JORDIE LESCARD:
Ready? Let's get started.

LINNEA VELIKONJA:
OK.

JORDIE LESCARD:
Hello and welcome to The Shin Cast, where we're starting conversations around mental health, mental illness, how we cope and how we thrive throughout our journeys. I'm Jordie Lescard.

LINNEA VELIKONJA:
And I'm Linnea Velikonja. The Shin Cast may touch on potentially triggering material. Take care of yourself while listening and know that it's OK to take a break or skip onto the next episode. Check out the episode description for full details on what we'll be talking about. We hope you enjoy the podcast.... (MUSIC PLAYS) Today, we're with guest Jamie Rowe, who is currently completing a double major in Business and Astrophysics and is a co-president at Enactus Canada. Thanks for joining us, Jamie.

JAIME ROWE:
Thank you for having me.

LINNEA VELIKONJA:
Very curious how you came into doing a double major in Business and Astrophysics, which are two pretty different things.

JAIME ROWE:
Astrophysics has been my dream since I was a kid. My mom, she kind of scared me into not doing it because she told me there were no jobs in the field. So I went into business in the HR because I thought I'd be something I'd like. And I, I think I completed year three because I was, like, hopeful that it would get better. I got through $20,000 in debt and I realized I hated it. I like kind of impulsively applied to Western this summer for astrophysics and like, I didn't think I was going to get in because I haven't taken any science courses in years. But yeah, I got it. I just thought it would be more rational, I guess, to go into business. But at the end of the day, I think it's really important to do what you like doing.

LINNEA VELIKONJA:
A 100%. I grew up with two immigrant parents, so I really got hammered in that. You know you need to be successful, you need to make sure you're making money.

JAIME ROWE:
Yeah, my mom's from Russia. So, like I completely get it.

LINNEA VELIKONJA:
What was that like when she you kind of made that compromise of like this isn't maybe what I want to do, but like, I have to appease the parents?

JAIME ROWE:
At first it was like my mom was, like, really happy that I had chosen, like, in her words, a normal
degree. But as time went on, I think she started realizing that like I didn't like it, I wasn't happy. And then like recently I started going on like my meds again. So like my antidepressants, and I think that kind of gave her a hint that I might not love school right now. So she was surprisingly supportive, though, when I told her I got into Astrophysics because I tell her I applied. So yeah, she I think she's just being supportive because she knows I'm going through, like, mental health stuff, but yeah, I'll take it.

LINNEA VELIKONJA:
You mentioned that your mother is from Russia and like I have immigrant parents and just recently we're like we're really working on, like, mental wellbeing in my house and like making sure like putting mental health first. So do you find like your parents kind of understood it differently when you were maybe, like going through depression or going through those phases?

JAIME ROWE:
I don't think they completely understood my dad's from Canada, actually. So he's like not an immigrant. So I feel like he was a bit more open to it. I think my friend sneaked on me to the school counsellor at the time and then I got called in and then it was a whole thing and my parents got involved and my dad like took me out to dinner and we talked about it. And I think I was just a bit harder for my mom to like grasp the whole idea of mental health, because according to her, like, I've never like she didn’t know anyone in Russia who had, like, struggled with those kind of things. And she's like, oh, I've never heard anyone, like, committed suicide, and it seems like the numbers are so high here. But I'm like, yeah, but it's so, it was so stigmatized back then being in Russia, it must be worse. So it kind of makes sense that you wouldn't have heard about it. My mom hates that I'm on meds, but like generally they're supportive of me going to counselling and things like that, so that's been good.

LINNEA VELIKONJA:
What was that like when you first kind of went to the counsellor about the situation when your friend kind of like forced you to go open up the conversation for you?

JAIME ROWE:
That was like the first time I had talked about my mental health to anyone other than my friends. So it was I was pissed off because I did not want to be there. And I just try to, like, get it over with as soon as I could that I think I remember distinctively like I went back to math class because I got pulled out in the middle of math and then I don’t know why, but when I sat down I just started bawling and it was so embarrassing. But it was so, so new that it was so weird for me, it was a weird experience.

LINNEA VELIKONJA:
You talked about it before, like talking to your friends about your mental health. But like, when did you yourself, like, think about your own mental health?

JAIME ROWE:
I really started thinking about it in the beginning of high school. And I know for a lot of high schoolers, like mental health can really decline in those years. I know that they experience a lot of anxiety. And I knew I wasn’t alone in that. I knew that a lot of people were also facing the same challenges. It was kind of like a weird, I don’t know why I didn't do anything about it, but here we are.
JORDIE LESCARD:
I think that's like fairly common when people first encounter, like with all the topics, it's like, oh, yeah, that makes sense. And they are Just like, they don't see themselves in it at all.

JAIME ROWE:
For me, I think it was great knowing that again that I started identifying with all these mental health talks they were having at school. And it wasn't for like a few more years that I kind of started dealing with like my OCD. And there's not much talk about OCD. So, I was like, I don't know I barely knew what it was.

LINNEA VELIKONJA:
I wanted to ask when did your OCD start?

JAIME ROWE:
I remember doing it when I was like four or five, but back then I kind of thought it was a game. I was like, this thing I do on the stairs were like, I have to step on either my flat, like put my whole foot on the stairs or like go on tiptoe on some of the other stairs. And I thought that was normal. I thought everyone did that. And so, I just figured that this touching thing was also a game that like I just unconsciously picked up, but then eventually like anxiety started like creeping up into it.

LINNEA VELIKONJA:
That's so interesting because a lot of times people experience OCD when they are younger, but they just don't know what it is for maybe people who aren't familiar with OCD. Do you want to talk about a little bit about like what it is and maybe people's misconceptions about it?

JAIME ROWE:
Yeah, I'm obviously not an expert, so but...

LINNEA VELIKONJA:
Oh, sorry to put you on the spot.

JAIME ROWE:
Well, that's OK. So it's an Obsessive Compulsive Disorder, and it's just the need to little I don't want to call them ticks, but like actions, you feel that you have to do them. Or I know some people, they feel like, oh, if I don't walk around the table three times before eating like my parents might die, things like that. This fight or flight situation, whenever you get into those whenever you're near a table or wherever. If I'm near the steps like it's kind of like, the anxiety starts creeping up again. I know like most people, when they hear OCD, it's being super clean and of course, a lot of people with OCD do struggle with being overly clean and like feeling the need to be cleaning all the time. But that's not all it is. And I think that's why it took me so long to kind of acknowledge that the touching thing might be a bit bigger than a game.

JORDIE LESCARD:
What does that feeling of like compulsion, like what's that like? Like, are you like you mentioned like an anxiety there?
Definitely for me, that's how comes up in my experience, I know everyone will have like a slightly different experience. But I have less of these, like, intrusive thoughts that like, oh, if I don't do this, someone's going to die if I don't do this like something bad's going to happen. Whereas I just the feeling, I'd say is more of a panic attack very close to one, like maybe on the edge of one. Because I have the need to like touch everything a certain number of times, if I don't do it, then I start like, then I do start having like the symptoms of a panic attack, and it does, like, come on, and I like start freaking out. But there's no reason behind it.

JORDIE LESCARD:
Did you find that like, things got more and more intense as you get older?

JAIME ROWE:
It kind of just peaked in high school. It's been like at that level since then. I know my anxiety really took off in high school. Like that's when I started really experiencing the effects of anxiety. Maybe still anxiety, but not as intense.

JORDIE LESCARD:
So nowadays, like is that I can imagine like that would be challenging to kind of deal with like, I'm just trying to wrap my head around really like because you say like you have to touch things a certain amount of times and that like you have to, you know, be flat-footed on one step and then on your tippy-toes on the next step. And do you find that like it gets in the way of you anything you do?

JAIME ROWE:
It's obviously like annoying, and I think it's the anxiety that really like if I don't touch something a certain number of times, that's kind of what gets in the way of like day to day living. But otherwise, I feel like it's so like, ingrained in me to like touch things a certain number of times that most days like, as long as I'm doing like the touching thing, like I don't have like these almost panic attacks are. So I wouldn't say it completely gets in the way of like, daily life. But it is, a little bit obnoxious at times when I'm like, I just like I have to work on this essay, but I have to finish like touching this notebook. Because I accidentally, like, swipe my hand across it or something. But yeah.

JORDIE LESCARD:
So do you find like, when you have those compulsions, and you just do them, then they kind of like fade into the background? Like you're no longer noticing them anymore? Or is it like something at the forefront of your mind where you're like, you're aware that that's what you're doing?

JAIME ROWE:
It honestly, depends. It comes and goes, I like catch myself counting, and if I do catch myself counting, then it comes to the front of my mind again, and then I'm thinking about it for the rest of the day or for a couple hours or whatever it might be. So, I'd say it's sometimes in the back of my mind, sometimes in the front, like, it depends on the day, I guess.

LINNEA VELIKONJA:
Has it been, like, very different during this time of like, COVID? I don't want to bring it up, because it's like, we're dealing with it every day. But I'm very curious if like, been harder?

JAIME ROWE:
Well, that's a totally fair question. I know a lot of people are struggling with increased mental health
issues. I wouldn’t say in terms of the OCD. I mean, it’s kind of nicer because I’m at home most of the time, so I don’t have to worry about if I hit someone at the mall, and it’s like, oh, my God, I didn’t touch it. Like their sweater like I can’t just go back, but so yeah, I feel like it’s kind of been a good thing for the OCD. It’s just that like, anxiety and depression kind of sneak in. And it’s like, oh, I’m feeling very lonely right now, and isolated, as I’m sure so many people feel. But yeah, I think that’s how COVID is really affected my mental health.

LINNEA VELIKONJA:
Have you found a different kind of support to help you?

JAIME ROWE:
Yes. So, I have been going to counselling pretty consistently for the past five years-ish. So, it was hard, because I have seen so many counsellors, because some didn’t work some yeah as it is. But yeah, right now I’m seeing, I was seeing two, but yesterday was my last session with one. But I’m continuing to see my other counsellor and I will keep seeing her until I graduate from Guelph. So yeah, it’s been really helpful, especially right now.

LINNEA VELIKONJA:
I really like that you also brought up how you did have to find like a counsellor that suited you because I think that at times makes people not want to go into counselling because like one doesn’t work out. They’re like, this isn’t for me. But you really worked on finding someone who was the right fit.

JAIME ROWE:
Yeah. And I am a huge advocate for if the first if you don’t like your first therapist, go to another one if you can. If you have like, the money to or like especially if you’re in university, like we pay for counselling, we pay for help, like go use it.

JORDIE LESCARD:
Yeah, I think personality goes a long way with counselling. I found like my experience, like, I’ve had quite a few counsellors because I’ve moved quite a bit. And a lot of the people I’ve talked to have been, I don’t know, fantastic. But these are hand few that I’m like, I could tell with them like 10 minutes. And like, this isn’t working. (INAUDIBLE) And I think they feel it too. And so like if anyone's listening and they’re thinking like, Oh, well, my first session went bad with that person. It’s like, it happens and like you (INAUDIBLE) like, have you found that like any other supports are helpful for OCD?

JAIME ROWE:
So I am still kind of struggling with the OCD thing, because it’s like, oh, I’m probably not as bad as like other people because other people like, they think like their parents are going to die if they don’t do something or they’re like dog is going to die. Like, when I look at that, like I’m like, Oh, it’s not as bad as those people and I know that’s like, it’s not a good way to look at it. And it can be really Damaging, that’s kind of been holding me back. I’ve had like this. There’s this person in Guelph that specializes in OCD, and I’ve had her like name pinned up on my board for a few years and I am sure I will Reach out at some point. I’m so like, as you mentioned, like, I do think that right now it’s something I have to work through on my own, just admitting that I deserve help and...
I can sympathize with that. Because that's when people are experiencing like more on the mild side of a disorder, I can often feel like, well, I don't want to take resources away from people who are struggling more than me, I don't want to, you know, maybe I'm just attention seeking. I know, I did that in my own life, when I went to counsellors for the first time, it was like, I shouldn't really be here, I'm fine like, there's people have a way worse, don't like, give someone else my spot. You're right, where that can be a damaging way of looking at things because it can deny yourself access to resources that like, you know, you need.

LINNEA VELIKONJA:
It's OK to take up some space. Like, there is a lot of stigma, there's a lot of misconceptions towards OCD, how do you find those kinds of misconceptions for yourself?

JAIME ROWE:
It's kind of bothersome, like, if someone's like, oh, I'm so OCD when they're like, sweeping or something like that(CROSSTALK). And I'm not a person who can confront people very easily. So, I'm not about to call people on it.

LINNEA VELIKONJA:
What do you wish people who maybe stigmatize it or like just didn't did not understand OCD, understood about it and understood about your story and your experiences?

JAIME ROWE:
I don't know it off the top of my head, but honestly, I feel like giving them concrete facts that we have about OCD. Like I think it's important to like just be more educated on how it physically affects your body and your like thoughts and feelings on a day to day basis. You can't control what your compulsion is. I don't know where they come from, I don't know if it's like from a childhood thing that happened to them. But, yeah, I think that's important.

JORDIE LESCARD:
It's not just someone just is really fastidious, or, you know, like really wants to, or like just has some kind of attack or something like that. Like it actually is, like, compulsive and like, not in their control, if I'm understanding it correctly. So, you said you were doing, you've been doing counselling for? You said five years, I believe,

JAIME ROWE:
Something like that, yeah.

JORDIE LESCARD:
Has it relieved any symptoms? Has it like positively like impacted your life? Or like your academics or your relationships like?

JAIME ROWE:
100% yes, it's only been a positive impact for me, I know, I still have like symptoms of anxiety, symptoms of depression. But I have been learning how to cope with them a lot better. And so I, my one therapist, I love the way she explained it. But like, say, you're having a panic attack, and it takes you one hour, a one hour window to kind of like, calm down. The goal is to make it next time make it like 55 minutes, the next time 15 minutes, you just want to shorten that window. Because at the end of the day, it's you can't control whether or not you're going to get it but you can control how you're
Episode 4 Transcript - Jaime

going to cope with the situation.

>: And learning those coping mechanisms has been a huge impact and even like just going to
counselling and just ranting about like, oh, like my girlfriend, like said this and like, Can you help me
deal with this argument? My therapists have all been very encouraging so just like, speak my mind,
which I've always had a problem with. So like in terms of relationships, and like even outside of
mental health, it's been a super positive experience for me. I highly recommend it for anyone.
Really?

LINNEA VELIKONJA:
Oh, it’s awesome to hear. I was wondering, in the past, did you ever have like poor coping
strategies?

JAIME ROWE:
Yes. Yeah. I know I was one of those high schoolers that like throwing their own pity part
ies. Try to
like compete with everyone else’s like no, I have no like, I think that was a way to like make myself
feel better somehow. I eat a lot when I’m depressed. And I know that I would eat an entire like loaf
of bread after school. (LAUGHS) Oh, men! If I like had an especially bad day, which obviously is not
good for me. But yeah, I guess I think that’s one that kind of stuff that comes around from time to
time today. Like even today. Yeah.

LINNEA VELIKONJA:
So rough, especially right now for what we’re dealing with. I think. I think everyone’s kind of having
like times when they're like I didn't know I had this and now it's really coming out because I kind of
have to sit and deal with my, my own thoughts sometimes.

JORDIE LESCARD:
Yeah, like that, like, definitely nowadays we have a lot more time to think I didn't realize how much I
missed the public.

JAIME ROWE:
Distractions. Yeah,

JORDIE LESCARD:
Yeah, like even like just walking on campus was something that I didn’t realize that I'd miss. Usually I
was like, kind of ticked off, there's no tables at the library or that like things were the bells rings all
backed up, but like, now it's like, that's something that I wish I could see again.

LINNEA VELIKONJA:
But like also with your parents and like, kind of starting to get validation in your mental health? Did
they notice anything when you were younger, to like, when you're older and talking to them? Do
you ever ask like, did you, did I seem different?

JAIME ROWE:
That's funny you ask me, because I had that conversation with my mom, like two days ago. Because
some someone I was like, talking about my certain, like, behaviours I had, and someone was like, do
you have ADHD? Like, that was like, exactly like that was me on a medication. And then ever since I
Episode 4 Transcript - Jaime

was like, I have ADHD like, and like I was like a headspace where I'm like, freaking out. I was like, I
 don't want another diagnosis. So I was like, asking my mom like, oh, is like, was I easily distracted as
a kid? Was I like, disruptive all the time? And she said, No, but the more I thought about it, I
remember all my teachers being like, yeah, she like, disrupts the class way too much.

>: 
She like talks to everyone all the time, even like, while I'm talking, and I'm like, there's definitely
things there that I guess my mom just didn't notice, or doesn't want to notice. I don't know. But...

LINNEA VELIKONJA:
Maybe you just didn't feel challenged when you were younger. And you’re just like, I have so much
time to just talk. I understand what's going on.

JAIME ROWE:
It's definitely a part of the reason why I was so disruptive in class before the age of ten.

JORDIE LESCARD:
I know for me, like my strategy. It's all about excitement and fun. I can't do anything without
excitement and fun. I have dysthymia, which is just a persistent depressive disorder. So it's really
hard for me to feel positive emotion. So like, I kind of chase that high if ever get it. Whoever in a
good mood, I'm like, OK, I gotta use that, to my advantage. One thing I did want to mention was that
you spoke on the mental health panel this year. So I just wondered, like, what was kind of like, what
was that like for you, and what motivated you to speak at the event?

JAIME ROWE:
I was at a workshop for like time management that we were
forced to go to, because I was supposed
to be an RA, but obviously, that didn't happen. So now I'm like, the online version of an RA. And we
had to go to these workshops. And Anthony, like, was like, Oh, we need one more speaker, and I
don't know why, like, I it was a very impulsive decision, which is all my decisions. But yeah, I just
emailed him. I was like, hey, like, I'd like to talk and they still have me like, I like, I want to talk about
my experiences with OCD, and...

JORDIE LESCARD:
What was that experience like for you?

JAIME ROWE:
Like, I've had similar experiences with like talking about OCD. And this one, I may have
procrastinated writing my whole thing. And I felt that it was, it wasn't as good as it could have been.
So it was a little bit nerve racking in that sense, but generally, like, I like having the opportunity to
like talk about like, the stigma around OCD, and what it's like to, like, deal with it, because I think it's
important that people know, and I think like 60 to 70 people showed up to the event. And I like that
makes me really happy and that I got to like talk about the difficulties that people who suffer with
OCD, like go through on a regular basis,

JORDIE LESCARD:
What I really liked about the Mental Health panel and everyone's stories, for a lot of people, it's their
first time kind of hearing what it's like, from someone who has, like a mental health story to tell
because it's not really a widely discussed thing, like even like in the education system, you don't
really encounter that many people are like, come in and say hey, I have you know, Borderline personality disorder, you know, and like they do a talk on that it's not that as common. And so, you know, you sharing your story and all the other panelists sharing their stories I think is super important.

JAIME ROWE:
Yes, thank you. I didn't get a chance to like tell you but like yours was also like, I remember you mentioning, I can't remember the word for it. I think (CROSSTALK)

JORDIE LESCARD:
It's called dysthymia. I prefer to say PDD persistent depressive disorder, because like, OK, bam gets the message across. Right?

JAIME ROWE:
Yeah. Fair enough. Yeah, but like, I didn't know that PDD was like a thing. So it was like, awesome, like, be able to hear you speak about that. And like, of course, all the other panelists like brought something different to the table, which I think was awesome.

LINNEA VELIKONJA:
Now, you both did such a good job. You're both really articulate, even though you're both like I didn't prepare at all, it was really well, then, you know, being able to share your story has is it feel?

JAIME ROWE:
It was hard at first. I like definitely, I think the first time I talked about it was like in grade 12, where I still kind of trying to figure out what the heck like was going on. It was very anxiety inducing, but also freeing in a way, because I feel like that's such a big part of me, unfortunately, but, and it's Oh, finally, I can be open about this.

JORDIE LESCARD:
So we're almost at a time here. And we'd like to thank you, first of all, for participating with us and talking with us.

LINNEA VELIKONJA:
Thank you for being very open about talking about everything you've experienced.

JAIME ROWE:
Thank you for having me.

JORDIE LESCARD:
I was just wondering, did you have any concluding thoughts you'd like to share with us before before we let you go?

JAIME ROWE:
I my biggest advice is to talk to someone you trust or even just like call a distress line. I know I did that a lot in high school. And while the first time is really scary, it's also really important to be able to not like bottle up those emotions. But yeah, like my I always believed that the first step is speaking up.
LINNEA VELIKONJA:
Which chat text chat line did you specifically contact?

JAIME ROWE:
In grades nine and ten I use like Kids Help Phone I and then they had like that tech, they have a texting line, and I use that a lot. Not a lot a few times.

LINNEA VELIKONJA:
How was that when you first like went on to those services?

JAIME ROWE:
My first experience, I was crying in my room and talking to them. My grandma was yelling at me from downstairs. And I was like, Oh my god, like I can't yell back. Like she's gonna know I'm crying and like, it was it was just such a weird moment. But and it was so like, I think that'd be so much worse. But on the plus side, like it can't get any worse than not. That's that was like my thinking. So the first time is really hard. It definitely does get easier as you go along. Which Yeah, practice makes perfect.

LINNEA VELIKONJA:
That's interesting. It's like that. Like, I'm still keeping it hidden. But I'm also like, finally telling someone

JAIME ROWE:
Even if it's a total stranger yeah.

LINNEA VELIKONJA:
Thank you so much for spending this time with us. Really appreciate hearing your story.

JAIME ROWE:
Thank you for having me. It's I got like the chance to reflect on a lot of things I think was helpful for myself too.

LINNEA VELIKONJA:
If you've enjoyed today's podcast, you can find us wherever you listen to your favourite podcasts.

JORDIE LESCARD:
The Shine Cast is hosted by Jordie Lescard and Linnea Velikonja. We’re produced by Rebecca Skelhorn, Shannon Brown, Tony Nguyen, Charlotte Cherkewski and Melanie Bowman. Editing is done by Dawn Matheson. Artwork by Emma Hak-Kovacs.

LINNEA VELIKONJA:
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