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John Moe: A note to our listeners: this episode contains mention of suicide.

So, something kind of cool happened the other day, and it led to something else cool, and it brought us to this episode of the show. I was on LinkedIn, the career website—which, I know, right? I try to limit my exposure to that place, because it makes you compare yourself to other people. Like, look at all the achievements and success all these people are having who I know, or who I barely know, or who I don't think I even know at all. Why aren't I having all these accomplishments? Am I a loser? It can be a bad road to walk down, you know? LinkedIn. Let's do an episode about that sometime—the overwhelming dread and depression that comes from spending time on social media sites. And let's spend a big chunk of that episode talking about LinkedIn in particular. That's later. Put a pin in that one.

But this particular visit to LinkedIn, it was quite nice. I was on LinkedIn, I checked my notifications, and there was an item that tagged me by name. It mentioned this show actually. Yeah. I better go ahead and say the line now. It's *Depresh Mode*. I'm John Moe. I'm glad you're here.

Transition: Spirited acoustic guitar.

John Moe: Anyway, LinkedIn. An organization called Million Podcasts put together a list of their top 80 depression podcasts. My first thought: there are 80 depression podcasts?! At least?! Second thought: what an honor for *Depresh Mode* to be ranked number four on that list. Hooray! Third thought: who else is on this list? And I saw a familiar name—Dr. Margaret Rutherford, psychologist and host of the *Selfwork* podcast, where I remembered being a guest a few years ago when my book, *The Hilarious World of Depression*, came out. Good interview. I remember the show, and her, very fondly. I connected with her on LinkedIn, like you do—like you're supposed to do, I think. And before long she sent me a link to a TEDx talk that she had given a while back.

It was all about what she terms “perfectly hidden depression” or PHD. As she describes it, it's when you have a depression within your mental makeup, but you were raised or formed by a family or in a culture that denied strong, dark feelings, or refused to ever discuss them—that stuffed them down and suppressed them. And so, those feelings get locked up. They don't go away, because they never do. That's not how it works. Instead, those feelings fester, because you can't process them. You can't translate them to your contemporary life. You never end up recognizing them. You never end up working through them. And then they become rotten, dangerous—potentially very dangerous—forces inside you. And so, you go through life often with perfectionist tendencies. That's the “perfectly” in perfectly hidden depression.

Maybe you're a super achiever, maybe you craft a veneer of everything being fantastic. But inevitably, as I've written about, those feelings don't wanna stay in the trunk or the backseat anymore. They want to drive the car, and they're going to try to wrestle the steering wheel away from you. And they're terrible drivers, and they get you in wrecks. I think this is important stuff to know, for you to consider and talk about. And I suspect it's pretty common, so I asked Margaret Rutherford to come on and discuss it.

Transition: Spirited acoustic guitar.

John Moe: Dr. Margaret Rutherford, welcome to *Depresh Mode*.

Margaret Rutherford: Thank you. And please, it's Margaret. *(Laughs.)*

John Moe: Okay, Margaret then. And we're meeting again. I was on your show several years ago. So, this is—the circuit is being completed.

Margaret Rutherford: You were my very first guest I had done solo. I was—I guess I was audacious enough to think that that would be interesting. *(Laughs.)* And then I got this—your publicity person or whatever got in touch with *Selfwork* and said, “We'd like to be on your show.”

And I said, “I can't pass this up.” 'Cause I was quite a fan. So.

And I remember during the interview you were quite surprised that I had read your whole book and had underlined some things and was quoting you to you.

(They laugh.)

John Moe: Yeah. Yeah. It can be quite a thing. I sometimes start these interviews—and we're gonna get into some things about depression that are really fascinating, and about some anxiety issues—I like to ask people how they're doing today in a sincere way.

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How are you doing today?

Margaret Rutherford: Well, I had a really good workout this morning, and I'm doing okay today, I think. I made some great tuna fish for lunch. Because of what's going on in the world, I'm focusing on small things to kind of have me buoyed and—B-U-O-Y-E-D, however you say that word—and to try to just say, “Okay, I am living my life day-to-day, and doing some things that are simple that I can feel good about.” And now I'm here with you. So, I am okay. *(Chuckles.)*

John Moe: Okay. You've talked and you've written a wonderful book, *Perfectly Hidden Depression: How to Break Free From the Perfectionism That Masks Your Depression*. You've become an expert in this—in perfectly hidden depression, PHD. You've got a virtual PhD in PHD. Let's set the stage for what this is and maybe do so by way of how you stumbled across this concept of perfectly hidden depression.

Margaret Rutherford: John, it was a true stumble. *(Chuckles.)* It was back in 2014, and I was doing my blog post. I had started blogging when my son left for college. I hadn't done the podcast yet, and I was thinking about these people. I mean, I've been a psychologist in private practice now for over 30 years—but at the time, about 20 years. And I thought about

these people that literally would come into my office kind of not knowing why they were there. Maybe they experienced some anxiety or sleep problems or overwork or whatever. And they'd kind of sheepishly say, "I don't really know why I'm here. My friend said, you know, you were a good therapist. And so, I came." And a lot of hemming and hawing. And I'd ask them about trauma or pain in their lifetime. "No, I don't really have a lot of that."

And yet after I worked with them for a bit, I realized that what was the bond or the thread between all of them was that they could not express painful emotion. They didn't know how to talk about sadness or anger or fear. They—some of them didn't even have a vocabulary for it. So, I was thinking about these people. I thought, "Well, this would be interesting to write about." And I picked the term perfectly hidden depression out of the air. And the title of the blog post was "The Perfectly Hidden Depressed Person. Are You One?" And the damn thing went viral. I had never—I thought something was wrong with my laptop. (*Laughs.*) I didn't know why it was making all these noises! I was kind of a tech newbie, a real tech newbie, back then. And then I was writing for the *Huff Post*. And they put it on their site the next day. And I literally received hundreds of emails in about a 36-hour period. And they were saying things like, "How do you know about this? It's like you're in my head. What's going—? You know, who are you?"

(*They laugh.*)

And so—I knew who I was, but nobody knew who I was. And I started poking around. I found Brené Brown's book, *The Gift of Imperfection*, which is—of course—wonderful. I found Terry Real's book, *I Don't Wanna Talk About It*, which is about what he calls covert depression in men. And I thought, "Okay, well there are people writing about this." But as I read, and I'm—of course, Terry's a clinician. As a clinician, I thought what they're missing is this link between this perfectionism acting as a camouflage for actually very underlying pain. Brené talked about it. Brené, I know her.

Me and Brené, she talked about it and shame. But I thought it needed to go further. I thought it needed to go more—because of some experiences I'd had with those clients. I needed to stress—or somebody did—that this could turn into such a strange and complicated camouflage for a lot of pain about trauma that has never been addressed.

John Moe: And is this people who are feeling these things and never having been allowed to understand what it is they're feeling?

Margaret Rutherford: Exactly. In fact, often they were reared in families that just didn't allow anything painful to be talked about. Or there was abuse and neglect in their family. So, they adopted this—it wasn't a strategy; it was a protection. You know?

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"I'll go be really great at something, and I will get fed by that." Or it could be a minority whose whole culture was saying to him or her or them, you know, "You gotta go make it for us." I mean, there could be a lot of ways of getting there, but they just didn't know how to express pain. And I thought, okay. Well, I tell my clients all the time, "If you think it should exist and it doesn't, then go create it yourself." And I thought about it. And I went, "Well."

You know? So, I started writing about what I thought it might be. And I asked for volunteers to come talk to me.

And in about three months, I had about 90 volunteers from all over the world. I filtered those down to about 60 people, and I did an hour-and-a-half/two-hour interviews with all of them trying to glean what exactly was this? And was I onto something?

John Moe: And how would you define perfectly hidden depression? Or how would you define a typical person who is dealing with this condition?

Margaret Rutherford: I think one of the simplest ways to put it is beginning to believe that you needed to be fine. You needed to look fine; you needed to be fine; you needed to be happy; you needed to have a lot of achievement. And that has become—

John Moe: From an early age.

Margaret Rutherford: From an early age. From an early age. And that has become who you now need to be. It has become its own prison in many ways. Now I'm certainly not narcissistic enough—I hope. It's not a diagnosis. I haven't come up with some huge diagnosis. *(Laughs.)*

John Moe: It's not in the DSM.

Margaret Rutherford: *(Laughing.)* Nooo, they haven't knocked on my door and said, “Now, Dr. Ruthford, we want to include this.”

I call it a syndrome. It's like when beliefs and behaviors get kind of rigidly in place, and then that's how you live your life. Like, codependence is probably the most well-known syndrome. So. And all these 60 people help me come up with these traits. They would tell me the things that they were living their life by. Like, “I must always take a lot of responsibility. I must always count my blessings and not admit anything is hard. I always must achieve. I always must exceed people's expectations.” I don't discount any kind of trauma or—you know, they don't call it trauma. “I don't have any trauma in my life.” So, it is a dedication to being fine. And there's nothing wrong with being fine, except if you don't have any other options of ways to be.

Transition: Spirited acoustic guitar.

John Moe: Just ahead: some real-life examples of perfectly hidden depression. See if any of them resonate with you.

Transition: Gentle acoustic guitar.

John Moe: We're back with psychologist Margaret Rutherford, talking about the idea of perfectionism as a mask for a depression that fester for years and then come roaring into

view. In a TEDx talk Margaret gave—you can find it on YouTube—she talked about a patient who exemplified this idea of a hidden malignant depression.

Margaret Rutherford: I call her Natalie in the TEDx. That's her name in the book too. I saw her probably about five or six years after I started practicing, so years before I actually started writing about it. But she came in. She was a very successful person. She had a job with a family firm. She had joined the firm because of it being a family firm. And she came in; she was kind of agitated. And you know, she was one of those people that—you know, her foot was always going a mile a minute on the sofa. (*Chuckles.*) You know? And she laughed a lot and giggled and said, “I don't really know why I'm here, but I've been having panic attacks at the office. And I'm trying to decide what that's about and whether I'd like to leave doing what I'm doing or not.”

She brought in her husband a couple of times to talk about some of the financial reasons that might or might not be possible. They had a couple of kids. And overall—you know, I asked about trauma in her life. “No, not really.” She'd had a critical mom, and we talked about that some. But she, all in all—and I diagnosed her with anxiety disorder, panic attack.

John Moe: Pretty simple case, I imagine.

Margaret Rutherford: A pretty simple case. But one afternoon, back when we all had pagers—remember pagers?

(John confirms.)

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My pager went off, and it was her husband who said to me, “I don't know, but I think something's wrong. Natalie left me a message and said would I pick up the kids when I got into town and take them to her mother's.” A strange request. And he said, “Margaret, I'm four hours out of town. I've just got this bad feeling in my gut.” And I really didn't know what to say, but I began kind of feeling the same way. And I did something I have never done again, had never done before. But he said, “Would you go check on her?” He said, “She's gonna be so mad if she's out—you know, if she's just taking some private—I mean, she's gonna be mad at me if I make a big stink out of this.”

So, it's a small town. I live in a fairly small town. I knew where they lived. He gave me the garage code. I went around, looked all in the yard, looked in her car, knocked on the door. No answer. So, I let myself in the garage with the garage code, and it was a—I felt like a burglar. And when I got into the kitchen, everything was very, very still, and the air still had some water vapor in it, because she'd done dishes—or somebody had done dishes—and they were drying in the sink. And everything was immaculate. And I started calling her name, sort of hoping she'd come around going, “What the hell are you doing here?” You know?

John Moe: Right.

Margaret Rutherford: But I called her name, and I went down what I assumed was the hallway to the master suite, and she was in bed. She'd drunk almost a whole bottle of vodka, and there was an empty bottle of pills—almost empty bottle of pills. Called 911. They came and got her. She's alive, by the way. She lived through it. But John, I stood there, and I felt—I was just stunned. As I said in the TEDx, I had no idea that Natalie was suicidal. None. I felt to blame. I felt grateful that I'd done my Nancy Drew and gone to see what was going on with her. I was really shaken.

But what that did for me, I realize now—I'm not sure I realized at the time—was to begin asking myself, “Wait a minute. Could there be people who are suicidal who are keeping that secret very, very, very secret? And are we missing them in mental health? And how are we missing them?” And so, I know that I started asking more questions. I obviously didn't when I first saw Natalie. But I began to ask more questions to try to ferret out what could possibly be a depression that people just didn't want me to see, or they couldn't see! Or they couldn't see.

John Moe: That was my question. Like, is this something that somebody is—that there are people out there who are so adept at keeping it together or keeping up appearances of keeping it together and are raised with such a belief that is so important, do they know what trouble they're in? Do they know how bad it's gotten and are just keeping a lid on it? Or are they into the illusion so deep that they don't know it's a crisis until it reaches a really dangerous crisis point?

Margaret Rutherford: I thought the answer to that question was yes to the first one until I started writing about it and that people probably knew, but they just didn't want to talk about it or admit it. I now realize—because people have said to me, “When I heard the term perfectly hidden depression, it was only then that something got my attention. And you know, something I'd never been able to understand, something I'd never quite known what to call.”

And so, the way I understand it now is when you think about how we all learned to drive a car, everything had to be very conscious at first, and we all had to figure out where to put your hands and your feet and all that stuff. Well, when you're handling stress, pain, neglect, abuse, conditional love—whatever it is—or an inability to talk about yourself openly and honestly, if you're dealing with families or cultures like that, you don't make a decision to avoid all that stuff or put it away. But your mind begins compartmentalizing it. It starts shoving pain away, because you are not allowed to talk about it. Or you can't. And you know it's not safe to talk about it.

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And the more you shove it away—which is called suppression—then the more it actually goes into your unconscious mind or to your automatic mind. And that becomes what's psychoanalytically called regression or compartmentalization. And it becomes very rigid. It becomes something you do almost without thinking. Except! Except, the more you do it and the more years you do it, it begins to grow more potent. That pain doesn't go away, it just... is waiting. It's waiting.

John Moe: Well, and I think too, if people associate strong feelings or negative feelings or those things that can't be expressed, those things that within the household that they were built in—

Margaret Ruthford: Or culture, mm-hm.

John Moe: —or culture that they were raised in—if those things are bad, there becomes an association. “Well, those things are bad, those feelings are bad. I have those feelings, therefore I'm bad.” And then you start beating up on yourself.

Margaret Ruthford: Exactly. And so, you shove those feelings away.

John Moe: Or you try to.

Margaret Ruthford: Or you try to.

John Moe: In fact, you just put them in a different place in your brain where they're still very, very active.

Margaret Ruthford: Exactly. I had this one woman who gave me this analogy of—she said she feels like— You know, like in haunted house movies where this door's locked, and you see all this light coming out and shaking and lightning, you know, behind the door? And then this steam or this vapor starts seeping out of the door from all the kinds of—? You know, they say that's what it feels like. It feels like that door's gonna pop open if I don't— But I can't open it. But I see how it's affecting me now.

And you know, sadly John, I've had so many people reach out to me whose spouses or children or parents have killed themselves, and absolutely no one knew that they were in that kind of pain, in that kind of turmoil. And as I said in the TEDx, I don't think it'll be long—if it's not already true—that most of us will know someone or know someone-who-knows-someone whose life looked like it was just going superbly, and they killed themselves. So, that's happening a lot. And this is at least my attempt at trying to understand that.

John Moe: Well, it's a public health issue that you're concerned about, because people— You know, and it's well-reasoned what you're talking about. If people have these dangerous feelings, these tendencies in their minds, these toxicities, then by the time it boils over, you could be in a really bad place, indeed.

(Margaret confirms.)

So, what is someone to do if they think, “Okay, you know, when I grew up, getting upset wasn't acceptable. Getting negative emotions was shameful. And now I'm grown up.” And you know, you wanna put the past behind you, but it's how you were built, and you gotta recognize the equipment that you've been sent on your journey with.

What should people be looking for, so it doesn't reach that dangerous point? How can they look to see if they have their own perfectly hidden depression?

Margaret Rutherford: Well, a barometer is to say, you know, when is the last time that you really let anyone know the way you really feel? You know, or what you're afraid people might know about you? How much are, "If someone knew this, they wouldn't respect me. They wouldn't follow my advice. I would be rejected. I would be—" So, it's these rules that you have about what you let people see and what you don't let people see.

And as we're talking—I mean, again, it's important to say sometimes that which you have hidden for so long can almost be hidden from yourself. But if you're responding to this, it's in there somewhere. And so, you know, in my book—(*making fun of herself*) "in my book"—but in my book, I say the first step is to really begin to look at yourself and say, "I don't wanna live—I'm so lonely. No one knows me, maybe not even my spouse. No one knows me.

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"And I don't wanna live this way anymore. I don't wanna live in fear and shame. And I'm not sure what's behind that door, but I'm gonna try to find out." And actually, a very huge step is to simply say to someone who you trust—either a therapist or a friend, someone you know holds confidence as well—you can say, you know, "I realize that I never talk about myself."

And a friend will go, "Yeah, we've noticed that."

And you say, you know, "I wanna start trying to learn."

And the friend might say, "Well, sure, go ahead."

And you go, "Nope. No. That was my first step, just to let you know that I know I don't do that, and I'm scared to try. But I'm gonna try."

Because again, all those 60 people, I asked them, "Why in the world would you contact a perfect stranger in Fayetteville, Arkansas to tell your story to?"

And they said—it's where I got the loneliness part—they said, "Because I don't want anyone to live the life that I've lived. It is horrible. There's no connection—true connection—with anyone."

Natalie, by the way, ended up leaving her career. She's doing something very different now. She and her husband have a very different relationship now. I mean, she did have trauma in her life that we talked about. And you know, when you begin to let go of who you think you should be or who you were taught you should be, then you can begin to enjoy letting people—or at least, relax—and letting people into, you know, "This is the real me."

I will tell you my working definition of self-acceptance, because I think self-compassion and self-acceptance are the goals for someone like this. They don't really know what that means at all. Self-acceptance, to me—my working definition is recognizing that my strengths nor my vulnerabilities perfectly define me. You know? Neither one completely defines me. The example I use when I'm speaking is that I have three letters after my name, and I'm very proud of those three letters: PhD. That's very lovely. It gives me license to do what I love to do. I've also been married three times. Not such a great accomplishment. You know? And I carried an intense amount of shame about that for years. I didn't want anybody to know. In fact, I had an active agenda for not anybody to know. (*Chuckles.*) I wouldn't lie about it, but I wouldn't certainly admit it.

But what I've learned, finally, was that neither one of those completely define me. They are facts about me, but neither one completely defines me at all. And I believe that firmly.

John Moe: Yeah. Yeah. How does somebody go about letting go of those things that they let define them?

Margaret Rutherford: How much time have you got?

(*They laugh.*)

John Moe: How did you do it?

Margaret Rutherford: How did I do it? I had a lot of therapy. But it was really after I mostly completed my therapy, and I moved to Fayetteville, Arkansas, and I literally had decided—I talked to my Dallas therapist—that's where I was living—and I'd said, "I'm just—" Because Fayetteville's much smaller than Dallas, you know. Everybody knows everybody's business. And I said, you know, "I just am not going to offer that as information. I'm just—you know, I'm not gonna lie."

And I also read a book called by Maya Angelou called *Wouldn't Take Nothing for My Journey Now*. And in that book, she talked about a time when she'd been voted—I don't remember—person of the week or person of the month in New York City. And she and a couple of her friends went to this local bar. She got absolutely pie-eyed drunk. And she sat down and—very sloppily, with this table of gentlemen—was complaining to them about why didn't any men find her attractive and all this stuff. And she said it was very embarrassing. She wished she could change her name and move to Canada. But my response to that was: here I was carrying this shame, this hidden shame. And I said, "I wanna be like her. She's a poet laureate. She's an acclaimed author. And here she is talking about herself, honestly."

So, I let that kind of settle. And also, that's what I was trying to help people do. I wasn't living the life I was trying to help other people live. One day, a woman came into my office, and she was crying. And she said. "I'm getting a second divorce."

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And she kinda looked out the window, which was always the time, you know, when people are kind of pensive, and they don't wanna say something. She looked at me, and she said, "But you wouldn't know what that was like. "

And I knew this was the moment. This was my moment. And so, I looked at her, and I said, "You're about to join a club I've been a member of for quite a few years." And my shame didn't go away entirely right then. It wasn't like a woo, it's all gone! But it began to ease. And I began to think, "I've got to accept this about myself." Not—I'll never be proud of it. I'll always have remorse about it. But I can't carry it around like a ball and chain.

So, that was very—I mean, it is a distinct memory that it was at that point that I said, "I wanna start living the life that I'm trying to help other people live. That would be a good idea, wouldn't it?" (*Chuckles.*)

Transition: Spirited acoustic guitar.

John Moe: More with Dr. Margaret Rutherford in a moment—including about her anxiety, who is named Bob.

Promo:

Music: Thumpy, atmospheric synth.

Host: Good evening. Thanks for tuning into 1010.1, MaxFun. It's midnight here on *Host to Coast*, and we've got Sarah from Michigan on line one.

Sarah: Hiii. I'm calling in for some help. I used to love reading, but between grad school, having kids, and the general state of the world, I can't seem to pick up a book and stick with it anymore.

Host: Sarah, this is an easy one. Just listen to *Reading Glasses*, a podcast designed to help you read better. Brea and Mallory will get all the pressure, shame, and guilt out of your reading life, and you'll be finishing books you love in no time.

Sarah: Great! That sounds amazing! Also, I do think my husband is cheating on me with Mothman. Can you help me with that one?

Host: Ooh, I don't think they cover that. *Reading Glasses* every Thursday on Maximum Fun.

(*Music fades out.*)

Promo:

Music: Upbeat, exciting music.

Hal Lublin: WrestleMania is the biggest—

Danielle Radford: And busiest!

Hal: —time of the year for wrestling.

Danielle: And the *Tights and Fights* podcast is more important than ever.

Lindsey Kelk: We have so many questions to explore! How can you understand John Cena's motivation as a bad guy? Why is a car crash actually a great expression of friendship?

Danielle: You mean friendship, right?

Lindsey: Of course.

Danielle: Whether you're a longtime wrestling fan or coming back after a break, *Tights and Fights* has you covered.

Hal: This WrestleMania and every weekend after, on Maximum Fun.

Music: *Tights and Fights* podcast! *Tights and Fiiiiights!*

(Music fades out.)

Transition: Gentle acoustic guitar.

John Moe: We're back with Dr. Margaret Rutherford. We've been talking about perfectly hidden depression: using perfectionism or achievement accomplishment to cover up a depression that one may or may not even be aware of and doing that covering up instead of doing the hard and often very unpleasant work of dealing with these issues.

It makes so much sense to lay one's burdens down, to talk openly about a mental health issue. I've been telling people this for nine years now. You've been telling people for a lot longer. But sometimes it feels a little bit like, you know, telling somebody to do a perfect balance-beam routine at the Olympics. You know like, sure, just go out and get a 10. It's not that simple, you know?

Margaret Rutherford: *(Laughing.)* No, it's not that simple.

John Moe: It's not that easy to just go do it. And you know, I know that you're a therapist, and you're a doctor; you're also a human being who has had mental health struggles of your own.

Margaret Rutherford: I have panic disorder. Mm-hm.

John Moe: Yeah. You have panic disorder. At what—

Margaret Rutherford: Which I also hid. *(Laughing.)* I had perfectly hidden anxiety! Or I tried to.

John Moe: I was gonna ask about that. When did you make that decision that you're gonna put it on the line too? And how hard that was that for you, even though you are in the position that you are?

Margaret Rutherford: Oh, yeah. I would tell some people. I didn't have as much shame about that as I did some other things. But they began in my late 20s when I was actually performing for a living as a professional singer. So, that was not— You know, that was kind of bad. Anxiety runs in my family. My mother had OCD and my—actually, one of my brothers had performance anxiety as well. And I wanted it gone. And I went from therapist to therapist. And *(chuckling)* the same therapist that I told that I was gonna move to Fayetteville and not tell anybody about my divorces—you know, it was when I first started seeing him. And I sat down, and I said, “I need you to help me get rid of these panic attacks.”

He said, “I'm not gonna do that.”

And I said, “Well, why not?”

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I was pretty pissed, actually. And he said, “Because your panic is just as important a part of you as the part of you that you let other people see.” Which is exactly what I'm saying with the whole self-acceptance thing. Right? It's just another way of saying it.

And I now know he's so right. I mean, I didn't at the time. But I have accepted that my panic—that it has a message for me. I look and sound incredibly comfortable. And you know, I know how to do that. But I also have this very insecure, easily panicked, easily made anxious part of me that—it's genetic. It's part of a lot of different things that, you know, you and I don't have time to go into. *(Chuckles.)* And when I started blogging in 2012 and then writing more about mental health, I took a huge breath and said, “I'm gonna talk about my panic disorder.”

So, I did that. And actually I've had lots of people—and I'm sure you've had this as well—reach out and say, “It's just so nice to have somebody who, you know, is a therapist or psychologist or whatever, and says, ‘Yeah, and I've got some issues too.’” You know?

(John agrees.)

I struggle, you know, to— In fact, during my TEDx, if you'll notice—I mean, people say, “You look so calm and collected.” I was having a panic attack from the waist down. My legs were shaking, *(chuckles)* and I could feel it coming on, and I said—I call my anxiety Bob now. I said, “Bob, you're not gonna—you're not going to rule the roost!” So, I clamped down as hard as I could on the lower part of my body. And I kinda looked like Frankenstein trying to come off the platform *(laughs)*, because I was so stiff! But—I mean, that's the way it felt. But I managed to beat old Bob at his own game.

But you know, that was a nightmare for me. I was so afraid that would happen. And it did happen. But it didn't ruin it for me, and it didn't ruin my message, which is what I— You know, if I'd gotten up there and had a panic attack, okay, so what? But I didn't want it to sabotage the message.

John Moe: Well—so, it sounds like you're not trying to wipe Bob off the face of the earth.

Margaret Rutherford: *(Chuckling.)* No, I'm not. He's a good friend of mine.

John Moe: Yeah. And I mean, it gets back to this idea of this perfectly hidden depression, like this powerful force that people might have, especially people who grew up in repressive families or cultures where dealing with scary feelings was not done. It's not a matter of “you've got all this baggage; you need to wipe the baggage away so that you never see it again.” It's a matter of making friends with it.

(Margaret confirms.)

It's a matter of saying, “This is what I've got. This is what I was raised with. I can't shake it. I've just got to manage it.”

Margaret Rutherford: Right. My mother was a perfect—no pun intended—example of this. And in her 30s, she had her first panic attack. She described it to me years later. And she began taking prescription addictive drugs. That's what they did in the 1950s and '60s when southern women were unhappy and/or panicked or anxious, “Just take this pill. You'll feel better. Stay thin!” And she developed a prescription drug addiction, which absolutely ruined her life. She never got therapy. She never really looked into—I have some ideas about why she was so unhappy. But I literally watched her disappear. She just disappeared behind those drugs. And even when she had to get off of them, she could barely talk.

And so, I watched that. And I sadly, tragically, have learned from that that it—you know, hiding something can be so much worse than being open about it. I so wish that she'd been able to do that. It's really horrible.

John Moe: So, how would you recommend someone make peace with this tendency?

[00:40:00]

Like, what—? Is it a matter of owning up to these feelings? To themselves, to somebody else, to their loved ones, to a therapist? Or is just knowing it on their own enough?

Margaret Rutherford: That probably depends on the amount of actual—what we call trauma—helped to cause this. I say— You know, it's been interesting to me, John, that through the years people say, “Oh, I read your book. I just loved it!” And there's 60 exercises in the book to help people take that journey that you're talking about.

And I say, “Well, how'd you like the exercises?”

“Oh, I didn't do them.”

I said, “Okay.”

John Moe: Okay.

Margaret Rutherford: So, it is a—it's much— You can intellectually understand it. But to actually have to take the risk to begin to change it—? And after all, you may be heavily involved in relationships or a job where people expect you to be perfect. They're counting on you to not have any problems. They're counting on you to be always the one who, you know, gets stuff done. And you may have been—you may be partnered with someone who's an incredible under-functioner or someone who also wants to look like and is very invested in, “We gotta look like the perfect couple.”

And so, you know, it kind of depends on how deep you are entrenched in that denial, where you might need to work with a therapist who is accustomed to helping you work through trauma. If it's not that, or you're not in denial about it being that bad, then you can do—I think—a lot of the work on your own. But it takes a long time. It takes a while, because you're not just changing your thinking; you're changing your behavior.

John Moe: How so?

Margaret Rutherford: Well, I'll give you a great example, I think. One of the things I suggest in the book is that people take their 10 traits, the trait that they think is gonna be easiest, and try to change that first. And this woman and I were—she was actually a patient of mine at the time. And so, the trait she chose was to not take excessive responsibility on herself. So, she went—I think I called her Laura in the book. Laura went to a meeting, and she actually sat on her hands so she would not raise her hand and say, “I'll do that. I'll take that responsibility.” And she got in her car, and she said that she was just immediately flooded with these feelings of “Why didn't—!? There was nobody in that room who is any busier or less busy than you. You should have taken your responsibility. You should have taken your share of the responsibility.”

She said she had to fight this urge to go back in and tell the person who'd led the meeting, you know, “I should—let me take that. Let me take that. I'll take it.”

And so, we talked about it in session, and I said, “How did that get started?”

And she got—tears came in her eyes, and she said, “Well, what it makes me think of”—she was adopted, and—“What it makes me think of is that my adoptive parents always told me I never would've amounted to anything if they hadn't adopted me.” Which is not a great thing to say to a child you adopt. And so, we talked about it in a couple of sessions, and she and I came to the conclusion that she was trying to earn her worth. She was trying to prove her worth, that she was worth something. You know? If she could meet these expectations. And so, you have to dig down to the why you believe that, why your behavior is so rigidly entrenched. Why? How did that happen? And that—

John Moe: Why achievements are so crucial. Why validation—external validation—is so crucial.

Margaret Rutherford: Yes. Yes! And just being seen as the achiever, just being seen as the person who can always get things done. You know, I had this guy who'd had three affairs, and he got suicidal. And he said to me— I mean, he was extremely successful. And he said to me, “I have people coming up to me saying, ‘I wish I had the life you have. How do you get everything done that you do? Your family's just perfect, man.’” He said, you know, “They don't know—” He grew up in a family that wouldn't allow him to talk about anything but positive things, and he was counted on to be this super achiever, and that's all he knew. That's all he knew. He didn't know the value of true connection.

And so, digging down into the why and the how and the when and the—you know, all of that stuff is important to know. That's why I don't particularly like perfectionism workbooks, because many of them don't ask why.

[00:45:00]

They just say, “This is your behavior now. This is how you change it.” So, I think you have to ask why, and it's a hard question.

John Moe: Why did you name your anxiety—?

Margaret Rutherford: Bob?

(John confirms.)

I had this memory of when I was in college. You know the college thing to go to thrift stores and go buy a couple of shirts and stuff? And I found this shirt that had “Bob” on it. *(Chuckles.)* It was like this mechanic shirt.

John Moe: Like a bowling shirt or mechanic shirt? Yeah, okay.

Margaret Rutherford: I wore that shirt all during college. I don't have it anymore. *(Laughing.)* It was in shreds by the time that I left it or let go of it or threw it away or something, but I thought, “Yeah, maybe Bob would be a good name.”

John Moe: Yeah. I've already spent time with Bob.

Margaret Rutherford: I've already spent—I mean, me and Bob are like this, you know?

Music: “Building Wings” by Rhett Miller, an up-tempo acoustic guitar song. The music continues quietly under the dialogue.

John Moe: Dr. Margaret Rutherford, thank you so much for your time.

Margaret Rutherford: Appreciate it. I was absolutely thrilled to be here. Thank you very, very much.

John Moe: Margaret Rutherford is online at DrMargaretRutherford.com. There's also another Margaret Rutherford who played the Agatha Christie detective Miss Marple in four films in the 1960s, but that's a different Margaret Rutherford.

Okay. About the show. Look, I'm not saying that everyone who looks like they have their life put together perfectly is hiding a destructive depression. I'm pretty sure some of them are, though. Regardless, I do believe that we all need to look at how we were brought up to regard things like depression or anxiety, how we encountered trauma, and how we were left to process that trauma. And it's not about blaming your mom or her mom or anything like that. No, it's just a matter of seeing how you were built, getting to know all the parts of you—including the potentially scary ones—and learning how to manage all that. I'm not saying it's easy. I am saying it's a good idea.

Our show exists because people fund our show, people donate to the show. That keeps us going, and I think that means that we can make more shows that could potentially help people like I think this show could potentially help people. Help us help people. Won't you just go to MaximumFun.org/join. You can become a member at \$5 a month or more. That's totally up to you. MaximumFun.org/join. If you've already done it, thank you. You are helping people. Speaking of helping people, be sure to hit subscribe. Give us five stars. Write rave reviews. That gets the show out into the world.

The 988 Suicide and Crisis Lifeline can be reached in the US and Canada by calling or texting 988. Free, available 24/7.

We're on BlueSky at [@DepreshMode](https://bsky.app/profile/depreshmode). Our Instagram is [@DepreshPod](https://www.instagram.com/depreshpod). Our *Depresh Mode* newsletter is on Substack. You can search up the name of the show or search up my name. I'm on BlueSky and Instagram at [@JohnMoe](https://bsky.app/profile/johnmoe). Our Presbies group is going strong over on Facebook—people talking about mental health, people talking about the show. I'm hanging out there; other people are hanging out there. Come and join the Presbies group. Just go to Facebook, look up Presbies. You'll find it. Our electric mail address is DepreshMode@MaximumFun.org.

Hi, credits listeners. Margaret's anxiety was named Bob, and the name Bob always makes me think of Bob Newhart, and that alone makes anxiety a little less intimidating. I think I'll name my anxiety Joan Cusack, because I love Joan Cusack. What will you name yours?

Depresh Mode is made possible by your contributions. Our production team includes Ragu Manavalan, Kevin Ferguson, and me. We get booking help from Mara Davis. Rhett Miller wrote and performed our theme song, “Building Wings”. *Depresh Mode* is a production of Maximum Fun and Poputchik. I'm John Moe. Bye now.

Music: “Building Wings” by Rhett Miller.

I'm always falling off of cliffs, now

Building wings on the way down

I am figuring things out

Building wings, building wings, building wings

No one knows the reason

Maybe there's no reason

I just keep believing

No one knows the answer

Maybe there's no answer

I just keep on dancing

Jeri: This is Jeri from St. Paul, Minnesota. My message is be kind in your mind, especially when you're feeling down.

(Music fades out.)

Transition: Cheerful ukulele chord.

Speaker 1: Maximum Fun.

Speaker 2: A worker-owned network.

Speaker 3: Of artist owned shows.

Speaker 4: Supported—

Speaker 5: —directly—

Speaker 6: —by you!