

Episode 7: Kailyn – Trusting My Body, Trusting Myself

JORDIE LESCARD:

We're ready. Let's get started.

LINNEA VELIKONJA:

OK.

JORDIE LESCARD:

Hello and welcome to the Shine 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. In The Shine Cast, we 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. Today we are with the lovely Kailyn Brewer, who is a psychology major and does a minor in family and child studies. Thanks for being with us, Kailyn.

KAILYN BREWER:

It's good to be here.

LINNEA VELIKONJA:

When do you think your mental health journey began?

KAILYN BREWER:

Oh, in all honesty, my mental health journey began as a kid. I guess the path that I'm currently on started right after high school, so in my final year, like my senior year of high school.

LINNEA VELIKONJA:

What happened during that time?

KAILYN BREWER:

In high school is when I started to notice that I actually had a lot of heightened symptoms of what I now know as an officially diagnosed anxiety disorder, but it really started to shine through. So, for example, I wouldn't be able to get out of bed a lot of mornings because I'd be so worried about what would happen during the day. I actually had I was really lucky in this where I was close with one of my teachers in high school, and she noticed because I had her for first period, both semesters, and she asked me for my cell phone number when I was halfway through the first semester of high school, and she'd start calling me to make sure that I got out of bed and like encouraging me to get out of bed through the day. Also, I think this was mostly triggered by the fact that my dad started working all across Canada at the time. So I'm in a single-parent household. I live with just my dad and my brother or I used to live with just my dad and my brother. When my dad was out of town and my

brother was working nights, it was a lot of the time, me alone. So that's really when I started to struggle.

LINNEA VELIKONJA:

So that was a big transition.

KAILYN BREWER:

Oh yeah.

JORDIE LESCARD:

So like, do you think he had that kind of any predisposition towards anxiety or anything like that? Like because you said like it started like maybe in childhood?

KAILYN BREWER:

Oh, I definitely was predisposed to having at least anxiety or depression. It runs in my family, on my mom's side. So I already saw a lot of that growing up. And is part of the reason why I'm in a single father household, but I was exposed to some pretty traumatic things as a kid. And I found ways to cope, but they were what fed into my anxiety later on. So those things are definitely signs like I would have nervous tics, and I would isolate myself even as a kid. Like I would stop talking or I'd have when I was really little, I'd have outbursts because I didn't know how to cope with what I was feeling. And that, later on, is super reflected in my anxiety symptoms with my disorder. So the isolation is things like me not being able to get out of bed or I stop talking to my friends and family. Like I do still have outbursts because one of my major symptoms of anxiety is being really easily agitated when I'm anxious. So like, I will start fights, but I don't mean to start and say things that I don't mean to say at all, because I don't know where to put all of the energy that I have. And those things started for me when I was like seven or eight years old.

JORDIE LESCARD:

Are there any particular memories that stand out to you as a time like you particularly showed anxiety or depression, or like something that might have contributed to how things manifested into high school and then university?

KAILYN BREWER:

I think the biggest memory I had was when my parents first got divorced. So my parents were divorced when I was six, turning seven, and my brother and I used to fight a lot because of it. We both really thoroughly understood the divorce wasn't our fault and had nothing to do with us, but we still like let it out on each other. So I think the first major indication that I had a disorder was in the way that I responded to my brother and my fighting. I would literally sit in a corner and start pulling my hair out, like from the back of my neck forward. I know that there's a specific condition where you like, you pull your hair out and it's like an extended form of OCD if I'm not mistaken. But mine wasn't like that. Mine was just a reaction to having to need to grab something and to let energy out in some way because I felt like I couldn't. And my parents got divorced in the middle of the winter, so that kind of played a big role as I couldn't get outside and I wasn't as active. I was always happier in the summer than I was in the winter because I could get my like energy out. So I remember one specific time where I was like sitting in the corner, screaming at my brother to get away from me because I couldn't even look at him and actively pulling up my hair behind my ears. And it's just as like a soothing mechanism to know that I could still feel things and I could still touch something. I had some form of control. So I'm pulling my hair, and that's why I'm doing it. I had had

control over this. This is the only thing I have control over.

LINNEA VELIKONJA:

Mm-Hmm. Oh, it's definitely a coping mechanism of that when you can't control your parents' relationship.

KAILYN BREWER:

Oh, but even as a kid, you can't control your parents' relationship, you can't control the fact that you're losing your bedroom, you can't control how the teachers at school are reacting to it because there was a lot of like things that looking back on it now, I didn't realize how little control you have in those situations as a child.

LINNEA VELIKONJA:

For sure.

JORDIE LESCARD:

But yeah, there's a certain dependency. Like when you're a child like you depend on the structure that everyone, the adults around you give you. And so and there's a lot of instability there. It's no wonder that you have to cope in some ways, that instability.

KAILYN BREWER:

Exactly. And it's a way where you kind of seek out control. Or at least that's how I did it. And I think that's why that's a specific indicator that I had an anxiety disorder because it was all about control. It was about regaining something that I felt like I had lost. And then afterwards, it turned into a process of needing to be perfect. So I had a lot of perfectionism tied in with my control issues. And like that, going back to your question before about other examples of childhood, when I could see that I was going to have struggles with my mental health was when like I had a succession of like three or four years where I had close family members die within like a very short time span. And they were all on my mom's side of the family, and I ended up having to take over a lot of the like day to day work in my house, at my mom's place because she spiralled into a deep depression. I don't blame her for that at all. But I then would feel like I was the parent in the house, and I had to fix whatever she felt was broken, right? So I would turn into this really nurturing and independent person when in my head, things were kind of spiralling, and I would do that so that I felt some sense of control over something that I had zero control over.

LINNEA VELIKONJA:

Mm-hmm. At such a young age?

KAILYN BREWER:

Oh yeah. I think that started at eight and ended at 11.

LINNEA VELIKONJA:

Oh my gosh.

KAILYN BREWER:

Yeah.

LINNEA VELIKONJA:

Do you like from where you were then and when you got kind of diagnosed and figuring it out and you said you were 17?

KAILYN BREWER:

I was 17 when the process to being diagnosed started and when things like after I was 11, I moved in with my dad full time and things really mellowed out for quite some time. It wasn't like I had mental health issues per se. Nothing that could necessarily be diagnosed, but they were still under the surface and we considered it as Oh, she's just the person who needs to be particular like she's just Type A. She's not necessarily anxious. So when I was 17 is when things really started to turn into, Oh no, she's anxious.

LINNEA VELIKONJA:

What was that process like? Was there a specific change that happened like and you were like, Hey, maybe I should go to therapy?

KAILYN BREWER:

I had been outright asking to go to therapy since I was 12 years old. Yes. And that's because my grandparents got me this, bless their souls. They got me this book that was talking about how to recognize signs and symptoms of depression in children. It was a kid's book, and it was all about emotions and how to recognize them and how to deal with them in a healthy way because of all of the stuff that they saw me go through with my parent's divorce. So when I moved in with my dad full time, my grandparents on my dad's side immediately knew, Oh, she's going to need some sort of help. So they sent me this book I can't remember what it's called right now. It's somewhere in my house. And then it came with a journal where you could read along and then write your thoughts out with it. And one of the last pages is like a self-diagnosis thing. And I realized at 12 years old, Oh, I'm clinically depressed. Which is something you shouldn't self-diagnose, I don't advocate for that at all.

LINNEA VELIKONJA:

It's like every intro psych kid goes like, Oh, I might be bipolar.

KAILYN BREWER:

Yeah. But instead of being an 18 or 19-year-old like in an intro to psych class in university, you're a 12-year-old with a book about emotions realizing, Oh no, I'm depressed.

LINNEA VELIKONJA:

(UNKNOWN) too much introspection.

KAILYN BREWER:

Yeah. So I had been asking to like, see a psychologist or a therapist or someone for quite a while. I had been in counselling since my parents' divorce, so since I was six at school. But it was never really like it never really felt right to me. I felt like I was just being generalized. It wasn't like specific to, Oh, Kailyn's going through this. This is the tools that she needs. It's, Oh, Kailyn's parents are getting a divorce, here's a packet of all of the things that we give kids who are going through a divorce, right? After that, my dad had kind of been looking for a child psychologist for a while, but they're not easy to find. And especially with child psychologists, in particular, they're really expensive as well. So when I was 17 and I started having the issues with getting up in the morning and actually finding the motivation to go to school, my teacher and my dad sat down together because he was in contact

with her as well. And they found a child psychologist for me to go to. So at 17, I finally was able to go to therapy, and that's what started everything.

JORDIE LESCARD:

So what was that like, like having that kind of in your head already that you might be clinically depressed or have anxiety and then finally meeting a child psychologist and having that diagnosis like and that idea like vindicated.

KAILYN BREWER:

At 17, my diagnosis didn't actually occur. So I actually had a really bad experience with my first psychologist, and I think I had two more before I found the one that was good for me. I actually think that's really important to talk about is not to give up just because you have one bad experience because finding a therapist or a psychologist is a really personal matter, and it's best to just say, OK, I'm not feeling it with this person, I don't think I can be productive and move on, but I didn't know that at 17. So I stayed with him for five sessions. He said that he thought that there were some indications that I had anxiety and depression, but he wasn't comfortable diagnosing me yet. And then when I spoke with him in my sessions about what I was feeling and what I was going through, I am an extremely stubborn individual. So if we weren't talking about what I wanted to talk about, it was like he didn't matter or like he didn't really exist. And he really wanted to focus on my anxiety surrounding a very severe fear of heights that I have that I actually really like. Like I'm attached to my fear of heights because it lets me know that I'm still alive and it lets me know that I shouldn't be walking up to the edge of a cliff. Like that's a logical thing to do in my head is to be like to break down before you get to the edge of the cliff and want to turn around. So he really wanted to focus on changing my fear of heights because he specialized in overcoming fear as an exposure therapy. But that's not at all what I was looking for. I was going in there and looking for somebody to help me manage my extreme thoughts because I was speaking in extremes. I'd say I'm always a failure or I can never do this right. I stopped seeing him after five sessions and I proceeded to find a counsellor at my high school who I could talk with because I felt like a lot of my anxiety was school-related. We later found out that it wasn't just school-related, but I figured if this is the main focus of my life right now, maybe it's best that I just stay within the school. Towards the end of my 12th-grade year, I think it was the last session she was ever holding for the year. She sat down with me and she's like, You need to be diagnosed with a generalized anxiety disorder because this is pretty bad. And that's what pushed me and my family to find another therapist, and we pushed really hard. It took me about a year. I took a gap year from between high school and my first college program as a result. And like I struggled to find a therapist, but once I did, the one that I found was an immediate click. Like we were, yeah, we were really, really good together. We were able to work through things even in the deepest holes of crisis that you could think of. She was able to help me pull myself out of it. She was the one that diagnosed me, and she diagnosed me almost right away after because I found her after a hospital visit and I was misdiagnosed in the hospital with bipolar. And then she said, I went to go see her within two days after the hospital visit, and she turned around and told me, There's no possible way you're bipolar, you're just depressed with anxiety. And this specific doctor at that specific hospital really likes to diagnose everyone with bipolar. I was like, OK. Interesting. That she said that within the first like 15 to 20 minutes of my first session, and that's when I realized, OK, this is going to be the person who can work with me because she can be completely honest with me and tell me straight up. She's not afraid to diagnose me. And she also asked how I felt about things. She asked how I wanted to approach my recovery. She asked me what things I wanted to focus on. And she said that she would always meet me halfway there, so she would do half the work and I would do half the work, which was...

LINNEA VELIKONJA:

That sounds so amazing.

KAILYN BREWER:

It was.

LINNEA VELIKONJA:

Oh, that must have been such a relief.

KAILYN BREWER:

Especially after going through like, if you think of it this way, I was 19 going on 20 when I found my therapist and I'm still with her today. So that would be six years later now. And I had been looking since I was 12. That's a long time to look, especially when you're young like that. And to have found someone that was so perfect for me so early on because I know a lot of people don't find the right therapist until they're in their 30s or 40s, which is rough.

LINNEA VELIKONJA:

Mm-hmm.

JORDIE LESCARD:

So after having met the therapist of your dreams, if you will, or the person you finally clicked with, did you notice any particular progress, like from how you were before meeting this therapist and after?

KAILYN BREWER:

I did. My self-advocacy turned around completely. So beforehand, I kind of asked other people to do things for me because I didn't know what to do or where to go. I felt like I was often in the background with my own mental health and my health care in general. But being with her specifically, she taught me how to be assertive without being aggressive and how to advocate for myself above everything else. So there was actually one instance where I can for sure say this was my turning point. I was put on a medication when I was in the hospital and it was causing two issues. It was causing me to blackout at random times, which was really scary and doesn't exactly help with somebody's anxiety. And two, it was piggybacking off of the oral birth control pill that I was taking. So it rendered my birth control ineffective. Yeah. Nobody at my like at the doctor's office, there was nobody at that office that had told me about those side effects. And I didn't want to take those medications anymore, not because I didn't want to take any medication, but because I knew that those two things couldn't happen with me. Like, those two things aren't OK. And I was talking with my therapist about it, and she and I sat down and we made a plan as to how I would approach it. And it led me to calling the doctor's office four times until I got through to a secretary who would listen to me. And then I wouldn't let go of it in any of my appointments with that doctor until I was listened to. And it also led me to understanding I don't encourage this for anyone who's on stable medications at all but going off of the medication on my own to protect my own health because blacking out once or twice a day at random points when you have no way of predicting it is not a healthy side effect. And like taking yourself off of that medication to see if that side effect goes away, for me and my team, at least my team with my therapist, we agreed that that was an OK option. So having done that and learning how to advocate for my own medications that first like a month or so with her was the turning point for me. Because since I've been on, I think I'm on my

10th medication for anxiety. We finally found one that works, but it took a lot of advocacy and saying, No, this one's not right for me, trusting my body, trusting myself and how I feel, not letting other people tell me this is how you should feel versus this is how I'm actually feeling. It was having that self-advocacy meant that I had some control, and it meant that I was able to let go of control and other aspects because I knew that I had this one thing. And this one thing was being able to speak up for myself, which was way healthier of a coping mechanism than, say, pulling my hair out in a corner. So I think that was for me what really changed in my mental health journey. That's not to say I didn't have downs afterwards, because a mental health journey isn't linear, it's full of ups and downs and peaks and valleys. I had a lot of very low values, but it's the one thing that I've maintained and I've been able to keep hold of to be able to thrive, at least.

LINNEA VELIKONJA:

Well, over there you talked about having to go through different therapists and also medication because that's a huge thing too for like the amounts you have to take or everybody is different for how they're going to react to medications too. So I love that you, you weren't forced, but you like took initiative and you're like, No, I need to do what's healthy for me.

KAILYN BREWER:

Thank you. Well, to even be able to consider medication in the first place, I had to rid myself of that stigma. I thought before starting medication, if I take medication, then I'm a crazy person. Then there's no helping me, then I'll be stuck on it for the rest of my life. And that isn't true at all. With some medications, they're used to just restart your system, essentially, and teach your body how it should be doing things so you could slowly be weaned off of them, and then your body will be able to pick up where the medication left off. And then there are some medications that you don't need to take every single day, like the medication among currently (UNKNOWN) needed. That in itself is a tool that's taught me my limits and my boundaries and allowed me to set boundaries with other people and with myself. Then there's also medications that you do need to be on for the rest of your life. But that doesn't make you any less of a person, it just means that this is what you need to function at your best, and everyone should want to be their best. So having that stigma taken away after being on 10 medications, it really helps. It helps you get through the process of finding out that one medication doesn't work, and it helps you with the process of realizing that you need this for the rest of your life.

LINNEA VELIKONJA:

Yeah. It's like some people are iron deficient, some people are dopamine deficient. You just you got to help your body out.

KAILYN BREWER:

Exactly like you're not going to criticize someone who needs insulin for taking their insulin if they are diabetic. Why are you going to criticize me for taking my Ativan when I need my Ativan?

LINNEA VELIKONJA:

I love that. Exactly.

JORDIE LESCARD:

For some reason with mental health when you say I'm taking medication for my mental health, it sounds negative. But medication for every other ailment sounds like Great, you're going to get better, right?

KAILYN BREWER:

Well, I actually had a conversation that was almost exactly like this with my partner back over the summer because one of his brothers, now ex-partners, was on a medication for her mental health. And my partner said to me, Kailyn, I don't think that my brother should be with somebody who's like that. And I immediately stopped him and I said, But you know how many medications I've been on? You've been friends with me through all of them. Did you ever once think that I was a bad person or that something was wrong with me for being on those medications? And he said, No, not at all. I said, then, why are you doing that to her? That's unfair. Treat everyone else that you know that's on medication the same way you would treat me. And it completely changed the way he viewed things. So like that stigma exists. And it's really, really hard to get rid of it, and it's really hard to recognize it and people that aren't loved ones and aren't close to you.

LINNEA VELIKONJA:

I think it's like every time they show a movie with someone in like an asylum, they always have the line up for like the drug and then they show the image of the pill in the cup. And like (UNKNOWN).

JORDIE LESCARD:

Yeah, like (UNKNOWN) or like One Flew Over the Cuckoo's Nest. Like, it's always like some kind of like medications used to control people and there's like always negative connotations.

LINNEA VELIKONJA:

I was just going to say I was I wanted to go back to your idea of perfectionism, and I was wondering if you want to talk a little bit about that and how it affected you in the past. And kind of if you still kind of deal with it or if you're finding ways to cope with it.

KAILYN BREWER:

I definitely still deal with perfectionism. I think it's one of the most I think the correct word to use here is pervasive. So it's one of the most pervasive things about my anxiety is my need to be perfect. So that started as a kid. And now, like, I guess, through high school, it really showed with my grades. I needed to get perfect grades. I needed to get something that I felt comfortable with, and what I felt comfortable with was a 90 or higher. And then going into college and not seeing that, didn't help. So I went to, for a little bit of background on this, I went to Humber College for theatre production before I came to Guelph. And I was there for a year and a half and I dropped out after a really bad mental health spell. There was no chance of me going back into theatre after that, or at least professionally. And through that program, I was really pushed to my limits. I dropped out for the sake of my own mental health, but I felt like because I wasn't perfect in it, that I could never do it again. And that I would never make it professionally. On top of that, I was outright told that I would never make it professionally. But I guess that's another story. But it landed me in the hospital the second time because I just lost all sense of who I was and where I was going. And for me, theatre was the dream. I had been saying I wanted to be a costume designer since the age of nine. Like, that's what everyone knew. My friends would sit down with me in high school and say, You're so lucky, you know what you want to do, I have no idea where I want to go. And I had my whole life plan set out before me. So when I dropped out, it felt like that was all gone and like, I didn't know who I was anymore and no one was there to support me. Well, no one at the school was there to support me, I had my family. But it was just, it was like losing everything I knew about myself.

So I knew something was wrong, I knew it was too intense, and I like, walked into my dad's room in the middle of the night and I said, Dad, I need to go to the hospital. Like I need to sort this out

because I can't do it on my own and it's too much to put on you. And so we went.

JORDIE LESCARD:

So when you say like it was like too much, like was it like a feeling of like pending doom? Was it just like fatigue and stress and something that you felt like you needed to get away, like what exactly do you make that decision to go to the hospital in particular?

KAILYN BREWER:

If I didn't get in, something bad would happen. And I didn't want to get to the point where I wanted to harm myself because I never did. And knowing that that was in the next couple of steps scared me enough to go into the hospital. It was more of a fear that I would make a decision I couldn't come back from. And I didn't want that. It really was. And it's a super important part in my mental health story because it had ripple effects afterwards as well. Like, it completely dashed my self-confidence. I used to be the most confident person. And after that, I lost all of it. I felt like I didn't know where I wanted to go in life.

LINNEA VELIKONJA:

What is my purpose?

KAILYN BREWER:

Yeah. Like I took things way too personally, I like, cut off my friends or changed who I was to be included in certain friend groups and then eventually cut off my friends. I got into relationships where I let people do things that I would never in a million years have let them do before because I didn't believe that I was worthy of anything else. That includes friendships, romantic relationships. It took a long time to get past that and to understand that I did have value. But it took me getting some of it back and then losing some of it and then getting some of it back again and then losing it all to really get to the point where I was like, No, I want to be who I was before, and I can get there. And then I did. So after that, I spent two years of just trying to navigate my mental health and figure it out again. Then when going into Guelph, even in a much better mental state, it was I need to be the perfect roommate. I need to be the perfect friend. I need to be the perfect girlfriend. I need to be like it was always, is it my fault? And never looking at the context of the situation. So although I've been able to like slowly over the years, pick out each of those things, like the social aspects of my perfectionism, the academic aspects which are the hardest to get rid of because when you're a kid, you're told you need to get high grades and you're told that to apply to anything, you need to be the best of the best. But that's been the last one that has been hard to get past. But in the last year has been a lot easier than it has been in the past.

JORDIE LESCARD:

With academics and perfectionism, it's a particular recipe for disaster in my view, unless you get perfect, it's always lesser than. Now, like, say, like the past couple of years, what things do you do for yourself, help you manage yourself and what things do you find supportive and healing?

KAILYN BREWER:

So I've realized that I need to forgive myself a lot, and that's OK. I need to let go of certain things, and that's OK. And I do a lot of that forgiveness and that letting go through meditation. But I also have hobbies now, so whenever I'm anxious, I do something with my hands and I've gotten back into sewing, which was a huge deal two years ago. That's when I started getting back into it because I couldn't pick up a needle and thread for I think it was three and a half years. And having like having

something to let some energy out, whether it's like mental energy or a physical one has really helped. Going on walks helps so much. So I get out of the house once a day. No matter the weather, I take my dog and we walk around the block even if it's short because getting that pent-up energy out is essential for me to remain balanced.

LINNEA VELIKONJA:

Did you find meditation yourself?

KAILYN BREWER:

My dad has always advocated for meditation. He's always pushed it on me. Being deeply Buddhist was a huge part of it. So I've been hearing about meditation since I was in high school. As I mentioned before, I am extremely stubborn and I thought, especially with perfectionism, that there was only one way to do it right. And having seen someone growing up do it through this really spiritual way was kind of off-putting because then I felt like I would never be able to do it like that. I would never be able to clear my mind. And especially when you have anxiety, your mind goes all the time. And if you take time and sit in silence, it just gets louder.

LINNEA VELIKONJA:

It's stressful.

KAILYN BREWER:

So I used to sit down and try and meditate and then get really upset and end up in a panic attack and quit. So meditation wasn't something I picked up right away, and I didn't understand it until I started using it to get to sleep. Instead of meditating in a way where I let my mind go blank, I use my mind to focus. And then if my mind strays, I forgive myself for straying and I get back to focusing. For me, the best kind of meditation has been I can't remember what the technical name is, but it's like body scanning, focusing on a specific part of your body and then working your way up. Before bed, it would be visualizing turning off each and every one of my muscles. And that alone allows me to relax enough to get to sleep. It's like the magic trick. No sleeping medications work for me. I've been on them all.

LINNEA VELIKONJA:

Like that's with me, too when I started meditating and just focusing on my breath and breathing in and out slowly, it actually helps, and it's kind of frustrating how well it helps.

KAILYN BREWER:

It is. It's like the technique of boxed breathing. In the middle of a panic attack, that is the one thing that will always pull me out of it. And it's about remembering to do the boxed breathing. But once I do it, it's frustrating because it's so simple.

JORDIE LESCARD:

I have a problem with boredom. I get bored of stuff really quickly. Whenever I'm bored, I just breathe intentionally and try and be mindful. So for me, it's like the dishes. It's like a meditative experience for me. But since you do it, it's like, it's just so cathartic. Like, you feel so much better. You're like, Wow, like there's an option all the time. Like, I didn't.

KAILYN BREWER:

That's how I felt when I discovered the whole concept of body scanning because then it seemed so

much more intentional and so much more mindful than just sitting and breathing for me. Because then I could say, Oh, I didn't realize I was carrying all this tension in my shoulders, and they're up next to my ears. I need to relax that. And then there were things like with my jaw, I didn't realize I was clenching my jaw. I need to relax that. And the moment you realize it with one, you scan the rest of your body and then all of a sudden you're meditating and you're super relaxed and all of the anxiety that you had, you realized we can deal with it. It's OK because we just dealt with our body.

LINNEA VELIKONJA:

Well, Kailyn, you mentioned a little bit of self-compassion too with meditation. And like, it's OK that I kind of got stuck on a thought because it is a practice and it's so hard to just focus on breathing.

KAILYN BREWER:

One of the things that I noticed really helped with my forgiveness and being gracious with myself in that, was actively saying, I forgive you after my mind wandered because I used to get so hard on myself about that. But my mind wanders all the time during meditation, and that's OK. It's recognizing that that's a thought and letting that go and forgiving yourself for it and then moving on.

JORDIE LESCARD:

Something that was like liberating for me, for sure, I was like, Oh, I can just be nice to myself, I don't have to be such a hard ass on myself all the time. Yeah. Yeah, so we're almost out of time here, but I'd first like to thank you for participating with us, talking with us and sharing your story. It's been just an absolute pleasure. Did you have any concluding thoughts that you'd like to share with us or before we let you go?

KAILYN BREWER:

I think the one thing that I would really like people to get out of it, at least hearing my story is that it's easy to say this hard to do. Don't let other people tell you who you are. You know who you are, you know what you can do and advocate for that. If that means going through leaving a program after a bad interview because they didn't understand who you are. If it means telling a doctor that this medication isn't right for you because you know your body. And if it's about figuring out how meditation works right for you, not necessarily doing it the way everyone says, you know you, you know how you work and you can get through it based off with that.

LINNEA VELIKONJA:

Thank you so much, Kailyn.

KAILYN BREWER:

It's been a pleasure.

LINNEA VELIKONJA:

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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 is by Emma Hak-Kovacs.

LINNEA VELIKONJA:

To see more of Emma's work or to keep up with Wellness Education and Promotion Centre projects at the University of Guelph, check out our Instagram page, @wellness_uofg. For resources and supports available for University of Guelph students visit us at our website wellness.uoguelph.ca/shine-this-year. Please don't forget to rate and review this podcast. Thanks for listening and we'll see you next time.