

Episode 202: Depression - Life Can Still Happen Even In The Darkest Places

Please note: This transcript has been lightly edited to remove filler words or sounds.

LINDSAY KOLSCH: You're listening to the To Write Love on Her Arms podcast, a show about mental health and the things that make us human. Each episode we'll be talking about the things that can often feel hard to talk about, like depression, addiction, self-injury, and suicide. We'll be sharing stories and exploring big themes like hope, healing, and recovery. We'll share one-on-one interviews like we did last season, but you'll also hear some new things. We'll spend some time looking at one specific mental health issue through a couple different stories. And you'll also hear from licensed mental health counselors.

LINDSAY: We hope you will connect to these episodes in a meaningful way. And maybe by listening, you're going to find it's a little easier for you to talk about your own experience with people in your life. So maybe you struggle. Or you love someone who is struggling. Maybe you just want to learn more and hear from people who are generously sharing their stories with us. No matter who you are and why you're listening, we want to thank you for being here. You're in good company.

LINDSAY: So if I asked you what the leading cause of disability worldwide is, what would you say? I'll give you another hint: It doesn't discriminate on the basis of age, gender, sexual orientation, or income level. Oh, and an estimated 300 million people around the world suffer from it. It's not heart disease or cancer. It's depression.

LINDSAY: Let's focus on that number again: 300 million. If an estimated 300 million people suffer from depression globally, why do so many of us still struggle to talk about it and our experiences with depression? Why do so many people struggle in silence? What keeps us from recognizing the symptoms in ourselves and others? What keeps us from getting help?

LINDSAY: Today I'm joined by Chad Moses, a member of the TWLOHA team. And before we get into our stories today I wanted to bring Chad in to talk a bit more about these questions.

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LINDSAY: What in your mind is part of the influence here?

CHAD MOSES: Yeah, I mean stigma is such a tricky topic. It's so frustrating because I can see it so clearly in the lives of other people yet it's often times really difficult to, to face in my own life. And that's historical and I think I'm getting a little bit better at it now. But even after working in the mental health field for 11 years, this is still a conversation that, that needs, you know, some sense of reckoning, that... Well, to me stigma is whenever silence is the loudest voice in a conversation.

LINDSAY: Hmm. So the things unsaid.

CHAD: Absolutely. You know, it's, it's when our assumptions become our absolute truths and, and that's really dangerous because that means de facto that there's not enough conversation happening around these issues that are permanently silencing our friends, our family, and potentially our own stories. So when I think about my own struggles with stigma, I mean it is played out so clearly in my collegiate years. I served as an RA for two and a half of my years of college. And during that season, you know, I would go through annual training about how to identify mental health crises. I could identify when someone wasn't clicking on all cylinders.

CHAD: I knew what resources to point people to. I knew the phone numbers, I knew the buildings. And yet when I began to encounter my own struggles with depression, I felt completely helpless. I felt that if it was my job to hold other people together, then I couldn't allow myself to fall apart in the presence of others. I could lose my job. I could lose this opportunity for an education.

LINDSAY: So fear. A lot of fear playing into it? Or?

CHAD: It was fear and, and also shame that man, how can you have all the answers yet fail the test? You know?

LINDSAY: Got it.

CHAD: It was certainly a, a deep intellectual and emotional failure. Yeah.

LINDSAY: Stigma exists through these cues that we get from the media we consume, our families, our cultural backgrounds; they're cues about what is OK to talk about and what is not OK to talk about or what is polite, what is not polite and whether... And so we just internalize them. And that's maybe the main reason that it's so hard to recognize it because it just feels like the roadmap we've been given, um, without realizing that the map's a little faulty.

CHAD: Yeah. And, um, my mind goes to, uh, there's another mental health advocate out there doing great work. His name is Kevin Hines, and he speaks a lot about his, a suicide attempt that he lived through. And when people ask him about his story, he says, "Look, I think there's a difference between talking about these things and talking about them appropriately." And when the conversation of stigma arises, I think that that is automatically implying that we are not talking about these things in the appropriate way. We're not doing this in a people-first way. We are allowing these diagnoses and potential misdiagnoses to become all we believe to be true about that individual.

CHAD: So often when we talk about depression, we have this mental picture of what a depressed person looks like. And that's especially hard to kind of connect these dots if you yourself do not have a previous relationship with depression. So for me in my life, I did not know that I was depressed for a long time because what I was experiencing didn't line up with what I

thought I read about depression or what I thought, this novel that I read, you know, the portrayal of the protagonist and their struggle with depression or this movie that I saw. Everything just felt different. Like, yeah. Their life is obviously bad.

LINDSAY: Yeah.

CHAD: But I, I still do have some friends. I guess, I still do go out and party, I guess. But I'm not feeling anything.

LINDSAY: Yeah.

CHAD: Um, and then it wasn't for years later, it's like, "Well, dude, what you were feeling was depression." I'm like, "But I don't think I was really sad. I was just numb." And my friends are like, "Yeah, that's called depression." You know? So, so much of it was like, I, I read something once and thought that that would be the catch all for this, this sweeping pandemic, 300 million people worldwide. Not every single instance is going to look identical to the next.

[music playing]

LINDSAY: When we've been trying to understand stigma and how it impacts what we believe and what we do, we've continued to turn to our friend Aaron Moore. Aaron is a Licensed Mental Health Counselor, and he's been a part of TWLOHA since the very beginning. And we asked Aaron to help us get a better picture of how stigma works.

Aaron Moore: A helpful way to think about stigma, especially as it pertains to kind of mental health is stigma does attach itself to the person, the issue, and even like what we believe about treatment and recovery. So, you know, we have a negative stigma. We have a negative kind of framework of full of negative beliefs about somebody who may struggle with depression. We have kind of negative beliefs that we believe about depression itself, and we even have these negative, stigmatized beliefs about what treatment for depression would look like.

Aaron Moore: The way that that shows up kind of varies. It varies across culture, you know, stigma shows up in kind of some very culturally-specific ways. Different cultures kind of have labeled different points of, you know, kind of stigma or looking at different things that represent weakness or pain, uh, that have been kind of marked as pieces that, are pieces that we want to kind of reject or we don't want to be seen as connected to.

[music playing]

LINDSAY: In the stories we're encountering today, they're going to reflect some of this conversation about stigma because depression can be so hard to recognize and it doesn't always show up and announce itself as depression, or what we tend to think is depression anyways. So our hope in sharing these stories is to help people broaden and add to their

understanding about depression and to hear how people have navigated it. We'll also get to talk about what helped them cope and just feel better.

LINDSAY: And it may be obvious now, but we want to say up front that these interviews they reflect just three stories. So if you find that your experience doesn't match up to what you're hearing in this episode, we want you to know that it's OK. Whatever you're feeling is valid. And finally, if this episode strikes a chord with you or if you're experiencing symptoms of what might be depression, we hope that you'll seek help. We believe hope and help are real, and we hope this episode reminds you of that.

[music playing]

LINDSAY: Can you remember what the feelings were like, like what those, the ones you're talking about, could you describe those?

MORGAN HARPER NICHOLS: The big one for me, and it was really heavy around age 11 is probably when it started. When I was 11, that was when 9-11 happened. And right after 9-11, there was a pretty tragic passing of a very close relative to me. And, it was very traumatic for the whole family and just seeing that at a young age, that affected me. Like what does this mean? Like it was, it was very, very difficult, and then leading into that next year, you know, approaching my teenage years, my sister and I were homeschooled and we're also preacher's kids at like a really small church. Our social circle was very small, and I just felt alone like that was, that's probably the closest word I can think in terms of what I felt is alone.

[music playing]

LINDSAY (narration): That's Morgan Harper Nichols. Morgan is a writer and artist who makes her work around people and their stories. She grew up outside of Atlanta, Georgia, and feeling pretty isolated in a more rural community, she spent a lot of time with her family, and her main connection to other kids was at church. Morgan shared how that sense of separation made her feel like an outsider, like she didn't really belong.

MORGAN: I remember wanting to like, like I don't even care about sneakers, but like the kids at my church did. And I remember one time I begged my mom to buy me these cool sneakers that everyone was wearing and it just, you know, kind of classic kid story, and I get the shoes and they weren't the right shoes. It wasn't the right brand, it wasn't the right thing. And everyone was just making fun of me and for them, you know, it was this kind of like, oh ha ha you tried. But for me it was, you know, we were homeschooled. I don't even see people, I wasn't even seeing people my age that much every day. So it was Sunday at church. That was like my social time. So that little time was spent being made fun of. And that was just kind of how I internalized relationships and how I related to other kids my age. And I really struggled with that and I just kinda kept it inside. I don't think, I don't remember, really remember talking to my parents about it.

MORGAN: I felt like I had tried to fit in or try to make something out of everywhere, all the little groups that I had been in, and I was like, I don't fit in anywhere. I don't belong here. And that was when it went from holding it inside to just crying every day, to just staying in my room for hours on end. Not wanting to even brush my teeth, not wanting to brush my hair. And this is when I was, when I was 14 and by this point, you know, my parents are obviously seeing this happen. And you know, till this day I honestly do feel like my parents did the best with what they could, but their resources were just not there. There was no concept in our area of like, even now when I think back to where I grew up, t's a good distance before you even find a place where you could go for counseling or therapy. Like it's, in the area that I grew up in that it's just wasn't very common. Even now that I'm thinking about, I'm like, yeah, you, you've got to drive a minute before you even get to something.

LINDSAY: Sure. And did your dad, was it common for him as a pastor to have counseling sessions in sort of a pastoral way? Was that a part of your scope of what it could look like?

MORGAN: I'm glad you said that cause I think that's where it was tricky for me too because I had seen my parents counsel people, but just because of like the area that we grew up in, the demographic of people that they were typically counseling or people were in like crisis mode. My parents, like they actually over the course of my childhood, they actually took in like quite a few kids and fostered them, in crisis situations. So that was kind of my understanding of counseling. I'm like, well, I'm dealing with something, but it's not like their crisis, you know, it's *I have a roof over my head. Why should, why am I sad?* You know, I shouldn't be dealing with... my situation is not that bad. So, yeah, I do think that was a factor for me too. I guess I didn't feel like what I was going through was big enough to open up to my parents about.

LINDSAY: There are a number of factors that affect people's understanding of mental illness. For most, those are at play well before we get to the point in our lives where we're able to search on the Internet or pick up a textbooks to learn more. Or, in some cases, those narratives around mental health are ingrained even before we start struggling. Often, it starts in the home, in what we hear from our families and the people around us. Here's Morgan talking a bit more about her experience.

MORGAN: I don't really recall hearing, "mental health" or—

LINDSAY: Like those words?

MORGAN: Yeah, until I would say probably around the time that I started to deal with depression when I was around 14 years old. Maybe I had heard the word here or there, but it didn't really, I didn't really understand or have any relation or connection to... at least I didn't know. I would just hear, you know, different things that people would say about, oh, this person's dealing with this or they're dealing with that, but I didn't really understand what that meant. So that kind of was a huge challenge for me when I was, especially 12, 13 years old. I

was like, why am I feeling these things? You know, what does that mean? This is like right before Google, you know.

MORGAN: And it's one of those things, it's like, you know, when you like don't understand what you're feeling, like you don't even necessarily like know where to start to ask for help because you're like, I don't know what I'm asking for.

[music playing]

LINDSAY (narration): Maybe you're hearing Morgan's story and it feels similar to yours. How do you develop the words or language to identify what we're experiencing internally? That question brings us to our next story.

I first met Whitney Wilson in the fall of 2009 when she became a TWLOHA intern. Whitney eventually came on staff as TWLOHA's Editor. She always struck me as someone who was gifted at putting words to her own experience, but I learned it was a long process for her. Whitney grew up in North Carolina, and she dealt with, as she would describe as "a lot of feelings very early." But there wasn't an outlet or person she could turn to talk about those things.

WHITNEY WILSON: My parents got pregnant with me when they were 17, so I was born into children's lives basically. My parents were really just kids trying to figure it out and do the best they could. And I definitely felt the pressure of being the oldest, of really wanting to prove to my parents that, it was, it was good that I was alive. It was good that they, that they made the decision to have me and, to make our family. And I was very much an achieving child. I loved school and I was very captivated from an early age with being the best at whatever I decided to focus on.

WHITNEY: I do not recall a time in my life when I was not a deeply feeling person. You know, when I was younger, adults really referred to that as being "very sensitive." Like, oh, like "Whitney, that Whitney, she's a sensitive kid." Um, when I became a teenager, it was definitely referred to as being moody.

LINDSAY: Yeah, it shifts.

WHITNEY: (laughs) Yeah, it does shift, especially as a female. Growing up and being raised as a girl really shapes the way that people talk about you and talk about your emotional landscape. And I can remember in high school, those angsty years, I just, I remember feeling really, like no one understood what I was experiencing and not necessarily like it was a new experience, but I had never experienced it before and I just wanted a witness. I was always really yearning for an honest witness to, to help me find a way to validate myself.

WHITNEY: So I was in my sophomore year of college. I started college in 2005. To Write Love starts up in early 2006. And reading the original story and catching up on those blogs that had been posted for six months or so. What I found was I could not stop reading them. They've reached down into the pit of my stomach in a way that other things, like nothing had ever done. Even all that, you know, deep and moving, all those experiences I had with my church folks, I had never experienced someone saying, "It's OK to not be OK. And sometimes we live with and through a lot of ugly stuff." And so sophomore year of college is when I really realized like, oh, that's what this is. I feel this sometimes and, and I'm scared of it. So I don't talk about it.

LINDSAY: I heard you say early on here that you, you were trying to find a way to justify that your parents had made a good decision by having you. Are you like grappling with that, that question? Like, are you cognizant that that's the question at that age?

WHITNEY: No, that is something that, so about three years ago I started going to therapy and I'm jumping around a little bit. That's something that I got to in therapy. You know, the thing about being raised by parents who were, who were really just kids themselves is that they're also just doing the best they can and they're having a humongous, I mean, their lives turned upside down. They didn't graduate from high school. They had to get jobs and they were living on their own way before they planned to be doing that. And that's hard. And so to have a deeply feeling child in the middle of that, really trying to just understand themselves and make their own way in the world, I didn't feel very supported, I think in that.

WHITNEY: Early in my adolescence, I learned that I was probably not going to get what I was looking for, even though at the time I don't think I could identify that, like what the thing was. I could identify that I probably wasn't going to find it at home with my parents and my sister.

WHITNEY: What I really learned early on was that I had to do it myself. I had to figure it out myself. I was really on my own and that in doing the work for myself, I also learned that I could, what I believed at the time, I could earn love through doing what I didn't experience from a lot of other people to other people. I could earn love by listening to people in an active way, sitting with them in the midst of their pain, offering comfort and solace. So I became a very resourceful, trustworthy person and that's what I believed it was to be good. And I, I so desperately wanted to be good because to be good meant that you were worthy of being loved.

[music playing]

LINDSAY (narration): Morgan and Whitney's stories about first encountering depression in their teen years is not unique. About 20 percent of people will experience depression before they reach adulthood. And while depression doesn't discriminate across things like race, culture, and economic status, when people face environmental stressors and trauma it can put people at a higher risk for depression.

This was true for Stephan Monteserin. Stephan's family moved from Puerto Rico to Central Florida when he was just two years old. His family had their own way of communicating what was ok to talk about and what wasn't.

STEPHAN MONTESERIN: So I grew up in the United States, but I was born in Puerto Rico and moved to Florida at the age of two. And so kind of spanning both worlds in some way and not fitting quite into either became really informative of my experience. It's kind of like third, third culture kids. I'm not the first, I'm not the second. And so I don't quite know where I fit. And that became a prevalent theme, I think along the way, that was the majority of my childhood was this belief that I don't, that I don't fit, I don't belong. And then because of my family were, were sort of struggling, I think emotionally and with mental health and at times, financially, even, there wasn't a lot of time to explore those sorts of questions. And so there was also a sense that I'm very alone. I feel like my aloneness informed my experience or my sense of aloneness.

STEPHAN MONTESERIN: And I think that was a kind of a theme as well that we had to stick together and that meant through thick and thin. And unfortunately that involved a lot of the unhealthiness of our family, kind of stuck within our family. There was an obligation as a Puerto Rican family, it's a sense of shame and honor. So you don't shame the family or dishonor the family by doing things the family wouldn't approve of or you don't speak about the family in a way that disparages them outside of the home. So the expectation is we can treat each other maybe unkindly or witness things we shouldn't witness and we're not allowed to talk about them. There's not permission. So what happens in the family stays in the family. I think that happens to a lot of collective culture people and a lot of individual culture people. But I saw it often in my family. There's no way we can talk about what's happening cause you'll bring shame upon us.

STEPHAN: And so I became like many teenagers moody, but my moodiness would often exhibit like a self-destructive bent or hypersexualized or like shame-filled or fearful. I had trouble connecting with others. And so there were a number of signs along the way that I was struggling and my parents didn't quite know what to do. I learned to sort of hide behind my face, so I wasn't always displaying it. I could pretend and that felt protective. Inside I had a world of turmoil.

LINDSAY (narration): Depression can affect how you feel, how you think, and how you behave. But how do you know if what you're experiencing is depression?

Licensed Mental Health Counselor Aaron Moore shared that there's a really important distinction to make when we think about depression.

AARON: I think one of the things about sadness is when I'm sad, a couple of things happen. When I'm sad, I can usually tell you what I'm sad about.

AARON: Right? When I'm sad, I'm usually aware of what my sadness has been brought on by. And I'm usually aware of what that sadness is focused on. And there's a precipitating event, there's a loss, there's grief, there's hurt, there's pain. And I'm aware, man, this is the thing I'm sad about. And often when I'm in sadness, I'm also aware that, well, I'm sad about this, but the rest of my life is kinda OK. The other areas of my life are still kind of humming along and functioning and things going OK. And I'm also aware, I can even remember when I wasn't sad before. And I can also kind of know, I can imagine like the time out in the future when I'm no longer going to feel sad.

AARON: And I think it's helpful to know that is really different than our experience of depression.

LINDSAY: Yeah.

AARON: Our experience of depression, one of the biggest stigmatized beliefs is that I'm depressed about something. If when I get sad, I'm sad about something, y'all depression is the thing, you know, depression is the thing in and of itself. And that's where, you know, our symptoms, whether they're sadness, whether they're feeling numb, that's where those symptoms flow out of. When I'm sad about one thing or one area, depression tends to affect my whole life.

AARON: So then we naturally think depression must equal sadness, when for any of us who've ever struggled with depression, uh, many of us would tell you that while sadness may have been present at some time, often depression looks a lot like being numb. It looks like the absence of feeling. If we have kind of like a stigmatized belief that depression always looks like sadness, then I might look at myself and go, well, I don't feel sad so I must not be depressed, you know? Or if I come out and tell somebody that I think I might be struggling with depression, they're going to ask me, well, what am I depressed about? Which kinda is a fundamental misunderstanding of depression. Depression is a diagnosable medical condition.

AARON: In our stigmatized understanding of depression, we think it's a mood. And so that, that kind of just reflects on what we think we can do. Like, OK, if I just go outside and get some sun and maybe go for a little jog, my depression will go away. Well jogging is great. Sunshine, I'm a huge fan. But that doesn't fix depression in the moment. And part of the reason is because depression is affecting ourselves physiologically, man. I mean it affects the way my brain chemistry is functioning. Like you can see that, on different types of brain scans that are commonly done now. You can see, you know, the brain where in different regions of the brain, there's, you know, lesser activity, uh, that you see, differentiations in functions of neurochemistry happening through the body.

AARON: And that's such a relevant thing. Because my body is going to respond to, you know, what's happening with my brain chemistry and vice versa, and so we see real physiological things happening in depression. It's one of the reasons why we can't do what we all wish we could do, which is just look on the bright side and snap out of it. But sometimes it takes time to

create those shifts physiologically in us. And we see this and not just on the brain chemistry level.

AARON: Some of the most common hallmark symptoms of depression, are kind of those persistent like aches and pains and headaches and digestive problems, right? I mean things that happen kind of in our gut, those are huge indicators and ways that, depression and anxiety as well, you know, show up real commonly for many of us. I try to always remember and wrong by myself, I think in our society we just bought into this idea that like your mind and body are really separate. And so when we experience like very clear physiological symptoms, we naturally think they have no link to what's happening, you know, mentally and emotionally when, you know, when we're in depression or if I'm struggling with things like anxiety, those are going to show up physiologically.

[music playing]

LINDSAY: Losing interest in the thing you once loved, or the ability to take pleasure in normal activities is an important sign to watch for. So are changes in sleep, too much or too little, tiredness and lack of energy. It can decrease or increase your appetite and desire for food. Physically, you can feel like you're moving or speaking slowly. Being anxious, agitated, or restless. There can also be unexplained physical problems.

LINDSAY: For Morgan she continued to feel hopeless, angry, and lost interest in the things she once loved.

MORGAN: I will say that when I was 14 was definitely the hardest part. That's probably when I felt the most hopeless. I'm 29 now, even to now, that was probably the most hopeless I felt in my life. And as like a side note, that's one thing, like why I really have such a heart now for writing for young people, especially teenagers. I think a lot of times people think, "Oh, you're a teenager. You know, you should, you're fine. You have nothing to worry about. You don't have bills to pay." But I'm like, that's, like the things that we deal with at that age. I mean, it's, they're serious, they're serious. And you know, if that's something that you're dealing with as a teenager, it's not discounted or less than, you know, because you don't have quote unquote grownup problems yet.

LINDSAY: In that season you were, you were talking about, um, crying, you were crying back then and isolating. Where there other things going on?

MORGAN: I do remember pretty distinctly one night I went through my phone and I deleted everybody's phone number.

LINDSAY: Were you angry?

MORGAN: I was. I was. And I remember thinking I'm officially giving up on ever having friends, on ever having connection with other people. I went from wanting to win the approval of my peers to just not caring anymore. Like, I've done all I can. There's nothing else I can do. I, I literally don't fit in anywhere. Pretty much my days just went from like, you know, just kind of doing my work or, you know, being outside to just always being indoors, always being behind a door. And I would just write in my journal and just about, you know, what I was feeling that was about the only activity I could do was just hide in my room and write.

MORGAN: Um, I didn't, I didn't want to listen to music. Like even music, it made me feel worse. Like it was like—

LINDSAY: And that had been a huge part—

MORGAN: Yeah. Yeah. I mean, I, I love music. I have music playing all the time, but I had no desire to listen to music. I had no desire to go anywhere. It's interesting, I actually kind of forgotten about this, but just remembered actually got to a point where when Sundays would come around and we would go to church, I would actually just dip out and just go sit in the car. Like I would just go find my parents' car keys like while they're talking to people and you know, just kind of quietly sneak out the back and just go sit in the car. And it didn't matter what the temperature was outside.

MORGAN: If it was hot, it was cold. I don't, it was colder on the side. Okay. Yeah, so it was cold. Um, and I would just sit there in the cold car with my jacket on and just wait and just hope nobody walked by and saw me. And typically they didn't because of where we parked. It was parked kind of off to the side. And I would just sit there and then eventually someone say, "Hey, where's Morgan?" But by then the church had cleared it out and it's time to go home. And I was like, oh, I was just getting something out of the car. Um, so yeah, I think that was a huge thing for me. It was that I just stopped trying. I was like, "I'm done trying, I feel exhausted at trying to belong here."

[music playing]

LINDSAY: And when depression is present, life can start to feel hopeless and confusing. We've heard it described as an ink that stains everything. For Whitney, she started to begin thinking that maybe the world would be better off without her. Feelings of hopelessness started to create suicidal thoughts or ideations as she shares now.

WHITNEY: I can remember as early as, I would say probably my junior year of high school, I remember driving down a road and thinking, well, if I, if I got into an accident, if I just didn't exist anymore and nobody knew that I did it on purpose, then they wouldn't hurt for it. And I would, I would not be in pain anymore. But it wasn't until learning about To Write Love that I realized what was going on.

LINDSAY: So you're kind of unveiling or discovering the idea that as much as you are a helper, you, you're feeling the sense of like, "Wait a minute, I'm, I'm in the same boat." Like, did that rock you?

WHITNEY: Like, oh, it fucked me up real good (laughs). I like, I just have such vivid memories of sitting on this awful futon in my dorm talking to my college roommate who was so, I mean, we're still friends. She's so generous and kind. And she would just sit there with me and I was a puddle of tears just trying to figure out like, what is wrong with me? Why do I feel this way and why can't I get it to stop? I just don't, I don't want this to keep happening. I know that there is a different way to live and that, that seems brighter and better and I don't know how to get there. But I am someone who is always trying to understand my own experience. So, you know, the first time that I read anything about *To Write Love* was the first time that anybody and any thing in my life was talking about mental health in a plain and direct way. Once I had that language, it didn't take me anytime to connect that that's what was going on. But I, I still didn't know what to do about it for a long time.

LINDSAY: How would you describe those earlier experiences? Like physically, emotionally, like what, what did they feel like? What did it look like?

WHITNEY: The easiest, most specific experience that I have is, um, I studied abroad in college after my junior year and I was very excited to go on the trip. I had been looking forward to it since I started college. And I, the year before, had really come to, come to grips with, oh, I carry and struggle with this thing that is definitely depression, but I am managing it, you know, I'm getting rest, I'm talking about my experiences and I didn't know what else to do outside of that at that point in my life. And so I just—

LINDSAY: Like you were where you weren't seeing a counselor at the time?

WHITNEY: Not at all. And it was kind of like, okay, you just survive the season of it. I would survive the dark storminess of depression and then I would get to the bright spot and I'd be like, okay, I'm okay. I'm doing fine. I go to study abroad and I am incredibly overwhelmed. Um, I arrive and I have a friend who is coming on the trip as well that I know back home. Um, she will not stop talking to me, and I just so desperately want her to be quiet because it feels difficult to be in my skin because I, I mean I was in a situation where I didn't have a lot of control, um, where I was not leading and I really needed to lean on the knowledge of other people.

WHITNEY: And I just couldn't quite figure out how to do it. But the, the feeling that I was having was I this tiny little room that I'm staying in, it has a window. The subway is right outside; the tube just runs back and forth. It is a consistent, reliable noise. The air coming in through the window is crisp and cool even though it's the middle of the summer and this room is safe. This room is the safest place that I can be in London, and I don't, I don't want to leave it. I ached so much for home and I was really ashamed of aching for home because I was in a country where

they like the, the language is English and that doesn't feel too hard. And the shame voice that lived inside of me that summer was so loud, so, so loud.

WHITNEY: And that voice said, “Well what you seem to need is ridiculous.” I didn't realize at that point that I was slightly introverted or that I had any issues with kind of needing to be in control. And so the first good day on that trip was a day that I planned myself, didn't go with any other students, and I did a tourist thing for my travel journal, and I went to see a play. It was the best day that I had on that trip. Um, but at the end of the trip I was speaking with my program director, and I said, “You know, Dr. Webb, I want to go and travel more after this trip. But I've had such a hard time. What would be your advice? Like you travel, you're the Study Abroad Director at school. Like what's your advice for someone like me? What should I do to make sure that that I'm OK?”

WHITNEY: And she said, “Whitney, I really think you need to go talk to someone. It's very clear that you're struggling with depression.” And I immediately shut down, and I was so angry at her because what was happening did not feel anything like what I had experienced the year before and given language to.

LINDSAY: And did you think she was wrong?

WHITNEY: Oh, absolutely. Because I, you know, think I am right in most things (laughs). I couldn't figure out how to get her to see that and how I didn't understand how she could so quickly label something that was so different without really asking me anything about my experience. It felt very isolating. And I remember going back, we were on the bus, and I remember going back to my seat and looking out the window and just crying and we got to the next stop. We went on a walk. When I got back, I didn't even eat dinner. I just laid in the bed and slept because sleep was another safe space. It meant that I didn't have to be conscious to what I was feeling.

[music playing]

LINDSAY (narration): And for Stephan, his transition from high school to college proved to be incredibly challenging. Depression and the stress of trying to live on his own independently for the first time meant a lot of his basic needs started to go unmet. But depression did not live alone in the story.

People living with depression can often experience other mental health issues like addiction, anxiety, or eating disorders. Stephan found that to be true and shares about a really challenging and dark season in his life.

STEPHAN: I was 17 also when I went into university. And so I was the youngest in my class, so there was already an age immaturity as well as an emotional immaturity. And then I was in an environment with no supervision and so I was left to make most of the decisions for myself. I had a bank account in a bank card and, and—

LINDSAY: Good luck.

STEPHAN: Yeah, there you go. Go for it.

LINDSAY: Yeah. Was that scary for you?

STEPHAN: There was a deep insecurity. I had a lot of comparison already knowing or being acquainted with some of the inner faults and lacks and then trying to project and using a lot of the energy to have to do that and then not having a good grid of like what was healthy and unhealthy. So we've talked about sleeping patterns and substance abuse and I already had some issues with eating and feeding disorder and uh, self-harm and suicidality. I didn't really know how to regulate my moods or how to meet myself in distress. I didn't have a good network of people around me and so it was just inevitable that you descend. And I had, I had several, what I call them kind of melt, melt downs, breakdowns, where I was crying out for help, like literally telling my parents I can't do this, I need help. But they were of a generation that said, "Just put your mind to it, just push through. You got a few months, you already paid for this; push through."

STEPHAN: Some of the self-harm and the eating disorder for instance, they gave me a context that when I, when I didn't have control and I wanted control, and I was a kid, I found ways to exact that control. Even if it wasn't on my environment, it could be on me. And so I ended up taking out some of those environmental stressors or lack of empowerment or lack of say I would enact that on myself.

[music playing]

LINDSAY (narration): And when you're faced with feelings of being out of control, or you're feeling sad, it's only human to want to do something with that feeling. People start to find ways to cope with this psychological, and sometimes very real physical pain, and the other heavy effects of depression.

And here's a bit more about this from Aaron.

AARON: It's really helpful for us to remember that often when we find kind of our coping addictions, uh, we are medicating something or we're, we're finding it's, I mean we call them coping mechanisms because they're coping with something. And they may be coping with issues like depression that we may have struggled with for a long period of time. But then what we do, maybe if we find recovery from addiction, we may still need to be really kind of diligent that we then go and address the depression. Like a lot of times we fall into is we kind of go, OK, I'm going to deal with the thing that has kind of grabbed the spotlight. And depression can be something that's really, really subtle and does not grab the spotlight well.

AARON: Depression can be the thing that, you know, we've kind of really like underground or in the background, but that fuels a lot of the ways that we're trying to cope with pain. So when we find ourselves kind of trying to find maybe recovery from addiction or working through eating disorders and stuff like that. It is really important that we go, "OK, what were the emotions that were kind of going on in there? What were the other, you know, issues and struggles that might have been happening? Were there things like depression that were present? Were the things like anxiety that were really present?" And realizing that those things can often be happening right together is really, really important.

[music playing]

LINDSAY (narration): One of the lies depression tells us is that things are not going to get better. At TWLOHA, we believe hope and help are real. We believe recovery is possible. After we return from a short break, we'll talk about how Morgan, Whitney, and Stephan found hope and help.

[music playing]

In honor of World Suicide Prevention Day, which is September 10, we're working to share the universal message that so many people need to hear: You make today better. The goal of this "You Make Today Better" campaign is to educate people about suicide, the ways we can prevent it, and to give you tools to create conversations surrounding mental health in your community with people you love and know, tools that will help you be honest and open. And we'll also be raising money for our treatment and recovery scholarship fund. The funds raised will sponsor more than 3,000 counseling sessions this year. Our 2019 campaign is now live and we need your help sharing its message: You make today better.

You can raise awareness in your community by purchasing a WSPD pack in our Online Store. In this pack you're going to find a shirt, you can wear on World Suicide Prevention Day, again it's September 10, as well as ways to get involved and be active in your community with merchandise that helps make this campaign visible online and in person.

Because we appreciate your support of this podcast, we're going to be giving you and all our awesome podcast listeners a special discount code. When you order a WSPD pack, enter the code WSPD19 and you'll receive 20% off your order. If you want to learn more about the campaign, visit YouMakeTodayBetter.com.

[music playing]

LINDSAY: When people experience depression it can take time and a lot of different approaches to find relief from these symptoms. But without hope, it can feel like help is

impossible. Sometimes hope can show up in some unexpected ways. Morgan shared with us what that looked like for her.

MORGAN: My mom and my sister and I had gone over to my grandparents' house and my grandfather, he is just such a cool guy. He's always like trying new things and like, even like when he was like in into his sixties, he would just like go to yard sales and just like buy instruments and just learn how to play them.

LINDSAY: Oh, yeah. Nice.

MORGAN: He was just like a really just cool dude, always trying new things and we're over to the house and he was like, "Hey Morgan, you know, come, come out here in my music room. I have something I want to show you." And I was like, "OK, um, sure." You know, I was just more so just being nice to my granddad. And we went out to his music room and he handed me a guitar. And in the moment that he handed me his guitar, it was a huge moment for me because I, I was 14 when this happened. This was still that really rough year. And I just felt alone, like I didn't really feel like God talked to me or cared about me or anyone cared about me. That was just how I felt. And when I held that guitar in my hand, it was the first time in my entire life where I felt like I had heard like an audible voice and I really believe it was like the voice of God saying like these exact words, it was, "You're going to use this."

MORGAN: It like really caught me off guard. I was like, whoa. That's like the first time I felt that. And I held it in my hands and my grandfather was like, "You want to take it home and learn how to play it?" And I said, "OK, I will." And I took that guitar home and my younger sister, she actually took home a drum set, he had a drum set there. So she took home a drum set, and we actually both went home and taught ourselves how to play music. And that was the first time where I was like, I still feel so much of what I'm feeling, but I feel like I have something to pour into that's not just contingent upon other people's approval. Like I can just make music to hear the sound, it's not dependent on what those girls say or the loss that my family has experienced. Like I can, I can still make music amidst all of this chaos.

LINDSAY: Wow. That's pretty powerful. I mean, I were you thinking like this gives me purpose or you think, I mean, did you have a sense that this is going to transform kind of your, where you were at, at that time?

MORGAN: I did. I did. Um, I wouldn't say that I had the sense in terms of like where it would take me professionally.

LINDSAY: Sure.

MORGAN: But I definitely had the sense of where it was going to take me emotionally and spiritually, it's like, oh wow. Like I, I can see, I felt like I could see a little light at that point. Like I was like, if nothing else, I can write a song about what I'm feeling. If nothing else, I can just play

this out and, and just feel it in this room. This is something that I made with my own hands. Like, I did this, like, this is me contributing, like even if it's just to this house, you know. And one thing that was cool too, is just that, you know, my parents were so supportive of my sister and I playing music.

MORGAN: And I mean they couldn't afford instruments for us at that time. So we were playing the, the yard sale, you know, all versions of things from our grandfather. It was, it was about two years before I even owned a guitar. I just borrowed what my grandfather would let me use. That was like the first time where I felt like I was starting to not care so much about what the other kids were saying and not care so much, but from a place of like not caring because I was like, I know that... I was starting to see that I have something, whether or not they were on board with it or not.

LINDSAY (narration): Knowing what depression is can definitely help people see more clearly what it's impacts are and what options for help exist. But sometimes without even understanding depression, we do find moments of healing and hope. And it's only until later when we learn about depression that we can put name and language to what we've experienced. Here's Morgan:

MORGAN: I remember taking Psychology 101 and finding out that the professor was actually also a counselor on campus and I was like, "Wow, that's awesome. I didn't even know we had that." Um, and I actually learned a lot from that class. There's still things I regularly think about that I'm like referencing from that one Psychology 101 class. And I'm glad that it was like a required course because I never would have thought to have taken it. And that actually it was probably a really good turning point for me in terms of what mental health is. This is what depression is like, this is what you experience, this is what your family was probably experiencing, you know, when they were going through this grief and loss. It can bring a lot of peace sometimes just to have words or things, you know, like to have language for it.

[music playing]

LINDSAY (narration): For Whitney, years after her first experience with depression, she encountered depression again in a couple of other seasons. They seemed to happen especially around big transitions in her life. And most recently in the past few years she shared that working with a therapist and hearing encouragement in that safe space and relationship kept her going, giving her a sense of hope that she's held on to.

WHITNEY: Something that Margaret, my wonderful, lovely therapist—"Hey, girl!"—told me early on in our experience together, I would tell her these stories. I would sit on that couch in her office and I would cry. I would recount things. And after probably four or five sessions, she said this thing to me that was so powerful and I wish anyone in my life had said it to me before. She said, "Whitney, you are so resourceful. Look at you. You weren't having your needs met at home. So you went and got them. And then that wasn't working anymore so you went to this

other place. Gosh, Whitney, you are so resourceful.” And Lindsay, I swear I have said, “Whitney, you are so resourceful” to myself so many times in the last three years.

[music playing]

LINDSAY (narration): And as Stephan’s struggles with depression worsened, he shared that his hopeless feelings led him to attempt suicide. Thankfully, he survived that attempt. He withdrew from his freshman year at university on a medical leave and moved back home to have more support. Here he found a kind of intervention he wasn’t expecting.

STEPHAN: So I went home, back to my childhood home, I started seeing a counselor again and that was helpful to a certain degree, but by that point I was just angry. I was just angry and had a lot of defensive blocks up. And so I got through that summer and then insisted that I was going back and kind of continued in the same behavior, which was equally self destructive. And I had a few friends that began to intervene. And that intervention looked like showing up at my home when I would isolate and disappear, kind of catching me out late night and, and kind of escorting me back, really, uh, stepping in for my lack of care.

STEPHAN: And so I had a part of me that knew the difference between what love looked like and what love didn’t look like and what care looked like and didn’t, to know that something was off with the way that I was dealing with things. Like I couldn’t connect my self-destructive behavior to a need. It was what I thought I wanted to do, not really knowing why.

LINDSAY: Yeah.

STEPHAN: But once I could tell the difference, it was the invitation to begin to say, “What’s happening here? What do I want? What do I need? Can I stop doing this? Can I change?” And there was some really kind, kind people who held me in growth for about the next seven years. So it was kind of a commitment that I made. It was a spiritual community that allowed me to explore some of these issues in a really secure environment.

LINDSAY: So what, what comes next then? You’ve, you’ve got a group of people, you’re still in school? Did you end up finishing or? What does that —

STEPHAN: I ended up finishing and lived in, I lived in the university town and ended up being a really strong season of growth. They were definitely ups and downs. There was a lot that I had to unlearn about the way that I had coped and dealt with life and that can be very shame inducing, but the shame stopped being the main definer or the fear stopped being the main informant. Now there was an opportunity to feel the security, experience it, grow through some of the insecurity, come out on the other side loved. And so the exercise was opening myself up to something bigger than me. It began to give my depression and anxiety, some, some meaning and purpose. So the past happened. I can’t change the past. I have the present to respond to.

This is the moment I'm given. I have these relationships, I have these resources. Now I get to build endurance.

LINDSAY: Yeah.

STEPHAN: Now I get to build possibility and hope.

[music playing]

LINDSAY (narration): Morgan, Whitney, and Stephan's stories are still going. They are all still very much in progress, and while they have learned to cope and find ways to support their own mental health and wellness, we were curious about what they wished they had known when they were struggling. Here's Morgan:

MORGAN: I would say I wish I had known that there were more, that hope was closer than I thought it was. And that hope came in a smaller package than I was expecting. Because I think if someone had asked me like, "What is the light at the end of this tunnel look like for you?" I, I probably would have said, "Oh, I don't know, maybe I'm 35 and my life is all figured out and I'm living on a beach somewhere?" I don't know. I don't think I would have known that it would have come in the form of a yard sale guitar that was like not aligned properly and out of tune. I don't think I would have known that it would've come in the form of just journaling in a dollar-store notebook. So I think that that's—

LINDSAY: That's powerful.

MORGAN: For me. Yeah. I wish I had announced like, hey, it's, it's, yeah, sometimes hope really is this like big life altering moment, but sometimes it's like a paintbrush. Sometimes it's going outside if you're able to.

LINDSAY: What's something you'd tell someone who finds themselves feeling alone, feeling like they don't belong, and maybe starting for the first time to realize that this is more than sadness. This is, this is depression. What would you tell them?

MORGAN: Don't feel bad or ashamed if you can't put words to what you're feeling. Even if you're getting help and you're, you're sure you're trying to get help and, you just can't, you feel like you haven't been able to like really communicate or get to the depths of what you're going through. Just know that that's OK. You're still, the fact that you're still working through this and you're still breathing through is progress. That's growth, that's strength. It doesn't look like it in the moment. It really doesn't. But just like hope, like sometimes it just comes in these small little packages. Like sometimes strength is just being able to, wow, I got through this entire day breathing. I exhaled a thousand times, I don't know how many times a day we breathe, but however many times, like I inhaled and exhaled that many times like that is strength. That is growth, that is progress. And if you can look back on the day and say, "Yeah, I did that. Like I

breathed through this whole day.” Like that, that matters. And that too is a part of your growth and who you're becoming.

[music playing]

LINDSAY (narration): In addition to working with a counselor Whitney continues to learn ways to help her stay connected to what she's experiencing, how she's caring for herself or not, and how to ease the experience of depression.

LINDSAY: So tell me now and maybe just over the past couple of years, what does like self-care look like for you?

WHITNEY: Well, the first thing that I would say is something that I have recognized is if I have not slept, sometimes your girl is just tired; that matters so much. How is your body? Your body is not just this mobile case for your brain. It matters and it affects all of how you're feeling and what you're thinking. Your body plays into that. So don't ignore it. So I try to make sure I get sleep and I, I recognize that if I get less than eight hours of sleep, I'm probably going to feel a little bit tender and that's OK. Preparing for that is so much better than being caught off guard by it. I also try to acknowledge when—something that I learned at To Write Love and have had to relearn a few different times in the last six and a half years—is I enjoy spending time with people and having deep conversations, but I also need to balance that with time alone.

WHITNEY: I try to make sure as a form of self-care, I do not plan social engagements on back-to-back nights because it is... I'm not really capable of surface communication for a long period of time, especially in a social setting. If I'm having a social experience, I want to go all in. So if I'm going to go all in, what that means is I'll be slightly emotionally depleted, and I need to plan for that. I have to fill up my cup with solitude, with reading, and with rest to feel like I can go back out there.

WHITNEY: Something that I, a goal that I have that is really important to me this year, is movement. Um, and this also relates to your body and rest. I know that moving my body around, making endorphins flow through me in terms of using my body physically is going to change the game. And that's something I really want to work toward. It's something that as a fat woman is not, I don't often feel welcome in arenas of physical activity, but it's something that I really want to focus on this year and incorporate into what self-care means, especially when I'm feeling a little tender.

[music playing]

LINDSAY: And for Stephan, his experience with depression taught him a lot about what it means to be a source of hope for other people experiencing similar situations in his work as a mental health counselor.

STEPHAN: I think some of my own struggles with mental health and emotional health and just a sense of well being have, at this point with much perspective, given me the ability to empathically connect. I think that's one of the benefits. Um, I can't say that I would change the story, but of course you have considerations. I wish, I wish things had been a little bit different. I wish I wouldn't have had to experience much of what I did, but you know, this is my story and this is my life. And so I'm, I'm mining the meaning out of it.

STEPHAN: I find that I'm able to sit with people in their pain in a way that releases them from judgment. I think that's the goal of every counselor, and I think most counselors do it well. That's one of my favorite parts is that people can feel free within my presence to say whatever.

LINDSAY: What would you tell someone who is struggling with depression?

STEPHAN: I'm so sorry that you're hurting and the hurt is real and it's a difficult moment.

STEPHAN: And sometimes the hurt is there to remind us that we're alive and that becomes an opportunity. Even if you can't feel it to 100%, maybe even 2% of you can begin to advocate for your worth. The worth that's there is inherent not because you did anything, but because you are, because you exist. So even if that 2% can move an inch, that's an inch. And so celebrate the progress that you do make, be it slow, be it arduous. The worth is still there. And the worth is, again, inherent. Even if most of you resists, even if most of you is kind of covered in those lies, it's not going to be that way forever. There's great opportunity. Life can still happen even in the messiest, darkest places.

[music playing]

LINDSAY (narration): There is so much to take away from these stories and the stories we encounter throughout the year about depression and how it invades our physical and mental well being. We wanted to continue our conversation with Aaron Moore about what help can look like, what options people have for treatment, and some barriers that we have to overcome as we seek help.

AARON: You know, there's a stigma, there's certain stigmas against depression and addiction. The stigma attaches itself to any of us who struggle with these things. And stigma even attaches itself to, you know, even methods of treatment. One of the examples I hear all the time is I hear people say, "Well, OK, I'll go to counseling, but I'm not going to take pills to make myself feel better."

AARON: And one of the things that is, there's a really negative stigma against mental health medication in our society. There's a stigma against the term antidepressants where we view it as somehow less than; we view it with a negative judgment. We view it with extremely kind of negative connotations. And I also hear the reverse; often, is people say, well, I'll take medication but I'm not going to go talk to some stranger about my feelings. You know? And those are very

kind of stigma-fueled beliefs that have worked their way in our society, and they create a culture where we don't feel free to reach out and ask for help. Uh, if we do reach out for help, we don't feel free to talk about it and have people support us in that, we feel ashamed if we have to talk to our doctor about possibly needing medication. There's a whole lot of you know really intense kind of judgment and fear that plays out there.

AARON: I think it's really helpful to start to think through like how do we check in with ourselves? Like how do we really kinda check in and pay attention to like emotionally what am I experiencing? What am I feeling? Um, you know, and at what level like is that affecting my life? You know? And I think for many of us, like we struggled with depression for a long time before we realized that was what was going on. And part of the reason that happens is because depression, like how it works like I was saying, it kinda affects our whole self and our whole experience, you know? I mean, depression is kind of like that fog that settles in and it affects everything. You know? My, my view of myself, my view of life, my physiological experience, my emotional experience. And because it settles in over everything, I think we can tend to get really used to it. It's what we live in.

AARON: And when you've lived in it for a long time, I think you can really become accustomed to this kind of just really painful reality that this is your norm. I saw a really powerful video. It's, I mean, it's been on, it's been online, you know, social media for years and there's a few different ones, uh, but were the glasses they've invented that help people who are colorblind see color.

LINDSAY: Oh yeah. Yeah.

AARON: And they're, they're like beautiful moments they like make me cry every time because you imagine what it's like for somebody who has not seen the color of leaves on trees for decades or ever, and they put on glasses and all of a sudden there's, there's color and texture there that was not there. Uh, and that's powerful. And I think when we've kind of been in depression for a long period of time, we can forget that this is like our 360 degree view and experience.

AARON: So we need to develop ways that we kind of check in and go, well wait a second. Like have I just kind of accepted that this is my norm and maybe it doesn't have to be.

AARON: Like are there ways that I've kind of gone, "Hey, yeah, maybe this is as good as it gets. And this is as much as I'm going to enjoy things. Or this is, this is as bright as the world's ever going to look." But I think we've got a step back and go, "Well, wait a second, is that really true? And does it really have to be that way?" Maybe I don't have to accept that. Maybe it can be better than, than what I've experienced. Maybe there is more there, you know? And to me that's always a place to start because with things like depression and even anxiety, man, I just think we've become so accustomed often over time we've just kind of got this place where we think we've learned to live with it and we don't realize that it can get better. You know? I mean that's

one of the biggest stigmatized, you know, kind of myths about depression is that, when we're in it, it's always going to be this way and it's just not true, man. It's so not true.

AARON: I hear from people often where it's like to go get help there, to ask for help to go to counseling or to ask for treatment or whatever. There's this like strange pressure that we feel like we've got to fully understand it before we walk in the door. And I, I just don't think that's helpful. I think at times we can go, "Man, there's stuff going on. It may be depression, it may not. I have no idea what it is, but it's really uncomfortable and it's painful and I don't like it and I want things to be better." And that is, that's all we need, you know, to be able to reach out for help, you know. And then we reach out, we get people around us and, you know, we get kind of good counselors and we get, you know, get kinda connected with good aspects of treatment and support and the really confusing pieces of is it depression. Is it anxiety? Is it addiction? Having a support network around us that ends up being the most helpful thing for us to figure out what's in that. We don't have to do that hard work of kind of nailing it all down and figuring it all out ourselves, even though we often think we do.

LINDSAY: Yeah. Can you walk me through a little bit more what treatment can look like with depression?

AARON: Sure. We're kind of living in a really cool, really cool age, like for treatment, right? Treatment options, like continue to just expand and, and just be really, really, really powerful and holistic and creative. Really, really cool stuff. Stuff that just gets better and better. Like, I feel like year to year man, um, you know, I had somebody email me today, you know, about the paddleboard therapy they're doing. Taking folks out here, struggling with disorders like depression or anxiety, um, and spending time in nature and walking through things, you know, with physical activity. And so I say that there's this really cool creative stuff out there. But you know, when we think about struggling with depression, obviously like your two main things are going to be getting into what's historically been, counseling, you know, with uh, you know, licensed or you know, pre-licensed therapists, you know, on an individual or group basis, uh, or the other kind of arm, you know, historically of treatment has been medication, and the research would tell you that both, you know, counseling or medication, both can be extremely effective.

AARON: But the research does show that often for people who struggle with depression, the, the most effective method of treatment is actually doing both at the same time. So I've, I think it's helpful for us to remember because usually for most of us, we kind of tend to stigmatize at least one of those, if not both.

AARON: You know, so it's helpful to remember man, like the research and the data tells us that both are really effective, especially together. But at the same time, I mean it's, you know, we can remember like medication is not always needed and, in all honesty, sometimes counseling isn't always needed as well. I'm a counselor, but it's just sometimes true. But they can be extremely helpful. So my suggestion is always, you know, just step in the treatment of usually kind of finding an individual counselor. If you don't know one, but being able to, you know, kind of think

through like, what are other resources in your community that might help somebody track down what's a good licensed therapist that works with, you know, struggles like depression. Being able to call them and, and say, "OK, you know, I'd like to make an appointment."

AARON: And often, I know there's like this like fear and you know, stigma-based fear, right? But there's this fear of like, what's the first counseling session look like? And oh my gosh. And, and I think man, I love it when people come in and walk in and see me. And they're like, "Yeah, I'm not really sure what's going on but, but I feel like, you know, might be struggling with this or struggling with this, but, but I don't really know and I just kind of want to figure it out." And I'm like, "Cool, awesome." Cause I, I love it. You don't have to feel like you've got it figured out before you go to counseling. You know, that it is completely good to be able to walk in and go, "OK, here's a little bit of what's going on. And I don't really understand it, but I feel like I could use some help figuring that out."

LINDSAY: Yeah. And wondering from your standpoint, what would be some things you'd be encouraging people to look for if they're trying to select a counselor?

AARON: Yeah if you're searching for a counselor, I do think it is, it is important to look for a counselor that you know, works with a certain struggle. If, you know, "Hey, I am struggling with depression or I think it is depression," find a counselor that works with depression. Not all counselors do. And, and I would say that same thing, you know, as it applies to things like addiction or anxiety, and especially when you're talking about things as specific as eating disorders, if that's an area, if you kind of know, "Hey, this is like a specific realm that I feel like I'm struggling in, even if I'm not really sure what the term is, but this specific area, I know I'm kind of leaning in that direction."

AARON: Find a counselor that does work in that area, you know? Uh, because not all counselors work with everything. And so find a counselor that works in that area. If possible, find somebody who's licensed. I think that, I think that's a good kind of thing cause licensure is a little bit different state to state, but it is a helpful place. You know, if you're going, "Man, I don't know any resources." Finding somebody who's licensed that at least means that they have been vetted and passed state board exams, uh, and that they've been doing it for a good period of time. So that's a helpful place to go as well. You know, one of the things that stigma has done is stigma's kind of curated this like society where we don't talk about counseling, even if like we go to it or if we've been to it.

AARON: And so one of the cool things that's going to happen, and it's already happening now, which is really, really rad, but as we battle the stigma by sharing, kind of our own stories more openly, honestly, right? We're going to realize that there are all these resources and treatment that we just have been unaware of, that are around us. And so I actually encourage people all the time, ask people that you know and trust who they would recommend. When we live in a kind of society like we do, where we don't talk about our mental health stuff very often, we don't realize that often we have really good friends. Um, you know, professors, pastors, we have

these resources around us who do know some options. And so talking about that with them, most likely there are people around you who have a couple options that would probably be a good fit or they would at least know a good place to step into it. So I encourage people, you know, find some people that you know, you, you feel like it's safe to be vulnerable with and take that deep breath and ask them if they know somebody you could call her if they have somebody they would recommend. And that can be really, really helpful.

LINDSAY: And I think it's important for people looking for counselors that it's OK to, to call the counselor—

AARON: Oh gosh, yeah.

LINDSAY: To do, you know, ask some questions ahead of time. You know, you don't have to necessarily say, well this is my counselor. You know, it's, it is a process. And so encouraging people, maybe some good questions to ask, like you said, uh, "Do you deal with depression?" Or you know, sometimes there's even the financial questions you have to ask, but lining, kind of lining that up and, and kind of making a short list for yourself of the things that at the outset that you're, you're thinking about, that would be a great way to just get started.

AARON: Yeah. yeah. Oh, I love it. Like being able to kind of know, OK, this feels important to me. And so these are the things I want to ask. I love it when people call me and are like, "Hey, I just want to ask you a couple of questions just to see if we feel like we might be a good fit." Like that's a great thing. That is a great thing because then we get to go, OK, yeah, I, I, you know what, I do work with that. I think, I think we probably would work really well together. Or at times we going to say, "Hey, you know what, I might not be the best fit for you." But, and this happens often. Like if I, if we find folks that, I'm talking to somebody who our schedules don't match up or they are asking for something specific that I don't really work with, then I may know somebody who really does.

AARON: And that's one of the other great things that comes with asking those questions, Lindsay, is if you call a counselor and you're like, "Hey, do you work with this?" And they say, "Well, no I don't." They may know, they may know the best person in town who does. So man, I love it because that, you do not have to just call and make a blind appointment with somebody. And also if you make an appointment with somebody, you're, you're not signed on to stay there forever. You can go and, and see how it goes and give it a little bit. And if it feels like a fit, great. And if it doesn't, then you can talk about that with the counselor and, and they may be able to kind of change a little bit of their focus and kind of go in a direction that feels like a better fit or they may be able to help you find somebody else that might be, might be a better fit than they are. And that is completely OK.

LINDSAY: I am thinking about some of the stories that we are sharing and pieces of them talk a little bit about this idea or this sense of hopelessness and how that played into the experience of depression. And for some of them thinking even, um, like having suicide ideation. And I'm

curious for folks whose story does feel debilitating, where they're not getting out of bed or they are having these thoughts, like what does getting that help look like? Is it different than someone who is presenting depression in a different way?

AARON: I mean, one of the main symptoms of depression is hopelessness. I mean that is a very clear symptom right there. And one of the experiences of depression is that it's so frigging isolating, and those two things together are so incredibly difficult. Um, so I mean, I think for, for anybody, you know what I mean? Like how you listen to everybody's stories, you know, for anybody who's in that place of hopelessness, obviously our encouragement is going to be that you reach out to somebody, you know, uh, I mean, depression sends us to that kind of isolated, hopeless place; that is when we really need to reach out to somebody who can be hopeful for us. I mean when I'm isolated and I'm alone, that is what I need to borrow hope from somebody else, um, you may not be able to convince me to be hopeful.

AARON: You may not be able to, you know, make me feel it, but I need you to believe it for me. And so if you're in that place, you need to reach out and connect with some people that, that are going to remind you what's true and they're going to help you connect to some help. Because when that hopelessness sets in one of the biggest lies that it tells us is it tells us that it's not going to get better. When the truth is that there are millions of people and yes, there are millions and millions of people who would tell you otherwise. There are millions of people who have been kind of in that hopeless place, um, and they have gotten through it and they have found themselves on the other side. Uh, and so it is totally possible. You know, depression kind of tells us that it's never going to get better and it's always going to stay this way and that does not have to be true.

AARON: So when we're in that hopeless place, we've got to reach out to somebody, uh, and, and we've got to go, "OK, I need help. I need you to help me find whatever the help I need, help me find it." Uh, whether that's, you know, getting to a psychiatrist and getting on medication, whether that's just calling your general doctor and being like, "Hey, there's some shit going on and I feel horrible and I need some help figuring this out." That is what they're there for. So stepping into that, whatever that kind of open door would be it is totally worth it. And it is, is such a courageous and admirable first step towards finding recovery, but you gotta remember like recovery, we've always said, like we've always said with To Write Love, uh, you know, recovery is possible, but that is true. That is so incredibly true.

[music playing]

LINDSAY: As we begin to wrap up this episode, it's really important for us to say that Morgan and Whitney and Stephan's stories are still going. We've only had a chance to share glimpses of their lives. And in fact, we'll return later this season with a longer conversation with Morgan Harper Nichols. But our hope is to stand back and be able to see how depression shows up. And as we close out the episode, I'm joined by Chad Moses again.

LINDSAY: I think we've been talking about this. The hope for this show is the idea that perhaps listening to these conversations will make it a little easier for you to talk to someone in your own life. So whether it's someone you've had a conversation with before, kind of checking in with them or saying, "I listened to this episode and kind of wanted to, to dialogue and hear if you've had any experiences." Or just to share my own experiences because I think the more we practice talking, we are actively saying you can talk about it. Like that's the, that's the number one thing I think we would hope people would do after listening is just finding a space, a person, you know, a platform to just start having a dialogue.

CHAD: I think, think that's a great point, Lindsay. And, and I think our website can serve as a great place to be that platform.

LINDSAY: Yeah.

CHAD: Uh, so often people say, you know, and I know there's something wrong with, with my kid, or I know that there's something wrong with my dad or my brother or, or you name it, but I don't even know how to start the conversation. And that's when I get to smile and, and think of our Communications Department and the work that they've done in curating an incredible blog on our website that so often people think, 'Oh, like, that's great that these people get to share their stories online,' but the beautiful part about our blog is how people relate to these stories.

LINDSAY: Yeah.

CHAD: That it's not just catharsis for the writer, but this is a lifeline for people who are concerned for loved ones. Um, say, look, if you don't have the vocabulary to start a conversation about depression, that's OK. That's actually not a failure on your part. If you didn't go to school for psychology or mental health, that's fine, but why don't you, you know, just peek at our website, maybe start a little reading club with the person that you're most concerned about. Check out some blogs. Say, "Hey, does this sound familiar? Does, does this hit on what you're, you're feeling? Does this hit on what you're experiencing?" And it's, it's with those kind of shared experiences that, that we realize, and I mentioned earlier about this feeling of being on an island. We really just need to see how much common ground we share.

LINDSAY: Yeah.

CHAD: And that's going to be with the people that we engage with every single day and also strangers on the Internet that have taken the steps to share their own story. So I think again, there's, there's ample opportunity for you to take a first step and whatever direction you, you start walking in that's an appropriate direction as long as it results in a way that you know that your story has been heard. I wouldn't start on Facebook saying, "Here's my story" and just sending it out to the masses. Uh, because you deserve to have eye contact. You deserve to have someone track with you. You deserve the nervous utterances of "Oh, oh, oh, OK." You

know? So, uh, you deserve to have the, the benefit of someone's response to, to when you share.

LINDSAY: I think that's great advice. And practical. I think, you mentioned the blog. I also think this episode itself could possibly just lend itself to that moment as well. If you wanted to share with someone you're thinking about, um, or want to try to talk to them, recommend a podcast. That's like a cool thing to do these days. Why not?

CHAD: Absolutely. And I think if so much of it when I, again, when I think of stigma is people don't have the conversation because they don't know how to start the conversation. Well, we just spent, you know, the past minutes starting the conversation for you and with you.

LINDSAY: Yeah.

CHAD: So yeah, lean on this lean on any other podcasts that we've, uh, put out there. Lean on some books, lean on, I mean there's so much that's already been written. So much has already been said. You don't need to come up with a new, fresh take on caring for people around you.

LINDSAY: Yeah.

CHAD: You don't need to come up with a new, fresh take on your own recovery that there are frameworks that, that have already kind of been set up. Uh, and as a staff, as a team, we are happy to point you in the direction of further discovery.

LINDSAY: Yeah. So just want to kind of bring it back to the fact that our, our whole goal with this episode and kind of the limitations of even the amount of time we had to cover depression, it's a huge topic. It's very broad. There's a lot to talk about in depth and the, the stories that we shared are just three, they're just the people's own experiences. And so if, if there's still questions we imagine there will be, or if there are things that you want to hear our team talk about, we would love to hear from you all. We encourage you to actually send us an email, send us some thoughts, send us some questions. You can do that by emailing podcast. That's p-o-d-c-a-s-t@t-w-l-o-h-a.com. So podcast@twloha.com. And we'll respond and we'll try to figure out a way to make sure that we get to share the answers and continue this conversation. But we really appreciate people, grateful to have those listening. And Chad, thank you for joining us and kind of talking a little bit more about these, these stories and our own experiences. So thank you.

CHAD: Thank you.

[music playing]

LINDSAY: **Morgan Harper Nichols** is a writer and artist who makes her work around people and their stories. Her song "Storyteller" has garnered over 1 million Spotify plays and her

self-published book of poetry by the same title is a #1 Amazon Bestseller in Inspirational Poetry. Morgan lives in Southern California with her husband Patrick Nichols and has made her life's work about creating for the stories of others, through music, words, art, and design. You can find Morgan online at morganharpnichols.com, or on Instagram at @morganharpnichols, and on Twitter at @morganhnichols.

Whitney Wilson lives with her partner in Raleigh, North Carolina, where she serves on the leadership team for a small hospitality group. She loves books, therapy, and Netflix. She makes an effort every day to be kind to herself, and she hopes talking openly about mental health might help other people do the same.

Stephan Monteserin is a Licensed Mental Health Counselor with a Masters of Science in Clinical Psychology from Palm Beach Atlantic University. Stephan grew up in Orlando and studied Art and Anthropology at the University of Florida. His desire is to assist those who are hurting to pass through their struggles as they acknowledge their pain. He enjoys seeing people grow into freedom from oppressive patterns of thoughts and behaviors.

Aaron Moore is a Licensed Mental Health Counselor and co-founder of Solace Counseling alongside his wife Michelle Moore. In addition to counseling, Aaron is a speaker and advisor for To Write Love On Her Arms. He speaks often at universities, churches, and with other professionals about addiction, brokenness, and healing. Aaron also teaches and facilitates our TWLOHA Move Conference.

LINDSAY: We hope each episode is a reminder that your story is important, you matter, and you're not alone. We understand that so many of you listening might be struggling or know someone who is struggling with the issues that we've been talking about. We believe that help exists. Part of our mission is to connect people to the help they need and deserve. You can find local mental health resources on our website: twloha.com. That's t-w-l-o-h-a .com. Click the FIND HELP at the top of the page. Or if you need to talk to someone right now, you can always connect with our friends at Crisis Text Line. You simply text the word TWLOHA—that's T-W-L-O-H-A—to 741741 and you'll be connected to a trained crisis counselor. It's free, confidential, and available 24/7.

LINDSAY: And if you've enjoyed this episode and want to hear more, we really hope you'll subscribe on iTunes or wherever you get this podcast. And, if you can do us a favor, we'd really like for you to write us a review. It'll help more people find this podcast and the mission of TWLOHA. If you have any feedback or questions, please send us an email to podcast@twloha.com.

LINDSAY: A big thank you to our friends at Copeland for the original music on this episode. The To Write Love on Her Arms podcast is produced by Mark Codgen, with editorial support by Claire Biggs and Rebecca Ebert. Music assistance was provided by James Likeness and Ben Tichenor. I'm Lindsay Kolsch. Thank you so much for listening.

LINDSAY: To Write Love on Her Arms is a nonprofit movement dedicated to presenting hope and finding help for people struggling with depression, addiction, self-injury, and suicide. TWLOHA exists to encourage, inform, inspire, and also to invest directly into treatment and recovery. You can find more information about To Write Love on Her Arm at twloha.com.

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