

[00:00:00] **John Moe:** A note to our listeners, the following episode features discussion of suicide.

There are lots of things connecting the brain and the rest of the body. You got veins, bones, skin, tissue, all kinds of stuff. A neck. In fact, if you separate the brain from the rest of the body, neither one tends to do so great. Don't try it. Just trust me. So, it stands to reason that mental health and physical health are linked together pretty closely. It's all health. Something goes wrong with your physical health; other things might go wrong with your mental health. Or putting it more succinctly, something goes wrong with your health, other things might go wrong with your health.

It's *Depresh Mode*. I'm John Moe. I'm glad you're here.

[00:00:46] **Transition:** Spirited acoustic guitar.

[00:00:54] **John Moe:** John Cotter is an author and professor based in Rhode Island. His new memoir, *Losing Music*, is about his experiences with contracting and living with Ménière's disease. That's an inner ear disorder that can cause dizziness, vertigo, and hearing loss. And in John's case, suicidal depression as his life comes apart. He loses balance, loses teaching positions, and he experiences the loss of music in his life.

[00:01:21] **Transition:** Spirited acoustic guitar.

[00:01:31] **John Moe:** John Cotter, welcome to *Depresh Mode*.

[00:01:32] **John Cotter:** John, thank you so much for having me. It's such a pleasure.

[00:01:37] **John Moe:** How are you feeling today?

[00:01:39] **John Cotter:** I'm okay, a little—you know, I'm in Colorado, and everybody tells you to hydrate. And you tell them, "I used to live here, of course I know to hydrate! Stop, you know, lecturing me!" You know, and then you get here, and events get ahead of you, and you wake up the next day, and you think, "Why do I feel like this? Why do I feel like a hand towel that's been wrung out?" And it's because I didn't drink any water yesterday. So, I'm hydrating now, but anyway. I'm doing okay! I'm feeling—how are you doing today?

[00:02:09] **John Moe:** I'm doing fine. Thanks. And thanks for writing the book. And it's fascinating stuff. Let's go back to the beginning, where you begin the book and where your troubles began. When did you first start noticing that something was wrong with your hearing and with your body?

[00:02:25] **John Cotter:** You know, I probably was losing my hearing before I realized that I was. I used to—I was never a headphone person. You know, before this—behind the scenes, before this podcast, you advised me to put on headphones. It's funny; I didn't even own a pair. I had some earbuds. I didn't really own headphones in my 20s. And maybe I would wear them to jog, but that was it. I would just play music on speakers in my living room, and

people would knock on my door, and they would say, “It’s so loud.” And I thought they were crazy. I would think to myself that I can barely hear it, you know?

*(They chuckle.)*

Well, of course this should have been a sign that something was going on, right? A sense of disorientation, liking parties less, liking intimate conversations more. I was changing. I thought maybe I was just getting older, but then I would—I was living in Boston. I was commuting to Marblehead, which if your listeners don’t know the area, it’s about an hour up the coast. It’s a long commute, and I would listen to books on CD or audiobooks. You know, and I would listen to music, and I would think, “Well, that’s funny. I seem to remember the bass was more arresting, or I guess this British narrator just mumbles.” As the people from that island do, right? Talking into their sleeve.

But you know, I would be at the copy machine, and I would turn around, and a coworker would have been talking to me for two or three minutes, and I didn’t know. And I tried to play it off. I tried to laugh it off, but clearly something was wrong. And I—as I describe in the book, you know, what I used to—on the way home, it’s a drive up the coast. I used to pull over and jog along the beach and jump in the water and swim. And I would climb out of the water, you know, and the sun would be going down, because maybe it was September by then and maybe the sun was starting to go down on my commute. And I would be toweling off, and I would realize I don’t hear the ocean. You know, I’ve been hearing the ocean all my life. My grandparents used to live on the shore. And it’s a very familiar sound—you know, the rush and then the gravelly recession. The rush and the gravelly recession. What is it? “That melancholy, long withdrawing roar,” right? As somebody once said. And I couldn’t hear it at all.

And I turned around, and then I could—once I saw it, I could hear it again, which was a very weird thing. And I went into an audiologist. Well, of course later I would find out that the brain tricks you into thinking you’re hearing things that you’re not hearing. You know, if I’m listening to someone and I’m not reading their lips, I have a hard time understanding them. I look at their lips, and suddenly I understand them. It’s not necessarily because I’m hearing better, right? We hear with all our senses at once. This is obvious when I use that example, but it’s true in every situation. We hear with all of our senses at once.

[00:05:15] **John Moe:** So, when you talk about when you would face the water, then you would hear it. Was that your mind just providing a backup track and reminding you what it sounded like?

[00:05:27] **John Cotter:** Yeah, that’s right. When you start to lose your hearing, the music that you understand better, that you comprehend better—at least in my case, and I know in the case of some others too—is the music you remember. I was dancing at a wedding in 2014, and I had no idea what the music was. It just sounded like this formless chaos to me. This just aggressive aural mess, and I said to my wife, “What is it?”

And she said, “It’s Billie Jean.” And the minute she said that, I heard (*singing*) duh, duh, duh, duh.

It collected the noise and organized it. My brain did that work. My—you know, my brain had to help my ears do that work, because I knew the song. But had it been a song I didn't know, you know, I would have been lost.

[00:06:19] **John Moe:** So, you have this experience at the beach where you're realizing that something is different at least, were you realizing that something was wrong? Did it scare you?

[00:06:28] **John Cotter:** Oh, yeah. Oh, yeah! (*Laughs.*) Of course, it did. Of course, it did! And I mean, what's more—you know, I started—the other element of this is that shortly afterward, I started getting these vertigo attacks, right? Where the room—it was like someone had picked up and spun the room. And the, you know, corner of the ceiling would be the corner of the floor. And I felt like I was falling, and I couldn't stop. I thought maybe I was dying! So, in those moments I was overwhelmed by panic, right? But that was a really acute panic. You know, the sense of losing my hearing is more of a—it's more of a—

[00:07:02] **John Moe:** More of dread, probably.

[00:07:03] **John Cotter:** Yeah, it's dread. Well, yeah, your frontal cortex—your prefrontal cortex gets involved there, right? It's not just lizard brain fear. It's anticipation of fear. And reflection on fear. And I felt—I was about 30 years old, and I felt as though I hadn't really done the things in my life that I had wanted to do, that I'd let myself down in a lot of ways as a person. I mean, a lot of people feel this way. We have these expectations for ourselves. We think we know what the course of our life is going to be. And when this started to happen, I thought, “Well, if I lose my hearing and I lose my balance—all of these things that I wanted to do, it'll always be too late to do them.”

[00:07:49] **John Moe:** Like what kind of things?

[00:07:51] **John Cotter:** Well, I wanted to write books. I wanted to teach. You know, I'm a pretty good teacher. By the time it got really bad, by the time I—you know, I was so dizzy I couldn't drive, and by the time I wasn't able to make out conversations even in quiet rooms, by the time it totally took over my life, I was teaching here in Colorado. I was teaching environmental ethics at the Colorado School of Mines. And I couldn't do it anymore. And this is something I had wanted to do for so long. And I couldn't look at a screen. I couldn't—you know, I had fallen in love a few years earlier with the woman I would later marry, but I worried that this would destroy our relationship, that we wouldn't be able to communicate anymore, that she'd be too frustrated, that this would be too much responsibility for one partner to be disabled, that this wasn't what she had signed up for.

I mean, I wasn't able to—I used to love to call people on the phone and walk around and just talk on the phone for hours, drinking coffee and talking with old friends. And I couldn't understand their voices anymore. And it felt incredibly isolating. And I was overwhelmed by this sense of regret. And I felt as though the life that I was supposed to live was foreclosed. And I felt that I had failed. And I started to do this very weird thing, this very ticky thing. I started to think about the past and think, “What could I have done differently?” And of course, the irony here—right?—is that probably nothing! Because they don't know what

causes—Ménière's disease is the name for what it turns out that I had, right? There's no known cause. It's probably genetic. So, there's—what could I have done to avoid it?

Nonetheless, I went back over it in my head. I thought should I have just worked like crazy to make as much money as I could, so that I'd be insulated as these events took place? But then I thought, well, but then I would have had to live a different life. Then I wouldn't have met any of the people who mean so much to me. Or then I thought to myself, well, should I have been more epicurean, you know? Should I have just had much more fun, you know? Should I have just, you know, woken up at 7AM to go get drunk and do roller coasters, you know? And—

[00:10:21] **John Moe:** Always a wise plan.

[00:10:22] **John Cotter:** (*Laughs.*) It's a plan B. It's never a plan A, but should it have been plan A, you know? And should I have got—should I have explored, you know, the—you know, should I have made angel dust a bigger part of my life? I don't know. So, I felt pretty... but that would have left me uninsured. That would have left me—I didn't know what the right path had been, but clearly this illness, clearly this thing taking me out of the world was the wrong path. So, it felt like a (*inaudible*), like some question that there's no answer to. And it just locked up all the gears in my head. And it made me very, very darkly, darkly depressed.

[00:11:14] **John Moe:** How long of a process was it between that run and swim on the beach to when you're unable to teach?

[00:11:23] **John Cotter:** A few years. And you know, at first I thought we could live with it. I thought, well, it'll be tolerable. You know? I thought, well, okay, I just have hearing that comes and goes. Of course, this is impossible to explain to people. You know, if you say, “Well, my hearing is present some days, and then other days I can't hear.” They don't understand that at all. They just—and it's another thing that separates you from other people, that makes you feel sort of lonely.

[00:11:48] **John Moe:** Yeah. Well, I imagine people would say, “Well, have you been to the doctor? What did the doctor say?”

[00:11:54] **John Cotter:** Yeah, and the doctor said, “It's called Ménière's disease. There's no cure. There's no prognosis. We can't tell you what course it's going to take. Probably, you'll lose the vast majority of your hearing. Maybe not all of it. Probably, you'll lose your sense of balance and develop a condition called, you know, oscillopsia. And you'll—you know, you'll totter when you walk. And—but we don't know.”

And it's just this—it's this real sense of being up in the blue of, you know, being lost.

[00:12:28] **John Moe:** How long did it take to get to that diagnosis of Ménière's disease? Like, did you travel around to different doctors to try to figure out what was going on? Or was it pretty clear from the beginning?

[00:12:39] **John Cotter:** It took a long time and a short time. So first, I was told it was Ménière's disease, and I was prescribed a couple of drugs to take. But then I became dissatisfied with the diagnosis when I started reading up on it. What I was dealing with didn't seem like a classic case, so I went to see some other—I went to see some other otologists, and they said, "Yeah, it doesn't seem like a classic case, because your hearing comes and goes all the time, and that's just not typical. You know, most people will have a steady progression of loss, and you have some days are good days, and some days are bad days."

The roaring in my ears, the noise that I hear at all times, the tinnitus should really have only been present while I had vertigo attacks, and it wasn't. I had it all the time, but then sometimes it would go away. So, I went to see doctors in Los Angeles. So, I went to Yale, I went to the Mayo Clinic. And you know, they tried out different things. They thought, well, maybe it's, you know, neurological. Maybe it's ophthalmological. Eventually, it was determined that—you know, I saw one doctor at Mayo Clinic who said, "Look." She said, "Your ears are just really screwed up. They're probably deformed. And we won't know why they're screwed up until you're dead and we cut you open."

[00:13:49] **John Moe:** Thanks, doc.

[00:13:50] **John Cotter:** Yeah. It's not something to look forward to. It's like, oh, great. Okay. So, once I'm dead and you cut me open, then we'll know, and then we can have a pizza party.

*(They chuckle.)*

You know, it's like—it's not something you're working toward.

[00:14:04] **John Moe:** The name of the book is *Losing Music*. What did music mean to you before this came on, and what did music start to mean when you were dealing with this disease?

[00:14:16] **John Cotter:** Well, you know, I've never been—a lot of people will look at the title and say, "Were you a musician?" I wasn't a musician, but I love music so much. Which seems not very interesting to say, because everybody loves music. I mean, don't you love music?

*(John confirms.)*

I mean, this is something that unites us as—yeah! It's like food.

[00:14:34] **John Moe:** Yeah. I'm a big fan of food and gravity. Yeah.

[00:14:39] **John Cotter:** Yeah, right. *(Laughs.)* Yeah, exactly. Music is a quality of oral landscape, right? I mean, it's a quality of this music inside people's voices. You know, it's music in the rustle of the leaves. I mean, that's not even—and I'm not even being facetious when I say that. That's—you know, that's—I'm not just trying to sound like John Cage when I say that. It's true! You know, when I moved out to Colorado, on the days when I could hear

well, the rustle of leaves on a windy day had a veery different sound than it did in Massachusetts.

It directs the days. It colors the days. But music for me was this place that I would go to escape and reconnect with myself and organize emotion. You know, you feel all these different conflicted things. You know, it's a Thursday in October, and you're nominated for a teaching award, and you hear that a friend is gravely ill, and you're late for an appointment, and, you know, your wife's tied up in meetings all day. You can't talk to her. And the stove still isn't working; the repair guy has to come. And that's—there's 40 emotions going on, right? And also, it's the second anniversary of the day your father was buried. You know—and you know? It's just there's 40 emotions. So, you put on a song. And it could be “The Goldberg Variations”, it could be a Tom Waits song, it could be Ali Farka Touré. You put on a song and it—I feel like it organizes and directs those emotions. It turns them into an arrow, and it gives you a way—but that's what art does! Art organizes the chaotic mess of lived experience in a way that your brain can process it, because it has a shape, and you feel like you see all the way around it.

[00:16:28] **John Moe:** So, then when you were losing your hearing or intermittently losing your hearing and when you're dealing with this vertigo, you didn't have that escape. You didn't have that solace any longer.

[00:16:37] **John Cotter:** I didn't have that friend. I didn't have that part of myself. So, it felt—it's almost like when someone dies, you know? When someone dies that you've been close to you feel like a part of yourself has died, and that's how it was with me.

[00:16:59] **John Moe:** And so, what did that do?

[00:17:02] **John Cotter:** Oh, it left me feeling like a trapped animal. I didn't have a way to organize my emotions. People would tell me to draw, to sketch, because they were trying to find some way that I could connect with art, that I could organize emotion, that I could organize experience. But I can't draw. (*Laughs.*) I'm not any good at it. I couldn't go—you know, I couldn't... (*sighs*) nothing—I mean, I love paintings. I'm a very, you know, listeners can probably tell I'm using a lot of \$10 words. I'm a big reader. You know, I love to read, but it's not—my mind was too much of a chaos to make sense of words on a page. And often, you know, because I was dizzy, the words would move around. I had trouble looking at screens. And so, I just wished to hell I could listen to some Cowboy Junkie's *Black Eyed Man* album and just, you know, float away on that harmonica. I wished I could put on Papa Wemba's “Awa Y'Okeyi”, and the way the piano and his voice seem to be dancing with each other in that song almost like two characters in a ballet.

It would have taken me not only outside myself, which is what music does, but more deeply into yourself. Right? Paradoxically. And so, I felt trapped. I felt like A) no one understood what I was going through, because it's—first, it's a rare disease. I didn't know anyone who had it. And if I went on to chat rooms online and just typed in—you know, because people would say, “Well, try to find communities. Try to find other people who are experiencing the same thing online.” You know? So, I would go online, and I would go into many of these chat rooms—and maybe it's different now. I hope it's different now. This is back in 2013, 2014, you know. It's a long time ago. It was people talking about how they wanted to kill

themselves! That's what the chat rooms were! The chat rooms for Ménière's disease were filled with people dealing with suicidal ideation... and talking each other down and sometimes talking each other up!

And, you know, somebody would say—you know, maybe talking each other up means something else. It's funny, actually, that they—but somebody would say, “I think I'm going to do it today.” Or somebody would say, “I can't handle good days anymore. I don't want any more good days. Because all they do is remind me of how bad the bad days are. All they do is remind me of what I can't have anymore, what I lost. I have a day when I feel as though I could get dressed and go to work. When I feel as though I could walk my dog. When I feel as though I could put on, you know, Tina Turner again. You know, and I can't.” People would say, “I've lost everything. The person I was died anyway. It doesn't matter if I die now, because I'm not the person I was.” You know, people would say this dark shit.

John, it wasn't helpful to me. It didn't foster a sense of community. I've been suspicious of the word community ever since.

[00:20:10] **John Moe:** Was it—what was it that bothered you about it so much? Were you recognizing feelings that you were having yourself?

[00:20:19] **John Cotter:** Yeah, I mean I don't think anybody wants to spend their afternoon reading a bunch of chat groups of people dealing with suicidal ideation, right? It's not the kind of thing I would have done even if I was healthy. But yeah, I wanted to kill myself. Yeah.

[00:20:34] **Music:** “Awa Y'Okeyi” from the album *Emotion* by Papa Wemba.

*(Music continues under the dialogue.)*

[00:20:39] **John Moe:** More with John Cotter in just a moment. As we go to break, here's music from Papa Wemba, the Congolese musician John mentioned.

[00:20:46] **Music:** “Awa Y'Okeyi” by Papa Wemba.

*(Singing in Lingala.)*

*(Music fades out.)*

[00:21:13] **Promo:**

**Music:** Upbeat, quirky banjo music.

**Dan McCoy:** I'm Dan McCoy.

**Stuart Wellington:** I am Stuart Wellington.

**Elliott Kalan:** I'm Elliott Kalan.

**Stuart:** And together, we are *The Flop House*: a long-running podcast on the Maximum Fun Network where we watch a bad movie and then talk about it.

**Dan:** And because we're so long running, maybe you haven't given us a chance. I get it, but you don't actually have to know anything about previous episodes to enjoy us. And I promise you that if you find our voices irritating, we grow endearing over time.

**Elliott:** Perhaps you listened to one of our old episodes and decided that we were dumb and immature. Well, we've been doing this a while now. We have become smarter and more mature, and generally nicer to Dan.

**Stuart:** But we are only human, so nooo promises!

**Dan:** Find *The Flop House* on [MaximumFun.org](http://MaximumFun.org) or wherever you get podcasts.

*(Music ends.)*

[00:21:56] **Transition:** Thoughtful, relaxed acoustic guitar.

[00:22:00] **John Moe:** Back with the author John Cotter. Before the break he was talking about when his depression reached suicidal levels.

*(Music ends.)*

How far along in your disease was that?

[00:22:17] **John Cotter:** I'd had to quit all the work I was doing. Because I couldn't drive. I was living in Colorado, and the public transportation out here is for shit. And to some extent it's—I mean, it's large distances. Everything's so far away. It's hard to find public transport alternatives that'll be cost effective. But I couldn't get to work. And even if I could have got there, I was struggling so badly to hear students. And I was an adjunct instructor, right? So, I was contingent faculty. So, the same protections afforded—I mean, look, one of the schools I worked for said to me, “Our preference would be that you resign.” And I wasn't—I was a good teacher. I was someone with great evals. I mean, I really was a good teacher.

And so, you know, I could have hired a lawyer, but I wasn't in any position to do it. I was too panicked. Yeah, I was stuck in bed most of the time. And it wasn't the bed that I sleep in. It was an old futon in the room I've been using as an office. And I went there in the afternoons, because I couldn't move through the apartment easily, because I was too dizzy. Because my inner ears—first of all, they don't even know—they understand the ears so little. They don't really understand why people experience episodes of vertigo of this kind, right? They understand some. If the otoliths, the crystals inside your ears, become misaligned, yes. That they understand; there's a maneuver to fix that. But the kind of vertigo I was experiencing,



it's—they have a theory. They think the fluid of the inner ear becomes congested and that there's no way to repair it really. But I—theories were little help to me.

I had to hold the wall to walk. It felt like things were spinning, like the floor was coming out from under me all the time. So, I was just laying there. I couldn't hear music. I couldn't look at a screen, because it was moving too much. It made me feel sick. So, I was just lying there. And people would say to me, “Well, at least it's not fatal.” And I would think, “Just you wait.”

[00:24:43] **John Moe:** Yeah, the hell it's not.

[00:24:45] **John Cotter:** The hell it's not.

[00:24:47] **John Moe:** Yeah. Did you have any history of depression or any history of this sort of mood before this disease came into your life?

[00:25:00] **John Cotter:** (*Beat.*) Not really. I don't think so. I think I'd always been—I'll take that back. Yeah, I think I probably had been depressed at different times in my life, but I wouldn't have had the language to understand it. You know, I think I just thought I was bad at life. (*Laughs.*) Really! I think I thought I was bad at life; you know? If I had to get to class and I was feeling blue and I was just taking too long to get there and get organized, or I was just lingering looking at, you know, the leaves move in the trees and feeling kind of sad, I would just think that is because I suck! (*Chuckling*) And I'm no good at—I'm not efficient. I'm not well organized like other people are. I'm not someone who's one of life's winners. One of life's soldiers.

Because that's what—that I see—we live in—everybody blames everything on capitalism now, but I mean, understandably. I mean—

[00:26:03] **John Moe:** It's pretty guilty. (*Chuckles.*)

[00:26:04] **John Cotter:** It's pretty guilty, right? I mean, it's—(*stammering*) everyone blames things on capitalism, now and in 1860, right? Everyone blames the damn bourgeois. But I mean, capitalism demands of its citizens everything you demand of a soldier. It demands youth, vigor, health, single-minded determination, hard belief. And these qualities—

[00:26:35] **John Moe:** Competitiveness.

[00:26:37] **John Cotter:** Competitiveness! Absolutely, competitiveness. A certain bloody mindedness. An ability to follow orders. I mean, these are part of the human—as we know—condition, but they're not the whole of it. And I feel as though I was always kind of a drifty, dreamy person. I like to take long walks and think and listen to music and, you know, (*chuckles*) write things. You know, direct plays, make art, you know. I'm a creative person, like you. And life has a place for creative people. If, from the age of 12, in their prep school, they're working very hard to get into Yale, and then the Iowa Writer's Workshop, and then really don't blow it with that agent who's making the school visit, and get that deal, right? And then, it will reward you creatively. By the way, it helps to be born into means.

*(John agrees.)*

So, that's something you don't wanna screw up. I mean, come on.

[00:27:44] **John Moe:** So, then when the Ménière's disease was part of your life and the depression returned, was it a similar depression to what you had had before but just magnified? Or was it a different sort of depression?

[00:27:59] **John Cotter:** It was similar in the sense that I think there's two kinds of people. There's people who feel frustration and externalize it, and there's people who feel frustration and internalize it. And I'm the latter. I turn it inward. I blame myself. So, in that sense, it was the same. What was different was that self-blame had become self-hatred. And I... I thought I should be taken out of the picture. And I thought if I was taken out of the picture, it would improve the lives of the people around me. Because I'm not—you know, *(sighs)* people tell me—and I understand why now, because I'm removed from this, thank god—but people tell me now, “Well, suicide is selfish.”

Well, of course, but I saw it at the time as courteous. Because I thought I'm demanding too many resources of the people in my life. I'm a burden to them and not a pleasure. I'm not able to... I'm not able to bring happiness into their life. I just wasn't able. I was too sick. I couldn't do it. And everybody loves it when people who are sick have a good sense of humor. And you know, the thing is I actually did have a pretty good sense of humor. *(Laughs.)* But it was too dark, man. It was too dark.

[00:29:32] **John Moe:** So, when you had been to these doctors, and when you had been to the Mayo Clinic and all these places, did they offer anything beyond a diagnosis? Or was it just like, “Here's what's wrong with you. Best of luck!” Did they offer you any treatment?

[00:29:49] **John Cotter:** They recommended antidepressants.

*(John chuckles.)*

I mean, when you go to—

[00:29:55] **John Moe:** I'm sorry I'm laughing, but I'm laughing.

[00:29:56] **John Cotter:** It's okay! I mean, look, it's funny, right? It's funny. When you go to some place like Mayo Clinic, somebody told them that mental health is important, that treating the whole person is important, and it became a buzzword. And they hired probably some fucking consultant, I don't know, to put together a questionnaire. And so, when you show up there, they give you a questionnaire, and it says, “Do you ever have suicidal thoughts?” And I checked yes. And it said, “Do you blame yourself?” And I said, yes. And it said, “Do you ever experience depression?” Yes, I do. Right? And then you hand it back to them. And then when you leave, there's a little note that says, “You should take antidepressants, because you checked yes on this thing.”

You know, they also—I mean, there was a thing—they have a condition that they kind of I think sort of invented, called subjective dizziness, that—you don't hear much about it anymore. I think it was something they tried out that didn't fly. It's one of these diagnoses of exclusion like, “Well, we can't figure out why this is going on. So, let's just—we'll name it something and we'll—” But there's no treatment. And there's so many things like that. I mean, really, medical science can treat a pretty small percentage of the things that are wrong with us. It's just that it managed to nail some of the big ones. And so, we think it can do almost anything. And of course, it can't.

So, you know, I took antidepressants. It was probably helpful. Probably beneficial.

[00:31:24] **Transition:** Gentle acoustic guitar.

[00:31:25] **John Moe:** Just ahead, John Cotter had been dealing with all this hearing loss and attendant mental health impact, but I am talking to him now. So, how?

*(Music ends.)*

[00:31:43] **Promo:**

**Music:** Funky, cheerful synth.

**Kevin Ferguson:** Co-Optober continues in celebration of National Co-op Month. I'm Kevin Ferguson, Senior Producer and worker-owner at Maximum Fun.

**Marissa Flaxbart:** I'm Marissa Flaxbart, Producer. And I'm also a worker-owner at MaxFun. This week is all about community.

**Kevin:** Of course, we wouldn't be a co-op without the MaxFun community. And we love it whenever members of our audience get together. So, we're having another MaxFun Meetup Day this Thursday, October 12th.

**Marissa:** And next week, we'll be hosting a panel discussion with other worker-owners across the co-op community.

**Kevin:** And we are still selling our limited-edition launch crew merch, available to all MaxFun members.

**Marissa:** But only through the end of the month!

**Kevin:** For more info on Meetup Day and everything Co-Optober, head to [MaximumFun.org/cooptober](https://MaximumFun.org/cooptober).

**Marissa:** That's C-O-O-P-T-O-B-E-R. Have a great week!

*(Music fades out.)*

[00:32:38] **Transition:** Thoughtful acoustic guitar.

[00:32:39] **John Moe:** Back with writer John Cotter, author of the memoir *Losing Music*.

*(Music ends.)*

When did you develop some new ways of dealing with this thing that did prove helpful, and was medicine a part of that advancement or did you have to do that on your own?

[00:33:01] **John Cotter:** Medicine was never a part of that advancement. I mean, if anything, the doctors that I worked with slowed me down. You know, they recommended medications that didn't seem to help. In fact, in some cases, seemed to make things worse. So, then I would Google the medications, and then I would get lost in these rabbit holes. I'd look at *PubMed* articles. I went to the Widener Library, and I pulled up a bunch of research, and I just started reading all these old studies about these medications I've been prescribed. Wasn't one study that proved their efficacy. Not one, right? Not one! You know, it just—the prescriptions that people had been giving out since the 1930s, and it was just—they just wanted to give you something. Right?

It was essentially the equivalent of a sugar pill, except that it was an actual drug that could have made you—you know, that had side effects. So, I stopped taking that stuff. You know, it was—I'll carve out an exception for the audiologist that I worked with, right? Audiologist, meaning people who work with hearing aids and sound and cochlear implants. And they're PhDs instead of MDs. And unlike a lot of MDs I'd worked with, they listen to the patient. And they try to find creative solutions. So, they would say things to me like, “Well, if you can't talk on your phone, try—you know, try connecting through your hearing aids.” The hearing aids—the Bluetooth was crummy on this set of hearing aids I was using. And they'd say, “Well, try to buy a pair of really expensive headphones and see if that works.” And they would just try to talk through solutions with me, but they looked at my individual case. But anyway, that's not the question you asked. You asked about what changed my perspective.

[00:34:37] **John Moe:** Yeah. What made things—what improved things?

[00:34:38] **John Cotter:** I mean... the love of the people around me. You know, and I think it's luck. It's absolutely luck that I happen to have a support system in my life, you know. I have my wife, the writer Elisa Gabbert, and I got married. And she said, “Look, you know, I'm going to commit to you, you know, even though this thing is happening to you. You have to commit to me. If I find myself in dire straits, you have to be there for me. That's the deal.”

And I said, you know, okay—which means if I'm making that deal, I can't kill myself. But it's not just that. I mean, it's not as simple as—you know, we also—we decided I should talk about my hearing trouble a bit less, because what you talk about becomes what you think about to some extent. It's acting as if. But also, the condition began to stabilize a little bit, finally. It had never stabilized completely. I will still have vertigo episodes, but not every other day. And so, I'm able to—you know, if it's been a few months, I can just—I'll drive a car. You know, I can teach again. Gradually, you figure out how to live in this different body. Gradually, you learn how to adapt.

The thing that finally talked me out of killing myself—I mean, it was all of these things, but I went to live at a homeless shelter for a month in eastern Colorado. Lighthouse Writing and Arts Center, this writing and arts center in Colorado, was sending teachers to a homeless shelter in eastern Colorado. It's about an hour from the Kansas border. It's flat, nothing there. It's not the most alluring locale, right? They were sending us out there to work with the residents of the shelter, most of whom were recovering from addiction. Struggling with addiction is a good—I mean, that's cliché, but it's a good way to put it. And these were people who really had never had a chance in life. A lot of them, right? A lot of them were people who dealt with so much abuse in the homes where they grew up or had been foster kids just kicked around by the system or had parents who were alcoholics or drug addicts who neglected them, who weren't given regular meals as kids. They didn't have the opportunity.

We live in this world that thinks to itself, “Well, surely they could have gotten a scholarship to Phillips Exeter and got into Yale. And then, you know—”

[00:37:31] **John Moe:** They just need to try hard.

[00:37:33] **John Cotter:** They just need to try. They need to pull themselves up by their own, you know, bare feet. Right? Which is how the people who run our world get their money. Not by being born into a South African diamond mine fortune, right?

*(John chuckles.)*

They were people who just hadn't had a chance, and many of them were unbelievably sweet and generous and kind. And I want to cry thinking about it. They were—you know, I got sick. I got food poisoning at the shelter, and they took care of me. You know, they got me electrolytes. They were—they cooked for me in their rooms. They took me fishing at the creek behind the shelter. They were just—we had wonderful conversations, and I—*(sighs)*. They were just unlucky. They were not remotely deserving of this fate—right?—that they had encountered, that had found them. And it made me think of luck in a different way than I had thought of luck before.

I really think there's this thing outside of us. It's just—it's chance, right? It's the forces of chance. It's aleatory, right? We were just talking about John Cage, right? So, it's aleatory, meaning it's random. Meaning we don't deserve the misfortunes that befall us. We don't deserve the good things either. I was talking with the writer Teju Cole about this the other day, and I said, “You know, you're down South. And people will think a successful person is someone who, you know, got right with God. And an unsuccessful person hasn't.” Right? Or and then, you go out West, and they'll say, “Oh, well you're sending good thoughts to the universe. You're open to the universe. And so, the universe is rewarding you.”

And he said, “Oh, yeah.” He said—and you know, he teaches at Harvard. He said, “Oh, yeah. And here at Harvard, they think, you know, it's meritocracy. They think they just are smarter. They think they are just—and not that they worked harder, just that they are. That they are smarter. And simply because they are smarter, they deserve these things.” And he said to me—he made a very good point. He said, “Look.” He said, “I'm not saying they don't deserve these things. I'm saying everybody deserves these things. I'm just saying they don't deserve it more than anybody else does.” He said, “But they really think they do.”

But everybody has a different way of organizing this idea of who is deserving and who is undeserving. And I began to realize it's just... it's the movement of the wind in the trees.

[00:40:26] **John Moe:** And so, that pulled you out of your suicidal thinking?

[00:40:32] **John Cotter:** (*Beat.*) It helped. It's hard to point to one thing, but that was a big part of it. That was a big part of it, because it just made me think of agnosticism as not just a cosmology, but as a way of life.

[00:40:53] **John Moe:** Like a moral philosophy, really.

[00:40:55] **John Cotter:** Yeah, exactly! That's right! That's exactly right. That's exactly—it was a moral philosophy. That's right. It's—we don't know. We don't know why the things that happen to us happen to us. We may think we know, and our brains have to trick us into thinking we know, right? But we don't really know why the things that happen to us happen to us, and we don't really know what's going to happen. And we think we're in control of it, but we're nooot in control of it.

[00:41:26] **John Moe:** Was writing this book a part of learning how to cope with what had happened to you?

[00:41:33] **John Cotter:** Oh, yeah. Writing this book is how I pulled myself—because, you know, what we do need—right? So, we have to live in this world that is determined by chance, but we do need meaning in our lives, right? And it's—and to some—to this extent, I guess my philosophy is kind of existential, right? It is kind of the way—existentialism in the way that like a Camus or a Sartre would—even though they had different ideas—would have defined it, right? We have to... I don't buy into the philosophy completely, but we have to kind of decide on the meaning of our own life, you know? Because otherwise someone else is going to do it, or the universe is going to do it.

And the thing is, other people and the universe are going to do it anyway. But we can at least throw our hat in, right? And so, I needed some meaning. I needed something to live for. And writing the book, sharing the story, became the thing I was living for. And, uh, I'm alive.

[00:42:35] **John Moe:** Now, when this interview was scheduled, I was half thinking, “Am I going to have to type out my questions for him to read?” How am I talking to you and you're hearing me seemingly just fine right now?

[00:42:47] **John Cotter:** My hearing has largely stabilized. It has stabilized at a low level. The good news is your voice is in the range of what I can hear, right?

(*John chuckles.*)

So, I'm wearing expensive headphones. The volume is turned all the way up. Your voice is kind of faint. But I'm looking at your lips as we're talking. I can see you.

[00:43:13] **John Moe:** We're on Zoom.

[00:43:14] **John Cotter:** I can see—exactly, we're on Zoom. No, yeah, exactly. I wasn't casting my mind into the—

*(They laugh.)*

I see you now, John! I can see you sitting in a room with a microphone!

But I—yeah, I'm looking at your lips. I'm wearing high-powered headphones. When I walk around in the world, I wear high-powered hearing aids. Not the kind with the open earpiece, but the kind with the closed earpiece that the only sound coming into me is the kind the hearing aids are bringing me. And the hearing aids—so, the kind of hearing loss I have is—it's shaped in a sort of a parabola, right? Most people, it would be kind of a straight line, and this is sort of a parabola. It's the low tones that I've lost. You know, organs, kick drums, very deep voices—James Earl Jones. Right? The very higher tones are pretty good, except they're starting to drop too. But the middle range, which is also the human vocal range, is okay.

It's not as good as most people's hearing is, right? Most people—children can pick up anything over 10 decibels, right? When we get a little older, it's about 20. We can't hear certain sounds anymore. Everybody—it's true of everybody, right? You can't hear the wind in the grass anymore. It's doesn't quite come across. For me, it's about 60. Right? Anything under 60 decibels, I have trouble—I don't know if this kind of detail would be interesting to your listeners, but anything under 60 decibels. But the hearing aids help compensate for that. Single voices in quiet rooms with the help of electronics, absolutely I'm getting by. Absolutely I'm getting by.

[00:45:00] **John Moe:** So, did music go away and then return for you?

[00:45:06] **John Cotter:** Well, it's not what it used to be. It did go away. I've lost some of it for good, right? So, like I can't really listen to Beethoven anymore, because he's so dynamic. He's always going from very soft to very loud, to very soft to very loud, right? I mean, all the symphonies start very soft. If you think about the Ninth Symphony, you barely hear it when it starts. It's just a few disorganized sounds that gradually rise up into something that's much too loud. And so, what I have to do is I turn the volume way high for the quiet—still can't hear them—and then, he comes in with the loud stuff, and then I have to turn it way down again, right? I can't do it.

As opposed to someone like Bach, who's preeetty consistent, right? It's like a pop song, right? It's just—it's loud and steady, but I still can't—I mean, I can't hear a piccolo. I can't hear a flute. I can't hear—the piano is really no good to me as an instrument anymore, unfortunately. I can hear the piano part but not the forte part, which is another reason that—I was at a party the other day, and somebody sat down to play the “Moonlight Sonata”. And even though I was sitting near the piano, I was missing some of it. You know, I wasn't catching it all. But violins, trumpets—particularly solo violin, I can still hear that. Bach's “Partitas”, absolutely.

[00:46:25] **John Moe:** Tom Waits?

[00:46:27] **John Cotter:** Yeah, cause I—well, you know, Tom Waits, because I—if I was hearing it for the first time, I don't think I could. But because he's my lifetime companion—

(*John chuckles.*)

Because I know all the songs by heart, even the ones that I don't like very much, I can—I'm hearing Tom Waits the same.

[00:46:46] **John Moe:** Your brain fills it in, like the ocean, like you talked about the ocean. Yeah.

[00:46:48] **John Cotter:** Exactly. I'm hearing—I'm hearing Tom Waits like I hear the ocean. Same roar. Same melancholy, long, withdrawing roar.

[00:46:58] **John Moe:** (*Chuckles.*) Right. With a little bit of gravel thrown in.

[00:47:01] **John Cotter:** A little bit of gravel.

[00:47:03] **John Moe:** The book is *Losing Music*, a memoir. The author is John Cotter. John Cotter, thanks.

[00:47:08] **John Cotter:** John, thank you so much. It was such a pleasure to talk to you today. I wish you good luck, and I wish your listeners well.

[00:47:16] **Music:** “Building Wings” by Rhett Miller, an up-tempo acoustic guitar song. The music continues quietly under the dialogue.

[00:47:23] **John Moe:** *Losing Music* is available where books are sold, because it's a book. Next time on *Depresh Mode*, Jason Pargin is a very popular and well-regarded novelist.

[00:47:35] **Jason Pargin:** You, I assume—and everyone listening—have at some point overslept for something important. You woke up, and you realized—like the light coming in from the window, you knew you overslept even before you looked at a clock. You realize something's gone wrong, and you're now going to be late for work. You're going to be late for your flight. That moment of panic, it's panic and it's also self-loathing. You wake up hating yourself, because you allowed yourself too much rest. Okay. I wake up to that sensation every morning, and I don't have a job.

[00:48:05] **John Moe:** Anxiety doesn't care.

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Hi, credits listeners. *Stop Making Sense* is playing in theaters again, and you should go if at all possible. Tina Weymouth is the low-key heart of that band. *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 music, including our theme song, “Building Wings”.

[00:50:02] **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*

[00:50:38] **Anne:** Hi, this is Anne and Gloria Pancake from Oak Park, Illinois. Gloria reminds you it's time to put your phone down and go for a walk. Enjoy!

[00:50:49] **John Moe:** *Depresh Mode* is a production of Maximum Fun and Poputchik. I'm John Moe. Bye now.

*(Music fades out.)*

[00:51:03] **Sound Effect:** Cheerful ukulele chord.

[00:51:04] **Speaker 1:** Maximum Fun.

[00:51:05] **Speaker 2:** A worker-owned network.

[00:51:07] **Speaker 3:** Of artist owned shows.

[00:51:09] **Speaker 4:** Supported—

[00:51:10] **Speaker 5:** —directly—

[00:51:11] **Speaker 6:** —by you!