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John Moe: Here's what I'll say in regard to mental health: if you get help, you can get better. Here's what I won't say: if you get help, you will get better. I can't promise that. I won't say if you get help, you'll get all the way better. Can't promise that either. I also will not say that if you get help, you will be cured like your mental health condition never happened. Certainly can't promise that one.

Because a mental health condition is and is not like a broken bone. Yes, it's a health phenomenon that you never chose and is not your fault, and it can be treated by trained professionals, like a broken bone. But your mind doesn't knit together on its own if held in place, and it won't be shown in an x-ray to be healed. So, what do you do? Well, you do what you can. You seek help. You may be offered something like therapy, or meds, or treatment that does make a difference. And then you take the win, and you move forward. There are no casts or crutches, sorry. But there can be healing, and it can be significant.

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

Transition: Spirited acoustic guitar.

Clip:

Ellie Hino: A lot of people hate going to the doctor, but I kind of love it. I do. I love it, because—especially when I was pregnant—okay?—I loooved going to the doctor. Because there is always a possibility—right?—that the doctor's going to come in the office and say, “Ellie, we've run all the tests. And you need to go home and lay down.”

(Audience laughter.)

“For a very long time.”

John Moe: That's Ellie Hino. She's a standup comedian based in the Twin Cities. She's headlined all over the place, opened for folks like Maria Bamford and Bobcat Goldthwait. Ellie's debut album, *Soft Bones*, came out earlier this year. And not too long ago, Ellie was diagnosed with ADHD—Attention Deficit Hyperactivity Disorder. She did the full flight of testing. She got the diagnosis, which has led the way to a greater understanding of what was going on in her mind and what had been going on for a long time and what to do about it, how to better manage it. Not solve it, manage it. She's also dealt with depression and anxiety, including around the time of her son's birth.

I think a lot of people wonder about ADHD—if they have it, what it would mean, how things would be different if they got that diagnosis, how things would be different if they got professional help in living with it. Maybe you're one of those people who've wondered about that. Maybe this will help you. Like I said, Ellie's diagnosis is a pretty recent one.

Transition: Spirited acoustic guitar.

Ellie Hino: Well, that was actually in my 40s. So, maybe like—it was pre pandemic, but not long before that, so. I'm 46 now, so it was probably around 41 or 42.

John Moe: And what led to that? What led to you wanting to go get tested and get diagnosed and find out what was going on?

Ellie Hino: Well, I always joked about having it. It was like very obvious, and it was like, “Haha!” And then, when I had—I have a son now. He's nine now, but when he was little I started looking it up. And I was like, “Ugh, does this kid have ADHD?” And I was looking at the symptoms, and I sort of stumbled upon one that was more like adult symptoms of ADHD. And it was like, “Easily frustrated, you know, mountains of depression”—things that I never knew were part of ADHD. And they just resonated very clearly with me, and I was like, “Ohhh, shit, that's me.” And that's not only me, but those are all the things in my life that I struggle the most with, and I thought, “Oooh! What if we could help that a little bit?”
(*Chuckles.*) You know?

John Moe: Yeah! Well, how long has that been going on? Like, the getting frustrated, the bouts of depression—how far back does that go?

Ellie Hino: I mean, I think forever?

John Moe: Yeah?

Ellie Hino: I think so. I don't know. It's weird, because they always talk about kids growing out of it and stuff, but I'm like, “Is it possible I grew into it?” (*Laughs.*) Is it possible it gets worse as I age? I don't know.

John Moe: Yeah. Well, what was the testing like? Like, how did you find the place to go get tested?

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And what happened when you did? Because I think a lot of our listeners are probably in the same boat as you like “Oh, is that what's going on?” And they probably wonder what would be next, along that journey.

Ellie Hino: Yeah. I wish I could think of the other symptoms that really jumped out to me, but I know that frustrated easily was a big one that I was like, “Oh, Jesus, that's a thing.”

Anyway, I talked to my regular therapist. And she had been, you know, treating me as though I just had regular old anxiety. And when I told her I thought maybe I should get tested, she kind of was like, “Oh. Oh, yeah, you definitely should!”

(*John chuckles.*)

And then I think she kind of felt bad. She even told me once, she was like, “I feel a little bad that I didn't think of this, because it's kind of pretty clear that that's where a lot of your anxiety—” Like, once I was diagnosed, she was like, “Yeah, I think this is where most of your anxiety stems from.” You know, just not being able to get things done easily, especially— Well, because obviously—well, maybe not to some people—but for me, my ADHD got waaay more clear when I became a mom of a toddler and like became a way bigger problem.

Because it was no big deal when I was younger and didn't have as many responsibilities if I was late and things were hard. (*Chuckles.*) You know, cleaning the house didn't get done or things like that. But once you're—and the guy who diagnosed me told me that almost all of the women he sees, or almost all of the diagnosis he sees in adults are women, and most of them are mothers of young children.

John Moe: Really?

Ellie Hino: Because I think it starts just being hard.

John Moe: That's interesting that you said that you noticed it when you became the mom of a toddler and not when you became a mom. Like, was it less pronounced when your son was a baby?

Ellie Hino: I mean, I think the whole world is spinning when they're a baby. (*Laughs.*) And like, I had no idea what was going on. I for sure had postpartum depression, probably postpartum anxiety—which I didn't realize until two years later. You know. And so, I'm sure I was just struggling so deeply during the newborn years that I don't think I really—I wouldn't have been able to do any self-care or self-diagnosing when he was that little. There was no self. And then when they get that toddler age, you're kind of like, “Oh, can I be myself again, maybe?”

John Moe: Right. When you can start to have a conversation with them that somewhat resembles a conversation with a—not an adult, but like somebody who understands what you're saying.

Ellie Hino: Yeah. And also, more that it just gets easier in a way. I mean, it gets hard, because you're running after them. But you're no longer like breastfeeding, and like trying to get through the day and get enough sleep to survive isn't quite as dire.

John Moe: So, you started to look into this in regard to your son, and then you talked to your therapist. What was the testing like? Where did you go? And what was involved with that?

Ellie Hino: I thought it was super fascinating. I went to a psychologist, and he was actually a recommendation from my other therapist. And he was pretty serious guy. You know, he was one of those that you really wanted to make laugh, but it was hard to do. But he seemed really smart and kind. And we did—I'm trying to think. I mean, it was—they do like a million different tests. It was things like little trivia questions.

And then my favorite part of it, or the most interesting part, was when he sat me down—pardon—in front of a laptop and was like, “Okay, when X pops up, press the spacebar.” It was something like this. I might be messing it up. But if X pops up, press the spacebar. But if another letter pops up, don’t press the spacebar. And I was just—it was like, I knew it was happening, and my brain had impulse control issues. So, it just—I would just press the spacebar, even though in my brain, I knew like, “Ooh, don’t!” (*Chuckles.*) But the message—

John Moe: So, even though it wasn't the right time to press the spacebar, you just—

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Something within you said to do it anyway.

Ellie Hino: Kind of. It's like... it was almost like a test like not of my thoughts, but of my actual nervous impulses, like my nervous system impulses. Does that make sense? Like, my fingers moved before my brain told them to.

(*John “huh”s.*)

That's why it was so fascinating, because I was just like, “What. Was. That?” (*Laughs.*)

John Moe: So, were you like standing outside yourself, kind of watching yourself do this?

Ellie Hino: I was trying so hard to get it right. (*Laughs.*) But by the end of it, I was just like, “What just happened? That was bonkers.” Because I knew that I had accidentally pressed it a bunch of times.

John Moe: Huh. And so, how long was the testing? What was—you know, how long did that go on for?

Ellie Hino: Like, four hours.

John Moe: Four hours?

Ellie Hino: Yes, four hours. One of—I can't remember the name of the test, but it's like a full mental health evaluation. It's called the MN-something, because I think it was developed in Minnesota. And it's like they would give this same test to someone with schizophrenia, I believe. And so, it's all kinds of crazy questions about like if your neighbor did something rude, would you have the urge to stab him? (*Laughs.*) They're just really weird, and you're like, “Well, no—I don't—no! What?!”

(*John laughs.*)

And then—but it also—apparently, it's one of those tests that like you can't trick it. Like, it's ready for your tricks. And it's like, “We see through your mental illnesses, lady.”

John Moe: Were you trying not to have ADHD during it? Like, were you trying to win in some way?

Ellie Hino: No, I think, if anything, at this point winning would be like having it, so I could be like, “Yeah! See, something's wrong. Something's always been wrong.” (*Laughs.*)

John Moe: “I told you people!”

Oh. And so, then what did they say when you got the results? How did that work?

Ellie Hino: He sent me a whole—well, I think he like talked to me afterwards. And I think he was like, “I'm guessing—I'm not gonna like diagnose you right now. I'm gonna look at all the results and compile it all together. But yeah, I'm guessing you have like some form of ADHD.”

So, I didn't leave going like, (*distraught*) “Do I have it or not?!” (*Laughs.*) But he wrote a whole report. It was like a four-page report about like Ms. Hino, you know. And it was like, “Ms. Hino, the patient, presents with—” And it was so scientific and serious, and it had my IQ. That was part of it was an IQ test.

That was actually the other most fascinating part, because one of the— So, there's no—none of these tests can say like “Yes, you have ADHD” or “No, you can't.” They're just—if you look at a bunch of them together, you can decipher certain information like, “Oh, she does seem to have stronger impulse issues,” or whatever.

And so, one of them with IQ—(*sighs*) this is terrible—memory recall is part of ADHD, and I have terrible memory recall. I can never remember names or what things are called. (*Laughs.*) And he explained it to me. That guy explained that I basically take information, and I like file it just wherever. Whereas other people have like—you know, they put it in the right file folder in their brain. But mine just sort of is—it's somewhere in there, but I can't recall it super easily.

John Moe: That's interesting to me, because isn't—I mean, your job—your comedy job anyway—seems like it relies on maybe not memorization, but like repetition and detail and some awfully precise phrasing. You know, not everyone can get up there and do what you do.

Ellie Hino: And that's why I take Ritalin, and it is—I always take it before a show.

John Moe: Really?

Ellie Hino: Always. And it helps me so much.

John Moe: Did you get on that as a result of the ADHD testing?

Ellie Hino: Yup. Yeah. The IQ is—it's like four different pieces. And two of my scores were like—you know, I'm, not gonna brag, but they were pretty good. But then the other two of my

scores were like much—like, normally your IQ scores, all four of them would be like right around the same. And like mine were like two high ones and then two a little bit lower, and those are—I don't know if memory recall is one, but processing speed is definitely one.

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Which I always thought that ADHD was like, “I'm all over the place, so I'm like processing things extra fast.”

And he was like, “Nnno. Way slower.” (*Laughs.*)

John Moe: Oh, that's interesting! But had you been doing—you'd been doing standup before you ever got diagnosed, right?

Ellie Hino: For sure. Yep. And even in sketch comedy where I did have to memorize huuuge chunks in very short amounts of time.

John Moe: Wow. And so, how did that go?

Ellie Hino: Um. I don't know. I was younger, so my brain was better at that stuff anyway. But it always was stressful to me. Memorizing was really stressful, but I was somehow still good at it. I don't know if that was like an ability to kind of hyperfocus on something or... you know, when you're in a show, also you're sort of... I guess I worked hard, you know? I worked hard at it, and I made it happen. But there was an improv game that we used to play at the Brave New Workshop, and most of what we did was like longform.

John Moe: Big comedy theater here in the Twin Cities.

Ellie Hino: Yeah, it's kind of like Second City. Sketch comedy, and then afterwards you always do an improv set. And most of it is longform improv, like scenes and stuff. But then we also did a lot of shortform games here and there. And one of them is called ABC, and it's just—or Alphabet or whatever you call it. And it's one person starts the scene. Like, say the letter is M that we're going to start with. So, I would say a sentence that starts with the letter M. And then the next—the scene goes back and forth, and you have to respond with a sentence starting with the next letter of the alphabet.

It is a super simple concept. And now I can do it when I take Ritalin. And I was terrified of it to the point with like palm sweat. Like, I just—my brain couldn't handle it. (*Laughs.*)

John Moe: Wow.

Ellie Hino: And I remember my coworkers like making fun of me for it. They were like, “What? This is the simplest, stupidest game. How can you not do this?”

John Moe: Well, I want to find out a little bit about what happened after the diagnosis, when you have that knowledge of the diagnosis and when you have access to Ritalin and something that can help you in terms of meds. We'll do that right after the break.

Transition: Spirited acoustic guitar.

Transition: Gentle acoustic guitar.

John Moe: And we're back with comedian Ellie Hino. We're talking about ADHD. We're talking about comedy. We're talking about diagnoses and getting things figured out.

Okay. So, you get the report, you get the four-page report, you get the full rundown on your IQ and your ADHD and everything else involved with that. What did that feel like for you to kind of get that confirmation and know that there was help and know that you could move forward with more knowledge and more assistance?

Ellie Hino: The initial reading of the report was bizarre, because I felt like a science experiment. Like, it was just so strange to read that much information about someone observing you in that way. And it felt like invasive in a way. And embarrassing kind of. And then there were the moments of like feeling excited about like, “Ooh, what if this could—what if I try a medication and it like really helps?” Because they kind of explained that it is—if it helps, it's sort of like a light switch that goes on or is off when you're not taking it. It doesn't have to build it up in your system or anything. It's just like you're either—you take it, or you don't, and it's like a little light switch.

And then, I started Ritalin pretty quickly. I think I was sort of ready to go. And the very first day I took it, it was kind of—it was fascinating, because it really made such a huuge difference, but in such tiny ways. But many, many tiny ways.

John Moe: Like what?

Ellie Hino: Like, okay, the very first day I took it, we took my son to the park. And my parents were visiting at the time. So, you know, there was a lot going on in the house. And every time I went to the park it was just—it felt very stressful, because of moms trying to chat with you, and you're desperate to chat with the other moms. Or at least I was. Like, I'm an extrovert, and I never see anyone. *(Laughs.)*

And so, I'm so excited to talk to the moms. But like, I'm also trying to watch my son and trying to make sure he doesn't like fall off of stuff.

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And those conversations always just seemed so stilted and awkward. And then when I would leave, I'd be like, “I think I cut her off and never answered any of those questions.” Like, it was just a terrible conversation. *(Laughs.)*

John Moe: Ruminating. You're replaying everything.

Ellie Hino: Yes! And then—and this time I just went, and I chatted with this lady, and it just felt easy! And I just watched my kid and did another thing. And it felt easy. I want to say also that there is a huuuge—with the adult diagnosis, and I've talked to other people who have felt the same way, is it's like there's like a grief with it. Because it's like a what could have been. Because I'm like, “Oh, what if I had Ritalin in my teens or 20s? Would I have moved to New York and like done more with my life?”

So, there was a lot of just wondering what I could have done if I had been diagnosed earlier.

John Moe: How have you managed that grief?

Ellie Hino: I mean... I don't know. I still feel—I still think about it sometimes, but I guess just being happy with what I've created and knowing that just because I didn't— And some of that grief was directly related to comedy. Like, what if I hadn't quit comedy for a while and gone and worked in a bar? What if I would have moved to New York and really tried? Really tried. like I look at 21-year-old comedians, and I'm like, “What!? How'd you do that? I was such an idiot.” (*Laughs.*)

But I think I just, you know, remind myself that it's (*in a silly voice*) never too late. (*Laughs.*)

John Moe: On your album, *Soft Bones*—which is very funny. I enjoyed it very much.

Ellie Hino: Oh, thank you!

John Moe: You talk about another job that you had as a massage therapist at a hospice, a licensed massage therapist at a hospice. Are you still doing that job?

Ellie Hino: Nope! (*Laughs.*)

John Moe: No?

Ellie Hino: No, I—honestly, it got to be too much for me mentally. It got to be really, really depressing. And it wasn't so much the actual visits and the working with dying people. That part never felt super depressing to me. That was always nice, and you feel helpful, and I loved it. But I couldn't get—I got pretty deep into a feeling of like, “I'm going to die any minute. We all are.” And I just couldn't really shake that. And I think I got pretty depressed. So, I quit that like one year ago.

John Moe: Okay. Okay. Are you still doing that kind of work but not in a hospice? Or you just moved out of that kind of work?

Ellie Hino: I have had—this is funny, because I felt like I had found my thing, and I was pretty settled in. And I always have multiple things going, so I have comedy and hospice! And you know, but I would find this balance. And I—

John Moe: The old comedy hospice combination that's so popular. Yeah.

Ellie Hino: Yeah, totally normal! I'm a Gemini, so it makes sense. We're insane. Gotta have both sides.

And so, I felt pretty stable in all of that. And the last year, I have had like five different jobs, all completely different. I did—I went back to regular massage for a while, and then I got a job doing children's theatre. And I was like, “That's what we're talking about! This is going to be the thing. It's joyful! It's children. They're not dying! And they're just starting!” And so, I really thought that was the thing.

And then I was like, “Oh, I can't.” And honestly, it was because of my ADHD. I'm not trying to tie it all together, but that was legit—those kids are too much for me all at once. *(Laughs.)*

John Moe: How is that related to ADHD? I think a lot of people might not see the connection there.

Ellie Hino: Oh my gosh. It's just—there is so much going on in a classroom. I did like theatre camp, basically.

John Moe: Oh, sure.

Ellie Hino: So, it would be me in a classroom with like 12 five-year-olds and—or older, but either way, it was just too much stimulation. Like, you know when there's just a lot going on, and you feel overstimulated? It was like that, but times probably a lot more because of my difficulty concentrating.

John Moe: Yeah, I did children's theatre when I was in my early to mid-20s for a while, professionally. And I look back, and I just don't know how that person got through that. *(Chuckles.)*

Ellie Hino: Right?!

John Moe: Because I couldn't even imagine the monumental stress of it today. That's amazing work.

Ellie Hino: And I did it when I was young, too.

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And I loved it. And going back to it now—I mean, geez, maybe it's not the ADHD. Maybe I'm just too old for this. But I was like, “You guys have too much energy!”

(They laugh.)

And so, now I'm back to the old nursing home spot. Not the old one, but a new one. I'm working with—I'm doing activities. Honestly, John, I think this is the one. I think it's gonna stick for a day job. (*Laughs.*) I do like fun stuff with the residents. And so, I still get to use like my theatre—or my theatrical side, at least. I get to use my comedy and my love of playing games and making stuff. And it's pretty fun.

John Moe: Well, so then if you have the diagnosis and you have the Ritalin, does that put you in the same place mentally as anybody who's never dealt with ADHD at all? Or is it just a way of managing it? Like, where are you compared to the person for whom this has never been an issue?

Ellie Hino: I mean, I would have no idea! (*Laughs.*)

John Moe: (*Chuckling.*) Fair.

Ellie Hino: But my guess is that it is just managing it. It doesn't feel like—(*sighs*) it's not a cure, because you can't take the perfect amount and the perfect dose for every hour of the day, even with an extended-release pill. Even if I—like, okay. (*Sighs.*) Oh my god, if anyone's listening and takes Ritalin or Adderall, they will understand that it is such a friggin' struggle just to get the right medications. And then you get these generics, and they're all different, and one works for you, and one doesn't. And the insurance and the controlled substance stuff, it's—I never pick up my prescription just like without an issue. It is always a situation, every month. And you can't get more than a month, because it's a controlled substance.

But so, even if I'm on the extended-release version that works the best for me, I still only have like maybe two hours of the day that feel correct. (*Laughs.*) You know what I mean? Like, I can try and take a little like half of a five milligram later in the evening to like make it through dinner, but by that time it's kind of worn off. Sometimes there's like a little bit of a crash. Or with some types of medication, if it's not the right kind, it can be a pretty big crash. And then there's like a looot of frustration.

John Moe: Yeah. What does a crash look like? When things are going badly, what does that look like for you?

Ellie Hino: Well, I take this dumb—honestly, right now I'm on this generic pill that just doesn't work for me. It just makes me feel really high in the morning. It's supposed to be, you know, all day extended release. But there's like an hour and a half in the morning where I'm like, (*enthusiastically*) “Oh, hell yeah! We're doing life!” (*Chuckling.*) And then by 3PM, I'm like, “UGH!”

I mean, I just get crabby, really. It's nothing dramatic, it's not like I have to lay on the kitchen floor and cry or anything. But it's like (*through gritted teeth*) I just get more frustrated with my family, and like—(*laughs*). And like getting home after work is like—you know, there's still stuff to do. And I'm like exhausted at that point, because the fun part wore off! (*Laughs.*)

John Moe: We'll take a short break. We'll be back with more with Ellie Hino.

Transition: Spirited acoustic guitar.

Promo:

(A phone ringing.)

Music: A cheerful, jaunty tune.

(Indistinct speech from the other line.)

Alex Schmidt: Hey, is this Meredith?

Meredith: This is!

Alex: This is Alex Schmidt from *Secretly Incredibly Fascinating*. I'm calling because you have been named the Maximum Fun member of the month for the month of December.

Meredith: Hooray!

Alex: Yeah! As the member of the month, you are gonna get a \$25 gift card to the Maximum Fun store. You get a special member of the month bumper sticker, and you get to use a special parking spot at the Maximum Fun headquarters in Los Angeles, California.

Meredith: *(Chuckles.)* Definitely getting plenty of return on my investment. I have not worked through all the bonus content yet.

Speaker: If you're a Max Fun member, you can become the next Max Fun member of the month. Support us at MaximumFun.org/join.

(Music fades out.)

Promo:

(Pleasant school announcement chimes.)

Janet Varney: Hello, teachers and faculty. This is Janet Varney.

[00:30:00]

I'm here to remind you that listening to my podcast, *The JV Club with Janet Varney*, is part of the curriculum for the school year. Learning about the teenage years of such

guests as Alison Brie, Vicki Peterson, John Hodgman, and so many more is a valuable and enriching experience—one you have no choice but to embrace, because yes, listening is mandatory. *The JV Club with Janet Varney* is available every Thursday on Maximum Fun or wherever you get your podcasts. Thank you. And remember, no running in the halls!

(Pleasant chimes.)

Transition: Gentle acoustic guitar.

John Moe: We're talking with Ellie Hino, a comedian, person with ADHD, activity leader for senior citizens.

(Ellie giggles.)

A diverse resume. We mentioned anxiety as an issue that you've been dealing with. Is that something that you see as still something that you're dealing with? Or is that... is it covered by the ADHD?

Ellie Hino: Oh, no, it's always there. For sure. I have other pills for that. *(Laughs.)*

John Moe: Okay. How long has that been going on?

Ellie Hino: You know, that's weird to me. Because I've always had depression. I was diagnosed with clinical depression—like, I think probably fairly mild. But I was diagnosed with that in college years. And I think that that seems more obviously kind of the same over my life. Like, even when I look to high school or in my 20s, I've always been kind of the same amount depressed. *(Laughs.)* But the anxiety, I don't remember—maybe I was, but I don't remember being anxious when I was younger.

I guess—that's not true. Like, there's plenty of things. Maybe I just didn't understand what it was and couldn't label it. But I definitely think that there was something when I had my son and the pregnancy and the birth and the newborn years. I don't know if it was technically postpartum anxiety, which is for sure a thing that nobody... I didn't even know that was a thing, and I was pregnant. You know, they tell you a lot about postpartum depression, but I guess postpartum anxiety is a thing too.

John Moe: It's a real thing. Yeah, and you're right; it doesn't get talked about nearly as much.

Ellie Hino: And I think I had that pretty severely, and I don't know that it ever really went away, and I think it kind of morphed into... you know, I do remember having anxiety when I was younger. I don't remember having social anxiety. I've always been an extrovert. But I think—so, when I was talking before about like having a newborn and being stuck in your

house, I was for sure—I was way more stuck than most moms I know. And I felt like—everything just seemed so hard to leave the house that I really didn't much, unless I had to.

And so, getting back out into the world socially I think was really hard for me. And I think my social anxiety maybe kind of came out of that postpartum anxiety? I don't know. But I have way more of that now than I ever did when I was young.

John Moe: And has that been treated? Has that been diagnosed? Do you address that in therapy or what?

Ellie Hino: (*Playfully braggadocious.*) Well, John, I graduated from therapy, and I don't need it anymore. (*Cackles.*)

John Moe: You finished it!

Ellie Hino: I'm between therapists. But I mean I should be. No, I take, Prozac for depression. And I don't think it's very helpful for anxiety; I don't know. I've tried other things, but Prozac has just worked for, you know, 25 years. So, it's kind of like, eh, leave it alone. But I don't take like a daily pill for anxiety, but I take Propranolol.

John Moe: Okay.

Ellie Hino: Do you know what that is?

John Moe: I don't. What is that?

Ellie Hino: It's a beta blocker, and it's a blood pressure medication, but they use it for anxiety a lot. And it's really awesome, because you just take one as needed, basically. So, it's like you don't need to take it every day or anything. And it just sort of—I think it slows your heart rate and your breathing ever so slightly that it kind of like takes away the edge of the physical symptoms of anxiety. And it doesn't mess with your mind; it doesn't make you feel drowsy or out of it or calm, even, or anything. You know, it just—you still feel as alert as you did.

[00:35:00]

John Moe: But your body isn't panicking as much.

Ellie Hino: Yeah, and then it seems to really help the thoughts too, just because your body isn't panicking.

John Moe: Okay. Well, you had mentioned that your therapist at the time saw a link between the anxiety and the ADHD. Is that—like, how much work have you put into separating what's what between those two? Like, am I going through an ADHD moment or an anxiety moment? Or do you just not worry about separating them out?

Ellie Hino: I just go and take a Propranolol and—(*laughs*). No, I don't know. I guess... I think anxiety is something you can do something about. But I mean, ADHD, I'm sure there's stuff I could do and learn from someone. But I don't know any of it. Like, there's not much I can do to make my brain work better. (*Laughs.*) But I can calm myself down for anxiety. So, I guess I usually focus on the anxiety and trying to fix that as opposed to why I'm feeling that way.

John Moe: Yeah. Well, you've come to a lot of really great self-understanding it sounds like to me. Like, you've got a really good idea of how this car drives. (*Chuckles.*)

Ellie Hino: Yeah, that's why I don't need therapy anymore.

(*They chuckle.*)

That's why.

John Moe: That's why you came in first place in the therapy contest.

Ellie Hino: I really did have my therapist tell me, "I feel like we're pretty good. Like, we've done all we can do."

And I was like, "I don't think we have!"

(*They laugh.*)

"I'm going to say okay, but this seems like a bad idea, ma'am."

John Moe: Yeah. My, my psychiatrist retired at one point.

Ellie Hino: Nooo!

John Moe: I had a psychiatrist who retired, and I said, "Does that mean I win? If I drove you to that?"

Ellie Hino: (*Giggles.*) You made it. You made it to the end.

John Moe: How has all this—you know, this hard work that you've done—like, you've put in a lot of work, even the testing, but the responding to what the testing has concluded and figuring out how you respond to the anxiety and the meds and managing all that. How has that affected your comedy and helped your comedy? Like, how has that influenced what you talk about and how you talk about it?

Ellie Hino: Hm. I don't know. First of all, I'd just like to say thank you for saying that, because I don't—I've never even thought of it as putting in work. But yeah, you do have to put in work.

John Moe: Oh, dude, you've worked hard. You've worked so hard!

Ellie Hino: For sure, yeah! You just think of it when you're in it, though, you're like, "I'm just dealing with this shit! Day in and day out!"

But I don't know. Yeah, I guess all of that has affected my comedy. I don't know if—or if it has, in what way—it has affected like the artistic—you know, the creative portion of it. I don't know that I talk about anything differently or say anything differently. But I think it's changed the way I'm able to sort of book myself or get myself booked and do all the business side of it, you know? I mean, I'm still terrible at sending my availability and all that stuff, but I'm sure better at it than I would be without medication and some forethought.

(John affirms.)

You know what's one really weird little thing that is different with Ritalin?

John Moe: What's that?

Ellie Hino: When I'm on stage— Do you do standup?

John Moe: I've done a little bit of standup.

Ellie Hino: Okay, you know how they light you when you're done with your set?

(John confirms.)

They like flash a light or turn on a light. Sometimes it's a red light.

John Moe: Signaling it's time to wrap things up.

Ellie Hino: Yep, exactly. So, before I took Ritalin, I—like, that gave me so much anxiety. And I think it's because my brain just couldn't focus on both things at once, or couldn't see it in time, or just like couldn't—*(laughs)* I don't know why! I always was scared I was gonna miss the light. And now, when I take Ritalin, like the timing of my set is a lot easier. Like, I can look at my phone and think, "Oh, I have five minutes. I could do this, or that." Or I see the light, and I like—it doesn't seem so panicky.

John Moe: What has surprised you about ADHD? Like, what did you not understand before you got diagnosed? Before you were living with the diagnosis—

[00:40:00]

—what did you not understand about it that you understand now or that most people get wrong about it?

Ellie Hino: Honestly, um—I hate to go back to it, but that easily frustrated piece, and the getting to a frustration level that is just like outside of myself. I don't have that anymore. And like I have always had really bad PMS as a woman, and even that is helped with the Ritalin. And I think there's just like a level of discomfort and not being able to keep up that... I don't know. I just don't—I don't lose my shit and then feel terrible that I lost my shit.

It's not like I was losing my shit on strangers or whatever. But you know, just getting so mad about something stupid. And now I can kind of catch myself and be like, “Hey. If you're super mad, take a minute and think about it.” You know? Before going from like zero to 10 frustrated.

John Moe: Ellie Hino's debut album, *Soft Bones*, is available now on all major streaming platforms. Ellie Hino can be found online at EllieHino.com. Ellie, thanks so much.

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

Ellie Hino: Oh my gosh, thanks for having me. I hope I answered your questions.

(They chuckle.)

John Moe: You did. You were very focused!

Ellie Hino: Was I? Good. I took some Ritalin. I took some Ritalin before I got on.

John Moe: The only way we can make this show happen is with the support of our listeners. That's it. That's how it's done. If you think that this show has helped you, great. If you know for a fact that it has helped other people—as it has—that's great too, but it does cost money. Please support the show by going to MaximumFun.org/join. Once you're there, find a level that works for you. Maybe it's \$5 a month, maybe it's \$10 or \$20 a month. I don't know, but we really appreciate it no matter what it is. And then select *Depresh Mode* from the list of shows.

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Hi, credits listeners. If you're thinking of adopting a dog, please consider rescue organizations and please consider mutts. Mutts are awesome. I love mutts.

Depresh Mode is made possible by your contributions. Our production team includes Raghu Manavalan, Kevin Ferguson, and me. We get booking help from Mara Davis. Rhett Miller wrote and performed our theme song, "Building Wings". *Depresh Mode* is a production of Maximum Fun and Poputchik. I'm John Moe. Bye now.

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

Beth: Hi, this is Beth from Brooklyn, and this world is better with you in it.

Transition: Cheerful ukulele chord.

Speaker 1: Maximum Fun.

Speaker 2: A worker-owned network.

Speaker 3: Of artist owned shows.

Speaker 4: Supported—

Speaker 5: —directly—

Speaker 6: —by you!