

[00:00:14] **Sue:** I am literally giggly about having on our show. Our audience is going to absolutely love you. So Sharon Lambert, welcome. So if we can just kind of jive right in. You've talked about poverty being trauma. So can you use that as a launching pad? Kind of to just begin to share some of your thoughts about the intersection of the field of trauma and also the interventions, trauma interventions and class and poverty I suppose.

[00:00:53] **Sharon:** So we've known for a long time in psychology that there's a significant amount of people who live in poverty who experience mental health difficulties. And sometimes when you read the literature it can say things like, well, what came first, mental health or poverty? But we know that poverty can come first. So what's really interesting is, you know, I studied psychology for seven years in university and I learned about the etiology of loads of different mental health disorders. And never once did I read that poverty was an etiology for mental health disorder, when it's probably one of the biggest predictors for depression and substance use disorder. So when we talk about trauma, people tend to think about those, you know, big teas of abuse and neglect and violence. But we know that there's also the small teas. So a small team living in poverty. So being stressed all day every day, if you're a parent, impacts on your mental health. And if your mental health is impacted and you're living in a situation that is really stressful and you can't access the resources that you need, then that impacts on your kids' mental health too. And then we can meet those children. And if we wanna talk about class, if we wanna talk about being working class. So if I'm, if I have a child and I'm. You know, I'm struggling with poverty and worrying about paying the bills and I'm really stressed. And then the kids are really stressed. And if one of them is playing up at school and somebody says, Oh, you know, they need to see a mental health professional. When you bring your working class kid into meeting a mental health professional, they're probably going to be a white middle class or upper middle class person. So you look different and you sound different. And sometimes children behave even more agitated than in that context. So then we can very easily focus on the behavior and forget about what is, what's going on with this family?

[00:02:54] **Sue:** Why have they ended up here? And the thing is that when you're poor, everything is more difficult, right? I think of it like our show talks a lot about attachment as a trajectory that these early experiences with parents lay down some biology but it's not the end of the story, but it sets you on a trajectory. So, I'm thinking of it in this context too, that if you are very poor and your parents, you're the child, your parents are very stressed they are thinking about the pay, you know, paycheck to paycheck, keeping the house the utilities on, things like that. They're not gonna have the same bandwidth. The resilience, the things that we, you know, promote with parents around mirroring and attunement and things like that, it's gonna be a lot harder. And then these kids start off with, you know, less vocabulary typically and with a very different experience and then hit the school systems again, with this, I'm thinking of it as a trajectory because then there's the self perpetuating problem where that people don't understand what they're seeing and then as assume that means something negative about the child verses about the child's environment. Is that in the ballpark?

[00:04:37] **Sharon:** Yeah. When we talk about some of the things that we talk about that are mental health interventions, parenting interventions come from the place of academia or practice but very often from people who may not have lived in poverty. I'm a university lecturer, so if I am having a difficult time because I'm stressed about something, I can tap into myself and say, "Well, I know that I'm really stressed. That can impact on my children. I need to regulate myself a bit more. So that's quite an easy thing to do." If I'm somebody who's had very limited access to education and I don't have the resources, so if I'm really stressed, I don't have the resources to help me out. You know, talking to somebody in that situation about regulating your own emotions when life is really crap. And we hear people all the time as well about blaming people in poverty saying, Oh, you know, why do they drink and why do they smoke if they've got no money? Because you can't do long term thinking. You're really stressed. So you are not sitting at home thinking, "Oh, I need to save those \$5 that I have left over at the end of the week for my co my kids' college fund." Because you know, your kids are not gonna go to college. And you don't know if you're going to be alive in five or six years. So you're just surviving day to day. And it is that trajectory thing. So you come home, you know, you have this little baby, you don't have access to internal resources or external resources, and then that kid goes to school.

[00:05:39] **Sharon:** I was actually talking to somebody this weekend about what it was like to be poor when you're a child and you're going to school. And they were talking about how their mother used to get a lady to knit their sweater. You know, there was a specific color sweater for school and she couldn't buy it from the store.

So she used to get this lady to knit it, and this lady had a knitting machine and she knitted up the jumper, but she ran out of wool when she was doing the second sleeve. So this kid came into school with a sleeve that was slightly different. It was a burgundy colored sweater, but one sleeve was slightly different burgundy, and she got in trouble in school for not having a standard sweater. You know, so there you have a child who's being shamed, who's being punished because they're living in poverty and the impact that has on your self-esteem. So we know that when you go to school, if you want to be able to learn and you want to be able to receive information, if your fight or flight response system is activated. Then you don't have enough activity going on in your thinking brain, and you're not gonna be able to learn. So you might become withdrawn or you might become agitated, whatever your stress response is, and then you'd be punished for having a stress response. So you end up in this cycle of shame and punishment, all because of the stress of poverty and people not understanding what it's really like to be poor and not knowing what's happening. So you're internalizing that, that's about you. You're just assuming that the reactions and the negative looks you're getting are about you. How is it for you to talk?

[00:07:34] **Sue:** It's like, I want to be able to talk about this in a way that is sensitive and accurate. And yeah, so just what is that part like for you? So I, you know, speaking about it, Go ahead.

[00:07:52] **Sharon:** Yeah. So I suppose I am from poverty. I am from a working class family. My mother was a single parent who raised two kids. We lived in social housing. So, you know, I get what it's like to be poor. So, you know, there's often these conversations about, you know, the way activism therapy interventions about how they don't understand class. And if you take, for example, Climate justice as an example. So, you know, a couple of weeks ago there were some protesters, and I'm happy to go out and protest about the climate crisis, but I saw one online where they had gone into a store and they were spilling milk. Yeah. You know, because they want to encourage plant-based diets. And what was really interesting was talking to my friends who were from a middle class background thought, oh, that's really powerful activism because it has generated interest. If you talk to people from working class backgrounds and people who are very poor, we were horrified because we know what it's like to not have any milk or to have one car of milk and to watch your mother cry if that milk has accidentally been spill over because you know that there is no more money today to buy another carton of milk. So I guess as a psychologist I got to go to university. This wouldn't happen in America. So in Ireland we have free education. So I got a degree and I got a PhD and it cost me maybe 2000 euros to get a degree and a PhD, I don't have to pay that back. That's how much it cost me. And I don't have to, you know, everything else is funded, you know, you got fees and you get a grant and all that kind of thing. So it's easier for people in Ireland to benefit from social mobility than it is in the States. If I had been born in the States, I would not have gone to university because there was, that would not have been something that would be accessible to me. So I guess then that, that means that I have a privilege because I've had the privilege of an access to education and the privilege of social mobility. So moving from poverty into being in a middle class space. And it's really interesting to me to be able to reflect on the experiences of both. And to sometimes when I'm talking to people and they'll, you know, they might be cross with a client, for example, and they'll say they don't care or they're not motivated or they don't love their kid enough, and then they describe the scenario and what some people view as resistance is actually shame or just simply not understanding that some people do not have the price of the bus to get to an appointment or they do not have people who will take care of the kids. You know, so it's just interesting to me that you have a whole bunch of people who really want to help others. But sometimes perhaps they don't understand the struggles that they have.

[00:11:02] **Sharon:** And I think addiction's a really good example because we know that wealthy people use more drugs and alcohol than poor people. They spend more money on it. But poor people have much worse, much worse outcomes as a result of drug and alcohol use. For two reasons. One is the reason why they do it is different, what they need to get from the drugs and alcohol is different. And number two is if they get themselves into trouble with their drugs and alcohol, they go, they can't access the support.

[00:11:27] **Sue:** That's right. There's, you know, they might not be able to call in sick or have some of those privileges. I'm also thinking about the pushback and about this and how that is so embedded and in the states. My father was disabled. My mother was a bookkeeper. And then my partner's family was similar. So definitely not public housing, but you know, single mom with six kids for her. And so there's something about, there is some experience of and that's one of the reasons I don't have a PhD is I couldn't afford it. I had to do a master's because I was working. So that's sort of how it ends up looking from that perspective. But especially here, there is so much hostility around

pulling yourself up by your bootstraps. I did it so you should be able to do it, whatever that is around. Yeah. Blaming the poor for sure. Yeah. If you worked hard enough, if you're on welfare, it's because you're lazy. I mean, these things are hor, I mean, they make me feel terrible even saying them, but that this is part of the environment that large communities are living in and internalizing and not being represented.

[00:12:43] **Sharon:** Yeah. So when you are living in an environment where there is poverty and you are in poverty, you do think it's your fault because everybody has told you it's your fault. And it's only when you, for example, get an opportunity to go to university, that you learn about things like social capital. So for example, we have a cost of living crisis and electricity's very expensive at the moment, and I have a direct debit. So my electricity bill comes, my money goes out of my account. Now, if you're living in poverty, you can't do that because you have to pay for electricity. So you buy a card. I don't know if you have that in the States, but you buy a prepaid card and you stick it in and you have like \$20 worth of electricity for the week. So per unit, that electricity is about twice as expensive as somebody who's able to have a direct debit. So when you are poor, everything is more expensive. If I wanna go out and buy a pair of shoes today for my kids and I go out and I can buy a pair of shoes that are 40 Euros, so that would be a good quality pair of shoes, they will last them, you know, until they go out of them. If I don't have 40 euros for a pair of shoes for the kids and I only have to go into, you know, a cheaper store where you're gonna spend 10 euros on a pair of shoes, those shoes will last six to eight weeks, and then I'll have to buy another pair. So from the minute you get up in the morning until the minute you go to bed at night, You never have any money left over because being poor is more expensive than having money. And the other thing about social capital is that, for example, because I work in a university, sometimes if I go to a coffee shop, I mean with my children, and I meet somebody who I've, you know, met through work or something, they'll say, "Oh my goodness, it's so nice to see you." And they'll give my kids a free hot chocolate. So the woman who's cleaning my office, who's on minimum wage, will go into the same coffee shop, but her kids won't get a free hot chocolate. But the woman who can afford to pay for the hot chocolates gets them for free. So little things like that happen on a daily basis. That means that when you have money, it's easier to get money and it's easier to get things for free when you have no money. It's impossible to get money. If you do borrow money, it's from, you know, very dubious places that end up charging you huge amounts of money you can never get ahead then. So to tell somebody to pull themselves up by their bootstraps, they ain't got no bootstraps, they haven't got them, and you need to give them to them so that they can then pull up their bootstraps.

[00:15:41] **Sue:** There seems to be this thing in the states, you know, about being self-made and self and there are very few people who are self-made. It's largely a myth. And often the people who are held up as, you know, you could be this guy. No you can't because that guy's dad owned an oil company. So what's really interesting then as well is that the kind of people in the middle. What we call, you're the squeezed middle. So they're the people who are working really hard, but they, you know, they have some money to go on holidays, but they still, it's really, things are tough. If they get a medical bill worrying about that or where do you get the money to go to college. So what's really interesting is that those people are pitched against the poor people. And what you have is two groups of people who are struggling and the people who are not struggling, who hoard a huge amount of wealth, are happy to sit back and watch two groups of people who struggle. Go against each other because it takes attention away from who's hoarding the wealth and what policies are keeping people in poverty. I can see that happening in the national climate so clearly, including around immigration and getting folks who have immigrated to be against, you know what I mean? Like there's just definitely this division, intentional division can totally feel that versus inherited wealth or undeserved wealth, things like that. That where you don't, it feels like that you've made it. Using your example about the tea or the hot chocolate, not only do you get, does yours get a hot chocolate, but probably when they're looking for work, they're gonna be more likely to, you know, know someone who knows someone who can get them in and be motivated to get them in order to have a relationship with you, because, you know what I mean?

[00:17:37] **Sharon:** That whole social capital piece, it's so, the stress is so powerful. Go ahead. Psychology's actually a good example because in Ireland to become a psychologist, you need to do a psychology degree, then you need to do psychology masters, and then you have to do a doctorate. And most people have to work for free as assistant psychologists, involuntary roles so that they can get accepted into a doctoral program. The only way you will get that work is if you know somebody who is a psychologist who will let you come and work with them. So if you're a kid in public housing, like I was, I didn't know any psychologists. So now if one of my kids came to me and she said, I'd like to be a vet, or I'd like to be a doctor or a lawyer, I work at a university. I meet loads of people all of the time, and I say, "Oh, you know what? I know somebody in the law department, I'm gonna ring them up and see if they. Can help us

out and get you, you know, an internship for a month or so” That's social capital. People can't see the value of it because there isn't a dollar sign on it, but that's the thing that keeps you in poverty.

[00:18:42] **Sue:** They're the bootstraps. They're the bootstraps that you want people to pull up. But they don't have them. They don't exist. Yeah. No and even things like, you know, if I want to get solar panels for my house because it reduces my electricity bill, I can go to the bank and I can get a loan, which I did last year. So that loan that I'm paying back still makes my, even with the electricity, with the solar panel loan, my electricity's still cheaper now. Because I have those solar panels. If I didn't have the income that I have, I couldn't go to the bank for a loan, I would have to go to a lender that would just. You know, I would be paying it back for such a long time, it would never be worth it. So, you know that thing about stress and we know that when you're stressed that it affects how you think and it affects your ability to think and it affects your ability to regulate your emotions.

[00:19:59] **Sharon:** So if you're really poor, you're really stressed so you're not going to be able to pull up those non-existent bootstraps. And I mean, the reality is the only reason why I have a PhD is because I live in a country where we have free education. There are plenty of people like me all over the world who just won't be able to access that. Many of these invisible bootstraps that are holding people up because they're invisible.

[00:20:20] **Sue:** We don't realize that we're being bootstrapped. And so we attribute it to ourselves, which makes the divide even more. But going back to the stress and the cortisol and the kind of developmental piece around mental health, right?

[00:20:42] **Sharon:** Some of what we're saying I think is the parents themselves are in this objectively stressful situation. It's not the parents' reaction to something. It's literally reality that they're gonna have more cortisol and be spending a lot of their internal conscious capital on things that aren't only about the child. Doesn't mean they don't love the child. They love the child just as much - but the resource isn't there.

[00:21:10] **Sue:** **So the** stress is one part. I'm moving back to mental health and what that, what the trajectory looks like from a mental health standpoint. Cause the other thing I was thinking about is even just health, like Covid would inappropriately hit you know, in particular indigenous groups I'm hearing have a higher rate of death even though their vaccinations level are the same and things like that. Again, because of poverty and because of all of these preexisting other diabetes and other health issues that are also part of the picture when we're talking about poverty and the impact of both health issues and mental health issues. For you, from your perspective, from a mental health standpoint, what does that look like? And also what are your thoughts around intervention? Cause one of the things we talk a lot about is, you know, it's therapy. We do therapy, but that's an individual action. And we hope with security and talking about security, we can't make one person can't be secure by themselves.

[00:21:52] **Sharon:** If the group, if the community isn't looking at reducing stress and increasing safety in a community, then basically mental health care as we understand it needs to incorporate systematic change. What I've started calling that recently was beyond trauma because I suppose I've spent the last few years talking about adverse childhood experiences and trauma and stress, how it impacts on our ability to think and learn, how it impacts on our mental health, how it impacts on our ability to access services. So you might be, you know, sitting there and waiting for me to come to an appointment and I'm really stressed and I turn up and I'm emotionally dysregulated and you perceive me as being angry. I'm not. I'm really stressed and this is how I'm presenting it. Now, if you're somebody you understand stress and trauma, then you're going to, you know, you're gonna be curious. You're gonna notice that and you're gonna say, Sharon is really stressed. I wonder what's going on. But there are other services that you might go to and they might say, “your behavior is inappropriate and unacceptable and you are no longer welcome here.” So what happens then is that the people who need access to therapy the most are the ones who are least likely to be able to get it. So they're the people that you see living in tents on the side of the street. And then we blame them for being there without thinking about what happened, what was the trajectory. So sometimes when some people talk about trauma, they think about nice trauma. And then the person who presents, well, you know that can come up and I can come to your office and I can sit there and I can cry and I can share my feelings and I have words to label my emotions.

[00:23:55] **Sharon:** We have this other group of people who are traumatized and it looks terrible. It looks chaotic, it looks messy, it looks out of control. They will tell you to fuck off. They will be standing on the street screaming and

they're traumatized, but they're a group of people that some people don't wanna work with. We have to accept that trauma is messy, trauma is chaotic, trauma is angry, and it's scary and it's frightening. So beyond trauma then I think that we've reached a point where most people know about trauma, what it is and the impact that it has on thinking and behavior. So now we need to move beyond that awareness piece and say, It's great to be aware of it, but we still have these perpetuating cycles and people who talk about, for example, the cycle of addiction, there's no cycle of addiction, it's the cycle of trauma. The cycle of poverty, that's the cycle of trauma. So we have to start looking at those systems and say, how do we break these cycles?

[00:25:00] **Sue:** There are people who are resistant to that because they'll say, Well, if you're poor, it's your fault. If you're in addiction, it's your fault. If we don't start to help people who are in those situations, it costs you more money. It makes the place where you live feel more unsafe. So we need to move beyond trauma and start looking at systems and structures.

[00:25:24] **Sharon:** So if you look at the trajectory, and I'm gonna take the United States as an example, that's so we're gonna protect, Yeah. So we're going to pretend that I'm a woman in the United States and that I'm pregnant. And I'm gonna compare it with the Irish context in Ireland. The minute you get pregnant, you are entitled to free medical care, irrespective of your income. Every single woman in Ireland is entitled to free medical care. So all of your scans in the hospital are free. All of your doctor's appointments are free. When you go in to have your baby that's free you get charged absolutely nothing. And then when you come home your baby's developmental checkups are free. For the first three years, all of their vaccinations are free. And your doctor's appointments are free for the next six six weeks as well. If you're working here, you're entitled to paid maternity leave for anywhere between six to nine months. So you get paid to stay at home and look after your baby for six to nine months. If you're not working, you are entitled to a state maternity benefit, and you're also entitled to get that for up to nine months. So, if I was in the States, I would have none of that. So the minute I get pregnant, if I do not have, you know, an amazing health insurance and I don't have this really great job. The minute I get pregnant, I'm now heading into super stress t. Because how am I gonna afford my medical appointments? How am I going to take a week off after my baby's born? Like, you know, in the States, there are some people going back to work four or five weeks after, after having a baby. In Ireland, it is illegal to sell puppies. It's illegal to separate puppies from their parent's dog, their parent mother, because of the impact that it has on the P'S wellbeing. But in the states you take mothers from their babies and you who are physically and mentally tired and they have to go out and they have to work to provide for their family.

[00:27:27] **Sue:** There's the start of your charge actually. So, we can talk about mental health and we can talk about attachments, we can talk about all of those things, but we have to talk about them. That all of those things are made worse by the fact that people live in countries that have policies that don't allow you to have good mental health.

[00:27:48] **Sharon:** So, you know, I can blame poor people all I want, but we're back to the bootstraps. Where are their bootstraps? When all of those policies don't exist. And I know because we get a lot of students from the states who come here for a year to study psychology and they're just like, how come you don't have to pay for education. And how come I was talking to one of our students the other day and her brother studied to be a lawyer and I think he's got a student debt of hundred thousand dollars. That just wouldn't happen.

[00:28:39] **Sue:** I just, I was teary as you were describing the healing that happens for her and for that baby from the beginning and the exact opposite of that here. And again the culture and the narrative is entirely different around all of this. And it's like, what is wrong with us? So these changes have to be institutional and political.

[00:29:13] **Sharon:** And it's not socialism because they're universal benefits. Sometimes people who have power and control and have money can have free maternity care and free education, you know, sometimes people think, Oh, that's socialism. I live in the Republic variant. We're not a Marxist country. We've had free education here since the 1960s or seventies. I can't, I think the 1970s. So we're not a socialist country. We're just a country that recognizes that children and babies in particular are entitled to universal care. So it doesn't matter whether you are in, you know, \$20,000 a year or you are in \$250,000 a year. You are entitled and your baby is entitled to exactly the same services for free. So we have a child benefit payment, for example, that's a universal payment. So from the minute your child is born until the minute that they turn 18, you get a monthly payment into your bank account every month.

It's a universal child benefit. Every single parent in Ireland gets that irrespective of their income because that is a universal benefit for children. So it's making sure that all children have access to the same thing. So once you level that playing field, now you're starting to create bootstraps.

[00:30:25] **Sue:** That's. Wow, this is just so incredible and we are moving into the midterms here and could not be more important to vote your conscience towards human rights and social justice. Now, I know that you also studied podcasts. So can you say a little bit about mental health and podcasts?

[00:31:09] **Sharon:** There are lots of people there who have a really good education and I know that there are people in the United States who get to travel a lot. So they will have traveled to Europe and including Ireland. What I've described to you in relation to maternity care and free education is not unique to Ireland. So for example, because I am Irish and I'm a member of the eu, my children can access free education in other European countries. And if I go on holiday to France tomorrow I have a European medical card, so I'm entitled to access the hospital for free. Because I'm a member of, because this is just how it works in Europe. Yeah, so there are people in the United States who have a lot of money and who travel a lot, and they have been to Europe. They know how it works here and the access that people have here to basic health and education and how they don't use their voice to advocate for that in their country because they would have to pay more tax. So I pay 47% tax on my income. I'm happy to pay that because I also reap the rewards of that and so do my children. So when I pay that 47% tax, it's not the poor people who are running around having a great time with my money. With universal benefits and we all benefit from them. And I'm also happy if the children who have less than my children do get a little bit extra of mine.

[00:32:40] **Sue:** That would make me really happy too. So that's, so, so what's interesting when you look at countries that are quite wealthy and quite resistant to those models is the people who are telling you to be careful about, you know, universal health or be careful about free education. Be careful about those things. That's Marxist ideology. They're the people who don't want to pay their share and they're telling. And the people who become most frightened of those conversations are those squeezed middle. You know, that the people are going out working and they're saving and they wanna get their kids into college. So they get really frightened and they think, Oh, people like life is so tough. And if we like to dip our toe in any kind of social democracy, they'll take away that tiny little bit. We have to bring the kids to camp this summer when actually what happens? If your kid's education gets cheaper.

[00:33:34] **Sharon:** Your kid's healthcare gets cheaper, and all of the money doesn't go to helping the poor people. It goes to help everybody. That's about being interconnected and working as a community and bootstrapping one another across, you know, across the people who don't want to do that way more than you.

[00:33:56] **Sue:** Right. And they're happy. They're happy that you are in the middle and that you are struggling, and then they're using that to make you hate poor people.

[00:34:17] **Sharon:** But coming back to the podcast was, so I have appeared on a couple of podcasts and I am an academic and I did work in the community with young people before I came back into the university. But one of the things that struck me when I did podcasts was the amount of contact I would get from members of the public afterwards saying, Oh, you know, I, when I was growing up, my dad had a drinking problem and, you know, it wasn't discussed outside of the family home, but, you know, as an adult I've struggled a bit with depression. You know, I found it quite difficult in relationships and when I listened to your podcast, I went, Oh my goodness. You know, I think that those experiences are still dictating my life now. So I think because, you know, when you're a mental health professional, after a while you take for granted your knowledge. But there's such a huge amount of adults out there who might be not living their best selves. And they might be struggling and they think it's because they're a loser because they haven't thought about or been told that their experiences are not just about their individual self, but their experiences are impacted by family, community and social policy. So beyond trauma. And I remember, you know, speaking to a group of people who were experiencing homelessness, for example, they all had huge trauma histories from childhood, and they would've had chronic long-term homelessness and addiction. And then I talk to them about the impact of stress on thinking and decision making. And it's really profound because they say, I thought I was a scumbag. I thought I was a loser. I thought that was just my identity, that I'm just not a good person. I'm not a good human, I don't make good decisions. I can't function. Right? I'm a loser. So what you're telling me is that actually these really bad things happened and then they limited the decisions that I could make. So, that

was really interesting to me that you have. You know, with a podcast you can reach a huge amount of people who are getting access to information that they would never have had before because they can't access education or they can't pay to go through therapy. So they're getting this information on podcasts. I could see all of this coming in and then I saw a newspaper article that said, you know, that was talking about the increase in mental health related podcasts and were saying, "Oh, maybe this is a bad thing", you know, because maybe people might self diagnose or maybe people might rely on podcasts and not go for help. And I thought that's really interesting because that's not been my experience of the contact I've had from members of the public and myself. And one of my master students Nisha went and looked at the literature and there wasn't any. So we said, this is really interesting. We don't know why people are listening to mental health related podcasts. And if and when they are listening to them, what are they doing with the information? So, we sent out a survey and 722 people responded to that. And what we found was that people with lower levels of education and lower income brackets when they listen to podcasts, what they're getting is mental health literacy. It's reducing stigma and increasing health seeking behavior. People in the higher income brackets with higher levels of education are also listening to mental health related podcasts, but they're listening to them for different reasons. Some of them have their own difficulties and they're getting, you know, connection and a sense of understanding about their own personal difficulties. But primarily they are listening to them for professional reasons and recommending, you know, they might recommend a specific podcast or a specific episode to clients. So it was really interesting that the class divide emerged. Men in particular working class men who we know have very low levels of mental health literacy and are the group who are less likely to access mental health support hugely benefited from it. And it was really important during covid as well, that came up a lot, that a lot of people felt very isolated and very alone. And when they're listening to mental health related podcasts it gives them a sense of connection and it gives them a sense of hope. An additional thing was that there are also people who have dyslexia and perhaps other different people who've experienced a lot of trauma who might find it difficult to concentrate.

[00:38:37] **Sharon:** What they like about podcasts is they can listen whenever they want at a time that works quite well for them. And then they can listen to the same episode two or three times until they feel like they've totally got it. So, you know, if I come in for therapy, I might be running late, I might be stressed, I might, so I might not, you know, I might go in for my session and I might, you know, do a good session, but then somebody might give me piece of information and I might not necessarily hold that information in my head. And then, you know, whereas if that person has also done a podcast and they've talked about, you know, that specific issue on the podcast, I can listen to it two or three times until I've gotten it. So podcasts are not a replacement for therapy. Podcasts are a way of bringing concepts to people who are resistant to therapy and then helping them to understand that these are emotionally distressing, that the pain that they have, that is something, there are people out there who have experienced it too. There are people out there who will help you. And it is not your fault. So that was probably the most overwhelming thing that came from it. So, we've a paper published under review and one of my colleagues, Reagan Murphy, who's a Wizards statistician, worked on that one. And then we have another paper where, you know, you know, when you do a survey, At the end, it says you always put in a box at the end that says, Any other comments? Nobody ever puts anything in there, but we always put it into our surveys. We had 50 pages of data from any other comments section, so that will be the next paper that we're going to submit. People had a lot to say about how profound it was for them to listen to a podcast and to have had this sense of identity about themselves, where they, I'm a loser. just constantly mess up. I, it's just my personality or, you know, they had these beliefs about themselves and then they get access to this information, which, if you've gone to university, you take for granted, but they hear this information for the first time and they go, Oh my goodness. So adversity during your childhood, Can impact the way in which you engage in the world around you. It can impact on the way in which people see you, and it can impact on the way in which services do or do not let you have access.

[00:41:37] **Sue:** So beautiful. I've got goosebumps for sure, cause I heard you on Blind Boy podcast, so I wanna mention him. He was fantastic and that episode was fantastic. As a matter of fact, a listener of ours alerted me to that podcast to find you when we were talking about some of these larger issues related to mental health. So our listeners are feeding us back kind of okay. Here's the direction we're listening, and then we're finding you, and then we're amplifying our experiences. Ann and I are just, we can't, we've been overwhelmed with the stories that are coming in and it's just such a privilege to be able to bridge things like this and those words. And we'll highlight, we'll probably do a clip of what you just said around amplifying this message of literacy, like increasing literacy and taking the shame away. That is our most important thing around that. These things have happened to you. It's not you. We say, you know, it's not just it's not me, it's my amygdala. is a tagline, kind of we say, but what you're saying is so important and

so validating and so inspiring for us to continue and for I hope other mental health. There's so many of them. I was curious, did any particular ones or kinds show up in your study?

[00:42:56] **Sharon:** So, Yeah, so I suppose we had predominantly an Irish audience in terms of who filled it in. So there were, so Blind Boy was in there and there's the two nars which your list is one of the two. Nas are two working class men who came from an area of socioeconomic deprivation. They experienced adversities during their childhood. They both developed addictions. James was a heroin user and he was homeless and he was in and out of prison. And Timmy was drinking and, and gambling and using cocaine. And he was involved in a lot of violence and he was in and out of prison too. They're both now university graduates. Because you can go to university here for free education. Yeah. So they, Timmy for example, learned how to read and write in prison. And when he was in prison, then he was diagnosed with dyslexia and he felt a lot of shame when he was trying to go to school. His mother had really significant mental health issues. I, yeah. We were talking a couple of weeks ago, and just for people who don't understand poverty in kids, so his mother was very stressed and she had very significant mental health issues and she wasn't able to care for the children. Sometimes there would be violence in the house. And Timmy would sometimes wet the bed at nighttime because he was frightened and his mother couldn't care for him. It's not that she didn't want us, she struggled to care for him. So he would sometimes go to school smelling of u and then he would be called the pissy kid. And then because he had undiagnosed dyslexia, he was regularly described as stupid. So that's his trajectory then. So you don't go to college, you don't get a job. Nobody around you goes to college. Nobody around you works. And actually there's a lot of status involved in crime because that's who you look up to. Cause that's his, in your community. So when they, you know, during lockdown, during the first lockdown, they were aware of other people that they know who were struggling with recovery and they decided to set up their little podcast and the two nares. So they came up a lot because you know, I suppose their lived experience is quite profound and it gave a lot of hope to the people who are most marginalized. And then blind boy, the one, the person you mentioned there, blind boy who would be very popular here and internationally. He talks about democratizing psychology, you know, so, so, when I think about that kid, so if you think about Timmy, when Timmy was a kid, you know, if he went into school and somebody said, How are you feeling? His mom was really unwell. So she wouldn't have been able to sit down at nighttime and read a story to him. So that's gonna impact his literacy. He'd undiagnosed dyslexia, so he's not sitting in the library you know, during the daytime reading either. So how do you have words for feelings then if your literacy is impacted? So Timmy might come into the school and you might say, How are you feeling, Timmy? And he might say, Fucked up. And then there are people who say, Oh, you're not allowed to use that kind of language. But he hasn't got another word. There is no other word because he has a feeling, but he doesn't have the word for that feeling. If he is a child who's living with a parent who isn't stressed and they come home and they're upset, like one of my kids was upset the other day because she wanted to do something that she couldn't do, the feeling that she had was disappointment. . . , you know, and disappointment is quite a horrible feeling. And it can make you quite angry if you don't know how to label it and you can't chat about, you know, I'm disappointed and sometimes you don't get your own way and that sucks. But sometimes life is just like that. And let's look at all of the other positives. So if you've time to spend with that kid and explain that, then the next time they have that feeling, they go, Oh, this is disappointment. I know what it feels. It's not nice, but I'd survive it. . . , know what it is. Yeah. And I know what it is and I know that I can now look at what the other positives are. But if you just have loads of negative sensations that you can't label you can't even explain how you feel. So that's one of the really important things about podcasts is the words, just simply the words that it's given people sometimes are like, I'm 46. I will meet people my age who won't have thought about the fact that disappointment and shame can have a really profound impact on the way you view yourself, on the way you treat yourself and on the way you might treat others.

[00:47:20] **Sue:** And the examples you gave are beautiful because they're men, like you said, men in particular are benefiting from this. And these are these beautiful three men that are being vulnerable and sharing their experience. And I don't, they're, none of them are licensed. Right. Those, they're not people in the world. They're people in the world talking about mental health and helping people in the world on this broad swath that would not otherwise get it. It is beautiful. I love that. It's funny.

[00:48:09] **Sharon:** And it's funny that you brought up about the licensed thing there because I have been watching this little interaction that's gone on Twitter about licensed therapists complaining about a particular individual. But if you take Blind Boy and the two nares. They are not qualified psychologists. So what they do is they're qualified people. They're experts of their own story. Yeah. So what they do is they bring in people who are experts. So for

example, have had on, you know, and Beko and you know, they're the names you recognize from over there. But also equally they have psychologists from here, you know, addiction workers, mental health professionals, prison off prison governors, you know, politicians. So they interview experts, but they interview in a way, so they're, because they're from working class communities, they're asking. That working class communities want the answers to. And they're asking them in a way that when you answer them, that the working class community is gonna understand what it means for them. And sometimes with knowledge and information there are gatekeepers. And it happens in psychology where, yeah, oh, only mental health professionals should be allowed to talk about mental health. But if somebody's an ethical podcaster, like Blind Boy or the Tunas they will be really careful about what they talk about and they will not give their personal opinion about a diagnosis or the causes of diagnosis they will get on somebody who is an expert in that field. So, in terms of podcasts, one of the things I do think is that there are a couple of them out there that I would say are not ethical because. There's a lot of people who are very hurt and confused and angry coming out of the pandemic. This happened before when we had the Spanish flu in the early 1900s. It went on for years, and it caused a lot of chaos. And as the people emerged from that, you saw a rise in division between groups. So you know, L G B T people were attacked, Roman gypsies were attacked. Then they moved on to Jewish people. So you had people emerging from a very difficult, traumatic experience and being angry and confused, and there were powerful people that were able to tap into that. Upset and say, here's a group of people that are responsible for your problems when they weren't.

[00:50:40] **Sue:** And it's a little bit scary to see that a hundred years later we're emerging from a pandemic where there's economic instability and climate instability. And we, again, have certain groups of people who are playing on our stress and saying, the reason why your situation is difficult is because of them, people over there when that's not true. And in order for, and you're talking about podcasts in particular, that there that be because that there's no regulation. People can say anything they want. Yeah. So I suppose for me, one of the things that came out of the podcast study. There were one or two podcasts mentioned in there that certainly psychologists or mental health professionals would not recommend to people who are feeling, you know, vulnerable.

[00:51:33] **Sharon:** So I suppose one of the things I'd like to see here in Ireland would be that perhaps our health department would say podcasts are a useful tool for the development of mental health. Here's some that we validate. . . Because there are one or two. They're not Irish actually, they're from the States.

[00:52:11] **Sue:** Oh, that's no surprise. I have him in mind, I don't know, but everyone was saying we'll be filling it in with somebody

[00:52:51] **Sharon:** That's not to say that somebody won't emerge in that space in Ireland. I think we have less of a problem with the division in politics here because we have free education. So we have a little bit of it happening here, but it's nothing like what is happening in the UK or in the United States in terms of groups of people really pulling apart from each other, whole families, you know, being ripped apart because of politics. So, I mean, where we're not naming names, is there any reason not to say like, these are, these were the ones that came out as, that showed up on your study that were of concern or that the reason why I won't name names is when people do they get, So if I named who they are, the blow back that you get you know. I could say something like, it's problematic for people's mental health to deliver a particular type of message. And I know that's true by research and I could say that, right? And then within five minutes of me saying that I could have somebody calling me a pedophile, which is quite a serious thing to call a psychologist. Unfortunately there is an asylum. Well, it's not what you're saying. It's not, What you're saying is it's not safe. And that's part of what we're saying is that these divisions become dangerous, actually.

[00:53:57] **Sue:** Now I'm curious, I know that we just think it's really interesting that the free speech people who I'm particularly referring to, I feel like I can't speak freely with you now because of the potential impact of my professional reputation and my own personal wellbeing, because I don't want people calling me a pedophile or a groomer or whatever online and the impact that, that would have on my mental health and on my professional reputation.

[00:53:57] **Sharon:** So I can't speak freely about the kind of people who bang on about free speech because of the way that they would not have a reasonable conversation. They wouldn't have a reasonable conversation. They would start calling me names. And if I was really angry and if I was really stressed and if I was really lonely and if I was really isolated, and if I wasn't getting the opportunities that some other people are getting and somebody came along and gave me the solution by saying it's them, it's that group, it's their fault. And if I was really stressed, I would

definitely need an answer to know that it's not me. And that's what worries me about some of those podcasts, is that the answers that they're giving are not factual. The best way to protect your mental health is not to be involved in hating other groups because hate is actually really bad for your mental health.

[00:54:55] **Sharon:** That is beautiful. That is wonderful. I love that statement. So, the best way, So say it again. The best way to protect your mental health is not by hating other groups of people, because hate is bad for your mental health should be a guiding principle as we go vote, as we tune in to different podcasts. Paying attention to what feelings it evokes in you. If it divides, that's a big flag versus if it can do these things. What you found in your research was that people were just overflowing with comments about how positive and good it was and how healthy that listening was. And I can't wait.

[00:55:36] **Sue:** I wanna see both of these papers when they come for sure. And I the transgender issue is a good example. So there are lots of people who don't understand what it means to be transgender. The mental health of people who are transgender what that's like for them.

[00:55:55] **Sharon:** Before I became a psychologist, I would've known absolutely nothing about it. And like if I was really honest, I'd go, you know, is it weird? Is there something wrong with them? You know, have they got mental health prep? What's going on here? So there's nothing wrong with me having those thoughts. That's curiosity. And it's a lack of information. And then if I go and I go and I get information, then what I have now is I've moved from curiosity to compassion. So I don't have to, just because I don't understand a group doesn't mean that I have to hate them. And I have to be really careful. You're afraid. Are afraid of them. So, I just need to be really careful about where I get my information from. You know, search not just one source, just, you know, check five or six different things. And the other thing is when people give me information, what's their motivation? What do they get from telling me this? So that, I guess that's something that we do with our students all the time is say, you know, when somebody says this about a particular group of people, whoever they are, who is saying it, why are they saying it? And is it true? There's just three questions. And maybe it is true, but I will never know if I don't check all of my biases, their biases and go and look at other pieces of information. So I think that one of the things that we need to do is be curious. Pre curious and reach out and get information.

[00:57:25] **Sue:** Yeah. So this time of you know, fake news, it's like what's real and what's not real. It is great to have sort of guidance around how you find truth and what feels right and what feels good for you versus being, potentially being prey to this intentional division and intentional fear and hatred. We get a huge amount of information. It's not possible for us to process all of the information that we get. If I, when I was 14, there was no such thing as the internet. So you had hours in the day where you weren't bombarded with information. So now you get so much information now do you know what's true and what's not? And because of that, I think it's quite difficult for us to kind of hold onto, Ideas and explore them a bit because the next bit of information is already coming in. So what has happened is issues have become binary. So things are either good or they're either bad. So, so you know, if you take the transgender issues, so you know if you are a woman or if you're compassionate about transgender people, then that means to you, you don't have any compassion for women. What about women who've experienced sexual violence?

[00:58:50] **Sharon:** So if I'm a woman who's experienced sexual violence, the toilets thing is a good example. I actually don't like using public toilets anyway. It doesn't matter who's on their agenda, I don't like them. I often feel unsafe in them. And it's not got to do with whether it's a man or a woman or transgender, whoever it is. I feel unsafe in public toilets anyway. So rather than me saying, Oh, I need to have, I can't have transgender people in my toilet, why don't we say instead? Because it's not a binary thing. It's not either good or bad. Why don't we say, why don't we have toilets that make people feel safe? Irrespective of who they are.

If you're a woman who's experienced sexual violence, if you're a man, if you're a transgender, if you're non-binary, why can't we have toilets that make everybody feel safe? Rather than saying, you know, and that's what happens with these conversations is it becomes, Oh, only one per, only one person can get looked after, and I need my needs met. And you absolutely should have your needs met. But we can also do it for others too. Without taking them away from me. Does that make sense?

[00:59:53] **Sue:** It makes perfect. It's the same theme, kind of, of that, you know, it's community-oriented, not self-oriented, not holding onto your own acorns, but being able to yeah. It can be a winner or I can say look guys I would like to have a cubicle where you just go in and you go to the toilet and I'm not sharing it with anybody. That's why I'd like to feel safe and go to the toilet. I'd like that for everybody, not just for me. Exactly for everybody. Win-win. So, so many great ideas we didn't get to, but maybe another installment around addiction and culture and class and things like that. You have really wonderful things to say. We're gonna link it in the show notes, some of your articles, some of your materials. But how can people reach you? I know people are gonna be super excited as they hear you. How do they find you and what are your socials and also anything, any other resources you wanna refer people to?

[01:00:38] **Sharon:** Yeah, so I think the two NAS podcasts are for anybody who's experienced homelessness in prison and I love it. I tuned into it too. I love it. Totally re. So the boys are from Cork. Where I live as well, It's quite a strong accent. Give it a chance and you'll get there. So, that's a great podcast for the lived experience and actually for professionals as well. Cuz when we did the survey, when we did the the survey of the podcast, one of the things that came up was actually that people who were, let's say teachers or doctors or nurses were saying, you know, kind of going back to what you said at the start by, you know, why are those perfectly poor? So, people in those professions where they're, it's predominantly middle class, when they come across these podcasts, they're gone. I had no idea actually. You can't get this if you're poor, you can't get that or that this is what your experience might be like. So it has broken down a lot of barriers as well. So not just, you don't have to be in recovery to enjoy the T Nas, you just have to be somebody who cares about other human beings and blind boys. And then I'm on Twitter, I think it's sh s Lambert zero. It's just Dr. Sharon Lambers anyway and that's the only social that I'm on. I may possibly switch Instagram in the next while if Twitter becomes unpleasant, but at the moment I'm doing okay there.

[01:01:59] **Sue:** And you said that you, that your paper was published now or that you had written.

[01:02:39] **Sharon:** It's, No it's the preprint of the podcast paper. Okay. Yeah. So that's available on the website of the university where I work, University, College Cork. So it's ota, which is the Irish word for woods. So, nta OTA Lamb and Murphy 2022 podcast as a two for mental health literacy. So that's up as a preprint. And then, that's quantitative, so that's quantitative data. The qualitative data will be going up in about four to six weeks.

[01:02:39] **Sue:** Wonderful. Wonderful. Well, from Austin, Texas across the world you'll be going now in your afternoon and I will be emerging. It's just now the sun's just coming up. So, it is amazing and wonderful and such a privilege.

[01:02:58] **Sharon:** I really appreciate you sharing with us. And thank you so much. And I wanna wish you all the best and. . I know that things are really difficult in the states right now for lots of different people, irrespective of what side you are on. There are lots of people feeling pain. Yeah. Irrespective of whatever side you're on. Yes. Really scary. So I hope that there's going to be some healing and some recovery for everybody over there. Thank you. I hope so too. All right. It's an honor. Appreciate it.