

Ali Schultz:

Today on the podcast I am here with Mollie and Liz, the authors of *Big Feelings*. And we are here to dive into some of these big feelings, um, in ways that maybe h- are not often talked about, um, uh, in certain circles or our start-up circles. Um, and so hopefully this will be an enlivening conversation, um, for many of us. Um, so Liz and Mollie, welcome. I am so glad to be with you today.

Mollie West Duffy:

Thank you.

Liz Fosslien:

Yeah, we're really excited to be here.

Ali Schultz:

So, as we kind of open up, I don't know, this crazy can of worms that is, um, chronic pain and chronic illness, um, what feels like a good place to, to dive in?

Mollie West Duffy:

I can start by sharing a little bit of my story. Um, I, until about three years ago, was completely healthy and, and very lucky to be so. And really pushed myself mentally. I, you know, I was working, um, a really busy job. Liz and I were writing our first book, *No Hard Feelings*. Um, it had just come out. And I really didn't pay that much attention to my body.

Mollie West Duffy:

Um, and then due to a couple of things, um, that I- I won't really be able to tease out ever, even though I would love to be able to do that, I, I started having some chronic health issues. And, um, my, you know, world changed quite significantly in terms of what I was able to do physically. And then, in relation to that, mentally.

Mollie West Duffy:

So, um, I was- I got really burned out. I was traveling a lot. I got sick. I, I got a cold, which turned into a flu. And I was totally out for two weeks. And then, um, in recovering from that our book came out. And so I, I just sort of didn't recover from that. Um, and I started having chronic foot pain. And I was still having to travel a lot and promote the book. And walk around New York City. And so I just ignored it for a really long time. And it didn't go away and it got worse.

Mollie West Duffy:

And, um, I think that was my first lesson in, like, oh, like, slowing down and, and listening to your body. And, and one of the things my therapist said to me, she said, you know, listening to your body is like learning a new language for you because you've never had to do that in the past. And mentally I can push through anything, and I think that's made me successful. But, the flip side of that skill is that I push through things physically that I shouldn't push through.

Mollie West Duffy:

Um, and so the foot pain kept going. And I, I- doctors didn't know what was going on. And, um, that is really challenging. And we can come back and talk about that. When, when doctors don't know what's going on that is a place where oftentimes, mentally, we start to struggle because we've put so much of our belief system into, like, doctors fixing things. And when they can't or they say, you know... They question whether something's really going on or, you know, shouldn't still be in pain. Why is this still happening for you, your trust in that system starts to fall apart.

Mollie West Duffy:

Um, so then mentally I started to fall apart and I, um, I thought this pain is never gonna go away. It's gonna last forever. I'm not gonna be able to do all the things that I wanted to do. And at that point I could- I couldn't walk for more than, like, two blocks without pain and I couldn't stand for more than, like, five minutes without pain. So it was extremely debilitating. And walking and running had been a big stress reliever for me in the past and I couldn't do that anymore.

Mollie West Duffy:

Um, so mentally, things started to fall too. And it wasn't just the pain. You know, there were others things going on. But, um, pain is a big reason for that. Um, and so I went on an anti-depressant. I started seeing a different therapist to try to deal with some of it.

Mollie West Duffy:

And, you know, I'm still trying to work. And, um, I did- I, I took some time off from book stuff. And Liz was really great, you know, generous about letting me not do some of the events that we had signed up to do together. And she really took some of that on. But I had to really pull back so that I could focus on my health.

Mollie West Duffy:

And, um, it's still going on to this day. And I don't really have all of the answers. Um, but what I will say over the past three years is I've- I have figured out how to listen to my body more and to give more breaks. And, and through the process of going through physical therapy and just regular mental therapy, I, I have seen a lot of improvement, so that's good. But it is still a struggle for me to this day.

Ali Schultz:

Yeah. It's a lot to carry when, uh, when it's- when it's your body. And then it starts affecting you mentally. And if you're type A and a good worker and you can work through anything, um, it's, uh, it really puts- it throws a wrench in that plan, right? Because it's like oh, wait a second. I can't keep doing it this way.

Mollie West Duffy:

Yeah. And I think that was the first time that I had really felt like, oh, there were some limits to what I could do in a work setting. A- you know, again, I didn't need to have to walk for my job, thankfully. But I had to go to a lot of doctor's appointments. I had to go to a lot of physical therapy appointments. And I did feel that I was hiding some of what was going on from my colleagues 'cause I didn't know how to talk about it.

Mollie West Duffy:

Um, and there were some times when it came up. You know, off-sites. You know, we're gonna go take a hike. Well, I can't really do that. You know, and I would just sort of, you know, get out of it with an excuse. Um, or, you know, at lunch. We're gonna go walk to get lunch. Well, I'm- I can't walk that far.

Mollie West Duffy:

And, um, you know, we write about this in the book but it's especially hard for, I think, people dealing with invisible, um, disabilities or injuries or illnesses where I look totally healthy and you would never know. Um, and so then it's en- it's incumbent on me to sort of bring that up and ask for, um, what I need from the workplace. And, and that's a really hard thing to ask for. And it's taken me some time to figure out how to be more open, um, with my- with my colleagues and my teams about it.

Liz Fosslie:

I think there's also, which Mollie and I have talked about, um, it's really hard when you don't have a clear diagnosis or when you don't have one that other people understand. So in my early 20s, I started having debilitating headaches. Uh, like I would just see stars. I would be like throwing up. And I actually had to go on short-term disability 'cause I just couldn't work. It was really bad when I would look at a computer screen.

Liz Fosslie:

And so I had all these tests for, you know, pulmonary embolism, brain aneurism, like really scary stuff which they, luckily, really quickly ruled out. And then, I mean, after seeing like a million specialists, it finally was atypical migraines, which felt really- it felt good to have a name to describe what was going on for me. But that started this whole new part of the journey which was nobody really knows a lot about migraines. It's like, oh, you have a headache? It's hard for them to deeply understand how debilitating they can be and how much it really does, to Mollie's point, it takes over your life. Like it requires a lot of lifestyle changes that often make you appear antisocial or like you're not part of the team.

Liz Fosslie:

I, to this day, I'm really, really just about getting enough sleep. Um, and when this hit in my early 20s and everyone was still like going out 'til two AM, you know, I would be saying, "Well, I have to be in bed at 9:30. (laughs) And I can't be out in the sun because it's really gonna make my headaches bad."

Liz Fosslie:

Um, and so I, I think it's... This is a broader thing that I've seen in life too where people are really wonderful in an acute crisis. So when it's like, oh, you know, I, like, I think if Mollie had said, "I broke my foot." You know, everyone knows how to show up for that because it's like I understand that. It's clear what's going on. I can be there to support you.

Liz Fosslie:

But when it's this more nebulous thing where there's not a lot of awareness, it's hard again for people to really understand how debilitating it feels because you look perfectly healthy and there's just not that much written about it. Um, and it goes on for so long. And we just have not been trained how to continue showing up for people in that way. It's just like, okay, I sent you the care basket and I said I'm sorry. And it's been months. Like you just haven't figured it out? What's g- what's going on here? And it's so hard to communicate on the other side. I think you just start to internalize if it's my fault, like I'm

really trying here but things don't necessarily seem to be working. And especially for, I'm gonna bucket you into this too, Mollie, people who have been used, their whole lives up until that point, of like if you do A, B, and C, you can expect a good outcome. It's really strange to suddenly be like I'm doing A, B, C, D, E, F. Like I'm doing the whole alphabet and there's nothing really that's being generated because of it.

Liz Fosslien:

And so I think that is also this whole emotional journey of, yeah, it's like this ongoing thing where I think if somehow... And maybe this is- this was me overthinking it. But it often starts to feel like... I just always wanted to say, "I'm doing so much. I know that I'm still dealing with the same thing. And I cannot communicate to you how hard (laughing) I'm trying to get over this. But it's just not working."

Liz Fosslien:

And that's- it- like I think it just like breaks something in how we're taught to support people and think about pain and think about hard things. Where again, it's this like acute whirlwind. I think this comes up a lot with grief too. Where people really show up when someone has died. And then a year later, they've forgotten about it and it's still really painful for you. Um, but it's just not present anymore for everyone. Um, so that- I think that also makes it just a really, really difficult thing to grapple with.

Ali Schultz:

Yeah. It's not linear. Um, and I think you named- you named it really well with the alphabet thing, right? Because we're so- especially type A folks or the folks that think we can life hack our way through things. It's like, okay, I'm gonna do all these things and then I'm gonna have this outcome. But with all these chronic illnesses, and I'm speaking from chronic Lyme, and, and its coinfections it doesn't go away. And it's like whack-a-mole. And, um, I have done this alphabet and every other alphabet (laughing), I think.

At some point, there's this level of self-acceptance of, like, okay, like I can't muscle through this. I can't think my way through this. This isn't a therapy issue. Like this is my body. And this is- this is it. This is what I got. I'm early bedtimes. I'm restricted diets. I'm no fun. I'm, you know, really contemplating how many spoons I have every day. You know, and all the energy I have and I wake up with a deci- deficit of things. And it's like I have a limited- a limited scope in many ways. And, um, that, on a personal level, can be, um, hard to, I don't know, come to terms with or just fully accept. And then accept that the rest of the people in your life aren't gonna abandon you (laughing) because you're no fun anymore.

Even though you might look perfectly fine on the outside, like, you know, on- on the inside the engine doesn't run. You're missing some spark plugs and there's a few janky tires. And no grease in the wheels. It just doesn't work that well. You know?

Mollie West Duffy:

Well, Ali, I mean, you, you, you mentioned the spoon- the spoons. And that was a really helpful metaphor for me to learn about that I'll share. And this was- this is, um, it's called the spoon theory. And it's, um, the idea that when you're dealing with chronic illness or chronic health issues, you have a certain number of spoons every day. And if you use them up, you don't get more that day.

Mollie West Duffy:

Um, so it- and it was, you know, created by somebody who, um, has lupus and is living with lupus every day. And she said she was sitting at a restaurant table and her friend said, "Well, what is it like to live with lupus every day?" And she got up and she collected all the spoons from the other empty tables and

she said, "So here's your spoons for the day. So, uh, you know, I use one spoon to get ready for work in the morning. I use one spoon to make myself food. I use another spoon for commuting. Um, and the spoons slowly go away. And, and if something happens in the middle of the day, like, you know, I unexpectedly have to walk somewhere or, or, um, I'm dealing with a stressful event at work, more spoons get taken away. And when you run out of spoons, you feel really terrible. And then you might dip into deficit for the next day. And you really don't wanna do that."

Mollie West Duffy:

And I think, for most people, they're are living with an unlimited number of spoons. And it's really hard to think about what it might look like to have to ration your spoons. And for me that's- you know, it's- I can- I can only walk so much per day. So I have to think really carefully about how I'm gonna use my steps each day. And there was a period of time where I could only type so much per day. Or sit at a- sit at a desk so much per day. And so I had to really think about, like, well how am I gonna get my work done? Um, and Liz, same thing, with, you know, dealing with wrist issues and, um, migraines and, and all of that.

Mollie West Duffy:

Um, and I think what's, what's been most helpful for, for me, and Ali you mentioned it, is, is getting to that point of, of self-acceptance. And I think it's hard to ask your colleagues to be accepting of it if you, yourself, are not accepting and you're still judging yourself. And there was like a good year and a half where I was just extremely judging myself. And I felt so much shame around it that I, I was like, you know, I can't believe that this is the state of my life. You know (laughs)? Um, and, and like getting to acceptance around that.

Mollie West Duffy:

And, and one of the things that have helped is talking with people and reading books about other people's experiences so that I feel less alone. So even if I'm the only person in my workplace, I know that- or my family, I know that there are other people out there who have had similar experiences. Um, and finding communities of like-minded folks, um, has been- made all the difference. W- some people I know find communities online. I slowly have connected with people like friends of friends or, you know, um, people in, in my network who, once they sort of heard what I'm going through have said, "Oh, you gotta go talk to this person because they went through something similar or, or still are going through something similar and I think they would be really helpful for you to talk to."

Mollie West Duffy:

Um, and it just makes it less like I'm a bad person or I'm not doing things right. And more just like this is a thing. This is an unlucky thing that's happening to me. And, and other people have dealt with it too and feel very similarly, which made me feel more confident to open up about it. Um, so now, you know, some of my colleagues know about the, the pain and that they understand, like, I can't walk that far. And so that's why I swim. So, like, you know, they know swimming is really important for me. I'm always gonna stay in a hotel room that has a swimming pool because that's the way that I exercise. And, and a lot of friends, you know, slowly have learned, um, as well, like, you know d- how to check in, when to check-in.

Mollie West Duffy:

But, um, I think it does really start with that place of self-acceptance, which can take some time to get to.

Liz Fosslien:

Yeah. And I think doing that also... So I think one difference between Mollie's experience and mine is that it's been, I would say, like eight years now since my- I mean, my- I wouldn't say they've resolved. I still get a migraine here and there but I did acupuncture and that actually had a huge impact. Um, so I think they're much more under control now. Like I don't... It used to be I would wake up in the morning and it would just- I felt like this countdown clock was starting to tick of, like, oh my God. I have to get everything done before this potential migraine hits and I don't know when it's gonna hit. And so it was this like frantic trying to finish work.

Liz Fosslien:

Um, and I think that any time you have chronic pain where you have to limit the amount of time you can spend walking or being on a computer, like, I think people severely underestimate just the level of anxiety that produces within someone. Um, but all that is to say it's been a while since I've really been in the thick of it. And I think one thing that I have really tried to do is there are a couple people at my job who have migraines. And, again, I think it's easier for me to do this because it's like less of this, like, massive emotional burden that I'm holding now, but when they've had to leave work early and someone asked, like, what did they leave for? A migraine? I've always made it a point to be, like, "Yeah, migraines can be really debilitating. And I had them. And so we just try to accommodate." Like just stepping in as an advocate.

Liz Fosslien:

Um, and I think that's really hard to do, again, when you're going through it and you feel the shame. But once you reach that point of self-acceptance and hopefully once, at some point in your life, when it's not so- such a thing that you're carrying with you in that moment, I think it's really incumbent upon people to also step in for others and kind of justify and make it- and say, like, this is a real thing and we should not, you know, dismiss it and we should try to find ways to accommodate them.

Liz Fosslien:

Um, and the other thing I'll say to listeners is- and this maybe sounds depressing, but it's one of those things that I think almost everyone is going to encounter in their lives in some shape or form. And so it's just useful to start creating environments where it's okay to talk about it. It's acceptable to ask for accommodations. And it might not be a physical thing. It might be that you just go through an emotional period where you're depressed or you lose someone you love. But there will be a time when you will require that as well. And so I think it's really important for people to keep that in mind, that giving someone else grace is a way for you to ensure that you have it in five years, in two months, whenever you end up needing it because you probably will.

Ali Schultz:

Yeah. I think that really speaks to what are- what are the, um, what are we creating in our workplaces and what kinds of workplaces are we creating? You know, can they hold, um, like the whole of humanity, right? Like it- i- um, in terms of what a workplace can handle and what they can, um, accommodate or what affordances they can grant, you know, for, for very human things that happen, right? And whether that's medical leave or other leave policies, um, it's, um, it's, it's a really important, I think, more than just a statement. It's- you're creating a place where really the, the wholeness of being human is, is really, um, accepted and, and allowed. And, you know, there's, there's room made for, you know, um, times when, you know, you need to take a mental break because you just- you've hit a breaking point. Or

chronic illness knocks on your door and you're like, OMG, WTF. Like, I can't walk. I can't function. I can't do what I'm here to do. And, um, it- making room for that is, is I think creating really healthy work environments. And humane. Um, and it can be, um, it's, it's worth considering when, I think, folks, uh, consider what kind of cultures they're creating in their organizations.

Mollie West Duffy:

I think that's so important. And legally, in many states, you can take short-term disability now. Um, not in every state. But, you know, we're getting there. Um, but even with that, I think there are so many different ways that that plays out in an organization. So, um, whether people feel safe enough asking for that, like even taking the step of going to their HR leader, their boss, and saying, you know, I know this is available. Is this something that we can set up? That feels really hard for some people to do.

Mollie West Duffy:

There are ways that organizations can make that easier by, first of all, naming that it's available. Oftentimes many people don't know that it's available. And then giving examples of how it could be used or how it's been used in the past.

Mollie West Duffy:

So I took short-term disability last summer and I was really grateful someone else in my organization had taken it previously. And so I went to her and I said, you know, "What was this like? How did the organization react when you asked to take it?" And, you know, she had been the first person. She said, "It was really hard because there weren't a lot of worked examples." And she took it- she was dealing with some, um, figuring out a lot of like allergy stuff that she needed to take it for.

Mollie West Duffy:

And, um, so, you know, I, I- I think the organization can say, in the past people have taken it for these types of, of things. And n- you know, not limited to but including all of these things. And if you're experiencing them, please talk to your manager or your HR lead about them. Um, and just make it more open. Like it doesn't have to be... Sometimes when people go on leave we don't even know why they're going on leave. We don't have the details unless it's something like cancer. Um, but for a lot of these things that are a little bit, you know, not as intense or don't feel as intense, um, medically, uh, it- we don't often share. So I think being more open about that.

Mollie West Duffy:

Um, and then I think the other thing is, um, if you can't- if you live in a state that doesn't have short-term disability or y- y- it's not, you know, there's not quite enough of a medical- or you don't have a doctor that's gonna sign off on the notice or that sort of thing, still allowing people to do that even if it's not official.

Mollie West Duffy:

Um, and, you know, I think the times when I have taken off, like, a month, I'm always amazed at like how amazing it feels even, you know, if I'm dealing with health stuff, it's like just a really nice moment to disconnect a little bit. And I feel like I come back a better worker.

Mollie West Duffy:

And so what does that look like? You know, what are ways that people can ask to do that, um, when they're feeling overwhelmed by anxiety or really deep in, in depression, or just need some extra time to go to physical therapy appointments or figure out their new medication? Like all these things are so human. Um, and yet it's really hard to navigate them when you feel like, you know, you're- you have no vacation days and sick days left. And you have to be on all the time.

Ali Schultz:

Yeah. And there's also that, that element of, you know, how safe do I feel to name that this is happening for me? And can I trust that when I name it there's- I'm not gonna lose my job? Like I'm still welcome here, you know? I can go deal with my stuff and, um, come back.

Mollie West Duffy:

Yeah. I would love... I mean, I would love to see more exam- more worked examples of that, um, from your listeners, um, or Liz, I don't know if you've seen any in your communities. But I think it would be so powerful if leaders within startups were to share, you know, how they've- if they've personally dealt with some of these things or they've seen in past companies people deal with them. Or they have colleagues or family members deal with them. Like bringing it to the level of acceptance. This means a lot coming from a leader.

Liz Fosslien:

Mm-hmm (affirmative). Yeah. I- this is slightly tangential but it's reminding me of this lunch I had with a couple of friends. Um, this must have been three or four years ago. And we all live in the Bay. We work at, you know, fast-paced tech companies. And I had mentioned that I felt like I was just working so hard and so much that I had started to get more headaches. And I was worried that it was gonna turn into this longer chronic migraine problem again.

Liz Fosslien:

And there were four of us at the table, including me. And two other women were like, oh yeah. Like I'm having really bad headaches. I have these horrible neck pains. One said she had gone into the closet in her office the previous afternoon because it felt like her eye was on fire. And so it was this moment of sharing but in this weird way of this is just part of the work day for all of us.

Liz Fosslien:

And then I was so appreciative that our fourth friend at the table just jumped in and said, "This is not okay. Like you're all just sharing and commiserating and you all need to take a week off." (laughs) "This is absolutely not acceptable."

Liz Fosslien:

So I also think it's really important when a leader shares that it is in the spirit of the way- this is- this is not something that you should consider is normal. That it's like oh, the CEO is also having head pain. And therefore if I have head pain, I should just keep working as well. It's I had this. I took the time off. It was crucial. If you have this, you should- this is not something you should live with. It's not something you should bury or try to ignore until it becomes this thing you can no longer ignore.

Liz Fosslien:

I just remember that conversation because it wasn't until our fourth friend jumped in that we all took the step back to reflect on, oh yeah, this is deeply, deeply disturbing that it's just like, yeah, I was in the closet yesterday. And I just had to be there for 30 minutes to get through the rest of the day because I was in so much pain. No big deal.

Liz Fosslien:

Um, so I think it's also really important to stress the, like, taking time off portion of it, which we do a really horrible job of essentially I think in the US. And especially in some industries.

Liz Fosslien:

To Mollie's point, it's usually, you know, I think a sign of a really well-run healthy organization is that there is give for people to take that time. So if it's like we cannot lose you, you probably have set unrealistic expectations. You're running everyone into the ground. It's probably not just that person who's gonna burn out or feel something eventually. Like it's just not a sustainable way to run a business.

Ali Schultz:

Yes. And your, your story, Liz, reminds me of Mollie's point of, um, like lis- what it takes for us to listen to our bodies. And how often we just blip over all of that information and all those signals until it, like, hits critical mass and, and we hit rock bottom so- in some way physically and we just cannot ignore it any longer.

Mollie West Duffy:

I think one thing I've been trying to do more is checking in with people. Like how are you doing physically? Which is a question we never ask in a workplace context. (laughing) I think we're getting better at, you know, saying, you know, "How are you really?" You know, beyond just how are you. You know, how are you doing mentally? I think the pandemic, you know, unfortunately, but, um, the silver lining of course is that I think we're much better at talking about anxiety and depression, um, at work. I mean, we still have a long way to go but...

Mollie West Duffy:

But, um, physically, I mean, no, we never ask about that. Um, and some of that is the Zoom distance. But even when we're in person. 'Cause my stuff started happening when I was in person pre-pandemic. Um, there wasn't a moment to share that. And I think that's a big thing that Liz and I talk about in our work is like w- in order to, to make hard conversations happen or in order for people to feel safe sharing difficult things, there has to be dedicated time to do that. It's not like it ever feels easy. And so if there's not dedicated time it's like well, I'm not gonna do that, you know, at the beginning of a meeting or, like, in the hallway. Like I'm not gonna bring that up.

Mollie West Duffy:

And it's only by putting time on the calendar, by having specific time where we check in about things that are hard that it makes people feel safe enough to do that. And so, yeah, that's one of my check-in questions is, you know, how are you doing physically? How's your family doing physically? Um, because oftentimes we don't think to share.

Ali Schultz:

Mm-hmm (affirmative). Um, this is reminding me of, uh, I think someone you guys talk about in the book, which is, you know, how, how do you as a coworker kind of hold space for people that, that are going through this? Um, and, you know, what- wh- what can you say? Uh, how, how can you be with them? And, and what's needed in, in those moments?

Liz Fosslien:

I really love Mollie's question about checking in and making that a regular occurrence. Um, I think it's an- it's a nice way to address this issue that I brought up earlier which is we show up in the crisis but really what's important is that it's this continual habit, um, that we're continuing to check-in. And then also before something happens, we've made it safe to flag that something is happening.

Liz Fosslien:

Um, I also think a lot of it is trying not to minimize what's going on with the person. And there's- and that just requires being intentional about your response, taking a moment before you respond. Um, I just remember when I had migraines, yeah, like I just got a lot of, oh, headaches? Or just- which, you know, the person was well-intentioned. They were trying to learn more. But it was really hard for me to respond to a question like that with, actually, let me walk you through this detailed analysis of everything that's going on and everything that I'm trying.

Liz Fosslien:

Um, and then, you know, I think one of the upsides to hybrid or remote work is the option of flexibility and the option of accommodation potentially being a little easier. Um, and so leaning into that. And so if your team isn't in the office all the time, not micromanaging. Um, as a colleague I think also modeling and accepting that if someone has a doctor's appointment that afternoon, just kind of open communication I have.

Liz Fosslien:

One thing I really love that some of my colleagues do is they'll put blocks on their calendars that say therapy or physical therapy. And I think that's also a nice way of modeling to others that not only is it okay to do these things but it's actually encouraged and should be considered as part of our well-being routine. And it's so okay that you can even put it on your public calendar.

Liz Fosslien:

When I've gone to book a meeting with someone and they've blocked off time for physical therapy, it also builds empathy, um, even if I don't know exactly what it's for. It's just like, oh, okay, this person, I should be mindful that there might be something going on with them. And then it makes me feel far better taking the time that I need to take to go to the doctor. To- you know, I have all these like hand exercises now 'cause I sometimes deal with carpal tunnel and wrist pain. Um, so those are a couple things that I've seen that seem like small gestures but actually have this bigger impact on changing an environment.

Mollie West Duffy:

I would add to that, Liz sort of touched on it, but not assuming that you know what the person is going through because you think you've had something similar or your, you know, family members had something similar. It's like, oh yeah, you know, I know about that. Like, and it's like well, maybe you do, maybe you don't. Um (laughs), so not assuming anything.

Mollie West Duffy:

Um, and I think, you know if someone shares that with you, you can ask. You can say, is it okay if I check in with you about this? You know, would you like that if I check in with you about this periodically? Or is it something you don't wanna talk about? And most of the time I think the person will say, yeah, I'd love for you to check-in. But it's always nice to ask.

Mollie West Duffy):

Um, and I just find it so thoughtful when, when colleagues remember. And it's like, well even if, you know, I'm not gonna give them all the details, it's like oh yeah, you, you are remembering that I'm still going through this. As Liz mentioned, it's not an acute thing. This is a chronic thing and I'm still dealing with it. And so checking in feels like you really care.

Mollie West Duffy:

I think honestly just saying that sounds really hard or that sounds really difficult, um, can mean a lot. You do not need to solve it for them. You don't need to give them your own theory about why it's happening. Just saying that sounds really hard is about all you need to do as a colleague.

Mollie West Duffy:

And then, yes. In terms of accommodations, you know, I think getting creative. I mean, there was a period of time when I was paying somebody to type for me. And Liz will remember this time period. I had, like, two-hour-long chunks throughout the day where I would pay something and I would just dictate. And so, you know, I, I was somewhat honest with my workplace about that this was going on. But I also wish that they would've been a little bit more curious about it and said, like, "You know, hey, could we help you pay for some of that?" Or like, you know... They, they said that they would offer to give me a, um, dictation software which didn't really work so well and it's just much easier to have somebody do it. Um, so I was just paying for that.

Mollie West Duffy:

Um, so you know, just getting curious about like what are the accommodations that the person is making for themselves, maybe that they're even paying for out of their own pocket, that you might be able to help with. Um, and I think we all want to be productive. Like we're all motivated by learning and growing at work.

Mollie West Duffy:

And so I think there's this fear, for some reason in our modern workplace, that like people are gonna take advantage of accommodations. Or they're gonna, you know, just take six months off for no reason. And I just think that's really fundamentally doesn't understand human psychology. And that, like, for the most part, people want to be productive, you know, and motivated to do their work. And if they're not, they're not feeling great about that. And they're doing everything that they can to try to get back to be able to do that. And they feel really bad about having to ask for accommodations or take time off or do some of these things.

Mollie West Duffy:

So, um, giving them the benefit of the doubt of what they're doing to go above and beyond to make this work even though it's hard.

Liz Fosslien:

Yeah. I wanna call out what Mollie said about also I think it's so important not to assume that you fully understand what the person is going through. And one way that this showed up for me, both migraines and then more recently, is just immediate- I think and this is just a general tendency we have is immediately jumping in to fixing.

Liz Fosslien:

So I am pregnant. I've had really bad acid reflux starting early on. I'm on, like, intense medication for it. It was like I couldn't sleep, I couldn't talk. It was horrible. And when I started to share that with people at work, I cannot tell you... And even friends. Like I cannot tell you how many people asked if I had ever tried ginger tea. And I was like (laughter), you don't think that I've been Googling this day in and day out? Like I'm on 40 milligrams of prescription medication (laughing). Ginger tea's not gonna do it. Like I love that you said that but just... And again, it was people who were well-intentioned but it was this... I just wanted people to be like, "Oh, that's- that sounds hard." Or, "How's it going now?" Or, you know, "What did your doctor say?" Or, "What have you found..." Like just a question, I think.

Liz Fosslien:

And this is a tendency I see in many situations that I have myself too sometimes. Where someone shares something and then you just wanna fix it. And so you start throwing out all these suggestions. And often it makes the other person- they've- especially if they've been dealing with this for a while, almost guaranteed they have tried that. And they know about it.

Liz Fosslien:

So I think it's just like resisting that urge, even though it's well-meaning, and instead saying as Mollie said, you know, that sounds really hard. How can I support you? What's working for you? Something like that. So that it's, um, yeah. I just- I- like ginger tea is such a trigger phrase for me. (laughs) It's like, yes, I know, I know. Tums. I know. It's not working. I've tried it. Stop saying that to me. So...

Ali Schultz:

It goes back to that, like, that, that linear thing. It's like these things aren't linear. It's like, yes, I have tried like, you know, but it doesn't work. You know?

Liz Fosslien:

And it can be so... It can be hard when those suggestions are offered. And even if they are well-intentioned, it adds to the diminishment that you feel. And a little bit of that loss of connection or not really feeling understood. And, um, um, yeah. It just doesn't help. It just doesn't help.

Mollie West Duffy:

I'm curious, Ali, 'cause you- and thank you for sharing that about Lyme disease. And I, I know several people who have- who have experienced that and are experiencing that. And I know how- what a long slog it is. And there are so many questions still that science hasn't answered. Like from your perspective, what has been helpful or not helpful for you in terms of, um, support within a workplace context?

Ali Schultz:

Well, I consider myself incredibly lucky in that once I was diagnosed, um, we had started Reboot. So I was able to really shape work to work, uh, for how I needed it to. Um, so at the time, while I was doing- well, the company was really starting, uh, for really like the first five to seven years, um, I would be doing a lot of the things from the IV room.

Mollie West Duffy:

Oh my goodness.

Ali Schultz:

... so I'd be doing emails, and writing newsletters. I would say well over 75% of the newsletters, or 50% maybe, were written in the IV room, uh, while I was-

Mollie West Duffy:

I'm so glad you shared that. Because as a newsletter reader I would never have known that.

Ali Schultz:

Yeah. I feel like every newsletter is a little bit of a miracle. 'Cause I would write it and be like, God, I hope this is okay. And, um, whenever I would get a note back and someone would be like, "That was really amazing." I'd be like, phew. Thank heavens 'cause, you know, I was not in an incredibly clear-headed or strong place when it, you know, was flowing through me.

Ali Schultz:

And so, um, so so much of, of my early work at Reboot I just- I didn't take coaching clients 'cause I didn't have that kind of- I didn't have that many spoons... I just did what I could to kind of do things operational. And, um, and, uh, I was- I, I was lucky, you know? 'Cause it was flexible. Um, I kind of, you know, I'm one of the owners of the company so (laughing), you know, I had- I had a leg up in that regard. I didn't really have to worry about things. And I could still contribute. But I needed flexibility. And, you know, I, I needed to take care of myself. And I was able to, you know, sit down and focus or sit and, you know, drip with an IV for a long period of time and still kind of contribute in a really solid way.

Ali Schultz:

But it wasn't, you know, an eight to five or a nine to five structured heavily needed to calendar kind of way of doing things. It was- it had to be a lot more fluid. Um, and the output was fine. Um, but, you know, given, you know, I, I needed- I just needed a different environment in which- for that work, I guess, to really just kinda happen. So...

Mollie West Duffy:

Well, I thank you for sharing that. And that's, I mean, I'm like tearing up just thinking about you and your IV doing work. I mean, I think there are so many stories like this. You know, and it's, it's so hard to see for ourselves. But, you know, I would tell people, like my friends like who really know- knew what was going on, like, yeah, I'm paying someone two hours a day to type for me because that's a level of pain that, you know, I have a lot of tendon issues. And my hands, thankfully, and arms are better now. So I can do that. But it was- yeah. I was like, well, I don't have that number of spoons to do the num- amount of typing that I do. And they were like, "You're doing what?" Like (laughing) that's crazy. Like you're so dedicated and like how are you, you know...

Mollie West Duffy:

And I'm just sure that there are so many other instances. Like we don't know where people- what people are doing. And, and, um, I think that the flexibility of, of COVID has helped with that a little bit. You know, that people can take more breaks during the day. Um, and I can- it's much easier for me to go to physical therapy in the middle of the day now than it was previously. So that's been really helpful. It's, you know, I- I'm doing less travel. So I can make sure I'm swimming. And, and it's- like that, that side of things has gotten easier. But, um, I still imagine there are so many stories of people who are going to great lengths to deal with their health problems and work at the same time. And aren't honest about it because of the shame that they may still feel around it.

Ali Schultz:

Yeah. Shame and, um, and like what's the model, right? Like what's the working model for how do we- how do we deal with the realities of just having a body that has illness or has disease or chronic- chronic disease? And, how do we still have a career and a working life? And, you know, contribute to the world in those ways?

Ali Schultz:

I think just by talking about it, kind of in ways that we have, you know, it, it, it's normalizing that conversation. And it's, it's opening up, um, you know, ways for people to be like ah. They can see themselves in that conversation and maybe start asking for things. Or, or, you know, normalizing this conversation, or a model for this, within organizations or if you're an employer.

Ali Schultz:

Because there's so much I think of modern work that is I'm gonna use the word ableist. And it might be incorrect. But it's very ableist. And, and, you know, not everybody has a clear brain and a body functioning at 100% in order to be a type A worker bee. Um, and yet, um, people can still do wonderful things and contribute in great ways and be lovely parts of teams and organizations.

Ali Schultz:

How do we create affordances? And, you know, make room for that?

Mollie West Duffy:

Yes. I think- I think having those, those examples, I would hope in the next five to 10 years we'll see, see more of that. Um, as we have with mental health. As we have, you know, with people being more open about taking mental health days and mental health weeks. And leaders share more of that's going on for them. I think f- physically is, is- and, as you said, you know, ableist. I think it's not just physical. I mean, many people are dealing with, with illnesses that are beyond physical. But, um, all of those things, there are ways. There are so many inventive ways to accommodate people. Um, and I, you know, I've used many of them myself so (laughing).

Mollie West Duffy:

Um, and I, I like to think I'm a good, uh, contributor to an organization, as I'm sure you are, Ali. And as I know Liz is. And, um, the newsletter. I mean, the newsletter is amazing. And if we didn't have your voice in the newsletter, Reboot would be a different place. And so of course the organization should be accommodating of you writing it in whatever state you are to write it. (laughs)

Liz Fosslien:

I think also understanding more of the accommodation options is just useful for everyone. Because even if you are at 100%, our bodies were just not made for the way that we work nowadays.

Mollie West Duffy:

Yes.

Ali Schultz:

Yes.

Liz Fosslien:

It's just so unnatural. And Mollie and I have had this conversation where, you know, at different points we've had things flare up that were really directly p- like Mollie's typing. I've also had carpal tunnel. And it's I think an indication of how unnatural, again, to be typing hunched over your tiny laptop on a plane for seven hours with no breaks and no interruptions, which for many people is just the expectation of productivity.

Liz Fosslien:

But then (laughing) sometimes what feels really overwhelming is, like, we're in our mid-30s, right? I don't know when retirement is gonna happen by the time we hit 65. Is there going to be retirement anymore? And so then it's just like unbelievable to think about. There have been weeks when I'm like, okay, I can do this one more day because tomorrow is Friday. And then I have a three-day weekend and I'll have three days to kind of get my body back sort of in line to get through the next week. And then it's overwhelming to think about is this what I'm gonna be doing for 40 years?

Liz Fosslien:

So I think we also should start viewing accommodations and new ways of working as a necessity for everyone. Because I don't think we've even seen how this is going to affect everyone physically. I think it's gonna start to become a huge issue as Millennials age more, as this generation that's so glued to their devices gets older and their bodies, even the 100% bodies, or however you wanna say it, I just think it's- you can't expect to keep that up, no matter who you are, for so long.

Ali Schultz:

Mm-hmm (affirmative). Yeah. I- and, you know, the typical work day structure, back-to-back meetings, and all the Zoom screens. Um, and I love hybrid work and remote work. I couldn't really work any other way. Um, but, it's taxing. And, and our, our bodies weren't, weren't- we're not automatons and we're not robots. You know? We are in fluid meat sacks in many ways. And there's nothing structured or robotic about us. And so finding ways of working that are, um, yeah, that are really matching our, our natural rhythms and how we need to be most productive. And yet also how can we, um, be really good collaborative contributors as well? Um, it's a really fascinating, I think, edge that, um, that we're, we're merging at, or, or that, that's emerging. And, um, it's a really lovely question that I think we're all kind of living into now.

Mollie West Duffy:

Mm-hmm (affirmative). Just a couple of specific things on that. So, you know, I think hybrid is great. Remote is great. And it's been helpful for many reasons. Um, but I think some of the things that we've seen around, like, having to have your video on also can be problematic. If, you know, there was a period of time where it was like, well, it's hard for me to sit. So I'm actually doing my work, like, lying down on my couch. So I don't really wanna turn my video on (laughing) right now.

Mollie West Duffy:

So one thing that Liz and I have seen some teams do is, like, be really explicit about when video is actually required. So like client meetings, yes, required. Other than that, not required. Or saying we're gonna turn our video on for the first five minutes of a call and then we're gonna turn the video off. Because actually, no one's looking at each other after the first five minutes anyways. We're looking at a document. So why does it need to be on? Why does it matter where you're sitting?

Mollie West Duffy:

Um, and just like, you know, those things, again, creating time and space to have those conversations and make those norms explicit can be helpful.

Mollie West Duffy:

And the other thing is, like, I have just had to get a lot better about taking my own breaks. And it really is hard. And Liz and I talk about it in the book, about how unfortunate it is that, especially in our society, we put so much of the onus on taking breaks on the individual. You have to meditate. You have to take a lunch break. You have to go take a walk, you know? Like, okay, uh, well, when in my day am I gonna do that?

Mollie West Duffy:

So it can be helpful for managers to, um, to take collective breaks. So to say, you know, collectively we're gonna start a meeting five minutes late. Or collectively, we're gonna start this meeting by breathing for a minute and turning our cameras off and closing our eyes. Um, but, you know, as an individual, I can also do things. Like I leave at- now I leave, like, a magazine or a book on my kitchen counter. And I'll go, you know... It, it's a reminder to me to like get off of my phone and my computer between meetings and do something else.

Mollie West Duffy:

Um, my, my hand therapist, you know, she said to me, "Our hands are not designed for static work. Like no amount of therapy, no amount of, um, you know, ergonomics is going to make your hand be able to type and use a mouse for eight hours a day. They just don't work like that. So stop pretending that you're gonna ever be able to do that." So I have to remind myself of that quite frequently and build in those breaks for myself.

Ali Schultz:

Yeah. Yeah. We have to advocate for ourselves in that way 'cause you know, we only get one body. And sometimes our work- what drives our work and our working habits and our compulsion just trumps that part. So I know we have to have follow up conversations kind of talking about that. But, um, but yeah.

Ali Schultz: This has been really, um, br- like kind of broad reaching and, and quite fantastic. So is there anything else?

Mollie West Duffy:

The last thing I would say is just for people to know if they- if they are going through chronic illness, or chronic pain, they're not alone. Um, and to find people to connect with, um, who are- who are going through similar things. And then to, to really ask for the accommodations. Um, and if you don't feel comfortable doing that, like find someone else in your organization who maybe you could strategize with about how to do that. Or find an external career coach or, or a career lawyer to talk to about what the options are.

Mollie West Duffy:

I'm so glad that I did take that break. It really helped me recover. And I know Liz has done the same. And, um, you know, if you're- if you are really struggling, like, taking the time off is, is something that you need to do. And so finding a way to ask for it is really important.

Liz Fosslie:

Yeah. And I think remembering that when you're going to take it, a month off feels like an eternity. And you're gonna be out of the loop and everything's gonna fall apart. And then, I'll speak for myself, when I've taken that time off and come back, it's like, oh, that was fine. (laughs)

Mollie West Duffy:

(laughs)

Liz Fosslie:

It went by really fast. I'm still a valued member of the team. People are excited that I'm back. But, you know, people are able to cover. I- it's- I think it's important to hear the message too that you are essential to your organization but you also can take a month off and it will be okay.

Ali Schultz:

Mm-hmm (affirmative). Yeah. Yeah. I don't think we can hear that enough. Do you guys have resources in the back of the book on this too?

Liz Fosslie:

I believe-

Mollie West Duffy:

We do! We have some resources in the back of the book on chronic pain books to read, articles to read, and resources to reach out to for help around it.

Ali Schultz:

Awesome. Awesome. Well, thank you so much for, uh, I don't know, sitting around the, the fire here with me and, and talking about this. I've been wanting to get a conversation on chronic pain and illness, um, in our podcast for a while. So I am delighted that you were my conversation partners.

Mollie West Duffy:

Thank you. It's such an important topic and we haven't really been able to dive into it too deeply before. So really appreciate the chance and the space you created for us to do that.

Liz Fosslien:

Yeah. Thank you.

Ali Schultz:

Yeah, thank you.