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John Moe: A note to our listeners: this episode contains discussion of self-harm.

Hollywood—movies and television have a pretty bad history of portraying mental health issues. I mean, look at the movie actually called *Psycho* from 1960.

Clip:

Music: Dissonant, tense background music.

Norman Bates (*Psycho*): It's not as if you were a maniac, a raving thing. She just goes a little mad sometimes. We all go a little mad sometimes. Haven't you?

John Moe: Then there's a scene in the shower later where the mentally ill person—well, I won't play that recording. The mentally ill person is a scary murderer in this movie. We know now that people with mental illnesses are far more likely to be the victims of crime than a person committing it.

Over on TV, *Saved by the Bell* addressed the issue of mental health—substance use disorder—with a memorable episode in 1990 about caffeine pill addiction. It wasn't good.

Clip:

Jessie (*Saved by the Bell*): (*Frantically.*) Everything will be okay. (*Panting.*) I just need one of these—

Speaker: Pills! You mean you really are taking drugs?!

Jessie: I need them!

Speaker: Jessie, gimme those!

Jessie: (*Screaming.*) I need them back! I have to sing!

Speaker: Jessie! you can't sing tonight.

Jessie: Yes, I can! (*Singing manically.*) “I’m so excited! I’m so excited! I’m so—” (*dissolving into sobbing*) scared!

John Moe: But I don't think you can blame Hollywood entirely. Society's track record on mental health was pretty lousy as well. It's not like we were all really enlightened about mental health, and the big and small screens were the ones getting it wrong all on their own. Everybody was bad at it.

Well, we've come a long way, all the way to 2025. We know more about mental health. We handle it more intelligently and openly and sensitively in our modern society. And Hollywood's coming around too.

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

Clip:

Music: Quiet, thoughtful background music.

Marcus (*Ginny & Georgia*): Depression's like that for me. When I'm not in it, I don't remember it. I remember it's bad. I remember the darkness. But it's different to feel it again. It's the difference between remembering what a room looks like and actually walking through the door, being inside it again, feeling it. And the episode starts. It can be slow at first—an intrusive thought. “I don't want to be here.” But then it's gone. You bat it away like a fly or a bad smell. When it hits you fully though, you are really in it. It's everything. It's who you are, and you're nothing else.

John Moe: That's Felix Mallard as Marcus from the Netflix show *Ginny & Georgia*. The show tells the story of a mom—Georgia—and daughter—Ginny—who move to a small Massachusetts town with Ginny's half-brother Austin to try to find stability after many years of instability in their housing and in Georgia's relationships. Marcus is the teenage boy next door. He and Ginny are on again, off again. Marcus' sister, Maxine or Max, becomes Ginny's best friend. The show is a huuuuge hit. Number one show on Netflix. And it just dropped its third season, wherein Georgia is on trial for murder. And okay, that's an interesting wrinkle. But what really strikes me about the show is the way it takes on mental health in a much more clear-eyed and honest way than TV and movies traditionally have.

Ginny goes through periods of self-harm. Marcus has major depressive disorder, and it's not cured by someone cheering him up, because that's not how depression works. Georgia has experienced complex trauma, and her actions and worldview are shaped by that. A lot of the show takes place in high school, and there are eating disorders because—well, have you ever been to a high school?

I was curious about how *Ginny & Georgia* took on the challenge of making a compelling drama mixed with comedy and painting a clear picture of mental illness—which is often

persistent, not easily solved, not wrapped up with some learning and a big hug before the credits roll. I spoke with Sarah Lampert. She's the creator of *Ginny & Georgia*. It's her first TV show.

Transition: Spirited acoustic guitar.

John Moe: Sarah Lampert, welcome to *Depresh Mode*.

Sarah Lampert: Thank you.

John Moe: I've been watching the show a lot. I've been binging the show. How did the idea for *Ginny & Georgia* come about?

Sarah Lampert: You know, the first idea for the show—I've been asked this question a lot, and I could never answer honestly until season three dropped.

[00:05:00]

Because the real answer revealed too much about season three, because season three was actually the original idea for the show. It was what would happen if you were a young girl in high school, and you had lived a normal life up until that point, and then suddenly there was a very public murder trial that your mother was a part of while you were in high school—was the original, original seed of conception of the show.

John Moe: Oh, okay. So, then you built backwards to seasons two and one?

Sarah Lampert: Yep. Correct.

John Moe: You know, we're talking about this because there's a lot of issues of mental health among the characters in the universe of the show. How baked-in was mental health into what you were making? Was it wanting to tackle mental health and then building a show around it? Or was it making the show and then adding that element later?

Sarah Lampert: You know—for me—when I was a teenager watching TV, I most responded to TV that I felt actually did represent my experience and the experience of people around me. Like, I loved the—*Skins* was a favorite show of mine. I did like *Degrassi* a lot too. I just think mental health is health. Like, we all have it. We all deal with it. And so—you know, to varying degrees. And it just feels inauthentic to create characters that never experience mental health.

John Moe: So, as you constructed the characters—like, you know, Ginny engages in self-harm; Marcus deals with depression. Like, was that at the basis of those characters emerging or what?

Sarah Lampert: For Marcus's depression, definitely. One of the things that I'm probably most proud of is Marcus's depression monologue at the top of episode eight in season two.

That was a very personal monologue for me. I wrote that in a dark moment, and it was very gratifying to see other people really relate to it. I think for me, the idea that these teenagers are going through so much—their mental health is really embedded into their coming-of-age story and their personhood and their character; how they're going to learn to, you know, deal with it, heal, all of it. And so, when I was coming up with the characters, it just felt part of what they were going through and part of what they were dealing with. It felt very authentic.

So, in terms of crafting the characters, it felt authentic. But then in terms of just me as a storyteller, it was one of the things I knew I wanted to include in the show, because it's what gives me the most passion when I'm writing. Because I struggle with mental health. So, being able to put it into the show is very, very healing and cathartic for me, frankly.

John Moe: How so? Is it you speaking through these other characters? Is it that direct?

Sarah Lampert: Sometimes. Sometimes it is, and sometimes it's not. I think I relate to certain characters more than—I relate to, you know, Maxine the most. I relate to certain characters more than others. I will say that because the show is so robust and we have so many characters and we really pride ourselves with doing them each service, we really lean heavily on the whole room. So, it's really not just my experiences that are in these characters, either. It's the whole writer's room. It's a group effort to make sure these characters feel dynamic and real and just are having experiences that are just experiences that would happen—or have happened—to different writers in the room.

And then, to speak to the mental health part of it too, we work very closely with Mental Health America. You know, we know that our audience can be young. We don't wanna ever be triggering or harmful, so we don't wanna ever be instructive. Mental Health America watches every cut of each episode, and they weigh in. So, we'll reedit scenes based on their feedback often. They'll also weigh in on every script at the script stage. And then even a step before that happens, we have a consultant. Dr. Taji is our psychologist who's been working really closely with us ever since season one. So, part of crafting—you know—not just the salacious plot of the show and the twists and the turns and the tent poles of where we wanna go each season, but crafting the mental health journeys of the characters starts before we even open the writer's room.

We usually have a conversation with Dr. Taji, and we talk about what's going on with the mental health of our characters—you know, what path we wanna take them in. Oftentimes it's not linear. And does it make sense? Is it truthful? And we really shape the characters based on those conversations.

John Moe: Yeah, I was gonna ask about that process. I was gonna ask about Mental Health America, but I'm interested in the doctor that you work with. So, you have ideas for the show; you have ideas for the characters. You talk to this doctor before you even start writing scripts?

Sarah Lampert: Yeah.

[00:10:00]

Well, for me—you know, I'm primarily a storyteller, but I'm certainly not a mental health expert. You know? I personally have various struggles with mental health, but I would never consider myself an expert. And so, we wanna work really closely with someone who is—a few different someones who are, because we do understand that it's such an integral part to the story we're telling. Because on the surface I think the show is really fun, and it should be. We want to be fun. But underneath that, we really are dealing with intergenerational trauma. You know, we're dealing with depression. I mean, we're really tackling a lot of mental health in the show. So, we wanna make sure that we're doing it justice.

John Moe: Yeah. You don't have to answer, but may I ask what mental health issues you've been dealing with?

Sarah Lampert: Sure. I don't mind answering. I've struggled with depression. I recently, in my 30s, got diagnosed with ADD and OCD, which made a lot more sense. *(Laughs.)* It made everything make a lot more sense.

John Moe: How so? What kinds of things?

Sarah Lampert: Well, I put a lot of it, honestly, into the character that is Maxine—in the sense that I have a lot of energy; there's a lot of—definitely the OCD stuff, but you know, there's also a fear of rejection. And there's a lot of things that just make sense once you get the diagnosis. But I think, very purposefully—I have no interest in diagnosing Maxine, for example, because I think that she's still really young. And again, that character does—she is based on me the most out of every character. However, at this point she isn't—she's not me.

And there are so many other people who also live inside that character. Like, Waisglass has really taken that character and made her own. I mean, what she was able to do with this character this season was a gift. And the other writers are able to pour themselves into each character too. And I know the viewers all see something different in the characters as well, so I don't wanna hog the characters, if that makes sense. *(Laughs.)*

(John agrees.)

But—yeah, at the same time, it is a very collaborative process. But when I'm writing, it does really have to come from a place of truth, and it has to be a story that I'm passionate about telling, so. Otherwise I just can't kind of get into it.

John Moe: And Maxine is the neighbor of Ginny and Georgia—a teenager, friend of Ginny from school.

(Sarah confirms.)

On Wikipedia *(chuckles)* it says, “She cares deeply but has narcissistic tendencies and can lash out on her friends as a result.” Have you considered—like, do you consider her to be narcissistic or potentially have an actual narcissistic personality disorder?

Sarah Lampert: I think she's just a theatre kid. No, I don't think Maxine has a narcissistic personality disorder. Like I said, I'm not a mental health professional, so I'm not gonna diagnose any of the characters. It's just not in my wheelhouse to do so. We do have— Dr. Taji, our psychologist, does diagnose the characters and kind of talks about what she thinks different presentations could look like and what different triggers would do to a character. And honestly for us, it's more about their journey. Right? And that's why we loop her in. 'Cause it's like if Ginny and Georgia— A question I asked her at the top of season three was, “If Ginny and Georgia were ever to get to a place in their relationship where it was a healthy mother/daughter relationship, what would have to happen to these characters to get there?”

And her answer was, “You know, you would really have to break down Georgia to a place where she understands that her actions have consequences and that her children are not an extension of herself.” You know? And we spend all of season three doing just that. And on Ginny's side of it, you know— And I wanna make sure what she said is repeated, which is it's not on Ginny to make sure they have a healthy dynamic. Georgia's the mom, the responsibility lies with her. But for Ginny's part, she needs to set up some firm boundaries. Otherwise they'll be stuck in this cycle forever. Right? She needs to say to her Mom, “If you can't get healthy and start to heal and change our dynamic, you don't get to have the same relationship with me,” and put that on the table as, you know, what Georgia stands to lose if she's not able to take certain steps.

So, we knew that going into season three, and that was really— So, that's when I say—when we talk about what the mental health journey of our characters are over the course of the season, before we even really start thinking about what the plot is, that's kind of what I'm talking about. We knew that we needed that to happen to eventually get them into a better place.

Transition: Spirited acoustic guitar.

John Moe: More with Sarah Lampert, creator of *Ginny & Georgia*, about creating drama on screen and trying to get mental health right on the page in just a moment. Here's another snippet from the show when Ginny, the daughter, talks to a therapist about self-harming.

Clip:

Therapist: When was the first time you self-harmed?

[00:15:00]

Ginny: I was 12 when I first did it.

Therapist: Do you remember how you felt in that moment?

Ginny: I remember this insane pent-up energy and the urge to just hurt. I had that urge before, but I had never... done anything. But I knew where my mom kept a lighter, and I took it.

Transition: Gentle acoustic guitar.

John Moe: We are back talking with Sarah Lampert, creator of *Ginny & Georgia*.

You know, there's a healthy course that one should take and what a therapist or a psychologist might recommend, and then there's drama and the need for conflict.

(Sarah agrees.)

And the need for people to be—you know, kind of fuck up their own fates a little bit. So, how do you balance that? Like, you know, you want to be responsible about mental health, but you want— You know, conflict is the root of drama also.

Sarah Lampert: Conflict is the root of the drama. But honestly, real life is always more entertaining. And that's just because people are messy, and people are complicated. And the more that we can really always stick to a place of emotional truth in our show, the more the drama is going to be juicy and twisty and turny. Because if you are with the characters, you understand why they're doing what they're doing, it makes sense, and you can relate to it; then the drama takes care of itself. Truthfully.

I mean, I love that we have these big swings in terms of plot, because I am a storyteller. I love telling a good story. I love that there's like— You know, and then Austin says, “My dad and I picked that song.” And you know, we really like lean into all the cliffhangers. But at the same time, I think the show could be just as gripping if it didn't have any of that, and it was just about these characters trying to navigate life, and there was no murder trial. I just think these characters are interesting enough.

John Moe: Well, let's get into the characters. I want to talk about some of them in regard to their mental health issues, because I think it'll illustrate more what we're talking about. Georgia, who is the mom in the situation, lives with trauma.

(Sarah confirms.)

Lives in a world of trauma response, neither you or I are a psychiatrist—and Georgia is not a real person, so we can't diagnose her with PTSD, but the character lives with the result of trauma. Tell me about—first of all, tell me about Georgia and the trauma that she lives with.

Sarah Lampert: Well, Georgia is a character who has never really experienced a true sense of safety or protection. She has always had to grow up and really fend for herself, because she didn't have parents who protected her and looked out for her. And I think you see that

even in our small glimpses in the flashbacks—even as early as the pilot episode, where she's being abused by her stepdad and she runs away. And then it comes out that he—you know, he's sexually abused her as well later in the season. And I think that, for Georgia, she also grew up in poverty, and she grew up with a mom who was really checked out and who didn't protect her. So, when she finds that she's pregnant in that scene in the flashback in season one, I think there's a lot that happens for that character in terms of what she goes through. Which is: "This is my chance to have love. This is my chance to have a family, and also this is my chance to not be my mother."

So, we're all in conversation with—not, you know— We're all in conversation with both our past selves and I think our parents and our—you know, all the things that we were raised with and grew up with. And for Georgia, none of that was healthy. And so, she decides that she's going to be a different kind of mom, and we see her really make a lot of decisions that are based in the desire to be a good mother. But because she's had to survive her whole life, we also see that a lot of those decisions are really trauma responses, right? She's always living in a fight or flight stance. She never gets to just relax. And she says as much with Paul on their first date. She's like, "I just wanna feel safe and free." And we don't see that character really ever feel that way.

John Moe: Yeah, it's a lot of flight, (*chuckles*) throughout her history.

Sarah Lampert: A lot of flight, yes. Yeah, yeah. And it's interesting, 'cause like as much as her—really, her sole desire in life is to be a good mother, because she has so much undealt-with trauma, because she's had to become the person that she's become based on—you know—where she came from. She's actually doing a lot of harm for her children, right?

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She has—there's not much space for them there. There is an invalidation that Ginny really feels in the first season especially, and the second season, where her mom—really just there's a misunderstanding between those two characters. They love each other so deeply, but they have such deep propensity to misunderstand and hurt one another, especially if there's a lack of desire to really try to understand the other's perspective. And I think that's something we haven't really seen these both characters have is a real desire to understand the other's perspective until season three—or kind of season two, in that therapy scene when Georgia crashes therapy. I love that scene. Yeah.

John Moe: What did you have to learn about trauma in order to write that character? Like, did you—was that part of your consulting with Mental Health America or with your doctor or what?

Sarah Lampert: You know, it's funny, like it—it flows very naturally, is my honest answer. Because it—to me, it's not necessarily—I had a lovely upbringing. Like, I love my parents. I had a very happy childhood, but when I'm writing Georgia, it just makes sense. Like, when I wrote the pilot, I wasn't—I didn't consult with anyone. And the moves that she makes through the pilot just made sense for a character who comes from that kind of background to me. And then once we started consulting with Dr. Taji and with Mental Health America, and

I was kind of given a little bit more vocab—like, this is a trauma response; this is PTSD; you know, whatever. The more the real terminology is behind it—

John Moe: The clinical terms, yeah.

Sarah Lampert: The clinical terms behind it, thank you. It just—I just felt like that's what she should be doing. So, it's kind of a marriage of like what the character feels like for me and what makes sense just of them as the character that I created that makes sense to me in some sort of complex, human way where they just exist independently from me. (*Chuckles.*) And then marrying that with kind of the expert and the expertise that I get from all of the brilliant people that I work with, frankly. Yeah.

John Moe: Has there ever—and I'm almost embarrassed to ask—has there ever been a time where you wrote something or developed something and had one of your experts say, “Whoa! No, no, no, no, no. That's not it at all.”

Sarah Lampert: Well, no, (*chuckles*) not—no. I would say no to that. But two instances come to mind right away, which is when I had Georgia say to Ginny in the pilot, “It's the two of us against the world,” I knew that was Georgia's motto. Like, that was her lens through which she viewed life, that character. And then that made sense to me. I understood that she felt that way, and I understood that Ginny didn't feel that way. Right? And that made sense to me. And when the doctor and I huddled on that, and she really called out that line specifically, and she said, “That is very unhealthy.” And I like kind of knew it without knowing it that it was. But when she was able to kind of very, you know, succinctly say, “That is an example of Georgia's mothering being harmful for Ginny,” it really clicked, honestly, the whole show into place for me.

Because it really enabled me to look at the characters through the lens of: if she really believes that the world is against them—it is a bad place, and it is against them—she has to become the system. Because the system won't help her. So, she has to become her own judge, jury, executioner. And that is the only way she will successfully navigate through the world. If she plays by the rules, she gets killed. She gets—it's over. So, she has to really navigate through the world. It is a war zone, and she's the general, and off they go.

And Ginny is like her reason for doing it, but also her little partner in crime. And that's Georgia's life view. And then Ginny, alternatively—that's just so unfair. Ginny's a child. Ginny didn't sign up for any of this, and that's not Ginny's experience. That's not Ginny's truth. And there's a lot of Ginny is that is very, you know, overlooked by the character of Georgia. Georgia is only able to see Ginny as an extension of herself. So, you see in season two that Ginny really is begging her mom to see her. I mean, she tries to highlight the fact like, “You don't even ever really consider the fact that, you know, you're White, and I'm Black, and you still dress up as Scarlett O'Hara for Halloween. Like, you don't see how that harms me. You know? The same actions that I can't hide behind your same smile”—that beautiful line.

And I think that Ginny is really begging Georgia to not just validate her experience as a person, but also validate the harm that Georgia causes her as a mother. You know, just with

not really hearing who Ginny is. And so, you know, you can never really blame a character's self-harm on someone else.

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But I think a reason that Ginny self-harms is because that character feels voiceless, and she doesn't feel validated. And so, that is a way for all of her feelings to have an outlet. Because she doesn't feel that there's space for them in her relationship with her mom. And then, you know, on Georgia's side of it, she doesn't understand why Ginny's not so grateful for the mother that she is. Because she loves Ginny so much, and she doesn't understand why that's not enough, why her love and protection isn't enough. 'Cause it's something she herself never received and would've killed for.

John Moe: Right. So, she's compensating by being the opposite of what she was raised with and thinking that must be, by definition, virtuous.

Sarah Lampert: Right. Yeah, absolutely. And you know, Ginny—she puts on Ginny like, “I killed for you.” What a horrible thing to say to your daughter! “I killed for you.” And Ginny, rightfully so, really struggles with the weight of that. And then in season three, we see her finally be able to put that weight down and not take that on.

John Moe: Well, let's talk about Ginny a little bit. She engages in self-harm and has to manage that.

(Sarah confirms.)

What did you and the other people on the show need to learn—and the actor who plays her need to learn—about people in that situation from experts?

Sarah Lampert: Well, I would say— So, originally Ginny was gonna self-harm in the pilot, and we pulled that back and put it in episode two, I think. Netflix got a little nervous putting so much in the pilot, which is fair; which is fine. So, I think that, for me, I always just instinctively knew that character needed an outlet, and so it just made sense to me that this character would engage in this behavior and struggle with this. And then when we did start talking with Dr. Taji— Because I had written the pilot, and I sold that. So, Dr. Taji entered and had the pilot script as something that we could talk about. And then once we brought her in, we really crafted a three-season arc for Ginny's self-harm and for her mental health. Because we really wanted to make sure that we were doing that justice in a way that was both truthful and responsible.

So, when I say that, we had really plotted out like, okay, this is a character who engages in this behavior, this harmful behavior. Here are the reasons why she does it. Here are the scenes that are gonna make her do it, because it makes her feel, you know, certain— This is a scene where she feels powerless. This is a scene where she feels voiceless. This is a scene where she doesn't feel validated. So, this is gonna be—the scenes after are gonna be when she self-harms. And so, we kind of planned that out. And then it became planning out— And again, I said it was a three-season arc for this journey for her, because we knew we wanted

her to get better. We really do try to operate the show in a place of hope. We're not just throwing mental health problems on screen to be edgy or—

John Moe: To gawk at.

Sarah Lampert: To gawk at! No, I think really the message behind the show is heart and hope, truthfully. So, we really do want people who are watching to feel not alone, to feel connected, to feel hopeful, and to hopefully be able to improve their own lives and be inspired to do that or—anyway.

So, Ginny. Ginny, we knew that we wanted her to start therapy in season two. We knew we wanted her to tell her dad, who feels safer to her than her mom in that moment in her life, and have a panic attack and tell her father about her self-harm. We knew we wanted him to get her into therapy. We knew we wanted Georgia to discover the self-harm like halfway through the season. And that scene— I wrote that scene where Georgia discovers her self-harm like way back in season one and just sat on it. 'Cause I just knew we had to wait to get there, where she comes in and she slams the lighter down. She's like, “Show me.”

And we talked a lot about that scene with Mental Health America. Because they were like, you know, “This is a wrong way for someone to approach discovering that your child self-injures.” And we talked a lot about it, but it really felt right for that character to behave that way. And it was okay for Georgia to be wrong in discovering Ginny's self-harm like that. But then in the end—by the end of the scene, she really does make her first step towards giving Ginny what she needs and to take a step forward in their relationship.

Anyway, sorry. *(Laughs.)* Yeah, we talked about—as you can tell, we talk about this a lot in the writer's room and all the time. But I would say we knew we wanted Ginny to go to therapy, to start to get tools to get better. And then we knew we wanted her to relapse, because healing isn't linear. Relapse is part of recovery. We wanted to show that. But ultimately, we wanted her to eventually tell her friends.

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We wanted her to eventually get to a better place with her mental health and to really access therapy and the tools that she's given in therapy to get better.

John Moe: Yeah. No, I liked it. It wasn't preachy at all. It was healing, and it was bumpy, and it was—yeah.

Sarah Lampert: Yeah, it was a mess. We're all just a walking mess. That's my real answer to all these questions.

(John laughs.)

We're all a fucking mess. *(Laughs.)*

Transition: Spirited acoustic guitar.

John Moe: We'll be back with more from Sarah Lampert after the break.

Promo:

Music: Bright, brassy music.

Alex Schmidt: Hello, this is Alex.

Katie Goldin: Hello, this is Katie.

Alex: We host *Secretly Incredibly Fascinating*, and this week we released our 250th episode.

Katie Goldin: (*Mimicking an echo.*) Two-hundred and fifty-tee-tee-tee...

Alex: (*Giggles.*) Every episode stands on its own.

Katie: And every episode is about a seemingly ordinary topic.

Alex: We reveal the history and the science of stuff like salt and clouds and your computer mouse.

Katie: And episode 250 is about the word hello.

Alex: Hello!

Katie: You know that word. You're ready to go.

Alex: So, let us say hello to you. Find *Secretly Incredibly Fascinating* at MaximumFun.org.

(*Music fades out.*)

Promo:

Ben Harrison: Hi, is this Brennan?

Brennan: This is Brennan.

Ben: This is Ben Harrison. I'm the host of *The Greatest Generation* and *Greatest Trek*, along with my buddy Adam, on Maximum Fun. I am calling because you, Brennan, have been named Maximum Fun's member of the month!

Brennan: Oh my god, I'm so honored to be the MaxFun member of the month.

Ben: As member of the month, you'll be getting a gift card to the MaxFun store, a special member of the month bumper sticker, and a special priority parking spot at the MaxFun headquarters in Los Angeles, California, just for you. That's a perk that I don't even get as a host of shows on the network.

Brennan: This all sounds fantastic. I'm gonna have to figure out a way to use that parking spot before the end of the month.

Ben: Brennan, you have to do it just to rub it in my face alone. Have a great day, and live long and prosper. (*Laughs.*) I don't know how to do this!

Brennan: That works. I will do my best to live long and prosper.

Speaker: Become a Maximum Fun member now at MaximumFun.org/join.

Transition: Gentle acoustic guitar.

John Moe: Talking with Sarah Lampert, creator of *Ginny & Georgia*. Here's a bit more of that monologue by Marcus from the show.

Clip:

Music: Quiet, thoughtful music.

Marcus: On the outside you look the same—smiling and pretending there's so much work. But inside it's a different story. You start to hate yourself. You're so alone, so unbelievably alone. And you can be with someone you love, but you're not really with them. And we think we know what's going on with other people, but we don't. You never really know what's going on inside someone else's head. Everyone's fighting a battle you can't see. We all have blind spots.

John Moe: I wanna talk about Marcus—next door neighbor boy, Ginny's love interest, and someone who lives with depression. I can imagine there's a challenge writing depression, because it's such an inward-facing thing. It's such an immobilizing thing. But you're writing

TV; you need people interacting with each other. You need surprises and that kind of thing. Like, you know. I think anybody who's dealt with major depressive disorder knows that it's not exactly—it doesn't clip along, you know? It's very inward-focused, which is—yeah, not helpful in writing a dramatic script. How did you handle that?

Sarah Lampert: I gotta tell you, it was the easiest thing ever.

John Moe: Really?

(Sarah confirms.)

Because you were speaking from the heart?

Sarah Lampert: Yeah. Yeah. It was—it couldn't have been—I mean, it flowed. I wrote that depression monologue he gives at the top of eight. I said I was in a dark moment. We hadn't started the room yet for season two. I don't think we knew we had a season two yet. Season one had just dropped. It was the winter, whatever. I wrote that. It was just living in my notes app on my phone for quite some time, and I knew that I wanted it to be Marcus's VO and to have an episode based in that. But that was really all I knew. We didn't—I didn't have more than that.

And then once we were in the writer's room—and the writers are so fantastic. Like, you can tell in the show how many people are pouring their heart and soul and—you know—talent and experiences into these characters. And so, once we were in the writer's room, someone came up with the idea—I think it was our writer's assistant, Ayotunde—came up with the idea of “Kill Gill”, episode nine in season two, where—to theme that episode about “Kill Gill”. And I had been really wanting to make an episode focused on Marcus's depression so that I could use this monologue, and it blended itself so perfectly with that idea.

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Because we could show the same three days, twice—once from Marcus's perspective. And I would be able to really do an episode where I got to put depression on screen in a way that—frankly—as a storyteller, I was just itching to do. And then we could go back and tell the Ginny/Georgia side of that story and keep our plot moving forward. Yeah, I don't know. I think when you're writing anything and it comes from such a personal place—like, it is just like—I don't wanna say easy, 'cause it's such hard subject matter. But there is an ease to it, because you're just writing what's true.

John Moe: Yeah. Yeah. I mean, I was impressed by how the mental health issues aren't wrapped up over the course of an episode—or two or three episodes—in an arc where it starts, it gets really bad, then it gets solved, and no one ever speaks of it again. We've all watched those shows. Is there a part of you that ever gets tempted to do something like that? Like, “Let's wrap this up; let's get this boy cured and get him back in the game.” *(Chuckles.)*

Sarah Lampert: No. No. Because I think that it's something that would just feel very false to me if that is how it worked, right? I think that— Do I think that Marcus can get better?

Absolutely. Absolutely, I believe that. Do I think that he can get better in episode ten, specifically? No, I do not. Like, I think that it is a longer process. And you know, you have to honor the fact that a lot of the audience relates to it, because they are going through something similar. And if it were to suddenly not feel honest, I think you would just lose them, and they would no longer feel seen by it, connected.

John Moe: Yeah. They'd feel like they were more of the anomaly, because they can't wrap it up as easily as he does.

Sarah Lampert: Exactly. And—exactly. And I—again, like the show is based in hope. Like, there's a reason we stress therapy. Marcus mentions that he's on medication. But again, healing isn't linear, and I think that's okay. It's okay to not be okay. And I really think the show tries to get that message across, to hold on hope.

John Moe: What do the actors learn about mental health over the course of the show? Are they coached as to what all these things mean? Are they given clinical information, or are they just given a script?

Sarah Lampert: I am so blessed when it comes to the actors on this show. I mean, they are the most intelligent, thoughtful—I mean, if you—I don't know if you've seen any of the interviews they do when they talk about all of this, but it's far more elegant than me, frankly. I'm like, “Jesus.” They're so deep with their character. I mean, they are so beautiful in how they take care of their characters and in the depth that they give their characters. They're not coached, as far as I know, in terms of mental health. I talk to them about the mental health in the show. I talk to them about like why a certain scene is important to me or what the—you know—impetus is.

Or you know, the writers—by the time we're filming, the writer's room is over. So, if there was a scene that was important to a different writer in the show, I try to connect with the actor and tell them, so that that writer gets their voice carried forward into the scene as well. But no, they just really understand their characters. I mean, they live—they embody them. Like, they're in their bodies. I know that some of the stuff that they film, they really struggle with afterwards because of how much they put those characters into their bodies. I mean, it's one of the more impressive things I've ever seen, to be quite honest.

John Moe: You talked about how a lot of this was conceived as a three-season arc.

Sarah Lampert: It was really a four-season arc. It was just Ginny's mental health specifically we thought about as a three-season arc. Yeah.

John Moe: Oh, okay. Well, so then I was gonna ask— You're greenlit for a fourth season.

(Sarah confirms.)

Do you start planning the mental health journey for a fourth season? Is that separate from the character's journeys, or is that integrated, or what?

Sarah Lampert: Oh, not only is it integrated, it leads the charge. Like, the first thing we do is we huddle with Dr. Taji, and she watches all of season three, and then we— And it's not a surprise to her, 'cause she's been seeing every script, you know, as we go. But also we plan the season based on the arcs. We wanna take these characters—right?—like, we play— For example, I'll give a more specific example with that. I knew that we wanted to—I'll talk about Abby's eating disorder, because that's something that we really very lightly touch upon in one and two. It is a little—there are signs everywhere, purposefully, but it is the kind of thing where, if you yourself have not struggled with it, you might not know that's what's going on. Right? Like, the fact that she goes to the bathroom a few times; when all the girls are snacking, she's snacking on celery.

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The fact that she has so much food hidden in her closet—like, there's tons of these kind of moments for her that, if you've gone through it, you'll recognize it instantly. And if you haven't, you might miss it completely. Like, we don't wanna ever make mental health something that you're indicating or like just treat—I don't know. There's like a gross way to treat it. And then there's like a— Anyway. So, for her eating disorder, we didn't want that to be the kind of thing where it became a plot point in a way that felt like, “Oh, now that everyone knows, we can resolve it.” 'Cause that's just not how eating disorders work, really.

Again, Abby needs to want to resolve it and to put the work in to resolve it. And so we— they're just always in conversation. Like, not just plot for the character, but we really start from a place of mental health. Like, if this is where the character is when we end season three, what does it make sense for them to go forward next? If we wanna get them here, emotionally, what would they need to go through in order to get there? Right? And those are the conversations we have with our psychologist. And we really, really wanna make sure that's what's leading us instead of any kind of plot point, because we wanna make sure that the characters always remain realistic and true. So, you know, we never wanna like wrap anything up in a way that feels very TV-like.

You know, Abby's eating disorder, for example. That's not something that's gonna be resolved in an episode or—you know—even two episodes, because it's the kind of thing that this character has been struggling with for all three seasons.

John Moe: I think it was *Saved By the Bell* where somebody got addicted to like caffeine pills and had a total freak out, and it was like introduced.

Sarah Lampert: (*Chuckling.*) “I'm so scared! I'm so scared!” Yeah, I know. Yeah.

John Moe: Yeah, exactly. Exactly. And then it all got worked out. So, thank you for not doing that.

Sarah Lampert: Yeah. We just never wanna do like “on this very special episode of *Blossom*”—like—“bulimia!”

(*John chuckles.*)

Like, that's just not— So, again, like I do believe that you can get better. Like, I really, really do believe that, but I think that you have to be honest about how that happens.

John Moe: Sarah Lampert from *Ginny & Georgia*. Thank you so much.

Sarah Lampert: Thank you.

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

John Moe: *Depresh Mode* exists because people support it. People get something out of it. People think that an open conversation and insight into mental health is really good. So, thank you for those of you who are already supporting our show. If you haven't yet, it's so easy to do, and it's so affordable. Just go to MaximumFun.org/join. You can find a level that works for you. Maybe it's five bucks a month, maybe it's ten bucks a month. That would really help us out. Be sure to hit subscribe. Give us five stars. Write rave reviews. That helps the show get out into the world where it can help more people. We like to help people.

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.

We're on BlueSky at [@DepreshMode](https://bsky.app/profile/depreshmode). Our Instagram is [@DepreshPod](https://www.instagram.com/depreshpod). Our *Depresh Mode* newsletter is on Substack. Search that up. I'm on BlueSky and Instagram at [@JohnMoe](https://www.instagram.com/johnmoe). Join our Presbies group on Facebook. A lot of good conversation happening over there—people talking about mental health, people talking about the show, people sharing some laughs. I hang out there too. I'll see you over there. Our electric mail address is DepreshMode@MaximumFun.org.

Hi, credits listeners. Thinking about television this week. Years ago when I lived in Seattle, the two most popular bumper stickers were “Visualize World Peace” and “Kill Your Television”. So, I bought one of each, did some cutting with scissors, and made a bumper sticker that said, “Visualize Your Television”.

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!