

The Committed Podcast - Episode 1

Kristen: Hello, I'm Kristen Abell, co-founder and executive director of The Committed Project. The Committed Project is an organization created to help share the stories of professionals in higher education experiencing mental illness. By doing this, we hope to educate our fellow professionals about mental illness, increase support for those of us with mental illness, and stomp out the stigma associated with it. So we're gonna be talking with various individuals during the month of May who have asked to remain anonymous because of the stigma associated with mental illness. We are gonna ask a series of questions and hear a little bit from them.

So can you tell us a little bit about your career journey and your current role in higher education?

Anonymous Guest: Yeah, um so, what happened - I basically got my masters in clinical mental health counseling and throughout my doctorate degree part of being in higher education and getting a doctorate at my university, you get usually hired on as a graduate assistant. So those positions can look really different. Sometimes it means you just work in a research lab, but for me, it's been teaching undergraduate level courses for the past few years and also working at the college counseling center on campus. And so I basically have gotten to interact with different program development through our multicultural center and our LGBT center on campus alongside the college counseling center and also developing our first-year seminars. So that's the course that I teach and help with development and providing resources to students. And so that's what I've been doing the past two years.

Kristen: Great, thank you. I feel like I'm doing a job interview or something. Okay, I'll try to tone that - that voice down. Can you tell us a little bit about your experience with mental illness during your lifetime?

Guest: Yeah, so I started realizing that I was struggling with depression when I was probably about 12 or 13. I had some issues basically in middle school getting along with people and with bullying, and I was self harming for a while, and throughout college that got - I went through phases where that would be better and worse. I did have a couple hospitalizations when I was a freshman in college, um, due to a suicide attempt, and then after that I got involved in some really amazing therapy. I saw a therapist for three years, and it really changed my life, and that's part of the reason I went down my career path. And so since then, I've been - I still struggle with depression and anxiety, but it's usually, it flares up at pretty much the worst times, when I'm under the most stress or when going through major life changes. And so it's nice because now that I am in this profession, and I've learned so much, and I have these great ways of handling and coping with it, and at the same time it's really still challenging when I do have struggles with it that come up - just to continue because of all the responsibilities that you have. Um so, I think the biggest thing is that it's - I've learned how to manage it as I've gotten older but - and I haven't had any self harming or suicidal ideation now for about seven years. However-

Kristen: That's great.

Guest: -it's still - thank you, yeah - it's still really hard, though, sometimes when major life changes happen so I think the last time I was really depressed was when I ended up break - or when I had a breakup last year. It was almost two years ago now, I guess. And going through that and then having to be on and be teaching undergrads and be working constantly was really hard. And so I think that was the last time I had a major episode, but it's still something I think I still struggle with daily.

Kristen: Yeah, definitely. I'm gonna ask you a couple of other questions, but only answer them if you feel comfortable answering them. You can just tell me to bug off if it's nothing you want to share. So, I assume you had an official diagnosis when you were in the hospital. Had you been diagnosed previously to that or was that the first official diagnosis for you?

Guest: Um, I had been diagnosed before that with depression, and then, as my depression kind of manifested in different ways they would say, "Oh, maybe now it's an eating disorder," or "Maybe now it's bipolar because you're doing X, Y and Z. And so it's kind-of changed honestly a lot, depending on what was going on. But I think -

Kristen: Interesting.

Guest: - the only one that's ever really stuck is just the depression one. I think when you're younger, it's really hard - and I know this now from experience - it's really hard to diagnose people accurately until they're adults, and a lot of that just has to do with things that can look like certain types of behaviors or just different things kids are trying to figure out how to express what they're feeling.

Kristen: Right.

Guest: And so, for me, my depression kind-of just manifested itself in a lot of different ways, but that's been my diagnosis for a while now.

Kristen: Gotcha. And you mentioned therapy, and again, if you don't feel like answering, you don't need to answer, but do you take any medications or have you ever taken medication for it?

Guest: Yeah, so I've taken - I've probably taken, I don't even know a medication that they didn't try on me when I was younger -

Kristen: Right.

Guest: - so I still take antidepressants and a mood stabilizer, and I've gone through the struggle of not wanting to take them at certain times in my life. And feeling like, feeling weak for taking

them, and so then I'll work with my psychiatrist. I try to get off them, and then life happens again, and I end up having to go back on them.

Kristen: Right.

Guest: So it's been a struggle - a very big internal struggle - for me feeling like I'm a failure if I take meds? And at the same time it's-it's like night and day. Like I am just a better person, I'm more myself when I take them, so...

Kristen: Yeah -

Guest: I'm better about it now.

Kristen: -yeah, it's - absolutely, I mean, I'm over 40, and I still go through the - and I tell people all the time, I'm like, "I'm on meds. I love my meds, they're great." And I still have the internal, like, "But you're weak because you take meds," you know, sort of conversation, though. Totally get that. How do you think - and you've talk- you started talking about this a little bit with the fact that like you're having to deal with grad students and-and - or your classes and stuff while you're dealing with depression, but like, how has experiencing mental illness impacted your-your work? And maybe sometimes - I don't know if you have it - maybe sometimes it's negative, but maybe there's positive times, too - I don't know.

Guest: Yeah, I think it's impacted my work in several ways. I think first, a lot of people don't realize the impact that graduate research assistants and graduate students have in higher education. I mean, I think back to my undergrad and how many of my teachers were grad students. And so, it's really hard sometimes to - we have a lot of expectations on us: balancing our coursework, balancing teaching, and then balancing other things, and so things will slip through the cracks when I am depressed. I will often have to say like, "Hey, I've got a migraine" or something to try to take my sick days because there's also even I feel like an enhanced stigma when you're working at a counseling center or other things. Because I'm always afraid that they're gonna say like, "Oh, you have depression. You shouldn't be counseling people. You're not good at this."

Kristen: Oh, that's interesting. I hadn't thought about that.

Guest: Yeah, and so it comes up a lot, and I actually have a lot of their - I've done some research on basically like, vicarious trauma and secondary traumatic stress in counselors, and a lot of the research says that like, if you've been through, whether its trauma or mental illness or you've been through some of this, going in and being a counselor you can be a more effective counselor. And so I think it's helped me connect with my clients in a way that other people might not? Because I've actually been where a lot of them are sitting, so I do really well connecting to my clients for that reason. And at the same time, I have to always be monitoring my self-care and where I'm at just to make sure I should be - be doing my work. I think the fear though is

that someone's gonna tell me, "Oh, you can't be a counselor because you have depression," or, you know, "You shouldn't be teaching these students about health and wellness or about psychology when you have depression." So that comes - that fear comes into play a lot, for me at least.

Kristen: Yeah, yeah I could totally see that. I hadn't really thought about the fact that there might be almost exaggerated stigma around it in that profession.

Guest: Yeah. Yeah, we preach self-care all the time to our colleagues and to each other, especially in this field with what we work with, but it doesn't - though we talk about it a lot? I don't know that it really happens in the graduate field. Everyone's trying to get research published and yours - your time is split in a hundred different directions, and so I think we talk the talk a lot as counselors, and it doesn't necessarily always happen. And - and I don't know about you know, every other university, but our university is seeing a huge increase this year in students with mental health issues. Our counseling center has a huge wait list. It's been a really busy year, and with that I feel like you almost get pulled into it even more into, you know, taking away your time to take care of yourself.

Kristen: Absolutely, yeah. So we talked about, a little bit about why you might not want to share with - with others. Are there other reasons that you wouldn't want other people to know about your mental illness? I mean we're doing this anonymously because we know that there's reasons, but I'm just kind of curious to hear from you if there's other things that you're concerned about.

Guest: Yeah, I think mostly the biggest fear is that, is that for clients finding out, too, or like people that are seeing me in therapy, taking away some of my credibility. If my students find out that they're going to think, that they're gonna think less of me, as well. So there's that huge piece, but I think more than anything, I always have a fear that, oh gosh, if my depression got really bad, like if I, you know, got hospitalized or something like that happened, would I ever be allowed to do my job again and be a therapist and do what I love, and would I be able to finish my Ph.D.? Would they still let me in the program? And so, and I don't know the answers to those questions. I don't know how realistic that is?

Kristen: Sure.

Guest: But I do know that, you know, that's a piece of ethical practice is making sure you maintain your mental health?

Kristen: Yeah?

Guest: And so it's sort of a double-edged sword in that we're told to do this and take care of ourselves and all this stuff, but when we actually reach out to others and do it sometimes, like, I

remember my first year in the program, I had gone out with some friends, and we had had some beers that night. And one of my colleagues actually told my professor that she thought I had a drinking problem, not telling me. And then I got drug into the professor's office, he -

Kristen: My gosh.

Guest: - expressed concern, and so I think the fear is like if something that small can make them concerned about your ability to be a therapist, you know, would I lose my spot in this really competitive program? Would I lose my graduate assistantship, which funds my life? Would I start losing things if I - if I was honest with my peers or mentors or about it?

Kristen: Absolutely, yeah. Why take the risk? And despite all of that, you wanted to do this interview. Can you tell - tell me about why you were interested in doing this interview with us?

Guest: Yeah, I mean I think it's, I think it's important to talk about, just in general talk - get the word out about the fact that a lot of people can struggle with mental health issues, and it doesn't mean that we can't do awesome things with our lives? And be, you know, and still be a therapist or be in higher education or do anything, that we can still function. It's not like depression is my life. It's a part of my life, but there are a lot of other things I can do. And so, I think just the more people that are not defined by it, and that we can start like, coming out saying like, how many of us actually do struggle with it, it'll help with that. But, but yeah, so I - this is kind of a little way I can help with that, but I, I'm still not a hundred percent confident that I'll ever tell my professors or people in my field, but I have shared with a few students, too, and the students who I have shared with have had really good responses to it. Mostly students who have come to me asking me for advice, or things about like, "Hey, should I go to counseling?" Or things like that. Kind-of like, "I've been to counseling. It's not scary. You're gonna be okay." Like so, so I think I've seen it - I've seen it when I have opened up a little bit help people, and now see I just wish people would know that just -

Kristen: Right.

Guest: - because I have depression doesn't mean I'm depressed all the time, doesn't mean I can't do my job.

Kristen: I had somebody ask me one time if the reason I didn't smile very often was because I was depressed. I was like, "No, I just don't like talking to you. I'm sorry." Yeah it is, it is interesting even when you share about that, the misconceptions that are - that already exist around it.

Guest: Yeah.

Kristen: So yeah, it makes makes a lot of sense.

Guest: Yeah, and I always get that, I feel like I get that line sometimes from people who do know that I have depression - like my family members will say like, "Oh, you're a therapist. Haven't you figured this out yet? Like, don't you know what you're doing? Like how are you still depressed when you're a therapist? Can't you just, you know, fix yourself?"

Kristen: Yeah!

Guest: So it, it makes it worse.

Kristen: Right. I'm curious, so I went to therapy - well, I've been in and out of therapy a few times - but one of the therapists I saw, um, used to talk about depression like you could cure it. And it just kind of blew my mind, I was like, "No, it's not. It's not like a cure. Like, it's a maintenance plan. There's a maintenance plan for it." Like, it's not like it - it's not like an illness that you just cure and then you don't have to worry about it anymore. Like, if you don't keep doing the things that you did to make it stop, like, it will come back.

Guest: Yeah, yep, and it does. It comes back, and that's why I said, you know, times of stress I'll go a whole year without dealing with it, and then all of a sudden I'll have like, a month where things just go wrong. Life happens, and uh, it'll be really hard for me to regulate that. So, it's - it's like if I can go years without feeling that way and then feel that way again for a whole year I mean, you just never know when it's gonna come back into your life. And I think that's the hard thing that people don't get is that I can't like, predict necessarily when that's gonna happen either? Not like I can just work really, really hard right now, and I won't feel depressed.

Kristen: Right.

Guest: It just happens when it happens.

Kristen: Yeah. Do you - do you feel like, I mean I think for me there are definitely certain times of year, and I think it's related to the stressors that go with those times of year. So like in higher ed, for example, August has always been a particularly difficult month for me because the increased hours - my job now not so much, but my previous job - the increased hours in August would just wear me out, the level of stress, the fact that everybody around me was also stressed out. Like, I think that it used to peak a lot then but also in January, like the seasonal aspect of it.

Guest: Yeah. I feel like mine, it's kind-of an opposite in a way because when I'm really busy in the months of August and like the beginning of the school year, I feel like that almost just is like a coping skill for me. I have so much going on that I'm distracted -

Kristen: Right.

Guest: -but during like Christmas break and during summer breaks is actually sometimes when I struggle the most because there's just less going on on campus, less to do. I'm not teaching

usually three or four classes. And so with all that free time, it just kind-of, I have to find other things to fill that with, otherwise my brain can ruminate. And that's what kind of makes me depressed and so... So even though those times are more stressful, it's kind-of funny because I think those are the times I usually am able to at least manage it the best because I don't have time to sit in it.

Kristen: Yeah. It's - it's a good - that's a good example of how it can impact different people different ways, totally. You talked about finding things to fill your time like, so I know for example, I also experience anxiety, and when I take time to read, especially read fiction, I can - it's like it helps me get out of my head for a little bit, you know? And when I don't do that, I notice that my anxiety starts to ramp up a little bit? Do you have little tricks or things that you do to help?

Guest: I think, I mean I think for one, having a dog like, really helped a lot just because of the fact that when I am depressed, she - and I have, she's a, she's just a high-energy dog - and so when I do feel depressed, I still will take her outside and go for walks with her even if I won't go for walks for myself. And she's, she helps me socialize with my neighbors when I'm depressed. So when I don't want to talk to people, she makes people go and talk to me because she's so cute and fun. And so, I think she's been a really good coping skill through graduate school for me, and um, just throughout this process. But also, I mean, that's part of the reason why, you know, I - I needed to move out west is just to get into having more outdoors, more sun more of the year and more outdoor activities in general. And so, I think that a big piece of it is just I have to be outside. My number one coping skill though, i just getting out of my house. I just can't stay in my house. I have to go somewhere, whether it's, you know, coffee shop - I mean, even if I'm by myself somewhere, as long as I'm not in my house, it's the best way to help when I start getting depressed.

Kristen: That makes a lot of sense. Um, I had just - I just finished this book called *Lost Connections* - I think that's right - and it's all about depression. And one of the things the author - in his research that he did for the book - one of the things he posits is that we've lost our connection with the outdoors. So it was interesting to hear you say that - that that's because we've lost that connection with earth and like, nature and those sorts of things. And that one of the treatment centers he was looking at, one of the things they did was they had the patients create a garden. And like, just working in the soil and like, learning about plant life and figuring all that out, like really helped them kind-of start to connect again with nature, and it started to bring them out a little bit, as well.

Guest: Yeah, and I think that's a huge piece, too. It's actually funny you say that 'cause I actually have a garden, too. But I mostly did that because my grandma bought me a bunch of plants. But I've been keeping them alive now for almost two years, which I've never done before. It's interesting how like, when you have something to take care of outside or you have something that you feel like you have to do outside, it makes me at least feel better. So like, I joined a

women's biking group - a Meetup group - and I don't know anybody there really when I go, but just having people around just to be on the trail with and things like that, and then having it like, in my schedule, like this is my time outside. And then once - usually once - usually once I get out there I don't wanna come back in. It's like, I'm like, I feel better now so it's - it really works for me at least.

Kristen: Good - that's good. So you know, we've talked a little bit about some of the stigma that exists - not just in higher ed, but in counseling - but if you could suggest maybe just one thing that you think the higher ed community could do to decrease the stigma around mental illness or make higher ed a better place for people with mental illness to work and to learn, what would that be?

Guest: I think - I think a big one that I think of right now is I have a professor who I've worked on research with, and literally he's told me so many times like, "Tell me if this is too much. Tell me if you need a break, if you have life going on." He always says to me like, "You're a person first, you're - you're my graduate assistant second. Like, you're a person first and so if you can't get things done on a deadline, I don't care. Just tell me." And so I think, there's a piece that like - he doesn't even, I haven't even disclosed to him what's going on for me, but he inherently always asks and checks in to see where his - the people he's working with are at and making sure that what he's asking isn't too much. Because I think that's another big issue is there's times when, you know, depression's not affecting me. I can get a ton of stuff done, but when it does sometimes my productivity slows when it's getting in the way of things. And so it's really nice having somebody that says it's okay to not always be, you know, top of your game, 100%. And so I really think that's helpful. But I just - I wish that people would just leave that door open to say like, "Hey, if you are, you know, going through something rough, just tell me you're going through something. You don't have to tell me what, but you know, like let's get space for you know, mental health days." If you need to stay home - and sometimes for me that looks like staying home, and if I'm depressed I stay home and do all my laundry and stuff and just try to get my life in order so that I can feel better. And if I need like one of those a month, that'd be my only sick day like, probably for the whole semester. So I wish we could allow like, just I guess, open conversations when things are getting overwhelming, and then even just like allowing people to say like, "Hey, I need - I need a - just a day off." And not have to lie and be like, "Oh, I have a migraine," or other things, you know. I wish I could just be honest and be like, "Hey, I need a day off to like go sit in my pajamas and you know -

Kristen: Right.

Guest: - to start to feel better."

Kristen: Just not be around people and not have to work today.

Guest: Yeah.

Kristen: Get my brain straight.

Guest: Yeah and I think it's that - like, a piece of when I'm depressed, and I have to be around people all day, then I get home and it's like I can't even relax. I'm just exhausted emotionally from that interaction, and some days I just need not even like - I don't even necessarily need to miss a day - like, I just need a few hours. Like, I need a break.

Kristen: Yeah.

Guest: So it's just really hard to ask for that.

Kristen: Are there signs like, that you know when a depression is coming on, or when you can tell you're starting to sink a little bit?

Guest: I always lose my appetite. That's like my first - that's the most obvious one for me. I will have trouble just like, eating anything. And for me, I can't sleep at night when I start to get depressed. And so, it kind of spirals for me from there. Like, the very obvious like, physical symptoms. But interacting with people when I'm starting to get depressed - I'm an extremely outgoing person like, so extroverted. I get my energy from being around people, so when I start bailing on my friends or bailing on, you know, different events or things that I know I should - usually would love to go do, those are kind-of times when I'm like, I need to probably check in with myself and figure out what's going on. And so, I withdraw a little bit.

Kristen: Sure. Do you have like a - I guess almost like a safety net? Like for me, because of course I'm married and I have a kid, like they pick up pretty quickly when I'm starting to get there, but I can - and I know even before that. And I'll usually say, "Hey, I need you to keep an eye on me." You know or whatever, give them a heads up that like something doesn't feel right, and I don't know if it's gonna be full-blown, but something's not right.

Guest: Yeah, I've got a couple good friends, and that's - it's a blessing and a curse because having friends who are other graduate students in mental health programs or in related you know, psychology fields - we're all so busy, and so sometimes you feel like, I get a perceived burden so it's like, I shouldn't be telling them that - they're going through a lot, too. But I've been getting better over time and just like, you know letting some people see that part of myself. And sometimes I'll even just be like, "Hey, I don't even need to like talk, but can you just come over and like sit here and do homework with me? Or can we just go to a coffee shop or go for a walk?" And so I find ways to tell people I need help I guess, without actually saying like, here's what's going on. Usually I'm like, "I just had a really bad day. Can we just hang out?" I don't try to like, tell them. I have one good friend, though, that she always - every single time I like, tell her I don't want to hang out, she's like, "Do you really not want to hang out, or are you feeling bad?" And so - like, are you sure?

Kristen: Like is this a "you don't want to hang out," or is this a "I need to make you hang out?"

Guest: Right, exactly. And so I have one person that does that for me, for sure. And I can always - I mean, my parents, even though they don't live nearby, they check in on me, too.

Kristen: That's good. And you've got your dog.

Guest: Yes. And trust me, she notices when I'm not feeling good.

Kristen: Yeah.

Guest: It's like - but when I'm not feeling good is when I'll have a pile of toys next to me because she just starts bringing me things to play with.

Kristen: Oh - that's so cute.

Guest: Whatever makes her happy will make me happy.

Kristen: Oh, I love that. That's great. Okay well, I - I think that's most of our - my questions. Is there anything else like, that if you wanted to share one thing about mental illness in higher ed, or anything like that?

Guest: Well, I guess for me, I think, when I think of higher education and just the systemic impact that we have on so many people - not only going into the professional world - but just if we're - we have such a big job, you know, educating all these brand-new young people. They're at really pivotal points in their lives. We're not doing them any favors in trying to make it seem like we're perfect because being I think, open and honest about this kind of stuff can really make a difference for students - not only dealing with their own mental health issues, which we know a lot of them are - but make them start to see, you know, professors and everyone else is human and instead of, you know, this kind of divide where it's like - you know, I feel like a lot of times people think we're up here in higher ed, we're in charge of everything, we've got it all figured out. So I think it would be a really good way to model, if we can start modeling for our students the way that we want to be treated or even just being a little bit open and sharing things about that could make a huge difference. I just, I guess that's one thing I thought about lately is the influence that we have, and with that influence if we continue to ignore this huge part of - this huge part of ourselves and this huge piece, then we're just gonna be continuing that. So - so I think this is really great, and I'm really glad that there are other people out there who - who are open about it because it's, I know how hard it is to be, so...

Kristen: Yeah, I think you're - you're dead-on. That's one of the things that I think I've always struggled with a little bit is that if we can't show people that you can have mental illness and be successful and be a part of society and do things - you know, have a job and work with people, I don't know that they ever understand that that's - that's a possibility. And so I - that's just one of the things that I think is so important. So I really appreciate that you are sharing your story, and I

think there's a lot of - lot of good stuff you said that has given me food for thought, and I hope will give some of our other listeners food for thought, as well. So thank you.

Guest: Yeah, thanks for having me.

Sue: Thanks for listening to the Committed Podcast, where we're working to fight stigma for professionals working in higher education. You can find more of our work on our website www.thecommittedproject.org. And come say hi on Facebook, Twitter, or Instagram by shooting us a message at The Committed Project. If you liked what you heard or want to reach our contributors and let them know and thank them for contributing, you can leave us a review on iTunes, Stitcher or SoundCloud, or wherever you're listening. We hope that you'll share this story with someone you care about in higher education.