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**John Moe:** A note to our listeners: this episode contains discussion of suicide.

Ethan Sacks lives in New York. He writes comic books. He's written for Marvel and for DC, and he has written a ton of *Star Wars* comics—*Star Wars: Galaxy's Edge*, *Bounty Hunters*, *Allegiance*. He recently put out a new comic that doesn't have anything to do with *Star Wars* or the Avengers or Superman or anything like that. It's a lot more personal. And he worked with a new collaborator.

And what is *A Haunted Girl* about?

**Ethan Sacks:** So, *A Haunted Girl* is a YA supernatural horror story about a 16-year-old girl named Cleo who has been discharged from the hospital after a suicide attempt—struggles with depression—and is struggling to reintegrate into school, and on top of all that, finds out that she's the only person who can stop a supernatural apocalypse. And so, she has to find the perseverance—the drive—to work through her issues to save everyone else. But she doesn't do it alone. She has her friend; she has her adoptive father; and she has her therapist, Marcie.

And so, you know, we're trying to show that you're not alone. And at the same time, you're also more powerful than you realize. And the story, even though it is a very fictional story, was inspired by the real-life journey of the co-writer, my daughter.

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

**Transition:** Spirited acoustic guitar.

**John Moe:** We live in a story-driven culture. We devour them. We need stories to make sense of what's happening to us, what has happened before, what may happen in the future. We need to frame things. We need heroes, and we need them to face adversity. We need them to go on journeys, battle antagonists, deal with adverse circumstances. And we understand that not every story ends happily. We accept that. So, we go to the movies; we sit in front of the television; we listen to podcasts; we read books—including graphic ones, comics.

But the telling of a story is not just useful for the audience. It's a way of understanding the events and stakes and issues for the storyteller as well. And sometimes that storytelling, that contextualization, involves multiple members of the same family. When she was a teenager, Naomi Sacks experienced severe depression and anxiety. She was suicidal. Ultimately, she spent time at inpatient psychiatric facilities. Naomi is 21 now and doing much better. Her experience ultimately inspired her dad, Ethan, to come up with the idea for a new comic: *A Haunted Girl*. He brought on Naomi as a co-writer.

*A Haunted Girl* tells a story of a girl named Cleo as she navigates a mental health crisis, tries to return to school after hospitalization—stuff Naomi went through. Unlike Naomi, Cleo has to battle actual ghosts and also has to save the world.

**Transition:** Spirited acoustic guitar.

**John Moe:** Ethan and Naomi Sacks, welcome to *Depresh Mode*.

**Naomi Sacks:** Thank you so much for having us.

**Ethan Sacks:** Thanks for having us.

**John Moe:** It's a very moving story, *A Haunted Girl*. I enjoyed it very much. Not always easy, but very enjoyable, and I admire it very much. Maybe we begin with you, Naomi, and some of the mental health issues that you ran across. When in your life did you first start noticing that you were having some issues?

**Naomi Sacks:** Hm. I would say I struggled with anxiety pretty much all of my life. I just felt like fear and just being nervous was almost like my default state of existence. And I know that it was—like, I remember like a thing, like when—I don't know—my parents would be taking me to school in elementary school or something. I would a lot of the times say like, “I'm nervous.” And when I was asked why, I didn't really have an answer. It was just like, “I don't know. I'm just nervous.” And that was like a pretty constant throughline, I guess, throughout my childhood. But I would say that like the depression and suicidality really started in like eighth grade and ninth grade and that time in my life.

**John Moe:** What did that feel like when that started?

**Naomi Sacks:** I don't know. Everything felt a lot grayer.

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And I remember it being very hard to like make out the idea of a future. It just seemed less and less like... feasible, almost, to visualize any sort of future at all. Everything was just so gray.

**John Moe:** Were you able to talk with your family about what was going on?

**Naomi Sacks:** It felt like I was trying to, but I didn't know how to articulate how I felt.

**John Moe:** Ethan, how was that time for you when that onset was happening?

**Ethan Sacks:** A lot of things that, in hindsight, I guess should have been more obvious weren't. You know, I think of a time as an example in her freshman year of high school where she was—we were living in an apartment in Manhattan. My wife—we still had an apartment in New Jersey, and so my wife was there on weekdays until we could sell it. And we were there, 'cause she was going to school in New York. And I came back, and she was sitting at the dining room table crying. Like, trying to do homework and just getting stuck on something.

And I was like, you know, “You should go to sleep.” I think it was like one in the morning or something. “And I’ll write a note. You can, you know, take whatever points off. It doesn’t matter. Just I don’t think—I think you need to sleep.”

And she’s like, “I can do it. I can do it.”

And I remember saying, “Obviously, you can’t.” And I didn’t mean she’s not capable of doing it. But I mean—I meant in the moment, but it was such a toxic thing to say, and I wasn’t aware of that. I just wanted her to go to sleep, ‘cause I thought that was the healthiest thing, and I could care less about the homework. But you know, in hindsight, it was like, “Oh my god, that’s such a warning sign.” (*Chuckles dryly.*) You know? And I did—but I was just like—in the moment, I just wanted her to go to sleep. ‘Cause it seemed like it was very unhealthy physically for her to stay up when she was stuck on a specific math problem. And you know, instead of not pursuing—like, not moving on to the next thing or whatever. I should have been more supportive. I should have— You know, I could have handled it any number of better ways.

And at the time, it wasn’t like I was trying to be mean or whatever. ‘Cause all I could see was it’s better for her to go to sleep. You know, it’s not healthy to be up at one o’clock when she’s got school the next morning. So, anyway, that’s an example that sort of where—like, after learning what we did on this journey thus far, I cringe almost thinking about it. ‘Cause it’s like, wow, what a parental fail that was in the moment.

**John Moe:** And I do want to talk very much about the comic, but I just want to kind of lay some of the groundwork here. And then for you, Ethan, are you somebody who had dealt with that on your own? Like when you were a kid or at other times in your life?

**Ethan Sacks:** You know, what’s funny is—you know, I come from a generation—Gen X—where we were very ignorant. Like, my parents or my father went to therapy, and he was a big believer. And he tried to—you know, I had some issues with bullying and stuff younger in life. And he tried to get me to go to therapy, but I was not really receptive to it.

And when Naomi was diagnosed with anxiety and the therapist was giving like a checklist, I always—I say it was like bingo. (*Chuckles.*) Like, I had all these things all my life, but I didn’t know that they were anxiety. It was like— As an example, it’s like I thought everyone can’t go to sleep, ‘cause they have these racing thoughts and worries and— You know, and things like that. Or, you know, when I go traveling, I’m so preoccupied with time and deadlines and being on time and punctuality and things like that. So, I just thought that was normal. And I now use normal as average. (*Chuckles.*) Like, I don’t think there is such a thing as normal, but I think normal is an average of people.

So, you know, I also kind of—like, now I’m in therapy, and I find it pretty helpful. But it’s just something I was not aware of as a child.

**John Moe:** Naomi—and this is all very personal, but what was it like leading up to hospitalization for you? Like, how did these things progress, and what was it like just before you checked in?

**Naomi Sacks:** I was very overwhelmed with a lot of school stuff and... just feeling very overwhelmed.

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And... I guess it felt like I didn't have time to like socialize or hang out with friends or do anything, and it felt like I couldn't keep up. And... I remember like on my 15th birthday having like a panic attack in my little dress or whatever. And I think that was like the first time that I'd said out loud that I wanted to die. And so, I think that was like a pretty—I don't wanna say turning point, but I guess it was a pretty significant moment in that trajectory. And then a few weeks later I was hospitalized. I think it was after an attempt.

And so, I was hospitalized for the first time. I was taken to a children's CPEP, which I guess is just basically a psychiatric emergency room or whatever. And I was observed there for a bit. They started putting me on like medications or whatever. And this was like my first experience with it. And there weren't too many other people at that place. But then eventually, I was moved up to like a—not longer—longer term, not an emergency program; a psychiatric program in Bellevue. And I stayed there for like two-ish weeks total, I think.

**John Moe:** Ethan, I imagine you remember that time well. What was that like for you?

**Ethan Sacks:** Um, it was—you know, there was a suddenness where like our whole reality shifted. You know, when it started—like, I got a call from the social worker, and I was actually working part-time at NBC News at that time, because I was a journalist before I was a comic book writer. And even after shifting to comics, I worked part-time in journalism.

Anyway, I was in the newsroom, and I remember very vividly receiving this call that I had to pick up my daughter, because she had expressed some suicidal thing to a social worker. So, that was really the call that sort of shifted my perception, I guess. And then about a week or two later, we had to— They recommended strongly that we take her for observation. And then, once we were in observation, you sort of sign into a hospital. And it's their determination—and it was the right determination—that she would be hospitalized.

**John Moe:** Naomi, that period that you were in there, was that helpful? Was that—did you get the services you need? Did that make a big difference in your life?

**Naomi Sacks:** It was definitely like a mixed bag. It did feel like... it did feel like there were definitely a lot of almost like gaps that could have been done better. I mean, the care team was nice. I didn't like meet with them maybe as much as I could have. And I know that like schoolwork—'cause they have like school, but it's pretty like—very general for all ages. So, you know, I feel like I fell behind on school while I was there. You know, I tried new medicine. I met like a lot of really cool people there, I guess. So.

And in terms of treatment, I'm not sure—I guess—like how much was gained there. It was my first introduction to DBT. But I do remember that, afterwards, there was supposed to be a sort of like outpatient program—HBCI, Home-Based Crisis Intervention. But I feel like we were like delayed to start on it and like behind on school. And so, I got hospitalized. I don't

know; I did not take to reintegrating very well at all. And so, I was hospitalized again like a month or so later at a different hospital. And the plan after that one—that was three weeks—was partial program for the rest of the school year pretty much. And then do summer school to try and catch up on the stuff.

'Cause at that point, like the entire spring semester was—I don't wanna say it was a wash, but I'm a little bit saying that it was a wash, (*laughs*) because I couldn't complete it. So, you know, I had to catch up later doing summer school. I do think that the second hospitalization, there was more resources. Probably like my favorite hospitalization experience. Like, you know, there were a lot of like different like therapies and programs. There was like an art therapist, and that was really nice. And it's not like we couldn't do art in the thing, but we didn't have like group therapy, art therapy type of stuff at like the first one.

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After that, I had like a traditional like talk-style therapist for a bit, but then we signed up to like a DBT family therapy. And with the family therapy, we're supposed to see like an individual therapist in addition, like from the same office. So, I saw that therapist for a while, and then I switched within that company to a different therapist too for a bit. And then, eventually I met with my current therapist. I believe it was after an outpatient program, a different outpatient program. And I don't know, I really clicked with my current therapist. And you know, she's definitely like the best match so far.

**Transition:** Spirited acoustic guitar.

**John Moe:** More with Ethan and Naomi Sacks on mental health, family, and collaboration after the break.

**Transition:** Gentle acoustic guitar.

**John Moe:** We are talking with Ethan and Naomi Sacks, co-writers of the comic *A Haunted Girl*. We've been talking about Naomi's life in inpatient facilities.

Ethan, tell me— This is an incredible journey, for your family to be taking—for your daughter and for you and your wife. Where along the way did the idea for *A Haunted Girl* come along?

**Ethan Sacks:** So, the initial idea happened during that first hospitalization when I was trying to work on a *Star Wars* comic book script in the hospital cafeteria. Because you know, you would have visiting hours, and then in the evening you have other visiting hours, and I just stayed in the hospital the whole time. And so, I thought— I wrote down one line, and that was: “The fate of all life on earth rests with a girl who doesn't know if she wants to live.” 'Cause I knew I wanted to tell a story with a protagonist going through this, and that protagonist would have to save the day, whatever. I didn't know if it was gonna be an alien evasion. I didn't know what the actual story would be, but that was the eureka idea. And it took a long time to actually get made though, or to get to a point where it was like up and running. So. But that initial idea happened during the first hospitalization.

**John Moe:** And was that girl Naomi in your mind?

**Ethan Sacks:** I wanted it to be recognizable to Naomi, but not named Naomi or not a direct one-to-one translation. Like, I wanted it to—you know, somebody that she could relate to, but also would be a fictional character. Like, I did not want to write my actual daughter into it, for a number of reasons.

**John Moe:** And then when did the idea come along to work with Naomi to put this thing together?

**Ethan Sacks:** Well, fortunately for me, (*chuckles*) it took so long. You know, I teamed up with—the other creator on this comic as a Mexico-based artist, named Marco Lorenzana. And he and I were working on this. Like, we put together a pitch to send to publishers, working on the story, all those sorts of things. And we were very close to a publishing deal in February of 2020. And then, March of 2020 happened, and we lost that potential deal. So, it took so long, there were so many publishers who had no interest; they were very afraid of the subject matter, like addressing suicide even in a suicide prevention context. It was just very uncomfortable. We had people who thought, if we're aiming for teens and tweens, it should be a cartoony art style, which was not Marco's style. Kind of more of like what they would call a manga style.

But I didn't think so. Like, I thought it should be more like a PG-13 horror movie, which teens do like. So, there was a disconnect with sort of what I was thinking it would be and what the publisher thought. And so, by the time we were circling around our publisher, Syzygy—which is an imprint of Image Comics—Naomi was in a much better place. 'Cause like simultaneously—

So, just to backtrack for a second. Like, as a parent—and you know, what Naomi went through is you have this hospitalization; it's a very temporary solution. They throw you out, basically, and you're scrambling to figure out, “Okay, what does treatment look like? What is—like, what's in place? Like, what can we get in place quickly?” And then, you know, as she said, she struggled to reintegrate into school, which then started this whole cycle for a while of hospitalization, back out, hospital— And then she would fall further and further behind. And just, she didn't feel like she could go to school. And we were struggling to find out like, okay, if she can't go back to this school, is there a therapy school we can send her to?

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You know, you're trying to find it out in real-time. So, there was a lot of—it took a long time for her to get to a more stable place. And I think her—you know, it's partially due to her, partially due to medication, partially due to getting a therapist that she really clicked with. And so, it took a few years, I think, for her— You know, it started in freshman—or the acute mental health crisis started in freshman year of high school. And then I would say by towards the end of high school, she was in a place where we could even have that discussion.

And you know, as I was seeing how much she had progressed, in terms of stability and—you know, it didn't seem like she was still suicidal. It seemed— You know, obviously, depression is a lifelong journey. But she had tools—DBT and other tools—to, when there were these

spikes of depression, to sort of surf them or navigate them, you know? And so, I thought, “Well, maybe this could be cathartic for her.” She certainly would provide an authenticity, you know, not just in lived experience so all the psychological stuff would be more accurate, but also just being a teenager at the time.

*(John agrees.)*

So, I thought it certainly would be great for the story, but I was a little worried. Like, this is the kind of thing where, you know, you agree to do this; you Google your name; if an employer Googles your name, that's the first thing that's gonna pop up. And so, like you're sharing a very personal thing. And so, my personal view, after the last few years—I, you know, spent a lot of time creating a mental health support group in her high school for parents and things like that, because I wanted to de-stigmatize. And I knew—she went to a science and math school, and there were a lot of kids in similar positions and parents similar to us, struggling to find answers.

So, I thought it's worth it to help others, but you have to really believe that, in the fiber of your being. Because you're the one who's making the sacrifice of putting yourself out there in a way. And so, you know, I told her to really think about it. 'Cause like, once she decides on it, Pandora's box is open.

**John Moe:** And then Naomi, what did you think about that idea of collaborating with your dad?

**Naomi Sacks:** I feel like it kind of, I guess, just made more and more sense as like the idea developed. And it was a cool thing, I guess, for me to do. Like, I guess it always made sense for me that I would like be like a source. Like, probably more of like an advisor role type of thing. That's what I always thought at first, I guess. I wasn't expecting necessarily to be a co-author. And so, I guess I was a bit surprised by like that level of creative input.

**John Moe:** Were you a big comics reader already?

**Naomi Sacks:** I do like comics. I'm not as big of a comics person as my dad is, but I do like comics. I've definitely read a lot of comics since I was little. They were definitely like always—I don't know; my dad would get me like kiddie comics and stuff like that. And there's a lot of comics that I've read since then too. But I do remember like from a young age having those kiddie comics and really enjoying those. And so, I do really love the medium, and it is a very cool medium. And I do enjoy writing creatively, but this was my first time writing a comic book script, and so that was definitely intimidating at first.

**John Moe:** When the two of you were working on this character, on Cleo, did you—? How did you decide, okay, this is from Naomi's life; this is fictional; this is Cleo's life. You know, her journey is inspired by Naomi's journey, but it's not a, biographical, you know, retelling of what actually happened. How did you draw that line?

**Ethan Sacks:** Well, I, could tell you that the original idea—or you know, once we got to the pitch stage before Naomi was on board, was to do it as a supernatural ghost story. And there

were two reasons for that. Number one— Well, actually three reasons for that. The first and most important was we wanted to have a layer of protection for the reader. And having the fantasy element of it sort of—we thought—would make it less triggering.

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So, you know, if you do a very gritty, real-life drama surrounding this, it's a little— First of all, it'd be impossible to be made into a comic book, because you kind of need that genre aspect to it—(*reconsidering*) or it'd be harder. And then secondly, I would worry that it—you know, we're not trained professional therapists; I would worry that we would be more damaging than helpful. So, that was number one.

Number two, there was a salability element in that, “Can we get a comic book made?” And doing a nonfiction comic book, although I've done a few of those, is very difficult. And so, those were sort of reasons for it as well. And then, the artist is just a big fan of Japanese horror movies, so. (*Laughs.*) Naomi is also half Japanese. So, that sort of was a nice—it sort of fell into a nice sweet spot, because the artist was very engaged, and also Naomi could recognize some of the cultural elements that were in there.

**John Moe:** I wanted to ask about the ghosts that visit Cleo, these, um—I don't want to call them all monsters, 'cause they're not all monsters. But they're scary, some of them. And just to make sure I'm understanding it—Naomi, did you, in your journey, ever experience seeing ghosts? Did you see things that weren't there? Was that part of your journey?

**Naomi Sacks:** It was not part of my journey, no.

(*John affirms.*)

**Ethan Sacks:** It was a complete literary device, basically. Oh, just one other element to mention about the supernatural, the reason it was supernatural versus an alien invasion— I needed, you know, a narrative conceit for the main character to be the only person who could save the day. So, it couldn't be like, “I'm not up to this. You, take— Someone else, take control.” It had to be— For the whole story to work, in my opinion, it had to be—there had to be this conceit. (*Chuckling.*) And magic is—you know, or supernatural, it's just like an easy way to fudge the logic of it all.

But we have run into situations where people assume that Naomi had a different diagnosis than she had. I mean, she was not— You know, her diagnosis was depression, major depression and major anxiety. So, it didn't include— I just definitely wanna dispel—like, that was all a literary device to tell the larger story, I guess. Yeah.

**John Moe:** Well, are the ghosts then manifestations of particular aspects of what Naomi went through? Or is it a little broader than that?

**Ethan Sacks:** I think it's— Yeah, it was more— I needed a threat that the protagonist could solve. And that was sort of in place before Naomi. And so, again, like magic was the clearest



path that could cover up a lot of things without having to delve deeper and deeper into exposition to sort of explain how we got there. So, it's like, “Oh, ghosts!” You know?

**John Moe:** Ghosts! Naomi, was it—

**Naomi Sacks:** I guess one throughline—

**John Moe:** Oh, go ahead.

**Naomi Sacks:** Oh, sorry. Or one thing is Hiro, the ghost boy—who's kind of like an antagonist, I suppose, 'cause he works with— Oh, sorry, I don't know. I'm kind of spoiling. But spoiler alert. (*Chuckles.*) But he works with like the main antagonist, Izanami, and he helps her. And so, I guess it would be really easy to like collect them together as like evil and bad. But we also know that like, I don't know, he wasn't like doing it willingly. And he's not like a bad kid. He was just like—you know, he was just like put in a really uncomfortable and unfortunate position, and like that he wanted to do the right thing when like he had the choice.

(*John affirms.*)

I think something—I think a lot of times it's easy to really like—like, almost like demonize anxiety and depression. But—if that's how you choose to go about it, that's like so totally valid and real, and that's your choice. But I found that for me, that wasn't very helpful. And I think a major breakthrough for me was kind of almost like empathizing with my anxiety and my depression and treating them as almost like, “Oh, you are trying to look out for me. You are trying to protect me. You are trying to keep me safe. And that doesn't mean that you're right about how I should go about things. That doesn't mean I need to listen to you.” But just like, I guess, having almost more like empathy for these forces.

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Like, “Oh, you're not malicious; you're just misguided.” And I do think that that perspective shift really helped me, moving forward.

**John Moe:** Yeah. When did that realization come to you?

**Naomi Sacks:** I believe I was doing an—I was doing like an outpatient program, and the social worker—we were doing an exercise, where basically it was like to go back and forth. Like, anxious mind and healthy mind, or depressed mind and healthy mind. Almost like—I almost describe it as almost like fencing, kind of like in the way that it's like: say something; you block it; you say something; you parry. Or whatever. (*Jokingly.*) This definitely makes sense, and I definitely know how to fence.

(*They laugh.*)

No. And so, it was almost like a calm response. So, like the idea is you take your own thoughts—your own anxious or depressed thoughts—and you try to counter them. And I did struggle with that a lot at first, because I would hear my anxious and depressed thoughts, and I would think to myself, “No, I mean that makes a lot of sense. Yeah.” (*Chuckles.*) And I couldn't find a logical, almost, like retort to them.

And I guess to prompt me, the social worker said, “Well, what would you tell a friend?”

And the thing is, I feel like a lot of the times when you're trying to talk to a friend, you're not necessarily trying to—I guess—find like a logical retort or a logical counter argument to like their depressant. You're just trying to help them get out of it. And so, you know, if you treat like these depressed thoughts as a depressed friend in your brain almost, and like it gives you empathy for the depressive thoughts. And it's also a lot easier to, I guess, almost like redirect away from the anxiety and the depression, even if you can't come up with like a reason why the depressed or anxious thought is like logically wrong. Maybe it doesn't have to be, strictly speaking—like, I don't know—able to be disproven by some sort of logical retort for it to still be like... an avoidable thought almost. Or like for you to be able to work around it.

**Transition:** Spirited acoustic guitar.

**John Moe:** More with Ethan and Naomi Sacks in a moment.

**Promo:**

**Music:** “Medicines” from the album *Exhilarating News* by The Taxpayers.

**Justin McElroy:** Hey, Sydnee. You're a physician and the co-host of *Sawbones: A Marital Tour of Misguided Medicine*, right?

**Sydnee McElroy:** That's true, Justin.

**Justin:** Is it true that our medical history podcast is just as good as a visit to your primary care physician?

**Sydnee:** No, Justin. That is absolutely not true. Uh, however, our podcast is funny and interesting and a great way to learn about the medical misdeeds of the past, as well as some current, not-so-legit healthcare fads.

**Justin:** So, you're saying that by listening to our podcast, people will feel better?

**Sydnee:** Sure.

**Justin:** And isn't that the same reason that you go to the doctor?

**Sydney:** Well, uh, you could say that, but—

**Justin:** And our podcast is free?

**Sydney:** Yes, it is free.

**Justin:** You heard it here first, folks. *Sawbones: A Marital Tour of Misguided Medicine*, right here on Maximum Fun: just as good as going to the doctor.

**Sydney:** No, no, no. Still not just as good as going to the doctor, but pretty good.

**Justin:** *(Softly.)* It's up there.

*(Music ends.)*

## **Promo:**

**Music:** Funky, upbeat banjo music.

**Dan McCoy:** *The Flop House* is a podcast where we watch a bad movie, and then we talk about it.

**Elliott Kalan:** Robert Shaw in *Jaws*, and they're trying to figure out how to get rid of the ghoulies. And he scratches his nails and goes, "I'll get you, ghoulie."

**Dan:** He's just standing above the toilet with a harpoon. No, I was just looking forward to you going through the other ways in which *Wild Wild West* is historically inaccurate.

**Stuart Wellington:** You know how much movies cost nowadays?! When you add in your popped corn, and your bagel bites, and your cheese curders.

**Elliott:** Sure. You can't go wrong with a Henry Cavill mustache. Here at Henry Cavill Mustaches, the only supplier!

*(They laugh.)*

**Narrator:** *The Flop House*. New episodes every Saturday. Find it at [MaximumFun.org](http://MaximumFun.org).

*(Music fades out.)*

**Transition:** Gentle acoustic guitar.

**John Moe:** I'm talking with Naomi and Ethan Sacks.

When you worked on *A Haunted Girl*, Naomi, was it difficult to kind of go through a lot of what you had been through again and try to make sense of it in this comics format? Was that a way of processing it? Was it cathartic, or was that hard?

**Naomi Sacks:** It was definitely a little bit of everything. It was definitely like—I don't know—kind of going back into memories. And at this point they were several years old. And so, you know, thinking back—if you're not like really delving into it—you know, I don't feel the same like level of emotional intensity. So, I was like, “Oh, it's fine. It's long ago. You know, it's probably fine.” But then like when I actually, I guess, delved deeper into the memories, I guess the emotions were still very much still there and intense.

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I don't know. One silly metaphor that I like to use is like dredging up the emotional sediment that had settled at the bottom of the river. Like, “Oh, nope! It is still there! It's settled with time, but it's still there” kind of thing. And so, it was definitely very intense at times to write. Because even if the situations were slightly different, the emotions were based on my emotions at the time and what I was going through. And so, it was pretty intense and overwhelming at times, and I definitely did have to take breaks. But one interesting part of the comic book writing process is that—I do feel like so early on in my mental health journey, I didn't have a lot of vocabulary to be able to express myself clearly in terms of what I was feeling. And so, it felt like there was this really big like communication barrier between me and my parents—not because either of us weren't trying to. Like, we were both trying to understand each other. But there was still this huge barrier, because I didn't know how to express what I was feeling, and they didn't know how to receive what I was saying.

And so, I think that was definitely like a struggle. And it also like—I don't know. It was kind of discouraging, I guess, for like communicating. But having more vocabulary now, and I guess more time to reflect, and also not being like—and being able to like stew on like dialogue for longer periods of time, I was able to—I think—express things that I wasn't able to express at the time. And there was definitely a catharsis in doing that.

**John Moe:** Mm. Ethan, what was that like for you to work on this—to make something that you're gonna sell and make something that you're gonna put out in the world—and also to keep tabs on your daughter, and how she was doing, and how this whole process of this was for her?

**Ethan Sacks:** I mean, yeah, it was a little tough. Around that time, I also called someone I knew at the American Psychiatric Association who's a big comic book fan. And I reached out to the American Foundation for Suicide Prevention. 'cause I really wanted help with sensitivity reading, making sure we're doing it the right way, and things like that. And so—and that also sort of— You know, also just in how Naomi would—like, the whole process with Naomi as well. And so, I felt a little bit more confident having the outside validation, I

guess, that we were on the right track. And you know, later on they also provided resource guides in the back of the book.

So, I felt like— As we were going, I felt more and more confident that this was good for Naomi, and that ultimately we would have something that was a positive story that we could put—even, if it's— You know, spoiler, it ends well. But you know, there's this horror element to it. So, I felt more and more confident sort of with what we're putting on the page, but also the process with Naomi just getting that outside help. You know, that outside—the experts kinda advising me and taking a look at it.

**John Moe:** What do you hope people get from reading *A Haunted Girl*?

**Naomi Sacks:** That's a hard one. I mean, I hope that a lot of people feel comforted and seen. I definitely think that we hear a lot of phrases like “mental health matters,” which is so important to hear. But at the same time, I think that people don't necessarily know what mental health treatment looks like or how to go about getting mental health help. And so, you know, you hear things like “reach out for help,” but... you know, how does one go about doing that? It's not obvious; it's not intuitive. And you know, what does life look like during treatment? These are all things that aren't obvious and are maybe things that people wouldn't necessarily think about until they are in a situation where they need to like get treatment and get help.

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And so, obviously there's a lot of supernatural stuff happening here. But I do hope—like, one thing, in addition to, I guess, comforting people and—I don't know—like, helping like people feel represented and seen in that period of their lives; I hope that other people can see things, who are maybe like wanting to reach out but don't know how, can like see different things like, “Oh. So, this is like what therapy can look like.” 'Cause we show therapy in a few different contexts. We show like a Zoom therapy type thing. And we also show in a like traditional, in-person therapy. And also, one of the important things to me was that the therapist was like a bit funnier and warmer. She's a bit sarcastic at times. You know, she's witty. And so, the idea that like, you know, therapists don't have like one set personality. You know? They can be funny, they can joke with you, they can break that ice, this kind of thing.

And just that—and I guess that that there are like— (*Stammering.*) There are so many different options, and obviously we don't get to explore all of the treatment options in this one book. We really only take one path that we follow, and that's like Cleo's path, our main character. But I hope that people can see like, “Oh, this is one way that treatment might look like.” And it's not too, too scary—I guess—to see it out in the comic book format kind of thing. And I hope it makes it, I guess, a bit more tangible and a bit less abstract.

**Ethan Sacks:** Yeah. And I think also, it was important for us to have those guides at the end that were contributed by those professional organizations. Because I wanted— You know, hopefully anyone who reads this is entertained, but hopefully there's an extra layer for somebody who's going through similar—particularly teens who are going through similar mental health struggles and crises. And we wanted to give them something that they could do afterwards, like free programs that they could go to. Or even just having the crisis hotline.

And you know, I tell this story 'cause, for me— You know, we don't know— There's no metric that says like how many copies of this book have gotten into the hands of somebody who could benefit. Or you know, what that engagement was, except for these personal stories that we've heard from people as we've gone across the country to conventions and store signings. And like, one really sticks in my mind, at this store in Annapolis, Maryland, called Third Eye Comics. It was this big sign, and it was really good turnout. And one high school teacher stopped by and he said that he had bought copies of the first issue for at-risk kids in his class. And one of the girls told him that she was in a particularly, you know, tough moment. She called the crisis hotline at the back of the book after reading.

So, (*choking up*) that made me feel really good. I get a little touched thinking about it. 'Cause like that was something where we could see what we were trying to do actually work. For that anecdote—you know, for that one person. And also, we felt it a bit—like, a couple weeks ago we were honored by the American Foundation for Suicide Prevention. They had their annual gala, and they named us Lifesaver Award honorees, which was very moving.

And so, you know. We're working on a sequel. We're doing an extended hardcover edition that's on Zoop, the crowdfunding site, to help—which we're gonna raise some money also for the American Foundation for Suicide Prevention. So, we're still going with this. You know, we're not at the end of where we want to be with this. We wanna keep telling this story. And so—but for now, those individual stories really make a big difference for us.

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

**John Moe:** Ethan and Naomi Sacks, thank you so much for your time.

**Ethan Sacks:** Thanks for having us.

**Naomi Sacks:** Thank you so much for having us.

**John Moe:** Our show depends on funding from you, our listeners. If you get something out of this show, if you understand mental health and your mind and your experiences a little bit better through our storytelling, we would love to have you support the show. It's easy to do. Just go to [MaximumFun.org/join](https://MaximumFun.org/join). Find a level that works for you, and you will listen differently knowing that you helped get the show out into the world. Be sure to hit subscribe. Give us five stars, write rave reviews wherever you can do those things. That helps the show as well.

The 988 Suicide and Crisis Lifeline can be reached in the US and Canada by calling or texting 988. It's free. It's available 24/7.

[00:45:00]

We're on BlueSky at [@DepreshMode](#). Our Instagram is [@DepreshPod](#). Our *Depresh Mode* newsletter is on Substack. Search that up. I'm on BlueSky and Instagram at [@JohnMoe](#). Join our Presbies group on Facebook. A lot of good discussion happening over there—people helping each other out, talking mental health, talking about the show, talking about all kinds of things. Please use our electric mail address to get in touch with us.  
[DepreshMode@MaximumFun.org](mailto:DepreshMode@MaximumFun.org).

Hi, credits listeners. Rest in peace to actor George Wendt, who was just 34 years old when *Cheers* started. Relatedly, I now feel 147 years old.

*Depresh Mode* is made possible by your contributions. Our production team includes Ragu 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*

*(Music fades out.)*

**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!