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Lily: Hi, I'm Lily Cornell Silver, and welcome to Mind Wide Open, my mental health focused interview series. Today, I am talking to Dr. Mike Freedman, a clinical psychologist and life coach. I recently had the privilege of being on his podcast, *Hardcore Humanism*, and today, Dr. Mike and I are talking in depth about de-stigmatization and validation, toxic masculinity, the effects of music on mental health and vice versa and some fundamental mental health tools. Thank you so much for watching and I hope you enjoy. Hi, Dr. Mike, thank you so much for being here.

Dr. Mike: Hi, Lily. It's good to be talking again.

Lily: First and foremost, I just want to say how much I appreciated the opportunity to be on your podcast, *Hardcore Humanism*. It was so amazing and you're someone who inspires me so much. You're someone that I really look up to in this field because obviously you're a professional and you expend the time and energy to be really open about your mental health and a big part for you is de-stigmatizing and that's absolutely all I want to achieve.

Dr. Mike: No. Honestly, it was my pleasure. I was so impressed with what you're doing and so psyched about it, and so supportive of it. I apologize again for getting angry at the beginning for somebody suggesting that you couldn't be a mental health advocate. I'm still processing that, my anger and my rage.

Lily: No, I greatly appreciate that. It helps a lot to hear that from you, because I think that is a part of the stigma, is the idea that people get in their heads that like, if you're not a qualified psychologist or you don't have a degree in mental health in some way, you can't talk about it or you're not qualified to talk about it. Maybe you're not qualified to be giving doctor advice, absolutely, but I would love to work towards shedding that stigma. Anybody can talk about mental health, no one is unqualified to talk about their experience or to be a sounding board for other people to share their experiences.

Dr. Mike: Yes. It's got to be a back and forth. I think that the humility that you need in this field, I feel like every year that I go by seeing people and working in this field, I feel like I know less and I feel like I have to be more open-minded. You know what I mean? Which is part of why I just like the name, the name of your program. I think that we need to hear from more people, we need more voices not just to lower the stigma, but also for information.

It's like, we don't have everything covered. We don't know all the ways that people suffer, we don't know all the nuances of how they suffer and why, and what will get people better. As far as I'm concerned, until every single person who struggles with

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mental health worldwide is completely cured, we have work to do and should never silence anybody who's trying to contribute to that fight.

Lily: I agree, and thank you for that. I'm curious, that's so interesting, that sentiment of the longer you spend in the mental health field the more you realize that there is to know. I'm curious if you have any stories or experiences in that vein that stand out to you, something that happened that made you be like, "Whoa, I have a lot more to learn."

Dr. Mike: I unfortunately have tons of them. I can definitely, without using any specific examples, I can say that one of the things that I used to do that was so problematic is that I would come in with my model. I trained in a few different modalities, whether it was cognitive behavioral therapy or more psychodynamic therapy, and I would try to reinterpret the person's experience through my lens instead of through their lens. I would do it in subtle ways, it wasn't necessarily intentional.

I think, at least I remember trying to help, but as an example, one of the things that I would do is if someone was depressed, and I would work with someone in the hospital and I would say to them, "Okay, so you're depressed." I had this cognitive therapy model in my head, which says, there's a stressor, there's a thought or a belief and then there's an emotion. Since they've changed it a little bit, but back when I was doing it that's the way that it was conceptualized.

I would say, "Oh, so you're depressed. Do you know what was happening right beforehand?" They'd be looking at me like, "I woke up," and I was like, "but what were you thinking when you woke up?" They'd be like, "I was thinking that I woke up and I got depressed, please stop talking." You could see in their face, you're making it worse. I remember thinking, "Why are they not getting it? Why are they not understanding my model?"

I know that it's embarrassing now to say, but I think one of the things that is definitely I've struggled with as a clinician is always trying as much as possible to come from the perspective of the other person. I always say to people, "We're equally contributing to this. I know the clinical science, and I have some experience, but you know you. I have to listen to you first and foremost to even start with me. If I'm not doing that, and if you don't feel understood, and you don't feel validated, and you don't feel like you're heard, what am I doing? I'm not contributing anything." That's where I keep reminding myself like, "Empty it out. Like, no, you don't know. Really let this person tell their story," which is hard if your goal is that you really want them to feel better as soon as possible, but you got to remember that that's one of the most important curative factors.

Lily: Right. How would that conversation go differently now? If someone came to you and was like, "I'm feeling depressed," what would you say instead of, "What was the thing that happened that triggered this event?"



Dr. Mike: Well, I think that one of the things that I tend to do now more is I say, "Just tell me your story. What's your story?" I don't need it to start anywhere. I don't need it to end anywhere. Sometimes what I'll say directly is, "What do I need to know to be able to effectively treat you?" That's where I'm going to start from. Not, what do I think I need to know.

It's tough because I think that one of the things that can happen is that, it's hard to know that balance of like how much do you listen and just vibe where they're at, and how much do you maybe give a little bit of a push to get to certain kinds of directed work, and I think that's something that people struggle with themselves. If I'm in a depressed place or an anxious place, how much do I sit with this? How much do I try to understand this, and how much do I try to push myself to get out of it? That's the balance that I say to people.

That's the balance that people spend their whole life really trying to figure out, and it's always going to be different each time, and so what I hope that I do is try to model at least a little degree of humility about that and to some also degree to be like as nonjudgmental as possible, which is tough for me because I tend to try to get right to something personally, and sometimes I do that too much professionally.

Every time I step over the line is when I'm like, "Okay, this is me not knowing what I'm doing." Out of Seattle, Marsha Linehan was actually the person who really, while I was training all of a sudden dialectical behavior therapy and acceptance concept and Eastern philosophy, and that had a profound impact on me because it was the first time I had ever heard someone say directly, "We want to understand someone's thinking based on their experience."

The idea that you would start with that process and that concept of like-- It's like when you're dealing with a friend. I know for me it's like, "Okay, don't say anything. Just tell me if I'm crazy. Blah, blah, blah," and you just start going on and on, and be like, "Does that sound crazy?" and they're like, "No, no, no, I get where you're coming from." That doesn't mean that that's the final answer.

It's just that it's nice to feel like, "Okay, you get me. There's something that's an internal logic there." In the absence of that it can get very, very, very frustrating because you don't feel like you're dealing with someone who understands. One of the people I was talking with this week on one of my podcasts, we were saying, we were talking about discrimination.

There's so many ways that people experience discrimination, whether it's race, whether it's sex, whether it's religion, orientation, whatever it may be. There's all these things that happen from it. Then we have the stigma, though that if you have a problem, you can't talk about it.

And It's not fake. I think one of the things that people say is like, "Oh, if you just get over your feelings of the stigma." It's like, no. There are real risks at work. There are real risks in your relationship with your friends, with family. And there are risks in terms of like how it will feel because it's horrible to feel that way, that people don't

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understand, and there are some people who can't take it, and will pull away, will distance themselves, will retaliate at work. These are documented things. You have all these stressors that cause people to have mental health issues in addition to just biological vulnerability.

Lily: I really appreciate your your description of what stigma is because I think, it's just this term that's used a lot and people say often like, "Oh, I haven't experienced any stigma. There's no stigma around mental health. Let's just talk about it." I so appreciate you talking about how the stigma manifests itself in work in interpersonal relationships, in your ability to be a person in the world. There is conflict if you're being open about your mental illness or mental health and I think that's so important to address. I'm curious if you've had any personal experiences, like with that stigma. Just for yourself, if that's affected your ability to do what it is you want or need to do.

Dr. Dr. Mike: Yes. I think for me a lot of times, challenges to manhood were a big part of it. I was like, "Oh, if I'm at a party, and what if someone starts something with me? What if I'm afraid, and everybody will see me be afraid?" What'll happen is that, which happened a decent number of times, once I get it in my head I'll start, like, "Oh my God, I got to get out of here. I got to get out of here. I got to get out of here." Then sometimes I would just bolt. At the time, the person I was with would be like, "Why are we leaving?" I'd be like, "Let's go." I'm acting like an asshole.

Lily: [unintelligible 00:11:18]

Dr. Dr. Mike: And to me, I'm like, "Don't you see what's going on here?"

Lily: I wanted to touch back to a point that you brought up earlier that reminds me of the interview I did with Duff McKagan when he was talking about he grew up with anxiety and didn't know he had anxiety. He had older brothers that all had anxiety, and yet nobody talked about it, and he had panic attacks. That was like the masculine thing to do is to not let in that you're having any issues. You brought up a little bit that that's something that you could relate to.

Dr. Dr. Mike: Yeah. And this is the way again, a lot of the stigma and the toxic masculinity manifests. It's like you're in a conversation, you're waiting for your opportunity to ask about something, but it never comes up. For a lot of guys, there's no space for that. It's not like that's the normative conversation.

Quite frankly, it's horrible. I don't really know what the benefit is. It's like, we're all part of this big-- I think with a lot of the stigma of mental illness, it's like, why? It doesn't benefit anybody. I remember when I interviewed Duff for an article, I don't know if it's like a year ago and it was interesting because Frank Ferrer, who is now the drummer of Guns N' Roses, used to live in our town. I actually met him on a train and I was like, "Oh, hey. Oh, you're a drummer. What's the name of your band?" He's like, "Guns N' Roses." I'm thinking myself like, "I'm I just going to keep saying Guns N' Roses?" I was like, "No, no, what's the name of your band?"

Lily: laughs] Not your cover band.

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Dr. Dr. Mike: That's what I thought. I was like, "What if it's Guns and Roses or something like that?" He is such a genuinely sweet and nice and kind soul. I just was like, "Mark," I was like, "you look like such a rockstar but you have zero rock star pretension." When I talked to Duff, I was like, "God," he was like that, too. I was like, "Are all of you guys? Is that a requirement to be in Guns N' Roses that you have to be super cool but be a really sweet guy because I'm just like, you're all like this."

Lily: Why I love having public figures on the show, in addition to mental health professionals and peers of mine, is because I've had people like that. Someone that I think of all the time is Billie Eilish. She was kind of that person for my generation, as someone who talked really openly about struggling with suicidal ideation and struggling with mental health. I can't tell you how many times that's been like, "Okay, this person I really admire struggles with the same shit I do every day." That means something to me.

Dr. Dr. Mike: Just on a purely artistic level I remember the first time I heard her, I was like, "Oh my God, what is this?" I remember saying, almost to the radio, I had no idea who it was, but I was like, "Thank you." I was like, "Thank you. I don't know who you are," but this is what we all need somehow. One of the things that they teach you with therapy is you go where the affect is. You go where someone feels like there's emotion because that's probably where all the action is.

That's the way I feel about from the artistic pathway into talking about mental health issues, is get people who excite the world as an artist, because if they're doing that there's something there that is really engaging people. If they're engaged then they're really going to listen. One of the things that's very difficult, I think, for artists is that, it's terrible, but we almost have this abusive relationship with artists. Like, oh my God, I'm a fan. What does that mean? I need you. I need things from you. I need to know that you understand what it's like to be down in a hole. Then people say like, "Oh, you're being so depressed," or, "what's your problem," or, "you're a head case," or whatever. It's like, man. There's no gratitude for that.

You just put yourself out there so that I can go during a time where I'm thinking I'm in my hole, I'm in my place, and you're there. I don't even know you, but I know that you get it. Especially for teenagers, how many stories from these artists will say like, "Oh, punk rock saved me." I'm sure that for a lot of people, Seattle grunge saved them because it was like, they needed that. I don't know.

Lily: In your professional opinion, what do you feel are good ways that someone can seek help and maintain their mental health if they don't have access to psychiatric care or a therapist or something like that?

Dr. Mike: Well, I talk about people's the big four in terms of wellbeing, which is sleep, eating, exercise, and substances. To basically think about, are you sleeping regularly and enough? are you eating in a way that's nourishing rather than just to light up your brain? Are you getting regular exercise? And are you managing your substances? To be honest, it's like there's a lot of people that they jack themselves up with caffeine and adderall during the day and then they smoke and drink to go to

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sleep. They'll say to me they're anxious like, "I've been anxious for 20 years." I'll say like, "Well, can I ask you a question? How much coffee do you drink?" They'll say to me, "12 cups of coffee. Why?"

Lily: Yeah. For 20 years.

Dr. Mike: Yes, for 20 years. That's like doing coke practically.

Lily: Right, but it's part of our day-to-day culture.

Dr. Mike: What I would say to anybody who's out there who doesn't necessarily have access is start with all of those things. There's scientific basis for how it would improve mental health.

Lily: Do you see a difference in the openness or vulnerability around the way people talk about mental health between younger generations and older generations?

Dr. Mike: Not as much as I would like, which is why I think I'm particularly psyched that you are taking this on.

Lily: Thank you.

Dr. Mike: I had a couple of my friends being like, "I'm not as concerned about the future generation as much after I listened to her talk." I was like, "Yeah, I know." It felt like, "Oh, yeah, things might work out. It was like, I never thought that before, but I thought that after listening to her talk. I was like, "Yes. No, me too." I think that the problem is, is that the things that are bad in some ways have gotten worse. I know everyone says like oh my God, the internet, whatever, but that whole concept of you have to be you and you have to be your avatar, is brutal. I think that people are more open-minded but I think that it's not a world that's designed to make us healthy in any way.

Lily: Sure. It's not set up to be beneficial. Right.

Dr. Mike: No. We don't have those--That's like forgetting all of the economic and social and political issues. That all obviously weighs very heavily.

Lily: That's where structurally things need to be overturned, reformed, abolished before we live in a system that's built to support mental health.

Dr. Mike: Right, because it's like mental health is also intertwined with education and poverty and discrimination and all these things that come together. Because if you'll notice the disparities that go along, mental health tends to be one of them, but there's always a few.

Lily: Absolutely, yes. You put that super, super well. On a positive note, kind of a 180 from how awful the structure is and how fucked everything is, but, what is something that is giving you hope right now?



Dr. Mike: I think that, to a large degree, the fact that these conversations are happening, because I think one of the things that mental health really does is that it can be a very spiritually crushing experience. When you can't move your emotions like, "I should be happy here." Like I know I'm depressed when the sun's out and it hurts, or someone who I love calls and wants to get together and I'm like, ugh. If you believe in that sort of thing, that's a soul-crushing concept. I think these conversations are one of those things that is going to help people feel that connection and, maybe I'm going to be okay. Maybe I can be okay living with mental illness. Maybe I can get better. Just the idea of daring to believe that you matter and that your story matters and that there may be other people that you can connect with around that, that gives me hope because I do see people doing that and I feel like hopefully by the time that I'm done with all this that that will become more the norm. Then as I said, I'm very excited that you're doing it because that's that many more years that this'll keep going.

Lily: That's a beautiful sentiment. Thank you so much for being here, Dr. Mike.

Dr. Mike: Thank you for having me.

Lily: It's such a joy to get to talk to you again.

Dr. Mike: Yes, it was absolutely great. Supporting you 100%.

Lily: Thank you.

[music]

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