

# Stigma Silenced [Stories Spoken]: A Mental Health Podcast

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## Episode Two: Finding Wellness through Peer Support with Taylor Price - Transcript

Bailey Patterson (BP) – she/her, Host

Taylor Price (TP) – she/her, Guest

(Introduction Music)

Bailey Patterson (BP): Hello and welcome back to episode two of Stigma Silenced [Stories Spoken]: A Mental Health Podcast. This podcast is produced in collaboration with Sphere at the Human Development Institute, University of Kentucky.

This episode's guest, Taylor Price, will talk about her experience being diagnosed with Bipolar Disorder and her journey to discovering peer support. Please be aware that there will be some discussion of suicide and hospitalization in this episode and make sure to take care of your own body-mind with that in consideration. I'm your host, Bailey Patterson. Without further ado, I hope you enjoy this episode.

*The views and opinions expressed in this podcast are those of the guest speakers, and do not necessarily reflect the views positions or opinions of the University of Kentucky, the Human Development Institute, Sphere or any related entities.*

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Taylor Price (TP): My name is Taylor, my pronouns are she/her a little bit about myself. I work currently in St. Louis, Missouri as a toddler teacher. I got a master's from UK in Library and Information Science. My bachelor's is in secondary ed and English. I have two dogs that you may hear throughout the call, I just tried to take them out, so hopefully they'll be chill. And my diagnosis is bipolar two, which is what we're here to talk about.

BP: Yeah, absolutely. So kind of to segue into that, like, what kind of language do you generally prefer when talking about mental health? I know you just said that you identify with bipolar two. Could you just tell me more about like, kind of the language you prefer?

TP: Um, I don't know, I'm pretty open about language. I used to do a support group with other people who are bipolar and had depression, and I'm pretty chillax about language. There's not much that bothers me or, like, hurts my feelings. I think a lot of times, if something does bother me, I think it just comes from a place of people not necessarily understanding what they're saying. And I'm cool with that, you know, I hear I think a lot of times to educate people about what is kosher, and what's not. And so really, not much bothers me. Yeah,

BP: Do you consider yourself, in terms of bipolar, do you consider that a disability?

TP: That's such an interesting question. I do. I do consider it a disability. Because for a lot of reasons. I think that it impairs my daily lives in a way that especially like unmedicated, allow me to say that, like, without my medication, like, I could not function as a normal person. And I've been through phases of that and seen that. And I would most certainly say that it is a disability. But with that being said, that, because I'm medicated, and because I'm in a state of wellness, it doesn't necessarily affect me in the same way that it used to. So I, if somebody asked me if I have a disability like on a job application, I say no, you know, because I am currently in a period of some people call it, you know, wellness, there's different names for it, you know, but I'm in a period of stability.

BP: Yeah, that's interesting. You said that, like you, you talked about being in a period of wellness. Is there a reason why you use that term over, I know, some other people call it recovery. Is there do you prefer one or the other and why?

TP: Recovery, I think, to me makes it sound like I'm fully recovered, which I'm not. And there are potentials for, you know, going back into periods of unwellness. And so that's why I use the term wellness because it seems more neutral and something that could potentially change because with bipolar, you have the possibility for change. And so that used to scare me a lot more. But now it's something I've kind of come to terms with like, I will always be well, but I know how to get back to that point. And so that's why I use that language.

BP: Awesome. Would you mind just kind of telling me a little bit about, like, your journey in terms of your diagnosis? Like life before that when you got your diagnosis how it's affected you so far?

TP: Definitely. So it's been an it has been a journey, that's a good way to put it. I first got diagnosed when I was 19 with a panic disorder and depression, because I was having daily panic attacks. And I just did not know how to manage that. So that kind of started my journey into therapy and psychiatry and the world of mental health, I guess. And from there, my condition I think got a lot worse through college. There were just a lot of stressors for me between like relationships and school, and just trying to navigate young adult life, it was just very stressful for me. And I just was not doing so hot. And so I had my first suicide attempt, when I was like, 20 or 21. And they diagnosed me in the hospital with adjustment disorder, which is an interesting term, and I googled it when I got out of the hospital, and it is just basically this blanket term they give you when they're like, "We don't know, man." So I had this adjustment disorder diagnosis in addition to my anxiety and depression diagnosis. A year later, I had another suicide attempt. And it's so funny, they, they just kept the same diagnoses.

BP: Oh my goodness.

TP: A lot of times, they've changed my medication around and they didn't really mess up my diagnosis. They just were like, "Your medication isn't working. Let's put you on another antidepressant," which I need. When I was 23, I finally found a new psychiatrist when I moved to St. Louis from Lexington, and was like, "Hey, I think I'm bipolar." "Why do you say that?" And I kind of told her my story. And she was like, "Hey, I think you're bipolar." And I was like, "Yeah, it makes a lot of sense." I had had periods of mania, which looking back, were pretty easy to identify as just being very impulsive and reckless. But most of my diagnosis is depression, like, you know, and that's why that was my diagnosis primarily for so long, because I had just severe depression. But if you asked me more than five questions about it,

you could dig into it and see that I had periods of mania too. And so I've had the bipolar diagnosis for two years now.

BP: You spoke about there being a period of time where you were continually having some crisis, and they didn't really adjust your diagnosis, do you have like any insight or any hunches as to why they didn't dig deeper?

TP: I have thought about that so many times, because it obviously was very frustrating for me. And because I was... The big thing was bipolar is getting on the right medications, because there's depression and then there's like medications for depression, and there's bipolar and medications for bipolar. And so they just kept saying "Your medications aren't working," you know, and go just going down that rabbit hole. And having been a part of a support group and knowing so many people now with bipolar and depression, I see why. Because basically, when you get a depression diagnosis, you become a guinea pig, you know, and because there's no way to know like, what medications will work for you other than trying them, so you try something and you realize it's not working for a variety of reasons, you know, for me, I would just be super fatigued, I would feel suicidal, I mean, just any number of symptoms that you, you know, weren't desirable. And they would take me off of that medication and put me on something else. So I think they were just so much focused on the medication, that they weren't like backing up and looking big picture at like, Is this even the right diagnosis?

BP: So you mentioned being hospitalized. Is there... Could you speak a little bit more about your experience being hospitalized?

TP: Yeah. So the first time I was hospitalized, I was hospitalized Our Lady of Peace in Louisville mobile. It was i i started off with Sam and Lexington because that's where my, I had an overdose. And so that's where that happened. And they took great care of me there. But I remember very specifically the moment somebody came into my room and was like, "So you don't get to go home." Well, like when something like that happens, like you have to stay here. And I was like, I kind of freaked out. I was like "Sorry, what?" and they're like, "Yeah, like for your safety, like, you're gonna go inpatient." And I was like Oh, no, no, no," because I was in school at the time. I was all I was thinking about was like, I have tests coming up, I have assignments do like, that's not gonna work for me. Like, "Well, what's not gonna work for us, is you going home and trying to kill yourself." Like, I was like, "Yeah, alright, you know, I hear what you're saying, but can I just promise that I won't?" I took an hour and a half ambulance ride, because that's how they do it, to Our Lady of Peace in Louisville. When I got there, I met the most amazing people. I was so scared because it's essentially like going to jail. Like they take all belongings you're not allowed to have like drawstrings on your pants, you can't have pens like anything that would be considered a weapon that you could like, somehow harm yourself or somebody else when they take that, which is essentially everything. I don't know this, this is very personal, but one thing I remember is that I couldn't, like, my clothes were taken from me and so I couldn't get clothes. And I also couldn't get like feminine products because they like were, for some reason, it was like some bureaucratic system that they were like, "We don't have them in this location right now." And so I was like two days without, like, feminine products. And like just normal clothes, I was wearing a hospital gown, and just feeling like, uncomfortable in my skin. But nobody there cared, like everyone was like, "Welcome to The Club, baby!" And I just found that was like the first place I had really found like solidarity with my situation, because I think most of my friends, present as neurotypical, you know, people. And while they

sympathize with my situation, they did not understand at all, like really necessarily what was going on with me. And so like talking to them about it was super hard. And I just didn't want to be a burden to people, I remember that thought coming up a lot, like, I just don't want to be a burden. And when I got to the hospital, like we had something to do, like every hour on the hour, like we were forced to be out of our rooms, essentially, we weren't forced to be out of our rooms, but they told us like, "If you don't participate in group, you're gonna be here longer. Like, we will keep you longer because you're not participating, which is showing that you're still depressed." And I was like, "Okay, well, say no more, I will go to the group." So that was like, the first time I had done something like group therapy or like a support group. And it truly changed my life. Like, I immediately was asking, like, "How do I get this, like outside of the hospital" because I need it, you know, like so badly. The people there, just were going through what I was going through, and just seeing people whose situations were not as bad as mine. And also like way worse than mine, it was just kind of like eye opening to the fact that like, this can go 1000 different ways. But all of these people are in some form of recovery or wanting to be.

BP: Absolutely. And like, you know, you mentioned that, in that moment, like, that was kind of your first feeling of solidarity. How has having that experience and finding those moments of solidarity with other people impacted your journey as it went forward up until now?

TP: To put it mildly, it changed everything for me. When I got out of the hospital, I connected with this organization called DBSA Louisville, which is Depression and Bipolar Support Alliance. And I can't brag on those people enough. They truly go out of their way to do everything they can for you. And my journey with that organization, you know, is something that it just truly impacted me. I initially drove to Louisville to do support groups from Lexington. So I was driving like an hour and a half to do support groups because it just, like, it meant that much. And I eventually after I did that a couple times was like, "Why don't they have this Lexington? like what's going on?" And so I actually ended up starting a chapter in Lexington, because I just felt like it was so important. And we were a small chapter, but we were mighty. And it was just a lot of fun to participate in that and be a part of that. And to invite other people who were not in the same place of recovery and see them slowly get to that point because of the support that the group offered. I just think it's super cool. So I'm not as active since I live in St. Louis now. I'm not as active with DBSA Louisville anymore. They have a Facebook page and they do zoom groups and stuff, so occasionally I pop in and say hi to everybody. But I do peer support with RETAIN now. And that's why. Because I'm just like, there's nothing like having peer support or somebody, even if they don't have the exact same diagnosis, like somebody that has a semblance of like, the struggle, you know.

BP: You're an advocate for like more access to peer support in terms of care opportunities?

TP: Absolutely. Absolutely. I just feel like therapy is awesome. You should go to therapy, you know, like having your psych is awesome. There is nothing that compares to peers. There's just not.

BP: Absolutely, thank you so much for sharing that. So in terms of speaking specifically, you know, about stigma, how has stigma shown up for you in terms of your journey with mental health?

TP: Yeah, so just I think the transition from the diagnosis from anxiety and depression to bipolar, for me was scary, because I feel like there is this a different kind of stigma with bipolar, that you're crazy, or

like you're not stable, or just more unhinged, you know. I think anxiety and depression is super serious. But it has become a lot more common and something that people talk about a lot more now, which is awesome. And so it was a realm that I felt more comfortable in, you know? When I got the bipolar diagnosis, I was like, "Oh, that's scary. Like, what does that mean?" You know, like, I don't know as much about that. I've been super fortunate that, like, as far as work goes, like the people that I've told have been super understanding, because I have told, like, my supervisors at work. And you know, it, it was never something that was, like, mentioned twice, you know, they just were like, "Okay, like, thanks for letting us know." And I was like, "Oh, well, that's great." And there's times, you know, like I told you, I'm a toddler teacher, so there's times I just get super overstimulated. And I, you know, I need a mental health break, like ASAP, and you know, somebody, like, because they know what I've been through my journey, they know, like, I mean, I'm sure they would give it to anybody, but they're like, we'll be there. And I appreciate that. Um, something that scared me more was like moving to a new city and meeting new friends and like starting relationships, and dating and things like that, and having to like, to or have, like, come out to people and be like, "Hey, like, I'm a little different." And just not knowing how that will be received. There have been times, like, when I first came to the city, I was still trying to get my crowd, where I remember one person specifically, I had like been out to dinner. And I, I never knew when to time it, you know, like, how, at what point do you tell somebody you tell them after they know you a while? I always felt like this was some sort of a betrayal that like to tell somebody after months of knowing you, like, hey, surprise, like, I'm bipolar, and then be like, you know, "Why wouldn't you say something?" And I also felt like, you know, who wants to know that when you first meet somebody just immediately overwhelmed, and then be like, I have something to tell you. There's like a weird balance. And so, this person, I, I learned my lesson, and I did the weird thing where you overwhelm them, like when you initially meet them, and they were like, "Um...to be super straight up with you, I didn't really want to know that. That makes me uncomfortable. And to be honest, we're probably not going to be friends." And I was like, okay, okay. But it was just something where they felt like they had experience with somebody who was bipolar, it was not the experience that they wanted. And they kind of judged me based off of that. We had different types of bipolar, but this person that was irrelevant, this person and it was just kind of shocking. So after that, I kept it a lot more to myself. Or let me say I, I did the thing where you tell somebody after a more normal amount of time, you know, like, after you get to know them a little bit more. There is no normal amount of time. You can tell people whatever, but just for me, it was I was like I really struggled with like when making friends.

BP: Yeah, it sounds like, just like in the zeitgeist of things, there is a tendency for people who have not had these kinds of experiences to kind of generalize traits of individuals based on someone they know who may or may not have had a certain diagnosis. What would you say to kind of dispel the myths and preconceptions some people might have about some of the more stigmatized psychiatric diagnoses?

TP: I mean, it's just like, just like any neurotypical person, no two bipolar people are the same, no to schizoaffective people are saying no to depressed people are the same. It's just, you know, I mean, like, you can't compare them, because you don't know what they've been through. I mean, you know, I have had suicide attempts and may be a little bit more severe, some people might not have, and it's a little less severe. And now that that's what makes it severe, you know, but that's just an example. Some people are medicated, some people choose to be unmedicated. That changes things, you know. I think that to try to compare people based on a diagnosis is unfair to everybody involved, you know, and I just

don't think it's probably going to work out in anyone's favor, you know, because it's just not a good comparison. You know, if you haven't got to know those people.

BP: Yeah, absolutely. What changes would you like to see in the world that wouldn't be liberating to you and other people with similar experiences?

TP: That's a great question. Um, this is, you know, something I've thought about a lot, actually. One is something we've already talked, and touched on, which is just like, peer support, peer support should be in every city, every hospital should offer a peer support group, you know, like, universities should offer peer support groups. I think that that is something that's, like, so important. And so people don't have to struggle silently and by themselves, you know, like, I think that is so important. Something that we also sort of talked about was like, being a guinea pig for medication and trying a million different medications. There is a thing called genetic testing, you know, that you can, like get a little quick mouth swab, and they can run panels to see like, what drugs will work for you and what drugs are, like, not going to work for you. Why don't they tell you that at first? Like, why doesn't everybody get that? Because I was on, I kid you not, eight medications before I took that test, and found out that like SSRIs, which are the typical antidepressant don't work for me, which at the time was not a shocker, because I tried eight of them and they weren't sucking. So I was like, "Yeah, that makes total sense." So I'm on like, an atypical antidepressant now. But I have full confidence that they would have tried every other SSRI, and every other random antidepressant they could put me on, before they would put me on the thing that actually worked, which was my miracle drug basically. So I just think things like that, like, there's gotta be some sort of guidebook that like you give somebody when they get a diagnosis, like, "Hey, this is what's gonna help. Get some genetic testing done, like most of the time insurance covers it, you know, are in a peer support group, find a peer support specialist, you know, get into therapy, get a good psychiatrist." And there are like, ways to find good therapists and good psychiatrists. Yeah, like, Psychology Today is an awesome resource to like, actually go on and see what experience do you have? Like, why do they specialize in? Stuff like that. Like this stuff I did not know until I was part of a peer support group. And they were like, you know, basically, like they handed me the Holy Grail. And I was like, but it's just like, I don't know, hospitals, and like, you know, doctors, which unfortunately, like a lot of times, is stuff people have to go through. Like, they have this information. Why would you not dispell it? I don't know. It just is like, it just seems silly to be. But that's kind of my rant.

BP: Yeah, absolutely. All good stuff. Um, I think the last question I want to ask to kind of wrap things up is just what message would you have for people who may be in the moment of their lives now that you were in when you first received your bipolar diagnosis? And what would you like to impart upon them?

TP: Yeah, that's a that's a tough one. I guess I would say this: When I was at my hospitalization the first time, I had this really awesome nurse, and on the way out, getting in the ambulance to leave to go to inpatient, be like, held my hand, she was like a mom, you know, she was just super sweet. She just held my hand and was like, "Hey, like, you should never be ashamed about this. It's something that so many people go through and they're just afraid to say, you know, but like, Never be ashamed about this. And like, when you get well, help other people, you know, like find a way to just help other people who are going through this because like, you're not the only one. And just finding that out is kind of the best news, you know." So I would just tell people that, you know, it's not anything to be ashamed of, like, a lot of people have been there. I've definitely been there. You're not alone. And, you know, when

you get out, and you're on the other side, you know, do something to help another person who's struggling.

BP: Yeah, that's really powerful. I'm really glad you had someone to say that to you.

TP: It's definitely stuck with me.

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