lives of at least 6.7% of American adults this year.<sup>7</sup> That number is considered conservative since many suffering from depression do not seek professional help so are never diagnosed.<sup>8</sup>

These appalling figures tell us all too clearly that conventional treatment for depression has a long way to go.

It is time to look beyond pharmaceutical tweaking of delicate brain chemicals and consider what natural remedies have to offer. Simply mixing concoctions – dabbling in this or that – is doing many of those suffering from **Gray Mind** a disservice.

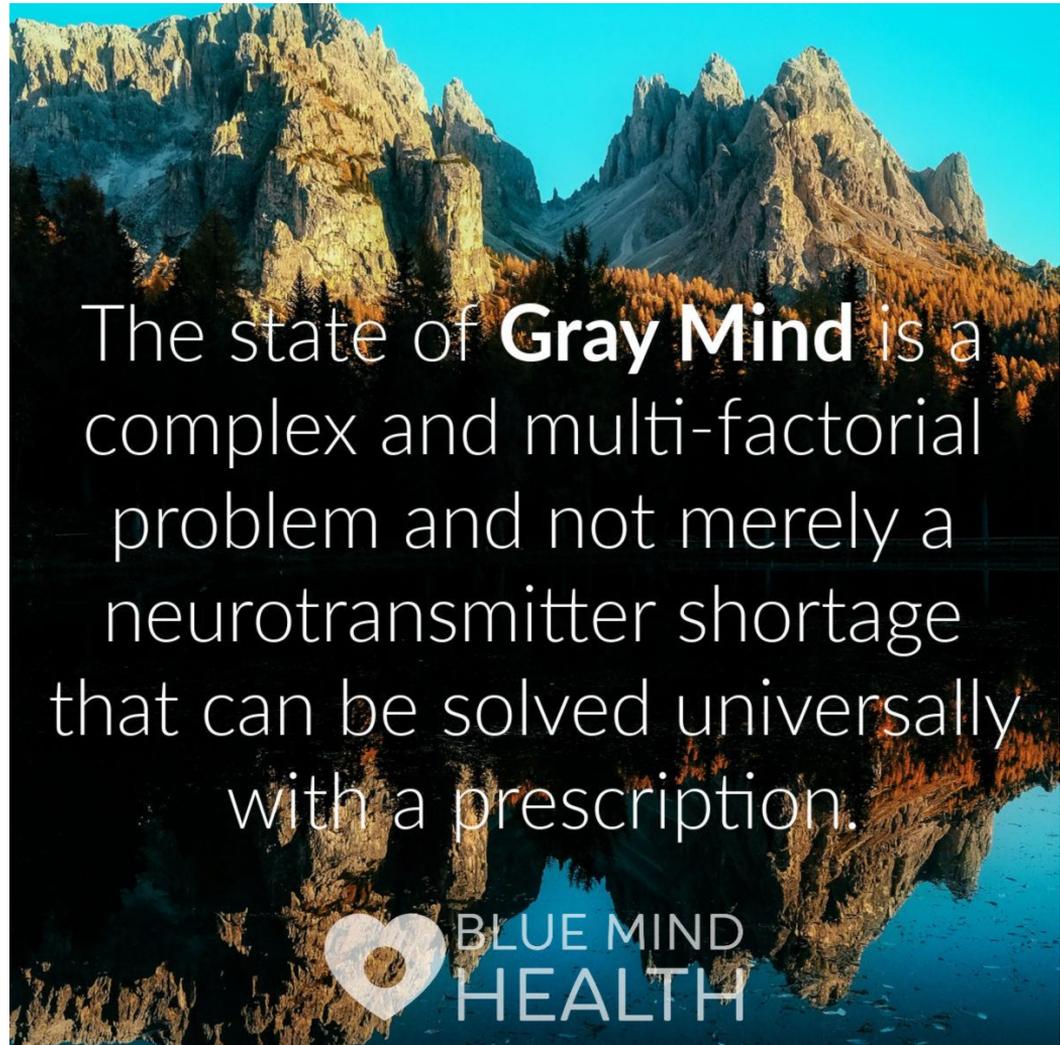
Especially since 20% of patients diagnosed with depression do not respond to antidepressant medications. Worse, a great number of these patients experience severe adverse reactions.<sup>9</sup>

The state of **Gray Mind** is a complex and multi-factorial problem and not merely a neurotransmitter shortage that can be solved universally with a prescription.

## BLUE MIND: FLOW TO TRANQUILITY

Left untreated, depression can lead to time missed from work, damage to interpersonal relationships, disability, and suicide.

It has been shown to *physically worsen* chronic illness in measurable degrees and the reverse – chronic illness leading to depression – is also true.<sup>10 11</sup>



## Chronic Illnesses with High Rates of Depression

- Asthma
- Diabetes
- Cancer
- Arthritis
- Parkinson's Disease
- Cardiovascular disease

Depression, anxiety, and chronic stress (known as **Red Mind**) are considered a **mental health epidemic** in our modern world...that is steadily worsening.

Before you can address mental or emotional illness, you must identify it. The markers for depression are often misdiagnosed as something else entirely because they are prevalent across many illnesses.

**Gray Mind** may happen once and never again – such as postpartum depression after childbirth – or you may be susceptible to depression and need to guard against influences that exacerbate the problem.

Alcohol and drug abuse can lead to depression and the reverse is also true. General impairment can make it difficult to pinpoint which happens first – the substance abuse or the depression.

Removing drugs and alcohol from your life – with assistance if necessary – may enable you to think more clearly and assess your personal situation without distraction.

Additionally, an extreme life trauma – such as the loss of your job or the death of a loved one – is not considered clinical depression unless the symptoms do not ease or if they worsen over the course of several months.<sup>12</sup>

## BLUE MIND: FLOW TO TRANQUILITY

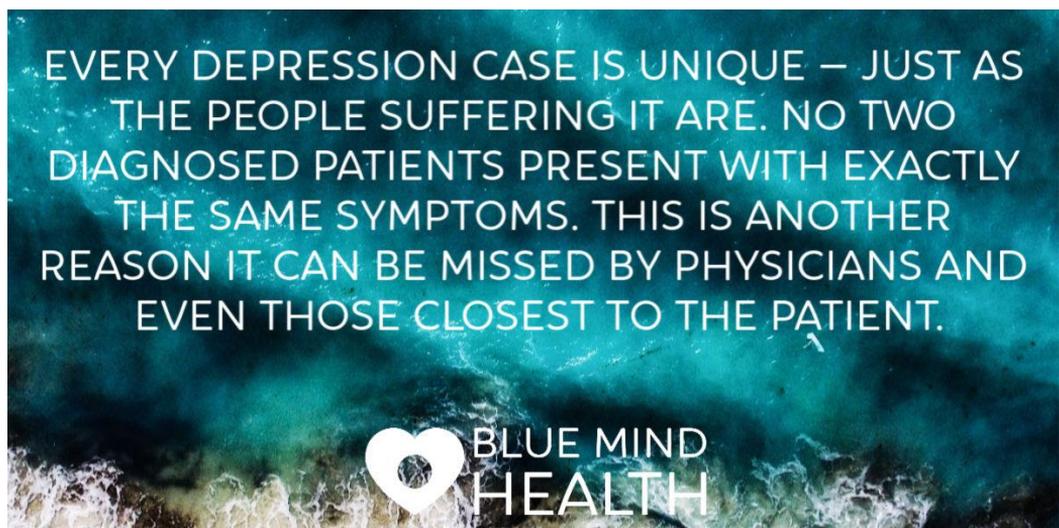
Many people may be depressed but appear outwardly “normal” to family, friends, and co-workers. The depressed person may even be unaware at first that something is wrong or unable to put their finger on an unexplained irritability or loss of interest.

Worldwide, approximately 75% of people with clinical depression do not seek treatment. The World Health Organization (WHO) estimates that 1-in-13 of the population suffers from anxiety. Depression and anxiety often go hand-in-hand. A patient diagnosed with one is 50% more likely to be diagnosed with the other.<sup>13</sup>

Some sufferers may display such extreme behavior from their “norm” that it is immediately apparent to friends, loved ones, or co-workers that something is very wrong.

Every depression case is unique – just as the people suffering it are. No two diagnosed patients present with exactly the same symptoms. This is another reason it can be missed by physicians and even those closest to the patient.

However, if you experience five or more of the following symptoms almost daily for two weeks, you should speak to your doctor, a family member, or friend.



Most patients diagnosed with clinical depression have reported experiencing many of these indicators for the majority of their day, every day.

### Most Common Symptoms of Clinical Depression

- Experiencing a “down” mood for a large portion of each day. A high percentage of patients with clinical depression report that mornings are the most difficult time for them.
- Tiredness or fatigue that doesn’t go away no matter how much sleep you get.
- Inability to concentrate, remember information, or make firm decisions.
- Lack of interest in activities that once brought you pleasure.
- Unexplained weight loss or lack of appetite.
- Unexplained weight gain or sudden increase in food cravings.
- Sleeping too much (known as hypersomnia) or too little (insomnia).
- Feeling trapped, restless, or suffocated by the circumstances in your life.
- Physical, verbal, and mental “slowing down” which manifests in slower speech and body movements.
- Intense feelings of sadness, guilt, worthlessness, or unhappiness about your life.
- Sudden focus on past events and perceived failures.
- Frustration, anger, and general irritability over trivial matters.
- Loss of sex drive.
- Constant fidgeting and nervousness, which can be the result of intense worry or anxiety.
- Pain with seemingly unknown causes and chronic pain that never seems to ease.
- Dwelling on thoughts of self-harm, death, or taking your life.<sup>14</sup>

Even as each patient case is unique, young people and older people have symptoms that are distinctive to their age groups.

### Symptoms of **Gray Mind** in Young People

Most small children exhibit similar patterns as adults when caught in a state of depression but may show increased anxiety and clinginess, refusal to participate in school or other activities they once looked forward to, or talk about unusual aches and pains that appear to have no cause.

They may also become fixated on the death of the people they love, display unusual irritability, or get into trouble.

There was a time when the mental health profession did not believe that young people could become depressed. Moody, difficult behavior was dismissed as a “phase” of adolescence.<sup>15</sup>

Certain behavior in the young should not be dismissed as a temporary or passing stage – particularly if accompanied by substance abuse or high-risk activities.

Onset of adolescent depression usually occurs in the mid-to-late teens and it is estimated that as many as 1-in-4 young people are affected.

Teenagers may express negativity or feelings of worthlessness, have angry outbursts over seemingly small matters, avoid social interaction with their peers, abuse drugs or alcohol, exhibit evidence of self-harm or “cutting,” engage in high-risk behavior, or react with heightened sensitivity or defensiveness. There may be a general feeling that no one understands them, which leads to feelings of isolation.

Teen depression is on the rise – equally affecting rural, urban, and suburban populations – growing 37% between 2005 and 2014.



According to data gathered by Johns Hopkins Health Review, more than 3 million adolescents (aged 12 to 17) have experienced a major depressive episode in the past year.<sup>16</sup>

Other mental health issues – such as substance abuse, eating disorders, and ADHD – may be either a cause or effect of depression and can slow or prevent the effectiveness of treatment.

Young people who do not have these additional obstacles respond well to treatment and have a better chance of emerging unscathed if actions are taken in the early phases of the disease.

Left untreated, depression can “set the tone” for adulthood.

### Symptoms of **Gray Mind** in Older Adults

Older adults experiencing depression exhibit symptoms that are too often ignored as part of “getting older” – meaning it goes undiagnosed and untreated in this age group more than any other. Adults over fifty may feel stigmatized if they seek help so they are less likely to do so.<sup>17</sup>

Unlike children, an older adult’s behavior may go unnoticed. Changes in general personality such as suddenly becoming less social or greater feelings of irritability may not be obvious until they become severe.

More than 80% of older persons have been diagnosed with at least one chronic illness. The result is multiple prescriptions – many with side effects that include sleeplessness, fatigue, or pain may mask an appropriate depression diagnosis. Depression is more common for people with a chronic health issue.<sup>18</sup>

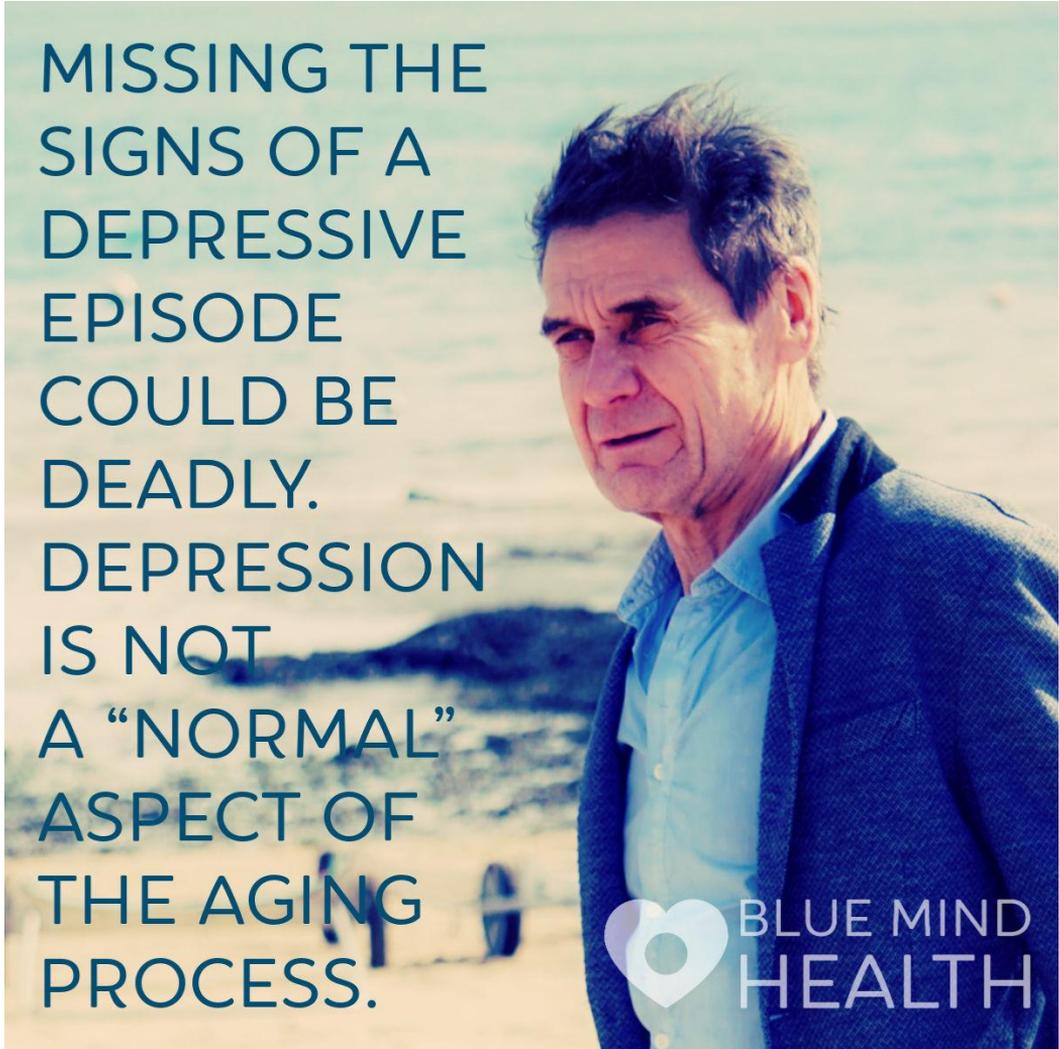
Shockingly, people over the age 60 account for 40% of the suicide rate annually – making them the highest suicide risk group in comparison to the number of depression diagnosis.

White males over the age of 85 are five times more likely to take their life than other groups per capita.<sup>19</sup>

Missing the signs of a depressive episode could be deadly. Depression is not a “normal” aspect of the aging process.

Ignoring depression and not seeking help does not make **Gray Mind** go away. Negative feelings weigh on your mental and emotional state

until they begin to manifest physically or thoughts of self-harm become dangerously common.<sup>20</sup>



MISSING THE  
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It is critical to identify and actively work to resolve depression to improve overall quality of life. Seeing a licensed mental health professional is highly recommended but it is not the only solution.

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Help through talking can come from many non-therapeutic sources. You need to trust the individual completely and feel comfortable enough to speak openly and without judgment.

Whether you choose a friend, a family member, a member of your church, or someone in the mental health industry, the most important thing to remember is depression must not be ignored.

If thoughts of self-harm or taking your life escalate, it is urgent that you speak to someone immediately.

### **National Suicide Prevention Lifeline 800.273.TALK (800.273.8255)**

In the United States, you can call the National Suicide Prevention Lifeline at 800-273-TALK (800-273-8255) any time of the day or night, 365 days a year. The number is toll free and will connect you to a counselor trained in suicide crisis prevention.

A person who is suicidal should not be left alone. If time is critical, dial 911 or drive to the nearest hospital. In 2017, there were an estimated **1.4 million suicide attempts** in the United States alone.<sup>21</sup>

All depression is not the same but all forms of depression should be taken as seriously as any other illness. A person who is depressed is unable to “snap out of it” nor are they always aware of their darkening moods, change in behaviors, or inability to enjoy life.

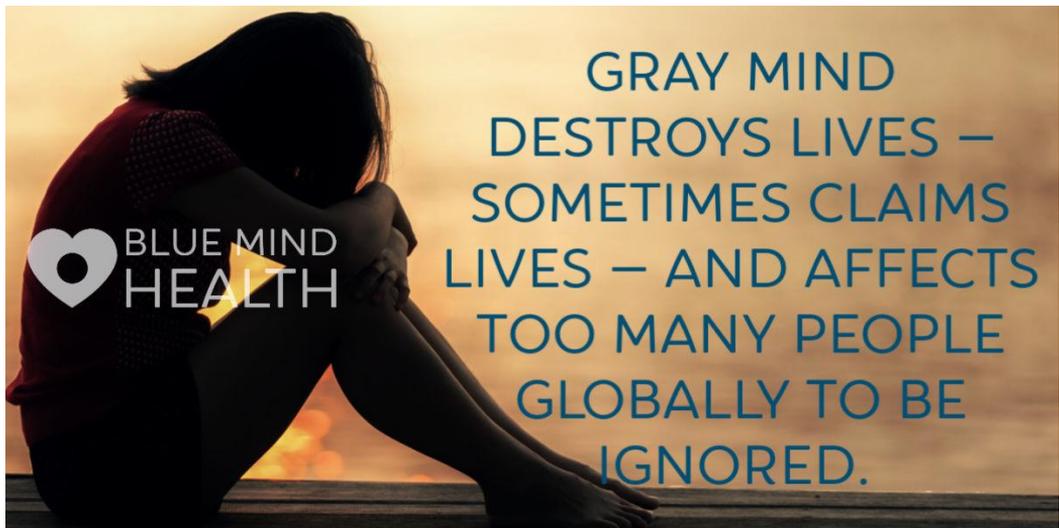
**Gray Mind** destroys lives – sometimes claims lives – and affects too many people globally to be ignored.

Understanding the overall risk factors of depression is an important first step in identifying and recovering from the disease.

The true cause for clinical depression is unknown but as more research is done, doctors, scientists, and mental health care professionals are

discovering possible “triggers” – physical, mental, emotional, and environmental – that increase the likelihood that you will experience a depressive episode in the course of your life.

The World Health Organization (WHO) estimates that by the year 2020, depression will rank as the second most prevalent cause of **lost years of healthy life** and that it will be the leading cause of disability for women and children worldwide.<sup>22</sup>



### Risk Factors for **Gray Mind**

There are no boundaries for who falls victim to clinical depression. The disease crosses every socioeconomic, religious, ethnic, sexual orientation, gender, and age group.<sup>23</sup>

Women account for the largest portion – an astounding 70% – of diagnosed depression cases. Women are more likely to recognize their symptoms and seek treatment.

There are forms of depression exclusive to women due to drastic hormonal and chemical changes during menstruation cycles, pregnancy, and menopause.<sup>24</sup>

Though women are diagnosed far more frequently than men, experts theorize that men are less inclined to seek help for depression. It is possible that they are unable to recognize their symptoms as “depressive” so therefore are unaware that they need help.<sup>25</sup>

Men are almost **four times as likely to die by suicide** in the United States. When faced with emotional or mental distress, men typically throw themselves into work or play, engage in risk-taking behavior, or experience an escalation in irritability leading to violence and abuse. They are also more likely to self-medicate using drugs or alcohol.<sup>26</sup>

Clinical depression is a rapidly spreading epidemic. **No one is immune.** It is a disease that is often misdiagnosed or underdiagnosed.

A large part of depression prevention is understanding how your history and present translate regarding risk.

### Specific Factors in High Risk Groups

- Mental disorders, alcoholism, or suicide within your immediate blood-related family
- History of substance abuse
- Low self-esteem or heightened self-criticism
- Dependency on others (emotional, mental, or physical)
- Chronic or terminal illness
- Prescription medication side effects
- Traumatic life events such as death, financial trouble, or relationship problems
- History of physical, emotional, or sexual abuse

By acknowledging your risks, recognizing your symptoms, and seeking treatment, you can move past clinical depression – past **Gray Mind** – to a fulfilling life without the weight of despair and sadness pulling you down.

## PART TWO: THE COMPLEXITIES OF **GRAY MIND**

Depression is not a “one size fits all” disease. The triggers, symptoms, and behaviors can vary drastically from one form to another.

**Gray Mind** is not generally categorized by severity but by symptoms or triggers that manifest. Sub-categories include seasonal affective disorder (SAD) or the “winter blues,” pre-menstrual depression (pre-menstrual dysphoric disorder or PMDD), persistent depressive disorder or dysthymia (considered a milder form of depression), and post-partum depression (after giving birth).

Two variants of major depression are critical:

- Unipolar depression
- Bipolar disorder

Bipolar disorder is a condition in which the sufferer cycles through bouts of mania or hyper-agitation followed by deep depression. The switches can be dramatic and unpredictable, making this condition difficult for both patient and family.

In its lesser form, the patient may only be aware of racing thoughts, fatigue, insomnia, loss of appetite, or sexual dysfunction, rather than what are commonly considered “depressive” symptoms.

Unipolar depression does not have the hyper-excitable manic phase. More commonly, it is known as major depression or just “depression.”

Clinical depression may last a few weeks or years, depending if it is identified and treated. Again, “feeling down” immediately after the loss of a loved one, a serious injury, or losing a job is initially not considered depression. There are key points about grief that may help distinguish it from depression.

### The Difference between Grief and **Gray Mind**

The end of a relationship, a death, or any number of traumatic events can throw you off for a period of time until your mind accepts your loss and healing begins.

However, symptoms that are ongoing need to be addressed or they will likely worsen. Since each person presents differently during clinical depression, your health care professional may add a keyword to your particular case to help identify your specific situation and outline a treatment plan that is right for you.

These *specifiers* determine what “form” of depression you have and help to narrow down your triggers or stressors. There are hundreds of combinations possible to more accurately diagnose each patient.<sup>27</sup>

When bad things happen, it isn’t possible to be positive and upbeat all the time. Grief can encompass many aspects of the human existence and – while depressing – is not considered *clinical* depression.

Allowing yourself to experience grief after a loss helps you to cope at the time and prevent your sadness from going on and on – unless it becomes true depression.

Over the years, there have been **five recognized stages of grief** that ring true for many aspects of the human condition and the traumas we sometimes face in the course of our daily lives.<sup>28</sup>

Experts now agree that these stages can occur in any order and are even more complex than originally understood.

### 5 Stages of Loss and Grief

- 1. Denial and Isolation:** The first reaction to a traumatic event or enormous loss is to **deny the reality** of the situation and rationalize overwhelming emotions. Hiding from the truth – even **physical isolation** – is a temporary response that carries us through the first wave of pain.
- 2. Anger:** As the masking effects of denial and isolation begin to wear away, reality intrudes with substantial emotional pain. These intense emotions are deflected and redirected – **expressed instead as anger**. The anger may be aimed at inanimate objects, complete strangers, friends, or family. We feel guilty for being angry and this makes us angrier.
- 3. Bargaining:** The normal reaction to feelings of helplessness and vulnerability is often **a need to regain control**. Secretly, we may make a deal with a higher power in an attempt to postpone the inevitable. This is a weaker line of defense to protect us from the painful reality.
- 4. Depression:** Two stages of depressive behavior are associated with mourning. The first is a reaction to practical implications relating to the loss: **sadness and regret**. The second is subtler and private: **preparation** for the culmination of the traumatic event.
- 5. Acceptance:** Reaching this stage is a gift not afforded to everyone. It's not necessarily a mark of bravery to deny yourself the opportunity to make peace. This phase is marked by **withdrawal and calm**. This is not a period of happiness but should be distinguished from clinical depression.



## Identifying + Acknowledging Gray Mind

Many of the symptoms of depression appear contradictory – sleeps too much or not enough, eats too much or not enough, social isolation or a lift of mood during happy occasions, being withdrawn or being confrontational – which is one reason depression can be difficult to diagnose.

- First, identify if you are struggling with depression.
- Second, acknowledge how it has affected your quality of life.
- Third, take steps to get treatment and get better.

There are nine recognized forms of depression. They are “overview” diagnosis that may or may not fit your exact condition.

### Major Depressive Disorder

According to the National Institute of Mental Health (NIMH), approximately 8% of adults in the United States suffer from major depressive disorder (MDD). It is the umbrella beneath which all other unipolar mental disorders are classified.<sup>29</sup>

Too often, severe physical symptoms will manifest and *they* become the focus of treatment rather than the root problem causing the depression-intensified illness.

Unfortunately, there are many who are concerned about being stigmatized and will not seek help for fear of being perceived as weak or incapable.<sup>30 31 32</sup>

Depression influences every area of your life – your interactions with others, your job, eating habits, sleeping habits, and basic enjoyment of life. Psychology Today stated, “Mental Illness will be the definitive **public health priority** in the decades to come.”<sup>33</sup>

### Symptoms of Major Depressive Disorder

- Intense feelings of sadness, anxiety, or “emptiness.”
- Lack of interest in activities that once inspired pleasure, including sex.
- Increase or decrease in appetite, resulting in weight gain or loss.
- Sleeping too little (insomnia) or sleeping too much (hypersomnia).

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- Feelings of worthlessness, guilt, or dwelling on perceived past failures.
- Inability to focus or remember details, unable to make decisions.
- Unexplained physical pain throughout the body that may be described as headaches, cramping, or stomach upset.
- Persistent thoughts about death or suicide.
- Attempted suicide

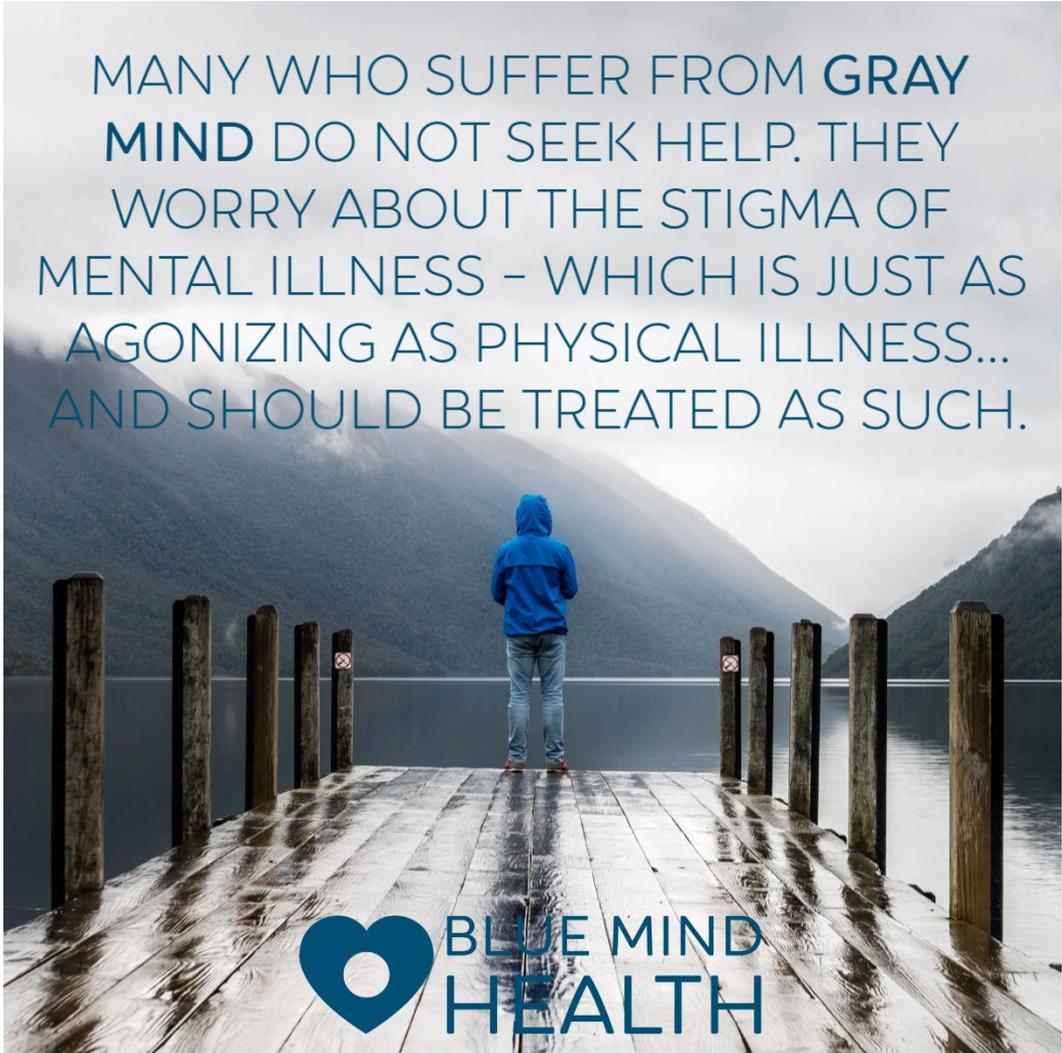
A single traumatic event can trigger major depressive disorder or it can be a culmination of many events that become overwhelming.

It is imperative to seek treatment for depression if you experience five or more common symptoms for longer than two weeks on an almost constant basis. Ignoring depression will not make it “go away.”<sup>34</sup>

### Risk Factors for Major Depressive Disorder

- Immediate family member that is a blood relation with a history of mental disorder, alcoholism, or suicide.
- History of depression that started when you were young.
- Diagnosed bipolar disorder.
- Drug or alcohol abuse.
- Physical, emotional, or sexual abuse.
- Childhood trauma.
- Chronic illness such as heart disease, cancer, or arthritis.
- Low self-esteem, heightened sense of dependency on the approval of others, or increased self-criticism.
- Ongoing financial issues, job loss, or inability to find employment.
- Possible side effects from prescription drugs.
- Social isolation and intense feelings of loneliness.
- Divorce or otherwise ending of a personal relationship.

MANY WHO SUFFER FROM **GRAY MIND** DO NOT SEEK HELP. THEY WORRY ABOUT THE STIGMA OF MENTAL ILLNESS - WHICH IS JUST AS AGONIZING AS PHYSICAL ILLNESS... AND SHOULD BE TREATED AS SUCH.



## Persistent Depressive Disorder

Also known as **dysthymia**, this form of chronic depression is marked by a depressed mood for most of every day that lasts for at least two years in adults or at least one year for young people. If PDD begins before age 21, it is considered early-onset dysthymia.

According to the National Institute of Mental Health, almost 2% of United States adults suffer from PDD.<sup>35</sup>

This form of depression is such a part of the patient's life that they may not remember a time when they did not feel "down" in some way. Periods of improved mood are brief and the depression returns.

### Symptoms of Persistent Depressive Disorder

- Poor self-esteem and feelings of inadequacy
- Inability to concentrate
- Sleeping too much or unable to sleep
- Lack of appetite or overeating
- Major weight gain or loss
- Decreased energy and productivity noticeable by others
- Fatigue no matter how much sleep is had
- Feelings of hopelessness
- Irritability or unexplained anger
- Lack of interest in daily activities

People with this form of depression are often viewed as complainers, whiners, or unable to have a good time. They tend to avoid social situations and have difficulty interacting with others.

They are sometimes characterized as being too critical of others and seem gloomy even during happy occasions.<sup>36</sup>

### Risk Factors for Persistent Depressive Disorder

- Immediate relative with clinical depression
- Chronic illness
- Prescription medication side effects
- Trauma in life such as the death of a loved one or ongoing financial issues
- Dependency on the attention, opinions, or approval of others – or having approval or attention withdrawn

These events may not be seen by the patient as a “trigger” but could begin a gradual descent into depression.

Persistent depressive disorder is so ingrained in a patient’s life that it appears they’ve “always” been that way. It negatively effects every part of their daily life – relationships, employment, and casual interactions with others.<sup>37</sup>

This form of depression is less severe than major depression and often goes undiagnosed and untreated. Those who suffer from PDD have bouts of intense mood drops – referred to as “double depression” – and if left untreated can progress to major depression.



### Atypical Depression

Despite being one of the most common forms of depression, most sufferers of atypical depression experience their first symptoms during adolescence, which can often be mistaken for “typical” teenage behavior. Median age for atypical depression onset is 17-years-old and it is usually chronic.<sup>38</sup>

Substance abuse and intense anxiety rates are higher in patients with atypical depression than in other types.

The two biggest symptoms that help to diagnose atypical depression accurately are sleeping too much and overeating. There are several others specific to this particular mental disorder.<sup>39</sup>

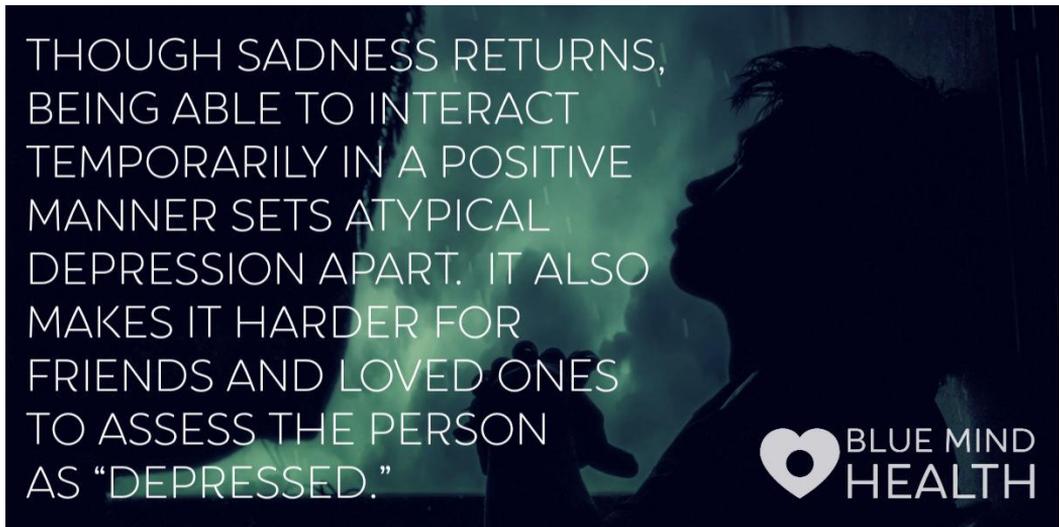
### Symptoms of Atypical Depression

- Feelings of sadness for most of every day that abate for short times due to positive situations, only to return almost immediately.
- Increase in usual appetite – including food “bingeing” – that may result in weight gain.
- Sleeping ten or more hours each day (hypersomnia).
- A “heaviness” in the arms and legs that lasts at least an hour – similar to paralysis.
- Heightened sensitivity to rejection or criticism, which results in difficulty maintaining close relationships, keeping employment, or interacting socially.
- Irritability or angry outbursts.
- Lack of interest in activities that once brought pleasure.

Atypical depression can often present with reverse symptoms than other forms. For instance, loss of appetite and insomnia are far more common signifiers of a person in a depressed state. Atypical depression is more than twice as common in women than in men.

Reaction to “good” things happening is a symptom specific to atypical depression. Though the sadness returns, being able to interact temporarily in a positive manner sets this form of depression apart from the others.

It also makes it harder for friends and loved ones to assess the person as “depressed.”



## Risk Factors for Atypical Depression

- Immediate relative of clinical depression.
- A traumatic loss such as the ending of a relationship or losing a job that may trigger heightened feelings of rejection.
- A traumatic change in circumstances such as bankruptcy, graduation, a long distance move, or retirement.
- A history of physical, sexual, or emotional abuse.
- Disturbing experiences in childhood.
- Chronic illness
- Prescription medication side effects.
- Drug or alcohol abuse.
- Having few close personal relationships.

Studies have discovered that as many as 36% of all depression cases should be categorized as atypical depression but it is often misdiagnosed because patients test normally on many standardized psychological tests.<sup>40</sup>

However, patient responses to a specific visual test of mixed up faces have led researchers to conclude that the emotional interpretation portion of the brain does not function properly in atypical depressives.

## Postpartum Depression

Women experience significant input – physically, mentally, and emotionally – during and after the birth of a child. Along with the positive emotions of excitement, love, and happiness, many new mothers also get the “baby blues.”

This can be a mild and temporary period punctuated by crying, mood swings, anxiety, irritability, and an inability to concentrate due to drastic changes to key hormones. 85% of all new mothers report feelings of sadness after the birth of their baby.

Juggling older siblings, a fussy baby, encountering problems with breast-feeding or basic baby care, financial issues, the lack of an adequate support system, or severe sleep deprivation can cause a woman to feel understandably overwhelmed and anxious.

For most new moms, these feelings last a few days to a couple of weeks and gradually dissipate.<sup>41</sup>



When these feelings worsen or do not go away, they are classified as postpartum depression (PPD). 15-20% of women are diagnosed with PPD when they present with far more severe symptoms.

It can occur with any of your pregnancies or none at all.

It is also common for women who have difficulty becoming pregnant, after a miscarriage or stillbirth, if there is a multiple baby birth, if the woman is a teen mother, or if there are complications for the mother or child during pregnancy or after delivery.<sup>42</sup>

### Symptoms of Postpartum Depression

- Intense feelings of sadness.
- Severe swings in typical mood.
- Feeling overwhelmed and hopeless.
- Excessive crying spells.
- Lacking energy or feeling completely unmotivated.
- Loss of appetite.
- Overwhelming fatigue no matter how much sleep is had (hypersomnia).
- Inability to sleep no matter how tired you are (insomnia).
- Inability to concentrate, make decisions, or remember details.
- Feelings of worthlessness, inadequacy, or guilt.
- Withdrawal from family or friends
- Irritability or angry outbursts.
- Lack of interest in activities that once brought pleasure, including sex.
- Difficulty bonding with your baby or feeling “numb.”
- Thinking about harming yourself or your baby or thinking someone else will take or harm your baby.

Women may feel embarrassed, ashamed, and reluctant to admit how they feel after the birth of their child. The stigma of “new motherhood” can be a heavy burden if you are in a state of depression.

Postpartum depression is referred to as “the smiling depression” because new mothers struggle to pretend as if they are feeling fine.<sup>43</sup>

### When to Seek Help

- Your symptoms last longer than two weeks.
- If your symptoms begin to worsen.
- Symptoms interfere with your ability to care for your baby, yourself, or complete basic functions in your daily life.
- If you have thoughts of harming yourself or your baby.

Postpartum depression does not make you a bad mother nor is it a sign of weakness. The sooner you recognize the problem and ask for help, the sooner you can regain control of your life and enjoy the new member of your family.

Though the exact cause of postpartum depression is unknown, certain circumstances can act as a trigger or make you more susceptible.

### Risk Factors for Postpartum Depression

- Personal history of depression – especially if you’ve already experienced PPD with a prior pregnancy.
- Stressful life changes that include job loss, complications during pregnancy, financial crisis, the death of a loved one, or illness.
- Relationship issues with your partner.
- Lacking a support system to keep you from being overwhelmed.
- You have a sick or fussy baby or demanding older siblings.
- If the pregnancy was unwanted or unplanned.

Postpartum depression that remains untreated can lead to **postpartum psychosis** (PPP) – which can result in a life-threatening situation for you or your child. Women with bipolar disorder have a much higher risk for PPP.<sup>44</sup>

PPP is rare and usually develops within the first two weeks after delivery. The symptoms are more pronounced and should raise a red flag to the people around the mother in crisis.<sup>45</sup>

### Symptoms of Postpartum Psychosis - Seek Help Immediately

- Feelings of confusion, disorientation, or losing track of time.
- Hallucinations or delusions.
- Feeling paranoid.
- Attempts to harm yourself or your baby.

If you believe you or a loved one may have postpartum psychosis, seek medical attention right away.

**National Suicide Prevention Lifeline  
800.273.TALK (800.273.8255)**

### Impact on New Fathers

Mothers are not the only ones who develop depression after the birth of a child. 4% of fathers report feeling depressed within the first year of their child's life and 21% of fathers will have at least one episode of clinical depression by their child's 12<sup>th</sup> birthday.<sup>46</sup>

Statistics show that men who have children very young, have a history of personal depression, or have less than a high school diploma have a greater risk of developing depression after childbirth.<sup>47</sup>

## Seasonal Affective Disorder

Known commonly as the “winter blues,” seasonal affective disorder (SAD) presents during specific times of year or during overcast and gloomy days.

This form of **Gray Mind** is based on the amount of sunlight exposure – not the temperature. Patients will show marked improvement during the spring and summer months as well as on especially sunny days during the fall and winter.<sup>48</sup>

An alternate – and rarer – form of seasonal depression takes place during the warm months of the year and is based on temperature rather than light. One of the side effects of this summer depression is a tendency toward aggression and violence.<sup>49</sup>

SAD takes a toll on personal and professional relationships due to behaviors and withdrawal. As with most forms of depression, women are far more likely to be diagnosed with seasonal affective disorder than men and will exhibit signs in their teens or young adulthood.<sup>50</sup>

It is estimated that 5% of Americans become depressed with the changing of the seasons and the shorter days of sunlight.<sup>51</sup>



Experts in the field theorize that exposure to less sunlight increases your body's natural production of a chemical called **melatonin**. Melatonin regulates sleep patterns and has been linked to an increased risk of depression.

### Symptoms of Seasonal Affective Disorder (SAD)

- Feelings of intense sadness and hopelessness
- Social withdrawal and isolation
- Lacking energy or feeling completely unmotivated
- Inability to concentrate
- Increased anxiety
- Increased appetite resulting in weight gain
- Overwhelming fatigue no matter how much sleep is had (hypersomnia)
- Irritability or angry outbursts
- Loss of interest in activities that were once pleasurable, including sex
- Recurring thoughts of death or taking your own life

Phototherapy (light therapy using artificial sun lamps) has positive effects on more than 50% of those diagnosed with SAD but it is crucial to be consistent – using the light for a set amount of time daily throughout the darker months of the year.

Use of light therapy should begin in the late summer or early fall before symptoms begin to appear. Seasonal affective disorder symptoms gradually worsen as summer fades into fall – then gradually improve as winter fades into spring each year.

Diagnosis of SAD depends on if your bouts of seasonal depression are more common over the course of several years.

## Risk Factors for Seasonal Affective Disorder (SAD)

- Immediate relative with clinical depression
- Alcohol or drug use
- Living in cold-weather climates where winters last longer and days are more often overcast due to snowfall
- Spending too much time alone

Seasonal affective disorder patients respond best when they focus on lifestyle changes. Routines during the susceptible times of the year can help hold off a relapse.

Sufferers should have a plan of action if symptoms begin to worsen.

## Quick Tips to Help Manage SAD

- Keep nutrient levels up with antioxidant-rich foods
- Avoid isolation
- Exercise more often – outside if possible – and engage in **Blue Mind** practices (outlined later in the book)
- Keep yourself busy as much as possible when not sleeping
- Avoid alcohol – as a depressant, it worsens symptoms and can affect your judgment should your depression worsen.

## Premenstrual Dysphoric Depression

Unlike premenstrual syndrome (PMS) – which affects 85% of menstruating women – the markers for premenstrual dysphoric depression (PMDD) are much more severe.

Though this form of depression is specific to the female gender, it can drastically affect the people in their lives. Premenstrual dysphoric depression affects **5% of all menstruating women**.<sup>52</sup>

## BLUE MIND: FLOW TO TRANQUILITY

Starting approximately a week before menstruation begins and ending a few days after menstruation ends, mean a woman can conceivably be affected by PMDD for two weeks of every month. PMDD enhances the symptoms of other mood disorders.

A woman with dark hair, wearing a white tank top and pink leggings, is sitting on a bed with white linens. She is looking down and to the right with a somber expression. The background is a bright, clean room. Overlaid on the right side of the image is text in a light blue, sans-serif font. At the bottom left of the image is the Blue Mind Health logo, which consists of a dark blue heart shape with a white circle inside, followed by the text 'BLUE MIND HEALTH' in a dark blue, sans-serif font.

STARTING A WEEK BEFORE  
MENSTRUATION BEGINS  
AND ENDING A FEW DAYS  
AFTER MENSTRUATION  
ENDS, MEANS A WOMAN  
CAN CONCEIVABLY BE  
AFFECTED BY SYMPTOMS  
OF PREMENSTRUAL  
DYSPHORIC DEPRESSION  
FOR TWO WEEKS OF  
EVERY MONTH.

 BLUE MIND  
HEALTH

Five or more of the most commonly reported symptoms below could mean you suffer from PMDD and should consider talking to your doctor.

## Symptoms of Premenstrual Dysphoric Depression

- Intense feelings of anxiety, tension, or panic
- Irritability and anger that may lead to conflict with others
- Severe sadness, hopelessness, or inadequacy that may lead to thoughts of suicide
- Fatigue or extreme loss of energy, insomnia
- Inability to concentrate
- Feeling overwhelmed or out of control
- Mood swings
- Emotional crying spells
- Reduced interest in pleasurable activities, social interaction, or personal relationships
- Increase in appetite, particular food cravings, or binge eating
- PMS-similar physical symptoms such as headaches, bloating or water weight gain, tenderness in the breasts, or aches in the joints and muscles

Experts believe wild swings in hormonal levels – particularly serotonin – could be the root cause but more research is needed. Serotonin is a neurotransmitter in the brain that controls sleep, attention span, pain receptors, and mood.<sup>53</sup>

## Risk Factors for Premenstrual Dysphoric Depression

- Already suffers from anxiety and/or depression including major depression or seasonal affective disorder (SAD)
- History of postpartum depression (PPD)
- Consuming excessive amounts of caffeine
- Immediate female relatives with PMDD
- Lack of physical activity
- Regular drug, alcohol, and tobacco use
- Being overweight or suffering from an eating disorder

Specific markers in women's life may trigger PMDD-like symptoms. Fibroids, hormone imbalance, the stages of menopause, and endometriosis present in a similar fashion. The majority of women with PMDD see improvement with lifestyle changes.

### Quick Tips to Help Manage PMDD

- Keep nutrient levels up with antioxidant-rich foods
- Limit caffeine, salt, alcoholic beverages, and refined sugar
- Consider adding calcium, magnesium, vitamin E, and vitamin B6 supplements to daily routine
- Exercise regularly – walking and swimming are excellent low-impact options that can be incorporated with [Blue Mind](#)
- Yoga, [Blue Mind](#) meditation, and other forms of complementary practices may assist with calming overall mood

### Psychotic Depression

Major depression with psychotic tendencies affects approximately **25% of depressives hospitalized** for depression.<sup>54</sup>

Psychotic depression is characterized by a break from reality, which usually includes delusions (false beliefs) and hallucinations (false sights and sounds) that are consistent with depression themes such as sadness, worthlessness, or being a failure. 20% of patients with major depressive disorder present with psychosis.<sup>55</sup>

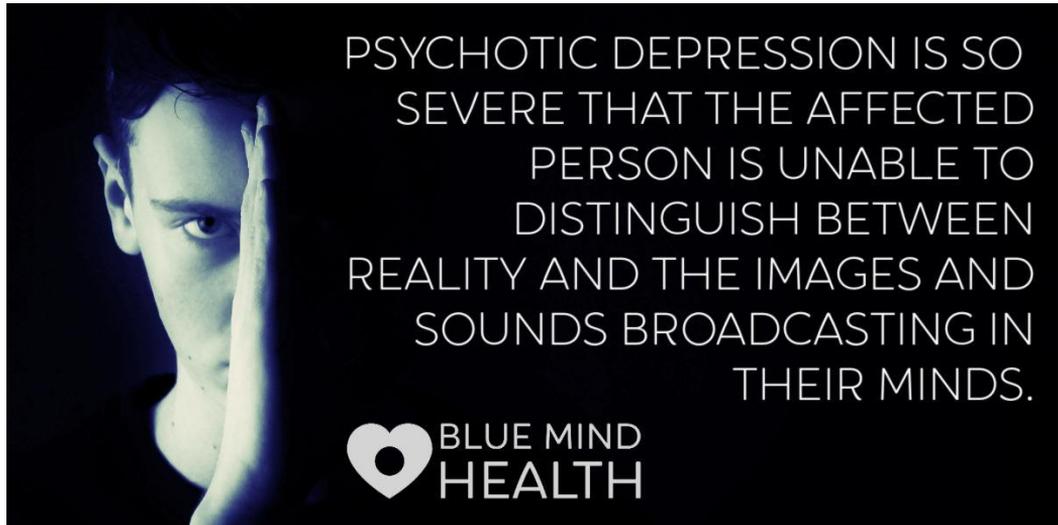
This form of depression is so severe that the affected person is unable to distinguish between reality and the images and sounds broadcasting in their minds.

## Symptoms of Psychotic Depression

- Hearing voices or feeling “influenced” by an unknown force.
- Intense paranoia that others may try to harm them.
- Catatonic behavior.
- Not speaking.
- Delusions about their own or others’ activities.
- Nonsensical rambling or disorganized speech.
- Angry outbursts or confrontational behavior with others.
- Decline in basic hygiene practices.
- Agitation, irritability, and anxiety.
- Hypochondria, physical impairment with unknown cause, or constipation.
- Inability to concentrate.
- Insomnia, hypersomnia, or sleep patterns that are erratic – such as sleeping all day and being awake all night.
- Decrease in cognitive ability.
- Withdrawal or increasing isolation from family and friends.
- Thoughts of suicide or attempted suicide.

Unlike schizophrenia, where patients have delusions and hallucinations that are not based on mood, psychotic depressives experience these symptoms based on the standard markers for depression. Patients actively hide their thoughts, which results in delayed diagnosis and treatment.<sup>56</sup>

The majority of psychotic depressives achieve recovery within a year when they receive treatment. Most patients are treated under constant supervision in a hospital setting.



It's necessary to stabilize moods with a combination of antidepressants and psychotropic medications. Historically, electroconvulsive therapy (ECT) has had the highest rate of success in treating patients with psychosis but is surrounded by controversy.<sup>57</sup>

## Risk Factors for Psychotic Depression

- Immediate family member that is a blood relation with a history of mental disorder, alcoholism, or suicide.
- Neurodegenerative diseases such as Parkinson's, Huntington's, or Alzheimer's.
- Dementia, HIV, syphilis, or other diseases that affect the brain.
- If you have been diagnosed with an epileptic disorder.
- Brain tumors, cysts, or traumatic brain injury.
- Alcohol or drug abuse.
- Sleep deprivation.
- Side effects of prescription medication.

Those who suffer from psychotic depression have a higher risk of suicide. The safety of the patient and other people is paramount.

National Suicide Prevention Lifeline  
800.273.TALK (800.273.8255)

## When to Seek Help

- You hear voices or see images that do not exist.
- You cry often with unknown reason.
- Symptoms interfere with your ability to complete basic functions in your daily life.
- You feel you may be experiencing side effects of medication. *Do not cease taking medication without talking to your doctor.*

With care and support from loved ones, patients who suffer from psychosis can recover and return to fulfilling lives.

## Situational Depression

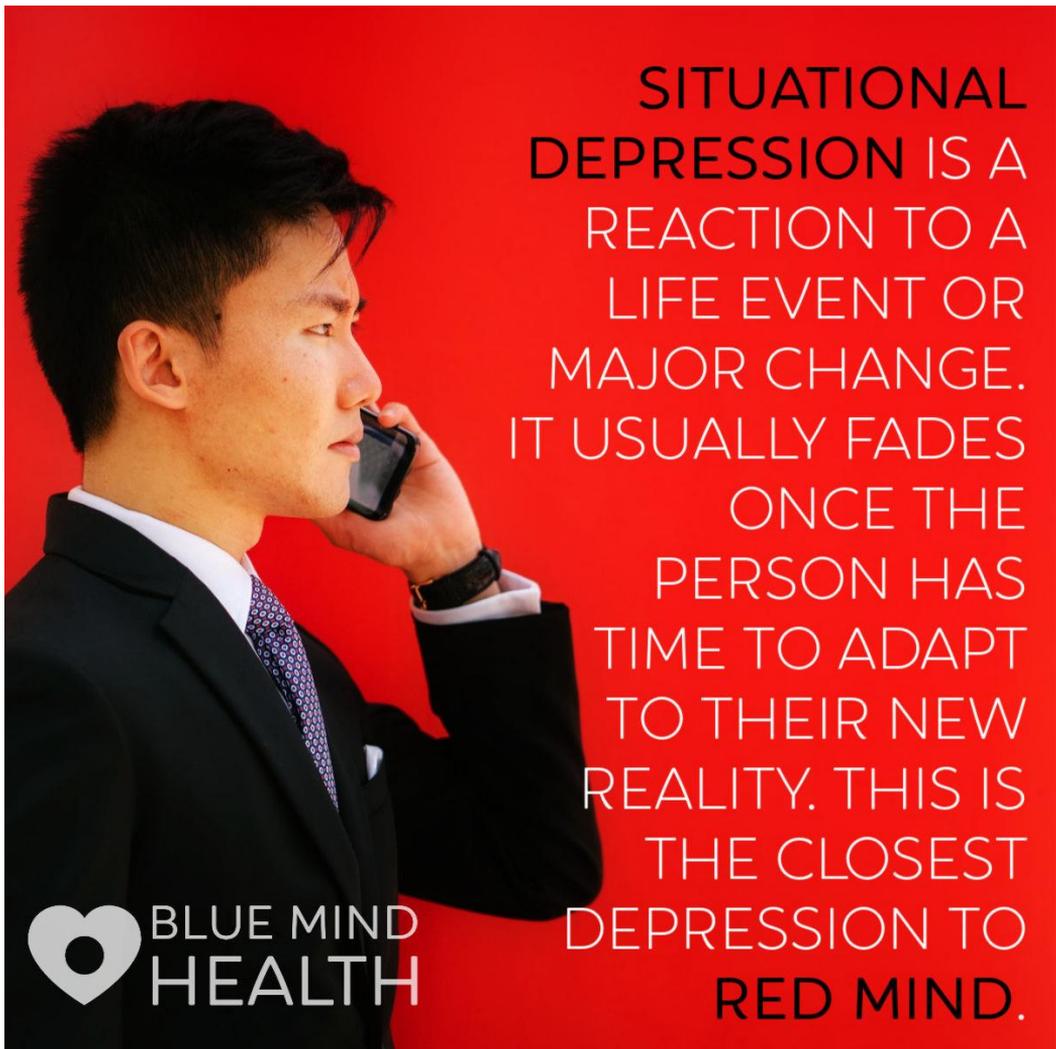
This is closer to **Red Mind** than **Gray Mind**. Major change can trigger situational depression – also known as an adjustment disorder. Unlike post-traumatic stress disorder – which can last years – situational depression is a reaction to a life event and usually goes away once the person has time to adapt to their new reality.<sup>58</sup>

## Symptoms of Situational Depression

- Hopelessness, sadness, or crying frequently.
- Worry, anxiety, or feeling out of control.
- Aches and pains in the body – especially headaches and stomachaches.
- Pounding of the heart.
- Feeling “sluggish” or “slow” physically.
- Inability to concentrate.
- Loss of interest in activities that once brought pleasure.

## BLUE MIND: FLOW TO TRANQUILITY

- Withdrawal from loved ones, social interactions, school, or work.
- Engaging in high-risk behavior – fighting, reckless driving, or unprotected sex.
- Fluctuations in eating and sleeping patterns.
- Fatigue no matter how much sleep is had.
- Persistent thoughts of death, self-harm, or suicide.

A man in a dark suit, white shirt, and patterned tie is shown in profile, talking on a black mobile phone. The background is a solid, vibrant red. To the right of the man, white text is overlaid on the red background. In the bottom left corner, there is a white heart icon with a dot inside, followed by the text 'BLUE MIND HEALTH' in white, bold, sans-serif font.

**SITUATIONAL  
DEPRESSION IS A  
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IT USUALLY FADES  
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THE CLOSEST  
DEPRESSION TO  
RED MIND.**

 **BLUE MIND  
HEALTH**

Children with situational depression will act out while adults are more likely to internalize their emotional turmoil.

## Risk Factors for Situational Depression

- Immediate family member that is a blood relation with a history of mental disorder, alcoholism, or suicide.
- A traumatic event such as being mugged or being in a car accident.
- Surviving a disaster such as a fire or tornado.
- Unexpected death of a loved one.
- Major life change such as getting married, getting divorced, moving or changing jobs, the birth of a baby, or retirement.
- Developing a chronic or terminal illness.

Symptoms of situational depression typically appear within three months of the trigger event. It is more common than major depression. Antidepressants are not usually prescribed since the condition gradually lessens as the patient adjusts and moves on.<sup>59</sup>

That does not mean symptoms should be ignored. Left untreated, situational depression can become major depression – a longer lasting and severe form of depression.

## Bipolar Disorder

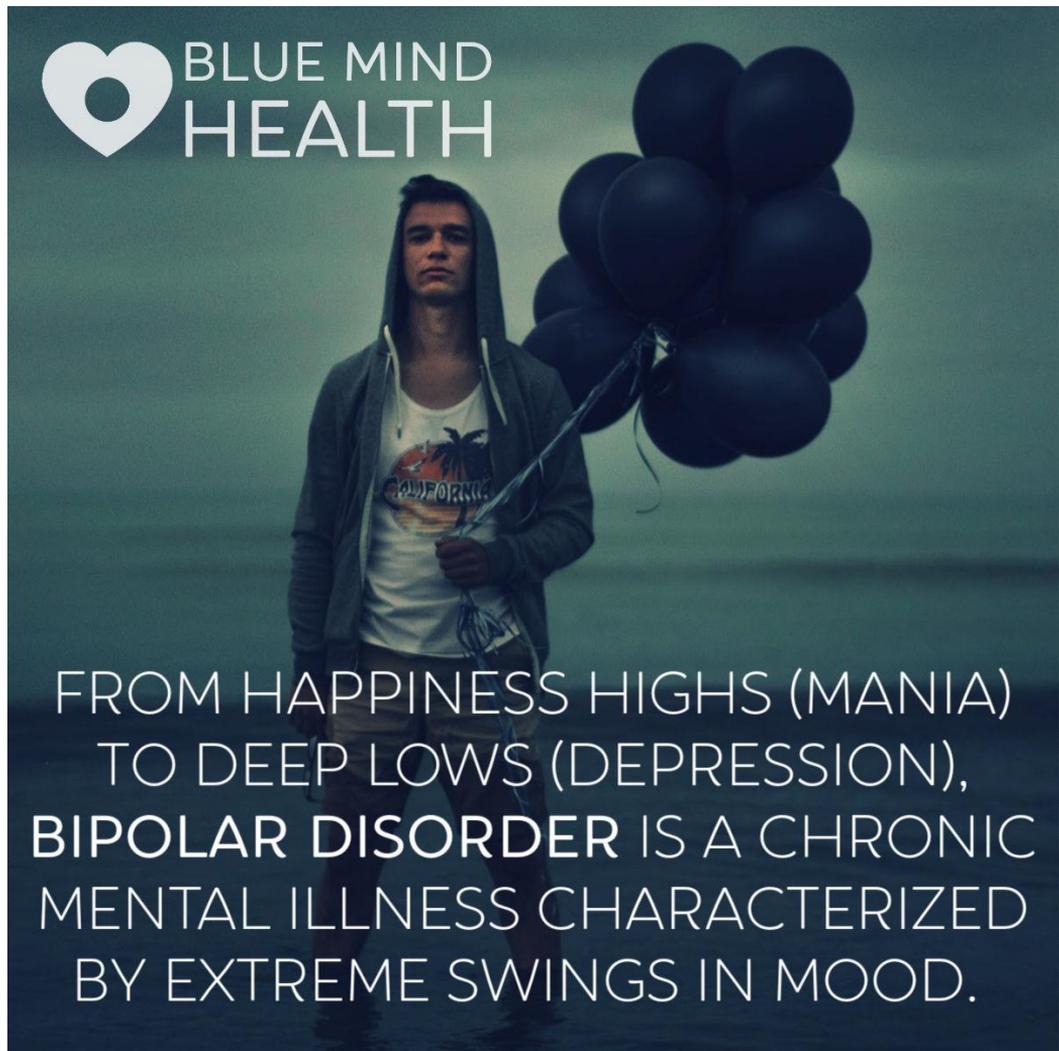
From happiness highs (mania) to deep lows (depression), bipolar disorder is a chronic mental illness characterized by extreme swings in mood. Previously referred to as **manic-depressive disorder**, these drastic mood changes can happen a few times a year or multiple times in a single day.<sup>60</sup>

More than 2.8% of United States adults have bipolar disorder and 4.4% experience this condition at some point in their lives.<sup>61</sup>

## BLUE MIND: FLOW TO TRANQUILITY

Due to irregularities in behavior, many people with this mental disorder go undiagnosed and untreated. It can affect close personal relationships, job performance, and ability to function consistently in daily life. The patient may not recognize how their behavior impacts those around them.

During periods of mania, bipolar disorder can increase productivity, creativity, and energy levels. Hesitant to give up these “highs,” some patients are reluctant to undergo treatment.



 BLUE MIND  
HEALTH

FROM HAPPINESS HIGHS (MANIA)  
TO DEEP LOWS (DEPRESSION),  
**BIPOLAR DISORDER** IS A CHRONIC  
MENTAL ILLNESS CHARACTERIZED  
BY EXTREME SWINGS IN MOOD.

Much like a sugar high, these periods of mania never last and the crash can be severe and even dangerous.

### Symptoms of Bipolar Disorder

- Unexpected and dramatic changes in mood from euphoria to deep sadness.
- Energy that ebbs and flows without apparent cause.
- Inflated self-esteem and grandiose plans.
- Rapid speech, racing thoughts, and increased agitation.
- Inability to concentrate, racing thoughts, or rapid speech.
- Feelings of extreme irritability or aggressiveness.
- Engaging in high-risk behavior – fighting, reckless driving, shopping sprees, or unprotected sex.
- Fluctuations in eating and sleeping patterns.
- During depressive lows, those who suffer with bipolar disorder may focus on self-harm, thoughts of death, or attempt suicide.

Most cases of bipolar disorder occur in teenagers and adults, but children as young as six years old have been diagnosed bipolar – a fact that many mental health experts disagree with.<sup>62</sup>

Bipolar disorder has been linked to other serious conditions such as attention-deficit/hyperactivity disorder (ADHD), substance abuse, post-traumatic stress disorder (PTSD), and physical ailments such as obesity, heart disease, and thyroid dysfunction.

### Risk Factors for Bipolar Disorder

- Immediate family member that is a blood relation with a history of mental disorder, alcoholism, or suicide.
- Chemical imbalance of brain chemicals.
- Stress in daily life.
- Alcohol or drug abuse.

## BLUE MIND: FLOW TO TRANQUILITY

- Unexpected trauma such as the death of a loved one.
- A history of physical, emotional, or sexual abuse.

Bipolar disease has one of the highest risks of suicide. Legal troubles, relationship problems, substance abuse, and poor work performance are just a few of the regular issues that bipolar disorder – diagnosed and undiagnosed –can instigate. The safety of the patient and other people is paramount.

**National Suicide Prevention Lifeline  
800.273.TALK (800.273.8255)**

Treatment for this form of depression is ongoing and involves the patient taking full responsibility for their recovery.

## PART THREE: WHAT CAUSES DEPRESSION?

There is no single “cause” of depression but experts believe that brain chemical imbalances, trauma, and chronic stress (**Red Mind**) are the most common triggers.

Depression is the most commonly diagnosed psychological problem but it’s not an insular disease.

In small and large ways, depression can negatively affect not only the life of the patient but their loved ones as well due to:

- Deep emotional pain for the patient and those around them.
- Disruption to the daily life of millions.
- Reduction in work and school productivity.
- Cause of repeated absences from school or work.
- Increased risk of substance abuse or other risk-taking behavior.
- May lead to other diseases and higher risk of death.
- Each case can worsen if left ignored or untreated.

Men who suffer from depression that has not been diagnosed, and therefore goes untreated, are more likely to express anger, frustration, and violent behavior than women. They may disregard the symptoms that seem “normal” to them and are less likely to seek help.



Science has a long way to go before successful tests can be developed to **diagnose depression early** and affect a cure.

Depression that recurs makes the patient more likely to experience chaos and upset in their daily life. They may feel consistently off balance, out of control, unable to save themselves from stress or toxic situations, and may rapidly worsen without treatment.

## Inflammation + Depression

Depression has a pronounced inflammatory component. Increased levels of inflammatory proteins suggest that low-grade, systemic (body-wide) inflammation accompanies depression. Levels of these inflammatory markers correlate well with the severity of depression.<sup>63</sup>

One proposed mechanism is that inflammatory cytokines activate an enzyme (indoleamine 2,3-dioxygenase) that effectively breaks down serotonin and tryptophan.<sup>64</sup>

A recent study carried out at Tel Aviv University in Israel is the first published report of deliberately induced inflammation causing signs of experimental depression in mice. Significantly, this effect was blocked

by the administration of the SSRI fluoxetine (Prozac), which may suggest an entirely different pathway for how SSRIs function.<sup>65</sup>

Omega-3 fatty acids are an essential dietary requirement in combating inflammation. Patients with the lowest levels of essential omega-3 fatty acids tend to be the most severely depressed, while healthy control subjects are more likely to have normal levels of omega-3s.<sup>66</sup>

It is critical to lower inflammation – particularly if you are already suffering from a mood disorder. There are natural (and effective) ways to accomplish this.

The most important anti-inflammatory compounds are omega-3 fatty acids EPA and DHA (eicosapentaenoic acid and docosahexaenoic acid). These can be obtained through food sources (marine sources and true grass-fed beef or flaxseed for those following a plant-based lifestyle). If you cannot acquire them through food, supplementation is highly recommended.

Researchers around the world have studied the impact of omega-3 fatty acids on patients with depression. Incidents of depression are rising in the United States and other developed nations that are less likely to get adequate amounts of omega-3 in their diet.<sup>67</sup>

Note that **omega-6 fatty acids**, although considered “essential,” are far too prevalent in modern eating plans (particularly the Standard American Diet) and considerably outweigh omega-3s. This creates a relative omega-3 deficiency.

According to a recent study, depressed people have lower levels of omega-3 fatty acids compared with the pro-inflammatory omega-6 fatty acids, and the severity of symptoms correlated with the ratio of omega-6 to omega-3 fatty acids.<sup>68</sup>

To lower omega-6 intake, slowly remove highly refined or manufactured food from your diet and rely more heavily on healthy whole foods such as fruit, vegetables, salads, and fish.

## Heart Disease + Depression

C-reactive protein is another inflammatory protein found at higher levels in depressed persons. It is also commonly found in patients with cardiovascular disease, pointing to a connection between depression and heart health.<sup>69</sup> Heart failure patients have almost a **five times greater risk** for depression.<sup>70</sup>

An even more overt association with cardiovascular disease was revealed by a recent study showing that depression can lead to thickening of the arterial linings and reduce blood flow.<sup>71</sup>

Homocysteine is an amino acid indicative of heart disease as well as depression. Up to 50% of depressed people have homocysteine levels that are significantly above normal.<sup>72</sup>

Homocysteine can be lowered by certain nutrients, some of which have been found to improve depression independently.



B6, B12, and folic acid have been found to lower homocysteine levels. Zinc acts in concert with vitamin B6.

More research is needed regarding homocysteine levels, heart disease, and depression. However, keeping this particular amino acid in check is beneficial for overall health.

### High Glucose + Depression

The link between obesity and depression has been recognized for decades. A 2007 study indicated women with high levels of depressive symptoms have an increased risk of developing metabolic syndrome (obesity and insulin resistance, among others).<sup>73</sup>

One 10-year study showed that older adults who show a high level of depressive symptoms, or experience a significant deterioration in mood, are more likely to develop type 2 diabetes.<sup>74</sup>

The simplest corrective intervention on behalf of glucose is with diet. Patients should limit their carbohydrate intake and opt for complex carbohydrates rather than simple ones.

The rest of the diet should consist of vegetables, fruits, salads, fish, poultry, and lean meat. The Mediterranean diet has some excellent guidelines that have proven beneficial for many.

Chromium, omega-3s, vitamin A, and vitamin E have also shown promise in helping to regulate blood sugar.

### Hormones + Depression

Changes in the body's balance of hormones may be involved in causing or triggering depression. Hormone changes can result from thyroid problems, menopause, or many other conditions.

Certain hormonal factors are known to contribute to depression. Getting your levels tested is a fairly simple process through your physician. Identifying problem areas is helpful in determining if hormone treatment will be beneficial.

**Thyroid:** The main hormonal imbalance in depressed patients is due to thyroid insufficiency. It has been estimated that at least 10-15% of people suffering from depression have undiagnosed hypothyroid.<sup>75</sup> The real figure is likely far higher since few depressed patients are tested for hormonal dysfunction.

**Low T3:** Identified as the most powerful thyroid hormone, T3 is associated with treatment-resistant depression and a tendency to relapse quickly.<sup>76</sup>

**Testosterone:** The male menopause or andropause is just as significant an event for men as for women and symptoms are remarkably similar. Testosterone levels should be checked in depressed men of any age.<sup>77</sup>

**Estrogen:** Women using estrogen replacement therapy to alleviate menopause symptoms appear to experience reduced depression.<sup>78</sup> In some older women being treated for depression, estrogen replacement therapy may improve the effects of conventional antidepressants.<sup>79</sup> Estrogen is thought to produce its antidepressant effects by regulating serotonin in the central nervous system.<sup>80</sup>

**Progesterone:** This normally very positive and helpful hormone has a paradoxical reverse effect in depression and should be administered as a supplement only with extreme caution.

Progesterone and even more so synthetic progestogens increase monoamine oxidase activity.<sup>81</sup> This action is probably the explanation behind premenstrual dysphoric disorder (progesterone predominates over estrogen in the latter half of the menstrual cycle).

**DHEA:** DHEA is probably the most abundant steroidal hormone substance in the body. Levels are especially high in the brain. DHEA is the biochemical precursor to a number of other hormones, notably estrogen, progesterone, and testosterone, which may explain in part why it benefits depressed patients.

In a randomized, placebo-controlled, double-blind study that lasted for six years, researchers found that DHEA therapy resulted in a significant improvement in depression symptoms, compared with placebo.<sup>82</sup> It also effectively lowered cortisol levels and improved mood, by a double-blind placebo-controlled trial.<sup>83</sup>

**Pregnenolone:** Considered the “happy” hormone, pregnenolone levels in the healthy brain are 10 times greater than DHEA levels. Patients suffering from depression have been found to have pregnenolone levels less than half those found in non-depressed persons.

### Melatonin + Depression

The intimate relationship between depressive disorders and bio-rhythm disturbances has been known for many years. Major depression sufferers experience their worst feelings in the early hours of the morning.

Measurement of melatonin in either saliva or plasma has shown significant alterations in melatonin secretion in depressive patients during the acute phase of illness.<sup>84</sup>

Sunlight and light therapy are helpful ways to inhibit melatonin production during waking hours.



## Cortisol + Depression

Cortisol levels are consistently elevated in depressed subjects, due to over-stimulation of the hypothalamic-pituitary-adrenal (HPA) axis, which regulates cortisol secretions.

Reducing **Gray Mind** and **Red Mind** helps to lower levels of cortisol and adrenaline (commonly known as the “stress hormones”) in the blood.

Therapeutic massage, aromatherapy with essential oils, moderate exercise, hobbies, laughter, social support, and time spent achieving **Blue Mind** in nature are all tried and proven methods of effectively lowering stress levels.

**Blue Mind Health** covers this topic extensively in the free report “Do You Have **Red Mind**?”

## PART FOUR: THE MODERN WORLD + GRAY MIND

The term “millennial” is bantered around (often with disdain) in the media but who falls within this age group? While the years differ slightly depending on the source, **millennials** are generally considered those individuals born between the years of **1984 and 2004**.<sup>85</sup>

These years were critical to mankind’s development due to the vast advancement of technology and the explosion of social media. Say what you will about AOL, Yahoo, and Myspace – such platforms changed the way human beings communicate around the world. They set the stage for the social media giants we have today such as Facebook, Twitter, Snap Chat, and more.

### Social Media’s Role in Depression Statistics

The modern day access to information is admittedly amazing. You have the ability to connect to anyone in the world through your phone, tablet, or computer with minimal cost and effort.

With the right stream of words, you can find information on any topic, person, or event in the world (past or present). You can offer your opinion on major world happenings. You can peek into the lives of your friends, colleagues, schoolmates, or total strangers with relative ease. As we should have foreseen, such unlimited access does have its drawbacks.

## BLUE MIND: FLOW TO TRANQUILITY

For instance, anything you can find out about your neighbor – they can find out about you. Same goes for co-workers, exes, or someone you went to school with.

Additionally, once something is released via the internet, it's very difficult to make it disappear. Social media makes access to information lightning fast and it's nearly impossible to stop the progression of a post, photo, article, or video once a handful of people have it.

Social media and depression are a problem for every generation. The “**baby boomer**” (those born **1944-1964**) and “**generation X**” (those born **1964-1984**) populations quickly learned powerful (and sometimes dangerous) lessons about our changing tech landscape.

People young and old flocked to the easy availability of information without truly understanding the reach these websites had to people you didn't know (and perhaps wouldn't want to know).

Privacy was no longer absolute, secrets became intangible, and everything in the dark could be dragged into the light.

This affected no generation as dramatically as it did millennials.

Depression and social media cyberbullying go hand-in-hand for this age group and it's no wonder. Life has a teenager has always been plagued with conflict and often painful life lessons.

For older generations, bad things happened and life could be filled with anxiety but it was unlikely your entire school, neighborhood, or town would have all the details...complete with photos or video.

A recent study published by the University of Pittsburgh found that millennials who spend an excessive amount of time on multiple social media platforms (between 7 and 11 hours) had more than **three times the risk of depression and anxiety** of their peers who limited their social

media engagement to two sites or less. Even if they spend equal time scrolling through their feeds.<sup>86</sup>

The national survey on social media use, conducted by Pitt's Center for Research on Media, Technology, and Health (CRMTH), was so consistent that the authors suggest mental health professionals include social media habits in their assessments and treatment recommendations for patients.

Brian A. Primack, M.D., PhD is the lead author of the study that evaluated almost 1,800 adults (age 19 to 32). He explained that it's difficult to determine "which came first" regarding the link between anxiety, depression, and social media use.

"While we can't tell from this study whether depressed and anxious people seek out multiple platforms or whether something about using multiple platforms can lead to depression and anxiety, in either case the results are potentially valuable."<sup>87</sup>

During the course of the study, the researchers determined several aspects that may contribute to a higher level of social media depression.

- Multi-tasking has been connected to general cognitive decline and poor mental health.
- User mistakes are more common when flipping between multiple sites.
- Social missteps are more likely to occur such as sharing unintended information.

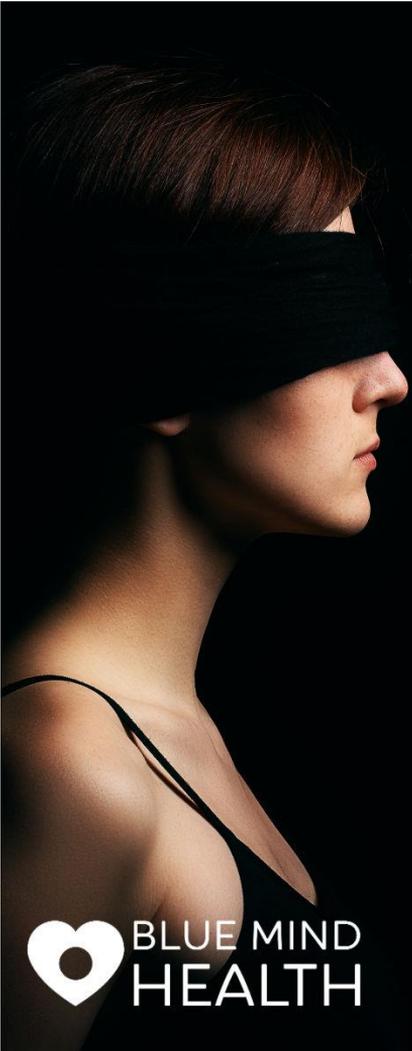
No matter your age, social media isn't going away. In fact, it's going to expand even more in the following decades.

## BLUE MIND: FLOW TO TRANQUILITY

To combat this growing issue before it gets worse, here are a few tips to using social media responsibly.

1. Pick your two or three favorite social media sites and keep the others off your phone. Make it harder to check them during “production” hours.
2. A big issue on social media is comparing yourself to other people. Don’t think everyone else’s lives are perfect. Remember that most people post about the good things happening in their lives and avoid mentioning much of the bad.
3. Close out of social media when spending time with family or friends. The virtual world should always take second place to your real one.
4. Avoid stalking people who are no longer part of your life. It wouldn’t be healthy (or legal) to follow them around in your car...it isn’t healthy to do it online either.
5. Set a daily limit you allow yourself to engage. Try to avoid scrolling social media right before bed.
6. Avoid scrolling at your place of work. That isn’t the time or place to surf social media. Seeing potentially upsetting information – that isn’t an emergency in your own life – can effectively derail the rest of your day.
7. Never, ever check social media while driving. This shouldn’t even need to be said but recent statistics from the National Safety Council found that 1-in-4 car accidents involved a driver using a cell phone at the time of the crash.<sup>88</sup>

Every once in a while, attempt a “social media blackout.” Set a period of time – a day, the entire weekend, a week – to completely stop accessing all social media sites.



EVERY ONCE IN A WHILE, SCHEDULE A “**SOCIAL MEDIA BLACKOUT**” – WHERE YOU STOP ACCESSING ALL SOCIAL MEDIA SITES FOR A SET TIME. YOU’LL BE SHOCKED AT HOW MUCH BETTER YOU FEEL MENTALLY AND EMOTIONALLY. IT’S OKAY TO KEEP PART OF YOUR LIFE PRIVATE. THIS INCREDIBLE (AND POTENTIALLY DESTRUCTIVE) TOOL MUST NOT BE ALLOWED TO TAKE OVER YOUR LIFE.



BLUE MIND  
HEALTH

You’ll be shocked at the time you save, how productive you are, and how much better you feel mentally and emotionally.

Prior generations grew up without every possible moment of their lives being recorded and broadcast to the world at large. They still mess up on social media but their sense of privacy remains intact.

It’s okay to keep part of your life private. It’s okay to hold things back as too personal to share. It’s okay to not follow the masses.

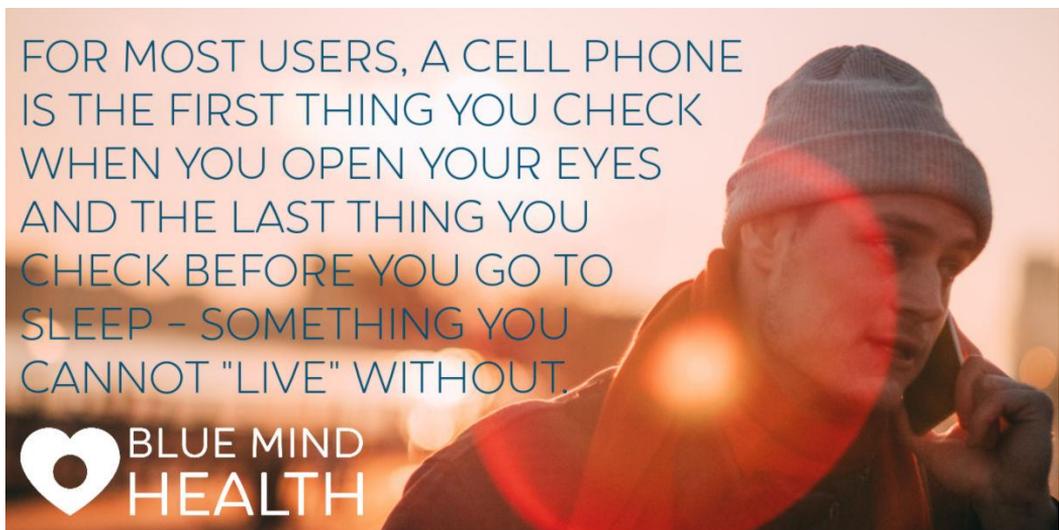
This incredible (and potentially destructive) tool must not be allowed to take over your life.

## Technology at Large

When you think about how to prevent **Gray Mind** from taking up residence in your life, you probably don't give your cell phone much thought. After all, it's how you stay "connected" so that must be a good thing, right?

Any day of the week, you'll probably see dozens of people walking down the street staring at the phone in their hand. You see drivers obsessively checking at lights and often in the midst of moving traffic. Consumers in line at the grocery store pass the few moments endlessly scrolling.

Sitting in a restaurant, a place that used to be a social activity in itself, you can glance around to see many individuals intently staring at their glowing screens to catch up with virtual friends rather than focusing on the real world friends who are sitting across from them!



## BLUE MIND: FLOW TO TRANQUILITY

For most cell phone owners, it's the first thing you check when you open your eyes and the last thing you check before you (attempt to) go to sleep.

This piece of technology has become an additional appendage that cannot be left behind without causing the owner extreme mental or emotional distress.

This is such a common reason for panic that studies have been done, countless articles written, and apps created to keep you from walking out of your home or office without your cell phone – as well as endless reasons why you should.<sup>89 90 91</sup>

There are legitimate – scientifically proven – physical health problems connected to cell phone use.

*Excessive use of a cell phone linked to...*

- Lower sperm count <sup>92</sup>
- Disrupted fetal development <sup>93</sup>
- Behavioral issues in children <sup>94</sup>
- Deteriorated brain cognition while driving <sup>95</sup>
- Transportation of horrific germs <sup>96</sup>
- Long-term damage to your eyes <sup>97</sup>
- Sensations of “phantom” vibration <sup>98</sup>
- Repetitive stress injuries in children and teens <sup>99</sup>

Then there is the emotional aspect of excessive cell phone dependence. The social isolation enabled by technology is trending with higher depression statistics.

## Cell Phones Make **Gray Mind** Worse

In a recent study released by the Michigan State University, researchers determined that those who replace electronic interaction for real world socialization are left feeling empty.

MSU's College of Communication Arts and Sciences team found that participants who relied heavily on their cell phones to feel connected to others ultimately realize that the phone is a poor substitute.

Problematic use of mobile phones (PUMP) is a rising problem for those who are sinking into feelings of sadness, isolation, or hopelessness. As it turns out, it worsens a problem that is better addressed with real human contact.



“The research bears out that despite all the advances we’ve made, there is still a place for meaningful, face-to-face interaction. [The mobile phone] seduces us into believing it’s real, but the fact remains it’s still synthetic,” explained team member Prabu David in the journal *Computers in Human Behavior*. He stresses, “If you have a chance to see someone face-to-face, take it. Life is short.”<sup>100</sup>

Other bizarre and disturbing emotional side effects of cell phone use include less interaction within families, harsher disciplinary action than warranted due to parental frustration for being pulled away from the phone, inability to disconnect even while sleeping, and legitimate phobias among more than half the mobile phone population about being separated from their phone for any length of time.

In the *Journal of Behavioral Addictions*, Baylor University gave the following conclusion in their research about cell phone addiction, “The cell phone allows us the freedom to gather information, communicate, and socialize in ways only dreamed of...however, cell phones can lead to dependence. It is incumbent upon researchers to identify the all-important “tipping point” where cell phone use crosses the line from a helpful tool to one that enslaves both users and society alike.”<sup>101</sup>

## PART FIVE: DIAGNOSING GRAY MIND

If you believe you or someone you love may be suffering from depression – it is imperative to seek treatment.

Your physician should rule out other issues that could explain the symptoms you're experiencing. A few simple tests can lead to a diagnosis that will get you on the road to feeling better.

### What to Expect

- **Physical Exam:** A general exam will be done and your doctor will ask general and in-depth questions about your health and daily habits.
- **Lab Tests:** In order to rule out other causal effects, your doctor will check your thyroid function with a test called a complete blood count (CBC).
- **Psychological Evaluation:** A series of questions will be asked to establish your overall emotional state. It may be in the form of a questionnaire.

You will need to describe the symptoms you are experiencing, severity and frequency, any behavior that seems out of the ordinary for you, your daily habits, thoughts, and feelings.

To be diagnosed with major depressive disorder, you will exhibit **five or more of the standard symptoms** below for the majority of almost every day for at least two weeks.

### Symptom Review

- Feelings of low mood such as sadness, feeling out of control, or crying spells.
- Feeling little or no pleasure at all.
- Significant weight loss, weight gain, or noticeable change in appetite.
- Insomnia or hypersomnia.
- Feeling “slow” or “sluggish” in a way that is noticeable by others.
- Increased restlessness that may inspire questions from others.
- Loss of energy or constant fatigue no matter how much sleep is had.
- Intense feelings of worthlessness, guilt, or low esteem.
- Inability to concentrate.
- Thoughts about death, self-harm, or suicide.

These symptoms impact your daily life and affect your personal and professional relationships. Filling out the questionnaire may be based on the observations of someone other than yourself.

### Overcoming Stigma Around Mental Health

You should not delay in talking to a mental health professional – or someone you trust – out of fear, shame, or embarrassment.

The stigma attached to depression remains one of the primary reasons that people do not seek the treatment they need. Myths, misconceptions, and misinformation about depression and other forms of mental illness prevail.

Feeling ashamed, guilty, and weak can heighten those deep-seated feelings of sadness and inadequacy common in depressives.<sup>102</sup>

## Fact Check on Depression

1. Most people believe sadness is what causes depression when in fact, anger is more common. It is an emotion suppressed – especially by women – more often than not.
2. There are multiple mental and emotional aspects of depression but that doesn't mean depression is "all in the head." Symptoms such as inability to focus, lack of energy, fluctuations in sleep and eating patterns, and aches throughout the body are all physical manifestations of a very real disease that should be taken as seriously as cancer or diabetes.
3. No one is immune to **Gray Mind**. Women comprise 70% of diagnosed depression cases. However, men, the elderly, and even children are susceptible to clinical depression. In fact, men can experience much more severe and dangerous effects such as violent tendencies, risk-taking behavior, and substance abuse. Men over age 60 comprise the largest majority by group that commits suicide.
4. It is rare for people affected by depression to "snap out of it" – but those who seek treatment have a higher chance of recovery. Ignoring **Gray Mind** is dangerous.
5. Antidepressants are the secondary option to treat most forms of depression. Talk therapy is the primary go-to and can often resolve issues without medications. If you are prescribed antidepressants, you won't necessarily be on them long-term. Many patients can be gradually tapered off as they improve.

If you had a broken leg, cancer, or any other ailment, you'd seek a doctor's advice. Depression should not be treated any differently.

Shame has no place in improving your quality of life. Being strong enough to ask for help should be a source of pride.

### Helping a Loved One with **Gray Mind**

- Be patient, supportive, and encouraging.
- Talk – but more importantly – listen.
- Offer to accompany them to appointments and drive if necessary.
- Never feel that the situation is hopeless – with treatment, their future is filled with happiness and potential.
- Invite them out and encourage interaction as much as possible. Don't push but remain welcoming and open.
- If your loved one mentions thoughts of self-harm or suicide, seek help immediately.

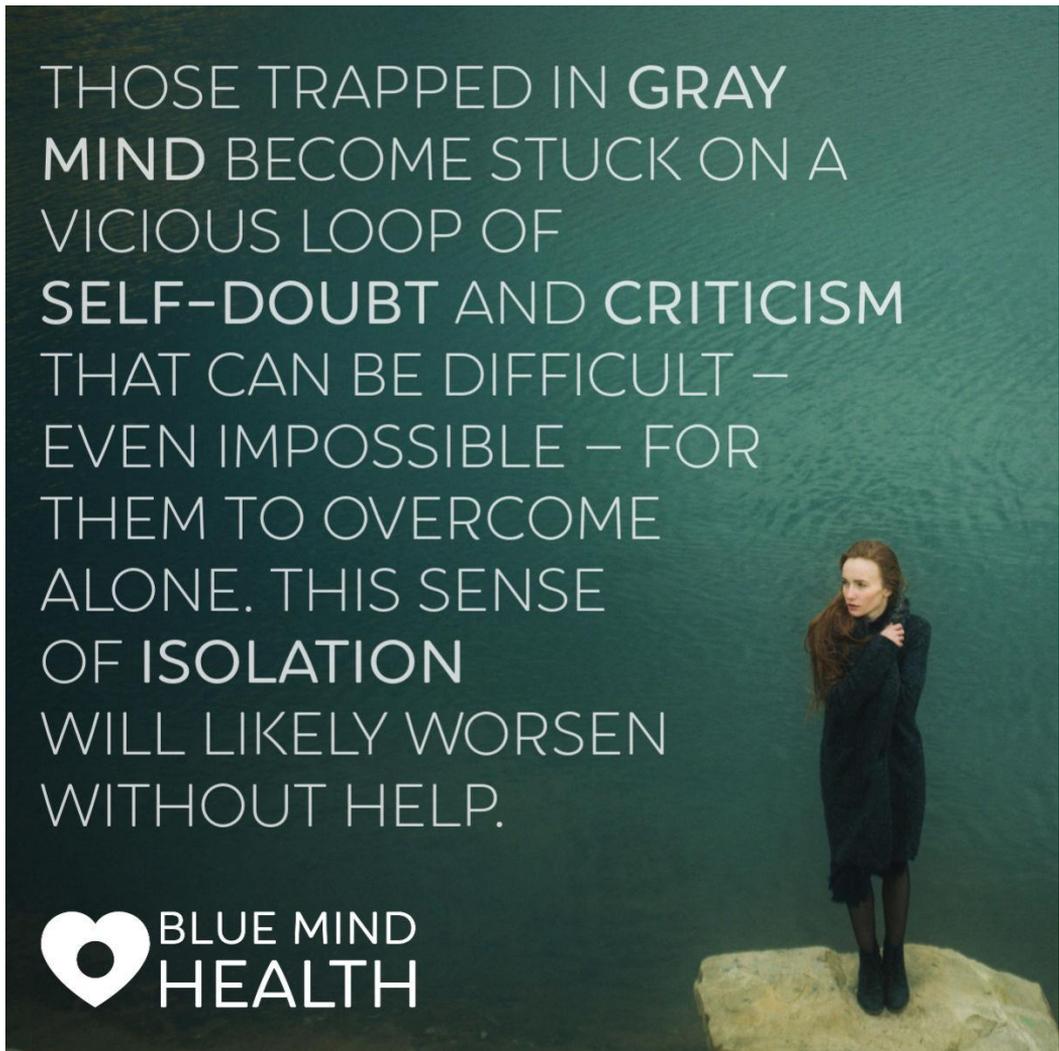
Those trapped in **Gray Mind** become stuck on a vicious loop of self-doubt and criticism that can be difficult – even impossible – for them to overcome alone.

- *“No one wants to be around me anyway.”*
- *“I must have done something to deserve it.”*
- *“The world would be better off without me.”*

These are painful, self-destructive phrases that “ramp up” the already insufferable effects of **Gray Mind**.

Though these thoughts are untrue, a person in a depressed frame of mind will not only consider them, they will justify the negativity with *more* negativity.

- *“I’m a failure.”*
- *“I’m not good enough.”*
- *“It’s pointless, things will never change.”*

A woman with long brown hair, wearing a dark blue or black coat and boots, stands on a light-colored rock in the middle of a body of water. The water is a deep teal color. The background is a dark teal gradient. The text is white and reads: "THOSE TRAPPED IN GRAY MIND BECOME STUCK ON A VICIOUS LOOP OF SELF-DOUBT AND CRITICISM THAT CAN BE DIFFICULT – EVEN IMPOSSIBLE – FOR THEM TO OVERCOME ALONE. THIS SENSE OF ISOLATION WILL LIKELY WORSEN WITHOUT HELP." In the bottom left corner, there is a white heart icon with a black outline, followed by the text "BLUE MIND HEALTH" in white, bold, sans-serif font.

THOSE TRAPPED IN GRAY  
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 BLUE MIND  
HEALTH

## BLUE MIND: FLOW TO TRANQUILITY

Depending on the specific form of depression, symptoms can be all over the place and make it difficult for an individual to recognize issues within themselves. Depression signs can manifest in ways that make it a study of contradictions.

- Too much sleep...not enough sleep.
- Increased appetite...decreased appetite.
- Mental slowing down...rapid thoughts.
- Disinterest in pleasurable activities...risk-taking behavior.
- Crying spells...angry or confrontational outbursts.

Ups and downs, highs and lows, sometimes without rhyme or reason. Sadness is the most common emotion associated with depression but it is anger that is statistically the root cause.

Most people – especially women – are taught to suppress anger. The result can be a building sense of powerlessness and frustration that brings other negative emotions to the forefront.

You do not have to fight **Gray Mind** on your own. Give yourself every available tool to defeat it. Whatever it takes – therapy, meditation, pharmaceuticals, exercise – you deserve to be free.

## PART SIX: NATURAL METHODS OF TREATMENT

For decades, doctors have been trying to unravel the mysteries surrounding a **stigmatized and too often misunderstood disease** that affects the lives of so many.

Countless studies suggest depression is linked to a miscommunication in the brain – damaged nerve cells and neurotransmitters (serotonin, dopamine, and norepinephrine) that *short out* areas of the brain responsible for regulating mood.

When you or someone you love suffers from depression, you want it to stop by any means necessary.

In our modern world of there being a drug for (literally) every single thing that may (or may not) ail you, it's important that you know there are ways to treat the symptoms of **Gray Mind** naturally that can literally change your life.

However, if you are currently in treatment for depression – do not stop. In many cases, it can be physically or mentally dangerous to simply halt medications you've been taking.

Even if natural therapies outlined here begin to work – or even work better than what you've tried – consult your physician before you stop traditional treatment options.

## The Role of Nutrition in Mental Health

In the age of “fast” everything – food, beverages, and daily life – it can seem impossible to eat the right foods to feed your body, mind, and spirit.

The fuel you consume translates to what your body uses to run basic functions. Digestion, respiratory, cardiovascular, endocrine, skeletal, and your central nervous system rely on getting the right food to keep you going day after day.

Choices in today’s marketplace (grocery stores, convenience stores, and drive-thru restaurants) makes it easy to pick “quick” over “good” foods and your mental and physical health is paying for it.

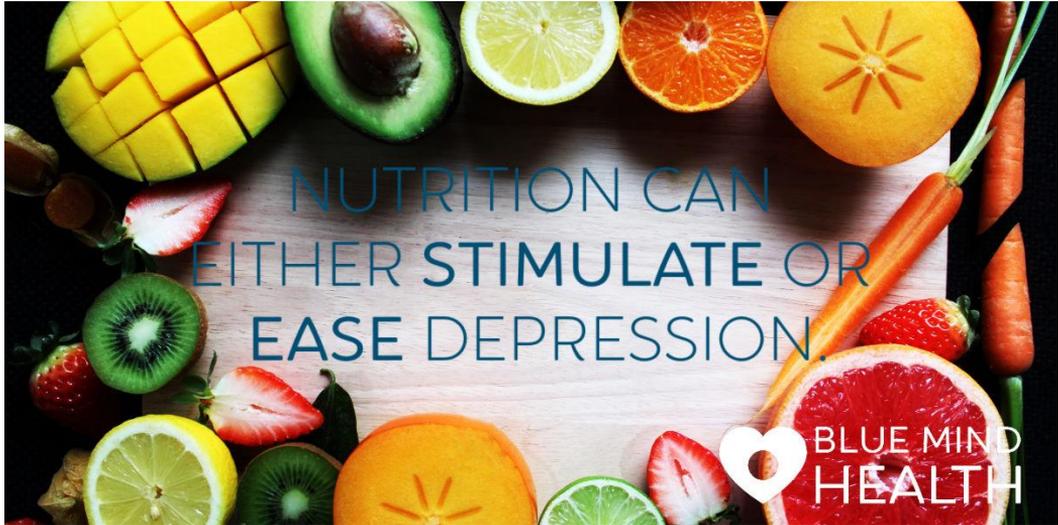
When you don’t give your body the right balance of vitamins, minerals, and other critical antioxidants, every cell inside you suffers.

It should come as no surprise that science has now confirmed that your basic nutrition can stimulate or help to ease depression.

Mental health is often neglected in comparison to other conditions that are immediately life threatening. Heart disease, cancer, and diabetes claim so many lives that depression and other behavior disorders seem less urgent.

The more that researchers link nutrition to total body sickness or wellness, the more we truly understand that everything inside us is connected.

Addressing the human condition from head to toe, taking your mental health into consideration as strongly as cholesterol levels, and looking at ways to make all of you well is the backbone of **Blue Mind**.



Research indicates that depression can be caused (or worsened) when **chronic inflammation** is present. Inflammation is so deadly that scientists are devoting their entire careers on understanding how it works and how to stop it.

Probiotics reduce gastrointestinal inflammation, lower your risk of illness, and keep your body working in harmony. They help increase your production of a neurotransmitter called gamma-aminobutyric acid (GABA) and enhance your brain's receptors for it.

GABA is your body's natural antidepressant, shown to reduce anxiety, alleviate depression, calm the nervous system, and promote natural sleep.

A team of researchers with University of Las Palmas de Gran Canaria published their findings in *BioMed Central*. Their study followed more than 15,000 people for more than a decade, charting their food habits. Participants did not have a history of depression or mental illness at the start.

The “shocking” findings shouldn't surprise you. A diet consisting of antioxidant-rich fruits, vegetables, nuts, and other foods with little or

no processing (meats, dairy, and dry goods) proved to be a viable method of preventing and treating depression.

The team examined several healthy eating patterns to determine their impact on mental wellbeing. Processed foods, high-sugar foods, and a large intake of meat received a negative score. Produce, legumes, nuts, seeds, and other proven sources of powerful antioxidants were given a positive score.

The end result...nutrition and depression are definitely impacted by one another.<sup>103</sup>

“We wanted to understand what role nutrition plays in mental health, as we believe certain dietary patterns could protect our minds. These diets are all associated with physical health benefits and now we find that they could have a positive effect on our mental health,” explained Almudena Sanchez-Villegas, team lead with the university project. “The protective role is ascribed to their nutritional properties, where nuts, legumes, fruits and vegetables (sources of omega-3 fatty acids, vitamins and minerals) could reduce the risk of depression.”

Since 1999, the SUN Project (Seguimiento Universidad de Navarra) has followed lifestyle and diet patterns of their participants to determine better ways to address diabetes, obesity, depression, and much more.

The depression study utilized data from participants already involved in SUN for a more defined view of how diet affects mental health over more than a decade. It should come as no surprise that those who consumed a higher volume of fruits, vegetables, and seafood (with lower intake of grains, sweets, meats, and processed foods) scored far higher in mental wellbeing.

“The noticeable difference occurs when participants start to follow a healthier diet. Even a moderate adherence to these healthy dietary

patterns was associated with an important reduction in the risk of developing depression,” stated Sanchez-Villegas.<sup>104</sup>

The emerging science backing up using food to prevent and treat many illnesses is almost overwhelming. Now that nutrition is being taken more seriously, we can barely keep up with the findings from reputable universities and labs around the world.

Another study from Department of Psychiatry, JSS Medical College in India found similar findings. Researchers wrote, “Few people are aware of the connection between nutrition and depression while they easily understand the connection between nutritional deficiencies and physical illness. Depression is more typically thought of as strictly biochemical-based or emotionally-rooted. On the contrary, nutrition can play a key role in the onset as well as severity and duration of depression.”

They go on to document nutritional deficiencies prevalent in patients suffering from depression, bipolar disorder, obsessive-compulsive disorder (OCD), and schizophrenia.

Asian and American countries are particularly at risk for shortages of essential minerals, vitamins, and omega-3 fatty acid.<sup>105</sup>

### 7 Food Source “Antidepressants”

1. Vitamin D – sunshine, mushrooms, and fortified products
2. Omega-3 – seafood, seeds, and nuts
3. B Vitamins – seafood, leafy greens, and eggs
4. Folate – leafy greens, citrus, and beans
5. Iron – seafood, poultry, and leafy greens
6. Zinc – beef, beans, seeds, and nuts
7. Magnesium – pumpkin seeds, sea vegetables, beans, and leafy greens

## BLUE MIND: FLOW TO TRANQUILITY

In patients suffering from **Gray Mind**, poor nutrition resulting in core deficiencies is found a vast majority of the time. If you suffer from depression or anxiety – or have a loved one who does – addressing basic eating habits is a good place to start for relief of symptoms.

It is not a “cure-all,” but there is no longer any doubt that proper nutrition does help those who suffer from depression.<sup>106</sup>

Anything that helps you get back to the life you’re meant to live should be considered. Good nutrition is an **easy, inexpensive, safe, and effective** way to get your mental wellbeing back on track.



## The Science of Sleep

Specific biological “rhythms” regulate critical functions in your body. Ultradian, circadian, and infradian rhythms begin before birth and continue until your last breath.

They determine how and when you sleep but they’re so much more than that. These rhythms regulate heart rate, digestion, hormone balance, libido, metabolism, mood, and even fertility.

Sleep is when your brain “backs up” everything you’ve experienced during the day. If you’re training on a new job, studying for a test, or even starting a new hobby, you need to sleep to cement the knowledge in long-term memory.

Experts estimate that more than half the population is sleep-deprived. If you’re one of the many people around the world who puts sleep on the back burner to do other things, you need to reconsider.

Sleep deprivation is linked to higher risk of accidents, heart disease, obesity, diabetes, lack of focus, faulty memory, inflammation, and rapid aging.<sup>107 108 109</sup>

Anxiety and depression symptoms are also worsened when you don’t get adequate sleep every day. These mood disorders are now at epidemic levels and poor sleep has much to do with it.

### **Sleep Can Ease Anxiety and Depression Symptoms**

When you’re riddled with anxiety or depression, you already struggle with concentration, motivation, completing tasks, and joining in activities you once found enjoyable. Coping with stress is a challenge you face daily.

Sleep deprivation makes these symptoms much worse.

Researchers with the University of Illinois – Chicago College of Medicine published the results of their study in the medical journal *Depression and Anxiety*.

They discovered that a specific portion of the brain (dorsal anterior cingulate cortex or DACC) must work harder to fight negative feelings or reactions to circumstances in those who are anxious or depressed. Emotions are even harder to regulate if the individuals are also sleep-deprived.

“Reappraisal is something that requires significant mental energy,” explained assistant professor of psychiatry, Heide Klumpp. “In people with depression or anxiety, reappraisal can be even more difficult, because these disorders are characterized by chronic negativity or negative rumination, which makes seeing the good in things difficult.”

The 78 participants ranged from age 18 to age 65 and all had been diagnosed with anxiety, major depression, or both. All completed pre-study questionnaires that determined common sleep habits. MRI scans measured their brain activity to determine their reactions to violent images – and their ability to reassess the images when given positive information.

Almost 75% of participants with the least sleep or poor quality sleep were unable to reappraise the images with the new information. In other words, even though the images ended up not being as negative as perceived, their brains were unable to correct their initial impressions.

“Higher DACC activity in participants with lower levels of sleep efficiency could mean the DACC is working harder to carry out the demanding work of reappraisal,” Klumpp stated. “Our research indicates sleep might play an important role in the ability to regulate negative emotions in people who suffer from anxiety or depression.”<sup>110</sup>

## BLUE MIND: FLOW TO TRANQUILITY

If you don't get enough quality sleep...

- Higher likelihood of weight gain.
- More tissue inflammation throughout your body.
- Damage to libido.
- Mood fluctuations during the day.
- Workouts are less effective.
- Driving skill is comparative to drinking and driving.
- Prone to skin irritation.
- Higher risk of substance abuse.
- Slower reflexes.
- Inability to concentrate, memorize, or recall.
- Higher risk of disease and early death.
- Greater likelihood of chronic pain.

Getting enough quality sleep makes you more productive. It helps you think clearly, gives you the energy you need through the day, and helps to regulate anxiety and depression symptoms naturally.

The sooner you make sleep a priority, the better you're going to think and feel.



## Essential Oils for Calm + Focus

You might be surprised at how helpful some homeopathic methods are at managing symptoms of depression. Essential oils have been used in this capacity for thousands of years – much like water.

They are readily available and inexpensive because very little is required. Here are three essential oils that have shown promise in easing the symptoms of stress, anxiety, and depression.

**Lavender:** This popular oil has long been known to lift mood and relieve anxiety. Scientific studies have determined that lavender is an excellent addition to the homes of new mothers to alleviate post-partum depression or for those suffering from post-traumatic stress disorder (PTSD).<sup>111 112</sup>

It's considered safe and well tolerated even by infants. In fact, lavender is increasingly added to baby care products. Lavender oil can be added to your bath or massaged into your skin throughout the day (behind your ears or on your inner wrists). Consider using an inexpensive cold-water diffuser for ideal results with lavender oil.

**Bergamot:** If you want to feel refreshed and recharged, try bergamot essential oil. Several studies have shown that it improves blood circulation, boosts energy, and inspires positive feelings. These effects make it a natural choice for treating the signs and symptoms of depression and anxiety.<sup>113</sup>

This oil is even being studied as a natural way to lower blood pressure. Again, this can be added to a cold-water diffuser (even mixed with lavender) for longer results. If you need a quick “boost,” put a few drops in your palm and inhale deeply with your hands cupped around your mouth. This is another oil that is well-tolerated and highly effective.<sup>114</sup>

**Ylang Ylang:** Various research has shown that inhalation of a ylang ylang essential oil can act quickly to improve your entire mood and calm feelings of anxiety. Considered a mild (natural) sedative, this oil goes the distance to help you relax and focus on positive emotions.<sup>115</sup>

Adding a few drops to your wrists and behind your ear provides a way to maintain the calm throughout your day. Use a cold-water diffuser for best results.

Essential oils can be used as a simple and effective (at home or work) method to calm your mood and improve positive feelings. They are non-toxic to most people (unless there is a specific allergy) and safe. However, cat owners should use caution as felines don't have the ability to process essential oils.

Again, for those with severe depression or anxiety, essential oils aren't going to miraculously change everything. They're simply a tool that can safely be used alone or in conjunction with treatment without side effects.



## The Antidepressant vs Placebo Debate

Among those who seek professional help for depression, less than half of patients will be correctly diagnosed as depressive.<sup>116</sup>

Of those who are correctly diagnosed with depression, only one-half will receive any form of therapy for their illness.<sup>117</sup>

Finally, among those who do receive treatment, only 25% will receive an appropriate or effective antidepressant dose along with proper duration of talk therapy.<sup>118</sup>

These figures are bound to be conservative, since many experiencing **Gray Mind** never seek help for their state of mind.

While some patients will improve and other patients will stay the same, roughly **25% of depressed patients will actually worsen** on antidepressants.<sup>119</sup>

You need to be aware of these statistics so you can consult your doctor immediately if you begin experiencing negative side effects.

While there is a lot of finger-pointing around “Big Pharma” – it is important to note that even mainstream medicine and the media questions the safety and efficacy of antidepressants and the companies that push them aggressively.

There are many methods (legal but often unethical) that pharmaceutical companies use to market their products. The profits they report by using these procedures are astronomical.

The conflict of interest between pharmaceutical companies and prescribing physicians is very real – as proven by multiple investigative reports over the past decade.<sup>120 121 122</sup>

Antidepressants earned their makers **\$17 billion in 2017** alone.

The *Yale Journal of Biology and Medicine* published a joint study between Harvard University and Beth Israel Deaconess Medical Center that concluded, “Antidepressant advertising propagates narrowly biological explanations of depression (especially the seductive notion of simple neurochemical imbalance or deficiency) and leaves out any mention of how often symptom relief may occur because of non-pharmacological interventions. At the same time, it would seem that drug companies are using advertising precisely to inflate such non-pharmacological effects, with the goal of attracting consumers to antidepressants, and then keeping them on them.”<sup>123</sup>

Before you jump into the deep end of antidepressant use – which may be unnecessary for your specific case – consider trying some natural, proven effective, methods of improving your overall mood and quality of life.

In a second study between the same universities, the researchers state clearly, “Antidepressants are supposed to work by fixing a chemical imbalance, specifically, a lack of serotonin in the brain. Indeed, their supposed effectiveness is the primary evidence for the chemical imbalance theory. But analyses of the published data and the unpublished data that were hidden by drug companies reveals that most (if not all) of the benefits are due to the placebo effect.”<sup>124</sup>

The **placebo effect** has been fascinating doctors and scientists for decades with good reason.

This is a “beneficial effect produced by a placebo drug or treatment, which cannot be attributed to the properties of the placebo itself, and must therefore be due to the patient's belief in that treatment.”

Harvard Health Publishing stated, “Your mind can be a powerful healing tool when given the chance. The idea that your brain can convince your body a fake treatment is the real thing — the so-called placebo effect — and thus stimulate healing has been around for

millennia. Now science has found that under the right circumstances, a placebo can be just as effective as traditional treatments."<sup>125</sup>

They go on to explain that they are primarily effective on symptoms that are modulated by the human brain.

It is one of the most powerful non-pharmaceutical tools available to every man, woman, and child on the planet.

It is totally within your power and its effectiveness is entirely based on your belief that it will work.

The worst of **Red Mind** and **Gray Mind** symptoms begin in your brain – how you perceive the world and react to the stressors it stimulates.

It is this simple and scientifically proven fact that makes **Blue Mind** particularly effective in making you happier, healthier, and better at what you do.

Used as a form of complementary medicine (in conjunction with your current treatment protocols), **Blue Mind** and other natural modalities can ease the most debilitating symptoms of depression.

### 7 Coping Strategies To Remember

1. **Know the facts about depression.** Your doctor or mental health therapist will give you vital information to aid in your treatment. However, talking to other people with depression will show you that you are not alone.

Check out the excellent information at the [National Institute of Mental Health](#) for research studies, outreach programs in your area, and the latest news about depression and depression treatments.

## BLUE MIND: FLOW TO TRANQUILITY

2. **Avoid complete isolation.** See a show, join a class, or take in a sporting event. Getting outside and among others (even strangers) can be helpful. If you're unable to get out, call a friend or sign up for groups who visit with those who are homebound.
3. **Delay life-changing choices** until you are in a better place to make those decisions. Considering marriage, divorce, moving, or changing jobs when you are at a low point in your life may be a reaction to temporary stress or feelings you can't control at the time.

As your emotional balance improves, *you* will be able to make the choices best for you – not *depression*.

4. **Take one day at a time.** Smaller, realistic goals are best to achieve recovery and move on with your life. "Today, I will go for a walk if my feelings of sadness seem stronger." Learning to evaluate your emotional condition will aid you in preventative measures.
5. **Give yourself a break.** Recovery takes time and if you're consistent in your treatment, good to yourself, and believe that you will get better...your chances of leaving depression behind are much higher.
6. **Give positive thought a chance.** It might sound a little cliché but positive thinking is indeed powerful. If you feel overwhelmed by negative thoughts, stop, and think of three positive things in your life.

During times of extreme stress, recalling your children, your pets, or happy memories can help get you through a particularly bad depressive episode.

7. **Surround yourself with positive, non-judgmental people.** Just as negative thinking is contagious...so is positive thinking. If there are family or friends in your life who are unable or unwilling to help you in your recovery, limit your time with them until you are emotionally stronger.

Your recovery and quality of life must be top priority. There is no reason to apologize for removing toxic people or circumstances from your life.



## PART SEVEN: TRANSFORMING **GRAY** TO **BLUE**

The **Blue Mind** protocol can help you to manage your stress, anxiety, and depression symptoms effectively and naturally.

There are no dangerous side effects to natural methods of treating **Gray Mind** – particularly if you use them side by side with your doctor-recommended treatments. It’s literally all “upsides” and zero risk.

### Establish a Life Plan

There are times when it is your life system – rather than your emotional state – that is malfunctioning and causing a negative ripple effect. This means taking a step back, evaluating where you are right now, and deciding where you’d like to be.

Being honest with yourself is key.

Even when **Gray Mind** saps your energy and leaves you unmotivated, accomplishing simple tasks can offer you a boost of much-needed confidence and focus.

Depression makes it difficult to get anything done and you may feel like you’re just “going through the motions.” Taking one day, one task, one goal at a time helps you to prioritize without pressure.

## BLUE MIND: FLOW TO TRANQUILITY

Set tiers from the most basic tasks to more complicated projects – and make them specific to your life. Consider keeping a journal to chart your progress. This will show you the ebb and flow of your days over a week, a month, a year – which is a good thing to look back on.

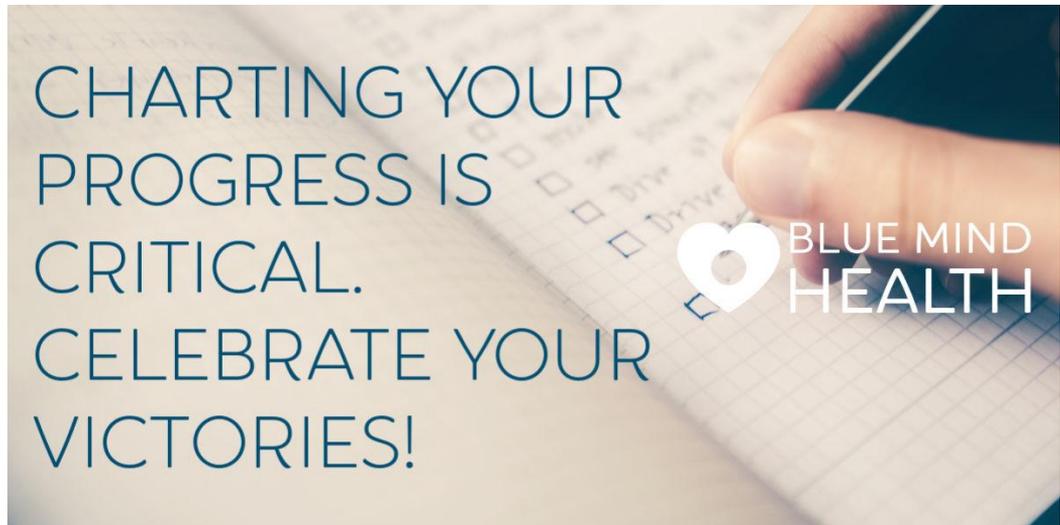
Here are some examples...

- **Level 1 Tasks:** taking a shower, preparing a meal, washing a load of clothes, changing your sheets. These are basic hygiene things that can fall by the wayside when you're mentally and emotionally hurting. Count the wins here, not the losses. To pull yourself out of **Gray Mind**, you need to start small and work your way back to the life you want and deserve.
- **Level 2 Tasks:** cleaning out your refrigerator, organizing your desk or work space, sorting through your mail, putting your bathroom or bedroom in order. These are designed to help you get your "space" in shape. Being surrounded by chaos makes the chaos you feel internally harder to overcome.
- **Level 3 Tasks:** doing a short stretching routine, planning your meals for three days, following up with things you've put off (calls or emails), getting errands done outside your home. Tasks like these help you regain control of the broader facets of daily life. They insert you back into the "world at large."
- **Level 4 Tasks:** initiating a sleep/wake routine, updating your resume, sorting through your things for donation or discard items, setting aside time each day for a few minutes of low-impact exercise (yoga, tai chi, swimming, walking). These are focused on your "future" self. Take them slow and do one thing at a time. Incorporate the **Blue Mind** meditation in the "How To Achieve **Blue Mind**" guide and audio.

- **Level 5 Tasks:** evaluating your personal and professional relationships, considering your long-term goals, implementing strategies or habits that have far-reaching effects, making over yourself or a room. Once you reach level 5, you're in a better place mentally to make big decisions and changes. Quitting smoking, changing jobs, altering your relationship are harder when you are numbed out by **Gray Mind**.

Creating a life plan incorporates setting a routine, charting manageable goals, rewarding the small wins, and possibly trying something new.

Keep your goals and your schedule within reason. If you set standards or “finish lines” that are too much, too soon, you're less likely to keep going. Start small and don't overwhelm yourself. This increases your chance of long-term success!



### Don't Neglect Your Physical Body

**Gray Mind** makes even the most basic tasks difficult. Those who deal with the constant lows of depression may struggle to shower, to eat, to face the day at all.

As with your life plan, start small. Perhaps you make it a goal to drink two glasses of water daily (infuse it with fruit if you're not a fan) or to take a quick shower every other day.

With each achievement of your “starter” goals, add another – maybe preparing a meal at home. Little by little, giving your physical self some attention helps your mental and emotional health.

Neglecting your body just makes your mind and spirit feel worse.

If you're surviving on processed foods, getting no nutrition of worth, and carrying around more weight than your heart can handle, there's no doubt that it will affect how you feel in general.

As mentioned earlier, food is the fuel on which everything else in your body depends (and that includes your mental wellness). Don't shortchange yourself with poor nutrition!



### Make Sleep a Priority

If you're struggling with **Gray Mind**, chances are you're getting either too little or too much sleep. There's an entire section on sleep in Part Six (take a moment to review it).

## BLUE MIND: FLOW TO TRANQUILITY

However, there are a few points that bear repeating here.

- If possible, start going to bed and waking up at the same times every day (even weekends). This helps to train your brain to release specific hormones at the right times rather than feeling “all over the place.” After just a couple of days, you’ll start to feel a difference.
- Use nature sounds (particularly with a water element) to fall asleep or while you’re sleeping. The soft sound of rain can do wonders for your sleep quality. There are many free nature sound apps that are excellent for this.
- Do what you can to wake up gently. Avoid aggressive music or alarms. Light is the best for humans (we’re naturally programmed to sunrise and sunset). If you struggle to wake up, set multiple alarms but work hard to bring yourself into your day as calmly as possible. It sets the tone for the hours that follow.
- Don’t immediately check social media, emails, or text messages. Connect with yourself before you connect with the world. Immediately accessing the online world has been shown to stimulate anxiety. All of it can wait (really).
- Before you get out of bed, take five minutes to center your mind. Breathe deeply in, hold it for three seconds, and exhale slowly. Repeat several times. There are more in-depth instructions in the “How To Achieve [Blue Mind](#)” guide and audio.
- Drink a glass of water. Just a few ounces first thing in the morning brings your body and mind “online” at the cellular level. Most people are dehydrated after sleeping and this single step truly helps.

## BLUE MIND: FLOW TO TRANQUILITY

The power of sleep is critical to how you feel, how your body heals itself, and the strength of your immune system. Sleep is the cheapest and most beneficial way to rejuvenate your body and start your days fresh. Getting eight hours each night, without apology, will give you a new lease on life.



### Get Out of Your Own Head (and House)

When you're isolated, it's easy for negative thoughts to take hold, to spiral out of control, and grow too big for you to handle. Here are some tips to getting you out of your comfort zone (in increments).

- Connect with friends and family for lunch or coffee if you're up to it – or send a text or social media message saying hello.
- Take up a hobby at your local adult learning annex or craft store – or learn a new hobby that interests you on YouTube that you can try at home.
- Go see a movie you've been anticipating – or replay a show or movie that has always made you feel good.

## BLUE MIND: FLOW TO TRANQUILITY

- Stroll the bookstore for a new, interesting read – or absorb an old, familiar favorite.
- Adopt a furry friend who will provide unconditional love and give you focused responsibility for another living creature – or spend some time watching silly pet videos (proven to work to improve mood immediately).
- Put a fresh coat of paint on the walls of the room you live in most – or move your furniture around for a new dynamic.
- Attend a show for a local band – or pull up an album you’ve always loved, close your eyes, and soak it up.
- Bring more natural light into your space by changing window treatments – or change your light bulbs to brighten things up.

There are so many small steps you can take – one day at a time – to slowly ease your way back into a life with less **Gray Mind** numbness. It doesn’t have to happen all at once but giving yourself permission to enjoy life is a first step to actually learning how to enjoy it again.



## Get Your **Blue Mind** On

Water – and nature at large – is essential to human beings in many ways. We’ve always known it was critical for our physical health through consumption but now we know it all goes “deeper” than that.

If you have the chance to enjoy nature – weather and location permitting – you can start small to make it part of your mental and emotional wellness routine.

Even if you don’t live near “wild waters,” there are still plenty of ways to achieve **Blue Mind**. Make sure you read “How to Achieve **Blue Mind**” that came with the **Blue Mind Health** package.

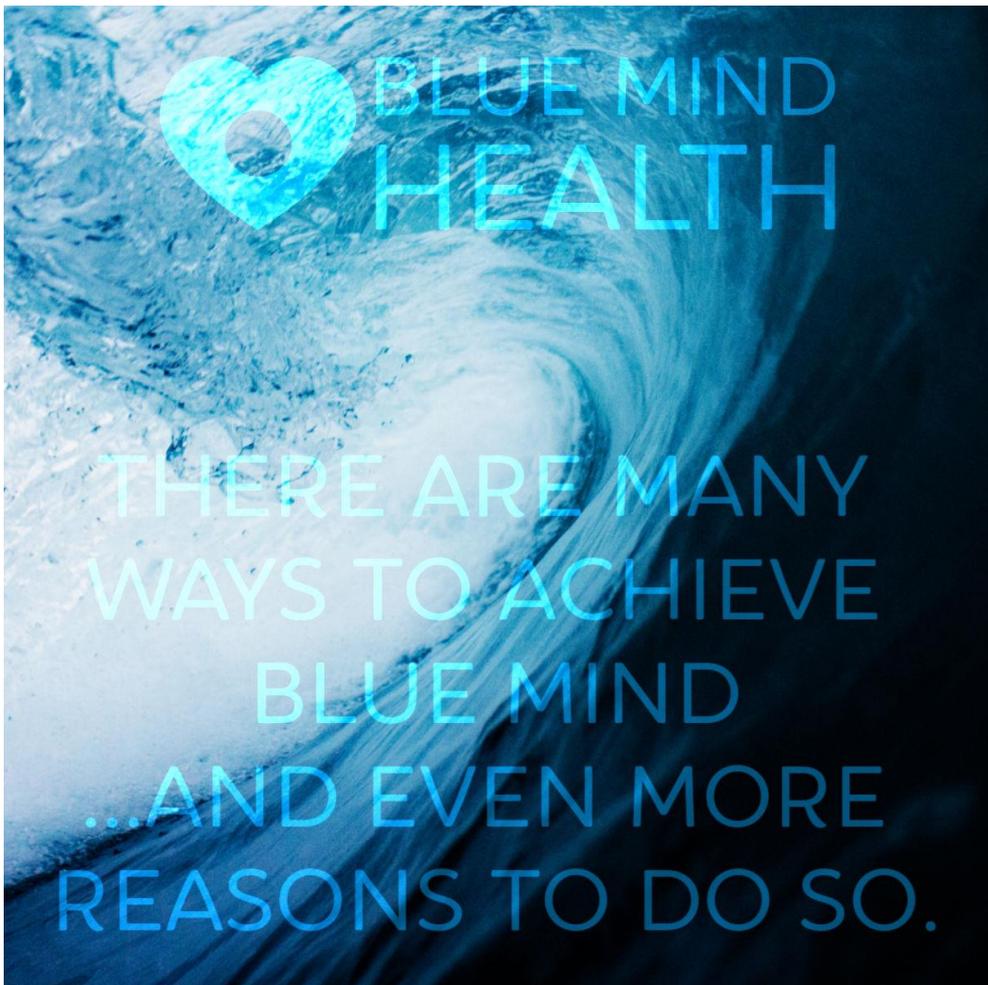
- Stand on your porch or balcony while it’s raining or snowing to watch how water changes the landscape.
- Take a walk (or drive) to a park that features a pond or fountain. Find a place to sit and watch the light reflect off the water. Listen to the sound of the water. Let it calm you while you do your **Blue Mind** meditation.
- Walk a local aquarium and watch the sea life move through the water in the massive tanks. Sit still and imagine being one of those majestic creatures, swimming gracefully, the water surrounding them.
- Make use of a community pool – go early or late to avoid the most people – to swim laps or simply tread water. If you don’t know how to swim, consider taking classes. They’re inexpensive through local community centers.
- Pack a small picnic and sit beside a lake, river, or ocean if you have the good fortune to live near one. Enjoy every bite as you let the sight, sound, and atmosphere infuse your spirit.

## BLUE MIND: FLOW TO TRANQUILITY

- If it's cold outside, consider doing some simple stretch or beginner yoga exercises in your living room while you do your **Blue Mind** meditations. Your body was made to move and when you get in the habit, it will respond with joy.

If you're not a fan of getting in the water, that's okay! Soaking up sunshine, breathing fresh air, and getting your blood pumping a little bit are all excellent methods of easing the symptoms of **Gray Mind**.

Still incorporate "virtual" water whenever you can in the form of audio tracks of oceans or rain, images of water on your devices, documentaries about water, or indoor desktop water features.



## Additional Life Hacks to Ease **Gray Mind**

- Interact with others in social situations (face to face) – even if it means having a short exchange with a cashier at the grocery store or a server in a restaurant. The more you interact, the easier it gets to do.
- Eat wisely when you can but don't put too much pressure on yourself in the beginning. While not ideal for everyone, the Mediterranean Diet has some excellent guidelines for those looking to improve their eating habits. Best of all, it contains plenty of healthy fats that are excellent for brain function.

If you're on a special diet for a health condition, talk to your doctor about changes before you make them.

- Join activities you used to love or have always been interested in – even if you're not “hyped” about doing it initially. There's a saying, “Fake it until you make it.” A fake smile has the same positive effects as a real one...and can often turn your mood around.
- Quit smoking – the toxins in tobacco make depression worse and are destructive to the rest of your body due to rampant inflammation.

This is so often an “easier said than done” task but the more you try to quit, the better your odds of beating this addiction. There are free, federally funded programs that may be able to help.

- Lower alcohol intake until mood improves – and then consume only in moderation. Alcohol is a depressant and highly inflammatory so it worsens the basic symptoms of depression. If you need assistance, there are support groups around the country that can help.

## BLUE MIND: FLOW TO TRANQUILITY

- If you rarely get sunlight exposure, consider taking a vitamin D3 supplement. This is an inexpensive but helpful supplement – particularly for those who live in perpetually cold or rainy climates. You need vitamin D and not getting enough can bring you down – or worsen symptoms of depression.

If you become discouraged with time spent in therapy, on medication, or how long it's taking for you to see "progress," focus on how much your quality of life will improve when **Gray Mind** isn't suffocating you.

- Healthier weight without drastic fluctuations.
- Better sleep.
- The ability to focus consistently.
- Improved energy levels.
- Return of your libido.
- Less pain and unexplained headaches.
- Better productivity at home, work, and school.
- Increased motivation and enthusiasm.

Depression is a disease and it can be treated.

Remember, if you ever have thoughts of harming yourself, do not wait to call for help. Day or night, there is someone waiting to talk.

**National Suicide Prevention Lifeline**  
**800.273.TALK (800.273.8255)**

Learning how to cope with depression takes effort but you are worth every bit of that effort. Make yourself a priority and embrace a stronger and happier YOU.

## CONCLUSION:

# YOU + WATER = BLUE MIND

**Gray Mind** is exhausting, draining, and deeply disturbing to the person going through it. That you're reading this book means you're looking for answers, for solutions, to an issue that is different for every person.

Everything discussed within this book is safe to implement with traditional depression treatment. They are natural, effective strategies to easing the painful symptoms of depression. They don't rely on expensive pills, equipment, or dangerous "quack science."

Natural protocols have been proven to alleviate the severity of depression symptoms but if you're still feeling like you're not in control, talk to your doctor. See if talk therapy or a prescription antidepressant is right for you.

If you still feel more than just "down in the dumps," seek out a qualified therapist or someone you trust to talk to.

Many forms of "talk therapy" are short term and structured to get the greatest benefits as soon as possible.

When you're in mental, emotional, or physical pain, it's okay to use whatever works. It is critical that you do not ignore your symptoms!

## BLUE MIND: FLOW TO TRANQUILITY

You deserve relief.

You deserve to feel better.

You deserve to have your life in your control.

It gets better. With proper treatment, you can take back your life and free yourself from **Gray Mind**.

Bring **Blue Mind** into your world every single day and let your connection to our beautiful blue planet help heal the places inside you that hurt.

We are water.

The Earth is water.

Make that link right now...and feel part of something bigger.

We wish you water!

**The Blue Mind Health Team**



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