

## Kieran's Story transcript

Warning: [\(00:00\)](#)

This podcast series will share personal moments of connection and deeply felt experiences. If anything you hear has a triggering effect, please reach out to someone who can help keep you safe. Or remember, you can phone lifeline at any time on 13 11 14

Kieran: [\(00:19\)](#)

There's this idea that depression is about being sad and it's about crying. That's not true. It's not accurate. People do a whole range of different things. When they're depressed. They might get angry, they might be irritable, they might just stop eating. They might just be disinterested in things that they used to be interested in. These are all warning signs that people can look for.

Beverley: [\(00:45\)](#)

Welcome to lifelines, holding onto hope, a podcast in which people who have attempted suicide explain how they found joy in life again. The diagnosis of a chronic mental health condition can be devastating, not just because you're scared of how it'll affect you, but because you're not sure how others react. No one knows that better than Kieran, a doctor in the psychiatric unit of an Australian hospital. That's because as well as caring for patients who are suffering, he's had his own struggles with mental illness. Here with the help of his wife Laura, Kieran explains what happened and how Laura has helped him reframe what he thought were the negatives in his life.

Kieran: [\(01:23\)](#)

I think that men typically don't like to, uh, share their vulnerabilities, um, partly because they, you know, stereotypically do like to care for others and like to be seen to be caring for others. And I think there's this false idea that men need to always be okay and always be dependable. And I think fortunately that narrative is breaking. And I think, you know, the work of lifeline has done a lot to change that narrative. Personally, I still feel that I have to battle that part of me, um, and have to be on the watch for when I am doing that, because I do close off at times and I do try, it's out of care, out of protection, um, that, but ultimately it doesn't do anything positive because your, you're denying the person who cares for you the most, the chance to be there for you in the way that you want to be there for them.

Laura: [\(02:29\)](#)

So we met for our first date up in the Dandenongs and I remember driving, driving through the Dandenongs to, to meet him at sky-high restaurant. And he sent me a text and I pulled over to, to look at it and it said something along the lines of, um, hi Laura, I'm so sorry. Um, and I thought, ah, like this nasty,

nasty man. Like how could he, how could he, you know, cancel just before I'm going to go and meet him. But then I read the rest of the message and, um, it said, I'm so sorry Laura, but I'm just texting to let you know that I'm not going to cancel and that I just wanted you to know that I'm so excited to see you and that I'll, um, I'll see you soon. And I just thought, Oh, that's so cute. I had to yeah, it was, it was very sweet.

Laura: [\(03:13\)](#)

And I thought, this fab, this, this, this guy is so on my wavelength with humour. Like it was just so funny that, you know, he kind of knew without me even saying anything to him that I was nervous about him not showing up or whatever. And he'd sort of, you know, in anticipated that and made it into a joke. And it just made me feel so comfortable and at ease so quickly. So it was probably by our third date that we were sitting down and, um, I sort of noticed that or had sort of started to pick up on the fact that maybe something wasn't, or that Kieran wasn't sort of saying something. I didn't know what that something was, but just sort of got the feeling that there was something there between us. And Kieran's mentioned already that he has in the past put on a mask or a face just to sort of present something present side of himself that he may not necessarily be feeling inside. And, um, I asked him, you know, is there something that, you know, you want to talk to me about or that you want to tell me? And he spoke to me about the fact that he, um, had had, um, experiences with depression in the past and depressive episodes and that things have been quite difficult for him in the past. Um, because of that and, um, that he'd had experiences with suicidal thoughts and that was quite difficult to hear.

Kieran: [\(04:43\)](#)

You know, we are creating a false narrative that mental illness is dangerous. That's not true. People with mental illness, are much more likely to come to harm than to harm anybody else

Laura: [\(04:57\)](#)

because I'd sort of never really spoken to anybody about their experiences with mental health issues. I, I think a part of me felt relieved that he felt so comfortable with me and that he felt so confident about sharing things with me. I felt quite honored that, that he did that. But another part of me sort of felt like I wasn't gonna know what to say. Um, and that I was going to let him down with that sense of indecision and insecurity because I think by that point, even though I'd only really known him for a few weeks, I think I felt such a strong sense of affection for him. And yeah, I think, yeah, I think my biggest fear was that I was going to let him down by not knowing how to support him and how to care for him in the way that he needed to be cared for.

Kieran: (05:52)

the earliest time I remember any issues with depression was probably around the age of 12. At that time I, I got quite sick, um, and had to take quite a long time off school and I was quite isolated and alone, um, at home for an extended period of time. And as a result of that, my mood dropped off quite significantly. I kept that to myself at the time. I didn't really feel comfortable sharing it. I think initially it was difficult to tell what the physical illness was and what the depression was because I was so exhausted and so tired with the physical symptoms of the illness that that probably, um, started off first before my mood dropped off. So I don't know how much which, uh, symptoms go where. But the, the most obvious thing for me was I just started crying for no reason after a few weeks of being at home, um, and couldn't really understand what was going on. I recall when, so I would've been in year eight at that point. Um, I was having thoughts of not wanting to be here anymore, just not, not anything active, um, but just sort of a real feeling of not being good enough and not being able to get better was frustrating and not really seeing a way out of the situation at the time. I found school relatively easy academically. Um, but looking back now I can sort of identify that there were short, um, periods of time where I did get quite low and the suicidal thoughts did come back. Um, but they didn't have that same intensity at that time

Kieran: (07:45)

I decided that I would stretch myself and, and choose medicine as my first option if I got into it. I really, um, came to the conclusion that medicine sort of brought together the academic side, the science side, and that that sort of care giving side that I was interested in. First going to university wasn't a major shift for me because the, the first couple of years were quite similar to, um, that sort of intensity of study that you do in VCE. If anything was probably a little bit less intense. Um, it changed gears quite significantly when I started the clinical years. Nothing really prepares you for that. I don't think, um, it's, uh, an environment that is very different to the way that you've learnt previously. You know, you've gone from being the high achieving person at the top of the class to essentially being the bottom of the pile as a medical student. And you're in an environment where, uh, people all around you are very intelligent and, um, very, uh, keen to teach, but at times their, their keenness can come across as a bit aggressive or um, uh, intimidatory in some cases. And that sort of reinforced by the hierarchical nature that exists in medicine. And, and, and as a medical student, you're right at the bottom of that.

Kieran: (09:21)

I was excited to start my clinical years. Um, I felt like I was ready, but I knew as well that I carried a lot of anxiety. Um, and in particular I would, I would

feel anxious in social circumstances, um, and feel quite anxious where I had to perform. Um, and in the clinical setting, that's just part and parcel for the job. Generally supportive environment in the clinical school I went to. Um, so most of the tutors that I'd been assigned to were quite good. But I did have a very negative experience with, uh, one rotation, uh, where I was, again, this is probably to do with the hierarchical nature of the, um, profession. I was in a unit that was very much a high achieving unit. Uh, they had a unit head that was, um, very well respected in the field. He ran the unit in a way that I found to be quite intimidating.

Kieran: ([10:29](#))

Um, in particular he would have these weekly teaching rounds, um, these teaching rounds essentially where the whole team would go to the bedside of one patient. Uh, and for two hours, three hours, we would be just pummeled with questions again and again and again. And as a third year student, I would always be the first person to be asked. Um, which at the time I thought was very unfair. Um, I think it exposed the lack of knowledge that I had to the whole team, to the patient. Um, and the questions were not questions that a third year would be expected to know. Um, and you know, they were even questions that the, uh, senior registrars didn't know. Um, and it felt very unfair that I was being thrown under the bus repeatedly like that. And you know, he's not alone in that type of teaching style, but there were things that he did that were above and beyond even that.

Kieran: ([11:36](#))

So he would at times have throw away snide comments. I can't even a 3rd year would know this. And then he'd ask a question that was far too difficult. Um, and even when you did get a question right, you know, he would ask another and another until you got it wrong and there would be this awful smile that he would have after you got a question wrong. That was almost like there was a sense of glee about being able to be intellectually superior. And of course, given that he was the one answering the questions, if no one else could answer, he would then educate people and show how much he knew. And show how little everyone else knew. Essentially the impact of that was pretty profound. Um, you know, when you, you're going to the hospital every day, not knowing whether someone is going to be there or not and fearing going to the hospital for that reason. Um, my mood really fell apart. My mood got so bad that I, I did stop attending the course. Um, I became suicidal.

Warning: ([12:55](#))

Through connecting with others. We can hold onto hope to speak to a crisis supporter, please call 13, 11, 14, twenty four hours, seven days a week.

Kieran: ([13:09](#))

At that point, still no one, no one knew until the physical signs of that attempt were quite obvious to some of my colleagues, and they became very concerned and one of my colleagues pulled me aside and said, it's quite clear that you've hurt yourself. Um, I'm really worried about you. You need to go and get help. And it took until someone had that sort of direct approach before I acknowledge that they were probably right. I still took a few weeks to actually work up the courage to go back to my GP and say something's wrong. Um, and at that point, my, um, family were not home. And, the suicidal thoughts were still there and he was very concerned about that. And as a result, he referred me to be admitted to hospital and I was admitted for quite a few weeks. And as a result of that, it meant that I again had to defer my studies.

Beverley: ([14:14](#))

Kieran's parents flew home from their holiday to support their son. He was extremely grateful, especially when his dad, during one of their many talks came up with a piece of advice that has helped him more than any other.

Kieran: ([14:26](#))

My dad in particular has had many discussions with me where he has been much more open about things. Um, and the struggles that my parents have had as a result of me being unwell. Um, it's not easy. I think seeing your child to be unwell no matter what age they are.

Kieran: ([14:51](#))

The three day rule is a tool that my father gave me in one of our very open discussions about suicide. At that point when we were talking about this, I had active suicidal thoughts and had almost reached the conclusion that I would end my life. Um, he, I had said that to him and I said, I don't know what to do with these thoughts. And that was something that he came up with where he said, okay, if he reached the point where you are convinced that this is the right thing to do and you've made that decision wait three days. In three days time, let's see how you're feeling. And every time that you try to wait three days, if you have a moment where you question it, you start the three days again. And it's a very powerful tool. It's very effective tool because no matter how distressed you feel or how convinced you feel that the right thing to do is to take your own life. Well, trying to wait three days really forces you to play a trick with your mind that is very effective because the mind always runs away on different tangents. And as soon as one of those has a moment of thinking, well, what about Laura? Well, what about the dogs? Well, what about your parents? Then you've caught yourself and you start that days again is very effective for me.

Laura: ([16:30](#))

When Kieran started being more open about how he was feeling and started talking about the way that he would see things when he was in, when he, when, when he was at his darkest point. It was interesting to hear how his language about himself changed. It was very self deprecating, very negative about himself and I don't know, I suppose just getting him to, to see that perhaps things weren't necessarily as dark or as absolute as what he initially thought they were or that he had decided that they were and sort of encouraging him instead to see that you know, he was human and that he is fallible just like everybody else and that it's okay to not be perfect. I think trying to work out how to encourage more communication with somebody who's going through something like what Kieran was going through. I think the most effective thing that worked for me with Kieran and getting him to open up was letting him know that I was there when he wanted to talk and that I would listen when he was ready and that we would get through it together and that he wasn't alone and that I suppose I understood that he might be scared, but that was going to be there to catch him if he felt like he was going to fall and that we were going to get through it. It didn't take, didn't matter how long it was going to take, but that we were going to get through it together.

Kieran: ([18:02](#))

When I was in medical school, uh, I was not looking forward to my psychiatry rotation at all. Uh, so 4th year is when we do our psychiatry rounds. My fourth year experience was wasn't negative and it wasn't positive. I didn't really get a lot out of it. Um, and so I thought I needed to try again. And so I did a rotation in my final year and that was a very positive experience for me. I started to really enjoy listening to the stories that people were sharing. And I think being a final year, I felt much more a part of the team and I really got to connect with people who are struggling with things like severe psychosis. And being able to support them through that, um, was something that really appealed to me. And just even listening to the inner world, if someone who has something like psychosis really I found fascinating in a, in an academic sense, um, but equally I could see how much they were struggling with it and the complexities in the family of trying to help someone who often doesn't realize that they're unwell.

Kieran: ([19:17](#))

Um, and I felt like we actually achieved quite a lot, even in the short space of time that I was there for the patients that I saw. And so I continued with that train of thinking and I did two psychiatry rotations in my internship, um, and very much enjoyed both of those. Um, and from that point, as soon as I'd done the first one, I knew from there that I was sold on this. So now I am a psychiatric trainee, uh, with the college and I'm completing my first year as part of that. And I'm finding very rewarding personally and professionally. And I think part of the reason why I feel able to talk about my own struggles is

because I think for a long time I felt that I had to hide that from my professional colleagues as much as from everybody else, but in particular my professional colleagues.

Kieran: [\(20:15\)](#)

And I felt that I was wearing one mask at work and a completely different mask at home. And last year I found that I couldn't continue with that conflict. Um, and I, I felt that if I was to continue with the psychiatric profession, I'd have to find a way of bringing those together so that I wasn't putting on a face all the time because it is absolutely exhausting to do. Um, and so I made the decision that this year, if it came up, I would not hide and I would just say yeah, I've had difficulties and I've been very open with people at work as a result. Um, and I've received nothing but support.

Beverley: [\(20:56\)](#)

Kieran's personal experience means he treats every patient as a person, not a diagnostic label. He respects them and their rights.

Kieran: [\(21:05\)](#)

I feel that my experience, um, has informed and really guided my ethical compass and that has really, um, sort of galvanized me to continue to pursue that line in my professional life. I think all chronic illness can potentially be devastating when people receive that as a diagnosis. Uh, in, in particular, you can think of, uh, illnesses like cancer. People are terrified of that word and there's been studies conducted that when people hear that word in a consultation, they hear nothing else for the rest of the consultation. Um, I think that we need to realize that people probably feel the same way when it comes to the diagnoses of mental illness. But the most common reaction that you see when people are starting to get a little bit better is they almost go into a grief. Um, and it's particularly for the severe and unrelenting mental illnesses or potentially unrelenting mental illnesses. Um, people almost shut down, uh, and they go through grief period because it's a loss. You have lost part of yourself.

Laura: [\(22:24\)](#)

Going through something like that, with somebody so intimately. Um, it's not easy watching somebody that you love in so much pain. For me, I've learnt that it's important to talk about with Kieran how I'm feeling even when he's very down. Talking about the fact that I'm worried or that I'm scared. And I think that's led to Kieran understanding that not only is he not alone, but that he's also in a partnership and that we just like, I'm 100% there for him, that he I think needs to be there for me as well in that regard. And I think that's sort of helped him to feel less, less helpless or less, less like he is failing me as a husband when he is sort of um, falling into feeling quite low that he sort of is

still able to fulfill that role in our relationship. That he's still able to care for me in ways. And it makes him feel a little bit more like that he's, you know, a wonderful caring husband that can look after me and that he can be sick at the same time. And that that's okay. And that, you know, he's got a wife that loves him and will care for him at the same time.

Kieran: [\(23:45\)](#)

Even hearing the words that you're saying can be enough to say, well this doesn't feel right. What I'm saying doesn't feel right as bad as I'm feeling it doesn't fit. Um, and having it heard back to you, it sounds like you really struggling right now. Just having that support and that recognition that you, you are actually really going through something difficult is sometimes all that's needed.

Kieran: [\(24:13\)](#)

But there are times when you don't quite want to share or you're not ready to share what you're feeling with the people who you're close to. And that's when I think connecting with a service like lifeline provides a way for you to make a connection with someone but not feel like there's any sort of judgment or any sort of, you owe something to this person that you're making a connection to. I spoke before about that difficulty balancing, protecting the person that you love. That's not there when you make a connection to lifeline or um, when you make a connection with a counselor, you've got a safe space to just tell it how it is.

Kieran: [\(25:01\)](#)

I think the, the advice I'd give to people who are experiencing suicidal thoughts is that the way you're thinking may not be right. We can get very convinced by our own thoughts and we can trick ourselves into thinking that how we think is the only way that's right and it's the only way that other people are thinking. And it's very common, I think for people to fall into the trap of thinking that people would be better off without them. If you're feeling that, I would ask that you ask someone, make a connection, make that connection and say, what am I good at? What's good about me? If you're not feeling able to do that because it's too raw, just do something. Go for a coffee. You know, get on your bike. Do something to distract yourself from the feelings that you're feeling right now. And then if you're still feeling it, use the three day rule. Wait three days, and if at any point during that three days you feel like maybe there's a Ray of hope, those three days start again and then make a connection with a professional, seek help. You know, the, the main thing that has made things stable for me has been longterm treatment with a professional. And that's critical

Beverley: [\(26:25\)](#)



Of course the best antidote for depression is a dependable dose of optimism. And Dr Keiran has found that by adding two insatiably cheerful dogs to his home,

Kieran: ([26:34](#))

The dogs were a tip, actually from my specialist who recommended that, uh, having an outlet like something else you have to take care of, um, can be very effective way of managing chronic illness and in managing to find some meaning outside of yourself. The I, I've got two little dogs, um, Annie and Coco who are both adorable and very bold and they are beautiful in the sense that they are always happy. They are, they are what I aspire to be. You know, you get home from work and they just run up to you and they remind you that the world is good and the world, has beauty in it, then they, if they could smile, I think they always would be. Um, Laura doesn't let me have the dog's sleep in the bed, despite my pleading. Um, but when she goes away, they certainly take advantage of that and they get spoiled rotten.

Laura: ([27:50](#))

Little does he know, when he's not here they're in the bed.

Beverley: ([27:54](#))

It's indeed a story with a happy ending and you just know Laura will do her best to ensure it stays that way.

Laura: ([28:03](#))

We got married in January last year, with our friends and family and got married down at Sorento. Um, and yeah, we walked each other down the aisle because we sort of thought that, you know, just like with everything the last seven years that we've been together, we, we will take those steps together and you know, and go hand in hand and support each other through that experience just like we do everything else. So that was pretty special for us to, to do that together, I think. Um, yeah, that's a beautiful day.

Beverley: ([28:49](#))

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