

Video Transcript for The Importance of Sharing: Personal Stories

Gaurava Agarwal: Good afternoon. I'm Gaurava Agarwal. I serve as the Chief Wellness Executive for Northwestern Medicine, and I am a psychiatrist. I'm joined today by Dr. Kirk Brower, who Dr. Brower, thank you for being here with us today, and I'd love it if you'd introduce yourself as well.

Dr. Kirk Brower: Thank you for inviting me. I am also a psychiatrist and I work at University of Michigan Medical School in Michigan Medicine, and I am the chief wellness officer there.

Gaurava Agarwal: Thank you for joining us today, Dr. Brower. I wanted to just start with a little quote that I think will highlight a little bit about what we hope to learn from you today. This is from Dr. Kay Redfield Jamison, who wrote *An Unquiet Mind*, and her story about living with bipolar disorder.

She had said, "It was difficult to make the decision to be public about having a psychiatric illness. The privacy and reticence can kill. The problem with mental illness is that so many who haven't, especially those in a position to change public attitudes such as doctors, lawyers, politicians, military officers, they're reluctant to risk talking about their mental illness or seeking help for it. They're understandably frightened about professional and personal reprisals."

Now, I think what she's really getting at is this idea of the stigma around disclosure of mental illness, and how that has been at least one of the major barriers in people in the healthcare industry being able to seek care when they've needed it. I think she's highlighting that there is this belief that disclosure would be very useful in dealing with stigma, and I think that we've learned that you have used that tactic to help with stigma in your community at your system. I was wondering if you'd share a little bit about your approach to self-disclosure and your story?

Dr. Kirk Brower: Yes, it's such a good question and a stigma of mental health is such a big issue. If by sharing our story, someone can identify with and benefit from that sharing, then that's appropriate time to disclose. So it's both knowing what to disclose, when to disclose it, and in what venue.

We currently are in a time in our society where a lot of people are disclosing a lot of personal things, and sometimes the reason is not necessarily to benefit others. I'm thinking of some celebrities who use various platforms, and some of it may be publicity, but I do believe that people can benefit.

Let me go back to an experience I had as a teenager. When I was about 16, I had an older brother who came home from his first semester in college due to a mental illness. He had a very severe form of obsessive compulsive disorder and spent hours and hours each day washing his hands and preventing

contamination from germs. This was at a time before our pharmacological treatments.

But the point I want to make here is that he wanted to be sure that nobody knew about it. He essentially lived at home, he was too disabled to go back to college or to do anything else, and our family honored that. So, that in a way we isolated and cut ourselves off from the people who really could have supported all of us, including other families and our own extended family and friends and so forth.

Back then, this was a while back in the late '60s, early '70s, we still had stigma about cancer. Cancer was called the C word, and if you had cancer, you didn't tell people about it, so mental illness was way behind in terms of that status. So, I think that was a very powerful early experience that I had with stigma. Because of that experience, I actually grew up with the same reticence and resistance, so I understand where that's coming from. So, today if one person can benefit from my story, then I will have done my job.

Gaurava Agarwal: That's a fantastic point and a fantastic reminder that people speak openly about cancer now, and so there is a path forward and we have seen this sort of change happen, and there's no reason it can't happen for mental health the way, as you describe it, has had for cancer. So, I think that's a great reminder and a hopeful reminder for us. Would you mind sharing a little bit about your story now?

Dr. Kirk Brower: Well, sure. So, I'll continue with that story. So my brother died by suicide when I was 17, and so there was also a lot of shame and stigma around suicide at that time. We described it as committing suicide, as if anyone who died by suicide was committing a sin, and certainly in certain religions it was considered a sin and still is. So again, this was something that you didn't talk about.

So going forward for a long time, people would say, "Well, do you have any brothers?" I have a younger brother, so I would say, yes, I had one younger brother, but I wouldn't disclose that I ever had an older brother, because then I would have to say, "Well, tell me about ..." Right? So, that stigma followed me for a long time.

When I was 17, my brother died by suicide and I found his body, so it was also a very traumatic situation for me. So I did not yet know, I didn't even recognize, I'm not sure the American Psychiatric Association recognized, in fact, I know they didn't, post-traumatic stress disorder, but I lived every day with that memory. I thought about it every day for probably about 10 years, but I didn't think of it as a mental illness, I just thought of it as this is how people feel, ashamed, not wanting to talk about it, yet thinking about it every day.

Gaurava Agarwal: I'm really sorry your family and you had to experience that [inaudible 00:08:14].

Dr. Kirk Brower: Yeah. I think the other thing that happened was when I went to college, I was afraid, because my brother went to college, he came home, he died, and I thought maybe not even so consciously, is that going to happen to me? Moreover, my brother was in treatment, he did seek a psychiatrist, it's just that our treatments at that time were not adequate. But it prevented me from seeking treatment, because I thought, "Oh, well, if you have a problem, you go see a psychiatrist, you're going to end up worse than when you started."

Gaurava Agarwal: Yep.

Dr. Kirk Brower: So, I think that's another resistance that I had when I developed my depressive disorder, that I was afraid to go see somebody.

Gaurava Agarwal: Yeah. Then when did that change? When were you able to seek help?

Dr. Kirk Brower: So it changed when I went into psychiatry, and I think part of the reason I went into psychiatry was to help process this. I'm going to use a stigmatizing term right now, which is crazy, but I'm going to do so for a purpose, because I heard a lot about how ... Going into psychiatry when I went into psychiatry was itself kind of a stigmatized professional, and one of the comments people would make is, "Well, people go into psychiatry because they're just trying to work out their own problems."

Gaurava Agarwal: Yep.

Dr. Kirk Brower: But what I realized was what's wrong with trying to work out your own problems? In fact, aren't we all trying to do that all the time? Whether you go into psychiatry or surgery. So working on your own problems is not the issue, but at that time in training, all psychiatrists were encouraged to be in therapy themselves, because in order to understand the experience of being a patient and to prevent us as psychiatrists from saying things that were due to our own issues to patients, it was considered helpful, and indeed it was helpful. So, that gave me a cover reason to seek treatment. Of course, what I really needed to do was to process my brother's death by suicide, and a lot of my first course of psychotherapy was doing just that.

Gaurava Agarwal: Interesting. You highlight how many different forms stigma can take, right? I'm a little earlier in my career than you, and I'm happy to say it's better, but it was still a part of my decision-making to go into psychiatry. So, there's that stigma that we have about our own field internally that limits really talented medical students from going into this field, because they're having to think about some of those things is what are other people are going to think if I go into it? So, various aspects that we all have to overcome so that we can overall improve access to care, so I appreciate you sharing that.

I'm sorry, when did you feel ready to share with other people that you had received treatment, and what led to that?

Dr. Kirk Brower: Well, first, I decided to share it in writing. I was asked, I don't know, it was probably, well, at least six years ago, so it was kind of recent. I didn't really share these things with others, but I did begin to share them with people I felt close to, meaning not just my family who knew, but with friends, but it was always on a one-on-one situation.

There was a congressional hearing ... well, it wasn't a congressional hearing, it was a panel that was asked to speak before congressional aides. So there weren't congressmen there, but there were aides there. The American Psychiatric Association was involved, and I was asked to speak at that panel about, and I don't even know how this came about, but what I talked about was the experience of being a survivor of suicide.

So I kind of wrote out the story, and I gave the story there with the idea being that I think when people do decide to take their own lives, they think that everyone will be okay afterwards, they'll get over it. They kind of have to minimize the impact, and their depression helps them to minimize that impact in order for them to take their own lives. So, one of my messages is that, "No, we don't get over that," and I talked about what the experience was like.

Afterwards, I received all sorts of emails from people who I assume were there, I don't think this was broadcast anywhere, saying, "Thank you for sharing your story. That's been my experience, you've put it to words for me." I thought, "Wow, maybe I can take this experience and turn it into something that would be helpful to other people."

Gaurava Agarwal: Then you said you turned it into words?

Dr. Kirk Brower: So yes, and I eventually what I said there became a piece in Psychiatric Times.

Gaurava Agarwal: Okay, and what was the reaction to that piece?

Dr. Kirk Brower: You know what? Now that I think about it, that might be when I received all that feedback, because that was more public. At that congressional aide meeting, people did come up to me afterwards and say that they admired my courage for sharing my story, and there might have been one person who was able to identify with it. But yes, the emails came after Psychiatric Times.

Gaurava Agarwal: That's great. I don't think I actually had you share, what is your role at the University of Michigan?

Dr. Kirk Brower: So I'm on faculty in the Department of psychiatrist, I am a psychiatrist. I sub-specialized in addiction psychiatry, and most recently now I am the Chief Wellness Officer for University of Michigan Medical School and faculty director of the wellness office.

Gaurava Agarwal: Mm-hmm. Then in that role, have you ever felt that self-disclosure around these issues would help the people that you served at the University of Michigan? Have you used this story internally as well?

Dr. Kirk Brower: Yes, I have. I think during the initial stages of the pandemic, I was asked to be part of a town hall that the executive leaders were doing and to speak to the way people were feeling, their emotional response to being not only part of the pandemic, but part of being on the front lines of taking care of patients with the pandemic.

So I started talking about what would be normal feelings to have, and that people would have anxiety, they would have fear of catching the disease, they would be fearful for their families. They might feel guilty about the people they couldn't help, they might feel ashamed, because they might be somebody who could contaminate their family, those kind of things.

So I started talking about help seeking, that if you have these emotions, most of them are normal, but if they start to interfere, then it's helpful to talk with someone, talk with anyone who you know. I also said, "And if it gets so bad that it's persistent, you may want to talk to a professional." I said, "And I've done that before and I can tell you that it was very helpful for me." So now we come back to the crazy, I said, "If you go to see somebody for help, it doesn't mean you're crazy. In fact, you'd be crazy not to."

Gaurava Agarwal: That's great, that's great. I know that sometimes people say, hey, it's easier to talk to people you know versus put it out there in the ether. But I actually have found personally, and I've heard this from others, when you publish your story in Psychiatric Times to the unknown faces, that can be easier frankly, than to disclose to people that have known me for the last decade. This is an aspect they didn't know about me. Did you feel the same way or was it easier to speak to your internal community?

Dr. Kirk Brower: Yeah, well, that's a good question. I think what helped in terms of speaking more one-on-one with people was to learn how to talk about it. I mean, I went from not wanting to even say I had a brother, to saying, "Oh yes, I had an older brother, he passed away." "Well, what happened?" I would say, "Well, he died from a mental illness."

Some people kind of knew what that meant, and other people thought that that was a funny way to talk about it. So I had to go from died from a mental illness to died by suicide, but it was only after reading a very influential book written by survivors of suicide who talked about the language around it and how we needed to start using the term died by suicide as opposed to committing suicide that I was able to take that on. So, I think once I had the language for going public it made it easier.

Gaurava Agarwal: That's a great tip, that's a great tip. Obviously you have a very prominent role, leadership role. After you shared your story, what kind of feedback did you get? Did you feel any negative reprisals from leadership folks looking at you differently in any way?

Dr. Kirk Brower: Well, I remember coming down from that stage in the town hall, and it was actually in-person, even though it was during the pandemic. One of my surgical colleagues and leaders, he kind of caught my arm and says, "That was great. Of course, only someone like you could get away with that phrase, you'd have to be crazy." So yeah, I got very positive feedback about that.

Gaurava Agarwal: That's great, that's great. Yeah, I think it shows the power of vulnerability and obviously the power of appropriate self-disclosure. Any other tips or advice you might have for a leader who's thinking about sharing their story in the service of exactly what you did, to encourage others to seek care, to normalize the fact that this is a human experience that many of us share? Any tips you might have for how a leader might do that in an effective way that is also healthy for them, right? We don't want to force people to do this that aren't ready to do this.

Dr. Kirk Brower: Right. There's a way to tell stories. In addiction psychiatry, I actually learned a lot from AA or Alcoholics Anonymous. There's a story about what I used to be like then, what I was like when I first started my recovery, and then a story about where I am now, and that you end with hope, that there's hope for having these kinds of experiences. Not that we get over them, but that we learn to live with them better and that we learn to cope with them better, and that for some people that path is going to be through professional treatment.

So I think that ends up being the message, but in terms of tips, in psychiatry we're told not to disclose.

Gaurava Agarwal: Right.

Dr. Kirk Brower: That's an important lesson. What I had to learn was even with patients, and I'm obviously not an analyst, but even with patients, sometimes disclosure is important, because that's going to benefit someone, or to withhold might be detrimental. It's not about me though, it's not about, gee, I went through this and now I'm great and aren't I great, it has to be about your audience.

Gaurava Agarwal: That's great. Did you notice anybody else that disclosed after you in the months ahead? Did you see anybody also share their story, a fellow leader, et cetera, come up to you and tell you about their experience?

Dr. Kirk Brower: Yeah, so I think one of the things the pandemic has done by highlighting burnout is people can more easily identify with burnout stories that's more in a way kind of socially acceptable. So people would start to share their burnout stories, and I'd have my own burnout stories, so I shared that first as well.

We then organized, through the wellness office, a webinar called Humans Before Heroes, because we were all being held as heroes. We found a few people who were willing to talk about their experiences from burnout or depression to healing, and so talk about those journeys. We got a very positive response. We did rehearse it ahead of time to help those people feel comfortable in sharing the stories, and I think if you're planning to do this, it can be helpful to talk with people who've done it.

Gaurava Agarwal: That's great advice. I like that. Humans Before Heroes, I think that's what all of this has been about is what's our human story and sharing it with each other.

Well, I appreciate you taking the time with us and sharing your story, Dr. Brower. I think, as you said, it will help others to be able to continue to change this culture, decrease the stigma, and sort of end up the way we think about even cancer now. I'd love to see that for mental illness in the future, because I do think that'll help so many more people be able to get the help that they need and to recover. So, I appreciate you taking the time with us today.

Dr. Kirk Brower: Well, thank you for inviting me. It's my pleasure to be here.