

## Still Buffering 185: How to Mental Health

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[theme music plays]

**Raleigh:** Hello, and welcome to *Still Buffering*, a sisters' guide to teens through the ages. I am Raleigh Smirl.

**Sydnee:** I'm Sydnee McElroy.

**Taylor:** And I'm Taylor Smirl!

**Sydnee:** Happy Coming Out Day, sisters!

**Raleigh:** Thanks, sister!

**Taylor:** Thank you!

**Sydnee:** You're welcome.

**Taylor:** We—we all did that! We came out!

**Raleigh:** Yeah!

**Sydnee:** Yeah.

**Taylor:** Go us!

**Sydnee:** That's our—we already did that, but still, happy... Day.

**Raleigh:** I never did on the podcast.

**Taylor:** Oh, well do you wanna—do you wanna right now?

**Raleigh:** [sighs] Well now I feel pressured. Now it feels weird.

**Taylor:** Oh, no. I'm sorry.

**Sydnee:** Hey, you don't have to if you're—if you don't—

**Taylor:** You don't have to.

**Raleigh:** [laughs]

**Sydnee:** There's no pressure.

**Raleigh:** I'm kidding. I'm bisexual!

**Taylor:** Yayyy!

**Sydnee:** Yayyy!

**Raleigh:** I did it! Yay!

**Sydnee:** Welcome—

**Raleigh:** I did it on Twitter.

**Sydnee:** Welcome to the club.

**Raleigh:** And Instagram.

**Taylor:** [through laughter] It's a pretty cool club.

**Raleigh:** [laughs] Thanks. I like it here.

**Taylor:** [laughs]

**Sydnee:** It's getting bigger every day. You just joined it.

**Taylor:** Yeah.

**Raleigh:** So many people. [laughs]

**Taylor:** Yeah, I love it.

**Sydnee:** Uh, that's an exciting day. Now, of course that doesn't mean that if you haven't come out—

**Taylor:** [laughs]

**Sydnee:** —and you are thinking about it that you have to—

**Raleigh:** [laughs]

**Taylor:** And it doesn't mean that's the one day of the year that you—

**Raleigh:** That you can. [laughs]

**Sydnee:** Right.

**Taylor:** Yeah. It's like, "Ohh, I missed it! I gotta wait a whole year!"

**Raleigh:** "Gotta wait a whole 364 days!"

**Taylor:** "Gotta stay in this horrible straight closet!"

**Sydnee:** "I have to pretend to be straight *again!* Oh, no!"

**Raleigh:** "Oh, next year's a leap year! A whole other day!"

**Sydnee:** Oh my gosh.

**Taylor:** No, no. Come out whenever you feel comfortable.

**Sydnee:** Yes. No, it is—it's a great day for it, 'cause we named it that day—

**Raleigh:** Did we?

**Sydnee:** —but any day—well, I don't know. Somebody did.

**Raleigh:** Who did it?

**Sydnee:** I don't know.

**Taylor:** We personally did not. I don't think we can take credit for that.

**Raleigh:** No.

**Sydnee:** I don't get to—how do you get to... name days?

**Raleigh:** I think sometimes—and not this one, and not the other, like, important ones, but those one's that's like, National Ice Cream Day, National French Fry Day, like, who—

**Sydnee:** You think that's, like, Big Ice Cream and Big French Fry—

**Raleigh:** It's Big French Fry!

**Taylor:** Oh, absolutely. Absolutely.

**Sydnee:** Who's—who's, uh, makin' bank off of National Talk Like a Pirate Day?

**Taylor:** [laughs quietly]

**Sydnee:** 'Cause everybody likes to remind me of that one. I feel like I get more Facebook people, like—

**Raleigh:** Yeah, I get a lot of those. [laughs]

**Sydnee:** —"Arrgh, it's Talk Like a Pirate Day!" And I'm like, "Who... okay?"

**Taylor:** You—you know, the Big Pirate money! That Big Pirate lobbyist, the Big Pirate lobby in the White House. Just... pirate propaganda. [laughs]

**Raleigh:** D'you—d'you know where it is?

**Sydnee:** Oh no...

**Raleigh:** Arrrby's. [snorts quietly]

**Taylor:** What? What?!

**Raleigh:** Like Arby's. They have all the—they have all the Talk Like a Pirate money, because the... the—

**Sydnee:** [through laughter] You think Arby's is tied up in that?

**Raleigh:** Yeah.

**Taylor:** I—that was—like, that was a weird evolution of a Dad joke.

**Raleigh:** [laughs]

**Taylor:** "You know where the Big Pirate money comes from?"

**Raleigh:** And I hate it most because it's definitely a joke *our* Dad [through laughter] would make!

**Sydney:** It does—it does sound like a joke specifically our Dad would make, 'cause Dad'll, like, find a punchline and then try to back into a joke.

**Taylor:** Yep.

**Raleigh:** [laughs loudly]

**Taylor:** That's exactly what I—

**Raleigh:** [through laughter] That's my—that's my sense of humor.

**Taylor:** The second thought in my head was "Oh, that's a bad pun." The first thought was "No, that's clearly cowboys. That's Big Cowboy money! What are you talking about?" [laughs]

**Raleigh:** [laughs]

**Taylor:** "Oh, right! There's not Big Cowboy money."

**Raleigh:** Oh no.

**Sydney:** Wait, wait, wait. Is that why Arby's has that hat? Are they supposed to be a cowboy restaurant?

**Raleigh:** [gasps loudly] Ohhhh.

**Taylor:** It's a 10 gallon hat! What are you—of *course* it is!

**Sydney:** I've never—I've never associated Arby's with cowboys. [laughs]

**Taylor:** It's right there on their sign! They got the old timey Western writing, and the hat, and... beef, uh... I don't know.

**Rleigh:** [laughs] Sydnee, what big—what big lobby industry do you associate Arby's with?

**Taylor:** [laughs]

**Sydnee:** M—I mean, meat, right? Like, meat!

**Taylor:** Well, yeah. Definitely meat, but also cowboys.

**Rleigh:** And also pirates. [laughs]

**Taylor:** No! I—this is just—it doesn't line up with—

**Rleigh:** Arrrrby's! You—

**Sydnee:** Pirates have to be—

**Rleigh:** —you get it?

**Sydnee:** Long John Silver's, right?

**Taylor:** Yes, that—

**Rleigh:** No! That's—

**Taylor:** —that's where pirates eat sandwiches. [laughs]

**Sydnee:** [laughs]

**Rleigh:** That's the... fisher lobby. The fisher—fisherpeople lobby.

**Sydnee:** Do you think pirates—

**Taylor:** Fishers?

**Sydnee:** —do you think—fishers—[laughs]

**Rileigh:** [laughs]

**Taylor:** [totally losing it]

**Sydnee:** That's what they're called, fishers. You know, fishers.

**Taylor:** Right? [laughs] F—I—I don't know where to go with this!

**Rileigh:** Well, I don't like the term "fishermen," because that's very, like, you know, binary.

**Taylor:** Oh, that's gendered. Fisherpeople!

**Rileigh:** And gendered. That's why I said fisherpeople!

**Sydnee:** No, you said fishers! Fish—[crosstalk]

**Rileigh:** Well, and now I said fisherpeople! I thought about it.

**Taylor:** Fisher-thems!

**Rileigh:** [laughs]

**Sydnee:** [laughs] Happy National Coming Out Day!

**Rileigh:** [through laughter] Happy National Coming Out Day!

**Sydnee:** Fisher-thems!

**Rileigh:** Fisher-thems and, uh... oh, I was trying to think of another one but I couldn't think of another one.

**Sydnee:** Uh...

**Rileigh:** That joke went nowhere.

**Sydnee:** No. You—you would never know that you grew up in West Virginia. "You know, fishers."

**Taylor:** [through laughter] I don't—we are landlocked!

**Sydnee:** What with the poles... and the—

**Raleigh:** I'm not a big fish girl, okay?! [laughs]

**Taylor:** Oh, no...

**Sydnee:** We didn't—we didn't do enough of that outdoorsy stuff here.

**Raleigh:** We didn't do any of that outdoorsy stuff.

**Sydnee:** Nope.

**Taylor:** There's a lot of it there, but we just hid from it. [laughs]

**Sydnee:** Listen. I rafted, once.

**Raleigh:** At least I'm not like that—that woman that made the bad jokes about West Virginia.

**Sydnee:** Oh, I didn't know about that.

**Raleigh:** You didn't see that? Either of you see that?

**Taylor:** What?

**Sydnee:** No.

**Raleigh:** This happened in the news. It was some comedian, I had never heard of her before. She was on the James Corden show, and, uh, guess she's from West Virginia, but was, like, the anti-Jennifer Garner and made some, like, bad, unfunny jokes about West Virginia.

**Sydnee:** Oh...

**Taylor:** Oh, I don't like that.

**Raleigh:** Yeah. Made me sad.

**Sydnee:** We're tryin', y'all! I mean—

**Rileigh:** Y'all? We're doin' our best, y'all!

**Taylor:** I think that the worst thing you can do if you're from a state that suffers from, like, vast economic depression is make fun of it so nobody goes there.

**Rileigh:** [laughs]

**Sydnee:** Yeah, 'cause we do—if you're a fisher, you can fish here!

**Rileigh:** [laughs loudly] Shut up!

**Taylor:** [through laughter] There's fishing, there's mountaineering! There is in the water! I don't—I don't do outdoor things! [laughs]

**Rileigh:** [through laughter] Stop making fun of me!

**Sydnee:** There is sleep on the ground!

**Taylor:** [laughs] That's true!

**Rileigh:** There's sleep in a tree?

**Taylor:** There's climb!

**Sydnee:** Climb!

**Rileigh:** [laughs]

**Sydnee:** Would you like to do the activity "[loudly] Climb!"

**Taylor:** [through laughter] It's all there for your... to get wet and dirty.

**Rileigh:** Would you like to do—do a raft?

**Sydnee:** Float and paddle fast!

**Taylor:** Do a raft!

**Rileigh:** [laughs]

**Taylor:** [laughs]

**Sydnee:** It's, uh—it's wild and wonderful here.

**Taylor:** That's the limit of my outdoors activity. I, like—what is it—what is it when you fly through—it's a zipline? Okay. Zip—

**Raleigh:** Yeah.

**Sydnee:** Yeah.

**Taylor:** —zipline, that's the real word. I knew that one.

**Raleigh:** We should be the new heads of tourism for West Virginia.

**Sydnee:** I know.

**Raleigh:** [through laughter] We're really good at this, guys!

**Sydnee:** Fisher! Climb! Sleep on ground!

**Taylor:** Go in a big hole!

**Raleigh:** [laughs]

**Sydnee:** We got those!

**Raleigh:** We got lots of big holes!

**Sydnee:** [laughs]

**Taylor:** See, I know the term "spelunking" because the first time I heard it I went, "Hee hee, that's a silly word!" And I never forgot it.

**Raleigh:** [laughs]

**Sydnee:** Uh—hey, listen. We've got pepperoni, and we've got rolls, and we put 'em together.

**Rileigh:** Yeah we did.

**Sydnee:** Come on down! That was the commercial.

**Rileigh:** Yeah.

**Taylor:** I—that sounds like a great weekend, honestly.

**Rileigh:** Pepperoni *and* rolls.

**Taylor:** Well, I—I won't—yeah.

**Rileigh:** And... ground.

**Taylor:** There you go. [laughs quietly]

**Rileigh:** [through laughter] That's West Virginia! [laughs]

**Sydnee:** [laughs]

**Rileigh:** Oh, no.

**Sydnee:** I—I didn't leave, so. You know.

**Rileigh:** I'm still here.

**Sydnee:** Yeah. Taylor. We're looking at you.

**Rileigh:** Taylor.

**Sydnee:** Taylor.

**Taylor:** Oh—okay, look.

**Rileigh:** [laughs]

**Taylor:** I just made it clear that I have no—I have a vast fear and no knowledge of the outdoors. I am in... the—the land that is paved. [laughs quietly]

**Sydnee:** [laughs]

**Raleigh:** West Virginia is a scary place for people like Teylor and I that [through laughter] do not—we know nothing of the outdoors.

**Teylor:** It's also quiet, and then I'm alone with my thoughts. But in the big city, it's always loud, so you don't have to think as much!

**Raleigh:** [laughs] [singing] West Virginiaaaa!

**Teylor:** [laughs]

**Raleigh:** [singing] Alone with your thoughts! [laughs]

**Teylor:** [laughs] In the dark. And it's the real dark!

**Raleigh:** [singing] Let's go home. [laughs]

**Sydnee:** Uh... Well—

**Raleigh:** Country Roads. [laughs]

**Sydnee:** Anyway, we—

**Teylor:** [singing through laughter] Let's go home, country roads!

**Raleigh:** [laughs]

**Teylor:** Those aren't the words!

**Raleigh:** I don't know the words to that song.

**Sydnee:** We hope that if you are coming out, or came out, or are going to come out, or... I mean, if you're straight, that's fine too.

**Raleigh:** [laughs]

**Sydnee:** You know. I mean, we—we'll—like, it's okay.

**Teylor:** It is!

**Sydnee:** You know.

**Raleigh:** Yes.

**Taylor:** Totally—

**Raleigh:** It was just the way—[laughs]

**Sydnee:** "Oh, that's fine!"

**Taylor:** That's fine.

**Sydnee:** Everybody's—everybody's fine. It's great. We're all—

**Raleigh:** [laughs]

**Sydnee:** —it's all fine, here at *Still Buffering*. We hope you're having a great day—

**Taylor:** What is happening?

**Sydnee:** —celebrating or not.

**Taylor:** [laughs]

**Sydnee:** Speaking of days—

**Raleigh:** [softly] God.

**Sydnee:** —that are things.

**Taylor:** [simultaneously] This is one. We are in one, right now!

**Raleigh:** This is a day.

**Sydnee:** Yesterday was another awareness day.

**Raleigh:** Mm-hmm.

**Sydnee:** Uh, mental health! Worldwide Mental Health—is that right?

**Rileigh:** Worldwide, yes.

**Sydnee:** So was today *National* Coming Out Day?

**Rileigh:** Yes.

**Sydnee:** And yesterday was *World* Mental Health—

**Rileigh:** Mental Health Day.

**Sydnee:** —Day.

**Rileigh:** Yes.

**Taylor:** Okay.

**Rileigh:** [through laughter] At least based off of the hashtags I saw trending.

**Sydnee:** I—Twitter might make these things up for all I know.

**Rileigh:** Twitter might—you know?

**Sydnee:** I don't know. I mean, they're not bad ideas. I'm not saying that in a derogatory way. It's a good idea.

**Rileigh:** It's like how Valentine's Day is, like, a Hallmark Holiday.

**Sydnee:** Right.

**Rileigh:** You've got all these days that Twitter's just like, "Here's a hashtag!"

**Taylor:** Well, it—some of them, it would be—it would be weird without the presence of the internet. Like, could you imagine National, like, Quesadilla Day without the—without the internet? Where you're just like, "It's that day! We gotta—we gotta—" We're like, "What? Why are you—"

**Rileigh:** "Why are you—"

**Sydnee:** "What?"

**Taylor:** "—eating quesadillas—"

**Raleigh:** "—why do you have so many quesadillas?"

**Taylor:** "[through laughter] Who is that? What is—" It's largely online holidays.  
[laughs]

**Raleigh:** Yeah.

**Sydnee:** Which, again, is fine. I like quesadillas.

**Taylor:** Yeah!

**Sydnee:** We could have that—when is that day?

**Taylor:** I don't actually know if that's a real one.

**Raleigh:** You *know* it is one. Hold on.

**Taylor:** I was just being obtuse.

**Raleigh:** Give me 10 seconds on the internet. [laughs]

**Sydnee:** It's gotta be one. The quesadilla lobby has got to have claimed a day by now! Uh, yesterday was Mental Health Awareness Day.

**Raleigh:** It's September 25<sup>th</sup>. [laughs quietly]

**Sydnee:** Are you kidding me?

**Raleigh:** [through laughter] I am not kidding you.

**Sydnee:** We missed it! We missed Quesadilla Day!

**Taylor:** Oh, no!

**Raleigh:** By, like, two weeks!

**Taylor:** [sighs] I'm upset that that didn't trend.

**Sydnee:** Frick.

**Taylor:** Well, alright.

**Sydnee:** Alright. Well, next year we'll hit Quesadilla Day. This year we all took a moment yesterday, and hopefully you did too, to kind of reflect on, think about, talk about mental health and how the more we're open about it and discuss it, the more we recognize it as part of, you know, health.

**Raleigh:** Mm-hmm.

**Sydnee:** Like all health. The more help people with mental illness can get.

**Taylor:** And see, I think that this podcast has been meta for the last 10 minutes, 'cause something that I do when I want to avoid talking about my mental health is focus on comedy and jokes!

**Raleigh:** Well...

**Sydnee:** So that's why Arby's has been discussed.

**Taylor:** Yeah!

**Raleigh:** [laughs] And that's—

**Sydnee:** For longer than Arby's rightfully should. [laughs]

**Raleigh:** —have you ever wondered where the first 10 to 13 minutes of *Still Buffering* comes from every week? [through laughter] It's out of avoidance of discussing real issues.

**Taylor:** Yes.

**Raleigh:** Looking for humor.

**Taylor:** Yes.

**Sydnee:** Uh, we've never talked about that explicitly. I think we've all peripherally, uh, kind of, you know, referenced it on the show.

**Rileigh:** We've talked about stress and self care and all those kinds of things.

**Sydnee:** And I have—I have discussed some of my issues with postpartum depression on other podcasts. I'm not plugging them.

**Rileigh:** Mm-hmm?

**Sydnee:** Just saying that I have. Uh, but I don't think, on *Still Buffering*, we've ever explicitly talked about the importance of thinking about your mental health and, like, doing those kind of self-checks. How am I doing? And then getting help when you need it, when you realize that there's a problem.

**Rileigh:** Especially when you're growin' up and you're, you know, goin' through all the difficult times.

**Sydnee:** Yes. 'Cause as we did mention on the stress episode, I know when Teylor and I were younger there was a lot of kind of... there was this impression that you couldn't *have* problems when you were a teenager, like, real problems, 'cause you were a kid. So, like, "What's—what's your deal? You're fine. Oh, school's hard, wahhh." I mean, like, that was really the impression I got as a kid.

I think it's certainly different now, but I still—I will say that I know the statistics on college campuses aren't great, that we have a lot of undiagnosed and untreated mental illness on college campuses, and they didn't—all these college students didn't just start having problems in college.

**Teylor:** Right.

**Rileigh:** Yeah.

**Sydnee:** You know? So how much are we missing in the teen years?

**Rileigh:** Yeah. Um, I know in my scholarship program at school, you know, we're all honor students, and there's a lot of statistics about, you know, high achieving and honor students throughout high school and college having higher rates of anxiety and depression and mental illness in general, just because of, you know, pressures and expectations and things like that.

Um, and we all had a meeting at the end of last year. We were like, "Hey, you know what would be helpful for all of us honor students is maybe, like, an in house free counselor that we could see that's just for us, because some of us don't have, like, the financial resources or the time to go see someone outside of school, and that would be really helpful."

So now, starting this semester, at my school we have an in house counselor twice a week in our honors college for all of our honor students, which is super cool. We also have counselors and residents in all of the dorm buildings, and a counseling center that is free. So my college, at least, is very helpful to students.

**Sydnee:** That's good.

**Raleigh:** Who need some mental health resources, which is very nice.

**Sydnee:** I don't feel like we had... certainly not in college, I don't remember anything like that. And in high school, I can't imagine going to my counselor—nothing against my counselor in high school, I just don't feel like that's what...

**Raleigh:** Yeah.

**Sydnee:** ... high school counselors were for. Right? I mean, Teylor, did you ever feel like—like, I felt like my counselor was there for, like... how do I apply for a scholarship?

**Raleigh:** Right.

**Teylor:** Well, yeah, exactly. 'Cause I think—I mean, I think when we were growing up—I feel like it's only recently that we more often have the conversation around, like, how stigmatized mental illness is, because I feel like growing up, you know, I definitely suffered from a lot of anxiety and a lot of depression, but you—you don't wanna ever—like, it felt so taboo to consider those things. Like, "I have this thing that you should feel bad if you have," so no, you look for external reasons that that's happening in your life, you know?

Like, it's not something in me. It's something I just need to fix about my life. I need to be better at this, or I need to be better at that, or if I could get this then I would feel better. It's like, the last thing you consider is maybe I just need to talk to somebody. Maybe I have—maybe I have a mental illness. Maybe I have some issues I need to work through.

**Sydnee:** And it's hard, because part of what you just talked about is important for people to do. I mean, part of—I know in my experience that sometimes the problem isn't depression or anxiety, it *is* something in your life.

Like, sometimes that is true, so I think, like, doing those checks on yourself, being self aware and having that insight is really important, 'cause sometimes—I know I will counsel somebody like, "You know, I think everything you're saying keeps coming back to this one situation in your life, and it feels like all the therapy or medication or anything in the world isn't gonna fix that external thing."

And so sometimes that is true. I think in the teen years, it's also true that—I mean, I know I went through... like, teen... normal moodiness that was not depression.

But I definitely—I think, like, if you were an adult who cared but didn't know what was going on in my brain, would've looked at me walking around—I mean, I dressed completely in black. I hid in my room all the time. I had no friends. I was withdrawn, and I wrote really sad poems.

And I think that an adult, a caring adult may have easily said, "Uh... I think you need help," when I didn't need help. I was just—it was just the thing I was doing. It was the persona I tried on for a while. It didn't fit. I tried something else.

So I think all that makes it even harder to tease out in the teen years. Who needs help, and who just needs, like, normal love and support in this moment in their life, you know?

**Taylor:** And there's a big difference between being *goth* [through laughter] and being depressed. It's like, you know, on a good day—when I'm in a good spot, I'll show up at work and I'll—I'm wearin' all black, and I've got my spikes and my accessories, and I look great.

When I'm going through, like—when I'm in a—when I'm having a period of, like, "Oh, I'm going through a depressive episode." I don't—I look—that's when I *don't* look goth.

That's when I'm like, "I've been wearing this t-shirt for three days. I sprayed it with perfume so won't smell it." You can just smell it underneath the perfume. Like, you know. [through laughter] It's like, that's when my makeup is *not* a death pallor and, like, that's—that's when you know!

**Sydnee:** Well, but I think—I think what you're talking about—I think that's a good point, though. Like, I think that as adults looking at teenagers, you feel like the generation, like, after you, it's so inaccessible and you have no idea what is cool or not cool or trendy, that it can be really hard to tell what's going on from the outside, you know?

**Raleigh:** Yeah.

**Taylor:** Right.

**Sydnee:** And I think that definitely you're right, a lot of stuff was dismissed when we were younger.

**Taylor:** Yeah.

**Sydnee:** As, like, "Oh, you know, teens, hormones, whatever, blah blah blah."

**Taylor:** Yeah. "You just need to get out and socialize more!" [laughs quietly]  
Like—

**Sydnee:** Exactly! "Go hang out with your friends! Get outside!"

**Taylor:** "Oh, it's not the—it's the crippling fear of other people that's keeping me inside, but yeah, you're right, I should go talk to them." [laughs]

**Raleigh:** Yeah.

**Sydnee:** Right, no, and I think you're right. I think a lot of it is, and a lot of it is, like, if you would—I remember feeling the pressure—not really from our parents, I won't blame this on my parents.

I felt pressure more from just, like... everything. Society. To, like, be a quote unquote "normal teen," and then I would feel better. Like, "Just be a normal teen. Go to parties. Go have fun at a football game." [laughs quietly] You know? "Break the rules a little, and then you'll be happy," and I think... I don't know if that's changed.

Like, those were the messages I remember getting. Like, "And then everyone will be happy and there won't be depression," and, like, it totally negates the idea that well, yeah, no, there are teenagers who are suffering from mental illness.

**Raleigh:** Yeah.

**Taylor:** Yeah, and they can look like everybody. They are just as likely to be the—you know, the—whatever cliché, athlete, cheerleader.. I mean, you know, as they are the kid all in black. [laughs]

**Sydnee:** Right, right.

**Raleigh:** I mean, I think that the general message, while that idea still exists probably in a pretty large number, I think the general message of, like, acceptance and recognition of mental health and mental illness has gotten better amongst, like, adults.

And I think a lot of that is because the adults now are, like, your all's generation of people who are like, "Hey, this is what mental health was treated as when we were growing up, and we don't want our kids to feel that way, or our younger siblings to feel that way, so we're gonna change that conversation."

But I mean, I think, as a teenager, especially throughout high school, I still felt that way. Like, I went to the football games and I had the parties and, you know, did all the extracurricular things, school dances and all that kind of stuff, but I still felt, like, super depressed and anxious all the time. And I guess I just thought, like, "This is just normal. Everyone feels this way. This is just what it feels like to be a teenager, I guess, so this is fine."

And then it took me going to college and still feeling that way, almost out of my teen years as, like, an adult, being around other people who are like, "No, that's not... that's not normal. That's not how people feel all the time. Maybe you should go talk to someone."

For me to be like, "Oh. Okay." And I don't think it—I think it's just almost like an internalized feeling of... you can still recognize that mental illness exists and recognize it in other people, but recognizing it in yourself and having the, like, ability and self awareness to be able to, like, take that step to go talk about it with someone is a lot different.

**Taylor:** Yeah.

**Sydnee:** Mm-hmm.

**Taylor:** But I—I do wanna, like, compliment just what you said. Like, recognizing it in other people. Like, even that I think is a—that's an evolution of your generation, because—

**Raleigh:** Yeah.

**Taylor:** —that's one—and Syd, maybe you get this—but, like, that's one weird divide that I've found in my adult life is that I feel like when the conversation became more normalized, largely by younger people, it felt like such a relief to me that I could talk openly about it, but one thing I did realize is that other people that are in my age group that don't suffer from any sort of mental illness, it still, like—that doesn't make them suddenly accept me.

Like, you know, I've had a close friend—like, somebody that I always hid things from, specifically because I knew they would—that was just something they didn't want. That was a part of me that they just—it was better if I just kept that away from them, and it was a situation where I was having an anxiety attack, and it was just, like... like, it was one of the worst experiences of my life, having someone who I trust be like, "You're—this is—this is why I don't wanna be around you. You're nothing but a burden. Like, look at you right now."

And it's like, that lack of understanding, whereas I would hope that even people that don't suffer would—you know, younger people being able to say, like, "This is what you're going through, and we have the language and we have the understanding that this is just like if somebody has an allergy or a disease or something. This is just something that's part of you, and it comes with you. It's not something that I need you to work out of your system in order to be in my life."

**Raleigh:** Right.

**Sydnee:** Yeah.

**Raleigh:** I mean, I've definitely had less-than-ideal conversations with people around my age where I talk about having anxiety, and sometimes there's that really crappy thing where people are like, "Oh, everyone has anxiety. Everyone gets anxious about things. Everyone has anxiety attacks. That's not, like, you know—that's not a mental illness. Everyone feels that way."

It's like, "Well... no. [laughs] That's—that's not how that works, and if you could feel the things I feel, I would assure you you would know this is not how your brain works."

But I remember I moved in with my roommates, and the first time I had what I can now recognize as an anxiety attack in front of them, there was never any, like, avoidance of me, or feeling like I was being, like—imposing on them by being upset in that moment.

It was very, like, "Oh. Okay. I understand. Is there anything I can do to help you? If not, totally cool. If there is, just let me know and we can talk about it. And also, like, hey, this is a mental illness I have. And hey, this is something *I* experience." And, like, a very—just, like, easy conversation that was just very, like, "Okay. That's cool. This is something you experience. Let me know how I can help."

**Sydnee:** I can't imagine any of that even back when I was in college.

**Taylor:** Yeah.

**Sydnee:** I tried to, like, fathom that situation happening with even my closest friends in college, and... it would've been—I mean, I'm not saying they wouldn't have been supportive. Maybe they would've been great. I don't know. But it was never anything any of us talked about.

**Raleigh:** Right.

**Sydnee:** It wasn't—it's not even like I have—I don't have a frame of reference for that, 'cause nobody talked about it.

**Taylor:** Right. Yeah, no, absolutely. I mean, when I was in college—we've talked about this before, and we talked about this earlier, but, you know, I was suffering from a horrible eating disorder that was very evident. It was evident in my behavior and everything, and it didn't—it wasn't something worth anybody—it was just—that made you almost, like, stop existing.

It's like, just—nobody talks to that person. Like, that's just—it's—you know, it was so stigmatized, and it just felt like... it's—you just become a non-person, because you have this thing. Or that's what it felt like.

**Sydnee:** Yeah, no, no, I know what you're saying. And I think the only thing I can think about, like, when I look back, I know we did that with people who had addiction issues, who had substance use disorder.

I remember, like... the idea that you would confront somebody and saying, like, "You know, I know you're not, like, flunking or driving drunk or something, but, like, I'm a little worried?" Oof. Those conversations just weren't commonplace.

**Raleigh:** Yeah.

**Taylor:** Those were things you said in hushed tones when someone wasn't around.

**Sydnee:** Right.

**Taylor:** Like, "Oh, well, you know what they are." Like, and that's—

**Sydnee:** No, it was not something we would say, like, "Hey, can I help you?"

**Taylor:** Yeah. It's funny, like, talking about Coming Out Day, 'cause in some way it's a weird parallel in my life. Like, it's—it's the same feeling of, like—it's not something to be ashamed—it's just part of who I am. It's just part of my DNA. It's—it doesn't—I can't keep that away from you. I can't hide it. It's not unsavory. It's just me, and it's as much me as any other part that you like.

**Sydnee:** It has no morality, it just is.

**Raleigh:** Yeah.

**Taylor:** Yeah.

**Sydnee:** Um, I wanna talk about this more, but we have to take a quick break before I do that and—

**Raleigh:** Check the group message. Thought you weren't gonna let me say it.

**Sydnee:** No, I was gonna let you say it.

**Raleigh:** I always say it.

**Sydnee:** I'll always let you say it.

**Raleigh:** [laughs quietly]

**Sydnee:** Uh, hey, sisters. This fall, it's time for some 70's throwback looks.

**Raleigh:** Whoa.

**Sydnee:** How does that sound?

**Raleigh:** That sounds like my closet.

**Sydnee:** I love it. That's—

**Raleigh:** [laughs]

**Sydnee:** —that's before—that's before my time, but I'll allow it. Apparently the 90's are over, the 70's are back, as are spooky Halloween chic outfits and cozy coats, and you can find them all at ModCloth. I love ModCloth.

**Raleigh:** Me too.

**Sydnee:** I shopped at ModCloth long before I started talking about it on this podcast. They design vintage-inspired pieces, made relevant for the right now. And you can find—I mean, everything—like, if you need fancy dresses for going out, or you want cool casual clothes to hang out in, or business looks for work, whatever you're looking for, they have. They've got everything. They've got cool stuff for your room and accessories and shoes and all kinds of stuff. And they include a size range from 00 to 28.

If you've got a question about fit, their team of Mod stylists can hook you up with complimentary sizing and styling help. I just—I can't recommend it highly enough. You, uh—check out ModCloth, they've got all kinds of new fall fashions. Get yourself some cute sweaters and cardigans.

**Raleigh:** I just got a very good suede, velvety black dress that I'm wearing to a fancy event—

**Taylor:** Ooh.

**Raleigh:** —and also, like, a maroon and beige plaid skirt that is wool. Very good for the fall and winter months.

**Sydnee:** Very nice. I always check out their graphic tees.

**Raleigh:** Yeah.

**Sydnee:** I know that's not a fall thing, but...

**Raleigh:** They have a very good sweater, also, that has a little collar that has little bats on the ends of the collar.

**Taylor:** Ooh!

**Raleigh:** It's very cute. Very spooky.

**Sydnee:** [simultaneously] Spooooky!

**Taylor:** That's what—I love, like—their Halloween section is great for me for the rest of the year. [through laughter] So now is the time.

**Sydnee:** So, Taylor, if our listeners want to check out ModCloth, what should they do?

**Taylor:** Well, you should hurry! Uh, 'cause this offer is only valid for a limited time, but you can get 15% off your purchase of 100 bucks or more, including all sale items, if you go to modcloth.com and enter code "buffering" at checkout. That is modcloth.com, use code "buffering," get that 15% off at checkout, and including sale items, through the end of October.

**Raleigh:** [sighs] Sisters, I wanna talk to you about so—something else.

**Sydnee:** Okay!

**Raleigh:** [laughs] And that's—

**Sydnee:** Do it!

**Taylor:** [laughs]

**Raleigh:** —Native Deodorant. This week, *Still Buffering* is brought to you in part by Native Deodorant, and less is more with Native. They have fewer, simpler

ingredients, so you know everything that's in your deodorant. Everything going in your pits, as I like to say.

**Sydnee:** [snorts quietly]

**Raleigh:** Um—

**Sydnee:** Or axilla. Whatever. You know.

**Raleigh:** [huffs] It's—it's your pits. [laughs] It—

**Taylor:** That sounds like an alien race.

**Raleigh:** It does.

**Taylor:** I like pits better.

**Raleigh:** Thank you. Um, it comes in a wide variety of enticing scents for all people, and they release new, limited edition seasonal scents throughout the year! They also have unscented formula and baking soda free formula for those with sensitivities. I really like the vanilla and coconut, that's usually my go to. It smells very, like, beachy and tropical, even in the colder months. And they offer free returns and exchanges in the USA, so you could give it back, you can exchange it for another flavor, another scent, whatever you like, and it's all free, because Native cares about you. And so do we.

**Sydnee:** [laughs quietly]

**Raleigh:** [holding back laughter] So, Taylor, if our listeners want to check out Native, where should they go?

**Taylor:** They should go to [nativedeodorant.com](https://nativedeodorant.com), and you can get 20% off your first purchase if you use promo code "buffering" during checkout!

**Sydnee:** So check that out.

**Raleigh:** Yeah.

**Sydnee:** And have pits that smell great.

**Raleigh:** Yeah.

**Taylor:** And seasonal!

**Raleigh:** And seasonal!

**Taylor:** I love that idea!

**Sydnee:** Seasonal pits.

**Raleigh:** Spooky pits, jolly pits...

**Sydnee:** Whatever—

**Taylor:** That's—I love that.

**Raleigh:** Summer pits.

**Sydnee:** All the pits. Um—[laughs quietly] one—one thing I found, as I got older and progressed through my particular line of education—and I've thought about this. Like, is this more of a... like, a unique experience to my profession? But I imagine there are a lot of other professions that would echo this sentiment, so I don't think it's probably that unique.

But I know in medicine, as I progressed from college to med school, the idea—even though we are trained, and I think for the most part believe, I think—at least I know I do, and I think most of my colleagues do, I hope—that mental illness is part of—it's just another type of illness, just like any other illness you have.

You should treat depression just like you treat diabetes. Neither are something you can will away or, you know, go... I always see those memes on Facebook, like, "Just go inhale some fresh air and look at a tree and then your depression'll go away," or whatever. [laughs quietly]

**Raleigh:** Oh, I wish it were that simple.

**Taylor:** Yeah... I—I love that, because I then like to make the point of, like, "You know what? Running *does* help my depression, but it triggers my anxiety, so have fun with that!" [laughs]

**Raleigh:** [laughs] That's a puzzle for all of you to figure out!

**Taylor:** I have to figure it out *every day I'm alive!*

**Sydnee:** Well, and I—I'd like to think that most of us in medicine, like, get that. I think that's true. And so, treat it like that. But even as we're being taught that, and we are learning that and believe that and act on it and, I mean, tell our patients with complete earnestness that this is the case, "Let me help you, here are some referrals, here are some medicines, here are some things you can do, let's work on it together."

At the same time, the idea that a physician or a medical student would admit to that... at least when I was coming up through the ranks, was very taboo. Um, and was very concerning for how it would affect your professional career if you received actual help. Like, real deal, went to a doctor for mental illness. Not just, like, meditated. I mean, like, went and were put on a medication or went to therapy or something like that.

It was very scary, and there's tons of stigma, I think still, against receiving that treatment yourself, which is very—it's really tough, and I know that in the medical field untreated mental illness and suicidal ideation and, you know, actual taking your own life, has been a big problem within our community, because our—it's not being addressed.

It's often labeled "physician burnout," and so the key—like, the treatments, so to speak, for it, are, like, "We'll give you coupons for, like, a dinner out, or, like, a massage, or, like..." Like a wellness thing. Like, "Here's some wellness—[laughs quietly] to treat your depression."

Um, which doesn't work. Uh, and, like, it's been a big problem. And I remember feeling that very much. I remember counseling younger residents when I was one of the chief residents that in medicine, I feel like you hit a point which we dubbed "the crying times."

**Raleigh:** Mm-hmm. That's all my times.

**Sydnee:** And it's—[snorts] Aww.

**Taylor:** Oh no!

**Raleigh:** [through laughter] Aww.

**Sydnee:** Raleigh!

**Raleigh:** That was a joke. It was a joke.

**Sydnee:** [laughs quietly]

**Taylor:** It's—hey. Humor helps mask the pain.

**Raleigh:** [through laughter] Exactly.

**Taylor:** That's why we do this.

**Raleigh:** [through laughter] This is why we have a podcast.

**Sydnee:** That's the whole thing.

**Taylor:** That's why we got funny!

**Raleigh:** Yeah. [laughs]

**Sydnee:** But really, I remember saying there was a point in time where I was, like, falling apart every day, crying my way through every day, and I would call Justin every time I got a break at the hospital and say, "Look up something I can do with my degree other than be a doctor, 'cause I'm so miserable, and if I have to do this with the rest of my life I don't know how I can face it."

Now, that passed. And it does, I think, for most people in medicine, but what we were calling "the crying times" and saying "It's just a time where, like, reach out, talk to your colleagues, ask for support, let us know, we're here, you can call me and cry to me, come over to my house, I'll make you dinner, you know? Like, we'll get through this together."

For some people is—it's really challenging, and it is a setup for, you know, a major depressive episode, or severe, uncontrolled anxiety. If you are already experiencing those things, and then you're put into a situation like medical school or residency or being a physician—and I think for a lot of us, it's not being managed at all, or *talked* about enough, even.

**Raleigh:** I mean, I think on a smaller scale it goes back to something I think we've talked about a little bit. We talked about self care and stress, but when you're in, like, a highly competitive environment like that, I mean, even college,

when you're surrounded by other students who are trying to get the highest grades and extracurriculars and everything, there's almost, like, a... a romanticizing of poor mental health, to a certain extent?

**Sydnee:** Uh-huh.

**Rileigh:** And it's never, like, for people who are upfront and honest and say, like, "No, I actually have anxiety and depression." More for people who are like, "Yeah, I have... mental breakdowns every day," or "I stay up all night because I'm feeling so anxious, or just had an anxiety attack about this," or "I'm feeling so depressed I haven't left my dorm in a week." Um, and the whole idea of, like, taking poor care of yourself is something to achieve, and that means, like, you're doing better, or you're being more successful, I guess?

Um, and it's—it's the same thing! Like, for some people that's a period, like, around finals or midterms. It's always like, "Oh, this is when all college students are not showering and not eating and, you know, staying up all night studying and doing homework."

For some people it *is* just that. It's a, you know, week or two of the year where they feel really bad and everything is stressful, and then it goes away.

**Sydnee:** That's all of residency.

**Rileigh:** Yeah. [laughs]

**Sydnee:** That's—that's all—that's what they expect of you, is that for the entirety of residency, you aren't sleeping, you aren't eating, you aren't peeing when you want to, you never exercise, you feel miserable, and you... I mean, it's glamorized on TV. Like, you go—you do your shift, you barely make it through, and then you go get drunk to forget about it. I'm not saying everybody does that, but that's what TV shows make it look like.

**Rileigh:** But I mean—yeah, like you said, for some people it's actually mental illness, and that's not—you know, not taking care of yourself makes that worse, and thinking it's the ideal thing to do, it makes you smarter, makes you more successful, isn't good for that.

And I think that's a big part of the reason why I didn't acknowledge that I had actual mental illness for a long time, was just because I thought that was, like, what was expected of me. Was like, "Oh, you feel super anxious all time and you

feel depressed because you don't have time to do anything you enjoy, and you are constantly doing things that you feel like will get you somewhere better in the future, but you don't even know, like, when that'll be or where that'll be and if that'll ever happen."

I—I guess I just thought that was normal, and then I thought waking up and feeling, like, tightness in your chest because of all the things you had to do and going to bed with tightness in your chest at the end of the day because of all the things you still had to do or the things you did that day that still weren't good enough—like, I thought all of that was just, like, "This is what it's like to be a college student," or whatever.

And that's not... that's not the case, and that's not how you should have to feel, and it took me until just this year and going to therapy and talking about it and taking steps with my doctors to get on medications that help with that to realize that you don't have to live that way, and you can still be successful and take care of your mental health. And in the long run, you'll be *more* successful if you can take care of your mental health.

**Taylor:** Mm-hmm. Well, and I think—yeah, and that paralleling it with any other more physical disease, 'cause it can have physical effects on you, absolutely, like, is so important.

I mean, 'cause that's like—I know I read this comment associated with Anthony Bourdain after his passing, and somebody made the point of, like, "If somebody had battled cancer and lived until, you know, their late 50's, battling cancer their whole life, we'd say 'Wow, what a hero, what a champion, what a struggle.' But then if somebody, you know, dies by suicide late in their life, it's 'Oh, what a tragedy, what a loss.'" It's like, no! He fought his entire life to stay alive, and gave us so much! And it's—that is a triumph! It would be a triumph in the face of any other more physical disease.

**Sydney:** That's true.

**Taylor:** It's—it shouldn't be taken away from someone just because that happens to be the terminal illness that they had.

**Raleigh:** I will say, though, this is something I've thought a lot about in the age of mass shootings and things like that. The whole conversation of mental illness almost can be taken at the other end of the spectrum. Like, blaming it for things

that maybe it has no place in, and using as, like, a political tool to get support for anything other than things like gun control. Um, and that does upset me a little bit, almost like the bad side of opening the discussion about mental health.

It's like, "Oh, okay. You want to acknowledge that mental illness exists and that a lot of people suffer from mental illness. Let's use it against people who actually do suffer from mental illness then."

**Taylor:** And I think the implication, too, is that it's just one thing.

**Raleigh:** Right.

**Taylor:** Like, it's—

**Raleigh:** "Oh, you're mentally ill? That means you are X." [laughs quietly] Like, it's not, you know, you have anxiety or you have depression or you have Obsessive Compulsive Disorder or any number of other diagnoses that other people can have. They're all different.

**Sydney:** And it's worth pointing out in that conversation and I think we may have said this before, that people with mental illness are more likely to be the victims—

**Raleigh:** Yeah, not—

**Sydney:** —of violent crime, as opposed to the perpetrators of violent crime. So it's not... I mean, it's—

**Raleigh:** There's no correlation.

**Sydney:** Yeah. It's a false argument, to distract from the gun issue, which is the bigger issue.

**Raleigh:** Right.

**Sydney:** But yeah, no, it's true. And it's very frustrating from my standpoint as somebody who is a family doctor. I provide a lot of care. I'm like the person who's... who's helping to manage mental illness, in part because that is something that we can do, but then also in some areas there isn't a psychiatrist, or if there is one, it's gonna take you months and months to get an appointment with them, and it'll be months before you can get a followup.

There's not enough therapists and psychologists and counselors. There aren't the resources, and it is so frustrating when I am trying so hard to, like, get somebody the help they need.

I know it's frustrating for them more so than me, but we recognize there's a problem. We can diagnose it. I'm trying to get the appropriate treatment, and you have politicians saying, like, "Well, we just need to help more with mental illness in this country." Well, yeah, like—well then, come on! Help!

**Raleigh:** Yeah.

**Sydnee:** Yes! Yes!

**Raleigh:** Do it! [laughs]

**Sydnee:** Please, we need more resources! Let's stop talking about it, and let's put the money behind, the effort behind, the focus on this, just like we do all the other illnesses that are just as important.

You know, we recognize that cancer is something we need to put more time and effort into researching and treating and finding cures for. You know, heart disease and diabetes and everything else. Yes, and depression, and anxiety, and schizophrenia, and bipolar disorder, and all these other illnesses. Let's put it all—let's—yes, please! [laughs quietly]

**Raleigh:** Yeah.

**Sydnee:** Yeah, I—it's one of those things where I feel like we're definitely better about it than we used to be. I mean, I think the more you can talk about these things openly, you know, like both of you have, I think that's definitely helpful to share the idea. Like, you're not alone. It's not something that—you don't become depressed because you didn't try hard enough not to be depressed. [laughs quietly]

**Raleigh:** Right.

**Taylor:** Right.

**Sydnee:** You don't become anxious because you're not working hard enough not to be anxious.

**Raleigh:** Yeah.

**Taylor:** Yeah.

**Sydnee:** It's just—it is—like you said, Tey, it's just your DNA. It's who you are.

**Taylor:** And nobody wants to feel those ways. [laughs quietly]

**Sydnee:** No.

**Taylor:** It's not—you know, it's not a choice at all. There's no choice in it. It's the active thought—like, even in my darkest moments where it's, like, the weird awareness of "I don't want this at all," but then your brain's telling you something completely different, and it's just—it's... torture. No one would do—I guarantee, if anyone had the tools to avoid that, they'd take them, and that's why I think those tools need to be made more readily available, and not come with some stigma or shame.

**Raleigh:** Yeah. For sure.

**Sydnee:** No, and it—I think it's one of those things that it is hard for people to understand if they've never experienced it, which makes it harder to, like—I think the best route—'cause you can explain it all day long, and it's still hard to internalize. The best route is to, like, try to get people to understand that it is the same as—we've all been sick before.

Everybody who's alive has been sick at some point in their life, some of us with acute things, some of us with chronic things, some of us with both. And to try to just frame it as, "You've got—you know, you've gotten a cold or the flu or a stomach bug or whatever you have, hypertension, diabetes, whatever you have. It's the same thing. It's the same thing. It's the same thing."

You didn't ask for it. You didn't choose it. You can't control it without help. You know, you can't just say, like, "Well, I'm gonna go look at a tree and it'll be gone."

**Raleigh:** Right. Yeah.

**Taylor:** [laughs] "I'm gonna do some yoga and drink some tea."

**Raleigh:** Yeah.

**Sydnee:** Yes, and—

**Taylor:** [frustrated groan]

**Sydnee:** It really—I mean, I didn't—until after Charlie was born, it was really hard for me to understand how—like, I understood it in an abstract way. Like, in a logical way. I believed it, of course—which you don't need to believe in something that's a fact, but I—I believed it.

Um, but until I experienced it, it is really hard to internalize, and here—I was sitting there with my child in my arms, who, yes, we went through a hard time. We spent a week in the NICU and it was very challenging, but we came home! Healthy, alive, fine.

You know, I should've been overjoyed. We wanted a kid for so long. It took me a while to get pregnant. I was finally able to. I have this child who seems to be absolutely perfect, as far as I can tell. I have the means and resources to stay at home with her for a period of time after she was born. I didn't have to go immediately back to work. I was able to take a few weeks of maternity leave. My husband was there with me, who was able to help me and take a couple weeks of paternity leave. I had family and friends, and everything somebody would need, and I... felt... absolutely... I mean, I couldn't even—I didn't even have words for it.

I felt like there was just a giant, gaping, empty hole in the middle of me, and the only emotion that I ever felt was anger or rage, and then nothing. And I would just sit there, crying, looking at my perfect child, because then I would feel guilty that I didn't feel happy looking at my perfect child, and that was it! And that was the only thing I felt.

And, like, it was—and I never—I didn't tell anybody when it was going on. I never talked about it. I never shared—I didn't tell Justin, 'cause I felt embarrassed!

**Raleigh:** Right. I mean, I think that's one of the biggest sources of sort of like a cognitive dissonance for people who feel like they have a very, like, privileged life to be grateful for like I do. I mean, I'm very grateful for what I have. I recognize, like, the amount of privilege and opportunities I'm given in my life, but when you, like—for example, I had big exam, like, a week ago. And before the test, I was in a classroom, only seven other people in the class with me, and we're all in the same program, we all know each other really well.

They all know I have anxiety. That is something I've talked about with them very openly. And before the test, to them it was just like, "Yeah, it's a test. It's stressful, but, like, it's just a test."

I was, like, up, pacing around the room, trying to breathe, felt like I couldn't breathe. Like, trying to calm myself down before this test, because I was so nervous, and almost felt like I was going to pass out or throw up, because I felt like I just couldn't sit still, and I felt, you know, irritated and anxious and irritable and all of those things, and I—it was one of the most, like, self-aware moments of my life where I was like, "Oh, all of these people know me and they are aware of the concept that I have talked about anxiety, but they have never seen it in this way before and they have never experienced it, because—I mean, as far as I know none of them also experience anxiety."

And it was very—it was almost embarrassing! Like you say, like, "Yeah, I recognize I have mental illness, and I want to be open about that, and want to acknowledge it and accept it and work on it, and not try to avoid it."

But it's still hard in practice to not... want to hide that part of yourself, when you feel like it's a weird or abnormal or scary thing to other people.

**Sydnee:** Or—or a weakness, for me.

**Raleigh:** Or a weakness.

**Sydnee:** That was the big thing for me.

**Raleigh:** Yeah.

**Taylor:** And I—this is hard for me to talk about, but I feel like it makes sense in the conversation. I—you all know this, but I've never talked about it on the podcast. I struggle with self harm. It's something that I've done since I was a teenager, and I have blamed so much on my poor, sweet, innocent cat that has never raised a claw to me! [through laughter] He has been blamed for so many—

**Raleigh:** Jack... [laughs]

**Taylor:** —errant cuts. I know, it's not fair. And it's even—it's still one of those where it's like, you know—it's like—I don't—so much of it is hard to explain for

me, but it just comes with so much stigma and so much, like, "Oh, you do that for attention." It's like, "Well, then why do I hide it?"

Like, "Oh, you—you—I don't—like, it's suicidal." It's like, "It's not that." I don't know what it is, but it's a struggle, and it's something that there are better days—like, my first—one of my first tattoos, I should say—was to cover scars that I'd have from, you know, when I was an early teen. It was a very young thought when I was, like, 22. Like, "I'm gonna get this tattoo to cover these scars, and I'm never gonna do it again." Ha. [through laughter] That was—that was wishful thinking, but, you know.

It's being about to, like, recognize it, and I go to a therapist and talk about it. And just being able to *talk* about it and have someone say that that—like, not turn away, not speak to you in a hushed tone in response, has been so massive for me, to help me deal with that, to make me feel like it's not something that the fact that this exists alone, the fact that I do this alone makes me garbage.

Like, it's—it empowers the action, because it's like, "Well, if I do this, I'm—I'm a non-human anyway, so it doesn't matter, to try to fix it." To have somebody talk to you like a human in relation to something that is so hush-hush, it's, like, "Oh, it's not—it doesn't—it doesn't make me stop existing because I do this."

**Sydnee:** Mm-hmm.

**Raleigh:** I will say, in a very meta way as we end—or we near the end of this show, I think it is very cool and interesting and important that all three of us came from the same family and the same place and share the same genes, but we all have very different experiences with mental health and mental illness, and different ways to talk about it, and different mental illnesses and diagnoses and ways of coping with it.

I think that just shows that it's not, like—it's not a thing you choose. It's not, you know, something that's based off of just one thing that's happened in your life, and it affects everyone in some way, whether it's directly or secondhand or through, you know, whatever way it might.

It affects everyone, and it's something that, while we talk about it more, I still don't think is talked about enough, and I'm glad that we are contributing to the positive conversation of being very open and honest about it, and I think that's—that's really important.

**Taylor:** And that's a good point. I think more people than not would have a dialogue around this, related to their own personal experiences. I don't—I don't—I mean, there's three of us, and we all have experienced various forms of mental illness. I don't think it's that—I think it's way more normal, and that is such a...

**Sydney:** Mm-hmm.

**Taylor:** ... an important realization to come to. You know, it's, like, I feel alone, but I'm not alone in that feeling, and that's... in some way, empowering.

**Riley:** Yeah. That's why days like World Mental Health Day are so important! 'Cause sometimes you are in the middle of a depressive episode or an anxiety attack and you think that "I am the only person in the world that has ever felt this bad. No one else has ever been this upset or this anxious or this worried or sad."

But that's not true, 'cause people—other people do all the time, and probably no one feels 100% comfortable being totally open and honest about all of their, you know, personal struggles, but the more we talk about them, the more it helps other people feel less alone, and then those people feel more open to talk about it, and then it's just, like, a little domino, waterfall, ripple effect.

**Sydney:** Yeah. So we encourage you to, um, check in with yourself first. I think that's the first step.

**Riley:** Yes.

**Sydney:** Is to, like, take a second to check on yourself and say, "How are you, self? How are you today? How are you feeling? Are you *really* feeling that way? How are you feeling inside that you haven't said out loud, maybe?"

And then, if the answer to that question is, "You know, not so great." Like, talk to somebody. And it can start with just family or friends that you trust, people that you lean on, people that you can, like, bounce things off of and say "Hey, I think I'm not okay. Can I tell you about it?"

And then, you know, from there, talk to a doctor, talk to a counselor, talk to a therapist, talk to a psychologist, talk to—you know, reach out. Primary care doctors—I'm not plugging us 'cause I want business—

**Riley:** [laughs]

**Taylor:** [laughs]

**Sydnee:** —I'm plugging us 'cause we're—if you have no idea where to go or where to start, a primary care doctor is a great resource to ask. There's a lot that we do, and the stuff we don't, we usually know how to get you help for.

**Raleigh:** And I will say from personal experience, the idea of talking to a—'cause I've talked to a therapist for a while, but the idea of talking to a physician about mental health and, you know, medications for that and treatments for that, was so terrifying to me.

Thinking, like, "Oh—" even though I recognize illness is illness is illness, and medicine is medicine, the idea of talking to someone who has treated me in the past for, like... stomach bugs and colds and things like that, about *this*, I just expected the conversation to be like, "Oh no, just keep going to therapy. Keep doing what you're doing." Like, you know, "You'll be fine."

But I had the best experience. Just very, like, "This is how I'm feeling, and this is how I feel always, and this is what I've been trying to do, and this is what's helping. This is what's not."

And got a very, like, clear, logical answer and help from my doctor. So, you know, it seems very, very scary and intimidating, but I promise that it is—for the most part, and probably almost all of the time, a lot easier than it seems.

**Taylor:** Yeah. And if you've—if you've been someone that has had people not understand, turn away from you, judge you, treat you poorly because you've tried to be honest, or because of what you deal with.

First off, I'm so sorry, and secondly, you don't deserve that. And that is a failure of understanding on their part, nothing else. And you deserve to have people that understand you and listen to you and see all of you in your life.

**Raleigh:** And we all are here for you. If you feel like you don't have any of those people, maybe, right now, we are all here for you, and we love you, and we care about you, and we are rooting for you always.

**Sydnee:** So—so I guess for Coming Out Day, since we've all already come out—

**Raleigh:** [laughs]

**Sydnee:** —as not straight—[laughs quietly]

**Taylor:** [laughs]

**Raleigh:** We're coming out as mentally ill? [laughs]

**Sydnee:** Well, I—I was gonna say, I told you last year I was bi, so that's, like, old news.

**Taylor:** Old news! [laughs]

**Sydnee:** That's old news. So I guess I'm coming out as, uh, I had—I *had* postpartum depression. I don't still have it, 'cause I'm doing okay right now. I'm not on any treatment currently. I didn't get help, not because I didn't need it, but because I was, um... arrogant, and I didn't wanna look weak, and I didn't want anybody to think I didn't love my kid, and those were bad reasons!

'Cause obviously I did love my kid, and nobody would've thought that. But I suffered and struggled for a long time, and I'm doing fine now, but I really wish I could go back and tell myself, like, "Hey, why don't you tell *anybody*, literally *anybody* how you're feeling, and get some help, 'cause life doesn't have to be this hard."

So that's my coming out.

**Taylor:** I love you Syd, and I'm sorry that you struggled with that alone.

**Raleigh:** I love you too. Yeah.

**Sydnee:** Oh, well, I love you too. It's okay. I—I sh—you know, I should've known. [holding back laughter] I went to school for this stuff—

**Raleigh:** [laughs]

**Taylor:** [laughs]

**Sydnee:** I don't know—if you two want to come out, that was my coming out. That was mine.

**Rileigh:** Okay, is this what we're doing? I have generalized anxiety and depression, and I've been going to therapy now for almost six months, and starting taking medication to help with those issues. And I have anxiety attacks, and I have depressive episodes, and I have really, really bad days where I don't wanna get out of bed, but also feel super, super anxious, because I'm not getting out of bed, and have anxiety attacks because I'm not being productive enough because of my depression.

And I have felt this way for as long as I can remember, but it wasn't until this year that I felt like I could tell someone, and felt like it was something that was worthy of getting help for, and that my problems deserved help. So that's my coming out, I guess.

**Taylor:** I—I also have that fun, horrible tag team.

**Rileigh:** [laughs]

**Taylor:** They love to work together! [laughs]

**Rileigh:** They love to work together!

**Sydnee:** They really do.

**Taylor:** [through laughter] That anxiety and depression.

**Sydnee:** No, it's really true, though. I mean, they—in my clinical experience, a lot of people have both.

**Rileigh:** Mm-hmm.

**Taylor:** Yeah. I—we got that in common, sis. [laughs]

**Rileigh:** [laughs] Yeahh! [laughs]

**Taylor:** Yeah, and I've struggled with, I mean, self harm, suicidal ideations. I'm in a good spot, but I never wanna say "I used to." It's like, I don't—that's—that's presumptuous of me. I'm treating it actively, but yeah. And good old body dysmorphia. Hey, that one. That one could go away, but it doesn't. [laughs]

**Sydnee:** But, um—

**Rileigh:** And I love both of you, and I am here for both of you as your sister. As me, Rileigh.

**Sydnee:** I love you both too.

**Taylor:** I love you both too.

**Rileigh:** Wow. How touching.

**Taylor:** [laughs]

**Rileigh:** [laughs]

**Sydnee:** Well—[laughs]

**Taylor:** [through laughter] Okay!

**Rileigh:** It was very touching! I was just remarking on the—the tenderness of this moment.

**Sydnee:** We also sometimes have trouble with emotions, all of us here.

**Rileigh:** We do. That's—

**Taylor:** I mean, that's—that's like whenever you find out somebody else does any sort of comedy related thing. I'm like, "Oh, this is somebody I can talk about my mental illness with." [laughs]

**Rileigh:** [laughs]

**Sydnee:** Yeah. [laughs]

**Rileigh:** Exactly! [laughs]

**Sydnee:** "Ohh, I know why you made that joke. I get it."

**Rileigh:** "I get it."

**Taylor:** Oh, yeah.

**Sydnee:** "I've been there."

**Taylor:** Yep.

**Sydnee:** So thank you, listeners. And we really do, we encourage you to take care of yourselves, and if you are struggling or thinking "I might need help, but I'm not sure," reach out. That is usually a good indication that you should at least talk to somebody about it, and it can start with family and friends.

It can go from there to talk with your doctor, talk with your psychiatrist, your therapist, your counselor, whoever. Reach out. Get help. There is no shame. There is no reason not to, and there's no reason that you deserve not to live the happiest life you can, starting right away! As soon as possible. You know, you don't have to wait.

And thank you to Maximum Fun. For—

**Raleigh:** [laughs quietly]

**Sydnee:** —hosting our show.

**Raleigh:** [through laughter] Yes.

**Taylor:** [laughs]

**Sydnee:** And allowing us to be part of this network. There are a lot of other people on Max Fun who will say the same thing, and do, loudly and—and, uh, often, on their podcasts and on Twitter, so check 'em out.

And, uh, f—you can tweet at us @stillbuff. That's the thing I was gonna say. And you can email us at stillbuffering@maximumfun.org, and we will be in Brooklyn next week!

**Raleigh:** Yes we will!

**Taylor:** Yay, with me! I'm in Brooklyn now! [laughs]

**Raleigh:** With Taylor! Less than—well, Taylor's already in Brooklyn. Always in Brooklyn.

**Taylor:** Yeah. I'm always in Brooklyn.

**Sydnee:** Yes.

**Raleigh:** Um, I'll be there in, like, six days. Sydnee'll be there in, like... five days.

**Sydnee:** Is that right?

**Raleigh:** Yeah.

**Taylor:** And we're opening—what day are we opening?

**Sydnee:** Uh, that's what I was—[laughs quietly]

**Taylor:** [laughs] Is it Friday? Friday?

**Raleigh:** Um... either the 18<sup>th</sup> or the 19<sup>th</sup>? There's a show on Friday and Saturday?

**Sydnee:** We're gonna be there on Saturday.

**Raleigh:** Saturday the 19<sup>th</sup>.

**Sydnee:** Uh, October—

**Raleigh:** 18<sup>th</sup>.

**Sydnee:** —19<sup>th</sup>.

**Raleigh:** 19<sup>th</sup>.

**Sydnee:** 19<sup>th</sup>. That's the Saturday.

**Raleigh:** We're the worst. [laughs]

**Sydnee:** Correct?

**Raleigh:** Yes, Saturday the 19<sup>th</sup>.

**Sydnee:** Is it Saturday?

**Raleigh:** *Still Buffering* will be opening for *My Brother, My Brother, and Me* in Brooklyn! There are still tickets available for that show.

**Sydnee:** Yes. Just go to themcelroy.family. That's the easiest way to find out our tour schedule, and—or all the tour schedules, and then to see all the shows and where they are, and all that kind of stuff. But go, um... if you wanna see us opening for *My Brother, My Brother, and Me*, you should get tickets. We'll be at the Kings Theater.

**Raleigh:** [simultaneously] Kings Theater

**Sydnee:** Had to double check.

**Raleigh:** Yes. In Brooklyn.

**Sydnee:** Yes.

**Taylor:** That's the one!

**Sydnee:** Alright! And thank you to the Nouvellas for our theme song, "Baby You Change Your Mind."

**Raleigh:** This has been *Still Buffering*, a sisters' guide to teens through the ages. I am Raleigh Smirl.

**Sydnee:** I'm Sydnee McElroy.

**Taylor:** And I'm Taylor Smirl!

**Raleigh:** I am a teenager...

**Sydnee and Taylor:** [gradually lowering in pitch] And I... was... too.

[pauses]

**Sydnee:** Why did our voices get so low at the end of that?

**Taylor:** [deep voice] Tyoo.

**Sydnee:** [deep voice] Very lowww.

**Raleigh:** [deep voice] Too.

**Taylor:** I was trying to, like, catch you say it, and then it—that's just the reaction. I don't know.

**Sydney:** Well, okay. I thought it was spooky. [gruff voice] Too.

**Taylor:** Well, it's October, it's spooky endings!

**Sydney:** [gruff voice] Bwa ha ha ha haaa.

**Riley:** [gruff voice] Mwa ha haaa.

**Taylor:** [laughs] Arby's.

**Sydney:** [laughs]

**Riley:** Arrrby's! [laughs loudly]

[theme music plays]

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**Rachel:** Hi, this is Rachel McElroy!

**Griffin:** Hello, this is Griffin McElroy!

**Rachel:** And this is *Wonderful!*

**Griffin:** It's a podcast that we do as m— uh, we ma— we are married, and... How's the ad going so far, 'cause I think it's going very good.

**Rachel:** [laughs] We talk about things we like, every week on Wednesdays!

**Griffin:** One time Rachel talked about pumpernickel bread. It was so tight. You cannot afford to miss her talking about this sweet brown bread.

**Rachel:** We also talk about music, and poems, and, you know, weather!

**Griffin:** There was one—[incredulously] *weather?*

**Rachel:** [laughs]

**Griffin:** One time Rachel talked about "Baby Beluga", the song, for, like, 14 minutes, and it just really blew my hair back.

**Rachel:** [laughs] So check us out on [Maximumfun.org](http://Maximumfun.org).

**Griffin:** It's a cool podcast with chill vibes. [holding back laughter] Amber is the color of our energy, is what all the iTunes reviews say!

**Rachel:** [laughs] They will now!