Avery Martin: Welcome to Health and Human Science Matters, a podcast by Colorado State University's College of Health and Human Sciences. I'm Avery Martin, co-host and digital media strategist.

Matt Hickey: And I'm Matt Hickey, Associate Dean for Research and Graduate Studies. In our college, we make it our mission to optimize human health and wellbeing through discovery and innovation. Don't just take our word for it. Each episode we sit down with people who fulfill that mission, our college faculty and staff.

Avery Martin: Today we're speaking with Dr. Jen Currin-McCulloch, associate professor in the School of Social Work at Colorado State University and director of the Serious Illness and End of Life Narratives Lab.

Matt Hickey: Jen, we're delighted to see you.

Jen Currin-McC...: Thank you for having me here. Excited to be here.

Matt Hickey: We look forward to it. We're going to spend some time getting to know you as we were just chatting about, both as a scholar and as a person, a human being, and we'll probably bounce back and forth between those domains. We're going to start with campus life and your scholarship. This is a research podcast after all, and so our opening question is to invite you to tell us, and of course our audience a bit about what are some of the big problems that you and your team and colleagues pursue?

Jen Currin-McC...: Yes. Well, we look a lot at what I would call disenfranchised grief and loss. And I think this world started... I'm Dr. Jen, but I really just go by Jen. I am an oncology and palliative care social worker for 20 years before deciding to go back to get my PhD. And so I think a lot of my work is informed by that and the people that I met and trying to figure out really how do they cope with this challenging situation that they're in, that maybe they've been something similar, but most often they've not had that experience themselves.

So maybe it's a life limiting illness like cancer or Parkinson's disease, or maybe they have lost a companion animal like their cat or their dog that is really significant in their life. And so we want to know how they do wrestle with this internally, but also with other people or what resources they gather to really see if there are any patterns or ways that they're coping with this grief and by disenfranchised, I guess I should spell that out.

Matt Hickey: I was about to ask that.

Avery Martin: Please do.

Matt Hickey: Keep my curiosity for sure.

Jen Currin-McC...: So grief, we think back maybe in the 1980s when people were first dying or of AIDS and it became really big in our community and they were experiencing this isolated within themselves or within their small support networks, maybe family, maybe not family involved. And so this experience of grief and loss is disenfranchised and meaning that they're really having to cope with it on their own, but not really having that social sanctioned aspect of their death.

And so some deaths like cancer can be something that we talk about socially, but still there are oftentimes people don't know what to say or don't know what to do. And so trying to figure out ways to also open dialogues and make it so it's not something that's so closed off to talk about death and dying. As you may know, we are a death phobic society. It is something none of us can get a pass on. We all do need to go there. And so it's really how to help it become as well more a part of the everyday, not everyday dialogue, but more socially acceptable to talk about.

Matt Hickey: Then you've hit on the central theme for me as I think about what you do is that this is something that will inevitably touch all of us. I often think about people who work in oncology or palliative care as having a passion for something that is not easy to do. A calling might be of language we think about. And I'm really curious to hear how you got started in this domain. It's an area that has touched my family certainly. Siblings die from cancer before they got to 40 as a for instance. So we appreciate the gifts of people who are willing to work, whether it's in a hospice setting or on the oncology wing of a hospital. I'm not sure I could do it to be perfectly honest with you, but I'm interested in how you started in that area and then of course you're moving on in a scholarly way. Tell me more.

Jen Currin-McC...: Let's see. We can probably thank the frog in the biology class.

Avery Martin: Okay. All the way back.

Jen Currin-McC...: All the way back. Yeah. I was going to be an orthodontist. I come from a family of dentist, orthodontist. I guess my father was a veterinarian as well. And so that's what got me interested, I think, in anatomy in general, I should say, and how people cope around illness. I spent a lot of time in his OR holding little kitty, doing their little ventilator for them. And I think for me it was not being able to communicate about pain and what that was like. And so that and the frog, trying to zap the frog back to life made me realize that I'm more involved, interested in the communication about human experience and grief and loss. So that got me into the psychology and my social work placement went straight from a psychology degree right into a master's in social work, and I knew that I wanted to work in grief and loss and so started with a hospice placement and have done it ever since.

Matt Hickey: Oh my gosh.

Avery Martin: Wow.

Matt Hickey: And what do you do to renew yourself, the self-care piece of folks who are pouring themselves out on behalf of others under really difficult circumstances? I'm curious about how you keep your own cup filled, so to speak.

Jen Currin-McC...: Yeah, they used to joke me when I was in practice that I had more hobbies than anyone they knew. I can't sit still, which leads well to bringing into academia, but I knit. I like to spend time with my dog and go for hikes. I used to bake a lot, a little more challenging in this altitude. Goodness, I've played the violin, just like to try and shut down, do yoga, those kinds of things. And community support is essential and family.

Matt Hickey: Yeah, that's what I was interested in is do you have talking partners where you can unburden yourself of some of the challenges, whether it was when you were in the palliative care setting or even now with some of your research questions, which aren't really much easier in many ways.

Jen Currin-McC...: Yeah.

Matt Hickey: So again, forgive me for pursuing this line, but I'm real curious about your own self-care, I guess. As I think.

Jen Currin-McC...: Yeah, I mean it probably is unique maybe from some other types of research. I think all of us have stressors in the work that we do and how we're connected in how we debrief. I think if I had to run statistics all day, I probably would need a different support network. It's just what everyone's passion is. And so yes I have, I think I would find people that were similarly minded to me and practice. I think having that team is essential. My research team, and I've been graced with the most amazing research team since I've been here in terms of students and then also professionals that I have connected with through my PhD program.

And since I've graduated have I have several sets of teams and we all come about our questions together in different ways, but always know that each other's there to talk about and days are hard. That's one thing we set up as we're designing each study or we're talking to students that are helping us. We anticipate that these may be emotional things that are going to come up, and so we're really clear to stop and pause and really talk about how that feels for us. There's a lot of embodiment in this work, so it's helpful to find people who relate.

Matt Hickey: Well, thank you for letting me press that point a little bit. I appreciate it.

Jen Currin-McC...: Yeah.

Matt Hickey: What often keeps us going, of course, are the impact stories. And so I wonder if you, and I'm sure you have many, but if you could pick out one you'd be willing to share in terms of these are the moments that keep me going.

Jen Currin-McC...: Yeah. I try to be intentional when I design every research project with the human in the end as probably we all do. And so I like to, I think my discussion section, well, the research, sorry, the results and all the quotes are very juicy to me. But the discussion section of all of our work and how that symbolically applies to life is that what are the practical implications that somebody can read this and see themself in this or see a family member, or if you are a practitioner, say you're a physician or you're a social worker or psychologist or a nurse, that you can start with a question, "I heard somebody experience this." Creating an assessment tool is really key that people can take right in and start working with. I think one thing I love is bringing art into my work, and so I do a photography interventions called Photovoice with young adults that have cancer.

It's a very disenfranchised population of folks, as you were saying Matt. Under 40 is a very rare age and it's a developmentally fruitful age typically. And so to have life interrupted by cancer is rare and also very isolating. And so from some of my dissertation work created a Photovoice intervention with my research partner Danielle, and it's an eight-week group where we get young adults together from around the country and they tell their story through photography and a brief narrative, like a coffee shop caption kind of thing.

Through the course of the eight weeks, people jump in really quickly because there's something about a photograph that obviously speaks more than words can. And so this group, over the course of the eight weeks, we've ran it several times and just get to see folks feel like they finally and hear them say, "I finally have somebody who understands what my experience is like"

Folks that have never had any type of counseling or social work support have said, "I get what it means now. I get what a group intervention means now. And so now all of those stigmas or myths I had in my head about how this can be really scary. It's actually a very comforting thing to reach out to people." And so I loved seeing, oh, we sparked ways for people to feel like we take away some barriers. It's okay to ask for help. It's okay to share your worries with somebody else that you're not alone in it.

So that's one that's my favorite. But I can tell you I'm partnering with this group called Cancer Care. It's a national organization in New York, and they support people going through cancer. They have a phone line and do lots of free resources. And I reached out to them and said, "Hey, we just did this study, a pilot we did with CU [inaudible 00:11:12] and the Flint Veterinary Center here, Laurie Cogan networks VMBS. Yeah. She and I and Linda Cook at UC Health, we studied folks going through breast cancer and how that impacted their relationship with their pets.

And so I reached out to this organization that helped me on a daily basis when I was a clinician and said, "Hey, we did this work. If we can help way at all," we're going to film a video that's for them to play on their website for folks that normalizes or helps to universalize the experience of having cancer and caring for a pet can be really beneficial but also can be really stressful.

And how to think about if you had to re home your pet, what that can be like and give resources for that. So it feels like it gives me the opportunity to go full circle and give back to the folks that gave to me and my patients. So I think for me, that feels like really professionally impactful to know that hundreds of thousands of people can turn to this video and get help.

Matt Hickey: Yeah, it's a neat platform, isn't it, to amplify the messaging many ways. It's fun to see.

Avery Martin: Yeah. One thing that I noticed about your research that I love is the fact that you apply hope in social work. So what does that mean to you? What does it mean to be able to give someone hope through the practice of social work and combining all of your previous careers to what you do now?

Jen Currin-McC...: Yeah. That's a great question. And it always stumps me. I would be asking folks to define what hope means to them and then ask me. I'm like, "What does it mean?" Yeah. I guess in all the work that we do in our college, probably there are things, there's an event that happens in someone's life, whether it's a positive thing or a stressful thing that really sets us back and makes us reprioritize or take things in perspective.

And for me, I find that hope is a force. I worked at a Catholic hospital and not raised Catholic and was just really enamored with nuns and their insight into the world. And a nun told me one time, the most important thing you can do is to listen for hope. That we'll always have a sense of hope. Maybe it's not big, but maybe we want a day without pain, or maybe you want a day Colorado with sunshine if it's snowing.

And so hope really in all the studies and the theorizing I've done with it seems to be a motivating force for each of us. And so it's really the key I think, for anyone is listening for the yearning. If you have somebody that seems to be in despair or something is really challenging their life, what is it they're saying? I'm looking forward to, I can't wait for, I miss this. Little threads of yearning I think are really important. And I think it helps us if we have that as a guiding force to keep us going through situations that can be difficult.

Avery Martin: That's incredible.

Matt Hickey: So I want to connect a few things and that answer, you both pointed to the community that we have here in our college, which we are constantly blown away by. It's just a really neat environment. And then this idea of threads. And so you've touched a little bit on your educational journey, the undergraduate degree, the master's in social work, and I want to connect the dots a little bit closer on that part of, again, what we want to do is to have somebody out there listening to this go, "I can relate to that," or, "I can do that. I can see it now." So talk to us a little bit about the educational pathway, including hiatuses or of course working for periods of time. And then ultimately of course, how did we manage to get lucky enough to land you as part of our family here in the College of Health and Human Sciences?

Jen Currin-McC...: Yes. So I graduated and worked for 20 years in oncology, and I literally-

Matt Hickey: Now when you say graduated again.

Jen Currin-McC...: Oh, MSW, sorry. Master's social work.

Matt Hickey: Your undergrad was in psychology?

Jen Currin-McC...: Psychology, yep. So I went straight through-

Matt Hickey: Just out of curiosity, where did you train?

Jen Currin-McC...: Yeah, North Carolina State for psychology and the University of Georgia. The University of Texas at Austin is 20 years later. So yeah, I worked in hospice, home hospice, general home healthcare, and then worked at two hospitals. One was a Catholic and one was a essential hospital, which we used to call safety net hospitals. So all of my career has been working in systems where we treat anyone regardless of ability to pay your insurance status, which to me, it feels essential in terms of social work and health. I was always, always had this itch for understanding what hope was, and I didn't know that it was really hope, but I would see people come in to visit and my work and I could see their CAT scans or their CT scans and they would be all white, and we all knew all white meant that there were masses there typically.

Or I would see their lab report and see how can their labs be so high, how can they even put one foot in front of the other? And yet they would come in. Oftentimes people would have on bright red lipstick or high heels, or they would have a story about something that was just, they seemed like energy was really high. And I'm like, "These seem disparate. What's on the paper or the screen? And then what's here?" And so I was just always this itch to figure out what is the math or the formula or the essence of what this thing is in the middle that's motivating them to appear like they are not what their image is and their stories telling us on paper. And so I distinctly remember a moment, I was at an American Cancer Society Survivorship conference, and I was sitting in on a session and I don't know, they were talking about surveying caregivers and then doing follow-up interviews.

And I'm like, "I could do that. Is that what research is? I would love to do this. I'd like to know more too. And what's the deeper meaning making that folks do around these things?" And so really it was on a limb. I was like, "I'm going to take the GRE and if I do okay on the GRE and then I'll apply to schools and then apply to schools." And I got several acceptances. I'm like, "Okay, I'll go and I'll visit." And I went to UT Austin. I was like, "I feel like I finally landed on my planet and these people speak my language."

And they were really interprofessional health education, which for me, I'm really fascinated by the processes of how we learn as a team and how we come across our professions and train. And so that for me was essential in my training. The mentor Barbara Jones, that I found her work, she works in pediatric palliative care and is really a leader in health, social work in our discipline and across disciplines. So I really wanted to train through her and also learn how to teach across the interprofessional perspective of health. And so that's what got me there.

Matt Hickey: Now I have to interject because again, I think for most listeners, we could trot right past this. It surely takes a fair bit of courage to after 20 years to say, "I'm go back to school and pursue a doctoral degree." So again, just unpack a little bit of what was going on, heart and mind, if I can use that kind of language.

Jen Currin-McC...: Yeah. I am married to someone who's Scottish that has a saying, "What's for you won't go by you."

Avery Martin: I like it.

Jen Currin-McC...: And so truthfully, that's part of my thing, every little step I did. And I think when I was getting my MSW, they had said PhD and I applied to some dual master's social work PhD programs, and I got in, but I couldn't afford it at the time too. So I just put it out of my mind. But I think what I can go back to again, another, a patient that I had in mind that was a young adult that was really active, that was diagnosed with a very aggressive brain tumor that required they move to our state to be with family. And because of their tumor, they were wandering and doing things at night that made their parents very concerned about their safety. And their parents ended up almost locking them into their own private part of the house. And so they lost their sense of identity.

Their medication also made them suffer a lot of pain and headaches and nausea. And so they stopped taking their medication. And to me, I thought, "Well, they've really lost the sense of who they are as a young adult and everything. Their sense of agency and control and joy in life have been taken away. And so what can we do?" Maybe we couldn't have kept them on treatment any longer, but maybe we could have managed their side effects a little bit differently so that they could still do the things that brought them joy and how can we communicate with the parents to say, "Hey, maybe you put an app on their phone where you know they are, but let them go out and do things and still have the life of a young adult." And so I think for me, that was the essence of this is the time.

Now is the time because I need the skills, the qualitative research methods. I knew I wanted to do the qualitative part, but I need these skills to be able to ask the right questions, to be able to partner with those going through the experience so that I could elevate their experience and really learn how to speak to the common experience that they have to be able to bring that out into the world in ways that folks can take it and interpret it for their lives or for their patients they work with. But it was a leap, and maybe I was naive and stupid. I think if I'd have known, I could have taught as an adjunct, I maybe, but then I had this huge research bug that I was like, I still, I don't know how I would live without doing it.

Matt Hickey: Good for you. So you pursue a PhD at UT Austin, hook them horns, right?

Jen Currin-McC...: You got it. Yeah. I've miss not to hook them right now.

Avery Martin: Yeah, there we go.

Matt Hickey: When did you arrive at CSU?

Jen Currin-McC...: Yeah, I was applying for jobs in my... Started my fourth year, and I was really interested in finding a place that wanted to focus on health, that believed in the whole person that also had a social justice forward stance in the work that we were doing. I came here for my interview and literally got on the phone and I was like, "I found my family again."

Matt Hickey: Oh, wow.

Jen Currin-McC...: It feels right at home. And I was just waiting. The long period, you have to wait before you find out if you are the lucky one. And so just was super ecstatic to be offered the job to come here and I chomped on it right away.

Matt Hickey: And what year did you start?

Jen Currin-McC...: I started in 2019. So the academic 19, 20 year was a great year to start, and in particularly if one is used to working in healthcare. And so that I think probably was more of a psychological existential adjustment for me than going back to school in general because the world and my friends and those I cared for were in crisis. And I couldn't really do much from behind my monitor. I couldn't go into a hospital system, but I could interview healthcare social workers about what it's like and elevate their story about. So that's what I did. And that's how I dealt with that existential crisis of not being able to be at the bedside helping out at that in our national crisis time. And then I met Lori Kogan and got the interesting way, never thought I'd get to blend my, I say my childhood and animal hospital with my interest in grief and loss in human world.

And so we started looking at grief and loss among service animal handlers and with their service dog retired or died and what that was like. And then that led us into our work in cancer. And so I'm really grounded in both. We got to make some cool measures that we pulled from cancer worlds that we applied to human animal interaction like parenting, guilt for folks when you are a young adult and have cancer, we turn it into pet parenting guilt. And then we turned a measure of social support into how much social support your animal provides you, and being able, the one person who will listen or the one being that will listen to me. And so we pivoted and pivot, I know it's not a great word on these days, but we really were able to adapt and like you said, and be nimble on our feet and looked at that. And it's been a very meaningful friendship and research partnership as well.

Matt Hickey: And so that's a springboard for our next question. You're at CSU, you've managed to navigate the pandemic, and here we are in 2023. And again, I'm reluctant to use the term get back to normal, but we're moving on. We're moving ahead. So talk to us about your team, and Lori is clearly a big part of this, but other things you're working on, and again, student trainees, collaborations, you mentioned Dan Shoots, et cetera. What are you doing now?

Jen Currin-McC...: What am I doing now? Yeah. Lori and I received a grant from the Human Ammo Bond Research Institute, so it's internationally focused group. So we were one of four, super stoked about that.

Matt Hickey: Congratulations. Good for you.

Jen Currin-McC...: So we're able to take our, which is neat, our CCSU pilot, work with the data that we had to be able to apply for this international grant. So now we're going to study not just those that have breast cancer, but anyone that has cancer and probably focusing on the four main types of cancer and what that is like for folks with their pet and how that relationship can change. And so we'll do surveys and also focus groups to find out what could your veterinarian or your medical provider do to help, because your veterinarian's not going to ask you about your cancer and your oncologist is not going to ask you about your pet.

Matt Hickey: That's interesting isn't.

Jen Currin-McC...: So building communication guides. How to build your care team. So that's our next step.

Matt Hickey: Great.

Jen Currin-McC...: I also am working with the Denver Zoo.

Matt Hickey: Great.

Avery Martin: Oh, okay. More fun. Did you get to hang out with the big critters?

Jen Currin-McC...: I haven't gotten to go yet. Seriously, I need to. Maybe this will be my free ticket, maybe. For entrance. But one of the things, like today, I was meeting with a researcher, social science researcher at the Denver Zoo. They have social workers and other social scientists that are part of their research team. So here's another way that social work is growing in clinical practice, but also in research. And so we're studying the grief of the zookeepers and also the volunteers and other zoo staff because thinking maybe they've had an elephant there for 20 years, and the size and bond that we have that they have with those animals and how that impacts them.

It's nothing we've ever in our country or that we've been able to find anywhere, any research about what that type of disenfranchised, grief and loss looks like. So that's a project we're getting ready to analyze the qualitative data about how their managers and folks can better support them through their loss, really learning what happened with them when a significant loss happens.

So maybe it's a tiger or a panda, what that loss looks like to them and how they coped and who the people were and what resources. So see how they strategically manage that or didn't and what their unmet needs are. And then really to inform the Denver Zoo, and we've had 1800 people respond across the country from different zoos. So obviously there's somebody that wants to tell their story.

Avery Martin: There's a need here.

Matt Hickey: And not surprisingly, again, it's something easy to walk past and not even think about, but you stop and reflect for a minute, you think, "Why haven't we?" In many ways.

Jen Currin-McC...: Lori is always good at thinking about the, I call them our shiny pennies. What penny are we looking at today? And then I also work with a team of folks in my student team. We look at medical aid and dying, which is a legal medical option in 10 states and District of Columbia, and how folks prepare for using this medication at end of life. And then the bereavement experiences kind of pre-loss and after death for their loved ones.

Matt Hickey: Yeah. Wow. Gosh. You continue to pursue challenging areas for sure.

Jen Currin-McC...: An unfunded challenging area.

Matt Hickey: Which makes it even more challenging, doesn't it? My gosh.

Avery Martin: You are a trailblazer. I don't know. I hope you know that because when I look through your CV, I see first of its kind over and over again. And so another one that comes to mind is the pet services. So tell us a little bit about that. The services finder, the map that allows individuals to connect with other folks to get resources for their pets when they're experiencing awful life events.

Jen Currin-McC...: So we had the idea, so we know you have cancer, we know you need a team, but you're going to be tired. You're going to be financially limited or socially limited in the people that can help you. So what about if we make an interactive map where you can pen wherever you are and you can figure out from our surveys, we figured out what resources people need to help support them and their pet during treatment.

So yeah, we had two amazing student GRAs, Amanda and Savannah that went to... Well, Amanda went to dog parks from here to Denver and interviewed all the folks about who would you call if you needed help, and who's helped you in the past if you broke a hip or things like that. And they called over 900 local organizations to see if they would want to be in this database. And so they also helped [inaudible 00:29:14] it as to free or low cost vaccinations, pet transportation services, sitters, things like that. So folks can just go on and one click or two just create their team and know who's out there and willing to support them.

Matt Hickey: Good Lord.

Avery Martin: That Is so great.

Matt Hickey: That is phenomenal.

Avery Martin: Yeah.

Matt Hickey: My goodness.

Jen Currin-McC...: Yeah, it's fun. So that's what got me connected to cancer care and said, "Hey, we're doing this." So they're trying to build something similar across the country.

Matt Hickey: Wow. My goodness. Miles to go, right?

Jen Currin-McC...: Yeah. Literally

Avery Martin: As you reflect, how does it feel to be a part of something like that? Everyone always says, I want to be a part of something bigger than myself. And you're a living testament to that. So how does that feel?

Jen Currin-McC...: I don't know. Somebody said that I was cool the other day and I'm like, "Can we look at your definition of [inaudible 00:30:06] to redefine this."

Matt Hickey: Now, who said it, if you don't mind? Was it a student?

Jen Currin-McC...: A Student. Yeah.

Matt Hickey: Oh, yeah. So again, that's extra special, in some ways. Because we think of this age gap and we think I'm the last person you're going to think it's cool.

Jen Currin-McC...: Cool, right. I don't know. I guess Abraham a super humble person. So for me, it's just like... For me, it's the meaning making of the process of getting to do it and to be able to open doors and opportunities for folks to feel heard and feel seen. So I think for me, at the bottom of the day, if I were to have a tombstone, it'd be like, "She heard me." I don't know.

Avery Martin: That's beautiful. That ties into the name of your lab too. If we think about Serious Illness and End of Life narratives, we think about the narrative portion that can almost be multifaceted. So it's hearing the narratives from others, but also being able to tell their story. Tell us a little bit more about that. And even beyond the work, just the name of your lab and the meaning of it.

Jen Currin-McC...: Right. It was really hard to come up with a name, but I think me and the members of the lab, my team and research students, and Kim, who's a thanatologist that works with me on medical aid and dying. Thanatologist, sorry, are folks that are death education experts and really support people in understanding grief and loss. So we are drawn to the story. The story is the work. And I think as a social worker and many human beings obviously are drawn to the story. And so for me, I feel like I am the medium to be able to elevate or to broadcast people's messages. So it is what gives me meaning to sit with story and just makes the work joyful for me. I think when I do and code all of my interview data, I have a special code. I don't know if everyone has this, but the code is response to the interview process and what it feels like to participate.

And it always has some type of relationship to gratitude or somebody I was working with that has a Parkinson's disease and was preparing for their medical aid and dying day of their death in the process of what that would look like, they happened to be a social worker. And they said to me and Kim on our interview that they feel like this interview was almost like therapy for them and the processes that they got to give back to others and find some meaning in the process of their death. They didn't want to die, but they knew their body had a different plan. But to be able to share their story and to maybe impact law or to change the way that somebody can see their own death and to have it maybe have some potential or possibility that for them was so meaningful. And I'm like, "This is why I do the work. I'm just here asking the questions."

Avery Martin: My goodness.

Matt Hickey: That's something.

Avery Martin: That's powerful.

Matt Hickey: So we're on this really cool train of thought and I want you to project five, 10 years into the future and talk about legacy and impact that you hope your work will have. And of course, your work is far from accomplished yet, but cast your vision on down the road a bit and talk to us about legacy and impact for Jen's work.

Jen Currin-McC...: Jen's work. I don't know. I guess just many, many stories out there that I hope I can tell. If I could wave my magic wand, I would like there to be health systems where we communicated better. I think we focus in health on present moment and future moment, but we neglect to think about the person that comes into the situation before they have a health crisis. And so I found in my studies of hope, that's what's really important is being able to integrate the salient or most important aspects of life and their identity before with who they are now in this encumbered body or encumbered mind. So I would like to see our health systems move to where we ask folks about what is important to you? What brings your life joy? What were things that you were looking forward to before you became ill?

And how can we help you to achieve those? Or thinking how we reframe the process of something. Then smaller bites so that you can get towards or have that same feeling of what you wanted to have in your life, that your life may be shortened, but what can we do to bring value to that shortened time? So I'd like to magically change all the health systems work. I'd also like to end my Photovoice intervention, receive a career scholar award in the last two weeks, that-

Avery Martin: Congratulations.

Jen Currin-McC...: ... I can't talk about yet because of who it is, but get to carry my intervention to train social workers across the country and mental health providers. How to support young adults through this Photovoice intervention so that we can elevate young adults photos of what's important to them and their narratives. From there, I'm hoping to move into supporting folks that have cystic fibrosis or other congenital heart conditions that we don't talk about as much in society.

I want to be able to support them and finding ways to adapt to their illness or through their illness, but also for society to know how we can better communicate and support folks. I'm just drawn into the work. It gives me energy, it's able to touch, to be present and be touched by somebody who's at a point in their life that's potentially the most difficult point in their life. And to share that with me and to allow me to listen and to witness and to be a part of their journey. It feels precious and something that I will always hold close.

Matt Hickey: Well, thank you for being willing to do it. Yes. And thank you for not allowing a 20-year professional and rich opportunity to get in the way of pursuing a PhD and coming to join us. We're thankful that you're here.

Jen Currin-McC...: Thank you. It's never too late if you're listening.

Avery Martin: Yes. Thanks for that.

Jen Currin-McC...: Thank you for having me.

Avery Martin: And that's the show. Thank you for listening to another episode of Health and Human Science Matters. If you want to learn more about our College of Health and Human Sciences, go to www.chhs.colostate.edu.

Matt Hickey: And if you haven't already, add health and human science matters to your library of podcasts, give us a rating and leave a review.