

By Kate Furnell

Breaking the silence

My hands were shaking. My stomach began to churn as I looked out at the faces before me. I fought to calm myself. Facing a packed conference room of more than 150 people—including my doctoral supervisor, my collaborators, and world-leading researchers—I was about to let slip the secret I had worked desperately for years to keep from all but a few trusted colleagues: that I seriously struggle with mental illness.

I had decided to give this talk because I was tired of keeping this secret. But it wasn't just that. I also knew of many other graduate students who were going through similar challenges. For all of us, the stigma around mental health coupled with the intense competition of academia made it difficult to talk about our struggles with people who could help, or who simply ought to know.

A close friend had lost her way in her project and was mentally exhausted. Yet she was afraid that if she opened up to her supervisor and sought his guidance, he wouldn't understand or believe her problems and would start to treat her poorly. Another friend struggled with anxiety, which made her uncomfortable in the crowded office she shared with a dozen other Ph.D. students. But she could not bring herself to ask her department head for accommodations because she feared that doing so could have negative repercussions. Yet another person was in the midst of a breakdown because she wasn't able to get thesis feedback from her supervisor.

These are just three people suffering because of this culture of silence. There are many more.

I knew that I couldn't deliver a talk about mental health without including some of my personal story: I have borderline personality disorder, and I have also been diagnosed with depression, anxiety, and post-traumatic stress disorder. I worried that if I talked about my experiences with these conditions, some of my colleagues might not understand. I thought they would become uncomfortable around me or would stop taking my work seriously. I was also concerned that potential future employers might not be open to hiring someone such as myself, whose condition means that my moods can swing between apathy and despair in a matter of hours. But I wanted to start a conversation that was so desperately needed, and speaking publicly at a conference felt like the best possible chance to spark the discussion.



“The stigma around mental health ... made it difficult to talk about.”

Instead, I was met with hugs from my collaborators and colleagues, applause, and warm words. Many people came forward to share their own experiences. Many more thanked me or passed on testimony from others. People from my place of work told me how moved they were by my honesty. A number of people asked whether I'd be willing to deliver my talk again.

During my Ph.D. work, I have given talks across Europe and in South Africa, but I have never felt as proud of any of them as I did this one in my hometown of Liverpool, U.K. It is as significant an entry on my CV as my research work. Getting people to listen to and understand the perspectives of people struggling with mental illness is important because we are all far from infallible. Mental illness can strike anyone at any time. By discussing our experiences openly, we can reduce the isolation, shame, and resistance to seeking help that can come with it. We are all human, and that's OK. ■

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