



EPISODE 896

Why Hidden Depression Is On The Rise & 5 Science-Backed Ways To Treat It

With Guest Dr. Judith Joseph

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SHAWN STEVENSON: According to the National Institute of Mental Health, depression is now the leading cause of disability and absenteeism in the United States. This issue has grown beyond epidemic proportions, and yet very little progress has been made in stopping it. In fact, a 12 year longitudinal study published in archives of General Psychiatry tracked nearly 500 individuals with varying degrees of major depressive disorder, receiving conventional treatments of medication and psychotherapy. What the researchers found was that even with treatment, even with taking prescription medications each day, nine out of 10 people remained depressed and continued to have persistent symptoms. Today more than ever, and this is the mission that we have at hand as we all unite and really focusing on and being honest about what works and what doesn't work. We are going to focus our attention on what works based on science, based on practicality, and based on being truly honest about what actually works.

Now, it's important to keep in mind that there isn't one type of depression. In fact, depression is manifesting in new and unusual ways. And on this episode, we're gonna be diving into the science behind what is truly contributing to our epidemics of depression in all manner of mental health issues, truly, but in particular an emerging form of depression that many people are unaware of, and yet they're experiencing on a daily basis. Today we have on the foremost authority in this subject matter. In fact, she's the creator, chief investigator, constructor of the first clinical trial on this particular type of depression, and also the first person to have their data published in a peer review journal. And I'm going to ask her the hard hitting questions about our overall state of depression in our world today.

And this spectrum is depression being overdiagnosed? Are there certain groups that are more susceptible to depression? And also, at the end of the day, what does this really mean for all of us? If we're dealing with depression, what impact does that truly have on our lives? And I think you're going to be shocked at the answer. This interview was filled with insights and aha moments. Tools, strategies, again, backed by science, but very practical. And this is some work that we all need to pay attention to right now. And as mentioned, we're putting an emphasis on what actually works. And so I truly think you're going to enjoy this conversation.

Speaking of what actually works, a big part of our work is focused on this bio psychosocial model with an emphasis on the bio part, the life part, the human part, the health part. Our mental health and our physical health cannot be separated from one another. They deeply impact each other. In fact, this speaks to one of the most remarkable studies that's been published recently on successful treatments for reducing and even eliminating symptoms of depression. This meta-analysis that was published in 2022 in the BMJ, and it included 1039 randomized controlled trials in nearly 130,000 participants, and it revealed that physical activity, exercise, and movement is 1.5 times more effective at reducing mild to moderate symptoms of depression, psychological stress and anxiety than medication or psychotherapy.

Now, this is not at all to negate the value of medication and psychotherapy. These can be extremely helpful in certain conditions, in certain contexts. But there is one thing for certain. If we're addressing the true epigenetic controller of our mental health, we've got to address the things that our genes expect from us, and one of those is the expectation for movement, for healthy physical inputs that will truly help, yes, our physical body, but also our mental health as well. Again, exercise physical activity was found to be 1.5 times more effective than medication and psychotherapy alone. So regardless of what our current treatment protocol is, being adamant about getting in these physical inputs is incredibly important. Now, how does exercise work to do this? I'm gonna give you a couple of quick hitters on this.

Number one, our muscles are an endocrine organ producing myokines and anabolic hormones that influence our mood, our mental health, and our overall perspective. Exercise is also clinically proven in mountains of studies. To reduce stress triggering the release of endorphins and neurotransmitters and hormones like serotonin and dopamine. Exercise also increases resilience, we have tons of studies on this as well, working as a hormetic stressor, and exercise has been proven to sensitize our brain to more pleasure. So this is the opposite of training our brain and sensitizing our brain to what we would consider to be negative feelings.

Anger, sadness, depression, exercise has been found to sensitize our brain to more of the good stuff. So one of the most important prescriptions that many of the leading physicians are recommending for their patients today with all this emerging data is to get a certain

amount of steps in each day, setting a bare minimum for ourselves, which according to the data, 4,000 steps a day is at bare. It's the bare minimum. Yogi, bare grizzly bear, I don't care. L is in five. I had to say it, I had to say it. That's that bare minimum. But where it's optimal, 8,000 steps and above, somewhere between 8,000 and 12,000 steps a day. Now if you don't wanna do the step counting, you can do the minutes per day. You could focus on whatever metric works for you.

But getting a little simple pedometer, we got all these devices as well that track our step count. But a simple, I'm a big fan of the simple pedometer. You don't got all the gadgets and the gizmos and the EMFs, if you're concerned about that, is simple pedometer can keep you informed. You can gamify this as well. That's the benefit of a lot of these devices as well. You can gamify your step count. You could track and you can unlock certain rewards and you can see, you know, the trail that you're making. And as a matter of fact, speaking of the Lakers in five, which didn't work out by the way. Another Marques matchup is New York versus Boston.

Alright, and the Hall of Famer, Paul Pierce. Celtics legend stated on his sports talk show that he's a part of major media, that if Boston lost that second game, he would walk to work the next day. Oh, you might say that's not a big deal. It'll walk to work. Well, a eight hour walk is a big deal. He said, I'll walk. I'm gonna walk. If they lose a second game, I'm walking to work. Not only that, I'm walking to work in a robe. Alright, well guess what? They lost that game and he took that long walk and he shared the screenshot. You could see the little trail that he took, you know, with just an app on the phone. And it is really cool again, to see the trail that we can make.

But sometimes we make some extreme judgements. We put ourselves in some compromised situations. But I'll tell you one thing, with that amount of steps that he got in, I bet his dogs were barking. We wanna look at our walking as an opportunity to rehabilitate our feet, no matter what our step count is, because dysfunctional walking and dysfunctional movement very often springs from dysfunctional feet. Your foot has 26 bones, 33 joints, 19 muscles and 107 ligaments. That foot and that ankle complex, and each one of your feet has over 200,000 nerve endings. It's there for collecting data to determine your movement. So many of us are

missing out on true healthy proprioception and dynamic movement that protects us from the ground up.

So many people are struggling with issues with their feet, ankles, knees, hips, back, pain. The list goes on and on, and it's so very often a result of our contact with the ground, with dysfunctional feet. A 2009 study titled *The Role of the Great Toe in Balanced Performance*, put test subjects through various balance tests, including single leg balance tests with their toes constrained like what would happen with our typical narrow shoes versus when the toes are unconstrained, like what would happen when we're barefoot or in a shoe with toe boxes for each of our toes with good toe display. After compiling the data, the researcher stated, "our results indicate that constraining the big toe deteriorated the subject, single leg stance, performance, and worsened the directional control ability during forwards and backward weight shifting."

We get physically dumber when our feet are locked in these conventional narrow shoes every day. Free your toes, Neo. Get yourself in some Peluvas today. Peluvas are some of the most innovative footwear ever created. I wear my Peluvas every single day when I'm walking. Oftentimes when I'm training as well, especially when I'm doing leg day and working with the sled. I love to rock my Peluvas. If you head over to peluva.com/model, you're going to get 15% off when you use the code model at checkout. That's the key. Use the code model at checkout. Go to peluva.com/model. That's P-E-L-U-V-A.com/model and get hooked up with 15% off when you use the code model at checkout. Free your toes, Neo. And on that note, let's get to our Spotify review of the week.

SPOTIFY REVIEW: Another Spotify review by Zachary Kibo from Melbourne, Australia. You've changed my life forever Shawn. Thank you for doing the hard work behind the scenes and providing us with the knowledge we need to flourish and grow.

SHAWN STEVENSON: Zach, my guy, thank you so much for leaving that review, that comment over on Spotify. Yes, you can leave comments for the Model Health Show on each episode. You could share your voice, share your insights, share your heart. It really does mean a lot. And of course, you can rate the show on Spotify too. If you take a moment, do that, that

would really mean a lot, or if you're listening on Apple Podcasts, leave a review and rate the show, share your voice. It means so very much, and I truly do appreciate that. Without further ado, let's get to our special guest and topic of the day. Judith Joseph MD is a board certified psychiatrist, author and conductor of the first peer-reviewed research study on high functioning depression. Dr. Judith completed her adult psychiatry residency at Columbia University and her child and adolescent psychiatry fellowship at NYU Lang Go Medical Center.

Today, she's an assistant professor of psychiatry at NYU and a chair of the Women in Medicine Initiative for Columbia University. In addition to helping her patients to truly heal her latest work focuses on helping us to overcome hidden depression and reclaim our joy. Let's dive in this conversation with the one and only Dr. Judith Joseph. All right. Welcome, Dr. Judith Joseph, thank you for coming to hang out with us.

DR. JUDITH JOSEPH: Thank you for having me.

SHAWN STEVENSON: Let's start off with your superhero origin story.

DR. JUDITH JOSEPH: Okay.

SHAWN STEVENSON: What got you interested in studying mental health?

DR. JUDITH JOSEPH: Well, so initially I was like many people who are in my Caribbean culture, I'm from Trinidad. Originally grew up in the church and I was raised to believe that mental health was actually somehow a personal deficit. Like it was something wrong with you if, let's say you had depression, anxiety, or schizophrenia. In fact, in the church community I grew up in people who had psychosis or were seeing things or drug issues, they were thought to have spiritual possession. There was something wrong with them, it was their fault. After I went off to college at Duke and then went to medical school at Columbia and seeing what mental health issues really are in the brain, I knew that this was not something that was a personal defect. This was something based in organic roots.

This was a brain issue, but I still didn't want any part of it. I actually became an anesthesiologist after graduating from Columbia Medical School, and at that time, anesthesiologist made a lot of money. So my parents were like, good, yeah, you're going off to medical school. You're a real doctor, right? But, two years into that, I was just feeling like, this is not why I went to medicine. This is not how I wanna help people. You put them to sleep, it's a very important job. You gotta, you know, keep them asleep, not moving alive through a surgery, but at the end of the day, you don't see these people again and there was no real connection. So when I switched into psychiatry, which is my true calling. And really talking with people and going into my own therapy was when I actually started to buy into this idea of mental health.

SHAWN STEVENSON: I love this so much. You went from putting people to sleep to waking people up.

DR. JUDITH JOSEPH: Yes.

SHAWN STEVENSON: That's powerful. That's really powerful. And also, of course, having a similar cultural upbringing is just like crazy. You don't want to be crazy. You know, and so you just don't talk about it. If you're having any kind of issues, you just keep it to yourself. And so thank you for sharing your superhero origin story. And obviously, you know, you've been in this field for quite some time now and you've learned a lot, seen a lot, helped a lot of people. And your specialty now and what you're really helping to bring forth in the popular conversation, which is super important. It's one of those things that has existed for quite some time, but we didn't have a term for it and it's called high functioning Depression. So why did you make this your focus or your research and also just being able to help people with providing some tools for this particular issue?

DR. JUDITH JOSEPH: Well, I mean, when people meet me and they look at me, they would never think this is someone who has struggles, right? You see someone who, on the outside has it all put together all these degrees and accomplishments, runs a lab, always on tv. But you know, like many people like myself on the outside, I'm put together, but on the inside I

have struggles too. And I often say that psychiatry saved me because when I became a therapist, the program offered all the residents in training free, pretty much free therapy.

And I remember starting with my therapist and being like, what does this guy know about me? He's like this rich white guy on the upper East side of New York City. I'm from Trinidad, I come from scarcity trauma, having very little, when I came to this country, what does he know about me? But boy, was I wrong? Like he unpacked so much of my trauma. And you know, for people like myself who have come from little or who have parents who have generational scarcity, many a times we will work ourselves to the bone. It's never enough, right? Like even though on a conscious level we know we have resources on a deeper level, it's like, well, I can't ever slow down.

I gotta collect the resources. I have to do this next big thing, and then you're on to the next. And that was my origin story from my personal high functioning depression. I was sitting at my desk in 2020 and I was giving this talk to this major hospital system in New York City, and I was the voice of healing and reason in April, 2020 when everyone was freaking out. But halfway through that talk, I was like, oh my gosh, I think I'm depressed, and it kind of snuck up on me. So it led me to wonder how many people are just like me. We wear this mask of pathological productivity, but were really struggling. That's what led me to research high functioning depression, because in my research lab in Manhattan, in order to meet criteria for depression, you gotta go through this long checklist of you have low mood or you have anhedonia, which is a lack of interest and pleasure and things, a lack of joy.

Or these other symptoms like low energy, you know, changes in your sleep, changes in appetite. You go through the checklist and at the very bottom of that checklist, if you don't meet that box that says you're lacking functioning or you're in distress, your healthcare professional will say, well, come back when you break down, right? And I just thought that was such a broken model. Why are we waiting for people to break down? Why aren't we teaching them about the signs and symptoms of depression or mental health conditions so that they can actually do something about it before they break down? And you're in the longevity world.

If someone came to you and said, let's wait until you develop stage four cancer and then we'll do something about it, you'd be like. What, where'd you get information, right? Or with menopause, right now we're seeing this big boom in longevity signs where we're saying, let's start the hormone therapy before the osteoporosis, right. And you know, if someone said, let's wait till you have a heart attack before we actually address your wrist, you would be like, oh my gosh, where did you go to medical school? But in psychiatry and in mental health, we're still in the dark ages. We're still waiting for people to break down before we do something. I'm saying, let's change that.

SHAWN STEVENSON: Yeah. I love that. That's, it just seems much more logical to approach things that way.

DR. JUDITH JOSEPH: Yeah.

SHAWN STEVENSON: You know? But this is the way that our system is constructed right now. And fortunately, there are things that are being changed and you are at the forefront of one of these particular issues. And this model has served in certain ways of, again, like keeping people alive. And one of the things that I shared years ago was that with longevity, we're not living longer right now. We're dying longer. And the trend of extending our lifespan, it actually reversed about two decades ago, but you know, we're still just like, oh, we're living longer each year. It actually reversed for the first time. This, we're the first generation to experience this. Every generation prior lived longer and longer and longer, but it reversed. But also we're just kind of keeping people alive, keeping 'em ticking, but our quality of life is suffering. And let's talk about how we can fortify our health and prevent this stuff by addressing our very human needs.

And your work is really one, one of the things that really stood out for me was right now we're all dealing with a, I think it's an environmental mismatch from our needs, right? The, the world that we're living in. And so some of your solutions are so like hidden in plain sight. Just right in our face. But if we're just caught up in this busyness and this like hustle mentality and you know, and there's, so the FOMO and all the things, we are going to just keep bearing ourselves in a way. And so if you could, can you talk about some of the specific symptoms,

because when people think about depression, they think about a certain state, right? We can visualize what depression looks like. This is very different and it can be a little bit tricky to see. So can you talk about some of those symptoms? Like how would we know if we are experiencing this?

DR. JUDITH JOSEPH: Yeah. You know, you're right. The world is completely different. And when you think about your grandma's depression, right? The depression 40, 50 years ago, they didn't have to deal with what we're dealing with in terms of digital exposure, right? We cannot escape our face these days. You look at a phone and the first thing you see is your face. It's so unnatural. You know what happens when we look at our faces all the time, is that we get distracted. We're getting these emotional loadings that we didn't have before. You know, we're fixating on the way that we look, and we're judging ourselves and our confidence dips. So there's just so much information at one time, and if I were talking to you right now and my face was next to you, I would not be listening to you.

There's a reason why we're not supposed to look at our faces when we talk to others. We're supposed to be getting information from our environment. Are you safe? Are you engaged in what I'm saying? How, how am I making you feel? It's a survival tool, but we're so distracted, and that's just one of the ways that we're missing out on our health. I always say that we have this idea of happiness and health, right? The idea is let's live longer, right? But that's not what we should be thinking about. The idea of happiness is let's just meet this one milestone and then it's onto the next and onto the next. But we're missing out on the experience of joy and the idea of happiness.

The idea of what, you know, success is in terms of health. That's what it is. It's just an idea. When we get to that marker, we're always looking for something new. But when we are present and we experience joy in the moment, we're actually fulfilling the reason that we're here as human beings. You know, we were built with the DNA for joy. It is our birthright, but we miss out on it all the time, and here's an example. So when you're eating your food, and you do a lot of work in nutrition, we're supposed to be savoring our food. We're supposed to be having it a social experience with our food. Why? Because the way that our body receives

nutrition is broken down differently when we're actually chewing and savoring and letting our body do what it needs to do.

In its time, but many of us we're so busy in front of a screen that we're just shoving the food in. We're not getting good nutrition because we're stressed. We're making poor decisions about what we actually decide to ingest. And so we're missing out on these basic points of joy. And the reason I say points is because in my research lab, the way that we measure whether someone's healthier or happier is by adding up these little experiences. So when you eat your food, did you savor it? When you took a nap, did you get rest? When you were feeling lonely and you reached out to someone, did you feel connected? These are all different points that we actually add up to measure happiness. But in the real world, regular people are like, oh, well happiness is and successes when I live till 80, right?

But like you said, on paper, if you live until 80, but your life is joyless, then you're missing out on the whole point of it. And joy is something we need as humans to thrive, to survive. There's a reason that people who are in countries where there's no running water, where they don't have resources, they're still able to have like laugh and be happy, right? It's because they're accessing these points of joy that we leave on the table because we get busy. But that's a long-winded way to get back to your answer of high functioning depression. You know, it used to be thought that depression was you're, you're sitting in bed, you can't get out, you're crying all day.

You're feeling sorry all the time. You're mourning things, right? But that's one face of depression. It's still an important face, right? We need to acknowledge that some people do struggle and they're not able to do anything, but we also have to acknowledge this other face of depression that doesn't look sad. In fact, this new face of depression doesn't really feel much of anything. They have something called anhedonia, which is an old scientific term, meaning that you're basically lacking joy. So you feel meh, blah. You know, things don't light you up anymore. And these individuals, you know, on the outside, they're still doing what they need to get done, right?

They're the single mom who's still getting her kid to school on time and showing up at work. They're the entrepreneur who's still taking care of the business and making sure everyone gets paid, but really joyless and feeling nothing. You know, they're the healthcare professional who takes care of the patients, but they're not even meeting their own basic needs. So you're having these symptoms of depression, but you're not breaking down. In fact, you're doing the opposite of breaking down. You are over-functioning. You are overproducing. And as the first researcher to publish the very first peer reviewed study in the world on high functioning depression, what I have found is that these individuals all have unprocessed trauma or past pain, and instead of dealing with that trauma, they avoid it by busying themselves.

So it's different than burnout. So burnout is a workplace phenomenon with people who are burnt out. Being in the workplace actually causes the stress and the pressure. So when you remove that person from the workplace, they should get better, right? It's literally a workplace phenomenon. When you look it up in the WHO guidelines, high functioning depression is different. Even when you remove these people from the workplace, they're still busy. They're taking on a side hustle or two, or they're helping their friend with the project, or they're cleaning out their garages. They just cannot sit still. When they sit still, they feel empty. When they're not working, they feel restless, and it's an avoidance of processing pain by busying yourself. But because of our capitalistic society, they're getting rewarded. They're getting the message that they're doing a good job, that they're okay, but they know something's off and they end up in my office with anhedonia, that lack of pleasure, and they're like, Dr. Judith, like, I don't know why I'm not happy. I don't know. I have nothing to really complain about. I have all these things, and I'm like, yeah, but you're lacking joy. You're missing out on your birthright as a human being.

SHAWN STEVENSON: What can happen if this goes on? And would this possibly transition to classic depression?

DR. JUDITH JOSEPH: It is possible. I see that all the time. You know, people can dip into the clinical depression where they stop functioning, but also what can happen because the mind body connection is so real, is that their bodies break down. So a lot of my clients will actually end up in my office because they're referred by a neurologist, and the neurologist is like, I

don't see anything on the labs. There are all these physical symptoms, and it turns out that this is unprocessed pain. This person is just running themselves ragged, and it's manifesting in bodily symptoms. It can also manifest as people coping negatively with overusing substances. When I say substances, it doesn't necessarily have to be like a drug or alcohol. It could be gambling, it could be excessively shopping, it could be excessively using social media. You know, 'cause you're trying to self-soothe, you're trying to fix something, you're trying to feel better, but you can't sit still. So you're doing things that are actually harmful.

SHAWN STEVENSON: Yeah. I'm so glad that you brought this up because unfortunately we have epidemics of chronic diseases just like it. They've exploded recently and most people are unaware that this can largely be tied to your mental health and what's going on in your mind and stress. And you know, obviously you were trained in the biopsychosocial model and understanding how much our thoughts and our disposition and our emotions, literally it changes our chemistry. Just when we have certain thoughts, we feel it, you know. So there's a master controller of our hormones and our neurotransmitters and what our cells are doing. There's no cell in our body that is, you know, just off on its own. Like, I'm not listening. You know, every cell or trillions of cells are getting this data based on our thinking.

And so knowing that my way of being and my thought process and how I'm living my life, this isn't just about the food I'm eating or sleep, and those things matter deeply, but we can also think ourselves into poor health, right? Heart disease risk, obesity, Alzheimer's. The list goes on and on for these chronic diseases being tied to our mental health right there. You know, what is crazy is that we separate the two, and you know this. This is part of the issue, and thankfully again, it's changing with modern medicine, which is separating the mind and the body, you know, as if your mind is just off on its own, you know, doing its own thing. This is existing within that amazing body of yours. And so, what your work is doing. We're gonna get into all this. It's treating ourselves from the inside out and the outside in. Right? And so it's a multifaceted, multi-layered approach, and that's why I think you're seeing such success with it.

DR. JUDITH JOSEPH: Yeah. Well, you know, as humans, we are doers, right? We want to strive, we wanna control our outcomes, but we've strayed from the basics. When you look at earlier

civilizations, the thought leaders, the ones that we worshiped really were people who lived in the spiritual world. You know, they understood the importance of being still and looking around you and acknowledging that you can't control things. But we have evolved into this group of hyper neurotic people who wanna control everything. We wanna live longer, we wanna do this, we wanna sleep in ways that are beneficial. We wanna eat in ways, and we're just like trying to control everything, but we're missing out on the basics, right? By being so busy and by being so caught up in our heads. We're not able to access the basics. So we have to slow down. We have to let go. And we may be doing all these things to live longer and live healthier, but our mind is so busy and stressed out that many times we're unraveling all the hard work that we're doing.

SHAWN STEVENSON: Mm-hmm.

DR. JUDITH JOSEPH: Because we're not able to actually tap into what's really at the core, where is this fear coming from? This fear of death, right? So many of these thought leaders are chasing, like living longer, living longer, but what is it about living longer? Why is it that you wanna be here so long? Or are you trying to outrun death? You know, so I think we do have to learn how to sit still. You know, and I'm guilty of it too. I used to chase all the accolades. When I moved to this country. I was all about curiosity and learning. And I loved to learn. It wasn't about the grades or the fear of failure, but over time, the more evolved I got, the higher I got. Really the less evolved I got, right. Because if I really was in tune with what matters, I wouldn't have been chasing all these things, right. Chasing the idea of happy, but losing out on the joy.

SHAWN STEVENSON: Yeah. And we get those temporary little bits of, you know, dopamine or whatever the case might be, just to keep us in that race. And you said the thing that I, I also, I wanted to get to this at some point, which is I mentioned earlier that we have an environmental mismatch from the way that we are designed, you know, mind, body, and spirit. And we live in this culture with 24 7 access to everything.

DR. JUDITH JOSEPH: Yeah.

SHAWN STEVENSON: Right in your hand. You know, and I remember we were talking about older movies earlier.

DR. JUDITH JOSEPH: Yeah.

SHAWN STEVENSON: And AI and all that stuff. And you know, if AI's listen, I don't want no problems. All right. But just keeping in mind that there was one called Cyborg when I was a kid. I was super into like, you know, Arnold Schwarzenegger movies, Jean-Claude Van Dam, you know, these tough guy, whatever and Cyborg was one of those movies with Jean Claude Van Damm. And it was just this possibility of being merged with machines, man in merging with machine. In many ways, we already are. Most people don't even get away from their phone. You know? It's a part of who they are and if they lose their phone, they lose their mind, right? And so this kind of exposure is something so new in our human story. And I wanted to talk to you about the importance more than ever, of having time to process because we don't do that. This is something that just would've happened for our ancestors just a few decades ago. There was time, do you remember being bored?

DR. JUDITH JOSEPH: So my daughter, she constantly says to me, mom, I'm bored. And I always, I'm gonna tell her 'cause she says it like that, I'm bored, and I'm like, good. You know, because when I was a kid, you know, talk about bored. You know, we, we, we lived in this really small apartment. It was like my mom and her four kids 'cause my dad was still in Trinidad, still working. He's older than my mom, so he had to retire there first. So we would be so bored because we had no cable and we would just like cut up boxes and do these little skits and play.

We used our imaginations. And so that is so important when I work with these children in my practice and I ask the parents, I'm like, how often are your kids using their hands? How often are they really engaging all their senses? And they're like, never, they're on their screens or they're on social media. And you know, when you think about losing all these points of joy. We're losing them every day when we're not engaging in our senses. There was actually this study that recently came out from one of the University of Texas schools where they took these adults 18 and over away from their smartphone. So they gave them regular phones and they disabled the ability to go on the social apps or to be on the internet.

So it was basically like a flip phone, right? They could still text and communicate, but they didn't have the ability to be immersive in the internet or be on social. So two weeks away from the smartphone capacity was almost like giving them an antidepressant in terms of their scores. And you know, the researchers are like, oh my gosh, what's happening here? It turns out that when you're not on your phone all the time, you're actually talking to others, you're actually getting better sleep. Remember those points of joy, like rest connection. You're in nature more, so you're having that experience of awe. You're moving more, so you're getting that point. So like literally being on your phones the way that we are is causing this like tech depression to happen. And when you poll those people who participated in the study, every single one of them said, I think I'm on my phone too much. They knew it was a problem. But they just didn't know how to get away from it.

SHAWN STEVENSON: Got a quick break coming up. We'll be right back.

As you know, mental health challenges have skyrocketed in recent decades without addressing the root causes shown in mountains of studies, including social isolation, sleep abnormalities, nutrient deficiencies, sedentary behavior, and many other factors will continue to see rates rise and our communities struggling for solutions. It's so important for people to understand that no two cases of depression are alike. There are unique lifestyle and mental health work that each of us need in different situations. And right now in the United States, depression is the leading cause of disability, is the number one reason for people missing work and school.

And so we've gotta do something about this. Of course, medications can be helpful in some context. But most people are not educated about the science-backed natural supplement that's shown to be just as effective as many medications. An analysis published in the Journal of Effective Disorders found that the renowned spice Saffron was just as effective as conventional antidepressant drugs like Prozac, Zoloft, and Celexa. Additionally, the researchers noted that fewer people experienced side effects from Saffron than from those other treatments. This should go without saying, people should know about this. Something that's been utilized for centuries far safer and just as effective as conventional antidepressant drugs.

Now are we talking about curing this condition? Absolutely not. We're talking about having another option to turn to something that can be supportive in an overall plan to support our mental health. There is no supplement. There is no drug that's gonna fix everything. But again, people need to know about this and there are great companies that are providing easy to use saffron supplements like the happy drops from Organifi. This includes a therapeutic amount of Saffron, gotchu cola, passion, flour, and ginger. They are amazing. You really do notice a difference, and I highly encourage you to look at the reviews for this product. I'm just gonna share a couple with you because they really do stand out.

Nicholas said, "happily surprised. He said that I was extremely skeptical of this product despite all the good reviews. However, after using it daily for the past two weeks, I can definitely say they work. I definitely have an easier time staying positive and rolling with the punches of daily life." With the help of Happy Drops, Hilary said "Happy Drops will make you happy you ordered. I found out about these little drops of bliss on Instagram. I was skeptical as every product makes claims that aren't always backed. Upon trying these happy drops, I've noticed a mood improvement energy that lasts throughout the day. And improved sleep at night. I'm thrilled." Definitely check out Organifi's, science-backed gummies. Again, they're called Happy drops. Head over to organifi.com/model and you're going to get hooked up with 20% off. Go to organifi.com/model. Again, you're gonna get 20% off store wide. Pop over there and check them out. And now back to the show.

SHAWN STEVENSON: I think one of the most important takeaways from this is, you know, depression can show its face in many different ways, right? And today with our modern personality template or our social conditioning, it's like, again, we're human doings, right? Not necessarily human beings. And so we're just doing so much and it can be easy to miss when we're not well. Especially if we have a, some type of purpose we've attached to our psyche to, so this could be, you know, taking care of our family. This could be something with our work and something we're passionate about there. But what tends to happen, as you mentioned, is that with high functioning depression going unnoticed, we eventually can crash out, right? And so we can have this health scare or health breakdown that takes place where suddenly everything gets turned on its head.

And now you know, the person's that's self-sacrificing for everybody else. Now they're requiring all the attention because I didn't take care of myself, right. And I know you've seen this pattern a lot. I see it coming, right. And I know you do too. I just know, I know the people, I know the personalities. I'm like, yo, what are you doing? You know, you're just, you're headed in this particular direction. And what you shared was this ties back primarily. This is one of those hallmark symptoms of the onset of trauma, past trauma. And what you clarified in the book, by the way, because, you know, some people might see trauma as like, I didn't go, like I had a good childhood, you know, nobody abused me.

Nobody, you know, I didn't have anything particularly bad happen. I wasn't in a war. Right. These things that we often attribute to trauma. Right. So just for me, for example, I didn't know that I had PTSD, right. Just growing up in an environment to where pretty much every night there's gunshots. You know, we are on the lookout even though life is like, we're having fun and we're doing stuff outside. You know, maybe it's the summer and you know, somebody messing with the fire hydrant, whatever, all these kind of, you know, but then we also have to be on the lookout for a drive by. Right? I didn't know that those things, I was carrying these things with me into my very recent adulthood.

It was just like a blind spot. And it wasn't until I went for a walk with my wife a couple years ago. And I'm walking in my, in my neighborhood that I take this walk all the time and a police car drove by us and it was like, at, at least two minutes later. And I'm still like looking back, I'm waiting for them to come and, you know, approach me like, what are you guys doing here, right? And like going to stores, which I've had, I've been with my wife and having an incident where I'm in the store shopping and this is when I was doing clinical work and somebody called me and they were asking about a health condition that their aunt was dealing with and wanting to help. And so I spent, you know, it was maybe a five, 10 minutes giving 'em some advice.

And then I bought some stuff as soon as I walk out the door, security police officers, because somebody called, because I was in the dressing room apparently too long. And just these stories of like, and so now I think about that when, you know, when I'm shopping, like, is somebody, why are they asking me do I need help? Why do they keep asking me, you know?

These things I carry with me that aren't necessarily healthy or not aren't necessarily true. But I think that these are maybe protective mechanisms that I've developed. Help me out. Talk to me.

DR. JUDITH JOSEPH: Well, I'm glad that you're being vulnerable and I know it's not easy. It's so important though. And you'll notice that I talk a lot about my past, but for many years I didn't, you know, I was the only person of color in many of the spaces that I was in and also the most broke because a lot of people, they come from a lot of money and resources, right? At these fancy institutions. I was not one of them. So for many years I didn't talk about, I hid it. And if you carry yourself a certain way, people just assume, oh, your parents must be doctors, right? No, I'm the first doctor in my family, the first college graduate. Right? But you would never know 'cause. One of the things about trauma is that it makes you feel as if somehow you're to blame for what happened to you, like, and it's a trauma response.

Internalizing, guilt and shame and blame is actually a result of trauma and scarcity. Trauma is something that you won't find in the textbooks, right? The textbooks were not written for people like us. Let's be real. So you'll see a lot of things like combat. You'll see things like assault, but you won't see things like, well, you know. Were you worried about having food? Were you worried about growing up in a dangerous place? You know, were you worried about being kicked outta your house because your parents couldn't pay the rent? You know, so I want.

SHAWN STEVENSON: All of the above. Check all those boxes for me. Yeah.

DR. JUDITH JOSEPH: I wanted to be expansive and inclusive with my trauma inventories because I was so tired as a researcher turning people away. You know, when you are involved in these studies that are overseen by the FDA, you have to be by the book. Many times they're recorded and taped. And so for the patients coming into my lab, you know, they'll say something like, you know, I've been through a trauma because I was in a divorce and I lost everything and my ex was very toxic and I literally didn't even know if I was gonna be able to, you know, survive because of my financial resources.

And they would have these symptoms of trauma related to financial stress, but I couldn't put them in a study because according to the DSM five, they don't meet criteria. It's not a physical violence is not near death. It's not combat. So off the record, I'd have to say I believe you. I know why you're in fight or flight, but I can't put you in the study because you know the textbooks say you don't meet criteria, but I believe you. So I wanted to create an expansive and inclusive trauma inventory to include all these painful situations like growing up in a dangerous area, not having finances, having these rejections and this maltreatment because of the way you looked, or because of the way you identified or because of who you decide to love, right?

And so I also wanted to include things like generational traumas and collective traumas, because those are not included in the typical trauma inventory. So when you go through the checklist in my book, you're gonna be like, wow, these things are traumas. Yes, they are emotionally painful and significant. They have shaped the way that you see yourself. They've shaped the way that you interact with others. They have shaped the way that you even approach the world. And so acknowledging and accepting that these things happen to you, that it's not your fault. And that it impacts the way that you behave is very powerful because that can change the way that you approach life moving forward.

SHAWN STEVENSON: Yeah, and I believe we can get stuck, you know, when that trauma happens. Maybe it happened when you're 12, and so a version of you kind of gets stuck there and you approach things as a 12-year-old with certain things and you know, again, there's no cookie cutter way to go about this in healing. But you did a great job of addressing and helping to unpack some of these things for ourselves. And you shared in the book these Five Vs of healing and being able to overcome this. And I was so grateful because, you know, and I want to ask you about this as well. The term depression is so invasive in our culture now. It can kind of get thrown around a lot and it can become something that becomes somebody's identity.

It can become something that people use and they hang onto that and use it as a tool. But depression, sadness, all the variants that can form in depression. These are human emotions and we have them for specific reasons. Like it's feedback, it's emotional feedback. And so I

want to ask you about this and being careful maybe about using the term depression and self diagnosing and you know, becoming obsessed with whether it's depression, anxiety, or all manner of mental health issues.

DR. JUDITH JOSEPH: Yeah. Well, you know, in the demographic that I'm studying, they will actually reject the term depression. You know, it is more culturally acceptable to walk into a party of high functioning folks, you know, high achievers or just people who are just functioning right, like showing up. It's more acceptable to walk in and be like, I'm burnt out because you'll hear me too. Yeah, me three who's not burnt out, ha ha ha. But walk into that party and say I'm depressed. It's like crickets. Like, oh, you should see someone about that. You know? I do think that there's still heavy stigma, you know? Yes, there are some circles who will, you know, hold onto a label just to have something to hold onto, and I'm seeing that, especially in younger generations, because it allows 'em to feel connected.

It's not for them to just have something as an excuse. It's really a way to say, I'm a part of this group. Can you help me? Can I share my experience with you? Can we help each other? Right. I think it's a, it's a phenomenon we're seeing, especially because of social media where people feel, they feel lost. They feel alone, and by saying, I'm depressed. Oh, I am too. There's some common bond, and there's this community, which is different for older generations. You know, the older generations, they'll say, you know, oh, you're just labeling yourself, or I'm rejecting that. I'm not depressed. I'm burnt out. The problem is that they're using these skills for burnout and they're not getting better 'cause they don't realize that it's not burnout, it's depression.

And there are many reasons for this depression. Like I said, this world is different. You know, we have processed foods that we didn't have before, so we're losing points of joy because our brains are undernourished. You know, we're sitting at desks all day on Zoom meetings. We're supposed to be out in the world walking. We're not supposed to be, you know, just planted in one place. Even when you think about the lack of virtual meetings in the traditional meeting setting, you'd be, you know, oh, how are you'd be going across the room, you'd be looking different. You'd be getting those movement, that different feedback.

Now we're at planted in front of a computer, we're looking at ourselves, we're looking at 10 people at the same time. We're so stressed we don't wanna mess up. You know, there's just so much happening to our brains these days. You know, there it is. Just so different. The greed, the corporate greed today. Like 30, 40 years ago, a handful of billionaires now, like there are so many billionaires, there's so much greed, just milking the little man, you know? And the little man is no longer very little. It's like the majority of us, right? So there's just so much going on in our world today. Like the amount of information we get, the access to all of the bad news all of the time.

This is a new depression. We need to start naming it and saying, this is depression, this is anhedonia, and let's do something about it. And that's why I wanted to develop the five E's because traveling the world and looking at different cultures, there are certain numbers that pop up throughout everywhere I go, the number five, 'cause we have five fingers, most of us do. You know, the number seven because seven days in a week, you know, there's certain themes and I wanted people to think of something that they could, you know, imagine and envision. So I want people to look at their hands and say, you know, I'm built with a DNA for joy. But I just, I lost track of how to access it and to tap into one of the five E's, one or two every day, not all five, just to reclaim those points of joy.

Because the idea is you wanna get these points, you wanna get a point here or there. You're not trying to chase this idea of happy. You wanna access joy daily. So the first V is validation. Validation is important because many of us, we just, we just pushed down how we feel all the time. It's our coping mechanism, right? Like how you said you didn't access that pain, you just pushed it away. But the problem with that is that if you pushed down that pain, then you eventually pushed down the availability of joy as well 'cause you're just pushing down emotions. That's your coping skill. And it is so important to acknowledge and accept your emotions because in psychology, when people don't know how they feel, they feel very confused, uncertain, and they don't know how to react.

They don't know how to behave. So I describe it as being in a very dark room. And you can't see anything and you hear this loud crash, you know, some of us would start swinging, some would start running, some would start screaming. But if you turn the light on and you saw,

oh, it's a vase that fell on, I'm safe. It's the same thing that happens when we're able to name and identify how we feel. Oh, I'm angry right now. Okay, that's why I feel this way, or I'm afraid, or, you know, I'm feeling lonely. These are all important things. We have to acknowledge and accept how we feel. So validation is the first step.

SHAWN STEVENSON: So what I wanted to do was to set the stage and we're gonna go through all of these five Vs and dig in and get some more insights is regardless of where we feel we are on this spectrum from, you know, when we kind of talked about that, the ignorance of depression being an issue and just like, you better get up. You know, just, we don't have time for that to, this is my identity, I'm, I need this to feel connected to the messy middle, to where many of us today are experiencing at some point. Depression and we're not giving, we're not, we're not paying attention to the data that it's giving us. And with high functioning depression, we can run ourselves right into the ground or crash out as they say. And so with validation, you talked about in the book three types of validation, right? And I wanna go through each of these, if we can just get a little bit of insight. There's self validation of experiences was one of them. Can we talk about that?

DR. JUDITH JOSEPH: Yeah. You know, so it's so important to acknowledge how you feel. You know, if we push it down, we get so confused. I see a lot of people coming into my office and, you know, they'll say, oh, I have anger issues. And I'm like, okay, tell me about that. Well, I behave in an angry way. Well, behavior is different than the root cause. What is it that you're feeling? And they're like, well, I just told you I'm angry. No, you said that you were behaving in an angry way, but what is it that you actually feel? And a lot of times it's not anger, it's fear. I see this with a lot of the men that I treat, you know, and when we get to the root of the fear, it's often a fear of either running outta resources or a fear of just not being enough or being rejected.

And then when they realize that this is actually fear and anxiety, this is not anger, but I'm behaving in a way that's angry 'cause I'm yelling at people, you know, I'm like cutting people off. Then they're like, wait a second, let me do something about this fear. Why is it that I'm so afraid? What is it about my past that makes me afraid of being rejected, of being unlovable, of not being able to provide? And when we unpack that, it really opens up this whole

different world and this whole different access to. So why it is that they are the way they are and then they change the way they behave.

SHAWN STEVENSON: Next was self validation of emotion. So we have self validation of experiences and of emotions as well. So what's the difference between the two?

DR. JUDITH JOSEPH: So experiences is this happened to me and this is why I'm like this. You know, many times we reject the past, like how you were saying, you were just like, well, everybody grew up that way, you know? Well, just because everybody went through something doesn't mean that it didn't impact everybody differently, you know? But that's something that I faced a lot in Caribbean household. It's very common for people to have this dynamic where one parent goes to the new country and another parent stays home and everybody's like that, that happens to everybody. Well, it doesn't mean that it's not painful, right? That's an attachment trauma because you know, you're used to being with two parental figures and when one is away it hurts. But it's something that a lot of families don't necessarily accept. But this experience happened to you and just because it happened to everyone doesn't mean it wasn't a negative experience.

So that's the acceptance of the experience. The acceptance of the emotion is different. And that's what I was talking to you about with the being able to name and accurately identify the emotion. And sometimes people have a really hard time with that part because either it was a model for them growing up, right? If you grew up with people who didn't really express or acknowledge emotions, then you're gonna be like that too, most likely right? So there's a list of these emotions that I actually put in my book 'cause I wanna be as nuanced as possible, and I ask my clients to pick different ones. Don't pick the same ones like see if you can acknowledge different ones, because that gets them into the mindset of validating and self-validating their emotions and also their experiences.

SHAWN STEVENSON: Oh wow. Yeah, I mean, I can see that my personality would be in a way of like, I don't need validation. You know, like I'll just, I got this, I'll just, despite this thing and not necessarily looking at it, see how it's impacting me. So what about verbal validation? So this is the third one.

DR. JUDITH JOSEPH: So verbal validation is actually getting that from someone else. Usually it's from a therapist, but it could be from a partner. It could be from a friend. In my therapy practice, I do a bit of verbal validation, but I also do a bit of factual validation, which is next on your list for mental health. It's just so sometimes like, abstract, right? Like let's say if you have a heart health issue, you go to the doctor, they can do an EKG, they can check your troponins and they can show you, look, this is what's happening with your heart.

But with mental health, we're not there yet, you know? There's emerging data where we can show some FMRI data to show some correlations, but it's not really direct causation. So you can't yet scan someone and say, this is what you have, right. We can say, these are things that we see as patterns, but we can't definitely say, this is your brain scan and this is what you have. So for many, the quantitative validation is really powerful. That's why I have so many assessments in my book, because in the lab, you know, when I'm working with someone who has severe trauma, and I do a CAPS five, which is a trauma inventory used by the VA hospital as it's the gold standard for trauma.

And I show them like, wow, your caps five is so high. They're like, oh my gosh, that's why I'm this way, right. So that validation allows them to feel less self-blame, you know? Or like I'm having a hard time in relationships because of, you know. This high trauma score, this is what it makes sense to me. So being with someone who can actually verbally validate what you're going through and also showing you quantitatively that this has happened to you and you know it's not your fault, can be so powerful.

SHAWN STEVENSON: Mm, yeah. Yeah. I can absolutely see that, even though I might think I don't need that. It feels good. It feels good to, I think it's like a human need just to feel seen.

DR. JUDITH JOSEPH: Yes.

SHAWN STEVENSON: You know, to feel like we matter and our story matters. And so you mentioned factual validation, so what is that?

DR. JUDITH JOSEPH: Yeah, well, you know, that's one of the assessments is really helpful.

And I have so many assessments in my book for that reason, because people listening to this may be like, well, I feel off. I just, I just don't know what it is. And I encourage them to take the anhedonia quiz because when you see the areas of your life where you're lacking joy, you may be like, oh my gosh, I never even realize that. I never realized I was doing that. And it's empowering because when you feel off and you don't know what it is, it's almost like you're in that dark room that I described where you, you can't see it. So you feel confused. You start swinging, you start doing things. The swinging could look like drinking too much, right? Or overdoing it at work. But when you know what it is and you're like, oh, I'm lacking joy, I'm lacking interest, I'm a human doing, not a human being, then let me tap back into things that can help me to access that joy again.

SHAWN STEVENSON: Amazing. Alright, so validation, of course, you go way deeper in the book into validation and provide to strategy after strategy, practical things we could do ourselves, but also with a therapist, friend, you give many different options on how to go about these things. We'll talk more about that as we go along. Let's get to the next V, and this one is venting. So what does this mean, first of all, and how does it help?

DR. JUDITH JOSEPH: Well, in my lab, I often have these demonstrations where people come in and I explain that venting is a term in physics. So when you blow up a balloon and I have a red balloon in my lab and you try to push it down in water, I ask everyone in the room to see if they can push it down a hundred percent of the time they can't. You know, the numbers don't lie. Physics, there are physics laws, right? You can't defy it. But then I ask each person to deflate that balloon slowly over time, and eventually it's a flat balloon and you can push it down easily, right? So venting in physics is when you release pressure from a system. Venting in psychology is when you release negative emotions. And if you don't get into the regular practice of releasing emotions over time, your emotions are gonna be like that balloon. It'll pop up at work. It'll pop up when you're driving, cut somebody off, it'll pop up in your relationships. You'll snap at your kids, your partner, right?

So it's really important to express those emotions over time. And venting is not the same, healthy venting is not the same as trauma dumping, right? So like many of us, if we feel a certain way, we're like, it's healthy to vent, I'm gonna go and tell this person, but tell that

person. But you really wanna be careful about that because the recent data is showing that when you vent without asking for emotional consent first, right? And this is not to a therapist, is to a friend or a partner. You're not checking in with that person. You're not saying, Hey, is this a good time? Or, I need to talk to you. You're just going in and you're like, guns a blazing. Like, Hey, this is what happened. And many times we do that because we wanna get someone on our side, right?

So our attention isn't right, or we wanna get back at someone, or we just wanna feel better and lash out in someone. And when you vent like that, you're not actually getting a resolution. So when you do vent, you wanna ask for emotional consent, and you wanna have an intention. You wanna have a resolution in place, right? Because when you vent and you're like, I don't know if I'm gonna get what I wanna hear, you know, like then you're actually doing it the right way. You're saying, I may not like what this person has to say, but I know that I'm gonna get closer to a resolution. But there are different ways to vent, you don't have to necessarily talk to someone.

When you pay your therapist event, you could do whatever you want, right? 'cause you're paying that person. But you can vent by writing things down. You can journal, you know, and you can vent in the way that my dad does. He's a pastor. He will never go to therapy. But that man can pray, right? He will pray all day long. He feels good after he prays, right? So if that, if you're someone who's faith-based, that's a really great way to vent. But if you're an artist, you know, you can vent by singing, dancing, however you wanna express those emotions, just get it out in a healthy way with intention.

SHAWN STEVENSON: You're checking all the boxes of what I wanted to talk about. So you talked about basically how to avoid some venting pitfalls. And so as mentioned, you dig deeper into these, but did I pick the right person to vent to? Did I ask permission? Did I learn anything? Right? That part. Am I always the one venting?

DR. JUDITH JOSEPH: Yes.

SHAWN STEVENSON: Right. And so it's just this one way trauma dump all the time and. Also you talked about, again, venting doesn't always mean it's to another person. You know, there's solitary ways that we can do some venting. But I love that physics analogy that really spoke to me. You know, just understanding that if we're not releasing that pressure, we're just literally walking around exposed and just like, it reminds me of Wayne Dyer and you know, this analogy he used with the orange. And when you squeeze an orange, what comes out of it? Orange juice, right? And when life squeezes you, what comes out of it? Whatever's in there. Right? And so we tend to have this buildup. This could be anger, this could be animosity, this could be sadness, this could be, you name it, when life squeezes you, what's gonna come out.

And so we need to, to vent, release some of this stuff. And I know from my culture you don't do that. You just don't do that. You know? And of course I found it super valuable and there's so many ways to go about it. This could be just a direct spiritual connection and being able to offload that. As you mentioned, you mentioned journaling, you mentioned, uh, expression through art and this is super valuable, but we've gotta, and I would encourage us to find a way to make it a practice, right. Check in with yourself and is that something that we should be doing on a regular basis? Because you mentioned just being still, I think that some of these things would come up for us. If we just are still for a little bit of time.

DR. JUDITH JOSEPH: Well, sometimes I actually talk to myself and, you know, I was like, lemme look this up and see if this is a thing. And there are recent studies that show that people who talk to themselves and talk through, right, you're self venting. They actually get to the resolution faster. And it made me think of when I was growing up, listening to certain artists like Tupac and the greats, right. And how I think classically it wasn't, you know, accepted to, to vent, right. As a strong man, you know, like in the hood, you're not supposed to be like talking about your feelings, but a lot of the great artists, when you hear rap music, it's like, wow, they were actually venting. Like it's really beautiful.

SHAWN STEVENSON: You're right!. I never thought about that. So, right.

DR. JUDITH JOSEPH: Yes.

SHAWN STEVENSON: You're so right. Wow. Oh my goodness. And that's why, especially with Tupac, for example. So many people just resonate so much and it's because of that, it was the expression of emotion and all. A full spectrum of these emotions.

DR. JUDITH JOSEPH: Yes. All over the world. Like when I was in college, I did some study abroad in South Africa, and like the kids, they were like listening to Tupac and I'm like, wow. Like it really, it transcends cultures because when you tap into that emotional, you know, pain through artistry, it connects people. You know, that's why it's so beautiful and that's why it's timeless.

SHAWN STEVENSON: I didn't know we was gonna talk about Tupac. Just shout out to that because it made it more socially acceptable.

DR. JUDITH JOSEPH: Yeah.

SHAWN STEVENSON: You know? And, so powerful. Alright, so we're gonna move on to the next V. So we talked a little bit about validation, inventing, the next one is values. So what does this mean and how does this help?

DR. JUDITH JOSEPH: So values, you know, for me, over time you get lost, right? Like, I know from being really young, the values that were instilled in me were things that gave you meaning and purpose. So even though we didn't have much, we often spent our weekends volunteering. So like, it's counterintuitive, right? Like why would a family that doesn't have a lot give, but because that made us feel rich, right? Helping others. And that's why I wanted to be a doctor to begin with. But over time I lost sight of those values.

Like I would get caught up in the accolades and like, well, I just gotta not fail. I just gotta continue to excel. But that wasn't necessarily making me feel full and fed or rich, right? Like emotionally rich or spiritually rich. So I do think that over time your values change based on who you're around. You know, the more that I lost touch with my initial community and I was around people who were chasing that clout, I was finding myself chasing the wrong type of value. So I often say that values are things that are priceless, not with the price tags, right?

So think about the things that really make you feel spiritually, or if you're not believing in the spiritual world, just like in that like guttural feeling full and fed, like when you're a baby and you feel full and warm, but many of us chase the clout.

We chase the things that are superficial and it has to do with who we're around. And when you think about being on your deathbed, right, like you're not gonna be like, I want a Porsche, right? Like, or I want another car or another. I want tell one more person what to do. I want that power. You're not thinking about those things. You're thinking, I want to spend five more minutes with my loved ones, or I wish I had done something to help more people, or I wish I had left a better legacy, right? So in my book, I actually have this diagram of this diamond where there are different values at the top, the higher level values, and then the more primitive ones at the bottom.

Things like, you know, chasing power, those are primitive. You know, you're not gonna wanna boss someone around in your five minutes on earth or your last five minutes on earth, but you are gonna wanna leave a legacy. Things like family and faith, those are things that really root you in purpose. And so many times because of the past, you forget what your true values are. So with my patients, sometimes I have to actually work with them to where, like these archeologists digging up their past to figure out what it was that was really precious for them. And because, you know, bad things happen to you, many times you forget because your brain literally will push down your memories as a protective measure.

So it's not uncommon for patients to come to me and be like, I don't remember what I used to really value, or I don't remember much of my past, because it was a protective response from your brain to really shield you from painful memories. So it takes some time to unearth, you know, the, the real core values. So some things that I'll do with my patients is I'll say, bring in all pictures or we'll actually use our smartphone to go back to memories, like old, old memories. And it's like, oh, like, you know, you looked really joyful in that picture. What was going on then? And then we, it's a storytelling, but we really are digging up the past. We are really being archeologists to try to figure out what it was that was truly precious. You know, what are the core things and not the superficial things.

SHAWN STEVENSON: I love that. I love that so much. And oh my goodness, that's, that's amazing. Yeah. You were also in speaking about with, with your values and who's around, you were thoughtful enough to provide a warning about values in your book as well. Can you talk a little bit about that?

DR. JUDITH JOSEPH: Yeah. You know, when you're around people often who, let's say they don't have the best, not, not, not that they don't have the best interests at a heart, but they just have the superficial values. That's what they're chasing. They're not necessarily going to honor your need to tap back into things that really matter. And in my book I talk about the risk factors for a high functioning depression. One of them is masochism, right? Masochism is an old psychiatry term. It used to be in that Bible of psychiatry, the DSM five, the diagnostic statistical manual. It was pulled out, yanked out, and like the eighties because it was thought to be victim blaming.

So there used to be something called masochistic personality disorder. And one of the traits of people who are masochistic was that they somehow incited poor treatment onto them. So like they incited the violence, they incited people to treat them poorly. So it was like very victim blaming. But other aspects of masochistic personality disorder were things like bending over backwards for people who don't really appreciate you or sacrificing your own joy for someone else who's not really thinking about you or feeling as if you're not worthy of praise or feeling that you're not worthy of things that you actually actually do deserve.

So in today's language it would be called people pleasing. You know, if you remove that victim blaming element, and many of us we end up doing for others and we don't even realize where we're always bending over backwards, where we're always showing up, where we're always the rock. We're always a strong friend, and for many it's because we don't feel worthy, right? We internalize this shame and blame and we feel as if we're only worthy of doing for others, right? We're humans doing, not humans being right. So when you start to make these shifts towards values that are really meaningful to you, you may have to look around you because you may have over time, surrounded yourself with people who really don't have your best interests at heart.

They are takers and not because they're bad people, but it's just human nature. If you're gonna be doing and giving, people are gonna take. So when you start setting those firm boundaries and you're like, I wanna tap into things that really matter to me, they may not like it. They may tease you, you know, they may not support you. And that's one of the early signs that you know, who you may need to limit. You know, I'm not a fan of cutting people off 'cause I'm from the Caribbean. We don't do that. But I'm a fan of limiting people access to you, like setting boundaries.

SHAWN STEVENSON: Love that. And there's many ways to go about that. Like you just said, we don't have to completely, what is it, ghost people, right? You don't have to ghost people. But also having your boundaries and understanding this is your life, these are your choices. And this is so helpful and again, I want to open this up. This is so much bigger than, you know, a certain diagnosis. These are valuable life skills, right? To be able to have this insight and you know, it's just, are you value aligned with the people that you are currently with? You know, when you decide to get well and heal and maybe, you know, one of your values is, you know, self care and you know, getting up and exercising and so you can't go kick it. Like you were and your friend and that's what you guys do together. Maybe the relationship is gonna change and maybe, like you just mentioned, they're like messing with you. They're talking a little shit like, oh, oh, you healthy now.

DR. JUDITH JOSEPH: Yeah.

SHAWN STEVENSON: You know? And, you know, it's just being aware that this is going to require change. And that's the thing too. It's like when it comes to this, people want solutions. They want change, but they don't necessarily want to change. And this is gonna require you to do some work. And for us to not be afraid of this because at the end of the day, it's, this is freedom, right? And we are releasing that pressure. I love that balloon analogy. And so, you know, again, just incredibly powerful values. So we're gonna move on to the next V, which is vitals. So what does that mean and how does this help?

DR. JUDITH JOSEPH: Well, I think, you know, talking about loss is important and to not minimize that too, because it sucks when you lose people. You know, like within vitals, you

know, we think of you only have one body and brain, you gotta take care of it. And yes, the traditional vitals are in there, like getting good sleep, getting good movement, eating the right foods to really nourish your body and brain. But a vital that's often ignored is the quality of your relationships. And it's not one to overlook because when you do start setting boundaries around your values, you're gonna lose people. And I think as humans, we fear that, you know, it used to be thought that in the nineties there was this whole like, you know, leadership kind of like idea that you should be enough on your own.

And if you need people, there's something wrong with you. We're independent, right? But the science is showing us the opposite of that. You know, it's really rare in these clinical studies that I do that you will not find an element about relationships because we were meant to be connected to each other. There's a reason that we all have attachment styles. There's a reason why the surgeon general named loneliness as a health hazard. It's like being lonely is the equivalent of smoking like a pack and a half of cigarettes or something like that a day, right? It is literally draining your health. And so when we do set up these protectors around our values, we're gonna lose people and it's gonna suck, and it's gonna trigger a lot of fear of abandonment for many of us because rejection is very painful.

When you look at the, the brain of an adolescent, when they feel like as if they're being rejected by their peers, the same parts of their brain light up as if it were being physically hurt, right? So like it's physically painful for adolescents to be rejected, but all of us, you know, we all need others. So, the quality of our relationships in the vital section is so important because, like I said, many of us with high functioning depression, we are people pleasers and we tie our self-worth and our lovableness. That's not even a word to what we do for others, our role for others. So we have to really acknowledge that and honored that.

And also, you know, it's gonna be hard, it's gonna be hard to lose people, so you're gonna go through some pain first, but that healing will be worth it because eventually when you tap into what really matters, you're gonna surround yourself slowly, hopefully by people that will support your values and people who actually prolong your life and don't drain from your life source. But that's, you know, a really long way of saying that, you know, in our vitals, we don't wanna neglect our relationships. When you go to your doctor, your healthcare professional,

they only have 15 minutes. So they're gonna ask you about sleeping movement and eating. They're not gonna ask you if you're partnered with someone toxic, right?

They're not gonna ask you if your friends, you know, are, are negative influences on you. They just don't have time for that. But I want you to think about that. Who are you around all the time? How do you feel when you're around these people? Do you feel like you have to keep up with them? Or do you feel full and fed around them? Do you feel supported? 'cause that is going to be a top predictor in your livelihood and in your health. And then the other non-traditional vitals are your relationship with technology, like I've been talking about this whole time, right? You know, there's a huge focus on adolescents and children and tech, but I don't want people to neglect what technology is doing to our brains.

You know, as adults, there's an entire research center at Stanford called the Stanford Zoom Fatigue Center because the way that technology impacts us is so important and we just don't even think about it. But we need to think about it 'cause we're losing all these points of joy. And then the last part of vitals is like our work life balance. Like I mentioned, many of us, even when you take us outta work, we are still thinking about work. So it's not burnout. You know, there's something happening in us that we have to be able to disconnect from work. But vitals, like your whole work, your whole life's work is devoted to nutrition. And there's a whole field of psychiatry called nutritional psychiatry where there are clinical studies that you so carefully embedded in your work. We need to really understand how what we put into our bodies changes the way that we feel changes our risk of dementia.

SHAWN STEVENSON: Hmm.

DR. JUDITH JOSEPH: So eating things like the leafy greens, the fatty fishes, being careful about walnuts and eating berries, all those things are really powerful and they're all areas where we're losing points of joy because we're just not feeding our brains.

SHAWN STEVENSON: Hmm. Yes. Yes. I didn't know you were gonna kick things off with the relationship component, because that's really, you know, my life's work has been dedicated to food because it was such a powerful bridge for me. But where I am today and what I see

myself standing on for the rest of my career is the impact of our relationships. Because our relationships are the biggest influence on what we eat. You know? And also with this longevity conversation, an incredible study, it included over 300,000 participants. 148 studies were including this meta-analysis from Brigham Young, and they found, yes, quitting smoking increases longevity exercise. Yes. But the number one thing they found was the quality of your relationships. In fact, having healthy social bonds or healthy relationships led to a 50% reduction in all cause mortality. That's a 50% reduction from dying from everything.

DR. JUDITH JOSEPH: Yeah.

SHAWN STEVENSON: And again, it stood out significantly higher than anything else. And. I know it's surprising, but we're gonna hear more and more of this. And the fact that you're, again, talking about this in this context and how important it is. This is, we're so connected, we're, there's this illusion of connection that we have. Right. But there's certain things our genes expect of us. When you're talking about this, when Zoom phenomenon and seeing our own face and seeing each other, it's very different from being in the room with somebody. And there are these elements, we're we're blind in many ways. Like humans see a certain spectrum of stuff, right. There's an electromagnetic field.

There's the microbiome data that we're sharing. Your sister's here too. We're all sharing microbiome data, right. File sharing. They're these elements of wellness and connection that simply cannot be there. If you have a virtual relationship, not to negate the value of these virtual relationships, it can help people to connect and to help people to feel connected, but we cannot negate our humanness. Right. And so I'm so grateful you brought that up. And also I want to share this really quickly as well. So when you mentioned nutritional psychiatry, this got me thinking. So, Dr. Uma Naidu, dr. Chris Palmer, these are really good friends and colleagues.

And the field of psychiatry is really focusing on this. It isn't just focused on symptoms, it's focused on you as a whole complete individual. And as you mentioned, the way that our system is set up, your doctor, maybe you said 15 minutes, that's a lot. You know, maybe 15 minutes. And now we know that we are going to move to a model, and that is, I see this

coming eventually where we are moving away from the quantity and focusing more on quality and finding out all these things about you, because it could be that one thing you're not talking about.

Yeah. Or thinking about that. It could be the big domino in this whole equation. And so. This was published in Public Health Nutrition recently, and it found that individuals who eat fast food were 50% more likely to develop depression compared to people who eat little or no fast food. And the scientists found a dose response relationship. This isn't causality by the way. Again, it's not causality, but dose response relationship that teeters more and more to causality. The more they're eating, the more. And it's just like, what are we making our bodies out of? Yeah. What are we making? Our hormones? Our neurotransmitters? And we get to choose that stuff.

And if we're bringing all these abnormal things into this body that has had a certain way of being for so long, it could really mess stuff up. And we experience a symptom of, maybe it's anxiety, maybe it's depression. There's a lot of data on schizophrenia and nutrition today, a lot. And we're seeing the symptom, but not looking at what is the root cause. And so this is one of the very special things about your book, is that you're addressing so many potential root causes in getting us to have some introspection. And so that's gonna lead us to the final V here, which is vision. So what does this mean and how does this help us?

DR. JUDITH JOSEPH: Well, I'm glad that you brought that up because we talk about the biopsychosocial, and I often say in these talks that in the way that we all have a fingerprint and it's unique. We all have a biopsychosocial, and they're all unique, right? So biologically, you know what's happening to your body and brain when you're eating these foods that are processed. You're increasing inflammation psychologically when you're not addressing your trauma. You're in fight or flight all day socially.

When you're in these negative relationships that have you, your cortisol high, you're just dragging everything down, right? So thinking about yourself as the biopsychosocial model and that doing it for yourself, like I encourage. People reading the book to actually draw their own bios, psychosocials, because it's a tool that was kept within our, like healthcare

professional, you know, walls for so long. But we need to share this with people because people want to know how to live better lives. So draw your own bios, psychosocials, and then try to get your joy that you're losing through all those buckets. The biopsychosocial, you're losing joy there. So try to add back the joy. But vision is, is the final V, and it's my favorite because it reminds me to plan joy.

And how do you keep moving forward instead of getting stuck in the past? So I know that in the past for myself, I would lose so many points of joy because I would work too long, I would work too late, and I'm missing out on the time with my daughter. So now I prioritize her and when I plan my future, I'm planning joy with her in the future. So, you know, I get an offer to speak on these big stages and I'm like, if I'm missing out on my time with my daughter, I'm not doing it. 'cause I know what makes me happy. I know where my joy comes from, right? And I think many of us, we again, we're chasing this idea of happy, but we're losing out on our joy.

So when you think about what really brings you joy, try to plan that into your day. And I'm not talking about like a big spa day. I'm talking about like, okay, if you get your kid to school on time, sit in your living room and enjoy your, like sit and have your coffee to yourself, make it a ritual, something you look forward to. A simple thing. I mean, I do the same thing. I have this coffee that I got from the Caribbean and I found a place that delivers it here. And I will sit after I get my kid to school on time, I sit in my living room and I have my coffee and no one interrupts that time. And I look forward to that. It allows me to sit still, it allows me to tell myself I am a human being, not a human doing.

But for someone else, it could be something else. It could be, you know, before you go from work to picking up your kid, maybe you just, you know, take a detour and you go sit in a park and you just listen to your favorite music. You know, planning the little things again, you're trying to get those joy points. You're accessing that joy daily. 'cause it all adds up over time. And it could be like celebrating something in the future, like as a family, you know, maybe, you know, as a family, you all haven't been spending enough time together, so you put it on the calendar, it's on the fridge. It's something you all look forward to. This is really important.

And we miss out on these basic things because we're so busy planning that big family vacation where everyone's just gonna be on their tablet and their phone anyway, right?

SHAWN STEVENSON: Yeah.

DR. JUDITH JOSEPH: So really create these rituals that allow you to access those points of joy, simple joy, every day.

SHAWN STEVENSON: So important and I love closing with this vision. Yeah, because this is, this is one of the things that, and I love this analogy of, you know, we have this epidemic of attention deficit disorder. But my mentor close friend Michael Beckwith says, we have an intention deficit disorder. And being able to have a vision and being intentional about your life, the way that you want to feel and what you're sharing with us is for us to make ourselves more available for that, make ourselves more available for joy.

Because if we're in a place where joy seems so far from where we are, that can be quite a jump mentally. Like I can't, I can't get there, but make our, making ourselves available to it and having these little practices where we're starting to kind of fill our Joy bank account and giving ourselves permission. I think that that is one of the most helpful things for somebody who's high functioning, is getting permission to have this time, this introspection and to value ourselves in a different way. And so I, I learned a lot reading your book and I highly recommend everybody picking up a copy. And this is one to share with friends as well. Can you let everybody know where you can pick up a copy of high functioning and also where they can connect with you online? Yeah.

DR. JUDITH JOSEPH: Well, thank you for having me. This is so much fun. I really, really derive some points of joy from this conversation. And you know, whoever's listening, just thank yourself because you didn't have to listen and we don't praise ourselves enough for doing things that are actually helping us to understand the science of our happiness. And there's only one you, so really take the time to understand you. You can pick it up@drjudithjoseph.com and you can follow me on all the socials there, Dr. Judith Joseph. And

you know, if you learn something, share it with someone, you know that that should be a part of your vision.

SHAWN STEVENSON: Boom. There it is. So please take a screenshot of this episode, share it on Instagram. Your Instagram handle is?

DR. JUDITH JOSEPH: Dr. Judith Joseph.

SHAWN STEVENSON: Dr. Judith Joseph. Tag her like crazy. Share the Love. Please share any insights that you got from this episode. I'm sure you would love to see that and tag me as well. I'm at Sean model on Instagram, and this has been incredibly rewarding. I'm just grateful that you're doing this work and you're sharing your story as well, and just giving us real practical tools for us to feel better and to connect. So this has been awesome. Thank you so much.

DR. JUDITH JOSEPH: Thank you so much.

SHAWN STEVENSON: The one and only, Dr. Judith Joseph, everybody. Thank you so much for tuning into this episode today. I hope that you got a lot of value out of this. This is one to share. Share this, take a screenshot. I'm gonna be on the lookout for it. Take a screenshot of this episode, share it on Instagram. You can share it in your IG story. Tag me, I'm at Sean Model and tag Dr. Joseph as well. She's at Dr. Judith Joseph, let's get this message and empowerment to more people. We've got to be the ones to galvanize real change in this field of health and wellness overall, but in particular in this field of mental health, it is our duty to advocate and to focus on what truly works and taking back control of our own minds and bodies. And today, more than ever, we've got so many incredible resources right at our fingertips. So it really does mean a lot to share this powerful message.

We've got some incredible masterclasses and world-class guests coming your way very, very soon. So make sure to stay tuned. Take care, have an amazing day and I'll talk with you soon. And for more after the show, make sure to head over to the model health show.com. That's where you can find all of the show notes.

You can find transcriptions videos for each episode. And if you've got a comment, you can leave me a comment there as well. And please make sure to head over to iTunes and leave us a rating to let everybody know that the show is awesome and I appreciate that so much and take care, I promise, to keep giving you more powerful, empowering, great content to help you transform your life. Thanks for tuning in.