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CTRL+CLICK CAST #102 - Debugging our Feelings with Jamie Strachan

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Preview: This problem solver sort of default mindset dichotomy to overcome it, especially when we're dealing with other people and their challenges that, first and foremost, they are people, and that means they are feeling things and they're struggling with things, and that is probably more important than the problem itself.

[Music]

Lea Alcantara: From [Bright Umbrella](#), this is CTRL+CLICK CAST! We inspect the web for you! Today we have Jamie Strachan on the show to discuss mental wellness and debugging your feelings. I'm your host, Lea Alcantara, and I'm joined by my fab co-host:

Emily Lewis: Emily Lewis!

Lea Alcantara: Today's episode is sponsored by The Dot All Conference. The first annual Dot All Conference for Craft developers is less than two weeks away. This year's conference is taking place on October 22nd and 23rd in Portland, Oregon and will feature a Craft 3 workshop led by Ryan Irelan of Mijingo, a plugin development lab, and a full day of sessions relevant to Craft and web development. Tickets are still available at dotall.com. Hope to see you there.



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[Music ends]

Emily Lewis: Today we are talking about mental health. It is a topic that's really close to me. I studied Psychology in undergraduate school and a bit for graduate, and I've been receiving some type of mental health therapy on and off for about 15 years. I believe mental wellness and health is as important as our physical wellness and health, and the month of October happens to include [World Mental Health Day](#) and [Mental Illness Awareness Week](#).

So with all that in mind, we have special guest, Jamie Strachan here to help us debug our feelings. Jamie currently manages a team of developers at Info-Tech Research Group after spending 15 years as a web developer himself. He strives to help those around him by being a facilitator and advocate and an adviser and shares his experience with depression to help combat the stigma surrounding mental health issues. Welcome to the show, Jamie.

Jamie Strachan: Thank you very much for having me.

Lea Alcantara: So Jamie, can you tell our listeners a bit more about yourself?

Jamie Strachan: Yeah, so career-wise, that introduction is pretty accurate, I've been in web development, mostly as a front-end developer for most of my career, about 15 to 16 years since I got out of the university, and I've been doing development for like a big bank in Canada, small agency. I worked for the Canadian Public Broadcaster (CBC) for a number of years, and if you would ask me at any point whether I was going to get into management, the answer probably would have been no.

Emily Lewis: [Laughs]

Jamie Strachan: Until about a year ago or a year and a half ago, I really started thinking about it. My roles have been getting away from sort of more technical stuff and into more leadership stuff, and I



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found that I actually like that. So earlier this year, I got my first job as a manager working at Info-Tech Research Group, which has been really interesting and challenging and different, but so far so good, and through a lot of that, I've also been doing quite a bit of public speaking. So for the last couple of years I've been speaking at sort of a handful of conferences or meetups or some things every year, and so I think part of the reason why I'm on the show today is because of a talk that Lea saw me give in Seattle at Peers Conference earlier year on this topic, on debugging our feelings and mental health.

Lea Alcantara: [Agrees]

Jamie Strachan: And like I say, I've done a bunch of speaking, and a lot of it was very technical, talking about Object Oriented CSS or Agile or Grunt plugins and things like that, and after doing that for a little while, I kind of got not sick of it, but it wasn't really appealing to me much anymore that I don't want to talk about it, and so I was going to take a little break and then I had this sort of moment, this epiphany where I realized that the depression that I've been dealing with for, I'd say, most of my adult life had this sort of interesting parallels with the work that I was doing as a developer and I think this sort of developer culture and the type of people that I think developers often tend to be.

Emily Lewis: [Agrees]

Lea Alcantara: [Agrees]

Jamie Strachan: And so I started building a talk around it, and like I said, I've been giving it for the last year or so in various formats, and I don't think it was something that I set out to do, like really lofty goals about, I started a really cool idea, but it has turned into something a lot bigger and something that I'm really actually interested and happy to talk about now. It's kind of the only talk I give anymore and it's the only one I pitch because I feel so strongly about it and I think it's so important.



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Emily Lewis: That's a really interesting evolution. If you don't mind me asking, I'm curious how it all started. How did you get started on the web in the first place?

Jamie Strachan: So at first, my family has had a computer sort of forever, so I'm noodling around in BASIC and stuff as a kid, but I remember when I was in high school, this was in 1997, I was in my sort of final year of computer class, and for our project, we ended up getting an assignment to build a website for one of our team members' dads.

Emily Lewis: [Agrees]

Lea Alcantara: [Agrees]

Jamie Strachan: Which in retrospect, I'm not sure that's how that's supposed to work, but he's got a website out of it, but this is sort of like well before a lot of back-end technology stuff was in place, so we used a tool called HoTMetaL, which I'm not sure anybody has ever used since for building just like very basic web page.

Emily Lewis: [Laughs]

Jamie Strachan: And that's why I sort of got started in HTML and the web, and I went to school for computer engineering, which is sort of a gamut from hardware all the way up to software development.

Emily Lewis: [Agrees]

Jamie Strachan: And it was a co-op program which meant that I did four months of school and then switch off four months at a job.



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Emily Lewis: Oh.

Jamie Strachan: And I did that for sort of five years, so I ended up with two years of experience by the time I graduated, which was incredible, but a lot of that experience was finding things that I did not want to do when I got out of school.

Emily Lewis: [Laughs]

Lea Alcantara: [Agrees]

Jamie Strachan: And so it was really useful for sort of crossing things off the list, but I had one job as a web developer, actually indicating government, and I really got into how sort of tangible and immediate web development was.

Emily Lewis: [Agrees]

Lea Alcantara: [Agrees]

Jamie Strachan: Like being able to actually make a change in your code and see it right away. A lot of the stuff I've done was sort of lower level back-end programming, and I remember doing one co-op term for four months where we're working on kind of an internet phone application, and we spent four months, a team of us, writing C++ trying to get a phone to ring and we sort of finally did at the end, but it felt very unsatisfying for me. It just seemed like a whole lot of work to get to this point.

Emily Lewis: [Laughs]

Lea Alcantara: [Laughs]



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Jamie Strachan: But I mean, it was a real achievement, but also like it's just very hard for me to feel excited about that stuff. So the web was like, "Hey, yeah, you can change one character in your code and like it's going to be used and see what happens."

Emily Lewis: [Agrees]

Jamie Strachan: So that part I loved, and so after I got out of school, that's exactly what I looked for was how to get into web development, sort of who's hiring, what kinds of things I could do. I really learned a lot on the job as well, which was great.

Emily Lewis: So before we dive into our topic today, I just wanted to have a note to our listeners, the general legalese, we are not mental health experts. We're not doctors. Jamie, Lea and I are going to share our personal experiences and strategies that work for us. If you, as a listener, are struggling with your own mental wellbeing, please reach out to professionals, and we're going to be sure to include links in the show notes to some reputable organizations with resources. So with that all set aside, Jamie, let's talk a little bit about basics. I mean, how would you define mental health? I think that's something that I don't think a lot of people actually have a clear definition of.

Jamie Strachan: Or maybe disappointed to hear it. I'm not sure I have a clear definition of it either.

Emily Lewis: [Laughs]

Lea Alcantara: [Laughs]

Jamie Strachan: I've been sort of thinking about it, having been I guess cognizant of my mental state for, I mean, many years now just being aware of having gotten a diagnosis of depression sort of 16 years ago. This made me a lot more aware of sort of how I'm feeling and how I'm doing and what's



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working and what's not working possibly more than people who sort of had it, who really had to struggle with that kind of thing with the kind of severity or the duration that I have.

So for me, one of the things I really emphasize is the idea that our feelings and our responses are helping us, and I further described the people are just kind of thought machines, which is totally true, that we just think a lot. It's kind of what we do, and that thinking leads to feeling and so we are sort of feeling things, that we have a wide range of emotional response, and that's all good, that's all part of being human, but that doesn't necessarily mean that all those thoughts and those feelings are helping us move closer to our goals and our objectives and really living towards our values. So to me that's the first kind of real work of test is to make sure that those things that we're feeling are really helping us or really useful in what we're trying to achieve.

Emily Lewis: [Agrees]

Jamie Strachan: But it's always easy and it's not necessarily always clear cut.

Emily Lewis: [Agrees]

Jamie Strachan: But I think things get a lot worse and a lot more dangerous when the feelings we have are really holding us back from the stuff that we know we want to do, right?

Emily Lewis: [Agrees]

Jamie Strachan: So mental health is sort of not just being in a state where our feelings are sort of helping us or buoying us, but also having some awareness around how we're feeling and how we are thinking and being able to understand for ourselves, are we in a good place? Are the thoughts and feelings that we're having being helpful to us? Are they reasonable and rational?



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Emily Lewis: [Agrees]

Jamie Strachan: Because I think without some of that self-awareness, it can be very difficult to even know where you stand and to have any kind of perspective on whether or not what you're feeling is legitimate, I mean, is necessary, is what you could or should be feeling at that point. Like having this one thing is very true for a lot of people that when you get what you start feeling something and you start getting overwhelmed by depression or anxiety, but even just being nervous or afraid or angry, it's very hard to see that what's going on is something that could be changed or something that might not be helping you, and it feels like, "This is it. This is necessary. This is how it has to be. It's important. It's real."

So another aspect of health is sort of being able to step back from that and saying, "Okay, I'm having these thoughts, I'm having these feelings, but they aren't me and they aren't strictly speaking the truth. They aren't necessary. They don't define what it is that I'm going through," and then we can sort of make choices around how we want to deal with that as opposed to just getting sort of caught up in it.

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Emily Lewis: [Agrees]

Lea Alcantara: Yeah, absolutely. I would have to say that you're the first person I've ever heard speak about this topic so candidly, especially in a developer-focused conference, and I found it really, really refreshing, but I mean, clearly, it's also still a very sensitive topic. You kind of touched on it earlier about, like you said, you weren't like tired of talking about tech topics, but you were ready to try something new. But why speak about mental health so candidly to this audience or this industry? What's been the reception?



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Jamie Strachan: So I'll come back to reception. The reception has been really, really good, but sort of how I decided to do it, actually, I was thinking about this. I don't know that it was an incredibly conscious decision at any point, but like, "Yes, this is what I'm going to do. I'm going to be sort of an advocate for this stuff." Like I said earlier, I sort of enamored with the idea of talking about it and making it very relatable for developers. Again, I've lived a good deal of my life in kind of developer world and that affects how I think how I solve problems, how I relate to people, the kind of challenges I choose to take on, and I realize that there were these parallels between those aspects of myself and the kinds of tools and strategies I had found to help deal with depression.

Emily Lewis: [Agrees]

Jamie Strachan: And that was really the genesis of this idea like, "Oh, well, this problem that I've had, this depression that I have faced for so long, it felt like I could flick the script of it and almost turn what had been this challenge into sort of a super power."

Lea Alcantara: [Agrees]

Jamie Strachan: Like being able to say like, you know, I had very much felt that because I was dealing with all this depression, that it was sapping my energy. It was making everything harder for me. It was meaning that I couldn't achieve as much as I wanted to achieve, and this is the first time that I kind of thought like, "This actually gives me something that I can teach other people about, that I can connect to other people about this thing that I've been looking at as sort of a weakness, a bad thing, and actually maybe flip it into sort of a strength."

Emily Lewis: [Agrees]

Jamie Strachan: So again, I don't know if I thought it with this stuff really, really consciously before I started giving the talk, but the first time I gave a talk, I did sort of a dry run at my last job before I went



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to speak at a conference, and just talking about the response, like there were people that came up to me afterwards, and I talked, like I say I talk very candidly about the fact that I was diagnosed with depression and I still struggle with it, and there were a number of people that came up to me afterwards and were surprised by the fact that I was that something I was facing.

Lea Alcantara: [Agrees]

Jamie Strachan: It wasn't something I really sort of worn on my sleeve, I guess, and I tend to be pretty, let's say, high functioning. I'm also very sort of stoic. I don't want people to know what I'm struggling, that's just kind of me, and I don't know think that's a great instinct, but it's mine, and that made me think like, "I wonder how many other people out there are suffering from this stuff or facing these challenges?" And nobody knows about it because they can feel so isolated.

Emily Lewis: [Agrees]

Jamie Strachan: You could feel really ashamed about the fact you're doing this stuff and it seems like everyone else is fine.

Emily Lewis: [Agrees]

Jamie Strachan: And that makes it even worse, right, then you're judging yourself thinking, "Oh, why nobody else are having these problems but I am and that makes me even weaker?" So after having done the talk a little bit and hearing from people like, "Oh, I really heard myself reflected in some of those things you're talking about, like a lot of your experiences really spoke to the experience that I'm having," and I kind of realized how important it was for me to share this stuff so that, again, I would be able to connect with other people, but also to kind of expand this space for this conversation to let people know that it's not ideal, but okay that we're all facing these things, and it may not be all the



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time and it may not be you or someone else, but I think we all go through challenges. I think that's sort of human nature.

Emily Lewis: [Agrees]

Jamie Strachan: And to talk about tools and techniques that we can use to deal with those I think seems like a really important thing. I think the other thing that I sort of realized, and this has been dawning on me more recently, is I have a place of privilege in our industry, so as I heard someone put it, I'm male and pale.

Emily Lewis: [Laughs]

Lea Alcantara: [Laughs]

Jamie Strachan: I'm a white male. I'm so gendered, I'm heterosexual. I have an education. I grew up in a privileged social economic status and the repercussions of me talking about this I think will be different or could be different than someone else who is maybe in a more difficult and more precarious position in our industry.

Emily Lewis: [Agrees]

Lea Alcantara: [Agrees]

Jamie Strachan: So again, sort of realizing that, I was like not just that it's helpful and important to talk about, but almost that it's necessary because there will be people who will not be able to or will not be able to without fear of reprisal.

Emily Lewis: [Agrees]



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Lea Alcantara: [Agrees]

Jamie Strachan: And this is the thing that I can do and it's a thing that I'm comfortable enough with and I think I can have a really positive impact. So yeah, almost the more that I do it and the more that I hear about people responding to it, the more motivated I am to do it more.

Emily Lewis: So you mentioned being able to speak potentially for about something that may be other people don't have the privilege to, that speaks a little bit to me about there are some stigmas and misconceptions about mental illness, and if you could speak to some of those, if you've experienced anything yourself in terms of sharing something in the workplace or what you think other people may be experiencing based on what people told you after hearing your talk.

Jamie Strachan: Yeah. So I don't have any direct experience with being sort of made to feel ashamed or being kind of punished for being open with this stuff.

Emily Lewis: [Agrees]

Jamie Strachan: I've been I think very lucky in that case. I think there have been people that have and I think there are workplaces and managers who are less, let's say, open to appreciating or understanding these kinds of things. I mean, I think this is part of this sort of dichotomy that if that employee were to tell you they have a broken leg and couldn't come in to work, nobody would bat an eyelash.

Emily Lewis: [Agrees]

Jamie Strachan: But if someone was dealing with a severe sort of mental episode that was temporary, but at the time was debilitating, I still think it would be very difficult. I'm not even sure I would be so super comfortable with actually telling my manager, "Look, I can't come in today because



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I'm feeling incredibly overwhelmed that I need time to sort of like rest and heal my mind as opposed to my body." And again, talking with this stuff hopefully opens up a bit of that awareness and make people more open to understanding what other people are going through.

Emily Lewis: [Agrees]

Lea Alcantara: I think based on what you're telling me and a few experiences, I think a common misconception is that depression or mental trauma is visible.

Jamie Strachan: Yeah.

Lea Alcantara: It's that someone who's crying in the office or something like that, you know?

Jamie Strachan: Totally.

Lea Alcantara: And that's not necessarily the case.

Jamie Strachan: That's innocuous.

Lea Alcantara: And I think that needs to be really emphasized.

Jamie Strachan: Yeah. I think it's, yes, just that it's not necessarily visible. Again, there are people like me who can generally get by when I'm sort of like out with people or in public or at work, but that doesn't mean there's not a lot sort of going on under the surface. So yeah, it's definitely not always obvious. Also, it's not a binary thing in terms of like you sort of are depressed or you're not, right?

Emily Lewis: [Agrees]



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Lea Alcantara: [Agrees]

Jamie Strachan: Or you're healthy or you're not. There's actually a model called the [Mental Health Continuum Model](#), and I think it was in part developed with Canadian Armed Forces.

Lea Alcantara: Oh.

Jamie Strachan: And the idea was to be able to get soldiers, it's called something like the Road to Mental Health Readiness, and it sort of talks about this spectrum of sort of states of mental health, and so you can be healthy and sort of like able to cope with things. You can be maybe less healthy, but not like, say, mentally ill. I think they're scaled sort of healthy and then reacting and then injured and then ill, and they I think quite intentionally made sort of a physical like analogy to how this can be, right?

Lea Alcantara: [Agrees]

Jamie Strachan: Like when we think about physical difficulties, there are different levels, right?

Emily Lewis: [Agrees]

Jamie Strachan: We can be in a great deal of physical pain. We can be in some physical pain that makes things uncomfortable, but we're still able to do things. So even for people that deal with this stuff, it's not even like every day is going to be the same or this is just going to be same or every challenge is going to be the same.

Emily Lewis: Yeah.



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Jamie Strachan: So even thinking that you sort of have some sort of handle on what you are going through, like even that's not stationary, that's not static. So acknowledging not only that you may not be able to see it, but even if you do see it, that doesn't necessarily mean you sort of fully understand it in how it's going to be and how it's not going to change because, yeah, a lot of the stuff is very malleable.

Emily Lewis: So I had two thoughts. But first, I wanted to speak to your point about feeling even comfortable telling your boss you need a day off to just regroup or whatever your situation might be. It is a huge part of why I work for myself. I found myself when I was working, I mean, almost my entire career, I took a lot of time off, and I had to have excuses for it, because you can't just take a day off. You have to give the person, your boss, some legitimate excuse about your medical history.

Jamie Strachan: Yeah.

Emily Lewis: And it was literally in our employee thing that a mental health day is not an option. I need like a physical note from my doctor in order to have a day off. So I photoshopped a doctor note and used that to get out of jobs, to get days off, which that just exacerbates the problem.

Lea Alcantara: Yeah.

Emily Lewis: If you're taking a day off because you have a need to tend to your mental or emotional wellbeing in a very real way and then you're lying on top of that [laughs], so you're lying to someone you respect perhaps, hopefully your boss that you respect, and you're lying to yourself, you may even have to lie to your colleagues, like it's horrible.

Jamie Strachan: Yeah.

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Emily Lewis: And one of the things that I love about the freedom of working for myself is when I'm not feeling like I can, I don't. I find other times to get my work in. I can work with the schedule that adjusts to how I am as a person. The other thing I wanted to mention is about the misconceptions. I think another misconception is that if you're struggling with a mental illness or even an actual diagnosis of a disorder, like it's something that you can just fix, like, "Cheer up or can't you just do it this way?"

Lea Alcantara: [Agrees]

Jamie Strachan: Right.

Emily Lewis: I've struggled with an eating disorder for as long as I really can remember, and it was never something that was ever looked at or it always was something like, "Well, you can just fix this with dieting," or things like that that actually exacerbate a problem versus help a problem, and it was only until I actually moved out of my household from my parents and was out on my own and started actually seeking help where I realized that there was a lot of stuff that I can deal with, but it wasn't like a quick fix, it was hard work and therapy to deal with that kind of stuff.

Jamie Strachan: Yeah.

Emily Lewis: And I think that's so challenging when you choose to finally tell people about things like that because they say you're only as sick as your secrets. You've got to be kind of open with the people in your life about what you're struggling with, but to get the deep empathy of what a struggle it is versus "Oh, yeah. Yeah, I think I saw like a Lifetime movie about that."

Lea Alcantara: [Laughs]

Jamie Strachan: [Laughs]



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Lea Alcantara: Actually, this reminds me, before this episode, Jamie, you mentioned us bringing up a point that sometimes this gets missed in this discussion, especially when we're talking to allies, is that a lot of people try to fix first versus empathize first.

Emily Lewis: Oh yeah.

Jamie Strachan: Yeah, yeah.

Lea Alcantara: Like Emily was mentioning about how it's like, "Oh, I have this eating disorder. I have this issue," and then suddenly all this diet advice comes out of somebody's mouth, and that's not what you want. [Laughs] And not even what you need. So I'm curious, Jamie, can you talk a little bit more about that?

Jamie Strachan: Yeah. So like I say, one of the reasons, and I'm not even sure I even talked about this yet, but cognitive behavioral therapy is sort of an approach that I've used to a good deal of success in my sort of dealing with my depression, but I think part of the reason why it appeals to me and part of the reason why this is what I talk about in this presentation is because I think it really appeals to a kind of problem solver mindset, like I think it makes it seem almost like, I mean, I call it "debugging our feelings," which makes it seem like, "Oh yeah, I know how to do debugging, like I can make this seem very familiar to someone who sure thinks like a developer who saw his problems the way I do."

The problem with having this kind of, yeah, default problem solving mindset is that when someone comes to you in pain or telling you about difficulty that you're having, and this is like a 100% sure for me and I've really been trying to get away from it, but my initial instinct is just to fix it. Like I don't look at that as like, "Oh, here's a person who's struggling with something," I look at it as a problem to be solved, and I know from similar to your experience like as soon as somebody sort of comes to you



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with not intending to be flippant, but what seems like this sort of “easy answer,” like just that, “Are you struggling with this thing? Oh, I read this book. Just go read this book.”

Emily Lewis: [Agrees]

Jamie Strachan: Or like, “Oh, I watched this TED Talk, and just watch that and you’ll be fine,” and it’s like if it were that easy, like that makes me feel worse.”

Lea Alcantara: [Agrees]

Emily Lewis: [Laughs]

Jamie Strachan: Because it’s now like you just managed to figure out this incredibly difficult problem that I’ve been having for years in a span of 15 seconds, so like what does that say back to me? How have I not been able to figure this out? How did I not find that TED Talk or whatever to watch and like have everything fixed?” So this problem solver sort of default mindset dichotomy to overcome it, especially when we’re dealing with other people and their challenges that, first and foremost, they are people...

Lea Alcantara: [Agrees]

Jamie Strachan: And that means they are feeling things and they’re struggling with things and that that is probably more important than the problem itself, that acknowledging the difficulty that people are going through is even more helpful than thinking that you’ve solved their problem because, quite frankly, you haven’t. I’m sure of it. But even if you theoretically have somehow magically given them this sort of magic bullet that solves everything, like they still don’t feel necessarily better, like they don’t feel like they’ve been heard, they don’t feel like they’ve been acknowledged. They don’t feel like that problem has sort of seemed to be a real thing, a real challenge.



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Lea Alcantara: Validated.

Emily Lewis: Yeah, exactly.

Jamie Strachan: Yes.

Emily Lewis: It almost feels dismissed or minimized if someone is like, “Oh, I read this book. Maybe you should check it out.” It’s like you didn’t actually hear what I told you.

Jamie Strachan: Yes.

Emily Lewis: I think one of the things that’s challenging, and I think this aspect is true regardless of whether you’re trying to share it. Whenever you’re trying to share something with someone on a just like the human level and if you’re receiving it, I’m guilty. Like you mentioned, you’re guilty of it too. Sometimes it’s just really hard to be uncomfortable, to feel like you can’t do anything.

Lea Alcantara: [Agrees]

Emily Lewis: And you’re just tasked kind of turning it on yourself and tell yourself that the doing is the listening, like that is best doing that you can do and that you may feel uncomfortable that you can’t physically change it or you can’t magically say the right thing, but that’s just not how life works. So if everyone could get a little bit more comfortable with being uncomfortable, especially when they feel kind of helpless, that’s how your friend feels or your loved one feels.

Jamie Strachan: [Agrees]

Emily Lewis: And maybe that all they need is to be able to talk to you and you empathize a little bit.



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Jamie Strachan: Yeah. I think it's so much easier for me. If someone comes to me and tells me that they're in pain, it's so much easier for me to just give a quick kind of answer and then be able to wash my hands of it, right?

Emily Lewis: [Agrees]

Jamie Strachan: Like you say, that I don't have to sort of struggle with the discomfort of really trying to empathize with that pain and that struggle that the person is going through. I can just be like, "Oh, yeah, yeah, you should do this," and then I get to walk away and sort of continue with my day.

Emily Lewis: [Agrees]

Jamie Strachan: I mean, that's easy for me. It's not more beneficial for the other person, but yes, it saves me from a lot of discomfort.

Emily Lewis: So let's talk about some of these specifics that you've talked about in your presentations. Can you share some of the personal experiences you've had, the strategies that you've developed as you've been seeking mental wellness?

Jamie Strachan: Yeah, so like I say I was diagnosed with depression about 16 years ago, and the doctor that I had at the time, I was prescribed antidepressants medication, which I've been sort of off and on ever since, but my doctor, he also prescribed a book to me, which is called *Feeling Good* by Dr. David Burns, and it's kind of seminal text, I guess, on Cognitive Behavioral Therapy, and he sort of said, "Read this book and it will be helpful," and that I realized given the conversation we just had, that seems kind of flippant. [Laughs]

Emily Lewis: [Laughs]



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Lea Alcantara: [Laughs]

Jamie Strachan: But given this was my doctor and I went to him for help, I was more receptive, I guess, but it was a book that had an incredible impact on me at the time, and one that I go back to regularly. So it's a book that teaches CBT but also sort of like broadly, but then also gets into some of the specifics of how to deal with certain challenges.

So if someone would just go back and just read a particular chapter, sometimes they go back and read it cover to cover. So the idea with cognitive behavioral therapy is that our feelings and our responses are driven by our thoughts, so we have these experiences, like stuff happens to us and we see things in part with people, and then it can almost feel like it's that experience, the thing that happened that made me feel this way, "That person cut me off in traffic and now I'm pissed off."

Emily Lewis: [Agrees]

Jamie Strachan: What CBT says is that what's really driving that response is the way that you're thinking about that experience, so how you're interpreting it, and that's kind of the first part. So basically, there are other steps in that process and that it's our thinking that really guides sort of those responses that we have and that means that we can do something about that, that because we have, as humans, tendencies to fall into certain mental traps. You had someone in your podcast, [Denise Jacobs](#), who talked about vanishing your inner critic.

Lea Alcantara: [Agrees]

Jamie Strachan: And I was listening to it recently, and I was like, "Oh, this is cognitive behavioral therapy."

Emily Lewis: [Agrees]



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Jamie Strachan: That is like your inner critic is like literally in cognitive behavioral therapy, it's called "self-talk."

Emily Lewis: [Agrees]

Jamie Strachan: Well, yeah, that voice in your head that's telling you you're going to fail with this or this isn't going to work out or these people don't think you're interesting or all that stuff, that inner critic stuff, these are just traps that cognitive behavioral therapy identifies. They're called cognitive distortions, and so the kind of first step in CBT is sort of identifying those thought patterns and understanding how those thoughts can lead directly to having negative and distorted feelings.

Emily Lewis: [Agrees]

Jamie Strachan: And taken to extremes, it can cause severe episodes like depression and anxiety. So a lot of what CBT is about is, again, like recognizing those patterns and then having tools to be able to adjust some of those thought patterns.

Emily Lewis: [Agrees]

Jamie Strachan: So I mean, I found honestly like one of the most useful things about CBT is even just understanding that model and then looking at the kind of a list of those cognitive distortions, again, like kind of standard traps that we fall into, and there are a lot of lists of them out there. You can just search on Wikipedia for [cognitive distortions](#) and they give you a bunch of them, but depending on what list you look at, there are 12 or 15 or 20, but I promise you if you look at that list, you will see 2 or 3 or 4 and you'd be like, "Oh, yes, yes, that is exactly what I always do. I often fall into the trap called fortune telling," which is where you sort of predict something that's going to happen and then respond to that prediction as opposed to what's actually going on, so predicting that this isn't go well, right?



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Emily Lewis: [Agrees]

Timestamp: 00:30:15

Jamie Strachan: Me thinking about coming on this podcast, I was predicting, “I’m not going to know what to say. People aren’t going to find this interesting. I’m not going to be able to answer the questions. I don’t know this stuff well enough,” and all of that was based on this prediction and it’s a compelling enough prediction that I felt very nervous about doing this, but I was able to recognize, “Oh, yeah, I see what’s happening. This is fortunetelling again.”

This is something that I’ve seen before I’m used to and can identify and now I’ll be like, “Okay, I know this path that I’m going down,” and again, through a lot of practice in this, being able to identify that is often enough for me to sort of be like, “Okay, I can think about this differently. I don’t know what the future holds. I don’t know how this is going to go, and frankly, I can do preparation. I still have an agency here. I can do something to make it so that that a possible future is not the one that comes true.”

Emily Lewis: I think that last part is one of the, you know. If you do pursue therapy, whether it’s self-driven or with a therapist or psychologist or social worker, I think it’s that moment when you find that agency where you realize that you actually have developed the tools to do something about it.

Jamie Strachan: Yeah.

Emily Lewis: I feel like that the point at least for me where it really feels like you really learned something that’s with you. It doesn’t mean that everything is going to be okay moving forward, it’s just that you know you can do something about it versus a feeling of helplessness, which I think becomes a big part of when someone is struggling with their mental health.



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Jamie Strachan: Yeah.

Lea Alcantara: So one of the things that I really liked about your Peers' talk when you were explaining some of these CBT lists and moving forward in the actual tools, so far we've been talking about it like vague ways of like, "Yeah, read lists and then you'll identify it and everything," but what I liked about your talk was you actually showed your notebook and how you applied looking through those lists.

Jamie Strachan: Yeah.

Lea Alcantara: So why don't you explain to our listeners a little bit more about what I'm talking about?

Jamie Strachan: Yeah, so this might work better with a visual, but yes, so again, cognitive behavioral therapy is based on this idea that it's these thought patterns that cause us to have these responses that are unhelpful.

Lea Alcantara: [Agrees]

Jamie Strachan: So one of the most basic techniques in cognitive behavioral therapy is to actually just write down the thoughts that you're having. So if you're having a response that is interfering with what you want to do, you start writing down the things that you were thinking that caused you to feel that way. So again, for example, I was nervous about coming on this podcast, but what I was thinking was, "I'm going to fail or I'm not going to be able to answer these questions or I'm not going to be able to answer clearly or right away," and as you start to write those things down, and I should pause here and say one of the things I do make a point of is to say I mean literally write these things down. I don't mean think hard about them. I don't even mean sort of like type them out.



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Yeah, I have [slides](#) in this presentation where I just took photos of my notebook to really drive on the point that like actually taking pen to paper is a significant part of this.

Emily Lewis: [Agrees]

Jamie Strachan: It's a weird thing where while all those thoughts are sort of rattling around our heads, it's so difficult for us to try and get a handle on them to try to kind of see them for what they are and not just be caught in thinking or feeling that way, and the mere act of writing this stuff down actually goes a long way towards giving us some perspective on what's actually going on.

Lea Alcantara: [Agrees]

Jamie Strachan: It sort of makes it real in a way that nothing else does, and I'm not a psychologist. I don't know why that is, but I know that it's true. So yeah, you should write down the thoughts that you're having, and then you can start to look at them and figure out how they're distorted or what sort of wrong with thinking that way sort of in a rational sense. So again, if you sort of know some of the cognitive distortions from CBT, it's a bit of a shortcut to identify like, "Oh, I know this is fortunetelling and that means this." But if you don't, like if I'm sitting down thinking about how difficult answering for this podcast is going to be, as soon as I start writing down like what it is that I'm thinking is going to happen or what I think the response of the audience is going to be, then you can start to write down like, "Okay, that's our way of thinking, but the fact is, the truth is that I can't predict the future," for example. One of the other things is actually I think another one of your podcasts, [Erik Reagan](#) talking about success and failure, and one of the points he raised was this idea of that success and failure are an event as opposed to a person.

Emily Lewis: [Agrees]

Lea Alcantara: [Agrees]



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Jamie Strachan: So we have this tendency to label ourselves with “I am a failure” as opposed to say “That project failed or I failed at doing this thing.” So again, writing down something like “I’m a failure,” you can look at that and say, “Well, that’s not actually a thing. I’m not a failure in the sense of sort of that’s all I’ll ever be and all I will ever do because I’ve succeeded at things before. I can’t be a failure if I’ve had successes,” and this is an example of something called labeling in CBT, which is sort of where we call ourselves names like that and it reduces us to this kind of two-dimensional trait or attributes that seems like it just defines us when it can’t possibly just because of how complex and interesting we all are.

Lea Alcantara: [Agrees]

Jamie Strachan: So again, writing down like “I’m a failure” and looking at that and saying, “Well, no, that’s not accurate.” The sort of lie there is that I can’t be defined by a single adjective. I can’t be defined by a single label and remembering that we’re far more nuanced than that and hopefully coming away from that thinking, “Okay, yes, I have failed. This is the thing that happened, but that doesn’t define me and I can come from this and do something different next time or learn from it.” Right?

Emily Lewis: So this documenting of whatever you’re feeling and then sort of trying to tie to these cognitive distortions to kind of force yourself to think about it differently, what do you come away from that process? Do you feel less anxiety or nervousness or is it something that just a process of going through it is calming or does it really change your perspective? What does it fall on the scale of what you walk away from the exercise with?

Jamie Strachan: So I think on a sort of case-by-case basis, working through some of those thoughts that you’re having can help sort of with the immediate feelings or responses that you’re dealing with. So working through some of that thinking you’ve been going through and coming up with kind of more rational responses to that thought pattern will help you feel better at it now.



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Emily Lewis: [Agrees]

Jamie Strachan: But it's also kind of practice for the next time that kind of thought arises, right?

Lea Alcantara: [Agrees]

Jamie Strachan: And so you're going to write it down the next time and work through it the same way and then the next time and the next time, and again, eventually with some practice like it becomes a lot easier to identify that, "Oh, yeah, this is just one of the traps that I fall into often," and you can sort of recognize it earlier and deal with it earlier and recognize that, "Oh yeah, you know what, this is just me fortunetelling again or labeling myself, and I know what that means and I know what it does to me, and I'm not going to do that this time."

Emily Lewis: [Agrees]

Jamie Strachan: And with some practice, and one of the things that often comes up in context with CBT is mindfulness. So practicing things like mindfulness, that gives you a bit of space, a bit of room to be able to reflect on how you're thinking and how you're feeling can be helpful with that. But yeah, it's a bit of both. It should help sort of immediately as you kind of realize like, "Oh, this thing that I was thinking that's causing me to feel this way is not really real, it's not really rational, but this other way of thinking, that is more realistic. Well, now that I think it that way, I don't feel quite so nervous. I feel maybe a little bit nervous, but I'm still able to get on with what I want to do."

Emily Lewis: I'm curious, we've mentioned a couple of times, you referred to this as debugging, and I'm just wondering if you can draw parallels to sort of this exercise of documenting your feelings, trying to explore a different way of thinking about it, how that might tie to someone, a developer, who is kind of like, "What are you talking about?"



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Jamie Strachan: Yeah.

Emily Lewis: But it's kind of aligns with what they're already doing as part of their job and how they have to analyze a problem and then come up with a solution.

Jamie Strachan: Yeah. So I mean, the two main parallels I draw over this model and CBT that has to do with our experiences being kind of interpreted by our thoughts leading to our responses or feelings is not that dissimilar from how, say, a simple program works where the program has input and then the code interprets that input and produces output, and when I looked at it that way, I was like, "Oh, that's interesting that those seem quite similar," and when we're doing debugging of code, that, generally speaking, doesn't upset us a great deal, right?

Emily Lewis: [Laughs]

Jamie Strachan: We do this very often. We test something and we realize it's not working, we go back and we fix it, and yet when we find ourselves reacting in a way that is sort of overwhelming and unhelpful, we tend to get really stuck in it.

Emily Lewis: [Agrees]

Jamie Strachan: So the first sort of parallel I want to draw was that if we think about it a bit more like how we do normal debugging of code, then we can learn that these are just thoughts that are causing us to feel this way and we can do something about them. You don't have to be sort of swamped or carried away by the way you're thinking and the way you're feeling. The other part of it again is like the cognitive distortion stuff is these patterns that we often fall into, and just like in debugging, if you worked with arrays long enough, you start to identify off-by-one errors everywhere.

Emily Lewis: [Agrees]



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Jamie Strachan: If you work in CSS long enough, you get really familiar with specificity problems. Back in the day, we used to have box model problems when we're doing this is IE6.

Emily Lewis: [Agrees]

Lea Alcantara: [Laughs]

Jamie Strachan: And what happens is the more you recognize those patterns, the easier it is for you to see their impact, like you can see the bug for what it is. If you're trying to open a list and you're always missing the last item, well, that's an off-by-one error most likely and now you know where to look in the code, you've got to find the loop, you've got to find an array, and you know you'd figure out how to fix it really easily. So again, the idea of these cognitive distortions has the same kind of thing, that we tend to fall for the same traps, so being aware of what some of those traps are make it a lot easier for us to identify what's actually going on in our heads and how to deal with it.

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Emily Lewis: [Agrees]

Lea Alcantara: See, I love this. [Laughs]

Emily Lewis: Yeah, I agree. I think that's a really good analogy because it does seem, you know, my partner is a developer and he thinks like a developer just the way I think like a developer, but that's also kind of a problem when we communicate emotionally because they seem like very different things when you're coding and solving problems versus when you're sharing feelings and trying to solve problems there, but they do have a lot of similarity and then especially with this CBT approach, really knowing those cognitive distortions and getting to learn them, it's like learning the fixes or the hacks. It very much is. I think it's a great analogy.



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Jamie Strachan: Yeah, and I mean, again for some specific ones, I talk about it in the talk, dealing with something like, say, perfectionism. So perfectionism often has to do with a distortion called “all or nothing” thinking, which is where we sort of work in black and white, and perfectionism is a lot like that, that you sort of feel like, “Unless my product is perfect, it’s garbage. Unless it’s completely bug free or unless it’s completely refactored, I don’t want to put it out there.”

Emily Lewis: [Agrees]

Jamie Strachan: So there are sort of ways specifically of testing for some of those distortions. So again, if we’re thinking of perfectionism, one of the things I talk about is just sort of keeping track of the things that you do, just tasks like, “I’m going to demo to a client or I’m going to submit it for request,” and on a scale of zero to a hundred sort of how effective you feel you’ve been at whatever that thing is, and then once it’s done, on a scale of zero to a hundred how satisfied you are from it, so based on how you feel, based on how the client feels, whatever it is, and it helps identify when we’re starting to think in this black and white way.

Emily Lewis: [Agrees]

Jamie Strachan: Because we often think like, “Unless something is a 100% perfect, I’ve done everything I could possibly do, then like that satisfaction should be zero.” That’s sort of like the extreme example for perfectionism. Often we tend to kind of slowly walked a path there of, “Oh, I’m just going to add this one thing here before... oh, you know what, let me just fix this one little bug. Oh, let me just refactor this method,” and we carry on and on and on and don’t ever actually get anything released because we’re too worried about fixing all these little things, but keeping track of that and noticing that there’s not a correlation like that, that even though we sometimes feel like we haven’t been super effective with something, there’s still a level of satisfaction.

Emily Lewis: [Agrees]



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Jamie Strachan: The client still gets at least part of what they wanted and you can start to help by calibrating yourself on how you're thinking about those things, and again, be able to identify when you're falling into that trap, but also as a reminder of like when, or at least, how inappropriate it is to sort of bear that like "all or nothing" mindset when you're sort of working on the project and stuff.

Emily Lewis: So one of the things about CBT that I think kind of aligned with how developers approach things is kind of what you're describing, the work that you have to do to support the exercises, to do what you're describing to sort of develop a toolbox or an expertise in your own ways of thinking. It takes time, but also you're gathering data. You're actually gathering information about yourself that you can really challenge your thoughts against.

If you're journaling or whatever you want to call it, but if you're keeping track of what situations it prompted something or how you were feeling before and then after and then you can compare what the reality was versus the anticipatory anxiety kind of stuff, and it's somewhat data driven with your own data, if you're taking the time to do all the work, to sort of seeing these patterns in a very real way as opposed to it's just something you're reading about. You really do have to do this kind of hands-on work.

Jamie Strachan: Yeah, and I think, I mean, again, CBT for me, we talked a bit about this sort of immediacy of web development because cognitive behavioral therapy is very focused on tools and techniques and things that you can do right now. I've been to different therapists at different times and I've gone through a bit of psychotherapy where it's a lot of talking about my past and my parents and my childhood and all that kind of stuff, and for me, that didn't appeal or I guess it didn't connect with me, and part of the reason why I think CBT did with that immediacy was that when we have a sort of bug to fix in our code, we aren't super concerned about all the reasons why we got to this point. We just want to fix the thing. I just want to know what to do now.



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It's fine we can like post mortem later and figure out why this kind of thing has happened, but right now we need to fix it, and CBT is very much interested in like, "These are the thoughts you're having right now that are causing these feelings you're having right now, and this is what we can do about them right now, and it's less important at least in terms of cognitive behavioral therapy sort of why those thought patterns are in place. They are patterns. They may be habits. They may have a reason for it, but right now you're stuck in feeling this way and here's something that you can do right now today that will help you with that."

Lea Alcantara: So I'm curious, you kind of hinted about other therapies that you're using and obviously, we've been talking a lot about CBT, but I'm curious about what other approaches you've used to tackle your mental health issues that you think other people listening can utilize.

Jamie Strachan: Yeah. So the one piece of advice that I always get from my doctor, which I hate getting it because it's true is that your physical health and your mental health are very connected, right?

Lea Alcantara: [Laughs]

Emily Lewis: [Agrees]

Jamie Strachan: So like every time I go to my doctor, she asks me, "Are you sleeping well? Have you been eating well? Are you exercising?" And I'm always like, "No, no to any of those things."

Emily Lewis: [Laughs]

Lea Alcantara: [Laughs]



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Jamie Strachan: And she always reminds me, and like nicely, but she reminds me like those things are very important, that to build a foundation for mental health that you kind of have to have that foundational stuff in place, and it's for easier to forget when you used to get sort of like caught up in the work or whatever else it is that we want to do or even sort of kind of self-indulgent behaviors, especially when you feel bad, when you're not feeling very good, it's the very last time you get thinking like, "Oh, yes, that's one of the things I should start a gym regimen." It's like, "Oh, now, maybe I should watch Netflix with ice cream," and like so that's the first part.

Lea Alcantara: [Laughs]

Jamie Strachan: Like again having that sort of foundational stuff in place, it's like against the most sort of for now advice that you're going to get from a doctor, but it's also the truest. For me personally, I've sort of been on and off on antidepressants. I've done sort of CBT that's kind of self-study. I've also worked with therapists at different times on CBT stuff. I did work with one therapist on sort of psychotherapy, and all of these things at sort of at varying degrees of usefulness for me.

The one thing I want to say about this is, if you are really struggling, if you're suffering with something there can be a lot of help from just doing anything, like literally anything, anything that breaks whatever the kind of habit that you're in, whatever the kind of state that you've been in and to sort of giving yourself – I've heard it called "giving yourself a head fake, because our lives are built a lot around habits. We go to work with the same time. We go to the same direction. Our day-to-day work is often pretty similar. We go home at the same time. But anything you can do to break up some of those habits, even if it seems really trivial, can help sort of like shake your head up a little bit and help to sort of give you again a bit of that space that you might need to sort of get perspective on what's going on.

So in terms of, say, therapy and therapeutic resources, I mean, first and foremost, I'd say try, like try literally anything. That if you need help, then don't get hung up on like what the right way or the best



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way or the way I'm suggesting you to do or somebody else is suggesting you do it. If you find something, try it. If it doesn't work, try something else.

Emily Lewis: [Agrees]

Jamie Strachan: So I've tried other things. I've looked into something called [Acceptance and Commitment Therapy](#), which is a bit of response to CBT and it kind of talks about instead of engaging with those negative thoughts and trying to fix them, it's more just accepting that we have thoughts, that we have feelings, and that's all they are. They don't control us. They aren't who we are, and almost like looking at the stuff that's going on your head, like you're watching a movie, so instead of sort of super wrapped up in it, it's about just being okay with the fact that sometimes we're sad or nervous or afraid or happy or grateful, those things are all fine, and being more at peace and calm with just our nature.

So yeah, again, kind of anything you can find that ACT is a bit of interest to me right now, but CBT has done a lot for me. I think both are like really interesting. CBT I think is one of the kind of de facto approaches that medical professionals would take these days when dealing with depression and anxiety. I think it's pretty well established, but again, that doesn't necessarily mean it's right for you, and it doesn't necessarily mean that it's what you need right now, but if you're looking for something, it's not a terrible way to start.

Emily Lewis: I did CBT for most of my time that I've spent in therapy, and it was effective initially, especially because I really struggled to even identify what I was feeling, and there were exercises just to help me figure out what feelings where I just thought I was angry all the time, but that there were other emotions other than anger. But over the years, I found that it wasn't solving the main problem that I was having and just by chance, it's kind of what you were saying, I've reached a really low point and I just reached out for somebody to help, and I found a therapist who did something I had never done before.



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It's called [Brainspotting](#), which is a relatively new therapy and it kind of takes off of some of the approaches that are associated with the EMDR, which is [Eye Movement Desensitization and Reprocessing](#), but essentially, for me, it is about going deeper because the CBT that I had done hadn't actually resolved some of the trauma I needed to resolve first, and the Brainspotting, it kind of works by instead of like a talk therapy or exercises that I'm doing to identify my emotions and kind of process my thoughts differently, it's happened in session with a trained therapist and it uses the idea that our autonomic nervous system can be affected by our emotions and memories and negative traumas from the past and that in therapy, if you can trigger these neurological responses and process memories while that physical or physiological responses happening, you can desensitize the emotion, and essentially for me with Brainspotting, we would identify a spot, [laughs] literally that if my eye found a certain spot that tended to feel like it elevated a sense of, like if we are focusing on a particular childhood trauma, if that increase my sensitivity by focusing on that spot, I would only look at that one spot and just talk.

The therapist isn't talking back to me. She's not prompting anything. It's just me processing whatever had happened during that period, whatever this memory was, and with this sort of fixed eye position, somehow triggered some stuff that I'd never been able to deal with before, and was dealt within a single session.

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Jamie Strachan: Right.

Emily Lewis: As crazy as that sounds, but not dealt within the sense of like, "Oh, I'm never going to have that problem again," but that this sort of locked-in trauma that was feeding some of the negative thoughts and behaviors that I was having, I had to kind of deal with that first where I am in my life in order to then to kind of apply some of the more I think very practical strategies of CBT because it was holding me back, but I thought that that was a really interesting kind of approach, whether it's



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Brainspotting or EMDR, just there are other therapies that really do try to tie your emotional and thinking person at that part of you to your physical body and help your physical body also sort of let go of the feelings that your body actually get it memorized based on your previous experience to sort of break that tie.

Jamie Strachan: That's fascinating to me, and absolutely, I mean, the reason why I talk about CBT is because, again, I've gotten a lot out of it and I feel like I have again sort of these analogies that I can use to teach it to, say, developers, but by no means do I think that it's the only way or the right way or necessarily even the best way. There are so much more out there and whatever connects with you, it makes total sense, and again, like you said, if it's CBT now and it's not later, that's totally fine too.

Emily Lewis: [Agrees]

Jamie Strachan: I feel sort of the same way. The CBT got me a very long way, but now I'm starting to feel like, yeah, there's more that I need and CBT is not it, which again is why I sort of looking at Acceptance and Commitment Therapy, doing a bit of psychoanalysis, that kind of thing to see if I could address some of those other things that maybe CBT wasn't helping me with.

Emily Lewis: [Agrees]

Jamie Strachan: So yeah, actually, whatever works, and what works now may not work later.

Lea Alcantara: Yeah, that was basically what I wanted to point out a little bit earlier. What I like listening to both of your stories is that being proactive and self-aware is so, so important and also even understanding that what used to work no longer works is also super important. [Laughs]

Emily Lewis: [Agrees]



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Lea Alcantara: And I feel like throughout this show, we've been making a lot of physical health analogies and it really is the same thing, it's kind of like, let's say you're trying to become more fit and what worked for, say, getting rid of the first ten pounds and like helping you become your cardio better or whatever is not going to work out if later on in your fitness turns, right?

Emily Lewis: [Agrees]

Jamie Strachan: Yeah.

Lea Alcantara: Like if you're trying to become more strong or trying to become faster, the first leg was just to get you out of a troublesome spot.

Emily Lewis: [Agrees]

Lea Alcantara: Now, the next leg, to actually be healthy or healthiest, might require a completely different approach.

Emily Lewis: [Agrees]

Jamie Strachan: Yeah.

Emily Lewis: And I think it's worth putting out there because this is something that I was surprised at the beginning when I first started seeking help is that it took me awhile to find the therapist that I connected with and felt was helping me. I think it's kind of like finding a doctor. I'm still trying to find a doctor that I like for my annual physicals and stuff, but sometimes you look out and maybe the person that you're insurance supports, you hit it off right away, but sometimes it doesn't and I would just suggest that if it doesn't, don't give up.



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Don't assume that therapy isn't right for you or whatever. I do think that it is important, you need to like the person you're dealing with. You need to feel like they're getting you and that what they do, how they approach things is going to help you. You need a few sessions at least to figure that out, and if you don't feel that way, you should try and seek someone else, because it's expensive to seek therapy. That's just the truth.

Jamie Strachan: Yeah, I mean, one thing, and again I'm Canadian, so this maybe a little different at the States. [Laughs]

Lea Alcantara: [Laughs]

Jamie Strachan: But like I've had, I think my last two employments, my current employer and my last employer, we have health benefits that include being able to seek out mental health advice, to get hooked up with a therapist and get a certain number of sessions covered by our benefits, which I've used multiple times, not just here, but in my last job, and again, like it's sort of whatever they can provide. I think you're absolutely right about finding a therapist that really fits in terms of their approach and their personality with you and how you want to go about this. But like I say, I've used those resources to find a therapist, sort of any therapist, at a given time just because I felt it was something that I needed.

Emily Lewis: [Agrees]

Jamie Strachan: And in most cases, I haven't found a therapist where I've really wanted to work with them long term, but that doesn't mean it wasn't sort of even helpful a little bit in the short term to help me with this, to have someone to talk through some things and to sound off, and someone who's an actual professional and knows how to deal with this stuff better than, say, I do.



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Emily Lewis: We're getting close to the end of our episode and I just wanted to make sure that we get some of these last questions in. What do you think... I don't even know how to phrase this because it sounds weird to say what I'm going to say, how can we support the mental health of our industry as a whole, because it kind of assumes that this is something that we all do collectively. Is that possible?

Jamie Strachan: So as I've been sort of going through this myself and sort of researching for my talk and things like that, I found there are groups out there who are working towards this, who are trying to sort of open up the conversation in our industry and make it less stigmatized and provide resources for people. So for me personally, again, part of the reason why I talk about this stuff is to do that on an individual level, but there are groups like [Open Sourcing Mental Illness](#), who they do a sort of tech industry mental health survey I think once a year, every other year and they have a bunch of resources on their site.

Emily Lewis: [Agrees]

Jamie Strachan: There's a group called [Prompt](#), which has a number of speakers who they can get set up at different conferences if the conference wants sort of someone to speak about mental health. So there are groups out there like that. Actually, this week or the week of the recording, so the week of October 2nd is also, you mentioned it being sort of Mental Health Awareness Month. There's also something called Geek Mental Help, [geekmentalhelp.com](#).

Emily Lewis: [Agrees]

Jamie Strachan: And so this week is Geek Mental Help Week, and so again they have a website where they're posting articles and blog posts and podcasts and anything, like any resources that people are generating this week for this kind of thing. So very much like getting the word out, making it again less stigmatized and more open about the fact that these are things that we're dealing with. I



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think that focus on the tech industry is one thing. I mean, this is not at all just the tech industry that struggles with this.

Emily Lewis: [Agrees]

Lea Alcantara: [Agrees]

Jamie Strachan: I anecdotally feel like there are some sort of higher levels of incidence in our industry. I don't know whether that's supported by research, but it feels like, again, as soon as I start opening up about it, the number of people who come to me and say, "Oh yeah, I've gone through something really similar, or I'm on this medication. Which medication are you taking?" Or like, "Oh yeah, I tried that therapy, but what about this one, have you tried this?" And like a number of people who have real personal experience with this stuff is surprising, and I don't know again if there's something with our industry, but yeah, it feels like focusing on our community and removing that stigma as much as possible by talking about it, having groups that are working towards it makes a big difference.

Emily Lewis: Yeah. I feel similarly to you about that this might be prevalent in our industry, but I wonder if it's in any industry where so many people are disconnected physically. How many people do you know that you know only online and you don't actually get a chance to interact as much? Our jobs can lend itself to long hours of isolation and that might contribute to it. I think that would be true in any kind of industry like the trucking industry. Oh my God, I can't even imagine how isolating that job must be.

Jamie Strachan: [Agrees]

Emily Lewis: But things like that, I do think the point you're making about being more open, having more speakers at conferences that address this, having more people talk about it just so people feel



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less alone, less isolated, that this is a human problem, not that “there’s something wrong with me and just me” kind of problem is a really big part of supporting the destigmatizing it and supporting people to feel like that they can reach out for help or reach out to just talk.

Lea Alcantara: So Jamie, can you recommend any resources for our listeners who want to learn more?

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Jamie Strachan: Yeah, for sure, so it was the cognitive behavioral therapy, the book that I mentioned which is called *Feeling Good* by Dr. David Burns. Again, it’s incredibly highly regarded in the sort of mental health industry, and you can search for and find anywhere. I talked a bit about Acceptance and Commitment Therapy. Again, it’s just something else that may resonate better with certain people.

There’s a book called the *Happiness Trap* by Russ Harris that I’ve been looking into that I quite like, and if sort of reading a book or sort of working through exercise on your own isn’t sort of the best way for you to do it, there’s an app that I’ve been using recently called *Pacifica*, which is sort of cognitive behavioral therapy based. It adds in some mindfulness stuff, but it’s very nice and guided in terms of sort of having you check in on a daily basis about how you’re feeling, what kind of thoughts you’re having, setting goals for yourself, which can be very beneficial in terms of like figuring out whether you’re getting towards where you want to be. It has sort of meditation techniques that sort of, in fact, that work with some of the things of this teaching. I found it really interesting and really useful.

I mentioned sort of Geek Mental Help and Open Sourcing Mental Illness. There’s something else about just finding other people that you can talk to about this stuff or hear about other people’s experience.



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Lea Alcantara: [Agrees]

Jamie Strachan: So I know a couple of podcasts where this is kind of the focus. There's one called the [Mental Illness Happy Hour Podcast](#). Here's a weird thing, so Mental Illness Happy Hour, the hosts sort of talks about some of their experience. They interview people who have had mental health issues. They get people to write in about some of the stuff they're going through. Honestly, listening to it, I don't listen to it a lot, it actually makes me feel guilty for not being...

Emily Lewis: Worse.

Jamie Strachan: Depressed enough.

Emily Lewis: [Laughs]

Lea Alcantara: [Laughs]

Jamie Strachan: Yeah, kind of, which is a weird thing, so I mean, I have listened to it, I don't do it a lot, in part because that makes me really uncomfortable and I don't find that actually helpful, but I think for some people, again, hearing that there are all these other people going through similar experience is really useful. I've also found, so I don't know if other people are into this, but Slack groups that are based on people in our industry and what's really interesting is I've joined a couple of Slack groups not for this reason, but I ended up finding they've been the best place to talk about some of this stuff.

So there's a group called [We All JS](#), which is about, well, mostly JavaScript developments, but has a real bent towards kind of sort of healthy interactions and sort of mental safety and being really open about talking some of that stuff, and so I've almost gotten more out of that in the sort of like coding in JavaScript side. There's another Slack from a guy named [Rands](#), Michael Lopp. He has a Slack for



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sort of leadership and technology, but they have a really active mental health channel that honestly, it's the channel that I spend the most time in despite the fact that I'm now a manager. I'm joining this Slack because I wanted to learn how to do that better.

Emily Lewis: [Agrees]

Jamie Strachan: But just for finding other people that are going through similar things and you can bounce ideas off of, and especially, that I could talk about who are sort of ready to be empathetic as opposed to other group I've gone through, that it's a lot easier for them to relate to what you're going through and understand that what you need is not a simple fix. It's just to be able to express this stuff, to be heard, to be acknowledged, those things could be really helpful. So finding some sort of community like that can be a really big deal.

Emily Lewis: Great, we'll get links to all those in our show notes and I also wanted to just mention some of the other links we will include in our show notes for resources, or I guess I'll just pronounce the URLs, so there is this suicidepreventionlifeline.org, the veteranscrisisline.net. This is the Substance Abuse and Mental Health Services Administration for the US Government. It's www.samhsa.gov. That same site has a [Behavioral Health Treatment Services Locator](#) in case you're looking for something in your area, and then of course we'll have links to Jamie's presentation as well.

Lea Alcantara: Okay, well, this was such – I don't know how to...

Emily Lewis: It's great. [Laughs]

Lea Alcantara: Yeah. [Laughs]

Jamie Strachan: [Laughs]



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Lea Alcantara: It was a great episode, like it was really lovely to hear both of you be so open and honest about your experiences and the way you've both dealt with mental health issues, and I think and I hope that if there's somebody out there struggling and they're listening to this show that this episode could prompt you to seek help, any help, any of the resources that we've mentioned, and thank you so much for joining us today. But before we finish up, we do have our rapid fire ten questions so our listeners can get to know you a bit better.

Jamie Strachan: Right, okay.

Lea Alcantara: Are you ready?

Jamie Strachan: Yeah.

Lea Alcantara: Okay, first question, introvert or extrovert?

Jamie Strachan: I'd say introvert.

Emily Lewis: The power is going to be out for the next week, what food from the fridge do you eat first?

Jamie Strachan: Whatever I could barbecue.

Lea Alcantara: [Laughs]

Emily Lewis: [Laughs]

Jamie Strachan: I would just start barbecuing the hotdogs, hamburgers, vegetables, whatever is in there, I want to barbecue.



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Lea Alcantara: What's your favorite website for fun?

Jamie Strachan: I've been going – this is sort of a simple answer, but I've been going to YouTube a lot recently.

Emily Lewis: [Agrees]

Lea Alcantara: [Agrees]

Jamie Strachan: And just sort of watching content from some of the people I find really funny.

Emily Lewis: What's the last thing you read?

Jamie Strachan: The last book I finished was a book called [The Lathe of Heaven](#) by Ursula K. Le Guin. I started the book after that, but I didn't finish because I didn't like it.

Lea Alcantara: [Laughs] Fair. What's the best piece of professional advice you've received?

Jamie Strachan: My dad a long time and just reiterated since that sort of told me that I'm sort of the only one that's going to look out for myself, which a part of me thinks is kind of cynical, but also like it's a good reminder that you can't expect things to sort of come to you.

Emily Lewis: [Agrees]

Lea Alcantara: [Agrees]

Jamie Strachan: That we have to do the work to sort of get out there and achieve those goals. They are not going to come to us.



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Emily Lewis: How about the worst piece of professional advice you received?

Jamie Strachan: Oh, I don't know. If I've got bad advice, I mean, one I'd probably cast it off. I don't remember.

Lea Alcantara: What's your favorite color?

Jamie Strachan: Blue.

Emily Lewis: If you could take us to one restaurant in your town, where will we go?

Jamie Strachan: I don't know. I'm really not a food person.

Lea Alcantara: Oh.

Jamie Strachan: I have friends that I would ask if you would come and visit.

Lea Alcantara: In Toronto, I'm disappointed.

Jamie Strachan: I know, I know.

Emily Lewis: [Laughs]

Jamie Strachan: But if you were going to visit, I would ask my friends and then I would get you a very good recommendation.

Lea Alcantara: [Laughs]



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Jamie Strachan: Because for me, it's about going to places that I can take my son.

Lea Alcantara: Fair.

Jamie Strachan: Which limits my options.

Lea Alcantara: What's your favorite board game?

Jamie Strachan: Oh, it's a game called [Avalon](#). I'm a big board game geek.

Emily Lewis: All right, last question, Hulu or Netflix?

Jamie Strachan: Netflix. I don't think that we have Hulu in Canada, do we?

Lea Alcantara: I don't think so.

Jamie Strachan: I don't know.

Lea Alcantara: Yeah.

Jamie Strachan: So yeah, simple question.

Lea Alcantara: [Laughs]

Emily Lewis: [Laughs]

Lea Alcantara: So that's all the time we have for today. Thanks for joining the show.



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Jamie Strachan: Thank you so much for having me. I appreciate that you are doing this, that you're talking about this. I know it's, yeah, a difficult stuff to talk about, but again, like expanding that conversation makes a big difference, and the fact that you're doing this this month I think is a great thing.

Emily Lewis: Thanks Jamie, that's kind of what we were hoping for. So in case our listeners want to follow up with you, where can they find you online?

Jamie Strachan: Yeah, so I'm [@jamiestrachan](https://twitter.com/jamiestrachan) on Twitter, and that's not spelled how you think. It's J-A-M-I-E- S-T-R-A-C-H-A-N. I'm also jamiestrachan.ca, that's my website.

[Music starts]

Emily Lewis: Okay, excellent. Thanks a lot, Jamie. This really was a great conversation.

Jamie Strachan: Yeah, thank you.

Lea Alcantara: CTRL+CLICK is produced by [Bright Umbrella](#), a web services agency invested in education and social good. Today's podcast would not be possible without the support of this episode's sponsor! Many thanks to [The Dot All Conference!](#)

Emily Lewis: We'd also like to thank our hosting partner: [Arcustech](#).

Lea Alcantara: And thanks to our listeners for tuning in! If you want to know more about CTRL+CLICK, make sure you follow us on Twitter [@ctrlclickcast](https://twitter.com/ctrlclickcast) or visit our website, ctrlclickcast.com. And if you liked this episode, please give us a review on [iTunes](#), [Stitcher](#) or both! Links are in our show notes and on our site.



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Emily Lewis: Don't forget to tune in to our next episode when Lea and I decided that we didn't have enough of the Demystifying episodes. [Laughs]

Lea Alcantara: [Laughs]

Emily Lewis: So we're doing another one. This time we're going to talk about web maintenance for clients. Be sure to check out ctrlclickcast.com/schedule for more upcoming topics.

Lea Alcantara: This is Lea Alcantara ...

Emily Lewis: And Emily Lewis ...

Lea Alcantara: Signing off for CTRL+CLICK CAST. See you next time!

Emily Lewis: Cheers!

[Music stops]

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