



John Moe: I guess we should introduce ourselves. Should we introduce each other here?

Ana Marie Cox: Let's introduce ourselves, because I always feel awkward introducing other people.

J: Yeah, it feels a little like the tonight show. I'm John Moe and am the host of The Hilarious World of Depression.

A: And I am Ana Marie Cox and I am the host of With Friends Like These.

J: It is a two host, no guest or two host double guest?

A: I think it would be two hosts, double guests. I like to think in forms of multipliers.

J: Hosts and guests, squared.

A: It's hosting guests squared.

J: And for listeners of my show can you fill us in on a little bit about what your show is all about?

A: Sure. It is...extensively, sort of about politics? It's with the crooked media network which is pod-save America, pod-save the world, pod-save us all. I think I am the only non-pod tilted. Pod plus the queen. And it's about relationships in politics, and politics in relationships. How our politics have an impact on our relationships. And the other way around. And it's also about having conversations that you maybe have avoided or you didn't realize you had to have. I've had conversations with people in the disability rights community about being disabled, which is something that a lot of abled bodied people don't realize think that they aren't supposed to point it out. Like you're not supposed to actually talk about disabled people.

J: If you don't talk about their disability, maybe you'll forget they have it.

A: Exactly. It's more, maybe I get to forget that they have it. I talked to my good friend Ira Madison III about being my black friend. And be kind of *the* black friend in a lot of relationships. Like "What's that like." And we talk about politics too. I have a reoccurring guest, Rick Wilson, who's a die-hard never-Trumper. But for the most part the guys at Pod Save America don't like when I say it's a show about awkward conversations because they think people don't want to listen in on our conversations. But it's a show about awkward conversations.

J: It's a show about de-awkward-izing a lot of those conversations.

A: Yeah, and being aware of them. Being aware of what the awkwardness is. And diving through it. Because one of the things that we talked about was that discomfort it a tool of oppression. I think a lot of white able sis who are not part of too many vulnerable groups really hate being made aware of other people's discomfort and hate being uncomfortable themselves. Would prefer to live life in comfort.

J: Comforts awesome.

A: Their comfort zone. If you stay in a comfort zone, that's a tool of oppression. And if you want to be down with the wolk-folk you got to get a little uncomfortable.

J: Well my show, The Hilarious World of Depression, produced by American Public Media here in St Paul MN, is a discussion about clinical depression, or "Clini-D" as we sometimes refer to it on the show. Told through the lens of comedy and comedians. It's a topic that I think needs to be talked about a lot more given how pervasive it is and how silent it often is. So, I got in touch with a bunch of my friends from the comedy world who deal with clinical depression and we talk about it. We talk about what's funny about it. What's human about it. And the idea is that you are more like to want to hear about it from Maria Bamford than from a medical expert. And so it's a little bit of sugar coating to let the pill go down.

A: There is a remarkable overlap in those communities.

J: In the comedy and depression communities?

A: Yes.

J: That's kind of what started it all.

A: Are there comedians who don't get depressed?

J: There are a few. I found a few who I tried to book.

A: You should try to interview them.

J: I tried to book them, and they're like 'I'd love to be on your show, but I'm not actually depressed.'

A: What's that like though?

J: But there's been big disagreement about whether that job attracts depressed people or turns them into depressed people. And some people say 'there's as many depressed people in comedy as there are in postmen. But your postmen doesn't go on stage and talk about suicidal ideation.

A: It doesn't come up in their line of work. When they give you the mail, they aren't like 'by the way....'

J: 'By the way, I thought about killing myself this morning.' Your dentist isn't talking about despair and so you wouldn't go to that dentist. But then a lot of people say too that it's sort of this perspective on life that you might gain through depression. You've looked at the void before. And a lot of people have looked at it even if they aren't willing to say it. So if you make a joke about the void, and the meaninglessness and the despair that's going to get a laugh because people recognize that from the secret part of their own brain that they haven't wanted to recognize.

A: It's the same kind of debate about alcoholics. And addicts. And creative professions. Part of me wants to think that statistics are statistics and we aren't that special. And your postman...now I'm thinking about this poor drug-addicted, depressed postman. The poor guy. You deserve help. But alcoholics and addicts are some of the funniest people I ever met and the smartest people I've ever met. You go to a twelve step meeting and you will laugh. I promise you. In fact I've told my stories about my recovery in non-12 step context, trying to be of service in other ways, I think of them as civilians or earthlings. Sometimes I call them normies. Just what my story has been like. And I have some lines in my story that

I think are hilarious and they do not go over well. They do not play with people who haven't been through it. There are jokes about my depression, and jokes about my bottoming out.

J: Do you have any that you remember off hand? Or are they all contextual?

A: They are all super contextual. Except for just describing my time in the psych-ward. Which I've spoken to you about before.

J: I want to get to that. And sort of the genesis of our conversation. We've known each other for a while and we got to talking about our shows and we realized on the Venn diagram there's a big overlap.

A: It's our specific interests and the Venn diagram with us. My show is about awkward conversations. About talking about the stuff you don't talk about. And I know there's something that you don't talk about.

J: Let's do it. I have talked briefly on my show about my own depression. And this is something I've been dealing with since junior high-school at least. And only diagnosed, not until I was about 30. Maybe even a little bit past 30. And so I've been on a mission on that sense, but the event that has sort of driven my fervor along these lines was the death of my brother by suicide. My brother Rick died in April of 2007, and he had been a drug addict for many years. I mean I guess once a drug addict always a drug addict. That's the language, right?

A: Yeah, inactive.

J: Yes, he was an inactive drug addict. As far as we know. For several years, leading up to his death, he volunteered on a sobriety hotline. He was evidently clean. And I keep putting those qualifiers in there "as far as we know" and "evidentially" because his form of addiction, when he was using, he was full of lies. He was just an incredibly charismatic guy. Everybody who came into contact with him wanted to be around him some more. And he was able to use that to get all the drugs and money and shelter and services that he needed. He was very, very good at it. And so, he went through some sort of university clinical trial treatment thing. We are told. Again with the qualifier. And seemed to sober up. I mean he'd use some hard stuff. He used a lot of methamphetamine. And when at the point he died, he had been depressed for some time according to people who knew him. He lived in San Diego. I lived in Seattle when this happened. He had confided in them a little bit about what was going on. He had gotten his ex-girlfriend pregnant and he was at the age of 45. About to be a father for the first time and was really terrified of that. He told me several months before he died, he told me the Christmas before. And it was really remarkable. He's telling me he's being terrified or being a parent. Everybody who has had kids is terrified. You'd be crazy not to be. But there wasn't the excitement that goes along with it. The "I'm going to have a new best-friend."

A: "I have reproduced!"

J: Yes! "I filled my biological imperative and I've reproduced!" But I didn't think much of it. I didn't even know he was depressed and from what I have gathered which isn't much from his life down there, he received a recommendation for a doctor that he'd get in-patient treatment. That this is very serious what he's facing and he didn't want to do that. He was ashamed of that. He was ashamed of his mental illness. And he was terrified that he had reproduced and he went to a gun range in San Diego. Signed up for a membership a couple weeks before. Never been there as a member. Showed up, bought one box

of bullets that he never opened. So he went into the gun range, bought a box of bullets, went out to the range, and shot himself with a bullet that he had been carrying around in his pocket. And when I got the call that he had shot himself, my wife called me, and I just remember the most calm I think I had ever been. I just said "Oh, is he dead?" And she said "I don't think so, but you need to get down there. You need to go to the airport right now and get to San Diego." And I found out that it was at a gun range. My first book had come out a few months before that in October of 2006. And one of the chapters in it, I go to a gun range and I talk on how I had to go there with a friend because the gun range wouldn't allow someone who wasn't a member to go there by themselves. And my brother had read my book, and so had joined this gun range and then killed himself there. So that's a burden of responsibility I've been carrying around for a while. Over 10 years now. So, I got the call that this had happened. I flew down there with my mom and my sister. We got there to the emergency room just before he died. And then he died once we were there. So at the service, they had a service down there and a service up in Seattle, and I thought "well this sucks." And it sucks that I didn't know that this was happening. It sucks that he felt a need to do this. And it was the illness that did this. My son was in kindergarten at the time. And I said "well your uncle had a brain disease that we didn't know about and it killed him." Because I wanted to protect my five year old, but I also wanted to tell the truth. And I thought, "People need to talk about this more." And I have been trying to talk about it in any venue I could find since, and this has probably been the loudest I've been able to talk about it in this podcast.

A: My part of this conversation is that I am a survivor of a suicide attempt. Actually, a couple. Which I don't keep a secret, but I don't really talk about in this public of a venue. So, hi.

J: Tell me about the tattoo on your arm.

A: Yes, that is one of the ways that I've decided to be public about it.

J: I think it's a very poetic way.

A: Well I started getting tattoos when I was getting sober. And they all have stories about them. The second one I got was actually a pen. It's a fountain pen on my forearm. It's sort of in honor of my father who collects fountain pens. Also, I'm a writer. It's a little literal.

J: And writers are always losing their pens.

A: I know! This is the only fountain pen I've never lost! But last year I added a little something. I added a semi-colon at the end of the pen, as though the pen had written it. And the semi-colon is an unofficial symbol of survivorship. Some people use it as general mental illness, but it started pretty specifically as people who have attempted suicide. And what it means is that you kept going. Like, you could have stopped, but you kept going. As writers especially appreciate the sentiment there. And I did it. So I have it on my arm, where people ask about it. I do tell them. I'm really open about being in recovery from my other disease. My addiction. I have become more open about being bipolar. So this is the reveal on top of reveal. Although it's funny, if you look at the Venn Diagram for people who have people who have bipolar disorder, people who are addicts, alcoholics, people who have tried to commit suicide, statically, you could have guessed. It would have been a pretty safe guess.

J: That you were bipolar?

A: That I would have attempted to commit suicide. I read one statistic that like 45% of those with substance abuse disorder have attempted suicide at one point or another. I know the statistic a little more firmly that people with substance abuse disorders, are six times more likely to attempt suicide. People with co-occurring disorder, meaning substance abuse and some other mental illness have like a 30% more likely to have suicidal idealization. Those three things, I hit the jackpot. I was listening to your story, which is of course heartbreaking, but one of the reasons I want to be out is to be of service, not just to people I think should be talking about their own...we have to talk about our language. Struggle?

J: Challenges?

A: Challenges?

J: I try to avoid the word fight because depressives would rather sit around in their sweats then fight.

A: Yeah, we have to come up with better language. I definitely want to be out about it because I think that stigma does prevent people from seeking help. But also I want to be out about it because I feel I have a message for survivor's families. For the peoples whose families who have gone through this, a successful suicide attempt. And I know you must have heard this, but there is nothing you could have done. There really isn't. I hope that helps to hear it from me.

J: Yeah, it does. It does. I mean it does help to hear it a thousand times and I can convince myself of that plenty of times. But these things are complicated and they recur.

A: Because in the end, it is sort of like an addiction. In the sense that it's an illness, yes, but ultimately resides within the person. And I'm sure a lot of people who have friends and loved ones who are in the group of addiction know that if that person wants to use, that there is nothing that is going to stand in their way.

J: Because they're not driving the ship at that point.

A: And I feel like suicide is similar. But it's different in the sense that you can put up better roadblocks for people. You can institute waiting periods for guns. You can make harder, and I think every time you make it a little bit harder, that does some good.

J: Well that's the idea behind the guardrails on the bridges. Just make it harder. Get through that moment.

A: I read somewhere that most suicide idealization last less than a minute. If you can get through that minute you have a chance at getting better.

J: Right, which is sort of the language of addiction, too. Today, I am not going to drink. I want to hear, if you'd like to share it, if you're willing to share it, kind of what led up to your attempts and what was going on in your brain. Like, let's get to that relatable moment. And I know, for your show, we need to drop in a break.

A: We'll drop in a break right here...Now we're back. We actually never went away.

J: No, we were actually just sitting here. So we were talking about your semi-colon, and you're bipolar, and your addiction and the circumstances that led up to your attempt to deal with it in the wrong way.

A: Yes, the permanent solution to a temporary problem, as people often say. So, for me, it really is tied up with my mental illness and my addiction. I think I would have defied odds had I not attempted suicide. But I was in the depths of both. I was an untreated manic depressive. I am bipolar too, which tends to have higher highs and lower lows.

J: So Catherine Zeta-Jones / Demi Lavato bipolar.

A: Wow. Sexy bipolar. And the highs are not as manic as what you think with Homeland bipolar. Claire Danes bipolar. Not the actress herself, but the character. But the lows, you are just frozen. And immobilized. And in that darkest, darkest depths. And of course, I was using depressants, which just make it worse. Alcohol and also benzos, and also I was just courting death by mixing those two.

J: What are benzos?

A: Benzodiazepines. Xanax is the most popular. That's what I was doing. I had a prescription.

J: That means it's healthy.

A: It's good for you. My marriage was in trouble. And my consequences, as we say, were adding up. My legal consequences, my work consequences. I had been arrested for a DUI. My work was really starting to suffer. Becoming kind of erratic. More than just typical freelance writer erratic. Like really erratic in my work.

J: It's good for a writer and journalist to know that you can count on them. It's kind of the whole thing.

A: Exactly. Although we are also notoriously erratic, but I was outside the boundaries. Like editors had no idea what they were going to get. So, my overall feeling in that period was just of guilt. Crushing guilt.

J: That you had let somebody down? Yourself down?

A: Let everyone down and that I was a bourdon and that I was never going to get better. And this profound loneliness too.

J: Because no one understood what you were going through.

A: But then I felt stupid for thinking that. I'm smart enough to know that other people go through this. I read the books. I knew what my diagnosis was. But I would say loneliness and guilt were the things that weighed down on me. And actually, even telling you this right now, I can feel it, they way that I felt it then, which is like this feeling in your chest of weight. Like a metal band around my chest.

J: You know it's there, but that doesn't make it any more comfortable.

A: Right. And drinking and using helped.

J: Relieved the symptoms.

A: Relived the symptoms. And I just basically came to a point where I thought the only solution was to just not exist. That I was never going to get better, I was never going to be anything but a bourdon. I was never going to escape this crushing guilt. And everyone would be better off, including myself, if I ceased to exist.

J: Did you think that there would be relief for you that followed that, because this is sort of the conundrum of suicide right? There is no you to feel better, as Dick Cavett said.

A: And this is sort of maybe where the fog of using comes in because most addicts and alcoholics aren't thinking about consequences in general, so I think that in a weird way I was being just as short sided with my thoughts of suicide as I was with drunk driving. I wasn't thinking about what would happen next.

J: If you had been, you wouldn't have been doing those things in the first place.

A: Exactly, I was just thinking, it's just like being in extreme pain of any kind. Like you just want relief from your pain. And you don't think about what's going to happen after you get that relief. The feeling of pain is so overwhelming, so present, you can't think straight. So you don't make good decisions. So I took what I had. I had just gotten a fresh prescription. And then I was just really lucky. I made it. And I woke up in the ER.

J: Wait. Describe the circumstances that you were in. Where were you, what was going on when you took them. And what did you take?

A: Well I don't want to get into too much detail

J: Ok, let's not get into what you took because we don't want to give people any details

A: Let's see. Well I was actually on a business trip, which is sort of embarrassing too.

J: Travels is a total trigger though.

A: Yeah, it is. It is for a lot of people, both depressives and people with substance abuse disorders because you are away, so there is sort of this feeling of "oh, I can get away with it" or "it's a special occasion" or whatever. It was at the end of the day that I had sort of been "good." But then had relapsed and was being called on it and I just made this decision. Not thinking what it would do to the people in my life. Not thinking about my husband at the time. Not thinking about my family. My mother, my father. That's another thing that's really short sided. I feel like I can say this. It's an incredibly selfish thing to do. Like committing suicide is really fucking selfish.

J: Yeah, but the disease, the addiction, or the depression or whatever it is, is blinding you to that.

A: Right. So I wasn't thinking about anyone or anything else. I was just thinking about my pain and so I had this brand new Xanax prescription. I was already pretty loaded on booze. And I just swallowed everything. And I was lucky. My ex-husband found me before things got too bad. I mean I don't remember anything, really. Except waking up.

J: You didn't expect to wake up.

A: I didn't expect to wake up. I was so pissed.

J: Really?

A: Yeah.

J: You weren't like "Oh, another chance at life?"

A: No, I was pissed. I felt defeated. Defeated is probably the better word. I think my exact thought was "Fuck. Fine. I guess. Alright, fine."

J: Another obstacle.

A: A sense of surrender is a good thing.

J: Higher power.

A: Higher power. I wasn't thinking in terms of higher power. I had been to AA or whatever, I wasn't really thinking of recovery, but I just remember thinking "Ok, fine. You win this round. I'll give it another shot. I'll give life another shot." Because I had this really overwhelming feeling of there must be some other plan for me.

J: Were you religious?

A: I was not religious and it's hard to talk about it because it was just the real sense, and I don't want to make it mystical or anything, but it was more like...again I wasn't even thinking in terms of a God or higher power, but I was thinking "Alright, fine." I was surrendering to something when I said 'Alright, fine.' Like, I'll give it a shot. It was some sense of "OK, well that didn't work and I am out of ideas. I am just done." I played my last card. And it didn't work, so I guess I'm just sitting there. Whatever cards come my way.

J: What's the Dorothy Parker line? Poison tastes awful. Might as well live.

A: Yeah, it was sort of a might as well live situation. And I was in this place of just complete befuddlement and surrender, and so I started to basically do what most people suggested. The very first thing which was unavoidable, which was not a suggestion. It was a very firm requirement by the state that I go to a psych ward for a while.

J: Ah. Involuntary commitment.

A: Involuntary commitment. Yay.

J: Now from what I've heard, and I've talked to a few people on my show who've gone through this. Maria Bamford actually talks about this on her brand new Netflix special. That if you are looking to go somewhere to get healed? No. You're just basically going into a tank where they take away your phone and you have to watch really bad TV with people who might actually be worst off than you.

A: Oh this was definitely worst off than me in this situation. I had been admitted before, voluntarily committed to a psych ward where it was very posh. It was a private hospital and you got to keep your own clothes an order off a menu and have your phone. And it was kind of a spa. Kind of a down scale spa.

J: The public university of spas.

A: This was a public hospital that I went to, and I say this with love and respect, but it had like actual crazy people. People who were manifesting their symptoms. Not just rich people who were trying to deal. Schizophrenics. Psychotics. And thank God for them. Because I belonged there. It was a breakthrough for me. It was like "I can't fool myself any longer. I'm crazy too." When I say there were real crazy people there, I was one of them. I went crazy.

J: That's why you were there.

A: I was there because I was crazy. I was there because I could not be trusted. They took away all the sharp objects, and shoelaces and belts and we had to eat everything with spoons. Only color with crayons. Actually the adult coloring book craze that happened? I laughed so hard when it started because they had coloring books when I was in the psych ward. And we had to color with crayons because we weren't trusted with other things.

J: Yeah, you are back in kindergarten.

A: I remember complimenting the aid that had them. He sort of ran the coloring book hour.

J: Your dealer. Your hook-up with the crayons.

A: Yeah, with the crayons. There wasn't a lot of *Frozens*. There was Mandalas and unicorns and stuff. He was talking about how hard it was to find non-children branded coloring books.

J: Yeah you don't want *Dora the Explorer* coloring books.

A: And when they adult coloring book craze happened, I was like "wow his life is easier." Thank God for that.

J: He finally caught a break.

A: He got a break. He doesn't have to go searching through deviant art forums.

J: To print something up on his little HP printer.

A: Right. He can buy whole books. Good for him. His life is easier now.

J: Was there a marker that you had to hit in order to get out of there? Or one that you were aware of?

A: It was just a time period.

J: You had to do time.

A: Had to do time. But I am so glad it happened. Some brought in an AA meeting to that psych ward. And I don't remember anything about the meeting except just thinking, the two people that brought it, part of their story, they said they had been in psych wards themselves and they seemed to be having decent lives and I had that grasping thought that a lot of people have that "Ok, alright, they did it. So it's possible. Alright, maybe me."

J: Had you owned up to being an addict at that point?

A: I knew. Yeah.

J: But had you said it our loud?

A: I said it. I had been to meetings, but you hear a lot from people in substance resource, terminal uniqueness. And by that they mean terminal as in a disease. It's a deadly form of uniqueness. And that's what people often have. And I felt like I had that. I definitely though "well it wouldn't work for me. Works for you guys, but not me." But having this kind of bottom, and seeing other people go through it, made me think, "Alright, this could work for me." And the other thing that happened at that meeting

was, everyone had to go to everything because there wasn't enough people to have separate groups. So you had the actual crazy people at the AA meeting too, and I now feel like I shouldn't talk too much about it, but let's just say there was some really interesting shares.

J: Some colorful stories. That may or may not be rooted in reality as we know it.

A: Yeah, and there were two other gentlemen there that were lucid, who identified as alcoholics, I remember really bonding with them and they were both there as guests of the state. Both black guys. And I remember having a moment with them where they asked me what I was going to be doing after I get out. And I was like "Oh they want me to go to treatment." And they both were like "Oh, man! That's awesome!"

J: You got a ticket!

A: Right. That is awesome. I do get to go to treatment.

J: Because you are a white lady?

A: Because I am a white lady with insurance and resources. One guys was going to sign up for a research study in order to get treatment. And the other guy just didn't know what was going to happen. And then the other really amazing thing that happened while I was there was, there was this woman who I think was probably schizophrenic. She had a very loose relationship. She went to the reality when we were being grouped to talk. Her shares were off. Would go off into fantasy. I remember she was actually really beautiful. She was older. She looks like the lead singer, Kim Gordon.

J: Sonic Youth.

A: Sonic Youth. And she was trying to share at a group session. She was so frustrated. I remember she had this look on her face, like when you're trying to remember a word or something, But what she said was "I can't make my words match my mind."

J: Wow. Those are some words to live by.

A: And I was just like "same."

J: That's sort of the whole thing. Like, if you break your leg there's all sorts of terminology for exactly what the problem is. If there is a vertebra problem you can identify which vertebrae. You can't do that with mental illness.

A: I think about that woman a lot actually.

J: Can't make my words match your brain. Your mind?

A: Mind. But it was this idea that again that what I want to tell you is inexpressible. What I am trying to tell you is impossible to express.

J: Must have been heavy for you as a writer too because your whole job is to express those things with words.

A: Yeah, I mean I can try. I think we are doing an ok job talking about it right now. But I think that anyone who has been through it, any kind of mental illness understands that there ultimately very

lonely feeling. That's why you feel so lonely. Because the feelings don't translate very well at all. Even for writers, the best writers in the world.

J: I've been dealing with this for a very long time and I have reached several sort of resigned points where I'm like "Screw it. This isn't going to get cured. This is going to be good at some times and bad at other times. But I'm just weird." That's always the term that's been in my head. I know I'm not processing things like I think other people are. I'm not responding to situations like other people do. Sometimes I am, but often not. And screw it. I'm just weird. I'm just going to be weird forever and it took someone diagnosing me, "No you have a chemical thing. You have a disease called depression and here are ways we can treat it." That has led me to start thinking about it in other terms or attempt to. I don't always succeed. I still think I'm awfully weird.

A: I think weird is a good word. I also think diagnoses are incredibly freeing, actually. I think people see being diagnosed with a mental illness, whether it's addiction or depression or bipolar, as a sentence of some kind, as a limiting thing. I had the experience that it happened for me when I was in treatment of it being very freeing in a sense because I was like "oh! so that's what's wrong with me!"

J: Yeah, you are understood.

A: It sort of goes back to feeling you can't express stuff. Like being told "that's a broken leg. Oh! Ok!" Well we have somethings that we can do.

J: I dealt with 3 broken legs this week in this office.

A: Right, and here's my plan to help heal you and it works sometimes. It's unlike other physical illnesses because it's a lot of guess work still. Both being diagnosed as an addict and also being diagnosed with bipolar disorder which is another word. Disorder is a weird word. But being bipolar.

J: You're a bipolar American.

A: I'm a bipolar American. That's right. But it was like, woohoo, ok. That explains a lot. My first thought was that does explain a lot.

J: Connect somethings. Did you get that diagnoses when you were in lockup?

A: Yeah. But then more thorough conversations and diagnoses once I was in treatment and stabilized. Because part of the problem in the lockup, is I was still coming out. I was going through withdrawals, I wasn't well for a lot of reasons. So I sort of stabilized in treatment. I was in treatment for four months. Highly recommend it if you can afford it.

J: If the insurance Gods grant you the power.

A: If the insurance Gods grant you the power. We might have to do a sidebar on insurance coverage. For people with concurrent disorders, it's often suggested they do long term in-patient treatment and I was lucky enough to be able to do that. Which insurance actually didn't cover the long term part. I have my father to thank to be able to do it. He's my dad so of course he did it. But on the other hand, I was very fortunate. But it was the sense of "I really did connect the dots on something. I'm a very specific kind of weird." It's not amorously weird. There was some stuff that I did that I couldn't explain to myself. Like behaviors. Mainly to do with the whole mania stuff. Like when I would take everything out of my closets

and stay up for two days organizing it. I would develop these grand plans for books and order 1000 things off Amazon. Then get depressed and just look at the boxes.

J: But you were an achiever too. I talked to Peter Sagal from Wait Wait about this, Wait Wait Don't Tell Me. He got into a great college and he wrote plays that got produced. And he was sort of on the run from his mental illness. If he just kept achieving then see? Everything's fine, clearly. And you've had a very interesting and successful career.

A: Yeah, although on the inside it's always not successful enough, never successful enough. Ever, ever, ever enough.

J: Because I've gone through something similar where once I got a national radio show, "Oh my God. Now my problems will be solved. Oh, wait, that's not going to fill the hole that's inside."

A: Not going to fill the hole inside, and also, I think this is common for people with all the different things that we have, which is if I can do it then it must be dumb. If I can do it, it's not that hard. And my achievements are worthless.

J: Or I'm a fraud who will soon be exposed.

A: Or a fraud. So everything I ever did that was a big deal, I'd be like "It's not a big deal. I thought it would be a big deal, but it's not because I could do it so means that any idiot could. So on to the next thing that I think is hard and then if I achieve it, well that turned out to be not really important either. I also come from an alcoholic family. And that's a very adult child of alcoholic sort of thing. Trying to fill the hole with accomplishments and achievements.

J: "Look at me! Look at me! Look at me!"

A: And also, you don't have to worry about me. I'm good. I am good. You don't have to worry. I am not a burden to you. Which I think, is I imagine for your brother, some of that.

J: I think so. And we have alcoholism in our family as well, and for me, I took to theater at a very early age and I was telling someone the other day, I have never been a good enough actor to make it big as an actor, but I've been a good enough actor to get away with a lot of situations. I'm just good enough for that. Probably can't play Hamlet, but I can get out of a party once in a while. And I think my brother dealt with the chronic dormant mental illness in our family and the substance abuse issues and I'm sure he was predisposed to a lot of that and from a very early age he started smoking pot and that led to a bunch of other things most of which I don't know about. I know there was DUIs and I know there was problems gambling in his life. And I think he was, to use the term a lot of people use, self-medicating. He was trying to make that pain go away.

A: It works until it doesn't work. That's another sort of saying. It does work for a while. The achieving works for a while. But eventually the more things you try to use to fill the emptiness, the emptiness just gets bigger. The emptiness stretches out the more you put in it, unless you address the emptiness itself. And not to just abuse our metaphors, but I think what happens in recovery for either addiction or mental illness is you do address the void. Like "That's there." And it's something I'm going to have to work on, but I can't just stuff it with other things and pretend it doesn't exist. I just have to be ok with naming it and not being ok. I have to be ok with not being ok. And in a weird way, that's how you start to get better.

J: Well it's the elephant in the room. You're saying "look this is a thing that exists." We started our podcast about depression and I thought "Oh this will be a fun little thing. I get to talk to some of my friends."

A: You probably did have that though, "Oh this will be fun."

J: It will be fun and I did sort of look at what was in my mental pantry that I had available to work with, and I was like "well, I know a lot of comedians and I'm depressed. Let's see if we can make a pie out of that."

A: Podcasts are like the omelets of media.

J: Just throw it all in. Just stir that up. Little olive oil. And people have really responded to it, I think because, and this astonishes me how much people respond to open conversation about this, because I'm used to being a semi-public figure and I know you are too. It's like "oh I guess a lot of people don't talk about these things."

A: This is why we decided to talk about it for a podcast and put it out is because I do think it helps people. Because there isn't enough conversations about these issues especially around suicide. There are 41,000 suicides every year.

J: And we are at a 30 year high on that.

A: And drug and alcohol related suicides are up 50% in the last 10 years. 1/3 of all suicides I think have alcohol or drugs involved

J: And they are pointing to a widening economic disparity as a huge contributing factor right now, too. And that you have all the military of course.

A: It's a great idea to take away some health care. That's what you want to do. What you want to do at a moment like this is take away people's access to mental health care. But while we still have it, we started to address the prevention part of it. The prevention part of it does mostly lie on the person who is suffering. What I would hope that people get out of my talking about it is to go ahead and tell people, tell a doctor, tell a therapist, tell a teacher, tell a spouse. What I feel I can laugh about now, but I thought everyone thought about suicide. I thought that was normal. I know it seems ridiculous.

J: So you had the ideation for a long time.

A: For years. Years and years. I hope my dad doesn't get upset listening to this, but going back probably even earlier than junior high, not active. Which is another reason I thought it was sort of normal. Because I wasn't taking steps. I wasn't making a plan. It was more of just this passing thought of "Oh, that's an option. That is an option that I have." And I just assumed that everyone else, when they were going through the ways they had to deal with life, that's always option E. You can this A, B, C, D or E, kill yourself. Alright no not this time.

J: A lot of people never get to consider E. I always figure it's like you're on a freeway and suicide is the off-ramp. But everyone else thinks they are on some type of expressway. Where there's no off-ramp. And you're like "Don't you see? It just went by!"

A: You can do that! So I was constantly making the choice to not do it. And because I was making a choice not to I never thought about the fact that I had it in my mind at all and I never talked about it to anyone. One of the most helpful things I did in treatment was my counselor had me keep track of times I thought about self-harm. And it turns out it was multiple times a day. And she's like "It's not normal. It's not. It's ok, but it's not normal and you deserve to have someone help you with this." Which is a huge leap to make. The first leap is to share it all. And the second leap is like "I also get help for this?"

J: Right, it's not normal and it's addressable.

A: I remember the very first time I was clinically depressed which I was diagnosed as a depressive before bipolar, which I think is somewhat normal to miss the manic part of my bipolar too

J: And bipolar too, it's kind of an umbrella diagnoses for depression is part.

A: But I remember when I was first diagnosed with depression, I didn't want to take the anti-depressants because I thought it was cheating. I don't deserve to take this anti-depressants because then I'll just feel better. I won't have done the work.

J: Man, ear infections never do this. Depression is so insidious. It's destroying all your ability to fight it. You never get this from strep throat. Because strep isn't a jerk like that.

A: Strep Throat never makes you think "Oh you didn't earn that antibiotic."

J: You deserve an infection.

A: You have to suffer through this infection until you get better by yourself. And although I did take anti-depressants, I still kept drinking which didn't really help because they weren't able to do their job. And I still carried with me that attitude that I needed to be able to fix this by myself. Like I don't deserve help for this. And I also really would like people to understand that suicidal ideation is not normal and you can get to talk to people it and it attempts no matter how "un-serious" they may seem, are fucking serious. And you deserve help for them too. I think I felt, and I somehow got the message that my first attempt, since it wasn't really serious, I felt like I was being a drama-queen.

J: And people use that term, "Oh, that's just a cry for help."

A: Well it's a cry for help!

J: It's a cry for help! It's like if someone was out in the ocean drowning and they're crying for help, you don't say well just get over it. Pull yourself together.

A: Yeah, the waters not that deep. The swimming metaphor right. If someone's drowning and the waters only 10 feet deep, you aren't like waters only 10 feet deep.

J: I can swim out of that, why can't you?

A: You can't touch the ground. You still could drown. But it's not like you're in the ocean. It's not like you're really in the ocean. Like, call us in when you're in the ocean. Well then we'll save you.

J: I remember when I worked at Amazon.com before I got into radio. It was all in tense times at Amazon. There was a New York Times article a while ago, and they discovered all these people from Amazon

cried at their desk. And I was like, yeah, you get in in the morning, you check your meetings, you check your email, you cry, and then you fire something up.

A: It's like the two minute hate. It's the two minute cry.

J: Exactly, and I was working on some project with a really crazy deadline and I remember driving into work and thought wouldn't it be great if I just killed myself? Oh well, I guess I better get to work. And I think it was so sudden and such a strange thought. Like I can recognize that as an intrusive thought. That is not a legitimate option that I can do, but how stranger that the wiring in my brain, which I did not setup, goes to that place.

A: And there's just some of us that it does. And it takes some work to stop thinking like that. But now I don't think like that. Every once in a while, I have to take a step back and be like, wow, that's not on my radar anymore.

J: That's got to feel good

A: It doesn't feel like anything unless I recognize it. It just feels like "Oh, this is what it is like to not think that way. You don't think about it, until you think about it. It's the new normal. But it does take constant work. I continue to try and heal myself. There's no pill. I do take lots of different pills. All prescribed. There good. There good kinds of pills. Not mood altering. That's a difference between Xanax and Wellbutrin. There is recovery work to be done in mental illness in a parallel way to addiction where I still do daily affirmations which still feel idiotic. The very first time I was ever asked to look in a mirror and tell myself that I liked myself, I felt like a fucking idiot.

J: My therapist has me mentally go to my happy place. And I'm like "Oh come on." But it kind of helps.

A: I remember telling my counselor in treatment, I feel so dumb. I cannot do this. I can't look in a mirror and tell myself awesome things about myself. And she was like "what did you do when you were drunk? Did you do some stuff that was stupid then?" And I was like "OK point taken. Touché." And I said "Well I also don't think it's going to work. I just don't believe that this is going to work. I'm too smart for it to work. I know the truth about myself which is that I am a horrible person, so I won't believe this bull-shit from myself that I'm not." And she said "Well I understand that you think that positive affirmations, positive self-talk, won't work. How did the negative self-talk work? Did that have an effect?" And I was like again "Touché, trained therapist. You are earning your keep." Because the negative self-talk, I think we can all recognize negative self-talk totally works.

J: It's why so many people love it.

A: It is effective. So I positive self-talked. I have a spiritual practice. I try to do meditation. It's our American way of life: it's hard to fit in. I see a therapist. I see a psychiatrist every 3 months. I check in on meds. So it's not like it just goes away and I'm better. In a very good way, I never forget that I'm on this journey of getting better. It's not going to end.

J: It's funny how the ridiculous stuff works really well. I guess there's a reason it became a cliché, because it came so present. Like I was talking about my brother, I wrote this book where I talk about circumstances, where people kill themselves at a gun range, and then a few months later he did that exact same thing. And I was like, well I gave him the idea. The bloods on my hands. Or when he was calling me over the years and I got the sense that he was just hitting me up for money, and wouldn't

return his calls and if I had he'd be alive. And I went through therapy. Went through all these things in therapy talking about that. And I would say "Well isn't it a little convenient to say that I'm not responsible? Doesn't that get me off the hook a little bit? Isn't that a plot device?"

A: It's the 'I don't deserve to get better.'

J: And I had a therapist who said "Isn't a little convenient to say you are responsible?" But what it really took, because I could understand intellectually every drop of not being responsible. I got it. And I got the reasoning. I got the research. Fine. But I couldn't, in my heart, do it. And I did EMDR. Have you ever heard of this? And you have these little electrical buzzers in your hand.

A: It sounds suspiciously like Scientology.

J: It sounds like the dumbest thing in the world. But by these little brain retraining things and concentrating on the very devastating but truthful sentence "Rick shot himself," those three words, it's a devastating thing to hear about your hero. Your big brother who taught you how to drive. But it really has pushed me towards the truth that I can then work to maintain. But it came with hand-buzzers.

A: Like cans, right? They're sort of like the Scientology cans.

J: Exactly. I was waiting for the therapist to want me to sign up for ten thousand dollar extra classes or send me off to Sea Org. But that didn't happen.

A: It's been recommended to me. I have been able to muddle forward without it. But especially highly traumatic events, it's been suggested to me to deal with some of the other traumas in my life. Our brains are so weird.

J: There just goo and nobody really knows how they work.

A: Nobody's sure exactly how they work. No one's really sure how addiction works.

J: There's indication that depression might be related to swelling. There might be some swelling in there. Why not. It's all goo. Why shouldn't it swell.

A: I like the theory that a lot of mental disorders are sort of like OCD. That's why Wellbutrin is used to treat a bunch of different stuff. A lot of its compulsion, right. And I do think of my suicide ideation was a compulsion. It turned into this thought that was just present.

J: Right, just routes right back to that place.

A: And I don't even want to say out loud that the negative self-talk that I had, but I had a very distinct litany...I'm going to tear up. I'm a bad person. I had this tape in my head. I'm a bad person. I don't deserve anything. I'm a bad person. I don't deserve. I'm a bad person. And it would just loop. I'm a bad person. I want to die. I'm a bad person. I want to die. I'm a bad person. I want to die. And it was like tape loop. I can't make my words match my brain. I would try to describe it to people because it feels like a tape loop somewhere in your head. I have this image of this reel running behind my eyes. And it would be intrusive and not go away. It would occur to me at the weirdest times. And eventually it was inescapable.

J: Was it comforting in a way.

A: I do think so.

J: Because there must have been a reason that you kept going back to it.

A: I think in some way that's what compulsiveness teaches you. It teaches you to be comfortable with those things. You develop an addiction to it. And when it goes away, you have to learn other ways to think.

J: You have to learn a new reality to ground yourself in. Because that one is familiar, but toxic.

A: Yeah, and I've said to people a thousand times, for me cutting out the drugs and alcohol was relatively easy. I happened to luck out just physiologically. I didn't have a terrible time. I wasn't addicted to opiates, number one. Those are physically pretty tough to kick. Just the physiology of it. Alcohol can be bad too. Benzos can be bad too. Actually some people say they're worse. But whatever combination of things happened, physically I got out of it ok. And I was also lucky in not dealing with cravings very much because I think I had such a local physical bottom. My point is that the addiction to negative self-talk was so much harder to break. The addiction to hating myself. That's the addiction that pops up most frequently in my life today. Is, when times are bad, what do I reach for? I reach for the bottle of self-hatred.

J: Because those chemicals haven't leached out of your system, like the alcohol did.

A: And self-hatred and self-abuse, its poison. Like alcohol and drugs are poison. It is just right there at my fingertips. It is right there for me if I want it and it's the hardest thing to put down.

J: Let me ask you this. Were in a comfortable study right now, with a friendly engineer on the other side of the glass, it's a sunny day. This is all going to go out into the world. How are you feeling about that?

A: Nervous. I do believe that everything happens for a reason. I believe the confluence of events and conversations that brought us to this very moment didn't feel forced. Everything just happened to line up. And I also feel really strongly that there are people out there who may after listening to this call someone. And that's all it takes. These are diseases that are prodigious. And you are going to need more help than a call. But a call is huge. A call is the first step on a long journey. And just to tell someone that this is what I am dealing with right now, it is serious and you deserve help. If you are thinking about hurting yourself...again I have this weird thing where I would be well I don't deserve help because I'm not really serious about it. Or I don't deserve help because I should be able to deal with it. Or I don't deserve help because I don't want to be a drama queen. You deserve help. You deserve it. Period. You are a human being. If you are hurting, if you are in pain.

J: There aren't circumstances in which you don't deserve it.

A: Exactly. There are none. Whatever you think you did to deserve this pain, you don't deserve it. And you can have help and it is there for you. And there is help.

J: There is help. It takes some detective work sometimes and it takes a lot of effort. Our health care system has a lot of problems and likely will for a while. But there is help. And I think if people can channel this persistence of this shit they have been dealing with into a persistence to get better, to find that help, I think that can go a long way. When I was saying good bye to my brother, when my brother turned into a pile of ashes, after he died, and my older sister was carrying the box with his ashes down

to the boat where we were going to Puget Sound to scatter his ashes, and my mom said “Is the box heavy?” and my sister said “Well he aint heavy.” Because I believe that comedy and grief can coexist. But I remember thinking OK well what do we have? We all have to fight this with what we have. I could not go through medical school. My brain doesn’t work that way. There’s a lot of things I can’t do. I can get to a microphone and I can write something things down. I got those skills. I got some friends who are good at talking. I got some costumes and we got an old barn. Let’s put on a show. We all just have to do what we can. I figure too, I’ve been carrying around this shit for so long that why not turn it against its self? Why not take all this experience that we’ve had dealing with this and channel it the other way into trying to help people? And maybe if someone’s listening to this maybe you don’t have access to a radio studio and some good recoding equipment. But maybe you have access to a phone. Or maybe you have access to checking in on somebody that you’re worried about. And just finding out what’s going on. And that’s all any of us can do.

A: The checking part I think is key. And I want to distinguish between checking in and feeling responsible for. You are not responsible for people’s actions. But when you are in that place, feeling undeserving and lonely and guilty, reaching out is an action that defies that. It is the patronus to the depression.

J: It’s a slap in the face of the disease. Because the disease wants you to be alone and suffer, suffer, suffer.

A: Right, so to reach out to someone, you are actually combatting the disease. You are. To reach out to someone and say that they are worth it. And I don’t want to turn this too much into tips, but to take someone out for coffee or go to visit someone who’s depressed, to let them know that they don’t have to do anything to deserve your attention and affection. Because I would be like, I don’t want go to coffee, I don’t want to see you. I don’t want to do anything. And a friend that would say how about we just watch The Bachelor for 5 hours, I’ll bring the ice cream, that’s still tempting. I am still totally into it. That also helps. That is an action too. It’s the care and concern. You don’t have to say the right thing, in fact talking, I’m not going to say it makes it worse, but it’s not the point. You’re not going to solve it. But to just be there, show with an action that you care about someone and that they deserve help. That’s the healing. That’s the help that you can really give someone. I had a friend who would just call me and get on the phone with me. And we would watch TV and not talk.

J: You’d watch the same show?

A: Yeah. And just to feel like someone’s presence reaching out to me, again you are slapping the disease in the face.

J: Yeah, it’s a human connection if you can make one. And you aren’t going to find it on your couch. You got to get out of the house sometimes and try to do it.

A: However you heal, you aren’t going to do it by yourself. That’s the nasty truth. Because your disease would like you to think that you’re going to have to do everything by yourself.

J: I’ve been interviewing some of our listeners about the weirdest things that they have done that actually helps to address their depression. One person plays the ukulele. Another listens to Disney podcasts. Do you have anything like that that is an unexpected aid?

A: Well I think that tasks that can be absorbing are weirdly useful. They're kind of like a meditation along those lines.

J: I've become hooked on crossword puzzles.

A: I love crossword puzzles. Those are great. I also knit and crochet, but those are really common. But the weirdest parts of those habits that I enjoy that have helped is undoing knots. I discovered that this is actually a little bit of a thing.

J: There's a community I bet.

A: I actually haven't discovered the community, but I've had other people that share this. When you have a lot of yarn or string, it will get knotted unless you are completely organized about it. And I'm not. But there's a part of me that when I see a really nasty knot, I'm like "Oh! That's going to be a tough one! That's going to be a tough one to undo. Woohoo." Now I remember why I know this, it maybe be weird, but it's not completely unique to me, is there's a Joe Hill novel where the protagonist, who is also an addict, likes to undo knots. I don't remember how she gets the knots. If there's like a Reddit slash knots.

J: You have to find a friend who loves tying complicated knots

A: People who are really into this fetish, I wonder where they There's someone that sells knots. The best knots. Someone in Japan.

J: Someone who is listening to us, is emailing us right now. Just hit send.

A: Where you get your knots. Knots.com. Monetize anything I guess.

J: Knots Quarry Farm.

A: Bonus of being into yarn: knots. Anything you want to talk about before we sign off? We created a lot of content.

J: We have made content. We have made highly clickable content. The only thing that I want to do that I want to make sure we get to is, in the spirit of talking about getting help, and I'm vamping a little bit here, is one of my favorite things that Google does if you type in the word suicide, the first thing you get: National Suicide Prevention Hotline. 1-800-273-8255. That's 1-800-273-8255. It's confidential. It's free in the United States.

A: Also, there's the crisis text line which now I'm going to have to do my Google, because I know that it exists. You know we didn't get to talk about the politics around this stuff. We might have to do that on another show. Because as we are doing this, I'm reminded that if we lose the ban on discrimination of pre-existing conditions, doing things like talking about your mental illness could be used as evidence of having a pre-existing condition.

J: You're on the record and an insurance company would be able to point to that.

A: Yup, so let's just not do that. If you have an interest in this call your representative.

J: Insurance companies, please plug your ears.

A: Crisis text hotline, how it works. They're on Twitter, Crisis text line. And that's a whole 'nother show, how people reach out to those who are struggling online. There's a lot of people thinking about how to do that. But if you're out there and you're struggling, you can also be the one to reach out yourself. It's an amazing thing to do.

J: And even though you're alone, you're not alone. You aren't as weird as you think you are.

A: I don't mean this in the creepy way, but you're not alone.

J: Help is coming from inside the house!

A: That's a good one. Yeah, help is coming from inside the house.

J: Help is in the backseat of the car with a hook. Well, Ana Marie Cox.

A: John Moe.

J: Thank you.

A: Thank you.