

[00:00:00] **John Moe:** Hey, before we get started, I have some really great news, *Depresh Mode* episodes will now be available as written transcripts. We are thrilled to provide these for free to anyone who wants them. Just go to MaximumFun.org/transcripts. We plan to have transcripts available a few days after the episodes are released. In fact, you can find last week's episode with Warren Zines available as a transcript now. We also have transcripts of other Maximum Fun shows. MaximumFun.org/transcripts.

[00:00:32] **Music:** Light, upbeat acoustic guitar.

[00:00:41] **John Moe:** There are a few false ideas that go along with the illness of major depressive disorder or clinical depression, or clinny-D, depresh, the black dog, old bleaky. Yeah. There are more than a few false ideas actually that go along with depression. More like a million false ideas. But I'll just go through three of them for right now.

Okay. False idea number one: depression is all about being sad. Okay, yeah. It can involve sadness, but it can also—and usually does also—involve a lot of other symptoms as well. Sadness is just like the tuba in an orchestra. You wouldn't look at an orchestra and say, ah, yes, that's a tuba player. No, there are flutes and strings and clarinets and trombones.

Depression, the mood, or depression, the feeling, might be about some sadness, but the disorder is about a lot of things. False idea number two: if you are depressed, you are incapable of doing things. You just have to lie around like a lump. You have no choice. This idea, which is false, can come from ignorance about how prevalent depression is, because actually active people with depression are all around you, in your community, in your neighborhood, doing all sorts of things, even though they are dealing with depression. Some of them are slogging through, because they have to pay their bills and they're just kind of white knuckling it. Some are up and active because they have depression, but they're managing it with meds, with therapy, with a plan that works for them.

Then there's false idea number three: that you need to keep quiet about it. That if you're depressed, it must be because of some kind of character flaw, some weakness that is within you, some weirdness that you'd better keep a secret, lest other people find out and shun you. This is a false idea, sometimes perpetuated by society—although less so than before. But it's certainly one perpetuated by the disorder itself.

It's almost like a defense mechanism that the depression uses to ensure that you won't get help and take away the thing's power. It's pretty insidious, really. So, those are some false ideas, but there are people fighting those ideas. There are people standing up for truth and transparency and honesty among those people.

Well, you for one. By listening to this program and learning about mental health, you are well positioned to fight against the false narratives about depression that are put out there by society and by depression. Thanks for listening to this show. It's *Depresh Mode*. I'm John Moe. I'm glad you're here.

[00:03:22] **Music:** Light, upbeat acoustic guitar.

[00:03:30] **John Moe:** Another person fighting against the false ideas around depression is Michael Landsberg. He's a longtime sports television host in Canada. He worked for TSN, which is kind of the Canadian equivalent of ESPN in the States. Michael has covered all kinds of sports. He's anchored Olympic coverage. He left the network in 2021 and now dedicates himself full-time to speaking out about mental health, sharing his own story with depression and anxiety, and encouraging other people to do the same. And Michael Landsberg kind of defies all those false ideas about depression that I just talked about. He shares and talks about that depression is not merely about sadness. He's very active. He does not keep quiet about it. He is on a mission to shed sunlight and truth on a topic so often cloaked in darkness and lack of understanding.

[00:04:20] **Music:** Spirited acoustic guitar.

[00:04:28] **John Moe:** Michael Landsberg, welcome to *Depresh Mode*.

[00:04:31] **Michael Landsberg:** Uh, thank you! Great to see you, John. Thanks for this chat.

[00:04:34] **John Moe:** How are you doing today?

[00:04:36] **Michael Landsberg:** I would say today I'm as good as I can be, which for most people is kind of like a simple end of answer. I'm as good as I can be. But for me it kind of needs a footnote because I'm on medication—two medications—for mental health, I find that as good as I can be is not the same as it was before I went on medication.

So, I kind of live my life between a four and a seven. And today I think I would probably be a seven! Woohoo! Which is reasonable to celebrate, and I will celebrate it.

[00:05:07] **John Moe:** Alright! Do you do an evaluation every day of how you're doing? Do you take an inventory?

[00:05:12] **Michael Landsberg:** You know, do I do that? Not formally, but I know in my head and I kind of adjust my day based on my prognosis for the day. Because I am two very different people. When I feel good, I'm a certain person—the person that I was all my life before I started experiencing depression, and I'm not the person that I want to be when I'm like that.

But on days when I'm not, I don't like who I am. I don't wanna be who I am. I retreat and will do anything in my power that's within reason to avoid contact with other people. So, yeah, I guess I do evaluate myself. I just don't quantify it necessarily to myself.

[00:05:54] **John Moe:** And how are the—how are the tough days you have now different from the days when your condition wasn't as clearly managed as it is now?

[00:06:03] **Michael Landsberg:** Well, I would say that before I started on medication—and I've been on medication and off medication, I think four or five different times. Relapsed every time. Every time I think it got worse—which you may draw the conclusion “He's an idiot!” ‘cause who goes off of medication four times, relapses every time?

The last time I was off of it, it was unimaginably painful for me. Like I can't even remember how bad it was, 'cause the brain can't remember pain. We remember thinking what we were thinking. So I go, wow. Yeah, I remember, you know, the show that I hosted—I remember we were on the road, and I was in a hotel, and I remember thinking, “Oh my god, I can't do this. I'm terrible at my job. I can't stand meeting people. I don't wanna do this. I don't wanna be here.” But I can't relive the pain in my head, just like a woman who's given birth to a child can remember thinking, “Oh my god, the pain was terrible,” but you can't relive the pain. You can't make yourself feel the pain.

So, even on a modestly bad day—which is as bad as it gets for me. Like I said, my worst day now is a four. Before medication, my worst day was zero, where I just—I couldn't imagine anything worse than that. So, now my bad days are not terrible. They're just not as good as my pretty good days. But my pretty good days aren't as good as my really good days before medication.

So, I make a deal with the meds, if that's what we're talking about. I make a deal and here's what the deal is. I say to the medication, “You take away the bottom. And I'll give up the top.” If that's a deal I have to make, I will. I don't wanna make that deal, but I don't have any choice. It's very much like if you have cancer and you are given the opportunity to save your life by having chemotherapy.

Nobody wants to be on chemotherapy, but it's the lesser of two evils. Evil number one is the chemo. Evil number two is death. For me, the lesser of two evils—evil number one is the side effects from the medication, which include preventing me from feeling the very top. Or evil number two, living with severe mental illness.

So, I have chosen to love the thing I hate the least, and I hate the meds less than I hate the illness.

[00:08:19] **John Moe:** Hmm. Let's sketch out your biography, your profile here a little bit. Where, where did you grow up?

[00:08:27] **Michael Landsberg:** I grew up in Toronto, which is where I am right now. I've lived in Toronto all my life actually. Uh, I grew up here. I went to university here. I failed out of one university here. I graduated from another university here. And I was really only employed at one place, and that was TSN, The Sports Network, which would be ESPN Canada.

So, I've kind of lived here, you know, every second. I married a woman from Toronto, and we both thought that there was a real value in bringing up our kids in the same city, with their grandparents. So, you know, I've always been a stay close to home guy—which in part, I think does relate to mental health. But, you know, when you—when you're in the broadcast business and you're in Canada, you wanna be in Toronto.

[00:09:13] **John Moe:** How early in in life—like did it go back to, you know, when you we're five or six, or—? When did the first sort of clouds appear that something might not be quite right mentally?

[00:09:23] **Michael Landsberg:** Uh, I would say that I would divide my life into two sectors. One—number one would be life before depression. Number two would be life after depression. Or not after depression, but after I was aware that I had this struggle. Because for the first part of my life I had severe anxiety. My earliest memories are ones where I can remember being anxious. I can remember not doing things that other kids would do because of my anxiety. But I also, even though I grew up in this extremely wonderful and loving and caring household where my parents would've done anything for me, I had no idea that I actually had an illness. I had never heard of general anxiety disorder. I never heard of anxiety as an illness. I never heard of panic disorder.

So, I just thought this is who I am, and I'm the only person on the planet who feels this way. Now, ironically, one of my particular fears was the fear of throwing up, of puking. But not just that. It's being around people who would throw up, the fear of being around people who would throw up, even watching somebody throw up on television was huge anxiety for me.

And what's fascinating is that I was sure I was the only one. And then I started speaking about mental health and I found that in audiences that I was speaking to, people would say, “Yeah, me too.” And then, I found out, oh my god, there's actually a name for it. It's called Emetophobia. And there's actually an awareness day! Emetophobia Awareness Day. And if you would've told me this when I was a kid, it would've changed my life. ‘Cause I would've thought, oh my God, I'm not such a loser! I'm not the only one. I'm not making this up. This is not a weakness.

It's crazy that I lived for the first, say, 20 years of my life without knowing that there was a single other person on the planet.

[00:11:21] **John Moe:** So, you—it's the situation where it was something that you had and not something that you were. And—but the—you didn't know that it had a name. You didn't know that it was something that wasn't just fundamentally baked into who you were.

[00:11:36] **Michael Landsberg:** I had no idea. I had no—I mean, I think like a lot of people, and I think this is one of the reasons why the stigma exists, is that mental illness, first of all, is not talked about. Even though times are changing, it's not talked about like other illnesses. Second of all, there's no way physically to diagnose it, right?

Like when you're a kid. You know, you can go for blood tests if you're worried about something. You can—you know, you can have an x-ray. You can—you know, there's many diagnostic tools. But when it comes to mental illness, there is no way to—you know, to go to your family doctor and say, “Okay, you know what?” Like, “I want you to test for it.”

But even beyond that, I wasn't even aware that there was such a thing as mental illness. I just thought that it was, you know, the guy on the street who's yelling unusual things. I thought that's what mental illness was. And then, later on in life, ironically or interestingly, I started making—you know—really my life about talking about mental illness.

And part of it is that I want others to have the benefit that I didn't have, which was I didn't have anyone come to my school and talk about anxiety. Like honestly, John, that would've

changed my life if I would've known that there was something actually diagnosably wrong with me. And it was not until later, as I said. But that was anxiety.

[00:13:01] **John Moe:** Yeah. Well, and we'll get to the depression. I'm interested in this fear of people throwing up or of you throwing up. Like was there something in particular you were afraid of happening if that were to occur?

[00:13:15] **Michael Landsberg:** You know, illogical fear that—really, you can explain how it makes you feel, but you can't explain why you have it. Like why am I afraid of people throwing up? I mean, it's kind of like claustrophobia. Like I have claustrophobia too, and I believe anybody who's listening to this right now is going, “Wow, that guy's fucked up a lot. You know, claustrophobia, emetophobia. He's got anxiety.

[00:13:44] **John Moe:** (Chuckling.) Not our—our audience won't worry about that. Don't worry.

[00:13:47] **Michael Landsberg:** Yeah. Well, I'm good with it. Right? Uh, ‘cause this is—you know, this is—it's very liberating to realize I don't care who knows, because I didn't choose any of this. But it's very difficult to understand, even for me, claustrophobia. Like, it only comes out when I'm in an elevator, really? And if I'm in an elevator, I've said to my wife when it felt kind of like the elevator might stop, I've said to her, you know, like, “If this elevator stops, I'm fucked. Right? Like, I am going to—” You know, (stammering) I use this facetiously, in an inappropriate phrase, but I'm gonna kill myself on this elevator, because—I have no idea though why I feel that way.

Like, I'm panicked, but I don't know why. I'm not afraid of the elevator crashing. There's just something that clicks in me that makes me feel outrageously fearful. And that's the same thing of, you know, if I'm on a plane now, I still have emetophobia. But I've learned—I guess it's lessened over time, so it doesn't drive my life anymore. But if I'm on a plane, and there's turbulence, and the person decide me grabs the bag, I'm getting up. And then the flight attendant says, “Uuh, sir! Excuse me, you're not allowed to get out of your seat.” And it's like, whoa. There's nothing you can do to me that would be worse than me sitting beside that person. But I have no idea why, what I'm afraid of!

[00:15:13] **John Moe:** Yeah. Yeah! But it's—but it's managed now. Was it managed through therapy?

[00:15:19] **Michael Landsberg:** No, I think it was managed through me living with me—understanding, you know, perhaps having been through these crises where I realized I can survive it. My son, when he was five, called me into his room and said, “Am I gonna throw up?”

And I turned to my wife, I said, “We're fucked. Oh god.” Because I could—I knew exactly why he asked that, ‘cause I said to him—and we had this circular argument that you can never ever win this argument. I said to him, “Well, do you feel sick?”

He said, “I don't know. How would I know if I feel sick?”

And I would say, “Well, you know, like—do you, uh, you know—? Are you—? Do you feel nauseous?” But you know, he's a five-year-old kid, so what's he gonna understand about that? “Does your stomach hurt?”

He goes, “I don't know.”

And then, I said, “Okay, well then you're not gonna throw up.”

And he would say, “How do you know I'm not gonna throw up?” And there's no way to win that argument. But that was, you know, the start of us battling with him over this identical fear. Now, you might say to yourself, well, Michael, you must have exposed your son to this fear, because you know, what are the chances that your son would have the exact same fear as you?

And I promise you that it was never mentioned around him. He would never have heard me say, oh, you know, like is—you know—somebody gonna throw up? Or you know, shown sort of panic over that. It's just the weirdest thing that he inherited this identical fear. Not that he inherited a fear, but this one specifically.

[00:16:54] **Music:** Bright, easy acoustic guitar.

[00:16:55] **John Moe:** So, that's a meta-phobia, which you might not have heard of, but you probably have heard of depression, and that's coming up next.

(Music ends.)

[00:17:08] **Promo:**

Music: “Pomp and Circumstance” plays under the dialogue.

Janet Varney: My fellow graduates, for 500 episodes, my podcast—*The JV Club with Janet Varney*—has gathered story after story of all the scandalous things we've done throughout our childhoods.

(Mumbling from the crowd.)

Staff Member: Wait, what's happening?

Janet: Stories like how Jameela Jamil survived a horrific house party, and she was on crutches!

Student: This is great!

Janet: Or how Hal Lublin learned a Shakespearian monologue in his pajamas.

Staff Member: This is not the speech we approved.

Janet: Without your love and life tragedies, there would be no podcast. In fact, I have an exclusive look at how Maggie Lawson’s mom confronted her after a sneaky basement meetup with her crush.

(Someone gasps.)

Student: Spill the tea, JV!

Staff Member: Security!

Janet: Uh, listen to *The JV Club with Janet Varney*, Thursdays on Maximum Fun! Class of—(microphone feedback)—Forever!

(Music ends amid thunderous applause.)

[00:17:54] **Music:** Light, upbeat acoustic guitar.

[00:17:55] **John Moe:** Back with mental health advocate, Michael Landsberg.

(Music ends.)

When did the depression come along?

[00:18:05] **Michael Landsberg:** The Depression—the show that I hosted, *Off the Record*—the year that we started, I can remember—so, this is like 20 years ago. I can remember the producer of the show, who was my buddy, calling me at like five o'clock in the afternoon. And he said, “Do you want to go screen the movie together?” So, when you work on a on a talk show and you're getting a guest who's an actor and they're promoting a movie, you have to go see the movie. Which is normally a pleasure, right? Like, who doesn't wanna go see a free movie? Like, I'm here because I'm interviewing—it was Vin Diesel who was the guest.

[00:18:41] **John Moe:** Oh wow.

[00:18:42] **Michael Landsberg:** And I said to Bob, “Uh, sorry, Bob, (stammering) I can't do it. I can't make it.” And when I hung up the phone, I thought, wow, why did I say that? What? Why would I say no? First of all, it's my job to do that. Second of all, it's—you know, it's a pleasure to do that.

And then I started to forensically evaluate my life the previous six months. I started to go back and think of all the things I had turned down doing, all the times that I had retreated, all the moments where I thought, “I gotta get outta here, get away from every single person. I just wanna be on my own.” And then I started to think about things in my life that used to bring me joy that weren't bringing me joy anymore. And I came to the conclusion, oh my

gosh, I am not the same person I was. I have been replaced by an identical looking but totally different on the inside Michael. I hate this person. I don't wanna be this person.

And it hit me at that point that I had undergone tiny, tiny changes over the course of the previous six to eight months that were so small, I didn't know they were happening. And it wasn't until I was alerted to the fact that I was this changed person that I realized these tiny changes in me added up to something, you know, totally devastating.

And that's when—that's when I first addressed it, when I first went for help, for what I knew was severe depression.

[00:20:13] **John Moe:** So, was the movie screening thing like a tipping point?

(Michael confirms.)

You just hadn't realized until then? Okay.

[00:20:19] **Michael Landsberg:** You know, it was like—it was just basically a slap in the face saying, Michael, wake up! Like, why are you saying no to this? And I don't know how many times I ignored the wake-up call, so to speak, or the wake-up slap. Because as I said, I had gone back and revisited it. I mean, then I thought, okay. I was at my wife's family function. And I went, and I was just sort of standing in the washroom.

And I was there, not because I had to pee. I was there—and I didn't think about it at the time—just to get away from everything and everyone. And it wasn't that I didn't like those people, you know; it has nothing to do with that. It's like depression is this illness that forces us to retreat. We will do anything we can to avoid contact with other people.

And you know, John, when I talk about this, I talk about it with experience—not just my experience, because I'm just one person, but having given hundreds of talks to thousands of people, having talked to people basically every day about mental illness, there's some things that are universal when they come to depression.

And knowing those things, knowing that we lose the ability to experience joy. No matter how hard we try, we can't feel joy. Every person with depression experiences that. The loss of self-esteem. Every single person who's got depression, and most mental illnesses, experiences a loss of self-esteem. And then there's the idea of retreating.

It's like wherever I am, I want to be someplace else. And we all go through that as well. And so, for me, it was reflecting back on how I had changed. 'Cause you know, as you might be able to tell, I'm a really social person. You know, I look for opportunities to talk to people on a good day. On a good day, when I walk outta my house and I go to walk my dog, I walk down south on the street to get to a main street. And when I walk on the main street, I see people, right? You know, like face to face. You know, make eye contact, “Hey, how you doing?” Or someone will say, “Hey, I like your dog.” And I'll enjoy that little repartee. But on a bad day, I'll turn right, and stay sort of in the residential part, and hopefully not meet anyone. That's depression.

[00:22:41] **John Moe:** Hmm. You say that when you reached this tipping point, then you went and got treatment. You sought out help right away. Was there any kind of block in your mind of like, “Nah, I don't really have this, or I'm just having a stressful time. It's no big deal.”

[00:22:56] **Michael Landsberg:** Yeah, I think that we all sort of go through denial. Because denial is easier than acceptance, right? You don't have to do anything when you deny it. Right? You don't have to make an appointment. You don't have to go on medication. You don't—it's just like no one wants to be sick, so it's easy to deny what you can't see, right?

You can't deny having the chickenpox. Everybody can see you have the chickenpox. But when it comes to mental illnesses like anxiety or depression or bipolar or ADHD or OCD, you can deny it to others and you can deny it to yourself, because there's no visible evidence of it. So, I definitely went through a stage of denial. But then, when I came to this conclusion, not only did I stop denying it, but I became obsessed with the idea of getting help—the idea of being diagnosed with the illness.

So, here's my frame of mind. I go to—I get an appointment with a psychiatrist. I go in, and as I'm walking into her office, I'm thinking, “God, I hope she diagnoses me with severe depression.” Not just depression, but severe depression. Why would you wanna be diagnosed that? And the answer is: I knew how I felt. I knew how my life at that point was really over. I wasn't living; I was just kind of going through the motions. So, a diagnosis, A) would explain it, and B) would offer treatment. But if she had said, “No, I don't think, you know—I don't think there's anything really wrong with you.” Like that would've been devastating! It's like I walk out of there and I have no game plan. I have no hope that tomorrow will be better. And that feeling of hopelessness is also pervasive amongst those of us that battle depression.

[00:24:35] **John Moe:** Is that when your recovery started?

[00:24:38] **Michael Landsberg:** Yes. Yes. I said to her, “Look, I don't know much about therapy, and if you think that I should be talking, I'll come in as many times as you want me to. If you say, you gotta see me once a week, great. You gotta see me twice a week, great. If you said, I gotta see you every day—which no psychiatrist is ever gonna say—but if you said that, I would do that too. But I need something now. I'm barely surviving this. You know, I want medication.” And we talked about medication, and she wrote me a prescription for Prozac. I went downstairs into the pharmacy, filled the prescription. While I was waiting, I bought a bottle of water and took the first pill there.

I was—it was like, oh my god, this pill container is my hope. Like, herein lies the possibility that this will give me my life back. And it was like I didn't care at that point what the possible side effects were. The only thing, the only thing I cared about was: will this help me? ‘Cause I knew from reading about it that, you know, antidepressants are like at best 60% effective.

So, of course, you know, depression being this illness that makes us feel negative about everything, I'm convinced that I'm gonna be in the 40% and not get help. So, all I cared about at that point was take the pill, and please let me feel some relief. Which I did.

[00:26:08] **John Moe:** So how did that come about?

[00:26:11] **Michael Landsberg:** You know, I started taking the pill and, you know—I mean, this was the first time, so I had no experience with it. But that time in between the time you take your first antidepressant and the time that you start to feel relief is torturous. Right? You know, it's—not only, you know, does it mess up your—you know, how you think. You know, like this fear that it's not gonna work. And then this, “Oh, I think maybe I'm feeling a little bit better,” but you've forgotten what normal is. You've forgotten what better is. So, you know, sometimes you go, “Ah, I think I'm feeling better!” Or the other way, “I'm not feeling better,” even though maybe you are, because it's such a difficult thing to get a reading on because you can't quantify it.

You know, if you could—if you could use the thermometer to measure your level of depression, it would be way easier if there was a way to quantify it. So, I took this pill, and I had a paradoxical effect. So, I was actually worse before I got better. And then two weeks after I started talking about it, my wife and I—or I started taking it—my wife and I walked into a restaurant. At the front of the restaurant, I was feeling terrible. And I said to her, “Look, I'm gonna go to the washroom.” And as I was walking back to the washroom to hide. Make no mistakes, it's not like I got a bladder infection, 'cause I keep talking about going to the washroom. I was going there to hide. And halfway through the restaurant I got hit by this “Wow. I think feel a bit better.” And it was just like—this makes me emotional, and it's hard for me to get emotional because that's one of the things that medication does, right? But just thinking back to this feeling of some relief was one of the great moments of my life. And you know, someone could listen to that and go—who hadn't been through it—could go, (doubtfully) “Really, Michael? That was one of the great moments in your life?”

But it was, it was like I'd been—you know, I'd been set free. And this was only like a small amount of relief, but it just—it felt so great. And when I got back to the table, I—you know, I said to my wife, “I don't know, but I think I'm feeling better.”

[00:28:29] **John Moe:** Did you—were you doing therapy as well?

[00:28:32] **Michael Landsberg:** I was. But there were—you know, I kind of—I kind of—I don't like to brag, but I kind of, you know, had my shit together, so to speak. I—you know, like I knew that what I had was a physical change in my brain. You know, I don't know if it's—if it's, you know, brain chemicals. I know that for a long time we thought it was serotonin, and if you're—if there wasn't enough free serotonin, then you couldn't experience joy and all these other things. And I know now they're saying, well, maybe it's not that.

I don't know what it is. I just know that there was something wrong with my brain. And the key to fixing it was not talking about it. The key to fixing it was actually, physically finding a way to fix it. So, I think for me, maybe it was 20% talk therapy and 80% medication.

[00:29:25] **John Moe:** Did you ever run into some bad side effects with the meds?

[00:29:29] **Michael Landsberg:** Oh, yeah! Oh, yeah. I mean, there's all kinds of things that really—like I said, I hate being on medication. I hate—I'm on—I think you call it in the States Lexapro, escitalopram, and Wellbutrin. And I hate being on the meds, but—don't interrupt me here; I'm giving the dramatic pause—but... I hate the illness more, right?

So, I'm willing to make that deal. I mean, there's times when I'll feel pretty good for, you know, maybe a week. And I'll start to think, "You know, I wonder if I could get off the medication." And then I'll be hit by a four out of ten day, and I'll go, "Okay, this is kind of like the wake-up call."

"Michael." It's like my alarm clock going, (low and serious) "Michael, you cannot go off medication. This is just a sampling of what you will feel." I have no idea why I'm talking like that, but it seemed more effective than just talking in my normal voice.

[00:30:25] **John Moe:** Darth Vader as the pharmacist.

[00:30:29] **Michael Landsberg:** Yeah. (Laughs.) Cute.

[00:30:30] **John Moe:** When did you go public about—I guess, when and why did you go public about this? Because you were in a very public-facing position.

[00:30:39] **Michael Landsberg:** You know, I went privately public. So, I went—everybody in my life knew that I had been having this battle, when I realized I was having the battle. So, my family knew. The people I worked with knew. When I went to the shrink and came back with a prescription, and I'd already taken my first drug—as I told you, my first pill—I, you know, I told people at work. "Hey, you know, I'm on medication." So, like I didn't hide it from anyone. But I didn't talk about it on TV. Not because I was ashamed or embarrassed in any way, but because I thought, why would I do it? You know, what's the benefit? Which is really a kind of a stupid thing. Like don't you realize, Michael, that there's a big benefit in sharing?

I had no idea! 'Cause I was also new to the illness. Right? So, I had no problem telling people. And if someone would've said, "You know, you can go on TV using the platform that you have, and you can change a life, and you can save a life just by talking about it in a certain way," I would've done it in a heartbeat.

But it wasn't until 2009, when—and we'd been doing the show for 10 years at that point—that I talked about it. And I only talked about it because I was coming off the worst year of my life for depression. I'd been off medication for about a year and a half. My daughter had had some health problems that made me like off the charts anxious.

I was just a total, total mess. And I remember—I have this tattooed on my arm. You can see it, but others can't. It says 112408 YUL MH521 0400. I put that on my arm, because who doesn't wanna remember the worst moment of their life? But it was, 11/24/08—November 24th, 2008. YUL is the Montreal Airport code. MH521 is Marriott Hotel, room 521. 0400, 4AM in the morning. That was the lowest moment for me. We were shooting the show I hosted, *Off the Record*, at the Gray Cup Canadian Football Championship in Montreal, and I was on my bed at 4AM in the morning. And I thought, "Wow, this—this is why people take their own lives."

And I wasn't too much of a risk to myself, because I'd been through it before, as I told you. I'd been on medication and gotten helped. And then I'd gone off, and then gone back on. So, I

was not hopeless like some people are hopeless. But if you would've said to me at that point, "Michael, there is—there's no hope. I mean this is—this is you. You have to live like this the rest of your life."

I would've said, "Okay, I don't know how long I can keep going like this." 'Cause I was devoid of total—of anything resembling joy. My life really was just a battle to get to the next minute. And then when I got to the next minute, it was, okay, a battle to get the next one. And I really only got out of bed in the morning so I could get back in bed in the evening. So, that for me was the low point. But then the next year, in 2009, when I had started back on meds and I was doing okay, we had a guest on *Off the Record*. He was a hockey player. His name was Stéphane Richer. He was a great hockey player, and I had read before I went to the green room to greet the guests—there were other guests on the show that day—that he had battled depression in the 1990s. So, I thought, oh, maybe I can ask him about it. That'll be an interesting question, and as the host of the show, your job is to ask interesting questions.

So, I said to him, "Can you come outside for a sec, Stéphane? Uh, you don't owe me anything. You don't know me. You are my guest. You're our guest. But would it be okay if I asked you about but depression?"

And he said, "It's very painful for me. I don't like talking about it."

And I said, "I'm glad I asked you in advance. I wouldn't wanna cause you pain. But if you'll talk about it, I'll talk about it."

And he said, "Well, what would you talk about?" So, I told him my story and he said, "Let's do it." Changed the course of both of our lives. Not the actual talking about it at that moment, but when the show went to air—which was about an hour later—the reaction that both of us got changed the course of our lives 180 degrees. Because I found out on that day that if you talk about mental illness without shame and embarrassment and without seeming weak, if you talk about it like, "Hey, I have this illness. Really sucks, but I'm not to blame for it. This is not self-inflicted. I'm not ashamed about it. I'm not embarrassed about it." You can empower other people to do so. And when I started to read the emails that I was getting about two hours after the show, I thought, wow!

This was totally—I mean, I was shocked. I had no idea that would have that kind of effect. But also, I was like, god, why didn't I do this before? Because there wasn't a part of me—not even a small part, John—that was nervous. Like, this took no courage for me at all. None. You know? And to be courageous, I think you have to have fear. Right? Some things you may fear that I don't fear, and when you do them, you're courageous. And when I do them, I'm not, because I don't fear them. So, this took no courage whatsoever. And it became evident to me as time went on that the more I talked about it, the more good I could do and the more—the better I felt about myself. And I have found that I get to use the worst thing in my life, which is mental illness and in particular depression, as one of the best things in my life. Which is using mental illness, depression, to make a difference in other people's lives. So, that's kind of when I started talking about it publicly.

[00:36:12] **Music:** Twangy acoustic guitar.

[00:36:14] **John Moe:** More with Michael Landsberg after the break.

(Music ends.)

[00:36:27] **Promo:**

Music: Intense rock music.

Biz Ellis: Parenting. It's hard. But don't worry! You're not alone. Belly up to the low bar with *One Bad Mother* and let us remind you that fine is good enough.

Speaker 1: They wanna climb on different things. And how am I supposed to keep them both from dying? (Laughs.)

Speaker 2: There is a right way to do this. And if I can figure out that right way, I'm gonna be a good parent. So, that is not a thing.

Biz: So, join us each week and let us tell you that you are doing a good job. You can listen to *One Bad Mother* on Maximum Fun or wherever you get your podcasts.

[00:37:03] **Music:** Relaxed acoustic guitar.

[00:37:04] **Music:** Back with veteran sports TV host and mental health advocate, Michael Landsberg. And wherever you see his name, you're likely to see a certain hashtag. #SickNotWeak. He even runs a foundation called Sick Not Weak. I asked Michael how the whole "sick not weak" thing got started.

(Music ends.)

[00:37:24] **Michael Landsberg:** I was giving a talk, maybe the second year. So, it would've been like 2010, 2011—at a hospital in Toronto. And this was like one of the first mental health talks that I'd given. And I was shocked that people weren't willing to be more open and honest, not necessarily about their illness—'cause I expected that people would cover it up. That when I said, "How many of you here in the audience either now or in the past have battled a mental illness?" You ask that question to 300 people, you're not going to get everyone who's experienced it or experiencing it to put up their hand. You're just not. And that's why I go to talk at places—right?—to help people, empower them to be able to talk about it. But I was shocked that no one would actually debate with me the idea that a mental illness like depression is no different than an illness like heart disease or an illness like Lupus or an illness like cancer or diabetes. That they're all just illnesses and none of them are self-inflicted and none of them are our choice. If we could see physical illness and mental illness the same way, the stigma would disappear. But the stigma's based on somehow, you know, I have either chosen to talk about this in a certain way or my weakness has left me vulnerable to these feelings that other people aren't.

Sol, I said, you know, to the audience, “Hey, someone—you know, I know you think this. Some people. You know, who thinks that—?” You know, and this was in a hospital. So, I said, “Who thinks that being in a hospital—it’s not inappropriate, but I shouldn’t be saying that my illness, depression, is exactly like someone who’s two floors down and they have cancer?” And when I say exactly like it, I don’t mean the symptoms are the same, but I just mean the genesis.

And one guy put up his hand. So, we started talking and I said, “Hey, thank you for doing this.”

And he said, “Well, you know, I know it’s bad. But.” And I have subsequently learned, John, that as soon as you used the word, but in your explanation for mental illness and physical illness being the same thing, that’s the stigma coming. It’s like, yeah, I understand that, you know, depression really sucks. And I understand it’s really painful. And I understand that it’s, you know—it’s tough to get out of bed. But.

That’s when you hear the stigma. And he started to talk. And I said to him, “You know, I respect that.” And I said, “But you know, here’s the thing. I will say I am sick. And if you deny being sick, what do you want to call it then? An illness is sickness. You know, they’re synonyms, but I’m not weak. And if you think that I’m weak, first of all, you don’t know me. And second of all, you don’t know the evolution of this illness in my head. I’m sick, but I’m not weak.”

And it kind of just stuck. I don’t remember the next time I heard someone say it, but it kind of just became my go-to line with mental health. I think the marker is the suffering in silence, right? Like, I mean, the stigma does not necessarily—like the stigma does not cause mental illness, but the stigma causes people with mental illness not to get the help. And if we were—if we were doing better with the stigma, then you would find that the percentage of people that actually will share, will go to a doctor, will pursue the help—that number would be—would be increasing. Right? So, more people, if there’s less stigma, are going for help. But statistically, we’re not finding that.

We’re still finding that in the workplace, only 10% of people actually use the benefits that they have. If they have an employer and they have a benefits package, they have money that they have to spend on mental illness. They have an EAP that can help them, but only 10% of people use it because of the fear—in part, at least, in the fear of letting your workplace know that you have a mental illness.

So, I think we still have a lot of work to do. And like you, I’m struggling with the idea of, well, we’ve been talking about this for 10 years now. A lot. Why have we not been more effective in talking about it?

[00:41:27] **John Moe:** Yeah, I mean the, I guess that one option in how to think about it is if more people are open about the problems they’ve been having, that could cause these rates to go up in surveys of how many people are suffering, whereas maybe the same amount or even more people were suffering before, but they were just scared to say so even to a survey, or were not even a really aware that it had a name.

[00:41:54] **Michael Landsberg:** Yeah, I mean, I think people are more aware. One of the things I try to do when I give a talk is to make people aware of what illness is, what mental illness is. I think there's, you know, a lot of people who have not been through it, who can't understand it. You know, I'm—I know this sounds like a blanket statement, but I—you know, I will live by this. And if I'm wrong, feel free to think I'm wrong. But if you have not been through something like severe depression or anxiety—and I talk mostly about those, because those are the ones A) I understand, and those are B) the most common mental illnesses. Garden variety is what I say, but that doesn't mean that they're not serious or fatal for some.

But I talk about it, and I say, “If you have not been through it, understand it. You think you can, because there's no physical way to diagnose it. There's no physical sign.” So, I think—I call it the arrogance of the healthy brain. It's like the thought process is—if I'm talking to you, John— Have you battled mental illness, John?

[00:43:03] **John Moe:** Oh, yeah. Depression, some anxiety. More depression. (Chuckles.) Lots of depression.

[00:43:09] **Michael Landsberg:** So, if I haven't been through it, and I listen to you speak, I say, “Oh, okay. Well, you know, John's been through all of this. He's been diagnosed with this illness, and you know, he has trouble getting out of bed sometimes.” And you know, all of the common characteristics of depression. But if I've never been through it, in my head, I'm thinking, “Well, I've been through that too. I've had bad times in my life. I've had times when I didn't want to get out of bed. I've had times in my life when I was miserable, but I didn't have to go to a doctor. I didn't have to get diagnosed. I didn't have to go on medication. I didn't have to do talk therapy. I just sucked it up, went about my business. I am strong and John is weak.”

And I think that we need to accept the fact that if you haven't been through it, you can't understand it, nor should you be able to understand it. Like who would ever say—John, who would ever say, if you were—if you went to a rehab facility where people had had strokes and they were doing rehab to try to get something back, would you walk through there and say I know what you're going through?

Only if you'd had a stroke and had been in that position before. Otherwise, you would think I have no idea what that is! But because mental illness is so uniquely difficult to describe, diagnose, to prove, we all kind of think—and because of the semantics of it, we all think, “Well, I've been through depression. You know, I've had bad times.”

And until we get people to appreciate the fact that you being depressed is not the same as you having depression, the illness. I mean, it might be! But just because you've had times in your life that you were sad does not mean that you've had the illness, depression. Like I say, my dad died about a year and a half ago. That makes me sad, but it doesn't make me depressed. You know? Where does life stop and illness begin? Because life involves sadness. Life involves bad times. All of that is what all of us are gonna experience. It's an inevitability. But when does it cross over into the illness, depression, or the illness, anxiety?

And I think being able to distinguish between what's normal, crappy life and what's illness is hugely important.

[00:45:25] **John Moe:** Yeah, it's the difference between weather and climate, I often say. It's, you know—you can have—

[00:45:29] **Michael Landsberg:** Nice. Nice!

[00:45:31] **John Moe:** You can have a cold day, but you still have a planet that's warming.

[00:45:36] **Michael Landsberg:** You know, I'm going to use that. And I'm not footnoting. Too bad, John.

[00:45:41] **John Moe:** (Laughs.) That's okay. I probably stole it from someone else. What do you think covid has done for our mental health collectively, as a society?

[00:45:49] **Michael Landsberg:** Nothing good, that's for sure. I mean, the only benefit of covid is—you know, to our mental health—is the fact that more people now are talking about their poor mental health from covid. I think it magnified people—some people's illness. I think for someone like me, it had no bearing on my illness. But for others it probably took them from life to illness.

They probably—if they were kind of close to crossing over to a point where you'd say, “Okay, well, you know, I think you should talk to someone about this,” I think more people crossed into the, “I think you should talk to someone about this” area than before. But now—and this is just in part, just the evolution of North American society—we talk about it more. Like when I first started talking about it in 2009, there were no corporations talking about it. There was, you know—employers, if you would've said, “Well, you know, how are you taking care of your employee's mental health? I'd like to come in and talk to them.”

They would've said, “Not a chance.”

So, I think there's an awareness that we have now that we certainly didn't have a decade ago, and I think in part because of covid, we're even more aware. Because we're more aware that people are struggling coming out of covid.

[00:47:07] **John Moe:** Hmm. How do you feel about—well, that's a broad question, but how do you feel about the future in terms of addressing stigma? In terms of opening up as a society about all this stuff?

[00:47:19] **Michael Landsberg:** You know, I'm disappointed in where we are in—you know, in a decade. On one hand, the good news is that it's now an important topic. The good news is that every place of work, whether they actually really think it's important, they want other people to think that they think it's important—you know, we'll talk about it, right?

So, I think that's a really good thing. But I'm really disappointed that we still don't seem to get it that it's not a choice, that it's not self-inflicted. And I worry what's it gonna take for us to get to the point where we don't see it as a weakness? I mean, men in particular. Men still, you know, by and large don't want to talk about it. And why don't they want to talk about it? They don't want to talk about it because they think that it's a reflection of weakness, and no man

wants to be seen as weak. Not to suggest that women wanna be seen as weak, but they don't seem to fear it the same way that men fear it. So, I'm sure we'll get it figured out sometime.

If I get the opportunity to give a worldwide speech, Landsberg speaking to seven billion people, translated into 253 languages, I could start to make a difference. I'm obviously kidding, but I just think it's guys like you and me that need to keep hammering it until—

If you can get through to one person, then you can get through eventually to every person, right? It's the same formula; it's the same talk. Talk about it without shame and embarrassment, and you'll show other—without even saying I want to show you this—you will show them that somehow, when they listen, they go, “Wow, he doesn't sound like a loser. He doesn't sound like this is a death sentence to his life. He just sounds like a guy with an illness who's not ashamed of his illness.” And that can be contagious. But we gotta do what you and I are doing right now.

[00:49:23] **John Moe:** Well, thank you for doing that today with us. I really appreciate it. Michael Landsberg, thanks.

[00:49:29] **Michael Landsberg:** Do I get a big sendoff now? Like, you know—I—like, you know, I'm gonna take 10 more seconds. Okay?

[00:49:35] **John Moe:** (Chuckling.) Okay, sure.

[00:49:36] **Michael Landsberg:** That's it. You can count me down, 'cause I'm a TV guy and we can take counts. So, I'll—if you want me to shut up ever, just go, “Three, two, one.”

(John laughs.)

And just, I think it's—my name is Michael Landsberg. I battle an illness called depression and anxiety. I've been on medication for 20 years, off and on. I will be on meds the rest of my life. I have understood why people take their own lives. But here's the thing: I'm not ashamed. I'm not embarrassed, and I'm not weak. That's it.

[00:50:10] **John Moe:** That's good! I didn't even have to count that down. That was wonderful.

[00:50:14] **Michael Landsberg:** Then, I'll keep going until you say, “Three, two, one.”

[00:50:17] **John Moe:** (Chuckling.) Three, two, one!

[00:50:19] **Michael Landsberg:** Thanks, John.

[00:50:21] **Music:** “Building Wings” by Rhett Miller, an up-tempo acoustic guitar song. The music continues quietly under the dialogue.

[00:50:28] **John Moe:** That's Michael Landsberg. You can learn more about his not-for-profit organization at SickNotWeak.com. He's on Twitter [@HeyLandsberg](https://twitter.com/HeyLandsberg).

Next time on *Depresh Mode*, singer-songwriter Noah Kahan knows that spending some time alone can be healthy, but spending too much time alone can be not such a good thing.

[00:50:00] **Noah Kahan:** I spent a lot of time in isolation, and it kind of became this weird, toxic comfort for me. It's like right before you get in the shower. You're just like, (sighing heavily) “Oh, fuck dude, I don't wanna get in the shower. Should I just go through my day like smelling weird and gross?” Because it's that bad. And once you get in, you feel great. And you're like, okay, I did the right thing. I'm clean, I feel happy.

And I think it's just that before you get in the shower moment every day of like, “Alright, I'm isolating myself. My band mates are going to get dinner, I should go. And if it doesn't—it doesn't feel right, it's a discomfort that isn't telling me not to do it. It's a discomfort that's telling me to do it.”

And so, just recognizing those moments and making the decision to go be with people and to go get the help you need.

[00:51:23] **John Moe:** If people donate to our show, then we can keep having a show. If the donations stop, then we don't have a show anymore. I like making the show. I think you like listening to it. If you've already become a member of *Depresh Mode*, thank you. You are putting this out into the world. If you have not yet done so, it's easy to do. Just go to MaximumFun.org/join, and then pick a level that works for you, and then select *Depresh Mode* from the list of shows. It's just that easy. Be sure to hit subscribe on this podcast. Give us five stars, give us rave reviews. All of that helps get the show out into the world where it can help people.

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Our Instagram and Twitter are both @DepreshPod. If you're on Facebook, look up our mental health discussion group, Preshies. Our *Depresh Mode* newsletter is available on Substack. Search that up. I'm on Twitter and Instagram @JohnMoe. Our electric mail address is deprehmode@maximumfun.org.

Hi, credits listeners. I had a watermelon flavored LaCroix today, and it was really good. So, I got inspired and then went and had some watermelon. Watermelon flavored watermelon. And you know what? It was even better than the LaCroix. I like summer.

Depresh Mode is made possible by your contributions. The show is produced by Gabe Mara. Our senior producer is Kevin Ferguson. We get booking help from Mara Davis. Rhett Miller wrote and performed our theme song, “Building Wings”. Clara Flesher is our production intern.

[00:53:03] **Music:** “Building Wings” by Rhett Miller.

I'm always falling off of cliffs, now

Building wings on the way down

I am figuring things out

Building wings, building wings, building wings

No one knows the reason

Maybe there's no reason

I just keep believing

No one knows the answer

Maybe there's no answer

I just keep on dancing

[00:53:38] **Maggie:** Hi! I'm Maggie from Boston and I want you to know that I am rooting for you, and I am very proud of you.

[00:53:47] **John Moe:** *Depresh Mode* is a production of Maximum Fun and Papa Chick. I'm John Moe. Bye now.

(Music fades out.)

[00:53:59] **Sound Effect:** Cheerful ukulele chord.

[00:54:00] **Speaker 1:** MaximumFun.org.

[00:54:02] **Speaker 2:** Comedy and culture.

[00:54:03] **Speaker 3:** Artist owned.

[00:54:04] **Speaker 4:** Audience supported.