

MASTERS by Winn Claybaugh, December 2025

Dr. Julie Basler

Work to Live: A Story of Hope through Mental-health Struggles



Dr. Julie Basler is the former president of Platt College, the author of three national English textbooks, and the recipient of three Volunteer Service Awards under Presidents Obama and Trump. Interviewed by **Winn Claybaugh**, she shares her personal story of what it was like to “live with a mask” and the heart-breaking yet hopeful journey of reclaiming her sense of worth and learning to love herself. While there may always be a stigma attached to mental-health struggles, this powerful interview promises to ease the sting and provide beautiful hope.

Winn: Hey everybody, Winn Claybaugh here, and welcome to another MASTERS Podcast with Winn Claybaugh. Again, 30 years. This is my 30th year anniversary in doing this and, just from my heart to all of you, my listeners, I never take this for granted that you listen month after month. Maybe some of you are brand new, some of you maybe have been listening for 30 years, but I'm so grateful that you give me this opportunity. And it's funny: before we started recording, my editor was saying, you know, “Gosh, if you would just record less time here, it would make it an easier edit.” And I said, “Well, if I invited some idiots on to record them, maybe they wouldn't have much to say, but that's never the case.” I actually put a lot of thought and a lot of energy into choosing amazing people that I know that you're going to benefit from. And that's what today is going to be all about. So, I'm sitting here with Dr. Julie Basler. So, Dr. Julie or Julie, however you want me to call you. First of all, welcome to MASTERS Podcast with Winn Claybaugh.

Julie: Thanks Winn, and yes, please call me Julie. And your listeners, if they refer to me, it's just Julie. I think we're all close friends here. And truthfully, the topic I'm going to speak about today, if we're not close friends, we're certainly going to be a lot more closer friends than we were before we started listening to the podcast. Thanks for having me. And really, thanks for putting a spotlight on a topic that's still, I think, today, in today's stigma and in our culture, still catches heat for being something that's sort of a, *Shh, don't ask, don't tell*. Talk about it.

Winn: Right.

Julie: And that's people's mental health and well-being.

Winn: You know, what do they say? In any kind of a mental-health struggle or crisis, they say it's a disease that people get mad at you for having. They don't necessarily get mad at you for having cancer, but they get mad at you for having a mental-health struggle. Do you sometimes hear or experience the same thing?

Julie: Yeah, I do. You know, it's funny. I like to use the analogy—in Colorado, where I live, if we see somebody in a cast or a sling on their arm, a cast on their leg, you know, we want to hear that story. We want to go up to somebody in the middle of a Walmart or a store and say, "Hey, what'd you do to your leg?" Because we pretty much think it's going to be a gruesome ski story we can tell our families that night. But we don't really look closely at people to see if they're having a mental-health crisis. I think what's interesting, if you stopped in the same—let's say Walmart, Target, wherever you're at. If you truly looked around at the people in line, you would see a plethora of people, some on their phones, some staring off into space. I like to give it a story behind it. I was at Denver International Airport; I do a lot of flying. And I was standing, waiting to put my luggage on the conveyor belt. And I look over to my right. There seems to be nothing going on. I heard a dog bark. I look, I look to my left and I see a woman and her hands are shaking and I become hyper focused on her. And she's waiting on her luggage. And I notice that tears are streaming down her face. And my husband has gotten his luggage. He's continued to walk on, he's waiting on me, and I leave my luggage and I just walk up to her and I put my arms out and I say, "I don't know what's going on for you at this very moment, but I feel like you might could use a hug. Do you want to wrap your arms into mine and just let me hold you for a second?" What's the danger there? All she can do is say no. And she wrapped her arms into mine and she sobbed. And I said, "Whatever is going on for you today, you are not, absolutely not the root cause of something. It's okay to be not okay. It's okay to cry it out. You should never shame yourself." And I told her the gate I was going to be at. I said, "If you just want to sit down for a few minutes before your flight, let's have a cup of coffee. I'm here for you."

Winn: Wow, wow. Okay, so you already got me a little teary-eyed and we haven't even jumped into this yet. I haven't even shared with our listeners about who you are. So, let me do that. Let me get my housekeeping done. And obviously, I'm going to read this because there's a lot. So, Dr. Julie Basler has served as president for Platt College in Colorado as the Dean of Fine Arts. And associate professor of English and speech communications at Columbia State Community College in Middle Tennessee. Dr. Basler was awarded the President of the United States Volunteer Service Award under Presidents Obama and Trump, which recognizes, celebrates, and holds up as role models Americans who make a positive impact as engaged and deeply committed volunteers. Wow. Dr. Basler earned three U.S. gold medals for her service to career and technical education. She is a recipient of the Colorado Council of Medical Librarians' Library Champion Award, an award presented for outstanding support of health sciences. In December of 2022, Dr. Basler was named one of the top 20 people changing career education in Canada and in the United States. Dr. Basler has been speaking at national conferences regarding mental-health struggles among college administrators, openly talking about her struggle with mental-health, well-being, and discussed how, as a sector, we could do more for ourselves, which in turn does more for our students. She is also currently the chair of the Colorado Commission for the Deaf, Hard of Hearing, and DeafBlind, appointed by a Colorado governor. In this role, she represents hard of hearing adults and a child

of a deaf parent in the state of Colorado and reviews legal auxiliary services, rules, corresponding policies and procedures, and helps in overseeing the state's grant money. In 2023, Dr. Basler was named the University of Tennessee Outstanding Alumnus of the Year. And in July 2025, Concordia University St. Paul honored Dr. Basler by dedicating the student center at the Denver campus in her name. You have a building named after you?

Julie: [Laughs] A student center.

Winn: That's a building. Wow. Congratulations on all of that. Oh, and by the way, I think I edited about 50 percent or more of your bio as I shared that with our listeners. And, you know, because there's a lot of degrees in there and a lot of educational accomplishments. From the little that I know of you, in today's context, I think you would agree that maybe that stuff isn't all that important. What it does do is it gives you credibility. And I think that I read that or I heard you say that—that these degrees and your business accomplishments, what that did was gave you a stage. It gave you a platform. It gave you credibility to talk about what you're now truly passionate about. And that is, again, this conversation and telling your personal story of mental health and wellness. Is that pretty accurate?

Julie: It is. And thank you. Thanks for reading through all of that. I don't even know that my own mother would sit through that. She'd be like, *Ohhhh!* But I really do appreciate it. And I appreciate all the blessings in my life that I've been given. I think probably when people hear my bio, I hope what they think is, *Oh, she's strong as steel. She's somebody that's not one of us. She's not obtainable.* And then I hope after hearing my story they realize I'm just a gal from a population town of 5,000 people, 60 miles south of Nashville, who puts her pants on the same way everybody else does. I am somebody that's just as broken and in mental health and found myself in a mental crisis that's no different from a homeless individual that we would normally assign that visual role to. I think in America, we think people with mental illness, *Oh, you know, they're the homeless guy on the street, the homeless lady on the street up here at the 16th Street Mall.* When I look at people on the street, I think about our mental health—it may not be different. Our life conditions and how we got to that point in our life are. And so, I hope that when people hear my story, that what they remember are not the awards, the titles. Somehow I navigated my life using high-functioning anxiety to earn a lot of awards and to do a lot of great work. And I did it with a team of extraordinary people. It wasn't a solo act. But what I hope that people hear and what resonates, Winn, with your listeners is the fact that at the end of the day I'm just a normal human being trying to get through life, trying to love the good pieces of me, and trying to bring light to darkness in a world where I think we need more light.

Winn: Well, I recently hired you to come and speak to my group. So, it was a group of about 300 leaders. We come together annually and we have been for 25 years. And of course I always bring in what I consider to be the best of the best of the best guest speakers. And, my gosh, we've had everybody from Dr. Daniel Amen to Tony Robbins to Magic Johnson to just incredible people. And I want to share this with our listeners. During your 90-minute presentation—so you're on that

stage for 90 minutes. All you did the entire time was tell your story. Now, I say this all the time: I think that the best teachers and mentors and parents and heroes are storytellers. You're a phenomenal storyteller. I mean, I tell stories, but in between my stories on stage, I'll say, "Okay, now everybody, here's what you need to learn. Here's what you need to do. Here's step one, here's step two." You never did that. And I've only known maybe three or four other people who have been able to do that. You know, Father Greg, who founded in Homeboy Industries was like that. All he did was tell a story. We had Diana Nyad. And that—same thing, all she did, 90 minutes, all she did was just tell her story and that's a gift. That's such a gift. Where you weren't so concerned about, *Okay, I want the audience to learn this and this and this*. You just put it out there from your heart, from your life experience, shared a story. And I'm sure that every person in that audience was taking notes and they were making notes of not only what you said, but what they need to do with the information that you shared. But again, I'm just amazed that all you did was tell your story.

Julie: Well, thank you. Thanks for saying that. And again, thanks for having me. Your culture at your schools is phenomenal. I had known that going into it, but oh my gosh. And I know a lot about you with your Be Nice principle, your book, the whole nine yards. But I was so glad that you recognized that a lot of the teachings and a lot of what we say to school executives are about students. Student mental health and, you know, after the pandemic. And trying to get a single mother through a program, trying to get a student who's lost or working with their aging parents through a program, and these types of obstacles. But you were able to see that, in order to be able to do that, you have to have what I like call a glass that's half full, not half empty. You can't pour from an empty glass. So, I've always found that if I'm truthful and transparent in who I am—and I wish I could tell you that that was an easy lunge, an easy step for me to take. By no means was it easy because I had kept that part of my life private. I shamed myself into telling my story. There was a time where I didn't even want my own sister, who's one of my closest friends in the world, to know that I was going through such a mental-health crisis. And so, by being able to be totally upfront and open, I'm able to be myself. It's not only—I feel like storytelling and to help others, but every time I do it and I'm on that stage, it chips away at that mask. And it chips away at that facade that I've tried to live. And so, it's very therapeutic for me to be able to stand up and to hear other people say, "You know, I might be in the same boat." Or "I can relate to what you're saying. I hear you. You're resonating with me." I always say if I can leave a conference or a speaking engagement and just one person comes up and says, "You helped me. I hear what you're saying and I think it's time I get help," then it's worth it. I would travel 900 million miles by foot if I thought that person would stand up and come to me. And that's what I felt. Your audience made it easy for me to be able to tell that story, to love me through it, to support me through it. And I felt that all the way through the conference too.

Winn: And we are going to get into your story. Based on what you were just sharing, I think by telling a personal story, what that does is it gives people hope. That's what we sell. That's what we offer. And so, when people are sitting in your

audience and maybe they can't relate, *Oh my gosh, she has this degree, she's got two beautiful kids, she's got a beautiful home and a beautiful husband, and she's got all of these incredible things that she's accomplished and her resume is two miles long. I can't relate to that.* But then when you tell your story, *Oh, I can relate to that.* And by telling that story, *Wait, she went through that? She somehow made it through all of that? Maybe there's hope for me.* And that's what it does, is it gives people hope.

Julie: Yeah, I would agree. And that may be the highest compliment that somebody can say. Every morning, I wake up and I always say this meditation in my mind—regardless of what people believe in a God or a spiritual being, whatever their beliefs are. And that is always to say, “Help me be the light in the darker world.”

Winn: Wow. Can you repeat that again so we can all hear it one more time?

Julie: Sure. You know, I think the important part that I wake up every day and think to myself is, and my own meditative prayer is to say, “Let me be a light in someone's dark world. Let me bring peace to someone who has lost hope. Let me be the vessel, the voice, not necessarily to be that therapist, to be that counselor, but to be the conduit for someone to seek that help.” And that is what all the degrees, the titles, the awards really gave me, was the platform to be known, to say I want to go way beyond what I'm doing in my own professional life to actually bring my personal life to the forefront.

Winn: You talk about being that conduit and that's what you were in the airport with that woman, that total stranger. You didn't show up saying, “Okay, well, I have the answer. I know exactly what you need to do. I know the book you need to read. I know the medicine you need to take.” You didn't do any of that. All you did was become a conduit for her to maybe seek out some hope for herself.

Julie: Right. I try to put the situation always back to my children. I know you and I have a very shared love to talk about our daughters. You know, so we're a girl dad and a girl mom and I have two daughters. And so, we share that. And I always think about if that girl standing, or lady or woman, standing in the airport were my own daughter. I would hope someone would put their hand out to her, would offer to wrap their arms around her. That's what every parent would want. And put yourself in that, too. There have been times I have been on an airplane. I remember a flight from Washington, DC. I had ran the commission meeting for five days, I was the chair of the commission. I got on a flight, flying home to Denver, and cried nearly the entire flight home. And an airline attendant came up to me and said, “I don't know what's wrong and it's okay. But if there's something I can do to help you, do you want to come sit beside me for a while?” And I just thought, what a kind thing to do. She didn't need to know what was going on. She didn't try to put her own, “Well, let me tell you what you need to do right now.” It was simply an olive branch. what if we packed, instead of packing our backpacks every day with what I call rocks, the rocks of burden we think we carry, what if we dumped the rocks out and put olive branches? What kind of world would we have if we traded a rock for an olive branch?

Winn: Wow. That's a great analogy. And again, before we get into your story, you did mention that mask. And I've heard you speak before and you mentioned the theory of living behind a mask. What do you mean by this theory?

Julie: I think when you are an executive, when you reach that level—I mean, I didn't have aspirations, honestly, to be an executive. I thought I'd be a great community college professor. I loved my students. I was lucky I had mentors who saw something in me and they felt like I needed to do more. And my husband's career took us to Colorado and I was able to get into more of an administrative role as a vice president and president. But I think when you get to that level, you're already coming into an office situation in meeting with other people, other presidents. You're on committees, you're working, you know, usually for a governor. You're doing good work in the community. And I think what happens is, somehow for me personally, I just became farther away from who I like to say I had been born and raised to be. I got a little farther away of trying to table my anxiety all the time. know, high-functioning anxiety causes a mask to go on us and it tires us out. I think what happens is, in high-functioning anxiety, we have to be on time. We have to be perfect. We have to be perfectly dressed. We have to be seen by other people and we're so self-absorbed and consumed by, *What does my team think? What do other people think of me? Am I smart enough? Am I good enough? Am I this? Am I that?* And it becomes this exhausting pattern and you crash at night, you wake up, and the mask is right back on. And even in my own personal life, I had daughters in dance. I was trying to be what I like to call a poms dance mom. I was trying to be a really good wife. I was trying to support my husband in his own career. And at some point, the switch flips and it just becomes autopilot. It's almost like an off-on switch. And I got so good at turning the off-on switch that the ugly parts were only seen by the people who lived with me. And I had gotten sort of masterful at hiding it from them, too.

Winn: Maybe that's the part that's important: that you just said that your loved ones, your family at home are the ones who experience the ugly side of that. Because otherwise, as you're sharing this, people are thinking, *Wait a minute, isn't that what we're taught to do?* That we don't show up in a really bad mood and tell everybody, *I'm in a bad mood, this is really who I am.* You're told to fake it. You leave that at the door. I mean, that's all good advice that we have learned, that we have practiced. How do you fit that into the story that you're telling us now?

Julie: Well, I think attitude has a lot to do with that. So, having the right attitude and being able to recognize coming to work in a good mood is your personal responsibility. Not because you're going to work. Just actually saying to yourself, you're working through, your whole mission in life is really to work through life and to better your own life and other people's lives. That's what I believe we're doing here on earth. I think we're put on earth to make a difference in other people's lives.

Winn: Got it.

Julie: Some people do it better than others. Some people don't even realize they do it; it's seamless for them. And some people do it through their career, by becoming

a career where they touch the lives of people. Some people do it through their own personal life. But I think what happened, and when we talk about the dark, ugly parts, I was so exhausted from being somebody all day, that my family got the exhausted version of me. The going to bed at sometimes eight o'clock, eight-thirty, you know. I'm 52 now. When I was going through a lot of this in my 30s and 40s, you know, I'm exhausted and it's like my tank is so empty, I've got nothing left. And so, my kids and husband paid the price of that. They got the empty-tank Julie, not the full tank. I didn't know how, Winn, the best way I could put it, is to regulate that tank. We wake up every day with a full refreshed tank unless we've had a bad night, we've been sick, blah, blah, blah. But the tank shouldn't be exhausted in being someone you're not.

Winn: Got it.

Julie: So, I was burning through—think of it like a battery on your cell phone. My cell phone battery and my tank battery being the same, my tank battery would be at 20 percent low battery on the drive home.

Winn: Got it.

Julie: Consistently, every day. And then it took the weekends for me just to recover to get right back into the low-battery mode. I never felt good enough. And when you don't feel good enough and strong enough to be who you are, people can mistake that for humility. When sometimes humility is part of it, but it's also a cry for help to say, "I'm not good enough to be your leader. Maybe I'm not good enough to be your parent. Maybe I'm not good enough to be your daughter, your spouse, your sibling." And until I woke up and realized that I needed to get back to the roots of who I was and what my purpose in life was to be, it was just a cyclical turn. It was constantly just cyclical. I was in this circle of up and down, up and down, up and down.

Winn: And maybe people can relate to that. That people at work that you work with or go to school with, you know, they see that fun, playful side of you, but the people that we love and care about the most rarely see that side of us. And I'm sure people listening to this can relate to that like, *Oh, okay, now I get it. I get it. Those are the people who should experience the best of me.* And what you're sharing with us is that's not what was happening. So, let's get into your story then.

Julie: So, you know, I'd like to tell you that I had this idea in my life that I've always had mental-health issues. You know, I grew up, as I mentioned earlier, in a town of 5,000 people. We weren't growing up in a town where there were a lot of resources. My father was the town pharmacist. My mother was a nurse. And our family practitioner, when I was a younger child, would only come, you know, on Wednesdays down to our town from the bigger town. So, there was a lot of—before scope of practice, a lot of people would come into my mom and pop's, you know, Dad's drugstore and say, "Hey, I don't feel well. Should I go to the hospital?" My father was the decision maker of the town. And so, when you grow up and your parents are well known and you grow up with parents who were in medicine, people in medicine are not always great about recognizing if they need help. I had always probably, looking back, was obsessive-compulsive about

things. My parents met in the military. My mother was a nurse, first lieutenant in the military and met my father and put him through pharmacy school. Their love story bled over into—they had high expectations. And that's not a bad thing. I don't want to tell you that I grew up in some type of dramatic, traumatic home. I didn't. We were, for the day, what you would say in the '70s and '80s, we were middle class to upper class, economically. So, money didn't seem to be an issue. Travel wasn't an issue. So, overall, my sister and I had a good life. What I do remember is I had a tendency to have this innate ability to be very well-liked and to be perfect. And I learned that through humor, people liked humor, and that I was able to use that as a way to get a message across, to be very well-liked. I became very in love with people. I told your team at Paul Mitchell, I love people. I do. If someone said, "What's the biggest fault you have?" When I meet somebody, I fall hard. Like my friendships, I love. My acquaintances, I love. You know, my own husband. I love people deeply. And I want to solve all of their problems. If I can stop someone else from having an ounce of pain, that's what I want to do. But sometimes that can be taken the wrong way, too, as I want to be a suck-up, I want to be the favorite. And that really wasn't where I was going or intending to do. I talk about a moment that happened. And incidentally, I want you to know, at the conference, that was the first time I ever had the courage to tell this story. Your stage was the first time I'd ever mentioned this. And so, this is very telling about how I think mental health was seen in our household. So, when I was a senior in high school, my boyfriend, my first true boyfriend / love, was a freshman in a local community college. The community college I taught at. And in October of my senior year, he was working nights. He had stayed up and studied, it was midterms. He drove to go take the midterm. He drove a dangerous road that's known to have accidents. He hit a tree, fell asleep at the wheel, hit a tree, and it killed him instantly. What was life-altering about that for me is, and it's such a bizarre story and that's why I've always been somewhat fearful to tell people because, again, practice what you preach, I'm always sort of afraid what people will think about this story. Like, *Oh, she's way out there. She's wackadoo.* But I felt so comfortable telling your team this. And this was the story. The night before that happened, my mother came into my bedroom and she was changing my bed sheets. A weekly normal thing, you know, you do in your house. And I came home from practice, high school practice, and she was changing my sheets, and that was when mauve and black was really popular, you know, in houses and, you know, my mother had like mauve walls and we had black border and it was really in style and trendy. And so, my mother was putting black sheets on my bed and I had a weird feeling about it. Now, I don't know what the feeling was. I believe in a higher power. I believe, you know, in messages. I believe in these types of things, but I don't know that I recognized anything significant about it. I just knew, I said to her, "I don't like these sheets." I don't know if it was because they were black or what. I said, "I have a weird feeling about these bed sheets. I don't like them. Change them. You should change the sheets." And she said, "Don't be ridiculous. That's absolutely ridiculous." You know, she was done making the bed. I got in, I talked to my boyfriend one last time on the phone, got in bed, woke up the next morning,

about 10 o'clock in the morning, he passes away. Well, it's interesting about that. When I got home that day from knowing—you know, my parents came to the high school to pick me up; it was a very traumatic day for me. When we finally got home to our residence that night, back to our house, I had—you know, was hysterical, sobbing as any teenage girl would be. I went to get in my bed. My mother started to take my pillows off, and those black sheets were not on my bed. The sheets were changed and they were white with pink flowers on them or something. What was so interesting about that story that I think back on still to this day that I didn't quite connect the dots was, we never talked about it. No one. My mom didn't say, "You know, I changed the sheets." It wasn't like, "Your boyfriend died in a car accident because you had these sheets on your bed." It was nothing like that. It was, there was—it was apparent to me in my fifties now when I look back on that, that was a pretty good indicative sign: this happened. Life happens. It's tough. You're about to be an adult. You'll be 18 soon, in two months. Suck it up, buttercup. I mean, I don't know what else to say about it. My parents never said that. They didn't really offer to give me help. But quite honestly, in a town of 5,000 people, in 1990, where are you going for help? You know, it wasn't on every corner. So, that was so—probably telling to me of, maybe subconsciously, of where I could have used help then. I struggled, not even knowing that I needed help. What's interesting about that, Winn, is that carried over into my adult life. So, when I graduated graduate school, college, all the way through school, college, graduate school, my adult life, I would go to strip my bed and make the bed, and if the sheets weren't right, I would sometimes make my bed over and over again, 10, 15, 20 times. And my husband didn't even realize it because again, put a mask on, wait until they leave. Steve would take the girls out for lunch or somewhere, the park. And so, I would pick that time to strip everyone's bed because they might be gone two hours, but it might take me two hours to strip everybody's bed for the week. It's such a small memory, but it's so telling of how my first traumatic event in life became this underlying event for the rest of my life that developed into a fear even in my forties, of when my husband would travel and wouldn't answer the phone. You know, at a hotel or he didn't answer his cell phone. My first indication was he had died. I'm widowed, he's dead, now I've got to suck it up, buttercup. I've got to figure out what I'm going to do. It was always jumping to the worst-case scenario. Not, "Well, I'm on the East time zone, he's in Pacific, he's not even up yet." You know, a logical—I lost all ability to be rational. That's best way can put it.

Winn: So, when you—so, your husband leaves the house with your daughters, they're gone for a couple of hours and you're stripping all the beds and remaking them over and over and over again. What was going through your mind? What were you saying to yourself? What was the dialogue, the inner dialogue that you were having of why you were stripping the beds and remaking them over and over again?

Julie: I would tell myself that they have to be perfect. Something doesn't feel right about the way the sheets are on the bed right now. And if it's not perfect, probably subconsciously in my mind, I believe I was thinking, *I won't be able to stop something bad from happening*. For some reason, I associated that with death.

And we associate a lot of things with death. It could be, you know, a last conversation we had with somebody or, you know, "I told my grandmother it was fine, she could let go, I caused it." I think we do a lot of that. It wasn't until years later in my forties, I happened to mention that story to my counselor. And I mentioned it, Winn, to her so flippantly, like as if I was telling her, "Yeah, one time in my life I won an award for running a marathon." You know, like as if I was telling her something that I just thought was normal for everybody. And she was like, "I'm sorry, what?" And it wasn't until she said, "Do you understand what happened and what that has caused you?" And she helped me to see that it was in doing that, it was a subconscious cry for help. And I thought, *If I can't get help and I can't let people know I need help, then this one thing of making a perfect bed will be a step toward the right direction.* When you say it out loud, it sounds just mind-boggling. So, that's what I want your listeners to know is, yes, this person who's won presidential awards; yes, this person who has all these degrees is making her bed 15 and 20 times. I'm no different. I'm broken. And I don't have the courage at that point in my life to say it. It wasn't until a panic attack in an airport that caused me to seek help.

Winn: Tell us that story. And, by the way, before you tell us that story, at what point were you in your life when that panic attack happened? Was it before the degrees? Was it before the marriage, was it after all the degrees and accolades and president awards? I mean, give us a context there.

Julie: Yeah, it's a great question. It was both. So, I remember having probably what I think my first panic attack would have been, a senior in high school. I kept it quiet. It was after the death of my boyfriend. And I just thought it was emotion. You know, I think as women, we're very good at—I don't want to stereotype every woman, but especially for me, I think as women, tell ourselves, or we're conditioned to believe it's hormonal. You know, your menstrual cycle's coming. We tell ourselves at a younger age, "Oh, you're so emotional with your menstrual cycle." And then when you hit your, you know, late forties and fifties, "Oh, it's premenopause. Oh, it's menopause. Oh, it's perimenopause." And we're great at finding excuses that make excuses for our emotions. But what I realized is, is in that, my panic attack would be crying all night long for no reason. I didn't have the panic attacks where I lost breath and felt like the room was spinning until I was in graduate school. I felt overwhelmed. I was the youngest person in my doctoral program. I was in my twenties. Everyone else was in their late fifties and sixties. And I felt like the life experience that they had in graduate school and my life experience couldn't have been farther. They were like parents to me, not like colleagues. And I was standing in the airport. I always like to say it was December 2019, because it was before the pandemic. We didn't even know the pandemic was coming. I had gone from being vice president of my college to president in September, and that didn't trigger it. I had been doing a lot of presidential work. I had been trained up to be the president. It wasn't a secret that I was going to take over. But my parents were flying in. It was graduation day for our students and they were going to come hear my first commencement address as president of a college. And they text me and they say they're on their way to the baggage claim and everything in the airport just starts spinning. And I

thought, *Gosh, am I hypoglycemic? Have I not eaten? What is going on?* But deep down, even then I knew I was starting to panic and I couldn't figure out why. I had this immense dread for them to come to the baggage claim. That's terrible to admit. I mean, I had parents that were good people, you know. I didn't have abusive parents. I had parents that paid for all of my education and they were coming to see their granddaughters. And I dreaded them coming to that baggage claim because all I could think was, *Am I going to be good enough today? Is the commencement going to be good enough? Am I going to make them proud? Are they going to think, Wow, she really made something of herself?* I was so concerned about what they might think that I just sort of lost control. I never mentioned it to Steve. I never mentioned it to anybody. And incidentally, it was the last time both my parents ever came to Colorado. Now my mother's too old. She's 86, it's hard for her to come to Ohio. And my father passed away. So, they never came back out to Colorado. So, that's, I don't feel sad about that anymore. I feel like that was needed to happen. It was the push and the wakeup call I needed. And in January of 2020, I said to Steve, "I need help. I need help. I need to find a therapist and I can't do this anymore."

Winn: Tell us about that conversation. Was Steve like, "Well duh, I've known this for a long time," or was he blindsided? Was he shocked or, "How could you?" Tell us what that conversation was like. Because I know people listening to this right now are like, *Oh my gosh, I need to have that conversation. I need to tell somebody that they're just so fearful of what that is going to turn into.*

Julie: Yeah, that's a great point. I would tell you, no, I do not think Steve was shocked. I think he was surprised that it had gotten to that point, maybe. Because I think in some sense, I had him—I don't want to say fooled, that's not the right word. I think wearing that mask, I was able to look like I could keep it all together. I could come home and at the last minute—you know, having a daughter: "I've got to have two dozen cupcakes for third-period class tomorrow." And you're like, "What!?!?" You know, that shouldn't throw you over the edge. Steve's personality is completely the polar opposite from me, which I said God did that purposefully because he knew I was too uptight. And Steve is a go-with-the-flow. If he forgets a suitcase in an airport, "Ehh, we can pick up another suitcase." If he decides to travel, he might come home tonight and say, "What are you doing tomorrow?" I'm always—that's a loaded question with Steve. I'm like, "I don't know. Why?" I've learned to answer that way. And Steve says, "I have this crazy idea. We should get on a plane. We should fly." So, Steve's a live-by-the-moment. And what I realized is Steve's philosophy has always been work to live. And I talked about this at your conference, not live to work. And I had always believed I should live to work, give my best live to work, and he's like, "No, you work to live." He had it good. He had the right frame of mind. So, when I told him I needed help he said, "Okay." He said, "What can I do? What do need from me?" And the therapist actually, when I started therapy, wanted to meet him and have a talk with him. And also wanted to have a very candid talk with my sister. So, my sister flew in as well. And it was very helpful to hear both of their perspectives in therapy talking about me. How they both, these two people that are extremely close to me and have lived with me, have very similar takes on what they saw in me.

Overdoing everything, trying to be perfect. Over apologizing for every mistake I would make. Never feeling good enough. Never being perfect enough. Always striving to do more, be more, do better. If I made a mistake, my reaction was always, "I'll be better." And here's what I want your listeners to know. Because I bet this would resonate with somebody who truly loves their partner or their spouse or their boyfriend or girlfriend. When Steve and I would—now this is deep, I've never really shared this either, but I think this will help your listeners. When Steve and I would get in an argument, like couples do over stupid stuff that were benign by any means, you know. When we would get in a disagreement about something, I would become this person afterwards who would just fall apart and beg for forgiveness, like over something just totally minute, a disagreement. And I would catch myself saying, "I'll be better, I'll do more, I'll be stronger, just don't leave me." And Steve struggled to understand why I would become so far on the spectrum irrational. Like, "You think I'm going to leave you over a disagreement about forgetting to turn the—" I don't know, fill in the blank, forgetting to turn the gas grill off. I mean, you know, fill in something just stupid and benign of anything that you could hypothetically make an argument about. He's like, "What are you talking about? Why would I leave you?" But this became that pattern of, "I will do better. Give me another chance. I can prove it. I can be better."

Winn: Can I ask you question? So, when they were—so, your sister and your husband are sharing their perception of you or they're sharing with the therapist, were you in the room when they were sharing that?

Julie: I was.

Winn: Okay. So, they're saying, "She's an overachiever. She's never good enough." I mean, were you in agreement with that or were you hurt or maybe even offended by them saying that? Like, *Well, of course I'm supposed to be better*. What was your reaction toward them sharing that with the therapist?

Julie: I wasn't surprised by it. I believed it. My sister did say something that caught me off guard. And after she said it, it hurt. But at the same time, it totally made sense. Here's what my sister said: "She always does over the top things to get attention."

Winn: Oh. So, that probably stung a bit, right?

Julie: It stung. And I was like—

Winn: Like you were doing it for the wrong reason.

Julie: Right. And I was like, "What?" I said, "That's why you think I do it?" And she had associated that in her mind with being like over-attention seeking, but actually in that session, it was so powerful for me and her to have that conversation. She realized, and I said to her, "I'm doing it because I want people to like me. Like I want people to not only like me, but I want people to think I'm good enough to be their friend. I'm good enough to be their sibling. I'm good enough." She always saw it as, growing up, as, "She did it to be the teacher's pet. She did it to be Mom's favorite. She did it to make my friends," because she's almost five years

older, “to make my friends as teenagers like her more than me.” Winn, I had never seen it that way. It had never crossed my mind that my sister would see it as an act of being attention seeking. And the counselor thought that was really powerful between us. And I remember saying to her, “I’m so sorry you thought that. Like, that wasn’t what I intended.” And it was, I think, really helpful for my sister and I as adult women to have that open conversation. And I appreciated her feeling safe enough to say it. She’d never said it in her entire life, but had thought it for 40-something years, you know? That it was a way of trying to be my parents’ favorite. And that’s not my sister’s personality. My sister is a different personality from that. So, it was an interesting take to see that she thought that was the reason and didn’t connect that to a brokenness in me that I needed to feel. I like to say the broken pieces of your body, they’re like Swiss cheese. I needed to feel that by—if I can surround myself with a thousand people who I love and who love me back, more people the better, then if I lose somebody, I’ve still got people in the tank. Does that make sense?

Winn: Yeah. You know, I’m curious about the timing of when you had this mental-health crisis and the panic attack and you finally seek out help with the counselor, and your husband and your sister are aware and now they’re involved in the healing process of figuring this out. I’m curious about the timing of all of this because it came later in your career, where you already had the accolades, you already had the awards. And I’m asking the question because people listening to this might be thinking, “Well, I don’t have those awards yet. I don’t have those accolades. I need to continue faking it. I need to continue keeping that mask on so that I can get somewhere in life before I then have this breakdown,” so to speak. Do you have any thoughts on that?

Julie: Yeah. No, it happened way after awards. In fact, you would think the awards would build your confidence, would give you that, “You’re good enough.” You know, like, “Can’t you see? You’re good enough. Can’t you see? You’re enough.” But what’s so funny is it’s not about awards. That feeling is not. It’s about that you’re good enough to be loved. Because what I learned from it, Winn, was I didn’t love myself. I kept trying to find myself. I used that as a mechanism to want to find more about me that I could love. When, really, what I needed to be focusing on is who am I and who do I want to be? Who am I at my grassroots? And I loved one of the things that my therapist said to me in a session. She said, “What is one thing that you do every day that you hate? But you do it because you have a mask on.” And I thought for a second and I said, “Oh, I can tell you right now. I hate the dress code at work.”

Winn: [Laughs] That was actually one of my questions that I was going to ask you.

Julie: I hate the dress code.

Winn: Tell us, why did you change the dress code at work?

Julie: And she said, “Why?” And I said, “I am very uncomfortable being in dress clothes.” I am not somebody who likes them. I will wear them. Obviously I’m not going to go, you know, to a governor’s reception or something and not be dressed. But it’s not who I am. I love to be comfortable. I don’t like to be sloppy,

but I like to be comfortable. I like to wear athletic-style clothing. I love tennis shoes. I'm obsessed with tennis shoes. I have a lot of pairs of tennis shoes. You don't want to know. But I love to be comfortable. And one of the reasons why—my mother cried when I cut my hair off. So, I cut my hair off when I was young and I did it without permission and I had long hair and I cut it all off and I never went back and I've just kept really short hair. But I like short hair. I like who I am in it and my mother's like, "You know, people don't get hired with short hair. You know, people don't get hired if they look sloppy." And I just finally decided I am who I am. And then you couple that with the fact of all this therapy is going on, COVID starts, and people go in masks. And all of a sudden it's like the whole world goes nearly silent to me. I can't hear. And I'm like, "Well, this is interesting. I can't hear what people are saying." So, I go and have, "I think something's wrong. I think I have an audio tube clogged." I go and do a hearing test. The audiologist says, "You have 30 percent deaf in one ear, 40 percent hearing loss in the other." I'm a child of a deaf parent. It's hereditary and now I've inherited. So, during this time, I am fitted for hearing aids. I'm like, "Can we add one more thing to my plate?" So, the therapist says to me, "Well, you can feel sorry for yourself and you can say, 'I'm in hearing aids,' or you can, what we're trying to do here is make a platform. What are you going to do about it?" I said, "Well, I'm going to put myself on a committee to help other people who are latent adults that are going into hearing aids." She said, "Make something good out of it. Stop making it be another reason not to love yourself." And so, when I stopped wearing fancy, thick makeup and I became myself, I was able to sit with students in the floor, crisscross applesauce, as I like to call it, when a student finds out that they just failed an examination in nursing and they think they're going to be out of the program. It allowed me to be myself. It also allowed me to wear a T-shirt that students would bring me back from every walk of life. It got to be the running thing. "Dr. Basler, you know, she's wearing my t-shirt." And I love it. And, "Did everybody see the T-shirt she had on today? I had it made for her." So, it became kind of a fancy topic. So, that was one of the things of getting back to the root of myself was to stop feeling pressured to dress the way I thought people wanted me to look as a college president or to be as a college president.

Winn: Now, at one point as you start to share your mental-health struggles in your journey, there was an article written about you and the title of the article was something along the lines of "Face of Mental Illness." And there's your picture. Is that accurate?

Julie: Yeah, it's very accurate.

Winn: Were you ready for that? Or is that like, "Okay, this is part of the process"? Were you offended by that? Or is that like, "Okay, well, this is happening for a reason. It's just giving me that platform that," as you talk about.

Julie: Yeah, you know, it's so funny. So, that came out, the picture came out and it was a picture of me and it says—and it's focused on my face and it says, "The Face of Mental Illness." And I saw the word *illness*. I was like, "Whoa, let's all back up here for a second." And I thought about it. And the more I thought about it, I thought, "Why do I feel the need to be shameful about the word *illness*?" If I

called you, you know, Winn, tomorrow and said, “Hey, You know, I don't feel well. I'm sorry, Winn, we haven't talked in a couple of weeks. Just wanted to let you know I've been out of pocket. I've been going through a little gastro illness.” You wouldn't think twice about it. Or, you know, “I've been going through, you know, a little issue that I've had, you know, a little blood illness. They're working it out. My blood pressure is high. You know, a cardio illness.” We wouldn't think anything about it. But there was something about putting the mental illness was like, “Are people going to think I'm this? Are people going to think I'm that?” But here's what's interesting about it. Let them. So what? Because here's—if you truly let go and say you can't worry about what people think, why are we trying to say that, “Well, the mental illness or the mental condition I have is less than this mental condition?” It's like saying, “Well, mental illness should only be reserved for someone who's going through bipolar or schizophrenia.” Or, you know, it's saying mental illness is not mental illness. It's all mental illness. It's all meant to be an illness that we work through. The same way addiction—what, if you're addicted to heroin versus nicotine, does the addiction factor change? No, not really. The consequences of the addiction might be different but the actual addiction is the same. Whether you're addicted to gambling, you're addicted to nicotine, you're addicted to alcohol, you're addicted to drugs. It's the same with mental illness. It doesn't change the fact that you have a mental issue going on. It's just the fact that we get caught up in the stigma. So, I found myself kind of trickling back into the old Julie, worried about what people would think. And I thought, *That's not who I am. I got to go 100 percent gangbusters toward this and say—*

Winn: And you did. And that's the—you changed your belief system and perhaps your husband and your daughters and your sister and those who love and care about you probably changed their belief system. But that stigma is still there. Do you feel like that stigma of mental illness is less today than it was when you jumped onto that platform and that stage and were honest and open about it?

Julie: No. I wish I could say yes.

Winn: Well, then that's the message. Then that's what people want to know. *Okay, well, yeah, but the stigma is still there. So, Julie, I need to not share this. I need to still wear that mask and hide it because there's still the stigma.* What do you say to those people?

Julie: Power becomes within mass. Power becomes in the people.

Winn: See? Damn, you're good.

Julie: And that's what I would say. You know, one voice can make a crack. A thousand voices together makes a difference. You know, you think about in higher education, there were times where Platte College, tiny nursing school, you know, in Greenwood Village—if I wanted to change a major policy, was I going to be able to change it? You know, probably not. When I called four other colleagues from University of Colorado, University of Denver, University of Northern Colorado, you get the mass in people. Doesn't matter how you get to the finish line. You get more people behind it with voices that are heard. Collective voices

is what makes the difference. And the only way we can create a collective voice is for people at the individual level to come out and say, "It is mental illness." And yes, I did have it. And no, I don't think my parents were thrilled that I came out. I don't think it thrilled them. I think, if anything, it worried them. I expected when that article came out, that top educator award you talked about, it was printed in a magazine. It came out, I sent it to my parents. I said, "Oh, I'm sending you a magazine. I want you to read it." And they never called. So, I call, you know, I'm able to talk to my mom through cochlear. And so, I call and my mom says—said, "Did you read the magazine?" And she says, "Yeah, yeah." Okay. I said, "Do you have a thought about it?" "Well, you weren't really going through that when you lived here." And I suddenly realized that my parents' take was that somebody had to be the blame and that somebody—if this was happening with me as a child, they internalized it as, "Did we not see it? Why didn't we help her? Could we have done more?" So, they needed to wash their hands of that. I'm not upset about that. In fact, I think that's a normal behavior. I think in that generation, it's normal: don't ask, don't tell. Shh, be quiet about it. Let's not rock the apple cart. It's probably one of the reasons why those bedsheets were changed all those years ago. It wasn't that they didn't care. They wanted to make it better. I don't think they knew how. Even as medical professionals, without stepping outside of that big box that we call "boundaries" of what we think other people might think. And when you give up worrying about what other people might think, then suddenly the door opens for the freedom for you to be able to be your authentic self. You know, generationally, my parents didn't shame me about mental health. In fact, I think as medical professionals, they probably knew I needed help. I think we thought in the eighties, seventies, eighties, early nineties, if you were suicidal, that's when you got help. Right? But there was no tuneup. It's like if the car is completely broken and the car won't start, that's the point of where we got to take the car to the shop. Not for a tuneup of the tires or the radiator or the belts or the hose. So, that generational thought carries on to the next generation, which is what happened to me. I was—and I get emotional when I talk about this. I was in the car with my two daughters. My oldest was in the front seat. The youngest was in the back. They were about at that age. My oldest was where she could kind of drive but she was like on a permit. So, I was still doing the, you know, "This kid's gotta be picked up from dance. This kid's gotta be picked up." And I had gone—they were in dance, and I had gone to a therapy appointment. And my youngest daughter said something like in the back seat, which she's the carbon copy of me, you know, *blah, blah, blah*. I talk people's ear off their head, makes friends, loves people. And my oldest is like my husband: level-headed, always rational. And the youngest says, "How was your therapy session?" You know, and she's young. And I said, "Oh, it was good." She's like, "You got details?" I was like, "No, you know, it was good. It was good. You know, I go in there and I talk, Mom talks." And I said, "But you know, we don't need to say anything to anybody. You don't need to let your friends know or your teachers or anything." And my daughter in the backseat said, "Don't worry, Mom, your secret's safe with us." Oh gosh, Winn. I went home. I can't even tell it without crying. I went home and I was devastated. And I told Steve, "I just shamed our

children into ever seeking help for mental health.” And I said, “I have to go. I have to come out. I’ve got to use this platform. Now’s the time.” He’s like, “Whoa, whoa, whoa, whoa, whoa. Maybe you should talk to your therapist.” I’m like, “No, I’ve got to do this.” It’s like I instantly wanted to fix it. If I could have had a microphone that would have gone into every house in America, I would have said, “Is this on? Can everybody listen to me?” Because I needed to fix it instantaneously. And Steve was like, “Slow down. Let’s just think this out. We don’t have to solve this today.” And I was like, “You don’t understand. I’ve got to solve this right now.” And that’s when I decided to go public. So, I sat down at my computer, my work computer, and I wrote a long email to every person that worked at the college. and I put in the subject line, “This is an email I’ve waited a long L-O-N-G-G-G time to tell you.” And I wrote five paragraphs and it was paragraphs saying, “I am broken. I’ve been lying to you. I’ve been going to therapy. I need to tell you. I need to come clean. I can still be your leader and I hope you can trust me to lead you in the right way. But I’m not asking for empathy, I’m just asking for a little bit of grace.” And boy, when you hit that SEND button, you think it frees you. It’s a Jerry Maguire moment, but it terrifies you. Because once it’s out, cat’s out of the bag. My husband said, “Well, that’s done.” So, I got to work the next morning and people were looking at me. And I loved—some people clapped when I walked by. Others came out of their office and hugged me. One employee came to me and said, “Boy, I thought you were perfect this whole time. Thank God you’ve got flaws.” And another employee said, “I need help. Can you tell me, with our insurance plan, how I can get help?” I was like, “Absolutely.” And then I decided to push the envelope a little harder and I sent it to all the students. I felt it was important, as nursing students, that they understood that their idea of the perfect leader, the perfect director of nursing, the perfect hospital CEO, whoever they thought was their candidate to be their ideal life, “I want to be just like,” fill in the blank. I wanted them to know that at the end of the day, they are no different than anybody else. They’re just at a different stage in their life.

Winn: Can I ask you a question?

Julie: Yeah.

Winn: So, you write the email, you hit send, and the next day you share the positive responses. Some people clapped, some people hugged you, some people saw that as an opportunity to be honest with you and share with you their struggles and ask for help. But that’s not the whole story, is it? Were there those people that did then think less of you? That did think, *Oh, well, she’s not as capable as I thought she was*. Again, back to that stigma.

Julie: Yeah. No, I agree. There were, to answer that question, not said to my face but there were people who ignored it. And sometimes silence is a response. Sometimes silence can be a response of, “I don’t know what to say.” So, it doesn’t always have to be negative. But I love what my therapist has helped me come to. And I say this all the time and it’s very powerful: “It’s none of my business what people think of me as long as I’m living my life in ethics and integrity and to help others.” Not everybody’s going to love me. And I’ve learned

that. I had an incident where one of my daughters was on a team and I would always come to team events. I wouldn't sit with all the other moms. It wasn't that I didn't want to, I just was usually coming straight from work. I'm tired. I don't really, you know, I love people, but I would slip in with Steve. Sometimes we'd have to meet there. One of us would have to go get another kid. You know, it was always all this movement around. It really had nothing to do with the people, the other moms. And another mom came up to me at the picnic and said, "Oh, I heard another mom talking about you and they were saying some things and do you want to know what they said?" And I said, "No." I said, "No, it's none of my business what people think about me. And right now I feel very neutral about all the moms and I like them so I don't want to have a negative take on any one person. But I appreciate you trying to let me know but, no thanks. I'm good." And it was so freeing to me because at the end of the day it's okay that everyone doesn't like me. Now, I don't want to hurt somebody and not rectify hurt. You know, if I make a mistake or, you know, or someone's misunderstood something I've said and I hurt their feelings I don't ever want that. But I also I don't need to get caught up in what people think that don't fully know me. You know, I used to—example, I like being on Facebook to see what people in my town are doing but I don't need 8,000 Facebook friends. I just need one or two close friends that I can call when my dad died. You know, like, "This sucks. My dad just died." You know? That's the people you want to surround yourself with. Because those are the people that don't care that you're in a hoodie on an interview or a dress jacket at a governor's dinner. They just don't care.

Winn: You had brought that up earlier. Again, you say it's the advice from the therapist it's none of my business what people think about me. And you brought it up earlier: don't worry about what other people think. And that would be advice that you would give to your daughter, that would be advice that you maybe gave to a student attending your nursing school. It's certainly the advice that maybe on a nightly basis we have to share with our 13-year-old daughter and, you know, my gosh, little 13-year-old school drama. Oh my gosh.

Julie: Yeah.

Winn: And of course, "Sweetheart, doesn't matter." And we say that. So, what's your advice or what's your heart say to these people? So, maybe talk to me as though I am a seasoned boss and I've got that mask on, I've got to show up, I've got to maintain that people believe that I'm completely qualified where maybe I feel a bit that I'm a fraud and I'm worried about that. So, talk to me as though I am that person and then I'll ask the same question: talk to me as though I'm a little kid.

Julie: So, here's exactly how I would address that. I would say to that individual this: you are going to have to fight for the rest of your life as an executive, putting the loud, useless noise behind you. It doesn't go away. It doesn't mean that I still don't get worried about what someone thinks. But where people's talking about another individual comes out of is their own self-esteem. Let me say that again. It comes out of their own self-esteem. So, when someone finds fault in another person, even if it's us—and I have to fight it as well. When we tend to be judgmental of people, it's either because they have something we don't or we

perceive they have something we don't, or it's rooted in our own low self-esteem. Winn, it all circles back to loving yourself. Now, loving yourself can't be the hubris kind of love that's prideful. Then you become narcissistic. The love has to be that you see (a) you're not perfect, (b) mistakes are going to be made but you have the power to apologize for the mistakes you've truly made and not be irrational about things and mistakes or apologies to make people like you. I hear a lot of people, and I would tell this to you as well, I hear a lot of people say, "Excuse me, I'm sorry." And I will stop people and say—I had a server that did this in the airport at Burbank. Great example. I caught a quick meal before I left Burbank and the food came out way late. I wasn't in a hurry and the server was so, "I am so sorry. Just—" And I said, "Well, what are you sorry for?" And "Well, your food wasn't on time." And I said, "Well, what could you have done differently about it?" She sat there for a minute and she's like, "Well, I guess nothing." And I was like, "Well, it's not your fault." I said, "Look, you've got three people back there. You've had 10 people walk in in the last 30 minutes since I've been here. You're a little overloaded. That's life." I said, "Only be sorry for a mistake you've made. Stop over-apologizing." I would also say that, in our culture, we tend to find the negative in people first when our self-esteem is lowest. I always say, Winn, if you are talking negatively or you are laughing at a group with—not at—with a group of people who are talking negatively about somebody and it's—you should ask yourself right then, "What is it about my self-esteem that allows me to act this crappy?" Get your self-esteem in check. Your self-esteem needs a good tuneup, I'd say daily. This is the way to put it. And this is the way I put it to a student sometimes: "What is it about you that feels so low right now that makes you feel so great when you mock that person?" When you word it that way, you're like, "Well, I don't know that I was mocking." "No, that's exactly what you were doing. To a younger child, to, let's say your daughter, Winn, I would say, saying, "It's none of my business what people think" doesn't radiate for a 13-year-old. Everything is wrapped in what people think, right? I think the key to surviving and to being true to yourself at 13 is to seek the one person that's your peer, you know. Definitely can be her dads because they adore her and they're going to be her best friends, but all we need is one good friend. I call it the one wingman, the one wing-woman. And that person doesn't always stay the same person throughout your life. That person at 13 might be your seventh-grade classmate and somehow at tenth grade, y'all kind of find other pockets of people. That one true friend shifts in your lifetime. It's not really until I think you get to adulthood where you kind of settle in, like in your thirties, with that one true friend. If you're lucky enough, it happens in your twenties. But at a younger age, it becomes about what your interests are. And so, all you need is one wingman, one wing-woman to know your true value.

Winn: That's great advice.

Julie: And I think in our youth today, we don't always have a wingman. I think sometimes there's not a wingman and a wing-woman for every person. And it's because we don't know, we don't have a sign that says, "Hey, I'm at school today, but—", and I know I'm in school and not a rural part, but a pretty well-to-do part of Colorado, "but my mom's scared that we might not have dinner tonight.

And I notice my mom's not eating very much to make sure my brothers and I can eat." We just don't know. And so, we tend to be so judgmental on things we can't define or understand. That's the light in a dark world.

Winn: Hmm. As we start to wrap this up, can you believe that we've already been chatting for almost 90 minutes here?

Julie: Oh my gosh, I could stay with you all day. I swear you and I can never be in a coffee shop together because we'd open it and shut it down, right?

Winn: The thing I love about this conversation and similar conversations and more conversations like this that I want to have is there was a time in my life where I thought with my struggles of self-esteem and happiness and confidence that, "Well, if I read enough books, if I go to enough retreats, if I have enough mentors, if I listen to enough podcasts, I will overcome all of this and I'll never have to worry about it again. I'll never have to have those days ever again." And I'm 66 years old now and I'm thinking, *No, this is how it's supposed to be*. That life is a struggle. Life is fabulous. Life's incredible. I love it all, but this is life. And I recently heard a therapist say, in talking about mental struggle or nowadays I guess the common thing is to say, "I'm so overwhelmed, I'm so overwhelmed." And she said, "You know, you're not overwhelmed. You're underdeveloped."

Julie: That's right.

Winn: And I just want to continue developing by having these kinds of conversations, by meeting wonderful teachers and mentors and friends such as you, and that's exactly what you have been for me in the last couple of months as I've gotten to know you, especially hearing you speak live last week and then in having this conversation. You know, it just brings us back to that beautiful, incredible word, *hope*. It just brings me a lot of hope.

Julie: Well, I appreciate that. And I want you to know that it takes, you know, and I say, "more people to stand up." You being very well known in our sector, but also very well known nationally and internationally, for you to put a face to this, you know, for your people, it's huge. I have so much admiration for you for doing that and so much love for you. And I know it was interesting. When we first met, I don't always have an instant connection to everybody I meet, but I knew. I can always tell people that have a light. And instantly I was like, "This guy's got a bright light. If he wants me to travel to Timbuktu, I'm going to go to Timbuktu. Wherever he wants me to go, I'm going to show up." Because that's—I think we need more friends like that in the world. You know, we just—and so I feel very blessed and thank you for giving me both a podcast platform and a stage platform to help others. It means the world to me.

Winn: Well, to wrap things up, this is an interesting question. I don't think that I've ever really wrapped up a podcast with this, but someday when you pass, what do you hope people will remember about you?

Julie: I hope that they will remember me for being authentic, for seeing the value in them. And I hope they'll know that I felt valued by them. I don't need 10 billion people at my funeral. I just feel like my funeral will be for to comfort and love my

survivors. And if somebody truly loved me and valued me and I made them feel valued, I hope that they would come forward to love my children through their grief.

Winn: Oh, wow.

Julie: And my husband.

Winn: Beautiful. Well, Julie, thank you so much. Like truly, thank you so much.

Julie: Well, thank you and many blessings to your family. And I look so forward, Winn, until our paths cross again.

Winn: Oh, yeah, we're not done yet. We've got a lot to do.

Julie: We're just getting started, baby.

Winn: Okay. Thank you, sweetheart. I appreciate you so much. I love you.

Julie: Thank you. Love you big.