[00:00:00]

John Moe: We won't play the whole song. It's super long. But we will play the very, very beginning.

Music: "Bohemian Rhapsody" by Queen.

Is this the real life?

Is this just fantasy?

Caught in a landslide

No escape from reality

Open your eyes

Look up to the skies and see

(Music fades out.)

John Moe: Cut it there. Not doing the scaramouche or mama parts. Just that first part. It's what I've thought for a while about mental health issues: depression, anxiety, panic attacks. I thought about it even more after this week's interview. Are these problems a distortion of reality—a distortion of the truth, a work of imagination, just fantasy? Or is this the real life? Do we get immobilized by depression and anxiety because we see the truth about how the world is? We see the truth of the traumas we've been through. In short, is it me? Or is it the world? Me or them? It's an important question to at least consider, even if it's not easily answered, because it applies to how we address these interesting minds that many of us seem to be stuck with.

If it's fantasy, if these conditions cause us to see a distortion of the world, we try to treat our minds by jolting ourselves back to a healthy and pleasant normal—if that exists. If we allow that we're having a rational response to the world and our personal trauma, then we're saying we are the normal ones, and treatment becomes a way of dealing with that reality—grim as it may be—and managing ourselves so we're equipped for that landscape.

A lot of mental health medicine and treatment operates on option one, that we're getting it distorted—an effort to help you live in the peaceful, normal world, which is different than the one you're currently in. Maybe we need to explore the help being a way to cope with the grim reality. Maybe we need to look more at option two.

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

Transition: Spirited acoustic guitar.

John Moe: PE Moskowitz is an author and journalist. They're the author of *How to Kill a City* in 2017, and 2020's *The Case Against Free Speech*. Their new book is *Breaking Awake: A Reporter's Search for a New Life and a New World Through Drugs*. They also run *Mental Hellth*, a newsletter about psychology, psychiatry, and society.

PE is a survivor of a few things: being within inches of a protestor being murdered in Charlottesville; being within blocks of the World Trade Center on 9/11; they've experienced and survived a mental breakdown. They don't want to be defined by diagnostic terms. They see their mental state as part of being in the world as it is. They've been through extensive therapy, and they've tried a lot of drugs of the pharmaceutical and street/recreational varieties in order to feel better. Neither they nor I want to tell you how to manage your own mental health, but I think it's good to think about some different perspectives.

Transition: Spirited acoustic guitar.

John Moe: PE Moskowitz. Welcome to *Depresh Mode*.

PE Moskowitz: Thanks for having me.

John Moe: You know, in thinking about your story, I wonder should we begin with Charlottesville or begin with 9/11 to get at your personal story, as your story informs the other things we're also going to talk about?

PE Moskowitz: Yeah. I mean, I think Charlottesville—even though it happened after 9/11—kind of started the whole breakdown of my life. So— And then 9/11 appeared in there. So, maybe we can start with Charlottesville.

John Moe: Yeah. Tell me what happened to you in Charlottesville.

PE Moskowitz: Yeah, so I was a 27-year-old reporter reporting for a now defunct news site, *(chuckles)* and also a kind of leftist, anti-racist activist. So, I was there both for this lefty publication in Virginia and also as a counter protestor. Charlottesville was this huge neo-Nazi, far right rally. They were trying to save a confederate statue that was being taken down in this public square there.

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And I went down from Philadelphia, where I lived at the time, with two friends. In a way, I was having a great time being a counter protestor, feeling like we were on the right side of history—you know, contributing towards the fight or whatever. And then kind of at the peak moment of this kind of ecstatic feeling that we'd won, that we'd kicked the Nazis out of the town, that the statue would come down and that we were just fighting for a good cause,

James Alex Fields—a neo-Nazi—drove his Dodge Challenger into the crowd of protesters. And I was a few feet away. And he killed an anti-racist activist, Heather Heyer. And I saw bodies flying, and I lost my friends in the crowd and dropped my phone and had other people's blood on me. And you know, the whole scenario, I guess, lasted maybe five minutes. And in that time I think my entire nervous system, my entire psyche, was kind of wrecked. But it took me a while to realize that that's what had happened.

John Moe: Yeah, you write about how you didn't fall apart right there on the spot. You went and finished your article, and you made phone calls and sent emails. How long after that did things start to fall apart?

PE Moskowitz: About a month, and very suddenly. I think what I realized, you know, with hindsight was that I was extremely good at suppression and repression of my feelings at that point in my life without even being aware that that's what I was doing. But the month after Charlottesville, I just kind of kept my head down. I kept ignoring this kind of anxious, bubbling feeling I was having. And then I was on a work trip to Oakland, California to give a talk on my first book and was in a hotel room and woke up one morning feeling like I was in a completely different universe. My hands were shaking. I felt like I was being chased by a pack of wild animals, basically. I couldn't stop moving. If I did sit down, it felt like all the energy coursing through me would shoot up into my brain and then cause me to have a panic attack.

I basically just had a mental breakdown. And it was terrifying in and of itself, but it was also just terrifying not understanding what was happening to me, not understanding how I could feel so out of control of my brain and body.

John Moe: Had you had panic attacks previously?

PE Moskowitz: I had a few kind of like normal, run of the mill panic attacks during a big move from one city to another, kind of getting overwhelmed and feeling like, “Oh no, am I having a heart attack? Or you know, am I going crazy or something?” I'd had a few of those, and then they would subside after, you know, an hour or something. And I could recognize them as panic attacks. So, when this happened, it felt much more intense and then also just didn't stop. So, I kept thinking, “Oh, this is just a panic attack.” Except every hour, every day, and then every week it just kept going.

John Moe: So, what did you do? It kept compounding over the course of several weeks. What did you do about it?

PE Moskowitz: In the immediate term, I called my therapist who calmed me down a little bit, just enough to make me realize I could survive and get back to Philadelphia. And he told me to take a Klonopin, which I thankfully had carried on me, since I had had a few panic attacks. And the Klonopin really, really, really, really, really helped. It just helped me not feel like I was about to die at any given moment. And eventually, I got back to— I went to New York where I'm from, where my parents live, to stay with them. Because I was not capable of living a normal adult, independent life at that point. *(Chuckles.)* And they're both psychoanalysts actually.

And they helped— I mean, they helped explain to me that, you know, this kind of made sense, that people go through periods like this sometimes, where—you know, there's this perfect storm of things that happen, and your brain is overwhelmed, and it takes a while, but you have to sort through it.

And then after a few weeks I went back to Philadelphia, started going to therapy three times a week. And then the next essentially year/two years of my life were just healing from that, trying to get back to a stable baseline where my nervous system was not a wreck.

[00:10:00]

John Moe: And I feel compelled to ask about your experiences as a child during 9/11, because that was another trauma that it certainly informs your history. Tell me about what happened to you then.

PE Moskowitz: Yeah, so when I was 13, my middle school was two blocks from the World Trade Center, and I was in school when the first plane hit, in Spanish class. And the building shook, and my notebook dropped to the floor, and we were all ushered down to the cafeteria, and that's when the second plane hit. And then my friend's mom took him and me and about eight other kids out of the school, 'cause she was convinced that the building was gonna collapse, and we all thought she was crazy. *(Chuckles.)* And then as we were crossing the street on the West Side Highway—you know, seeing people falling out of the building, seeing people with blood and dust on their faces walking towards my friend's house—the tower infected, collapsed. And we had to run away from the kind of plume that was chasing after us.

And then when we got back to my friend's house, the second tower collapsed, and we thought our whole school had died, because it fell kind of in the direction of our school. Thankfully, everyone was fine. But we were out of school for about six months. And I was a teen. I didn't know really what trauma was. *(Chuckles.)* It's not that I— I don't think I was purposely trying to suppress it, but I just think it's too much for any 13-year-old to handle something like that. And so, even though I went to therapy, I just didn't understand how it affected me. And I think that kind of just went in another box in my brain, to never be opened again.

And obviously Charlottesville and 9/11 aren't like directly related. But Charlottesville was the proverbial straw that broke the camel's back. Like, I just had too much pent up behind this wall in my brain, and all of a sudden this event opened it all. So, when Charlottesville happened and when my nervous breakdown happened after Charlottesville, it turned out that I didn't only have to so sort through Charlottesville; I had to sort through the terror I felt during 9/11 and sort through my family's history. You know, I come from a family of Holocaust survivors. There's always this kind of feeling within my family of like “the next terrible thing is gonna happen,” right?

John Moe: Yeah. Sudden terrible violence can happen when you least expect it, is sort of the theme.

PE Moskowitz: Yeah. Yeah. And then in a way it's like these two events proved that that was very true. *(Chuckles.)* And I think that triggered this kind of ancestral trauma or like

things I just—that had been imparted to me subconsciously by my parents and grandparents. And that, in a way, was one of the hardest things to get over. I'm not sure I am over it. But just this idea that even if you're safe at any given moment, that who knows what the next thing might be.

John Moe: Has that made you hypervigilant your whole life? Like, just expecting something terrible is gonna happen?

PE Moskowitz: Uh, yeah. I mean, I think I've worked on it a lot—a lot, a lot, a lot *(chuckles)* —in the past seven years. But it's still something I struggle with. As I write in the book, like one of the biggest things I worked through in therapy is this feeling of happiness or feeling like free or untethered to anything—i.e., not hypervigilant—that that almost in itself is a trigger. Because when my subconscious—when my nervous system realizes that I'm not on guard, that I've let myself be vulnerable, that I've let myself have a fun night with friends, or hung out with a guy and had good sex—if I'm allowed to talk about that on this podcast. *(Laughs.)* But you know.

John Moe: Yes, you are.

PE Moskowitz: You know, anything that provides a kind of joy but is vulnerable, all of a sudden, the other part of my brain says, "Hold on; you've let your guard down." And then that can trigger a panic attack. And so, working through that has been really hard, because it feels like this kind of catch-22 of like: I'm trying to become happier and freer and less, you know, beholden to my kind of PTSD. But then when I do that, it triggers the PTSD.

John Moe: Yeah. Well, I wanna ask about drugs here in a minute. But I want to ask you also about— You know, if somebody hears, "Oh, PE Moskowitz had a mental breakdown in Oakland. This is when it happened, and then it was a long journey from that"—

[00:15:00]

—I think the natural, human, instinct is to say, "Oh, well, when did they get over it? How long did it last? When was it finally done?" And it's sort of part of the thesis of what you write about, as I understand it. That it's not something to be solved and walked away from. But is it fair to say it becomes an evolution of who you are?

PE Moskowitz: Yeah. I think it transforms you, and there's no way for it not to. And I think one of the most painful parts of the process of healing is that there is no going back to this kind of like pre-traumatized state, and it was really painful to try. For years in therapy, I just wanted to be fixed; I wanted to not have the brain I had now. I wanted to have the brain I had before Charlottesville. You know. And the more I accepted that this had to transform me in some way, the easier that the healing got. But I think in our culture and the way we usually talk about mental health, it is so much about cure, right? It's—we give ourselves this narrative of like, you know, "You were sick or anxious or traumatized, and then you took the right pill, or you went to the right kind of therapy, or whatever. And then you're fixed."

And I think that not only does that not work for everyone, it also kind of disenables the positive aspects of this kind of transformation. Not that there's any kind of silver lining to trauma, 'cause like no one should have to go through any of that kind of stuff. But I feel like a different, and in many ways better, version of myself than I did before my mental breakdown. Because it allowed me to explore what I really wanted, what was really important to me: my own identity, my own relation to my work and the world.

And I now feel more open to the world. I now feel more open to like a kind of hippie-dippy, like love thy neighbor, everyone-in-it-together kind of— You know, I just have a lot more love in my heart now, frankly, than I did before. And I feel more vulnerable. I feel less like capable of living life in a kind of normative, capitalist, productive sense. But I feel like I've changed, and I kind of wouldn't trade that for anything in the world.

Transition: Spirited acoustic guitar.

John Moe: More with PE Moskowitz in a moment.

Promo:

> **John Moe:** Hey, I wanted to quickly tell you about another podcast. This is one that I'm not hosting, but I am producing. It's called *In This Family*, and it's all about the connection between mental health and families: the families we're born into, the ones we create, what mental health issues we inherit from genes or environment, and what we do or don't pass on. We have guests like Gary Gulllman, Dr. JosephLee from Hazelden Betty Ford Foundation, Maria Bamford is coming up. It gets really fascinating. Look for *In This Family* wherever you get your podcasts.

Transition: Gentle acoustic guitar.

John Moe: We're back talking with PE Moskowitz, author of *Breaking Awake: A Reporter's Search for a New life and New World Through Drugs.*

Well, let's— It's funny. I was gonna ask— In my notes, I was gonna ask, "What guided your experience through the use of—?" And I paused to say, "medication or drugs," which of course mean the same thing. But as you point out, they have a different— They carry different meanings in our society, having to do with class and race and caste and all these other things. Let's talk about that a little bit first. Why do we use different names for the same thing here?

PE Moskowitz: Right. I mean, I think— So, probably unsurprisingly—as with everything in America—it comes down to like a history of racism. *(Laughs.)* You know, back in the 1800s/early 1900s when there was a lot of immigration to America, there was this idea that there were Chinese men who were like capturing White women and bringing them to opium

dens and corrupting them. And so, this idea that opium—the illegal, bad drug—was harmful, was, you know, what everyone thought, what the *New York Times* and every other media institution would write about the kind of menace that's plaguing White society.

[00:20:00]

That's the fault of immigrants. Right?

And then at the same time, White people were being prescribed opiates from their doctors at higher rates than people were doing opium. *(Laughs.)* So, like everyone was kind of high on opiates at this moment in history, but it allowed for this kind of sheen of respectability to a drug to see it as a medication. So, it's like, you know, "Bad, illegal drug for thee; and good, regulated medication for me."

And I think we still see that history playing out today where, you know, Adderall and other ADHD drugs are extremely, extremely similar chemically to street speed. And if you ask someone who does illegal speed, if you take enough Adderall, it feels like speed. Because it is speed. And that doesn't mean it's bad, but it means that these are essentially the same drugs. But people without privilege who—you know, through no fault of their own just were born with less money, born in the wrong location, whatever—don't have access to the doctors, the system by which your speed comes to you regulated, tested, and in normal small doses. You don't get to go to a psychiatrist or any kind of psychopharmacologist or whatever every week or month or whatever and check in.

So, instead, you're trying to solve many of the same issues that someone like me—I take Adderall almost every day, and it helps a lot. But the people who are taking illegal drugs are in many ways trying to do the same thing. They're trying to ameliorate their pains. They're trying to feel less anxious or more focused or like they can make it through the day. We just—we've relegated them to this dark, underbelly world where they're using drugs, and we're using medications.

John Moe: You mentioned Klonopin. Is that a med that you've—? Is that as far back as you go, I guess, with meds? And how long were you on that? And what does it do?

PE Moskowitz: Yeah, so Klonopin is a benzodiazepine. Like, Xanax is probably its more popular cousin. And I was prescribed it for occasional panic attacks. It's not something that's great to take on a daily basis, because your brain adjusts to it pretty quickly. And then without it, you go through withdrawal and probably become more anxious. But basically, what it does is just like calm down the receptors in your brain that are responsible for your nervous system telling you to be anxious.

And so, it works like a charm. And it's very similar to drugs that have been around for, you know, 75 years at this point. You know, very similar to the ones like— "Mother's Little Helper", the Rolling Stones song, was about housewives taking Valium, which is essentially the same thing as Klonopin.

And I found it extremely helpful. You know, if I had a panic attack— Every time I would wake up in the morning after my breakdown and feel like I was being chased by a pack of wolves or whatever, Klonopin didn't solve any of that, because I still needed to like rework my nervous system, explore my trauma and therapy, do all of that healing. But Klonopin, one, gave me a break from that so that I didn't feel like I couldn't do it. Like, without that, I think I just would've been too stressed and feeling too crazy all the time. I needed a mental break. But I think more importantly what it did is show my brain that there was a future that didn't feel as horrible as the present. Because once I took a Klonopin, I was like, "Oh, that version of me is still in there. The version of me that can sit on a couch and look at my phone without having a panic attack still exists." And so, it gave me, in a way, something to fight for.

And that's how I feel about a lot of drugs is it's less about their effect and more about the kind of lesson you can take from them. That through an altered state, you can see a different version of yourself or the world or life or just a different perspective, and then take that with you when you're not on the drug.

John Moe: I wanted to ask about SSRIs or antidepressants in general. How did your thinking on that substance—how has that evolved through the years? 'Cause that's such a—that's taken so commonly by so many people.

PE Moskowitz: Right. I've been on various antidepressants for years throughout my life. And again, they were helpful. When I was maybe a year out of my mental breakdown and still really struggling but not in such a crisis state anymore, but still near crisis state—

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—I began taking this drug, Effexor, which is an SNRI, which is basically the same thing as an SSRI. But I won't get into all the, you know, slight mechanical differences or whatever.

John Moe: Slightly different. But yeah, it's from the same—same idea, basically.

PE Moskowitz: And it really helped calm down my anxiety, helped me have fewer panic attacks. The problem is that it also calmed down everything else. So, the kind of ecstasy and joy one is capable of feeling in life, to me, felt very muted on that drug. There was this moment where I, you know, was with my boyfriend and realized that like I couldn't feel the joy of sex. Right? And then there was another moment where I was with my parents in the bayou in Louisiana, where I was living in New Orleans at the time. And we were in this beautiful, kind of alien landscape that, you know, just should have made me feel this kind of like awe and wonder. And instead I just felt kind of nothing. *(Chuckles.)*

And then the last straw for me was driving—which I love driving, and I love cars. I'm just like a car nerd. And driving and listening to Korn, the heavy metal band. And like, I knew that I should be kind of having goosebumps and feeling exhilarated. And again, instead I felt nothing. And I realized that I couldn't live my life like that, especially as a writer. Like, I need to be able to feel things in order to understand them and to write about them effectively. And I'm not against any drug. I think SSRIs are great for many people.

I think the difference between something like an SSRI and Klonopin, let's say, is that SSRIs are often viewed not as tools, but as cures. They're not seen as like modifiers of behavior or thoughts or feelings. They're seen as kind of like "you have a chemical imbalance, and this fixes it." And I think that that disenables people from understanding their uses and their drawbacks. I think it's very different to prescribe someone an SSRI and say like, "Okay, for the next year, while you're going through a particularly hard time, you'll take this. And then also in combination with that, go to therapy, do other things that help you figure out what's causing all the anxiety and depression." Right?

Instead what usually happens is the vast majority of people who are prescribed SSRIs get them from their primary care doctor. They don't even get to see a mental health specialist. And they're put on them for years and years and years and often entire lifetimes. And so, again, I'm not against any drug, but I'm against a system that completely individualizes our mental health and a system that sees drugs as the end-all-be-all only solution and basically just like says like, put you on a pill, fix you, goodbye.

John Moe: Right. I mean, *(sighs)* a lot of people—including people I've talked to on the show I've asked directly about this—have said, "You know, I will take that bargain. I will give up. My highs, my—you know—super highs. I'll give up transcendent joy if it means that these crashing lows that I don't have to deal with, you know, are gone." Like, which can lead to suicidality in many cases. That level of despair, you know, "I'll trade the high and low in order to establish a middle."

PE Moskowitz: Totally. And if that's what one wants to do, then go for it. *(Laughs.)* But I think the thing that pisses me off is that we're not given many other options. In ideal world—I mean, I'm in an incredibly privileged position for several reasons. Like, one: just like monetarily, I can afford years of therapy. I can afford to explore things like body work and acupuncture and yoga and all these things, all other modalities of healing. And then I'm privileged in the sense of like this is my job *(laughs)* is to figure out what's going on with my brain and like what modifiers of my brain work best.

So, a lot of people, that is their only option is to kind of take that compromise of, you know, "Maybe this makes me feel a little numb or a little less creative or whatever, but at least I don't feel despondent all the time." And that's fine. I just wish that people were given the myriad other tools that are available. But those tools take time. They're more expensive. Insurance doesn't cover things like somatic therapy and body work and stuff like that usually. So, I think we're given this kind of false choice where it's like either you take this, and you feel numb but okay; or you don't take it, and you wanna kill yourself all the time.

[00:30:00]

But we're thinking way too small. Like, there's such a larger world out there of healing and possibility. And I just—instead of faulting any one person for taking any one drug, I just want everyone to have that many options.

John Moe: I mean, it's—*(sighs)*. I've been doing this show and another one very much like it since 2016. I've done tons and tons of interviews. And there's a handful of questions that I keep coming back to, because I don't feel like I can ever answer them. And one of them is—

especially with depression, with major depressive disorder, is this a warping of reality? Or is this a rational response to the world that we live in? To the politics that we live in, through the social climate we live in, through the environmental climate that we live in? And you write in your book, “So, perhaps asking whether antidepressants or any other mental health medication is effective is too small a question. Perhaps a better one would be why are we all so depressed in the first place?”

Do you think that what we're all calling depression is just clear-eyed reality *(chuckles)* of the horror of the truth?

PE Moskowitz: I think it's both. To vastly oversimplify Freud, he basically believed that like depression was a kind of form of anger turned inwards. That, you know, there are these energetic flows of like you feel abused or mistreated, or you feel angry at a person or whatever it may be, and you internalize that. You don't have enough release of that. And it turns into, you know, depression, anxiety, or whatever other neuroses, because that kind of anger is still trapped within you. So, I think in a way, there's no way to feel normally healthy—period, at all—within our society currently. *(Laughs.)* I think that that is the wrong goal, that we shouldn't be going for that.

Because, you know, the metaphor I often give is like if you go to therapy or you take a medication or whatever it may be, I feel like often what we're doing is like there's this polluted lake with a bunch of fish in it. We’re all the fish, right? And the polluted lake is making all the fish sick. By taking an antidepressant, by going to therapy, whatever individualist solution one has to feeling depressed, it's like we're picking the fish up out of the water and giving it medicine and then throwing it right back into the polluted lake. Right?

(John chuckles.)

And so, that's how I feel in terms of depression is like, yes, it is kind of impossible to cure in any kind of societal level—*(correcting themself)* or any kind of individual level—when it's what society is doing to so many of us. But that being said, that doesn't mean you shouldn't give the fish medicine, right? Like, there are ways to feel better at an individual level. There are ways to feel like, even if you end up right back in that same pond, you still deserve to be out of it getting the medicine for a bit. Maybe this is a bad metaphor; I don't know. But—*(laughs)*.

John Moe: No, it's working, I think.

PE Moskowitz: *(Laughs.)* But yeah. I mean, I think that, you know, just it's both. Like, there's no way to feel 100% normal or cured in this society. That being said, like you deserve to be able to try; you deserve to have these opportunities to get that kind of anger that's been imparted into you by society out; to have places and spaces to mourn, to grieve, to feel your pain and not feel like it's all within you.

Transition: Spirited acoustic guitar.

John Moe: More with author PE Moskowitz in a moment.

Music: “Mother’s Little Helper” by The Rolling Stones.

“Kids are different today,” I hear every mother say

Mother needs something today to calm down

And though she is not really ill, there's a little yellow pill

She goes running for the shelter of her mother’s little helper

And it helps her on her way, gets her through her busy day

(Music fades out.)

Promo:

Music: Jaunty, playful music.

Amber Nash: Hi, I'm Amber Nash, the voice of Pam Poovey on the groundbreaking FX animated comedy *Archer*. Remember *Archer*? I sure don't. That's why I started *RePhrasing: An Archer ReWatch Podcast* on MaximumFun.org. Join me and a bevy of special guests as we discuss every episode of *Archer* starting from the very beginning. *Archer* executive producer, Casey Willis, and editor Christian Danley will provide insight and fun and help me remember everything I've forgotten about *Archer*—which is a lot.

[00:35:00]

So, join me on *RePhrasing: An Archer ReWatch Podcast* on MaximumFun.org. 'Cause I can't wait to watch *Archer* again for the very first time.

(Music ends.)

Promo:

Music: Fantastical, medieval style synth.

Griffin McElroy: *(With a wise, aged affect.)* The wizards answer eight by eight.

The conclaves call to demonstrate—

Their arcane gift; their single spell.

They number 64—until!

A conflagration! 63.

And 62, they soon shall be,

As one by one, the wizards die,

‘Til one remains to reign on high!

(The music picks up tempo.)

(Returning to his normal speaking voice.) Join us for *TAZ Royale*, an Oops, All Wizards battle royale season of *The Adventure Zone*, every other Thursday on MaximumFun.org or wherever you get your podcasts.

(Music ends.)

Transition: Gentle acoustic guitar.

John Moe: I’m talking with PE Moskowitz about mental health and drugs.

You've taken a variety of substances, some prescription—things you pick up at a pharmacy—other things that you pick up at a party, or you pick up from a friend. Is there a difference between one group and the other group in terms of how they've made you feel? Or does it just depend on the substance and the context in which you're consuming it to determine how helpful it is?

PE Moskowitz: The ones you pick up at a party are more fun. *(Laughs.)* But no, I mean, I think I— You know, I've started to just view drugs, medications—which are drugs—all as just tools. And tools can be used in productive and negative ways. I am on Adderall, as I said now, and it's tremendously helpful at keeping me able to do my work and not feel like my life is falling apart. But I have been on Adderall when I was like 15 and was a drug addict and was like abusing it. And that is no different than, you know, basically doing speed from the street. So, it can be helpful, it can be harmful.

And same thing with illegal drugs. You know, ketamine helped me envision a life in which I was no longer so traumatized. I tell this story in the book of laying down in my house in New Orleans with my best friend who also was in Charlottesville with me. We were kind of PTSD buddies together and doing ketamine and listening to a Lady Gaga album. And just feeling

this feeling of floating above my body and seeing my life from a bird's eye view. And that helped me realize that I did indeed have a future. And so, I just think at the end of the day, they're all tools. And I think the context with which you take those tools is really important too.

If you're doing ketamine treatments at an infusion center, for example, that can be really helpful. But I think one of the healing potentials of drugs is through their context. Like, when I've taken ketamine or LSD, and I've been at a rave surrounded by a thousand sweaty people and feeling like—you know, to butcher the quote of Erich Fromm, a psychoanalyst from the sixties—to feel like but a drop of water on the crest of a wave in the ocean, or whatever, of your fellow men.

Right? Like, that feeling of community, that feeling of deep ecstasy and possibility of what it can mean to all come together and feel free from the bounds of normative society— Like, that's enabled by both being with people, but also being on certain kinds of drugs. Right? And I think unfortunately what's happened is we have destigmatized a lot of these drugs, which is good. Like, we've destigmatized ketamine; we've seen it as a legitimate treatment of depression. We're doing studies on MDMA and LSD and psilocybin and seeing how well they affect PTSD or depression. That's all great. But at the same time, I think it decontextualizes these things so that we don't realize that part of the reason they're so helpful is because they enable certain ways of being in the real world. And so, I just worry that we kind of neuter the efficacy of these drugs when we try to turn them into, quote/unquote, "medications".

[00:40:00]

John Moe: Because people are seeing the drugs as the solution as opposed to the state of mind? As opposed to as a tool, like you said, to the state of mind that would be—for lack of a better term—better mental health?

PE Moskowitz: Yeah. I mean, I think when I am at an underground rave in Bushwick or whatever, and I'm on ketamine, and I am dancing with someone and feeling like, "Wow, maybe a better future is possible. Maybe like this feeling of togetherness and this feeling of joy is something that it can bring into my life more, that if we abolished capitalism, that it would be more common to have these moments of togetherness and joy," right? That is enabled by this drug. But if I am at a ketamine infusion clinic, I just don't think you get the same… the answer your brain gives you is a different answer, right?

And so, that doesn't mean that it's bad, but I think drugs can be like modifiers of your psyche and your emotions so that you fit back into the current system better, so that you can concentrate on work better. You know, like Silicon Valley tech bros are like obsessed with microdosing all forms of drugs to heighten their productivity so they can code better. And that, to me, is not the highest and best use of any of these substances. So, to me it's less about like whether the substance is good or bad. It's about like how are you using the tool? What context are you operating in? And like, is that to envision a better future for yourself or the world? Or is that to optimize yourself to fit into our current, shitty world?

John Moe: Now not all of us listening to the show are gonna be at an underground rave in Bushwick.

PE Moskowitz: Why not?

(They chuckle.)

John Moe: Most of us rarely get invited. I'm more likely to be at the Trader Joe's in St. Paul. *(Chuckles.)* And so— And which gets me to the question about the availability of some of these substances, legalization of some of these substances.

I mean, I write a newsletter for our show every week. And just today, the day that we're taping this interview, there was a story about the massive relief for generalized anxiety disorder that comes with a single, larger dosage of LSD. Like, they tried it on a smaller dosage; no different than placebo. They tried it on a larger dosage, huge relief for months and months at a time from a single dosage. And I thought, "Well, that's fascinating, but I'm not gonna be able to get that at Walgreens anytime soon." And so, do you see that narrowing? You know, to a point where— I mean, you write about it in the book. Like, when Prozac became available—you know, like it was heralded as this new change. Miltown or Valium, all these things.

Do you think that is coming for some of these other substances, so that somebody who goes to Trader Joe's in St. Paul can have the same experience as somebody at an underground rave in Bushwick?

PE Moskowitz: I think that we'll probably never reach a point where you can like get a tab of—

John Moe: Plus you gotta go to our Trader Joe's. It's just amazing!

(They laugh.)

Sorry.

PE Moskowitz: I'm more of an Aldi shopper, I think.

(John affirms with a laugh.)

But I think that we'll never reach a point where pharmacies are dispensing like mind altering medication that like makes you trip so that you can like go to a rave. Like, I think that's not— I don't think our medical system would ever allow for that. But what I do think is very possible is that these drugs will be formulated into less intense versions of themselves that are more patentable and that cause less kind of mind-altering behavior. But they can be extremely effective for things like depression. And I think that that's a great thing.

I think the problem—as you were mentioning—is like this is what we always do with every drug. Like, Miltown, this tranquilizer in the 1950s, everyone and their mother—literally—was on it. And then, you know, after 10 years and all of America being tranquilized, we were like, "Wait, whoops, this is addictive. It has a lot of side effects. We probably shouldn't be taking this."

And then so the prescription drug industry came back with benzodiazepines like Valium and Klonopin, and the same process repeated. We were like, "Ah, finally we have the cure to the blues or the cure to anxiety," right? And then it turns out that those were addictive and had a lot of side effects. And then in the 1980s, they came out with a new class of drugs—antidepressants, SSRIs—where they were like, "Finally we figured out how to make a non-addictive mental health med that cures everyone's problems."

[00:45:00]

And it turns out that, one, they have a lot of side effects. But two, they're not working. *(Chuckles.)* Like, they might be working for some people on an individual level, but check any chart of anxiety/depression/suicide in the United States. It's going up and up and up. the drugs simply aren't enough. And then, so I think what I'm worried about with the kind of de-stigmatization and pharmaceuticalization of things like ketamine and LSD is that we're gonna see, again, these things as cures—in the same way we viewed SSRIs as cures, as opposed to tools. And meanwhile, we're ignoring the proverbial polluted lake. That no matter how many drugs you legalize, how many medications you give people, that we have to stop making people sick in the first place. And there is never gonna be a pill or anything that does that.

John Moe: You write in the book, "I refuse to call my inability to sit still for ten hours without medication ADHD; and I refuse to call my overwhelm depression or bipolar disorder or psychosis or anything else. My problems are based in the real world, not in my brain."

Do you believe in the acronyms? *(Chuckles.)* In the DSM diagnoses as real things, or not?

PE Moskowitz: There's a large misconception amongst the general public with the DSM and diagnosis in general. You know, as I see it talked about online, these are immovable categories that are completely scientific and almost chemical in nature. If you have ADHD, it's because, you know, a brain scan showed you have ADHD. And first of all, that's not really true. But second of all, like even the most mainstream psychiatrist acknowledges that these things are clusters of symptoms. They're not like immovable—like, it's not like the same thing as like, "You have a broken leg, because your bone is like this."

ADHD is a cluster of symptoms. And that's why the DSM changes every few years to change the cluster of symptoms and call it something new. So, I don't think it should be a controversial opinion to say like diagnosis is not like a material effect; it's a way of description of certain behaviors and reactions to things. And you know, if you look at me, I have many of those symptoms and clusters that are labeled ADHD. I think the thing that angers me and the thing that I'm scared of in relying too much on diagnosis is that it almost becomes a form of gaslighting oneself. Because you start to believe that everything you're experiencing is within your own individuality, within your own head, within your own

chemical makeup, as opposed to legitimate reactions to the world. And the world is horrible. *(Chuckles.)*

So, like maybe the reason you feel inattentive is because you hate your job. Maybe the reason you feel inattentive is because life makes us so anxious that we have energy coursing through our nervous system that makes it really hard to sit fucking still. And that doesn't mean that you shouldn't get an ADHD diagnosis, and you shouldn't get prescribed a drug if that would help. But I do think it means we should stop individualizing and internalizing what are material, external problems. We should stop essentially convincing ourselves that the world is not at fault, that we are at fault.

Because that completely disenables us from seeing what should be obvious to everyone. Which is that, you know, I have ADHD; you, the person down the street, have bipolar; you, the person next to me, has depression. But we're all in the same boat. We're all dealing with the same thing. We're having varied responses to the exact same inputs.

John Moe: I had a conversation with my therapist one time, early on when we were meeting. And I said, "Well, you know, I think this might be GAD, generalized anxiety disorder. It might be, you know, PTSD from this incident."

And she said, "John, stop it." She's like, "Let me tell you. Those terms are for insurance purposes around here. You know, this is how we get someone else to help pay for some of your treatment. Let's talk about life instead and how that works." *(Chuckles.)*

PE Moskowitz: Yeah, exactly. And like—yeah, I think that one of the most helpful parts of therapy for me hasn't been in diagnosing me with anything. It's been in just acknowledging and feeling validated that it makes sense that I feel the ways I do. You know?

[00:50:00]

I remember this one session with my therapist a few years ago where I like kind of took stock of everything that had happened to me in life and like everything that was happening in the world and then being like, you know, "Why am I so depressed?"

And my therapist was like— I mean, he didn't use these words, but he was kind of just like, "What the fuck are you talking about? Like, of course you're depressed. *(Laughs.)* Like, you almost died. You have trauma twice. You have lots of trauma. The world is really bad. Like, what do you expect to feel?"

And that— It felt like such a revelation. 'Cause I was like, "Oh, right. This isn't my fault, and this isn't something I can purely control in my brain. It is a legitimate reaction to what's happening around me."

John Moe: How—? You were feet away from two deadly terrorist attacks: these huge, major traumas in your life. After the work that you've put in on those things and the work you've put in on your brain and on your happiness—and congratulations on doing all that work—where do those things live with you today? Like, how are they present in your mind today?

PE Moskowitz: I think in a way they've helped me feel less alone. And the healing work I've done has helped me feel less alone. Because I think, you know, Charlottesville for example, is like a very direct form of the violence of fascism and how that kind of like affects people. You know, the kind of violence and energy of a neo-Nazi was in many ways literally put into my body and then left for me to deal with and figure out. But what's become obvious to me through my healing and through my writing and, you know, reporting in this book is like most people are going through similar things, it's just less obvious forms of it. Right?

It's like not everyone is having a neo-Nazi to try to murder them, but everyone is having the violence of capitalism, of police violence, of racism, of classism, of sexism imparted into their psyches on a day-to-day basis. And that really breaks people. It really, you know, shuts them down, makes them feel lonely and despondent. And they're— You know, and then meanwhile we have very, very few outlets for any of that. That, you know, people are often physically separated from each other down suburban roads. And you know, like there's no community center or parks or whatever. It's like the— I've realized that all of us are going through the same thing, and that's—in a way, even though that's a depressing fact that we're all dealing with so much psychic violence—in a way, it's felt incredibly like— I don't know. It's made me feel love for the world. *(Laughs.)* And it's made me feel less lonely. I feel like I'm in it together with everyone. Because even though all of our experiences are different, we're all kind of dealing with the same thing.

John Moe: The book is *Breaking Awake: A Reporter Search for a New Life and a New World through Drugs*. PE Moskowitz, thank you so much.

PE Moskowitz: Thank you.

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

John Moe: Thank you to PE Moskowitz for that conversation.

Look, here's my philosophy. Let's learn what we can. Let's hear from a bunch of different perspectives. Let's expose ourselves to a huge variety of personal experiences and stories of what works and what doesn't. Because really, we're behind on this one, on mental health. Our society for centuries has shamed mental illness, made it something embarrassing to talk about. People with interesting minds—like me and maybe you—have been discouraged from learning about stuff that will help. There's a hole. I think we gotta plant trees in that hole. Crops. Flowers, maybe. Stuff that will grow and contribute.

Like, imagine if we were encouraged to figure out mental health at the same speed and with the same acclaim and support and drive that we provided aviation a century ago. You know, there were just 66 years between the Wright brothers and the moon landing. 23,953 days. That's it. Imagine if we did that with mental health—that drive, that purpose, that exploration, that innovation, that celebration. What would our mental health moon landing be?

So, our show is not funded like the space program; it's a bit smaller. But we'll do our part here to give you ideas and points of view and stories and encouragement. See what you can learn. We'll do what we can.

[00:55:00]

Speaking of funding, *(chuckles)* we don't ask for NASA grants, but we would like for you to be a member of the show. That's the only way that we're able to make the show and bring those stories to you. We really appreciate those of you who donate and support the show. It is how I can keep making the show, how we can all keep making the show. And it's easy to do. Just go to MaximumFun.org/join. Find a level that works for you, and then pick *Depresh Mode* from the list of shows. Be sure to hit subscribe. Give us five stars; write rave reviews. That helps get the show out into the world where it can help folks. It's just nice to help folks! *(Chuckles.)* It feels good to help folks. We need your help doing that.

The 988 Suicide and Crisis Lifeline can be reached in the US and Canada by calling or texting 988. Free, available 24/7.

We're on BlueSky at @DepreshMode. Our Instagram is @DepreshPod. Our *Depresh Mode* newsletter is on Substack. Search that up. Search for *Depresh Mode* or John Moe. I'm on BlueSky and Instagram at @JohnMoe. Our Preshies group is on Facebook. A lot of people hanging out there, talking about mental health, supporting each other, giving each other some ideas. I'm there hanging out too. I'll see you over there. People sometimes just having a laugh. Our electric mail address is DepreshMode@MaximumFun.org.

Hi, credits listeners. The Trader Joe's in St. Paul that I mentioned has two stuffed bunnies hidden somewhere in the store. If you tell the cashier where, you get a free sucker. The offer is intended for children, but I imagine it holds for adults who aren't self-conscious and really want a sucker.

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

Phil Radke: Hi, it's Phil Radke in Seattle. You're not doing it wrong. Just begin again.

(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!