

Beyond Introspection

with Pen Novus and Harvey LaFord

Episode 4 – BEing Depressed

[0:12] Pen Welcome to the Beyond Introspection Podcast. I'm Pen.

[00:14] Harvey: And I'm Harvey.

[00:16] Pen: This is a podcast where we talk about mental health, neurodivergence, and how it impacts literally every aspect of our lives.

[00:22] Harvey: Every single one of them.

[00:23] Pen: All of them, and always. Uh, in this episode, we're going to talk about depression and how we experience it. Um, you may have noticed that our--our episodes so far have not necessarily been released on a perfectly consistent schedule.

[00:37] Harvey: That's because we both have clinically diagnosed depression.

[00:40] Pen: Yeah, that is a major factor in it. Uh, I want to say up top, um, we discussed it beforehand, uh, there is a chance that we will be talking about self-harm in this episode. Uh, if it comes up, I am going to be putting that in the episode description as a trigger warning, and, uh, then, also, like, timestamps where we talk about it so that if you're someone who will be triggered by self-harm, uh, you can skip over those parts, uh, 'cause I imagine the rest of the episode might be something you do want to listen to. Uh, just, then, not to be triggered by--by that. That's happened to me.

[01:15] Harvey If it makes you feel any better, if it were me, I would skip that part.

[01:17] Pen: Oh, yeah, absolutely.

[01:18] Harvey: I'm the one making the podcast with Pen, and I would skip that part, so, hey, full permission from us, not that you need it.

[01:25] Pen: There have been so many times where I've been reading, uh, like, fan fiction, and there's one that's just especially angsty, and they go into self-harm stuff, and I'm like, oh, no.

[01:34] Harvey: I--you said fan fiction, and I'm like, where on Earth is this going? But--but it makes sense.

[01:39] Pen: It was actually a very straightforward thing. Imagine.

[01:41] Harvey: Imagine. But, yeah, I mean, makes sense that you'd want to put trigger warnings in, um, fan fiction sometimes.

[01:49] Pen: Yeah, oh, God, yes.

[01:50] Harvey: I don't know why more people don't think of it.

[01:52] Pen: I--you know, a lot of times there's been like, a trigger warning, and then I've just read it anyway. Do you know how that is? Where you're like, "Yeah, I can totally handle this," and it's like, "Oh, wait, no. Oh, no, I can't."

[02:05] Harvey: Yeah. Quick aside, just sort of on the business side of things, we may--you may have noticed that in our last episode about diagnosis that we were talking about, "Oh, yeah, our next episode is going to be about," um, "medication."

[02:18] Pen: Oh, yeah, yeah.

[02:18] Harvey: It's not. Um, as you can see, this is not the medication episode. We're sad and tired and we thought, "Hey, you know what would make a really great episode? What if we just complained about how depressed we are for like half an hour?"

[02:31] Pen: We were actually on a walk, uh, one night, and we were talking about it, and we were like, "Okay, so we'll definitely get to the medication episode, like, we've got plenty to say vis-à-vis medication." Uh, "We are so depressed right now."

[02:46] Harvey Seriously. And it--it coincided for the two of us, like, at the same time. It's very strange.

[02:52] Pen: Uh, several possible reasons for that that I don't particularly feel like getting into.

[02:56] Harvey: Oh, okay. You can't-- *[Harvey's phone buzzes]* Oh, God.

[02:59] Pen: You can't know anything.

[03:01] Harvey: I placed my phone directly on top of a bag from Subway that Pen got the other day. Um, and it just crinkled, um-- this is our *[whisper]* this is our new ASMR podcast.

[03:15] Pen: ASMR depression roleplay. *[Harvey crinkles the Subway bag]* Wow. Yeah, that's-- *[Harvey laughs]* Jesus. Okay, anyway, um, yeah, so, we're going to talk about depression, and then our next episode still might not be medication because we are planning on doing an episode, uh, with some other folks. Um, and, so, likely that will be the next episode to come out. Because in theory we're recording that next weekend.

[03:39] Harvey: Maybe, possibly, probably, we will see.

[03:42] Pen: Maybe--yeah, we'll--it's hard to coordinate a schedule with five entire people when it also has to be remote because, uh, COVID-19.

[03:51] Harvey: Just doing the two of us, who live in the same apartment complex, like, scheduling sucks. We're not good at it.

[03:58] Pen: Yep, yep, yep, yep, yep, yep, yep, yep. And two of the other people we're going to record with are real adults. Like, real ones, like, proper ones. Like, I know we're adults, but they're like--

[04:07] Harvey: They're, like, older than twenty-two, which is the problem.

[04:09] Pen: Yeah. *[Pen and Harvey laugh.]* Just like, they're just--they're better at being mature. Um, anyway, so, we're depressed.

[04:18] Harvey: Yeah.

[04:18] Pen: Uh, in general, as we've talked about before. This is a diagnosis both of us have had, uh, for a while.

[04:26] Harvey: Not me. I've had it for--well, I've been experiencing depression for longer, but I was diagnosed with it, God, um, math, six months ago.

[04:35] Pen: Wow, really?

[04:36] Harvey: Yeah.

[04:36] Pen: It took--it took until then?

[04:38] Harvey: Yeah.

[04:39] Pen: Whoa. That's really weird.

[04:41] Harvey: I didn't realize you didn't know that I wasn't diagnosed with depression until very recently.

[04:45] Pen: No. I mean, very possibly you've mentioned it. Uh, very possibly on this podcast. I don't--my memory is, uh, let's say spotty. But, certainly, like, I have known you have depression for, like, far longer than six months.

[04:58] Harvey: Yeah, no, it's definitely been affecting me for longer. But, genuinely, I finally got a diagnosis of, um, of depression because I needed to be on antidepressants, and the only way I could be prescribed those was if I had depression. And I do genuinely meet the diagnostic criteria for depression, but--and really, my antidepressants are actually more for my anxiety than they are for my depression.

[05:22] Pen: Though, like, medication for anxiety and medication for depression are just--the Venn Diagram is so close to a circle that it's just--

[05:32] Harvey: Sort of.

[05:32] Pen: There's a lot of cases where, uh, you're prescribed an antidepressant and it is for your depression and your anxiety, uh, because they are so *[Pen stammers]* comorbid. I got Invisalign recently, and most of the time it doesn't, like, uh, affect how I talk, but just sometimes it does, uh, and it bothers me so much when it comes up.

[05:55] Harvey: Frankly, I thought you were just trying--I thought you were just, like, thinking of corvids instead.

[05:59] Pen: That is a really good guess, actually, for me as a person.

[06:03] Harvey: I know how much you like your corvids.

[06:05] Pen: I have a tattoo of crows because I love them. Anyway, uh, depression, for the both of us. I have experienced depression, uh, since I was at least fourteen. Uh, which I have mentioned before. I remember the first time that I talked to someone about it, uh, and I didn't know that I was talking about depression, I just knew that I felt bad. I remember saying that it felt like I was wearing a mask.

[06:33] Harvey: Oh, yeah, I remember you telling me about this, just, like, individually once.

[06:37] Pen: Yeah, yeah. Uh, it felt like I was wearing a mask, and just, like, hiding things from people, and that struck me as, like, I don't like this feeling, this seems wrong. Uh, and I was told then that that was how, uh, that was how everyone felt, which I can tell you, uh, in the years since then, that is not the case, I'm going to say, uh, for a lot of people, that is just not how they feel.

[07:01] Harvey: Yeah, yeah.

[07:02] Pen: Uh, and, in fact, isn't how I feel, even when I am experiencing depressive episodes now, I don't feel like I am wearing a mask, because I don't feel like I have to hide it anymore.

[07:11] Harvey: That seems good.

[07:13] Pen: Yeah, oh, definitely. Like, I still feel like absolute garbage some days, but I can say like, "Hey, everybody, I feel like depressed garbage," and that is way better than trying to mask it, and just like, push it down. Uh, that makes things worse.

[07:30] Harvey: Yeah, um, believe it or not.

[07:32] Pen: Oh, God. So much worse. Uh--

[07:35] Harvey: Secret facts by Pen and Harvey: If you hide your depression, it feels worse.

[07:39] Pen: Yeah, it really does. Uh, when my depression was at its worst, was, oh, God, it was December 2017. It was not strictly December 2017, it was, like, that Fall of 2017. Uh, and I was doing so badly. Just, like--and I had been for at least a year at that point, but it was at the point where I was just, like, some parts of my day were like, "Oh, no, don't worry, I'm totally fine," and other parts of my day, I was like, I mean, I don't just want to drop all the self-harm stuff, just, like, right here, right now.

[08:11] Harvey: Yeah, but, like--

[08:14] Pen: Like-- do you want to talk about any of your past experience, or just like--

[08:20] Harvey: Well, yeah, there was something that you said that actually caught me. So, God, in 2017 you would have been nineteen, or something?

[08:27] Pen: Yes, yeah, Fall 2017 I was nineteen years old.

[08:30] Harvey: So you mentioned that the points at which your depression was at its worst was when you were fourteen and nineteen, right?

[08:35] Pen: Um--

[08:36] Harvey: If I caught that correctly?

[08:37] Pen: Like, when I first started experiencing depressive symptoms, I was fourteen.

[08:40] Harvey: Okay.

[08:41] Pen: And then it, like, was fairly consistent as existing, and then I think when it hit its peak, when I was at my lowest point, uh, was when I was nineteen, though, I'll tell you what, like, for a couple years, like, it was still pretty rough.

[08:54] Harvey: Yeah. Um, I've been experiencing depressive symptoms probably since I was twelve. And some of that probably has to do with the fact that I also started exhibiting symptoms of Gender Dysphoria when I was twelve.

[09:04] Pen: That would do it, yeah.

[09:06] Harvey: So, got depressed because I was going through puberty, and I was like, "No, no, no!"

[09:12] Pen: I don't want it!

[09:13] Harvey: No!

[09:13] Pen: Take it back!

[09:15] Harvey: And now I have a huge chest that I need to pay thousands of dollars to get rid of, but at least I'm not depressed about it anymore. Um--

[09:25] Pen: Baby steps.

[09:26] Harvey: Baby steps. Uh, I'm depressed about the amount of money it will cost, but not about these. I motioned to my chest. This is a podcast.

[09:34] Pen: This is a podcast.

[09:36] Harvey: But I--what struck me about what you said is I honestly think that I was probably at my lowest point as well when I was nineteen. Yeah, I mean, you remember me from a year ago, at least I hope you do.

[09:50] Pen: Yes, I remember my friend, Harvey, from a year ago. Yeah, you were not doing--

[09:54] Harvey: I was not okay.

[09:55] Pen: No.

[09:56] Harvey: I really wasn't okay. Um--

[09:57] Pen: My Chemical Romance just started playing in my head.

[10:01] Harvey: It's a good song.

[10:02] Pen: It's a very good song.

[10:03] Harvey: I would do, like, an impromptu karaoke situation, but I can't sing, and I'm not about to exhibit that to the world.

[10:09] Pen: I won't remember the lyrics of "I'm Not Okay, I Promise" well enough.

[10:15] Harvey: Fair enough. But, yeah, I mean, I don't know, my depression has always taken a bit of a back seat, um, in terms of my mental health issues, 'cause my biggest mental health issues always tended to be anxiety related. Most of the time, when I was in counseling, it was because I was receiving treatment for anxiety. And that's true, it was really bad, it's still easily the issue that affects me the most now. My anxiety's real bad. But, you know, there was also the piece of, when I was fifteen, I started the process of transitioning, so, um, for a while, was gender dysphoria that was at the forefront of my, uh, mental health experiences because, uh, the American health system is broken and it sucks, and you have to prove--not to dwell on, like, the trans stuff too much--

[11:05] Pen: No, I mean--

[11:07] Harvey: But you have to prove that, quote unquote, prove that you're trans to so many different clinicians.

[11:14] **Pen:** And the way that you have to prove you're trans is that you're miserable.

[11:17] **Harvey:** Yeah, and I was miserable, but for other reasons. Um--

[11:21] **Pen:** *[Pen laughs]* Sorry.

[11:25] **Harvey:** Um, but, you know *[Harvey laughs]* you do what you can, and now I've been on testosterone for four years. Anyway, um--

[11:33] **Pen:** Oh, it's-- I mean, I feel like this is an unexpected that's going to come up in the podcast a lot, is how fundamentally broken the American, uh, health system is, 'cause it came up last episode.

[11:44] **Harvey:** Sometimes I think about it a little bit too hard, and I'm like, "Oh, my God."

[11:48] **Pen:** Oh, yeah. Sometimes I think about--if I really think about it for any amount of time, I'm like-- *[Pen groans]* Oh, no. Oh, no, it just-- oh, no.

[11:58] **Harvey:** I'm *[Harvey claps]* in *[Harvey claps]* hell!

[12:04] **Pen:** Yep. Oh, God.

CONTENT WARNING: Graphic descriptions of self-harm begin here.

If you would like to avoid this, skip to [23:00]

[12:06] **Harvey:** But, yeah, I mean, jokes aside, um, my depression did take much of a backseat, um, when I was young. And when I was receiving mental health counseling, you know, um, my therapists would ask me all the time, because they had to, "Yeah, you know, are you hurting yourself? Do you feel like you want to kill yourself?" And I always lied about the self-harm thing. I was actively self-harming. I actively self-harmed from the time I was twelve to the time I was seventeen. Um, long, long, long time. But I didn't say anything because I didn't want to go to the hospital. And, um, I didn't want my parents to find out, because my dad would be super concerned, and I don't think my mom would have been thrilled about it. So, you know, just didn't want to say anything about it, but I always figured my safeguard when I was young, I don't know if you had this experience, Pen, but whenever I was worried about feeling suicidal, I always rationed out of like, "Well, I--my--my anxiety makes me afraid to die," which was true. For a long, long time that was true. "So, I won't ever kill myself because I'm just too afraid to die." And then I was nineteen and I hit my lowest possible point. I had relapsed with, um, self-harm, I started to have the beginnings of an alcohol dependency, and I stopped being afraid to die, and I started thinking about how sometimes I actively wanted to kill myself and I went, "Uh-oh."

[13:34] Pen: Yeah, that's--that's not something I share, uh, because I have been a very existential person for a very long time, I think I mentioned on this podcast that I had an existential crisis when I was, like, fifteen. Uh, and it was, like, a whole summer. Charlie, I love you. You did your best, but your book accidentally gave me an existential crisis. Um, but I'd been, like, really existential for a long time, and so I've spent time thinking about death and--and dying, uh, which is also the title of a book Charlie gave me. Uh, and I wasn't really afraid of it. Actually, my safeguard, uh, in that term, was that I don't like experiencing pain.

[14:19] Harvey: Well, that'll do it.

[14:20] Pen: Which was, like, the physical pain and that was actually a safeguard against self-harm, like, physical self-harm for a long time for me, too, is that I just, like, uh, like the anticipation of like, ooh, but it's going to--but it's going to hurt, though. And that was how one, uh, I didn't realize for a long time that I was, uh, harming myself emotionally.

[14:42] Harvey: Emotional self harm, uh, you know, I won't elaborate on this right now but, God, emotional self-harm is something that people don't talk enough about.

[14:50] Pen: Yeah, I am, like, right there. Like, there are so many forms of self-harm that people do not discuss because when they talk about self-harm, what they mean is cutting.

[14:56] Harvey: Yeah, um, but continue, we can--we can delve more into that when you're done.

[15:00] Pen: Yeah, uh, and so it actually took a very long time for me to, um, cut myself for the first time. That was actually--oh, wow, I don't think about this often. It was eighteen, and it was in a Walmart bathroom.

[15:13] Harvey: Oh, my God.

[15:15] Pen: Yeah, I was doing extremely badly at the time.

[15:17] Harvey: That is one heck of a place.

[15:19] Pen: And I was, like, it kept being something I was thinking about, and I happened to be at the Walmart, and it just finally hit, and I got, uh, I got heads for a razor, uh, 'cause I didn't know what else to use, and then in the Walmart bathroom I just kept, like, psyching myself up to do it, and then eventually did. Uh, and uh, the thing about that is that I was then using, like, several blades at a time, you know?

[15:49] Harvey: Oh, wow.

[15:50] Pen: Because it was, like, the full head of a razor, like a multi-bladed one.

[15:53] Harvey: Oh, I thought you meant, like, one of the single-blades. Oh my goodness.

[15:57] Pen: It was, like, four of them.

[15:58] Harvey: Holy cow.

[15:59] Pen: And it just kept, like, going. Uh, eventually I, uh, used the blade from a pencil sharpener, and then at one point, um, my family had, like, these really tiny, like, steak knife things, but they were, like, really, really little, and so I, like, nabbed one of those and hid it in my room. Uh, and, like, when I say that I was at my worst point, that Fall 2017 when I was--when I was nineteen years old, that was the point where I was cutting myself, if not every day, like, at least once a week. Uh, probably multiple times. Uh, and it was something that I just kept being able to get away with because I never cut myself that deeply because I didn't--like, I still didn't enjoy the pain part of it, um, and--and the part of it that always, like, appealed to me more was, like, I liked the sharpness of the pain a little bit. Uh, not enough to actually, like, psych myself up to cut deeply, but more than that, I--there was something satisfying about the, uh, blood, which is a multi--which is sort a complex issue with me, in part because I might be a little anemic, which probably sounds like a total subject change.

There's--

[17:22] Harvey: Oh, my goodness.

[17:23] Pen: For some people who are anemic, there is a slight appeal to blood. Not in a self-harm way, but, like, the taste of something. Like, if you bite your tongue, it can be appealing because you genuinely don't have enough iron in you. So your body's like, "Oh, I need that." Uh, so--when I say it's a complex issue of like, there's a lot of parts of it, but it was really bad, but because it wasn't super, super deep, and it wasn't leaving scars, and because I could, like, pull my sleeve down or wear a bandaid or something, and just kind of brush it off, I could get away with it, and so I kept getting away with it. Uh, and then when I--when I moved, uh, to--to college, uh, instead of being at community college, uh, then I didn't cut myself for a while. It wasn't until, like, the following May, and there was another big break until the following January, and then there was a very long break until this most recent, I want to say, April.

[18:23] Harvey: Right.

[18:24] Pen: And I haven't since then.

[18:24] Harvey: Kind of when COVID first hit?

[18:25] Pen: Yeah, when COVID--when it really hit me that I was going to be isolated for a while, uh, and that was a very, very complicated one, because I did not use a blade for that one. Uh, I hadn't cut my nails in a while.

[18:40] Harvey: Right.

[18:41] Pen: So it did not go deep. But then I put a colorful bandaid on it, and, uh, decided that I deserve nice things, and to care about myself, and that was easily the best, like, resolution to an episode that I'd ever had, was like, "You know what? It's okay. It's all right." Anyway, yeah, that's uh--yeah, yeah.

[19:03] Harvey: Yeah, so I'm not going to go into super deep specifics, how I went about self-harm, um--

[19:09] Pen: That's extremely fair.

[19:10] Harvey: I cut myself and I'll leave it at that. Um, I sometimes engaged in emotional self-harm. Oh, you know what? You know the form of self-harm that I--that I participated in? Um, that I don't talk about, really, because I've never considered it much of a form of self-harm until I really thought about it. I have a complex relationship with food. Um, I've never properly had an eating disorder, but some of the attitudes I take towards food, and some of the ways that I think about it, I've recognized as not super healthy. Um, so some of what I would do sometimes, is I would restrict my eating. Sometimes I would go days at a time without eating. Um, so that--that's, um, that's some of it. But I think of all of those, I probably engaged in emotional self-harm the most, actually. Which is so easy for me to brush off now because there's no scars, but, ha, ha, I'm literally traumatized.

[20:14] Pen: Yeah, that's, like, that the thing of it, isn't it? Is like, emotional self-harm, because you don't have, like, the physical proof, it somehow feels like, "Oh, that's not really real." Like, I suppressed my emotions so much. Like, once I--like, the physical self-harm was its own thing. From the time I was fourteen and on, like, I was actively suppressing my emotions. And, honestly, before then, too. Like, I just choked it down and I intentionally just held everything in until it got to the point where I couldn't cry, um, and make noise. Like, the tears could fall, but I had suppressed my feelings, and, like, my expression of them so much to that point that, literally, when I cried, it was just, silent with tears falling. Uh, and I felt horrible, and I was chasing that feeling of just pain.

[21:10] Harvey: The thing that I would do, um, I got on the internet way too young. Um, I was--I think I was eight when I started using the internet regularly, and this was before I got--I was mostly just watching YouTube videos, so, like, that was fine. It was Sonic the Hedgehog AMVs. One of my special interests is Sonic the Hedgehog.

[21:32] Pen: I love it. It's great.

[21:34] Harvey: That was something--I have a near encyclopedic knowledge of Sonic the Hedgehog. I could--I could make a podcast on Sonic if I wanted to, but eh...

[21:42] Pen: Special episode where Harvey and Pen talk about their special interests. Harvey talks about Sonic the Hedgehog.

[21:48] Harvey: ASMR roleplay, not clickbait.

[21:49] Pen: ASMR roleplay, not clickbait.

[21:51] Harvey: *[Harvey and Pen laugh.]* Um, but I got on this fun website called Tumblr when I was--

[21:59] Pen: Sorry.

[22:00] Harvey: When I was twelve. Um, and if any of you were on Tumblr between 2012 and 2015, nobody on that website was okay.

[22:11] Pen: No, oh, my God.

[22:12] Harvey: There was so much drama all the time, first of all, and second of all, everyone on there was, like, a mentally ill teenager who did not know how to take of themselves.

[22:21] Pen: Or preteen learning, uh, bad coping skills from older teenagers.

[22:25] Harvey: Yep. Um, so I was one of those preteens learning bad coping skills from older teenagers. That and there was loads and loads and loads of triggering content on Tumblr. So what I would do is, a lot of the time, I would actively search out things that I knew were triggering to me.

[22:45] Pen: And here we come back to the fan fiction tie-in, even though I'm the one who brought that up.

[22:50] Harvey: Yeah, but I do remember, like, I would look at it, not because I thought the material was interesting. I wanted to look at it because I know it would make me feel bad.

CONTENT WARNING ENDS HERE.

[23:00] Pen: Yeah, yeah, yeah. Uh, I totally understand that feeling of, like--ugh, jeez. You know, it's weird to discuss all of this, in part because I don't think about, uh, some of it. Like, the everyday parts of it anymore. Like, sometimes I will be in a situation where I talk about, like, the worst of it. And then I always end up talking about like, you know, Fall 2017, when I was doing just horrible, but I don't always talk about the year before that, and just how painful all of it was, just all the time, always. Just kind of getting by every day like, "I mean, if I die, that would be fine."

[23:46] Harvey: Yeah, that's also the attitude I took towards it. Uh, especially when I was, like, nineteen. The thing that I think some folks don't realize--I think that a lot of folks, especially folks who don't struggle with, um, mental health issues--think that suicide is an event. It's one thing that happens that has a definitive amount of, you know, steps leading up to it. But it's--it can last for years. I mean, the fact of the matter is, like, you know, I've been receiving treatment for my depression. I'm on antidepressants. I still feel suicidal sometimes, um, and it's in a much lesser way. It's not in the sense that, like, I want to kill myself right now, and this is how I'm going to do it, but it is sometimes just, like, something bad happens to me and I think, "It would be really convenient if I was dead right now." Um, and I think, um, the thing that we probably need to talk about more, I think one of the issues that isn't necessarily recognized is casual suicidality.

[24:52] Pen: Yes. Oh, my God. That kind of ties into one of my big things, which is, uh, when people talk about being depressed, or self-harming and things, like, for attention, or they see it in, like, a very specific way, and, like, there's just this--even when it's not the romanticized version of depression, which, like, ugh. That's--that's not, no. That's nothing.

[25:17] Harvey: Depression is ugly.

[25:19] Pen: It's really unpleasant, and it doesn't look like someone who is just sad all the time, really. Like, depression has so many different ways of manifesting, and hurting yourself has a lot of different ways of manifesting, and, like, existing in a space where you don't want to keep living doesn't just look like the ways that they tell you. Uh, God, I remember learning in, like, health class, or something--

[25:42] Harvey: Oh, my God.

[25:42] Pen: --just this list of, like, signs that someone is suicidal. And it's like--

[25:46] Harvey: And those are important.

[25:46] Pen: Yes. Totally. But what you have given me is a list of things for if someone's hit the breaking point, you have told me nothing about, just, living every day like you don't care whether you live or die. That is very different--that's hard to deal with. And part of the reason I didn't tell people for such a long time, like, even when I was asked, like, "Do you want to die?" It's like, I don't want this to be some huge thing where I go to a hospital or where I'm treated like I'm made out of glass or something. Like, I don't want this to be something where you treat me like I'm falling to pieces. I want to be treated, still, like a person, so I feel like I have to tell you no, uh, so that we can, like, continue talking about the things that I need to talk about so that I don't shatter into a thousand pieces.

[26:41] Harvey: Yeah. Um, and on the topic of how they talk about, you know, suicide in high schools, and health classes. I know about, and I don't remember exactly what they're called, but I know--or, I don't remember, necessarily, but I've heard of the different kinds of suicidality, how some of them can be very intentional. There can also be inadvertent forms of suicide, where maybe you don't mean to kill yourself, but, you know, you do inadvertently. Um, and there's also the indifference to whether or not you live or die, uh, is also a form of suicidality. I didn't learn that until I took an adult psychopathology class in my second year of college.

[27:24] Pen: I am learning just now that that is actually a recognized distinction. Uh, obviously, I'm aware that it's a thing, because that's what I experienced for at least two solid years of my life. Oh, no, no. No, that actually started when I was fourteen. So at least five solid years of my life.

[27:39] Harvey: Yeah, um--and I think it's really important that we make that, um, information available at younger ages. Um, and I get that it's heavy, but here's the thing. I probably would have spoken up sooner if I realized that indifference to life and death was a form of suicidality. I didn't know.

[28:01] Pen: Yeah. Like--yeah, it's heavy. Younger people experience it, so talking about it, like, it's--one, young people are capable of, like, sitting with heavier things more than people recognize. And, two, like, this is something that younger people experience, so giving them the information on it is far more helpful than leaving them in the dark, uh, because a young person who is deeply depressed, if they are left in the dark about things, uh, they're not--that doesn't make it better. That doesn't make their thoughts easier. Makes them feel more alone.

[28:42] Harvey: To be blunt about it, would you rather have a couple of teenagers sad in a health class, or would you rather have dead kids on your hands?

[28:50] Pen: Yep. I mean, that's--so, COVID. So, quarantine. So, social distancing. Uh, I mentioned earlier that it hit me really, really, really hard. And a big part of that is that I was doing better before, uh, self-quarantine and stuff. I was, uh, I had actually been doing pretty well with my mental health, and then it hardcore tanked because I was isolated from everyone. And, like, yeah, yeah, we could still talk over Discord and all, but, like, being physically around people I cared about was so huge for me, and the biggest part of it that was upsetting is I knew that, as I started feeling more depressed, that meant my life was at risk, and that was a hard thing to just know. But that's the--you know, I actually pulled up an article before we started about depression and ADHD, and how they can--yeah, how both of them, like, interact with each other. Uh, because they do, very majorly. Like, both of them change how the other one -- how their symptoms show up, and also, if you have ADHD, uh, you have extremely high odds of experiencing at least one other, uh, disorder, and depression is one of the very common ones. And one of the quotes from, like, a psychologist in this article, uh, yeah, "Work first on the condition that causes the greater impairment," says Lenard Adler, MD, Director of the Adult ADHD Program in New York City. Uh, "problems raised by ADHD are real, but depression can be life-threatening." Thanks, Lenard. That is absolutely, a hundred percent, like, the very real thing.

[30:39] Harvey: Thank you, Lenard.

[30:40] Pen: And that's -- ugh. You know, I think we both thought we were going to talk about, like, executive dysfunction, and how depression just sort of makes your, like--makes you kind of foggy, and not do things.

[30:53] Harvey: Which is true.

[30:54] Pen: Yes, very true, very true, and what we have been experiencing a lot. Um, I think we thought we were going to talk about that a lot more, and, like, I know I didn't expect to come into this like, "Hey, heavy stuff. Extremely heavy stuff."

[31:08] Harvey: You want to hear about how we want to kill ourselves?

[31:12] Pen: Which, I have not actively wanted to kill myself in quite a while. Uh, I rarely hit more suicidal thoughts, but now sometimes, like, it's part of the way I can tell that I'm currently dealing with more depressive symptoms, and in a worse way. Uh, heavily because of COVID

and how it's changed my whole life, and what I can and cannot do. Uh, I had coping skills that I never thought were, like, possible to take away. Like, going outside.

[31:42] Harvey: Uh, yep.

[31:43] Pen: Going for walks. One of the ways that I would help myself was to, like, go into a public place and be around other people.

[31:50] Harvey: And, well, that's not necessarily safe right now.

[31:54] Pen: I didn't think that was something I needed to have a backup plan for.

[31:58] Harvey: Right?

[31:59] Pen: Uh, but one of the ways that I can, like, tell that it's so much worse is because sometimes I will catch myself thinking, like--like, in response to an inconvenience, just something like, "Ugh, what if I just died instead?" And I'm like, "Whoa, wait a second."

[32:11] Harvey: Hang on.

[32:11] Pen: We were supposed to leave this in, like, 2018. What are--why is it back?

[32:17] Harvey: Come on now. Isn't 2020 supposed to be for change? Like, doesn't have to be good change, but, like...

[32:24] Pen: Obviously. *[Pen groans]* Anyway...

[32:28] Harvey: Anyway, um, you know, Pen, this is going back several minutes, but there was something you said that caught me, um, that I wanted to share a thought on. Um, you mentioned how a lot of people think about, uh, people who self-harm and people who are suicidal as attention seeking.

[32:46] Pen: Oh, yes, please, let's talk about this.

[32:47] Harvey: And, you know, that's not true for a lot of folks. A lot folks, it's a response to, um, to really difficult life circumstances. But, let's also talk about the people who do it for attention. Um, and, hear me out, hear where I'm going with this.

[33:05] Pen: I--for the record, folks, my expression was neutral.

[33:09] Harvey: I know. I know.

[33:11] Pen: No, yeah, please, tell me.

[33:13] Harvey: That's just--I'm a bit conditioned to saying that one, because--because people are always like, "What do you mean, people who do it for attention?" and I'm like, "Wait a minute."

[33:21] Pen: No, that is real.

[33:22] Harvey: I didn't finish. Um, this is similar to, if you watched--watched--if you listened to our last episode, I went off on a little tangent about, like, hey, people who self-diagnose and self-medicate, instead of judging them, think about why they're doing that. Just spend five minutes critically thinking. I would really encourage you to do the same, um, because there are people who do self-harm and do express suicidal, uh, thoughts for attention. But, that doesn't change the fact that the people who are self-harming for attention are still self-harming. The people who are expressing suicidal thoughts for attention are probably still suicidal. And think about why they're doing that, 'cause more often than not, people who do it, quote unquote, for attention, are looking for help and don't know how else to ask for it.

[34:13] Pen: Yeah. Like, what I've always hated is, like, "Oh, it's just a cry for help," or "they're just doing it for attention."

[34:21] Harvey: Like that isn't significant?

[34:21] Pen: I don't understand why that's a dismissal. Like, if someone is turning to that for attention, something is clearly wrong. Or, like, this is just a cry for help. Why are you upending just to that? That's a pretty serious cry for help. Clearly this person is hurting and they don't know of another way to deal with it.

[34:41] Harvey: Yeah. And that dismissal has always made me so angry. Like, if you're looking for attention just for attention's sake in, like, middle and high school, you can do that by, like, God, I don't know, pretending to be British, pretending to be a mermaid. I don't know, like...

[34:57] Pen: If you're looking for attention, and you are turning to hurting yourself to do it, you are not doing well, and maybe you need the attention because you're terrified and you feel alone and in pain. Like, I--you know, I thought that I was a lot more obvious than I, uh, probably was with a lot of things. Like, I did want people to notice in some ways, I also didn't want them to notice in other ways. From what I know, that is a very common experience, is, like, I want people to know, but also, if anyone asks me about this, uh, I'm going to collapse right now. Um, like, that sounds horrible, and also, like, what I need desperately. And, like, I thought people knew more, and the reason they weren't helping me was because they didn't care. If you--and that was not the case, like, broad strokes, that's not what was true. But that's how it felt, and that sucked. That was so painful. Uh, if you are actually not responding to

someone because you think they just want attention, or this is, like, again, "just" a cry for help...

[36:01] Harvey: Do better.

[36:02] Pen: Like, you are telling them that you aren't responding to them because you don't care enough about them. That's a problem.

[36:10] Harvey: The thing with mental health is that you have to give people the benefit of the doubt, I think, in the sense that, yeah, there are some people who are going to fake these things entirely so they can seem interesting. That's not common. That's not as common as people think it is. A lot of people who, quote unquote, do these things for attention, those are real cries for help, those are real, "I'm hurting, I don't know how to express it, please, someone notice." You got to--you do just have to keep that in mind. If you give the benefit of the doubt to someone who's faking, the worst thing that's going to happen is you expressed compassion who maybe didn't need it.

[36:54] Pen: Like, I mean, that's real. That's the real-- *[Pen sighs]* Treat people like people.

[37:02] Harvey: Please.

[37:02] Pen: Even, and especially, young people. If someone is doing this, and you think it's for attention, show them compassion. Like Harvey said, the worst thing that happens is you showed someone compassion. That seems like a pretty good worst-case scenario.

[37:15] Harvey: I don't think it's a bad scenario at all.

[37:18] Pen: Yeah, like, that's--hey, that's pretty--that's choice. Wow! That's the worst one? What a good day.

[37:24] Harvey: Look, you know, here's the thing, like, if somebody, like, let's say I, you know, was showing a level of compassion to somebody who wasn't actually struggling at all, um, you know, I don't know the, the worst I can imagine happening is someone going up to me and being like, "How could you believe that?" And, you know, sort of my response to that theoretically--maybe that's a bit of a strawman, but--I could see that theoretically happening. Like, "How could you--how could you not notice?" And it's like, what if it was legit and I didn't do anything? How much heavier would that consequences of inaction have been?

[38:01] Pen: Also, like, how could you do that? How could you not notice? or things like, I was nice to someone. I showed someone kindness. There does not need to be a justification for this.

[38:14] Harvey: That's true. Also, if you think I've ever noticed anything in my entire life, you're wrong.

[38:17] Pen: You're dead wrong. *[Pen and Harvey laugh]* It's like, treat people like people. If you think someone is just doing something for attention, show them kindness if you have that capability, because, in the end, what you have done is be kind to someone. That probably counts. Uh, and if they're not just doing it for attention or whatever, like, on the other side of that, if you come across someone who is, like, suicidal or self-harming or whatever, please don't, then, treat them--I'm going to say don't treat them differently, and I don't mean it, like, don't be aware of them. I mean don't treat them like they're made of glass. Don't treat them like they, then, can't make decisions for themselves.

[39:01] Harvey: 'Cause they can. They're still an autonomous person. Really, all you need to do differently in that interaction is be aware that they're going through some hard times, and if they respond to things in a way that you find unusual, just do a little more critical thinking. Be like, "Okay, I know that this person is experiencing depression, suicidal thoughts, et cetera, et cetera, right now," and just think about it.

[39:24] Pen: Yeah. Like, that is--that was a huge thing for me sometimes, is I didn't want people to treat me like I didn't--like I wasn't still a person, or to, like, take things away from me, or, like--I just wanted compassion, and you can do that without trying to, like, change a person's whole life. Like, I promise a lot of people experience depression and just sort of take care of it themselves because they aren't given another option. Uh, the best things people have done for me when I have been more depressed is to say, like, "Hey, whatever you need, like, I'm here. Like, uh, my favorite thing people say sometimes when I tell them that I've relapsed or something is, like, "Thank you for telling me. That means a lot. And if you need something from me, I'm here." Uh, one because it recognizes, "Hey, that actually is a huge thing to be able to tell someone. That's, like, a massive step."

[40:23] Harvey: I am taking mental notes.

[40:24] Pen: *[Pen laughs]* Uh, and then to just offer, like, "If you need something, I'm here." And not to say it in that special, like, "Oh, if you--if you need anything, like, I'm here for you," 'cause like, sometimes that feels a little bit like, okay, cool. Can we just--

[40:39] Harvey: I'm twenty years old. I--

[40:42] Pen: Like, all right, but if someone just says it like, "I'm here if you need me," that--like, I feel a level of confidence in them. I feel like, okay, all right, maybe I don't need, like, a drive to the hospital or whatever, but maybe I do need to go on a walk at 10 p.m. Trevon Smith, if you're listening, this is for you. Uh, and--

[41:03] Harvey: Love you, Tuberculosis.

[41:06] Pen: And to have someone just be there while I feel awful, but--but don't want to do anything, just need to, like, exist for a while, like, that's huge. And--and it doesn't make me feel like I am being viewed as less of a person, or, like, they're viewing me as someone who can't make my decisions, or continue to live my own life. I--mm, I've done decently. I am living my life. Uh, I lived on my own for the first time when I was massively depressed, and, like, I kept going. I've gotten good grades when I've been massively depressed. I promise I can continue to function, I just need you to listen.

[41:49] Harvey: Yeah. The way that I always approach it whenever somebody's going through something like that, the--the phrasing, and this is a very specific phrase that I always use, um, usually something along the lines of, "I'm here in whatever way you need me to be."

[42:02] Pen: Yeah. Yeah, that's a good one. It's--recognize that something heavy is going on and then, like, keep going, keep existing. If someone let you know on purpose, it's because you are fulfilling a role in their life that they find very important as you are right now. Like, if you are their friend or some other loved one, like, if they're expressing this to you it's because you're doing a pretty good job with whatever you're currently doing. You don't need to, like, hard pivot.

[42:34] Harvey: Yeah.

[42:36] Pen: Now, if you just found out, and people didn't tell you, then maybe there is a hard pivot necessary. Not necessarily into treat them like they're made of spun glass, but maybe, like, pay more attention to them. Consider compassion..

[42:50] Harvey: Do you want to talk about caring? Um--

[42:53] Pen: Let's talk about caring.

[42:55] Harvey: Although, genuinely, um, we should probably start wrapping up soon. So, Pen, do you have any closing thoughts?

[43:02] Pen: Depression sucks to experience, and it's not something that is always super, super heavy and in the realm of being suicidal and physically self-harming, or emotionally self-harming.

[43:17] Harvey: Even though that's what we talked about through most of the episode.

[43:19] Pen: Yes. Sometimes it really is just a brain fog that isn't going away, and just feeling bad for days on end, and not having a reprieve. Depression can look like a lot of things. Please do not assume you know what depression looks like, uh, or that someone who tells you they're experiencing depression is not because it's not what you think it should look like. Uh, if someone you care about does have depression and you found out way before this episode, or you are just finding out later, center their needs as much as you can. Listen to them. Talk to them. Make sure that you aren't asserting yourself over their mind, and, like, if you are depressed, and you're listening to this, uh, one, wow, that sucks, and I'm so sorry. Like, oof.

[44:11] Harvey: That's rough, buddy.

[44:12] Pen: That's very rough. And also, I'm not going to say, like, there's a light at the end of the tunnel, because I always kind of hated that one.

[44:19] Harvey: Right?

[44:19] Pen: But I am currently feeling worse depression-wise than I have in quite a while, and I am still impossibly better than I was two years ago. Things do improve. Things have the very, very real capacity to get better. It sucks when they aren't, but, like, just existing until that point where you don't feel awful about existing is huge, and it's big, and for every single person who is currently just trying to get through the day and have that be enough, one, you're right, that's enough, and two, I am proud of you. I am so proud of you. That is so hard to do.

[45:07] Harvey: Yeah. I'm proud of you, too.

[45:11] Pen: Harvey, do you have thoughts? Do you want to talk about caring?

[45:14] Harvey: You actually basically summed up everything that I was going to say. So I'll end it with I love you, my friend, Pen. You are nice.

[45:22] Pen: I love you, Harvey. It's nice, we care about each other!

[45:26] Harvey: We talk about caring.

[45:27] Pen: We talk about caring.

[45:29] Harvey: Wow.

[45:29] Pen: Wow. But, yeah, this episode was, uh, not exactly what I thought it was going to be at the beginning, but I'm glad we were able to share things. I hope it helped in whatever capacity it could have.

[45:43] Harvey: Fingers crossed.

[45:44] Pen: Fingers crossed.

[45:45] Harvey: So, hey, stick around for just a few more minutes and we'll tell you a little bit more about how this podcast is run. Beyond Introspection is an independently-run podcast by Pen Novus and Harvey LaFord. Music by Girl Lloyd. You can find us on Twitter and Instagram at ByndPodcast, or you can email us at beyonddot—that's d-o-t—podcast@gmail.com. We publish on Buzzsprout, iTunes, Spotify, or wherever you get your podcasts. You can find the link to our social media and email in the podcast description. Got feedback for us? Feel free to reach out on social media or via email. We'd love to hear from everyone. Take care of yourselves.