

Sawbones 233: Our Mental Health Stories

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Intro (Clint McElroy): *Sawbones* is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax, and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

Justin: Hello, everybody, and welcome to *Sawbones*: a marital tour of misguided medicine. I'm your cohost, Justin McElroy!

Sydnee: And I'm Sydnee McElroy.

Justin: Welcome... to... a very special episode of *Sawbones*. It's hard for me not be—[wheezes] like, wicked goofy at the beginning. I guess—well, there's not—well, this is not gonna be dour. We're not gonna have a dour episode. But we're—it's a little more—

Sydnee: No, but it is more serious.

Justin: —more serious, more personal.

Sydnee: Mm-hm.

Justin: We, uh... and maybe overdue. I don't know. Maybe. I don't know.

Sydnee: We—so—

Justin: We're not breaking up like that one YouTube couple.

Sydnee: No.

Justin: No—no—no worries there.

Sydnee: [laughs] Wh—why is it when you said, "Maybe overdue," that's the next thing that came into your mind? [laughs]

Justin: Well, because they waited a long time to... oh, Sydnee.

Sydnee: Oh, okay. I—I don't know what you're referencing, but I'll take your word for it.

Justin: Rileigh will. Ask Rileigh.

Sydnee: So, we have used—we have—we have—on *Sawbones*, we usually talk about medical history. Uh, but occasionally we share more personal stories that are... medical, uh, adjacent—our birth stories in particular—uh, when they're relevant, maybe to... current issues, or topics that are important, or things that maybe by talking about, especially as, um... as people who have kind of a platform, maybe by talking about them, we help destigmatize them or make them a little more approachable, and that's what this episode is about.

Justin: Um... so, yeah. And—and obviously, if you—if you—we don't wanna dwell on this too much, because there... I don't necessarily think of these as the same sort of—like, hat in hand, it's definitely what sort of got us thinking about it, but, um, there have been several high-profile, um, suicides in—in—as—as you, I'm certainly have—have heard.

Sydnee: Mm-hmm.

Justin: And, um—and this is not to—we are not trying to prescribe—like, we say that in the disclaimer, but think that it's doubly important here.

Sydnee: Mm-hmm.

Justin: Um, and we're certainly not trying to, uh, indicate, you know, what other people were feeling at any given time. We're not really trying to do anything.

Sydnee: Right. We have—we have no idea.

Justin: No idea. No idea. And—and there's no judgment here. It is literally just us talking about our own stories. Because we do feel like, regardless of anything else, um... destigmatization of mental health is important, and people wouldn't feel hesitant or awkward about talking about breaking their legs or, you know, whatever. IBS? [laughs quietly] So—

Sydnee: Sure. Well—

Justin: Well, maybe—

Sydnee: —maybe IBS.

Justin: —maybe IBS.

Sydnee: But definitely, one concern is that the stigmatization of mental illness prevents people at times from seeking care.

Justin: Right.

Sydnee: Because of the concern of what everybody else would think of them. And the hope is that if we... you know, if we all are a little more open and share our stories, that we'll realize eventually that a lot of us have struggled with—with mental illness before, and then maybe it won't be... you know, something you feel you need to hide.

Justin: If you can see that even your podcasting heroes—

Sydnee: [laughs]

Justin: —have chinks in their mental armor, um, then maybe... maybe there—there is—there is a way for you to—to get help, if you need it.

Sydnee: So, obviously let this serve as a—as a trigger warning.

Justin: Uh, for sure.

Sydnee: For the rest of the episode. We're both gonna be sharing, um, our personal issues in the past, uh, with mental health, and if that is something that is triggering for you or you don't want to listen to right now, totally understandable. But that—that will be the episode, so.

Justin: Yeah. Um, so, let's start with you, Sydnee... uh, McElroy. And—and I—let me ask you before we... actually get into it, um, about your own sort of... feelings about talking about mental health, because as a—as a physician, I think there's an extra level of sort of stigma, even some institutionalized, that goes along with it.

Sydnee: There definitely is. It's—it's a little hard for me—and—and let me clarify. I encourage people, on a daily basis, in my job to talk about their own mental health issues, uh, with me, constantly. And I encourage people to talk to their networks of support, so it's really easy, I mean, for me to say, "Of course I want everybody to feel open and talk about it and share this information," and I certainly want people to with me, if I'm their doctor.

Um, but to flip that around and say, "How do I feel about talking about my own issues in the past?" It's really difficult. Um, I feel—I feel kind of hypocritical, because one, I am supposed to be... a sounding board for other people, to help them come to terms with what they might be struggling with and find a path to healing. And as such, it is difficult for me to admit that maybe I don't always have it all together.

And then there's also the concern within the medical world that, um, if you—if you are part of certain kinds of support groups, as physicians, as medical professionals, some of that stuff can be reported to licensing boards. Um, and that—that—that's the kind of thing you have to report forever, when you—'cause I renew my license every other year. And that's a little concerning, if you are worried that people on the other end of that might judge you, or deem you not suitable to be hired, or something.

So... it's a little concerning, as a medical professional, to kind of reveal those things. And I think it keeps a lot of people in the medical world from seeking professional help when they need it.

Actually, there—I just—we just did a faculty retreat where we talked about physician burnout, and an astounding number of physicians in this country are experiencing severe burnout.

Their coping mechanisms—if you look at the ways that doctors choose to cope, the majority of them are incredibly unhealthy. Um, not all. Exercise is on there. But the majority of them are unhealthy.

And the likelihood that they will seek help is fairly low. And it varies from profession to prof—like, specialty to specialty, but it's fairly low.

Doctors are suffering, and they're suffering silently, by and large.

Justin: When, um... I don't know exactly how you would typify your own, um... uh, struggles with—with mental health, but when—at what point would you say you realized, "Hey. Something is off, uh, here."

Sydnee: I would say—I mean, I think we can all look at different moments in our life where in retrospect, we go "Ooh, I was really struggling with—with this or that at the time."

But the thing I think I feel most compelled to share, that has affected me the most, uh, was actually after our daughter Charlie was born.

Um, I had had... probably depression when I was younger at times. Um, not really formally managed much, or diagnosed, or... um, treated... [laughs quietly] in any way.

But after Charlie was born was the first time that I really realized something was wrong. I think a lot of it stemmed from the fact that—and this is a common story you'll hear from people who have given birth, and maybe things didn't go as they had hoped they would go.

I think that was the—the beginning. Um, and we have a whole episode about it, so I won't belabor the point, but Charlie's birth was scary, and I had a C-section that I did not plan on, and I, um, had to... spend a lot more time away from Charlie in the beginning, because of the NICU experience, and it was all very scary and stressful.

And when we finally got home, while I felt a great deal of relief, I also felt... initially, mainly anger.

Justin: Mm-hmm.

Sydnee: A lot of anger. Uh, I felt like something had been taken from me. Um, an opportunity, a chance, an experience that I had expected, that I felt like I was entitled to. I made it through the whole pregnancy. [laughs quietly] It was very hard. Uh, I was very swollen.

Justin: [laughs]

Sydnee: I was ready for—I was ready for what—I was ready for the birth experience! And—

Justin: You were only havin' a couple beers a night, and it's like—

Sydnee: [sarcastically] Ha ha. Uh, I wasn't. Let me clar—I was not. And I—I was ready for that, and I didn't get it. And then Charlie was taken away from me and kept away from me, and I couldn't touch her like I needed to, and all of my—every instinct I had, everyone my life was telling me—not everyone in my life—all the people who were in charge of my daughter were telling me that it was wrong.

And I... and I felt so angry. And then I felt guilty for feeling so angry, because here—I'm sitting there in my home, with my husband and my daughter who, thank goodness, was fine at this point, who was fine and perfect and wonderful and we had wanted so much for so long, and I'm looking at her, and instead of just feeling love and... elation, and gratitude, I was feeling anger.

And then under the anger, there was this nothingness. This, just... nothing. No happiness. No joy. It was just this... pit of rage, and at the bottom of it was nothing. And it—it kind—it crept up on me at first.

I knew that I was angry, but it wasn't until several weeks after Charlie was born that it really started to eat at me. "I'm not happy." And I'm acting happy, and I'm talking happy, and I'm saying I'm happy, and I'm smiling and I'm making baby noises and I'm doing all the things I'm supposed to do, and underneath it all, I—I've got *nothing*.

Justin: Mm-hm.

Sydnee: And—and I didn't want to tell anybody. I didn't—I didn't want to tell anybody, because I thought people will—people will look at me and say, "You monster. How could you feel that way? Look at your child! You gave birth to this child! What is wrong with you?"

Justin: [hums]

Sydnee: Um... and, uh—and—[sighs] going back to work when I did only compounded that.

Justin: Yeah, you started back about... what was it? Six... eight weeks? It was shorter than—than—

Sydnee: Yeah, about six—six or seven weeks, because a week of it was gone to the NICU.

Justin: Right, yeah.

Sydnee: You know? Sometimes people call maternity leave "vacation." [laughs quietly]

Justin: [laughs]

Sydnee: And I always think about that first week of my first maternity leave, and I wanna say is—that's a vacation to you? [laughs quietly]

Justin: How—um, how did—how did it sort of impact your—your daily life, such as it was?

Sydnee: Um... I think—I think for a while, I was... the numbness is what overcame everything. I mean, I just—I just went through all the motions. I just kept doing the things I knew I was supposed to do, and anytime I would start to really get—like, really start to face how, um... nothing I was feeling.

I was feel—what it was is anhedonia. That's what I was feeling.

Justin: [laughs]

Sydnee: Well, that's the—

Justin: Okay.

Sydnee: —that's the term for it, and I know that now. Like, I knew that at the time, but I wasn't able to put a word on it.

Justin: What does—what does that mean?

Sydnee: It was the inability to feel pleasure.

Justin: Okay.

Sydnee: I just couldn't. I could—I couldn't. No ma—things that I loved, that I enjoyed, my daughter that was my world—I could not feel joy. It was impossible. It was just—it was beyond my reach.

Um, obviously, I didn't—I mean, the other symptoms of depression were there. My energy was low, but I blamed that on the fact that I was up every two hours breastfeeding, so of course my energy is low. And I was working an almost full time job that's incredibly emotionally draining sometimes. Of course I have no energy.

And my eating and sleeping habits were all over the place, but we had a newborn, so... of course.

Justin: Right.

Sydnee: And I was tearful a lot, but... I'm emotional. I just had a baby. Of course I feel that—I mean, I wrote—I did all the things that I—I can easily see in another person when they're telling it—when they're me these things, I can easily see through the ruse and say, "You are depressed, and you are trying every way in the world to write it off and talk yourself out of it, but this is what's going on."

I did it all. And I let myself ignore it. And I think the main thing that started interrupting my life was really the... it wasn't just anger. It was rage. I mean, that—I felt... [pauses] I felt—there were times where I would lay in bed at night, and I would be... awake, staring at the ceiling, just furious. Just, like, clenching my teeth, clenching my fists... I—I mean, just, every... as tense as could be, as if I was in the middle of a screaming match or something.

Justin: You're—I'm not obviously looking for names here, but was that targeted at certain people? Or was it just sort of a general feeling?

Sydnee: Sometimes it would be targeted at people. Um, I would have... I used to do this in the shower all the time. As soon as I would get in the shower, I would start imagining what I wanted to say to the people who I felt had made that whole experience so... so scary, and so... not what I thought it should be.

And I would—I would work myself up as I was showering, thinking about—"I would say this, and I would say this, and then I would make sure to make *this* point."

And by the time I'd get out of the shower, I would be—instead of—you'd think, like—especially as, like, a new mom, like, what a relaxing escape. [holding back laughter] I'm gonna go in and take a shower.

And I would come out of the shower.. just seething. Just—and it—I mean, that was under the surface all the time. It was hard at work, because there's a lot in what I do that becomes stressful. And that—you have to have your emotions in check, and I had this, like... after a few months, I had this simmering anger underneath the surface all the time.

Justin: Uh, we touched on part of the reason a little bit, but broadly speaking, um... why did you decide not to seek, uh, outside help?

Sydnee: I think there were several reasons. Uh, other than what we've already talked about. One, the major one was just I really felt a lot of shame... that I was—that I felt that way.

I felt incredibly... in—uh—I felt incredibly guilty. I thought that I was betraying Charlie in some way, to admit that I was anything but ecstatic. And—and every time I would start to have those feelings, I would just hug her tighter, and hold her, and kiss her, and sing to her, and tell her how much I love her, and... like, anything to try to hide the way I was feeling from her. As if she knew, but that—that—that was the biggest thing. And—[sighs]

I mean, the other part is the—the thing everybody uses as an excuse for not taking care of themselves. I just felt like I didn't have the time to take care of myself. I didn't have the time to put myself on the list of things to do.

Um, I was working so much, and... trying to be a full-time mom when I wasn't a full-time mom. I was trying to do it anyway. And I was so stressed about... that—getting—anybody who's breastfed, that whole keeping up with demand and making sure that you're pumping enough for when you're not there, but that you're not pumping too close to coming home so you have milk when you come home, so you never have that moment when your baby's trying to nurse and you don't have milk for 'em, 'cause that feels awful.

That whole thing is so stressful, and the idea of taking an hour out of my life to go talk to a doctor, talk to a therapist, do any of that—it just seemed insurmountable.

Which is an excuse. It's an excuse. I mean, I—and I recognize all that now, because I'm fine now. I didn't have this problem after Cooper was born. I—I feel good. I feel the normal stress, I feel the normal... worries and anxieties and fears, but nothing beyond that.

Justin: How did you get to that point?

[pauses]

Sydnee: I—I mean, I—I would love to say that there was... something that turned it around. Um, I think it was—I think I did it the hard way. Not that there's an easy way. I don't mean that there's an easy way.

I think I did it the way that I would never advise a patient to do it, which is, I just... hoped that I would get better eventually, I gritted my teeth, and I... talked about parts of it with you, and with my mom. *Parts* of it.

Justin: Yeah.

Sydnee: Um—

Justin: There's a lot of this that's worth mentioning that I am—I am hearing for the—the first time. Now.

Sydnee: The—the stuff that I didn't talk about, the stuff that I was really embarrassed to be feeling, um... I just—I kind of followed that "Fake it 'til you make it" kind of thought process. "If I just keep pretending that I'm okay, eventually I'll be okay."

And, I mean, luckily, I *was* eventually okay. But I think it—it's worth saying, if anyone else is considering, like, "Well, maybe that's the best way to deal with this," it's not.

I lost so many days when Charlie was little to that. I mean, I was there, but I wasn't there. I—there are chunks of time that I don't even feel like I remember well, because I was so... I was just—I was on a razor's edge all the time, of not functioning. And—and I think I lost a lot of happiness that I could've had in that period of time.

Justin: How would you differentiate—obviously something really terrible happened to you, and this is... and—and you've talked about how you sort of emotionally responded to it. Um, how do you differentiate, or *do* you differentiate, sort of the way you were feeling—how does it cross a line into... mental health, mental illness, outside of, "You are upset. You are upset about something."

Sydnee: I mean, I think the biggest thing was that it—it ate into... all of my time and all of my feelings, constantly.

Justin: Mm-hmm.

Sydnee: I mean, I was consumed with it. I was obsessed with my anger and my frustration, and I, like—and I had the symptoms of depression. Like I said, I was—I was sad. I cried. I, uh—you know, I—like, I had no energy. I couldn't—I lost interest in things that I cared about. I couldn't feel pleasure anymore. I... I mean, all the things that make up depression... all of that with the exception of—and I should say this, too—I never had thoughts of hurting myself. That was not part of it for me.

The—the darkest parts for me were in acceptance—the hopelessness, I should say that. The hopelessness. "I will never feel better again."

Justin: I mean, that's the problem with—with mental health, right? Like, your brain is the only one that you have. You don't have a second one to process... your mental state. And so for you, it could seem like, "This is all life is from now on."

Syd, what do you—when you look back at that time now, um—and I'm not even really asking, like, what advice you'd give to other people in the same situation, because you—nobody—

Sydnee: I would've given people the advice to not do any of the things I was doing up to that point.

Justin: Right. Don't—

Sydnee: I do. I constantly give that advice. Don't—don't do what I was doing.

Justin: But what—what do you honestly—right here and right now, what do you wish that you had done differently?

Sydnee: I wish—I wish I would have started out by talking to you. I wish I would've told—'cause I feel like, uh, I was not gonna go seek help on my own. But I think if I had told you honestly how I was feeling, you probably would've made me. [laughs quietly] Um, and I mean that in a good way.

Justin: Was that a fear?

Sydnee: That you would make me?

Justin: Yeah.

Sydnee: Yeah. Yeah. 'Cause I didn't want—I didn't want to admit it was a problem! I didn't wanna say it like it was something to be diagnosed with. I wanted it to be "Well, I'm just having a tough time right now, and it'll be fine."

Justin: Mm-hm.

Sydnee: And that was the end of it, and I really didn't wanna—and I also kind of thought that as long as I wasn't having any thoughts of hurting myself, "Well, then it's not worth bothering with. I wouldn't do that. There's no way I would do that. I'm terrified of that. This child needs me so much. So as long as I feel that way, I guess I'm fine."

I rationalized it. I mean, it... you can talk yourself into and out of just about anything, if you really want to. And that's what—that's what I did. I talked myself out of believing it was a problem. I talked myself into believing that I had it under control.

And none of that was true, but I was able to rationalize it and I—that's what I would do differently. I wish—I wish I could go back and tell you honestly how I was feeling, because then I think you would've forced me to—[laughs quietly] to go talk to somebody, and I think I would've gotten through things a lot faster and with a lot fewer days lost to sadness if I had talked to somebody about it.

Justin: Uh, we are gonna talk about, uh, Hoops, and kind of my thing. Uhh, not super lookin' forward to it, but that is what we are here to do, so that is what we shall do. But first, Sydnee... I am going to carry you—here, hop on my shoulders. We're heading over to the billing department.

Sydnee: Let's go!

[ad break 24:05 to 27:12]

Justin: Alright. I'm ready. You were in the hot seat... for a good long while.

Sydnee: That's right. So, Justin.

Justin: Yes.

Sydnee: I think you have been a little more public about—about your—your struggles with mental illness in the past.

Justin: Try to be! Try to be.

Sydnee: You—you've—I think anybody who follows you on Twitter has heard you reference it before.

Justin: Yep.

Sydnee: Um, but I don't know how in depth you've—you've ever.. talked about things.

Justin: Umm... gosh. Okay. So, the first time that I knew something was up, I was a little kid, actually. And I was, uh, lyin' in bed, tryin' to go to sleep, and my parents were tryin' to get me to sleep, and I was probably, like, 11 or 10. And, um... I have a very clear memory of this.

I was crying. And my parents kept asking me, like, "What's wrong?" Like, what was wrong? And I told them that I had a lot of quests in *Final Fantasy*. Like, so many quests that I had to worry about, and I had to finish.

Sydnee: [laughs]

Justin: I had a lot of quests to finish in *Final Fantasy*, and that is what had stressed me to the point of tears. And I think that that's when I was like, "Aw, man. Somethin's... somethin's off. Somethin's not right."

Um, but I would say that—so I was always sort of, like, definitely a socially anxious person. Um, that's not really part and parcel with what we're talking about, but in my head they're kind of related. There's this idea, um, that fuels a lot of my anxiety, of things are definitely gonna be bad, and they're definitely gonna go a lot worse than they ever will, and that's—I think that feeds into the social thing, right?

Sydnee: Mm-hm.

Justin: For me it's always about, like, "What if I say the dumbest possible thing at the worst possible moment and it—they scream at me and yell at me and call me an idiot?" So.

Sydnee: Sure.

Justin: So I—I—

Sydnee: Which is—which is why you—is that why you always bailed on parties the way you did?

Justin: Uh, yeah. I kind of felt like if I could string together a solid 45 minutes, then I—I should just quit while I'm ahead, pretty much.

Sydnee: Just—Justin was known, classically, for disappearing in the middle of a party. We just—you'd turn around and it's like, "Wait a second. Where'd Justin go?"

Justin: "Where'd Justin go?" Just dipped. Um... but I did not actually seek medical—or sort of, like, any sort of intervention until, uh... the stress just got—and I guess stress—'cause I had almost kind of forgotten that this happened, but, um, this was about—I mean, almost 10 years ago at this point.

Where, um, I was really worried about... I started worrying about mortality a lot, and, uh, it was just before we were gonna go to Honduras for a month. And, uh, I was really—it was like a completely different experience. Something I've never sort of gone through anything like that at that point in my life, and hugely

stressed about it. And it triggered this sort of, like, mortality panic. And, uh... that was really—that was something that I really struggled with.

In hindsight now, looking back on that specific factor of my anxiety, I kind of see that as, like, a very... normal, human thing to go through? I think it's something that everybody kind of has to go through. Not on the level that I went through it, for sure.

Sydnee: Yeah. I think—I think there were definitely—'cause I don't know if you remember in particular when *I* first reali—you probably didn't know. When I first realized that you really—there really was a problem.

Justin: When?

Sydnee: What you used to do.

Justin: What?

Sydnee: You used to wake—you used to wake me up at night to make sure I was alive.

Justin: Yeah...

Sydnee: There was a while where you would wake me up periodically, because you were checking to make sure I was breathing.

Justin: Yeah...

Sydnee: And that—and I remember—

Justin: [holding back laughter] That's probably not typical behavior. [laughs]

Sydnee: No. No. Well, and that—that was when it first occurred to me, "Uh, I think—I think some—" this has gone beyond "Oh, Justin's just kind of anxious today," to "Justin has anxiety. There—there's something going on."

Justin: So, I, um... I, uh, sort of got it under control for a little bit. Uh, and then I... we found out we were pregnant. And so... I actually didn't think about this pattern until we—we decided we were gonna record it, but Claire Weekes, who's an Australian therapist, talks about—and she sort of wrote about anxiety before

we even had the term "anxiety." She calls it, like, "sensitization," I think? You become very sensitive to things.

And she says that, um, the... uh... that there's a—she has this idea of a sensitizing event. Something happens in your life that makes you—that—that can trigger a sort of, you know, outbreak, I guess, of anxiety.

Sydnee: Sure.

Justin: And I think that, like, definitely that trip to Honduras at that point in my life, and—and the thing with the... if you have ever been, uh, pregnant, or the partner of someone who is pregnant, or close to a pregnancy at all, you will know that, like, especially the first 12 weeks of it are this—it was this constant panic for me. It was a constant—every time you would yell for me, I was sure that something had gone terribly wrong.

And that was, like... I think if you put yourself through that level of stress and that level of anxiety over and over and over again, um... for me, at least, it—it really triggered the anxiety something really bad.

Sydnee: Mm-hm.

Justin: Uh, and it was—it was brutal! Like, we—for me, at that point, it didn't necessarily manifest as much from the—it was definitely some of the mortality panic. I had a lot of fear of, um, like... like, global catastrophe, I think. Be it, like, war or climate change or whatever. You know, that is something that, like, I—you know, I'm—I'm—I still suffer with, still don't like dwelling on too much.

There is—honestly, as I'm talking about it, I'm getting sort of, like... a little bit... anxious talking about stuff, because there's—I've been in a good place as of late, and it definitely, like, makes me worry—like, I don't know. It makes me nervous to talk about stuff 'cause, like, I weirdly fear that I'll, like... go—like, get anxious again. I don't know.

Sydnee: No, that—but that makes sense, because, like you pointed out earlier when I was talking about the hopelessness that you feel with depression, there—when you really accept that that's what's happening, there is a moment where you feel like it's—it's completely out of your control.

Justin: Mm-hm.

Sydnee: Like, it's something that happened to you, and you have no... with that hopelessness comes a feeling that you—you have no control over it. There's nothing you're gonna be able to do.

That's not true. There are things you can do, obviously. But there is that feeling, like, "Oh my gosh, what if this comes back?" And there's nothing I can do about that.

Justin: Um, for me, I—I decided to get help when, um... it started to be sort of like an everyday... not just an everyday thing. An every-moment thing. I really—I had trouble formulating thoughts that were outside of these fears. Um, and it was impacting me, sort of every single day.

And I—the thing that was hardest about—the thing that's hardest about it now, looking back, is... I know that the reason you didn't talk to me about some of the stuff that you were going through is that these two periods kind of overlapped. And I think that there was definitely a part of you that felt like you couldn't... talk to me about stuff, because of what I was going through.

Sydnee: I think there's truth to that. I think—I—I don't wanna sit here and—I don't wanna beat you up for that, 'cause I—one, that wasn't your fault, and two, I still don't know that I would've talked to you about it. I still don't—even if you had been 100 percent fine and at your best, I still don't know if I would've talked to you about it.

But—but yes, I was—I was a little gun-shy to bring up touchy things with you, 'cause I knew—well, I saw what that did to you. I would make an offhand comment about a news story, and that could really send you down a spiral.

Justin: Mm-hm.

Sydnee: And...

Justin: Yeah. It was—it was bad. I... uh, I, uh, eventually, after a few months of dealing with this—and this would've been probably around March... or so of 2014, a few months before Coop was born. Uh, March of 2014. And... I, uh... I just got to a point where I had to get help, and I started going to therapy, and I started going once a week, and it was... really helpful for me.

That worked really well for me. Um, and I did other things that helped, too. Um, I tried to exercise a little bit more. That's tough because I just don't like doing it. Um, and it's hard to physically just do that. It sucks... to exercise. So that's not, like, a great cure, I think. I think it's helpful for some people, but—and it was helpful for me! It's just, like... "Hey, you feel bad. Do you wanna feel worse? [wheezes] But then feel better later?"

Sydnee: But don't—give yourself more credit. You did something that a lot of people are afraid to do, which is—

Justin: Run.

Sydnee: —you—no.

Justin: [wheezes]

Sydnee: You tried things.

Justin: [through laughter] Half of couch to 5K.

Sydnee: No, you tried things. You weren't afraid to try things. Um, more so than I am in that regard. I mean, you started doing yoga.

Justin: Yeah. Uh, meditation was extremely helpful for me at that point. Um, and I am by no means an anxiety expert. I certainly am not a mental health expert.

Um, I can say the things that help *me* are, one, I am always somebody who... and this is kind of part of the family I grew up in but, like, always kind of thought, like, if I didn't feel happy, something was wrong?

Sydnee: Mm-hm.

Justin: And the fact that I was feeling anxious about having a kid, or anxious about the state of the world—both of which are, like... fair things to, I think, be concerned about, if nothing else—

Sydnee: I would think—yeah, I would say.

Justin: Right? Um... but the fact that I was concerned about them was a source of more anxiety for me. "Why don't I feel happy? Why don't I feel good?"

And—and that is a—that was a self-perpetuating cycle for me. It was... the more anxious I got, the more anxious I felt about being anxious, and the more, uh... and it's almost like it became—and it's funny—you know, we talked about—you mentioned obsession and obsessiveness, and... it felt—this is—it is not, like, obsessive compulsive disorder, but it is—I think the way your brain is unable to let go of these problematic thought patterns can feel like obsession. It can feel like—even if you're in a good moment, it's like, "Woop!" Like... it can be pulled back from you right away.

Sydnee: It's almost like having a song stuck in your head.

Justin: Wow, that's a great way of putting it, yeah.

Sydnee: Every—every time my brain would—would rest for a second, when I wouldn't be actively involved in something—the shower is the example I always use, but anything like that. I would get right back into anger and rage and sadness over Charlie's birth again. I mean, right back there. It was like—it was like it was in the back of my head playing constantly, and when everything else got the volume turned down, I could hear it again.

Cooper: [fussing quietly]

Justin: Um, I think for me it got better, uh, when I did a few things. One, really made—having the realization that it is okay to feel afraid sometimes and, like, *accepting* that, versus trying to think your way out of being afraid, which is what I was doing, and burning myself out in a big way. Like, I think that that was hugely important to me.

I think the, like—the meditation and the therapy were both really good for me. Um, honestly, being able to find things that let me turn my brain off for a little while—I was worried at first where, like, escapism or, like, escaping from the problems, but for me, listening to, like—this was a time period at which I binged, like, all of *The Worst Idea of All Time*, and I binge-watched, like, *Kermode and Mayo's Film Review* show from BBC.

And I would binge these shows and, like, it would keep my brain in a certain place, and if I—I found if I strung enough of those together, then I had the

mental wherewithal to—it was sort of like, um, coming in from the cold for a little while. And, like, you're all warmed up and you're like, "Okay. I can handle the cold for a little bit now. I'm warmed up. I got my hot cocoa. I'm ready to go back out there."

Sydnee: [laughs]

Justin: And that's what it felt like for me. And then eventually I found that I could string more of those days together. And even now, talking to you, I'm trying very hard not to use words like, "And so it's better, and so it's all fixed," because it's—for me, I know that living with anxiety is something I will live with my entire life, but also, the fear of... the fear of... falling back there? I can't have that fear. I can't have that fear of going back to the place where I was afraid all the time. You know what I mean? Like, I can't be afraid of it, so I'm not trying to build myself up on a high horse.

Sydnee: Well, and I think—I think part of the reason that you can stave off the fear is that you have tools now.

Justin: Mm-hm.

Sydnee: You know? You have found things that help. You know that there are things you can do. And even... even if maybe those exact things don't work the same way every time, you know that something helps.

Justin: Mm-hm.

Sydnee: I mean, that belief that there are things you can do to help is key.

Justin: And even that, honestly—I mean, I—I also started, like... uh... taking medication. Not, like, a—it was more of a take-as-needed kind of thing. Uh, not an... how—

Sydnee: Well, you had—and you didn't really touch on this, but, you know, my—a lot of my symptoms were very much, uh, my mood.

Justin: Yeah.

Sydnee: And there were things that you couldn't see.

Justin: Mm-hmm.

Sydnee: Uh, you had physical symptoms of anxiety. Anxiety and depression have physical symptoms that we don't talk about a lot. We tend to assume it's something else, but that—it is a—your mind and your body are obviously connected. One kind of encases the other. And you—you had physical symptoms of anxiety.

Justin: Mm-hm. Uh, yeah. So I—I found that being—knowing that I had some medication that helped that I could take as needed was also really helpful for me, because it gave me something that I hadn't had for a long time, and that was a sense of control.

Um, this was a time period also where I was drinking too much. I was drinking—having two or three drinks a night. Um, and that's—I mean, that's not, like... uh, *extremely* detrimental to your health, but it didn't make me feel great, and it's not great for, like, your long-term health. Um...

Sydnee: No. It's—it's obviously not the best way to cope.

Justin: I feel like I've been talking a lot. Can you ask me another question to get me back on track? 'Cause I feel like I'm just, like, rambling at this point.

Sydnee: Uh, well, you said that—and I would agree, I don't think it's good to say, "Everything's fine," but you are doing a lot better now.

Justin: Yes. Currently.

Sydnee: Currently.

Justin: Yes.

Sydnee: You're currently doing a lot better. And do you think that there are ways that, like, you can advise to maintain that?

Justin: Um...

Sydnee: How do you keep it in check? Or at least be aware when it's not in check?

Justin: Um... being able to take... knowing when—seeing the signs of a—a period of anxiety coming, and seeing those signs and taking the steps that I need to take care of it then.

Um, I mentioned that I'm doing better, and even with I'm doing better, uh, I'm still, like, going to therapy somewhat, and it's for—it's, like, in a different... it's not in the same context and it's not in the same lens, but for me it's really helpful to, like, have a checkup mentally every once in a while and just see how things are goin'.

Because, again, this is the thing. It's your own brain is the thing that is sick. Your brain, the thing that, like, helps you figure out how you're feeling, is the thing that is not working properly. And that is, like... that's—that's tough! Like, that's—a lot of your body has to work together.

Um, I try to meditate. I don't really have the time to as much. Um, I found that having, like, a lot of things that I'm working on has been helpful to me. Um, this is gonna be wack, but I've realized that if I'm having periods where I'm playing, like, what are probably an unhealthy amount of video games, like, I find that my anxiety gets really bad, because I start to get that... sense that, like, "Oh, I'm wasting my life minutes, and that's—" you know, "I'm gonna die someday, and I should really—" you know, that kind of thing. So I try to be careful about stuff like that.

Um, breathing and—and, uh, meditation. A lot of mindfulness. That was really helpful. Um... but I don't know. It's different for everybody. I mean, I—I—I... it—it sucks bein' there. And, like, I know. I know it sucks.

I've talked to people who are there, and it's like, I can see... it's so strange to know what they're feeling, but not really be able to *get* it anymore? And that's the problem, I think, with talking to people that aren't going through exactly what you're going through, and aren't sort of, like, licensed therapists or anything. Is, like... they can sort of get it, but you're not talking about "I'm so mad because this person did this thing to me."

Sydnee: No.

Justin: "What can I do to fix it?" Right?

Sydnee: Exactly.

Justin: It's—it's "I'm so mad because I'm so mad, and... what do you think?"
[wheezes]

Sydnee: Yeah.

Justin: Like, you know? Like—or sad, or scared, or whatever. Um, but I don't hold either of us up. I am probably more inclined to... [pauses] the thing that—I am, to an unhealthy degree, vigilant about anxiety, because I never want to be in the position that I was at when *you* felt like you couldn't... rely on me.

And that makes me feel very vigilant about anxiety, and that makes me take it very seriously, because I don't wanna be in a position where I can't be... what you need me to be. Um, and them, too. I mean, the kids. Like, that is no good to have a dad who isn't present. And when you're anxious in the way that I'm talking about, you're not. You're not present. You're in your head. Um, and I—I don't wanna be there for—for you all.

Sydnee: Well, I—I appreciate that. Like I said, I don't—I—you are not at fault for any of—any of my, um, unwillingness to seek help, because I think of the two of us, you def—like, you did it right. [laughs quietly] Of our two stories—

Justin: Uhhh... I got a little silly. I mean, I—

Sydnee: Of—of our two stories, you did it right. I'm—I'm the cautionary tale.

Justin: [simultaneously]—maybe—maybe closer to right. I don't know.

Sydnee: 'Cause I didn't. I didn't, and I should've—I should've sought help, and I didn't. And I—

Justin: It had to be a little bit irritating, though, to have somebody who was, like, that sort of focused on themselves. Like, a little bit. Especially when we had—

Sydnee: No, there—

Justin: —a kid, and we were both kind of pushed to the limit. I can't imagine that there were—when I was like, "Hey, I need to go sit in a dark room for five minutes and breathe." And—that had to be a little bit frustrating.

Sydnee: No—there were moments. Of course there were. Of course. If there were days where I was overwhelmed and—and it was—you know, Charlie wouldn't sleep or whatever, of course there were days where I just thought, "I can't—please, I need you right now!"

Um, but I also—I needed you in the big sense. I needed you to be okay, and whatever you needed to do, whatever I could support you in doing to get you to a place where you were doing well and you were feeling okay, that was the big picture, and that's what I stayed focused on.

And I think that's what I—I would say, if there's anybody out there listening who's like me in that your inclination is never to take care of yourself—that's—I don't know if it's how I was raised, I don't know if it's how society programmed me, I don't know if it's me. But I—I never think to put myself—not only first, but, like, on the list of care.

If that is how you are, um... you know, please—please remember that you can't—it's cliché. You can't take care of other people if you're not okay, and that is the thing that really motivated me to be open with how I was feeling, and to think about how I was feeling, and to really be in touch with it when I was pregnant with Cooper and when Cooper was born, is because I so wasn't when Charlie was born.

And I—she was old enough for me to look at her and think, "I don't want to go away after I give birth this time," which is what I feel like. I feel like I went away. In my head, I was gone for a while, and you can't do that to your children, or you should try not to if you can.

And I didn't want to be gone, and I didn't want to be unreachable to her and to Cooper and to you, and who am I helping if I don't take care of myself so much that I'm... physically present, but mentally, emotionally... gone.

Justin: Uh, let's—let's get practical for a second. Um, I want to deal with something that is sort of most critical first, and then we'll go back from there.

If you feel... like you could be suicidal, if you have thoughts of hurting yourself, there are plenty of resources out there. There are people to reach out to. Um, the best sort of, like, most comprehensive thing I found was IASP.info, which sounds made up, but it's real.

It's the International Association for Suicide Prevention, um, and they've got a, uh—they've got a thing—"Help" at the top of their website. You can click on that and get a list of crisis centers all over the world, so please, please, please—like, if our stories... illustrate nothing else, it is that there are... you know, just because you feel something a certain—a certain way at a certain time, it does not mean you'll feel that way forever.

Um, and you do not want a permanent sort of solution to a temporary problem.

Sydnee: And—and I would also say, while these international and national resources, like the National Suicide Prevention Lifeline, there's also a texting, um... one that I found.

Justin: Oh, that's great, 'cause some people really don't like the—the phone, I have—I have found. Myself included, but I—

Sydnee: [laughs quietly]

Justin: —I would hope I would make an exception in this case.

Sydnee: But, uh—but... even though—Crisis Text Line, that's what it was called.

Justin: Oh, yeah. How do you—how do you do that?

Sydnee: You go to, uh... crisistextline.org, and then you can text, uh... uh, "HOME" to 741-741.

Justin: Okay.

Sydnee: Then you can text with somebody. Not—not a medical professional, but they are, like, volunteers who've been trained.

Justin: Perfect.

Sydnee: Um, all that being said, the—I, uh, will talk a lot with, um, people that I'm seeing professionally about a plan, a safety plan, and those are usually a list of people that you're going to call if you're having these thoughts. And the list always ends with these kinds of numbers we're talking about, like, national resources, the Suicide Hotline, 911, your doctor's office, an ER, that kind of thing.

But the top of the list are your family and your friends, and the people who you would talk to in a moment of crisis. So while all these numbers are great because we can tell everyone them, um, it's helpful for you to sit and think, and even write down that list. Who do I call? If I need somebody, it's 2:00 AM, who's my first call? Okay, they're in the shower. Who's my second call? Okay, they ran out to get a bite to eat, they didn't answer. Who's my third call?

Write those numbers down, write those names down, 'cause sometimes just having that list is enough for people. Um, and then that list should always have on it these numbers that we're talking about. Um, because they provide help for everybody. But that list of people—because those are the people—not only should be calling in times of crisis, you should be talking to.

Justin: Um, but let's say that, uh, I'm—I am not in that specific, uh, scenario, that I have other, um... that I have other, uh, uh, issues that I would like to start dealing with that I don't exactly know how.

Uh, obviously if you want, there are plenty of resources online. Um, there's great—you know, different forums you can go to. You can check out those.

I personally, as an anxiety sufferer, found a lot of relief from, like I said, the work of Claire Weekes, and a lot of her stuff's up on YouTube, and you could get books. Um, there's—I read a lot of, like, books about meditation? I read *Anxiety as an Ally* by a game journalist, actually, named Dan Ryckert, and that was, uh, actually really helpful.

But there's a lot of great resources out there for that. But let's say—and obviously for—for non-anxiety, I'm sure that there are just as many great resources—I think it's important to try... try different stuff. Get experimental. See what helps and what doesn't.

Sydnee: And, on top of that, seeking professional help.

Justin: So, this is wanted to ask you about. What—when I—you know, if you and I hadn't been married, I wouldn't have known... do I cold-call people? What do I do? How does that process start? What's it look like?

Sydnee: You can do that. I mean, especially when you're talking about, like, psychologists, therapists, counselors, that kind of—that kind of help, talk therapy.

Um, you can do that. But I would say the best place to start – this is not a plug for family medicine, [holding back laughter] as much as it sounds like it – would be your primary care doctor.

I—I usually am the first contact. Um, and statistically, we are the first contact for a lot of people, uh, primary care doctors, over a psychiatrist or a therapist, when they're having these issues. And the reason we are a good first contact is one, if you have an established relationship with a physician, they know you, and so you may feel a little more comfortable saying this stuff, talking to them.

Two, they have the resources. They can refer you, and sometimes your insurance needs that referral. Sometimes it's important to—to have that referral, so it gets covered, 'cause that's important too.

Um, whether they think you might need medication help, they can refer you to a psychiatrist. Heck, a lot of it, depending on the area you're in, your primary care doctor might be able to help you manage in the beginning on their own, or solo. I manage lots of these issues without the help of, um, sub-specialists, because in some areas there just simply aren't enough licensed psychologists or counselors or psychiatrists to do it, and primary care doctors function in that way a lot.

So, start with your doctor. They can either help you, or refer you to the therapist, the psychiatrist, whoever you may need. They're a great resource to—to start with. That's—I'd say that that is the easiest way to figure out what's the next step.

Justin: Um, anything else we want to say about this, Syd, before we sort of... wrap up?

Sydney: Um, not—we've talked a lot about yourself and how to seek help. Um, make sure you're looking out for the people around you, too. Make sure you're—you know, I—I have gotten really tuned in over time to Justin, and I think I have a good feel for when you're doing better and when maybe I need to urge you to—"Have you called your therapist lately? When was the last time you've seen him?"

I—I—I think I have a good feel for that, and you probably have people in your life that you know well enough to know when they're doing well and when they're not doing so well. And if we all kind of have that stance that we're all watching each other, and when somebody's a little more withdrawn, when somebody is not

acting like themselves, when they seem a little more labile, when they're not engaging with things they used to enjoy—

Justin: Labile?

Sydnee: Uh, like... [laughs] sorry.

Justin: [laughs]

Sydnee: Like, back and forth. Like, all over the place.

Justin: Okay.

Sydnee: Like their—mood swings, that kind of thing. Um, when somebody, you know, starts drinking a lot more than you've known them to drink, or taking big risks with their life that is out of the norm for them.

You know, when you see these things, stop somebody and ask, because sometimes that's—sometimes someone is just waiting for someone to notice, you know? There are a lot of times where I think if somebody had looked at me at work and said, "Oh my gosh. You seem really angry. What is up? Are you okay?"

'Cause I'm not an angry person. "What is wrong? What—are you okay?"

I—there were lots of times where it was—it was exploding from me to talk about it. But nobody asked, and so I didn't, because... I didn't wanna burden—I don't know. Because I didn't. So, ask. Notice. Pay attention.

Justin: And—and, um, you know, if nothin' else, talk to people about this stuff. That can be a great entry point. Like, the—the one good thing about what I went through is, like, I feel like I can talk to other people who are goin' through the same thing. And for them, kind of say, like, "Yeah. Like, it's—it's a thing, it can happen. It's not just your brain."

And, like, seeing—and I think seeing that—that, uh, other people who have gone through that thing, I think can help short circuit your brain's sort of, like, stranglehold it has on the anxiety or the depression or whatever it is.

To see, like, "Oh, wait a minute. There is another side to this. It is not just that—what I'm feeling in this exact moment. There's other—there's other things that you can—that one can feel."

Sydnee: Mm-hm.

Justin: Um, and—

Sydnee: Yeah, you'd be amazed how much help it can be just to look at somebody and say, "Hey, I've been there before. Is that where you are?"

And—and how much help that might be.

Justin: Um... so anyway, uh, that's—that's our show. I know it was a lot more—it was—it was not nearly as structured as a classic *Sawbones* episode?

Sydnee: Well, yeah. [laughs quietly]

Justin: And, uh, probably not as many laughs, unless you're a *real* sicko.

Sydnee: [laughs quietly]

Justin: Um... [laughs] but, uh... and—and maybe it was a little self-indulgent. I have no idea what—what you—you dear people at home think, but I—my hope is that it was—honestly, if these shows do nothing else, if there is – and I mean this sincerely – one person who's like, "Oh, that me. Oh yeah, okay. That's me! That's my thing! That's what's happening to me. I—my brain is sick and I need to fix it," that, that's—that's worth it for me. I'll do all the self-indulgent episodes it takes.

Sydnee: Yeah. That's—that's my only hope, 'cause I... if this is self-indulgent, I will say, I—[holding back laughter] I don't enjoy talking about this stuff. I enjoy helping people, and if this has helped anybody, then good. I'm glad we did it. So, that—that is my hope.

Justin: And also, I—I don't know quite how to say this, but if you do wanna talk about, like, your struggles with—with mental illness and stuff, I think we are obviously saying, 100 percent, you should do that. I will also say that, like, Syd and I are probably not the best people to reach out to about your personal struggles, if that is something that you are compelled to do. Honestly, Twitter's just a really bad platform for it, and in—especially with, like—

Sydnee: Well, I—we—

Justin: —and Sydnee *can't*, obviously. Legally.

Sydnee: —I can't, and we don't have the—we will not be able to do that properly through—

Justin: That's the thing.

Sydnee: —emails or—or tweets or whatever.

Justin: Yeah, there's—

Sydnee: I mean, we can't—we can't. It won't be the kind of help you need.

Justin: Talk—yeah. Reach out to the people you know, reach out—and reach outside of them to people who are, you know, trained to—to help with this sort of thing, because I think that that is where you're going to have the—the—the real... the real growth and the real help, is to build that—build that network.

Sydnee: Yeah.

Justin: Um... and I say that mainly as an apology. Like, if you tweet at us about sort of what—you wanna share your story with us, if we, like, don't respond or anything, I don't want you to think—take that personally or think that we are callous or—or uncaring, but I wanted to mention that.

Sydnee: No. I always think there's power in sharing your stories, just because then... everybody—everyone hears them and realizes they're not alone, and that's... something.

Justin: And you're not, you know? You're not.

[pauses]

Sydnee: It's like the—it's like the story from *West Wing*. It's like the guy in the hole.

Justin: Yeah, when his friend, uh... walks by and—and after the doctor threw him the prescription and the... the priest, uh... shouted down a prayer, his friend jumped in the hole and said, "Well, that's dumb. We're both down here now."

And the friend said, "Yeah, but I've been down here before, and I know the way out."

So reach out to people, and try to be there for—for the people you care about, and let's just all get through this thing... together, as a—an extended podcasting family. Um...

But, uh, that is gonna do it for us, folks. I want to shout—one more time, just wanna circle back around—I do feel some amount of guilt, uh, to our new friends, ButcherBox and, uh, our old friends, MeUndies. Uh, sorry we put you in the middle of such a serious one. But! I bet people were relieved to be thinking about anything else.

Sydnee: [laughs]

Justin: So maybe they were extra receptive to your messages this week. I don't know. But, uh, you can go to butcherbox.com, click on the bacon banner, use "sawbones10" at checkout. And, uh, meundies.com/sawbones is the other one, so please go support those sponsors, and thank them for letting us, uh... do this.

And thank you to you for listening. Uh, we—we appreciate it very much, and we hope you take care of yourself. Uh, and, uh, be here with us next week. Seriously.

But that is gonna do it for us, so until next week, when you will be here and we will be here, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And, as always, don't drill a hole in your head.

[theme music plays]

[chord]

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[ad break 63:24 to 64:52]