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**John Moe:** So, here's the part at the top of the show where I sometimes mention something about the content of the episode—suicide, for instance—and I try to indicate whether it's going to be mentioned in passing or it gets into detail. And I do that because I want you to feel safe listening. I don't want there to be a shocking jolt that connects you to traumatic events or disturbing thoughts and takes you out of the flow of what we're talking about.

Now not everyone offers these warnings, mind you. I'm always watching movies or TV shows where suicide comes up unexpectedly where someone is in a position that my brother was in when he died. And it sucks when I see that and I'm not expecting it—that sudden diversion. I'd rather prepare you, so you can stay with the conversation that we're having.

All that said, consider this one big note to listeners this week. We're gonna talk about suicide—openly, bluntly—for pretty much the whole interview. And we're doing it in order to fight suicide. We'll avoid talking about methods, of course. That's just good practice. But listen. Suicide is real. It's a threat. And like a lot of mental health issues, if we can face it—if we can lock eyes with it and not back down—we take away some of its power. We demystify it.

Never talking about cancer would be bad policy, right? Cancer kills people. Let's try to learn about it and what we can do to stop it. Car accidents kill a lot of people too. Should we avoid ever discussing car safety? No, of course not! We should talk about it a lot. Let's have a lot of conversations. And let's do that with suicide too—in the interest of safety. I have just the person.

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

**Transition:** Spirited acoustic guitar.

**John Moe:** A couple weeks ago we had A.J. Daulerio on the show, and he talked about his suicidal moments—including a very recent one. And he said in that moment, he called Clancy Martin. That made me want to hear from Clancy too. So, that's who's on this week. Clancy Martin is a remarkable person: a philosophy professor at the University of Missouri Kansas City; he specializes in existentialism, moral philosophy, ethics, and behavioral health. He's also a Guggenheim Fellow, also a Pushcart Prize-winning fiction writer.

That always seems unfair to me, when people are good at multiple things. Like attractive people who can sing really well and are super nice and smart. Like, quit hogging all the blessings.

And Clancy writes non-fiction as well. He's the author of *How Not to Kill Yourself: A Portrait of the Suicidal Mind*. It's a philosophical inquiry, but it's also a memoir. Because Clancy has attempted suicide many, many times over the course of his life. I'm so glad that he joined me, so we could look this thing in the eye together.

**Transition:** Spirited acoustic guitar.

**John Moe:** Clancy Martin, welcome to *Depresb Mode*.

**Clancy Martin:** Ah, thanks so much for having me, John.

**John Moe:** I want to get your story here in a minute in a little more depth. First, I want to play this clip from our episode with A.J. Daulerio that we aired just a couple of weeks ago.

**Clip:**

**John Moe:** What happened right after you were holding that knife?

**A.J. Daulerio:** I called a couple people. I called a couple people who go through similar sort of, you know, situations. And my one friend who has written a book about this stuff—his name's Clancy Martin.

**John Moe:** I know Clancy.

**Clancy Martin:** I called Clancy, and I'm just like, "Look, this is the situation."

And he's just like, "Okay, I know this is gonna sound silly, but go take a walk. Your problem is impatience right now, more than anything else." *(Chuckles.)* "You just have to be patient and let this part of your brain kind of just—you know—run its course. But in the meantime, take a walk."

And if my wife told me to take a walk, I would basically be just like, "Alright, well you're not helping the situation." But because Clancy's an authority on this, I listened to him. Right? And that's kinda the benefit of having people who have been through this in some capacity: that I trust them.

**John Moe:** Without getting too personal about A.J.'s individual situation, what do you remember happening on that call?

**Clancy Martin:** Well. (*Sighs.*) I should say that, since I wrote this book about my own struggles with suicide, I've had—

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—you know honestly, hundreds of people reach out to me in A.J.'s circumstances. That's somebody who either they have my phone number some which way—or more commonly, my email. And usually, it's I open up my phone in the morning, and I see 1/3/5 emails from people. And some of them are just saying, “Hey, thanks.” But some of them are actually in crisis. And in A.J.'s case, he was in crisis. And I tried to— You know, I try to sort out—in terms of how I respond—whether somebody—the stage of crisis, basically, that they're in. Whether it's like imminent or not.

And I could tell with A.J.'s situation that it was kind of imminent. You know, he was ready to make an attempt. He was like— I was in the extremely fortunate position of being one of maybe the last—maybe the last person or the last few people he was going to reach out to before making an attempt. And contrary to the popular myth—which is that once you've made up your mind, you don't reach out to people—actually, most people who are suicidal do reach out! Often even like in the midst of an attempt—which I have done myself in the past. I've attempted suicide, uh, many times. (*Laughs.*) I'm extremely bad at it. And sometimes I haven't reached out, but other times I have.

And anyway, so I was like, “Okay, this is—you know—my dear friend, my beloved friend A.J. And I'm going to try to, you know, talk him off the ledge.” And I'm glad that you played the part that included my actual advice to him, because I want everyone who is listening to this to know: The! Most! Important thing! You can do! If someone reaches out to you in crisis, and the most important thing you can do if you are in crisis yourself— Well, if you're in crisis yourself, the most important thing you can do is to reach out to someone. (*Chuckling.*) But the second most important thing you can do is go for a walk.

And the reason you want to get people going on a walk or you yourself wanna go on a walk is, first of all, the space you're in is probably related to whatever your plan is or whatever your attempt is going to be. So, some of your means are in that space, so you need to get outta that space or you need to get the other person outta that space. Walking does that. Walking also just gets that liiiiittle bit of energy flowing through the body that can create a tiiiiiny, little bit of happiness. Or if not happiness, just like the slightest bit of relief. And then very often, in my

experience, if people will go for a walk, they will see things that they otherwise might not see that can provide them with a little bit of a recollection of sort of why it's better to live today. Just today! That's all you gotta do! You just gotta survive today. You don't have to worry about tomorrow. You can aaalways kill yourself tomorrow. All you gotta do is survive today.

**John Moe:** Instead of having these same thoughts that you've been spinning with, you're putting new ingredients in there.

**Clancy Martin:** Yup. Exactly! Exaaactly. And you know, if there is one thing that the suicidal person needs to know, it's the simplest truth there is about existence: which is that things change. And when you are feeling like killing yourself, you think your situation is permanent. You completely forget that things change. Or if you think things change, you're only thinking, "Well, for me, things only change for the worse."

And that's just false! You know, empirically false. Sometimes, yes, things do change for the worse! But also, oftentimes things change for the better! (*Chuckling.*) I always remind people like, "Life is full of surprises. And yes, some of them are bad. And you know what? Some of them are good! (*Laughs.*) And so, you don't wanna miss out on the good ones."

And then the last thing I always tell people— And I'm sure I told A.J. this, and he probably spared me the embarrassment of repeating it just because it's a little mawkish sounding, and he has an allergy to the mawkish—which I respect. But if you can smile at someone—if you can force yourself to smile at someone—it does two things. The first thing it does—which as my friend, the great, great expert on depression Andrew Solomon reminds us—if you force yourself to smile it actually just—

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You know, the biology of your brain takes over, and it makes you feel a little bit better just from having made that muscular effort to smile. The other thing it does—and for me this is more important—you smiling at someone, they're gonna be pleasantly surprised by that smile' they're gonna be interested. You know, whatever. Somehow or other, you're gonna get a positive reaction out of them. And then YOU will remember that you still have the ability to produce even the tiniest amount of happiness in someone else. And that reminds you you're not so loathsome as you— You are not only a source of bad things.

And when you're feeling like you're killing yourself, for the vast majority of people—and I'm talking about suicides when in crisis; you know, a violent death at

your own hand that is ill-timed. I'm not talking about, you know, the many other possible justifications for suicide, including medical assistance in dying or heroic death and that kind of thing. I'm talking about, you know, ending your own life because you're really panicking. 'Cause you're in terrible mental pain, and you're freaking out. The vast majority of people, you are full of self-loathing, and you are certain that all you can do is create misery in others and in your in yourself.

And when you suddenly see, “No, that's not true! I just like very unexpectedly made somebody else a little bit happier, even if they're kind of curious or mystified,” it does something. It reminds you, “No, there's all kinds of other things I could do to help other people that would help me, and I don't have to I don't have to only see myself as a source of evil.”

Anyway.

**John Moe:** I'm struck by what you talked about when you get up; you turn on your phone; there's people reaching out who are in crisis. And people contacting you, I imagine, during other parts of the day as well. That you seem to actively engage with a lot of these people. You pick up that challenge which seems so heavy! Like, how do you take that on without crumbling yourself?

**Clancy Martin:** Yeah, I do— (*Sighs.*) I think it is fair to say that I respond to everyone. No exceptions. Including sometimes people who, you know, say things that are—that challenge you to respond. (*Chuckles.*) And to respond in a generous loving compassionate way.

It is true that sometimes it gets a little it—you know, it gets a little heavy. Especially if you're having a bad day. You know, recently I have been going through a challenge involving my family. And it's like a pretty—you know, a pretty robust challenge. And I don't know what's gonna happen. It's a real, honest-to-goodness mess. And when you're in a messy situation like that, and then you open up your phone and you see there are three emails, and you can see from the title of these three emails—(*chuckling*) “Okay, all these people are gonna need some real care.”—it's easy to like feel sorry for yourself and indulge in a little bit of caretaker fatigue.

But! The old saying from AA is true. You know, when you first are going to meetings in AA, and you run into these old timers, and you say, “Thanks so much. I mean, I really— What you said meant so much to me.”

And they say, “No! You know, I'm here because you're helping me.” You kind of roll your eyes, and you're like, (*dismissively*) ahhh, these old timers; why do they insist on banging that drum?

But they are just simply stating the truth: the simple truth that how you stay sober in AA is by helping other people. It's the simplest truth of recovery that there is. And it's the same way with suicidal ideation. If I stop trying to help people— I've noticed it! This has happened to me. I've never stopped trying to help people, but I've gone through periods where there was—you know, my help was seeming less effective, and it just somehow or other wasn't working as well. And I noticed that it has— There's some kind of direct correlation between my effort to try to help other people struggling with this problem and my own slow, difficult recovery from this problem. The problem being chronic suicidal ideation. The habit—the addiction to thinking about killing yourself.

**John Moe:** Well, I would think that it would be a lot easier to, if someone reaches out, just give them three numbers: 988. Say, you know, “This is who can help you. I'm a philosophy professor in Missouri. Go reach out to these folks.”

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But it sounds like, for you, that act of actively helping one-on-one with a person, there's a benefit for your own mental health too.

**Clancy Martin:** Yeah. There is. There's a direct mental benefit for my own mental health. And also, you know—to be totally honest with you, John, I do have a dear friend who is one of the world's leading experts on suicide. And people reach out to him all the time, and he gives them a very— He gives them a very 988-style response. And I understand why he does it. It's because he— You know, he's only got—there's only so much time in the day.

But I also will say that I just... (*clicks teeth*) even if there weren't the direct mental benefits for me that there are—and they are real; I'm not just saying that—I don't think I could respond in that way. Because... I just know what it feels like—you know?—to be clinging to straws and to reach out to someone feeling pretty sure that you're not gonna find the help that you need, but you're like, “(*Distressed*) I just—I gotta—I'm reaching out. I don't know what else to do! You know? So, I'm reaching out!” And if someone in that moment gave me a perfunctory response, it would not be helpful. I'll just say that.

**John Moe:** You must surely have lost people in this context. Do you feel responsible when it doesn't work, and they die?

**Clancy Martin:** Well... I have something I'd like to say about that. People are listening to our conversation; there will be people who have lost people to suicide. And they are going to feel like they didn't do enough. You know? That they could have done something differently. Or maybe that person reached out to them, and

they were just having a really busy day, and they— You know, they're like, “Hey, I'll get back to you,” and you didn't get back to them. All kinds of things.

Let me tell you this. Most people who die by suicide, we are learning increasingly, do struggle with what we now call chronic suicidal ideation. They've been feeling this way for a looong time. They may or may not have made attempts before, or they may have just like been working themselves up to attempt. They may have done some practicing without actually having made an attempt, et cetera. The reason that these people stick around is for the people that they would reach out to in those moments.

So, what I always tell people who have lost loved ones to suicide is, “You're thinking about it backwards. It wasn't that you could have done more or should have done more or should have done something differently. This person stuck around as long as they did because of your love for them. And they just got too tired eventually. You know?” And it is tiring. If you're dealing with chronic suicidal ideation, and every day—sometimes, for some people—every day, all day long. That was my situation for a lot of years. Every day, all day long, all I wanted to do was kill myself. And I was just trying to distract myself from it most of the time! You know? As best I could. But it was just constant. And then if things got bad, it's like, “Okay, why on earth am I stopping?”

And you have these people who are standing in the way of you taking your own life. So, they stuck around as long as they did—they tried as hard as they could, and you were the help provided to them that kept them around as long as they stayed. So, don't think that you should have done something differently. On the contrary, (*sighs*) you were one of the good things keeping them tethered to this life for as long as they stuck around. And the rest is just bad luck. Bad luck of circumstance or bad luck of mental chemistry or—you know.

So, I have to say, no, I don't ever feel like, “Oh, I should have done something differently” or anything like that. I do feel sometimes a lot of frustration. Because the World Health Organization always points out to us that suicide is always in the top ten leading causes of death worldwide. It often goes as high as like number six or number seven. So, we're talking about—you know—like, up there with diarrhea. You know, this is just an incredibly common cause of death.

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And then, in the very next paragraph, they point out that the single biggest obstacle to us making progress on helping with this epidemic of suicide worldwide is stigma. And so, yeah, sometimes I get a little bit frustrated by people who are not

willing to talk about it, by news stories who are like, you know, “This 36-year-old K-pop star died—”

**John Moe:** “—suddenly, at home.”

**Clancy Martin:** Yeah, yeah! (*Laughs.*) You know. And miss the opportunity for what we call the Papageno effect, which is very well documented. Which shows that if in the media we have conversations like you and I are having right now—like an informed, rich, robust conversation about suicide—the suicide rate goes down; rates of suicide ideation go down. You know, the whole population is benefited just by us talking about it. And people listening to it, of course. So, I get frustrated by— You know, and I tell people. I'm like, “Ugh. It's like we had the cure for COVID, and the cure for COVID is conversation!” (*Laughing.*) You know? And people not being afraid just to say, “Hey, you know I'm thinking of killing myself.” I mean we are so bottled up over this, we're afraid even to ask someone who comes to us in crisis :are you thinking of killing yourself?” We're afraid to say it! You know?!

**John Moe:** Yeah.

**Clancy Martin:** (*Laughing incredulously.*) It's ridiculous. And it's very problematic.

**John Moe:** I've told the story many times, but it was at my brother's memorial service after he died by suicide that I noticed that nobody at the service was talking about suicide. (*Laughs dryly.*) And I thought, “Okay, let me get this straight. If we talk about it more, more people might live. If we don't talk about it at all, more people might die. And we're choosing to not talk about it?!” Like—

**Clancy Martin:** Yeah. Well, and especially in that group—

**John Moe:** Like, the logical dissonance of it really bothered me!

**Clancy Martin:** Oh yeah! And as I say, especially in that group— You know, if you've lost someone to suicide, your likelihood of suffering from suicidal ideation and your likelihood of death by suicide increases threefold! You know?

**John Moe:** Right. Like, this is a medical alert situation.

**Clancy Martin:** YEAH! I mean, these are the people who have to be talking about it together and have to be saying, like—you know, and have to be admitting like, “Oh yeah, well—” (*Sighing.*) I mean... oh, it's SO frustrating.

**Transition:** Spirited acoustic guitar.

**John Moe:** I want to take a short break here. When we come back, I want to hear more about your life, and your early life, and your history with suicidality. Let's just take a short break.

**Transition:** Gentle acoustic guitar.

**John Moe:** We're back talking with Clancy Martin about suicidality.

And you know, this is a topic that you're well-versed in over the course of a long life. How old were you when you first had thoughts of suicide?

**Clancy Martin:** Honestly, John—you know, memory is tricky, of course, but as best I can recall—and I recall this memory from very early on in my thinking—my earliest memories include— Well, the very first memory that I have—such as it is—is of the color of the carpet in a room that my mom says I could only have been in when I was about two years old, 'cause we moved not long after, and wanting to die. Those things together. And all of my earliest memories were either wanting to die or, once I understood the concept of suicide, wanting to kill myself.

And my first attempt, I was only six. There were a couple more attempts in my teenage years. And you know, people sometimes are shocked when I tell them this. But since I've been working on suicide, I have met both individuals and psychiatrists with patients who have had people attempt suicide as young as age three. You know, I have an 8-year-old and a 4-year-old right now, and it's incomprehensible to me when I look at my own children. But I know that—you know, it's just the case. They already have very rich concepts of death—maybe as rich as an adult's. You know, adults, we don't have all-that-informed concepts of death, of course. Unfortunately. And they already, you know, have some kind of working conception of what it means to take their own lives.

**John Moe:** I know that you had an upbringing that was pretty bumpy, to put it mildly.

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I know that there was abuse involved. There was some, uh, eccentric behavior—to put it mildly—on the part of your family. When you had these early attempts and this early suicidality, was there care for that? Like, what happened after one of those attempts?

**Clancy Martin:** There wasn't. You know. Uh, there was a lot of denial in my family around mental illness, even though one of my stepbrothers died by suicide when I was—you know—small. Around the same time as my own first attempt, although I don't think the two were connected. Although, I know a psychologist would raise her eyebrow about that. But I actually do not think they were connected. But anyway. Even then, my parents just had a very, very strong stigma against discussing any kind of mental health stuff.

When my older sister Lisa, to whom I was ferociously attached, became a foster child and tried to kill herself a couple times—eventually was murdered by her boyfriend—even all of that, they were just denial, denial, sort of pretending it wasn't happening. And I remember when I was 18 or so, I told my dad—who was very open about—you could talk to my dad about anything, buuut this. I told my dad that sometimes I thought about suicide.

And he said, “Son, you can never, never think about taking your own life. Because people would take their own lives just go immediately to the astral hells.” And that was just the end of the conversation for him! You know, like, “So, don't ever do it!” Now, I mean—

**John Moe:** Because then you might feel bad!

*(They laugh.)*

As if you weren't already in hell!

**Clancy Martin:** As if you weren't already feeling bad. Yeah, exactly. That's the David Foster Wallace response right there. You know, if you're standing in a burning building, and you're just trying to decide “should I be burned alive in the fire, or should I jump off the edge? Which death is the least painful?” Well, to someone who's feeling suicidal, the choice is obvious.

And yeah, there are times— You know, like I mentioned earlier in our conversation that I'm going through a bit of a time myself right now. And I thought I had been like totally liberated from suicidal ideation. *(Laughing at himself.)* I really did. Because it had not been happening to me much since I've been talking about it so much! And I do think talking about it as the best medicine. But anyway, it has been popping up a little bit again. And you know, I just happen to be going through a really rough time right now. And it's helpful to me to be going through this rough time, because it's reacquainting me with how much you can feel like “anything has to be better than this!”

You know, even if it is—even if Hamlet is right or my father was right; “to sleep, perchance to dream,” and what kind of nightmares may be waiting on the other side; sometimes you feel like anything has gotta be better than this! You know? And you know, you're just like willing to roll the dice.

So, it is helpful to me to be reminded of that when I'm trying to help other people, of how extreme your thinking can get. Because it isn't true. You know? It is not true. It is not the case that anything is better than this.

*(They laugh.)*

**John Moe:** Well, how do you square the idea— I mean, I guess I'm asking you this as a mental health advocate and as a person with a history of suicidality, and also as a person who's an expert on existentialism! How have you squared the idea that if you weren't around, there would be no “you” to feel better? Like, I always feel like— Like, this is what I want to tell people who are thinking about it. Like, you're not gonna feel better. You won't feel anything at all. There will be no you to feel better.

But I feel like that's the driver of suicide for a lot of people. Like, “I can't stand this anymore.” You're not going to— You know, there won't be anything any you to not stand it anymore.

**Clancy Martin:** Yeah. Right. It's a tough one. I do like to remind everybody that I talk to, if we get to this point in the conversation, “you think that, but you don't know that. So, don't pretend that you know that. Because you don't know that. That's just something you think. And have you ever been wrong about things you thought before?”

**John Moe:** A couple of times.

**Clancy Martin:** *(Laughs.)* Yeah. So, bear this in mind! I do like to remind people.

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Another thing that I like to remind people is, as I was saying earlier, like— Look. You know, aall I'm asking you is if you can just hang out with me for one more day. That's it! That's all I'm asking. If you feel like you can't hang out anymore, if tomorrow you feel like you can't do it anymore, then you're not gonna hear any complaints from me. I get it. I'm just asking you to hang out for today. That's it. That's all.

One of the great pioneers of suicidal thinking, a guy by the name of Shneidman, teaches there are three basic things that we need to do. We need to relieve the pressure, ease the pain, and open the blinders. And I sometimes think that like the most important of those three steps— Now, when I say go for a walk or get someone to go for a walk, that's really designed to do those first two things: to ease the pressure a little bit—relieve the pressure a little bit and ease the pain a little bit. But a lot of times these days, I feel like the most important thing actually to remind somebody of is opening the blinders.

And what do we mean by opening the blinders? Very simple. You've been here before. You are a panicker! And you are panicking. That's a version of what I said to A.J.; you know, you're impatient, and you're being impatient right now. Just give yourself the credit, if only to mix it up a little bit! Be patient for a change! (*Laughs.*)

And my daughter—my eldest daughter, Zellie, who is a young professor at the University of Tampa, she's like going through the challenges of first year as a professor. And it's hard, your first year as a professor. It's a big change from being a grad student. And she was in a hot yoga class the other day, and the hot yoga teacher said, “All I'm asking is for you to stay in the room. Panic! Panic if you have to. I just want you to stay in the room.”

And I was freaking out over this situation I'm going through right now in my own family. And Zellie said, “You know, Dad, I felt like that kind of applied to me, here in my new job. And also, to you, in your situation. Like, maybe we can let ourselves panic, and we can just stay in the room.”

And I thought, “Yeah, honey that is exactly what I'm always trying to teach people who are feeling suicidal.” Panic. Sure, panic! But stay in the room. You know? And if you can just stay in the room, it's a huge victory! You know, Seneca who as we know who died by suicide and who was, in a weird way, kind of an advocate of suicide— Seneca— This was actually sent to me by a guy who's in the age— He's at the highest risk in the United States of America. Which he's a white male over the age of 55. And he's— You know, we've been working together for some months now.

When he first got in contact with me and he was about to kill himself—and then we managed to get through it together. But he knows I'm going through this struggle right now, and he sent me a quote from Seneca, where Seneca says—the other day, about a week ago, he sent me this quote where Seneca says, “Sometimes just to survive is a victory. Sometimes just to live is a victory.” And yeah! It's what I'm— It's a version of “panic and stay in the room.” Like, sometimes you just gotta pat yourself on the back for living today.

**John Moe:** Just to clarify advice and maybe metaphor here. You can go for a walk, and that's still part of staying in the room, right? (*Chuckles.*)

**Clancy Martin:** Yeah, exactly!

(*John affirms.*)

Going for a walk is staying in the room. Absolutely. Yeah. Yeah. Going for a walk is definitely staying in the room. Can you stay in the room of life, or do you have to exit the room? And I don't think you have to exit the room.

There's a wonderful, wonderful movie called *The Taste of Cherry* by this Iranian director whose name always escapes me. I think it's Abbas. And it's about a guy who's driving around in Iran, and he's, um... basically trying to find the right place to kill himself. And we don't— The movie ends inconclusively; we don't know whether he lives or dies. But it's helpful, because one of the takeaways from the movie is that, you know, with the slightest shift in attitude you can recognize that rather than everything being a source— That the very same thing that makes everything in your life a source of suffering is an opportunity to make everything in your life a source of liberation.

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It is just this tiny, tiny shift that is captured by the title of the movie, actually, *The Taste of Cherries*. But anyway. You know, now we're getting into Buddhist philosophy and things.

(*They laugh.*)

**John Moe:** Well, I've always felt like the only reason someone would do this—to voluntarily end their own life—is if they were mentally ill. It's kind of a belief I've always had before; I couldn't envision doing it unless something was messing with your reality. And you know, whether that was depression or psychosis, whatever it was. But as with a lot of things in this life, I don't think in those absolutes as much anymore. (*Laughs.*)

(*Clancy agrees.*)

I don't tend to think that blanket thing could apply. Where do you come down on that? Does suicide always follow what you would describe as mental illness?

**Clancy Martin:** When we say— When we make an observation like “life is suffering,” what we are saying is reeeally not something about the physical world. We're talking about something about human experience. And we go through moments in life—sometimes periods in life—where things seem quite easy and maybe happy, maybe carefree. Maybe all of a sudden you're on a new SSRI, and you're like, “*(Excitedly.)* Ohhh! I didn't even know how depressed I was! *(Laughing.)* Because now I'm like just walking through, and everything seems so good! You know? And just a few days ago, everything seemed so bad!”

For me, on my view—just like there are extreme forms of physical illness and milder forms of physical illness, there are extreme forms of what are best characterized as mental illness and milder forms of mental illness. But for me, mental suffering and mental suffering being quite a frequent thing is just part of the human condition. It comes with being human. And if you're not experiencing it at the moment, that's great! I'm so happy for you, and—you know—enjoy it! *(Chuckling.)* Don't let me talk you out of it at all!

But if you are experiencing some mental suffering, you're not alone. I'm right here with you. There's nothing wrong with you. It's not because— You know, it may be related to some kind of mental pathology, some kind of mental illness that you're suffering, but I don't really think it's probably— You know, I'm not sure how helpful it is to identify those things together, to lump them too close together. You know, I'm very much with the great psychotherapist RD Laing on this question when RD Laing says that like “there is no such thing as insanity.” There are just degrees and differences of you know mental experience in a human spectrum. I mean, this is very much my position.

And so, this is a really roundabout way of saying that I don't think of suicidal ideation, the desire to kill yourself—I don't think of it— I can see why it is one response to a certain kind of extreme mental suffering caused by mental illness, but otherwise I don't like really put it in the mental illness camp at all. Well, I very much see it like the Buddha did. The Buddha said there are three sort of principle desires that we have in this thing of being a human. And one of them is to live, and one of them is to die.

**John Moe:** The two steps. *(Laughs.)*

**Clancy Martin:** Yeah, yeah. You know, and related to that, John— I may have mentioned to you before as one of my favorite things: the parable of the two darts. And the Buddhist says, you know, there are two darts. The first one is the dart of physical suffering—and really, suffering generally. There's the dart of suffering. And about that dart of suffering, there is nothing you can do. Eh, it's just— To be human is to have that dart.

The second dart is the dart of how we respond to that suffering, and that second dart we have a lot of say about. And I think that second dart is basically attitude. And I think attitude is about the most powerful thing there is in human experience.

**Transition:** Spirited acoustic guitar.

**John Moe:** Well, I want to talk about the future a little bit here. We're gonna take one more break, and we'll be right back with Clancy Martin.

[00:40:00]

**Promo:**

**Music:** Quiet, relaxing acoustic guitar.

**John Moe:** (*Soothingly.*) Sleep is important, but it's difficult sometimes. I'm John Moe. On *Sleeping with Celebrities*, famous people help conk you out by talking in soothing voices about unimportant things.

Maria Bamford on parking:

**Maria Bamford:** I parked in a bus stop. That's just not right. I am not a bus.

**John Moe:** Roxane Gay on airports.

**Roxane Gay:** My favorite airport is Indianapolis. It has a really smart layout.

**John Moe:** Alan Tudyk on yardsticks.

**Alan Tudyk:** You hand somebody a yardstick, yardsticks become part of the family.

**John Moe:** Granted, it's a weird idea. But it's lots of fun, and it works! Listen wherever you get podcasts.

(*Music fades out.*)

**Promo:**

*(Pleasant chimes.)*

**Manolo Moreno:** Hey, it's Sue the Subway train.

*(Pleasant chimes.)*

Hey, guess what, Sue? I just inherited a game show. And I have to continue it, because there are people out there who like to curl up into a ball and listen to it.

*(Thoughtful chimes.)*

Yeah. It's a podcast where listeners submit game show ideas for others to play on air.

*(Cheery chimes.)*

Well, it is! In fact, the dumber the better.

*(Querying chimes.)*

Right, right. It's called *Dr. Gameshow*. Some curled up balls consider it a tradition while others call it a train wreck.

*(Unhappy chimes.)*

No, not you, Sue. It's *Dr. Gameshow*. If you're the sort that likes to listen to people competing for refrigerator magnets, then curl up into a ball and listen to *Dr. Gameshow* every other Wednesday on [MaximumFun.org](http://MaximumFun.org).

*(Bright chimes.)*

**Transition:** Gentle acoustic guitar.

**John Moe:** We're back talking with Clancy Martin.

I want to talk about the future. I do need to dip into the past a little bit just to ask—if you can share it—when was your last suicide attempt?

**Clancy Martin:** Well, my last documented suicide attempt— (*Stumbles into laughter.*)

**John Moe:** (*Chuckling.*) In-interesting disclaimer there. Okay!

**Clancy Martin:** The last documented suicide attempt was about... let me see. It was—now, it's quite some time ago! It was about 12... something like 12 years ago. Then there was another one which, until this conversation, has not entered the public record. And that was about... something like eight years ago.

**John Moe:** Okay. Will there be more?

**Clancy Martin:** (*Sighs softly.*) A year ago, if we were having this conversation, I would've said, “You know, I don't think so. I feel quite confident actually now that there will never be another attempt.”

Today I feel a little more vulnerable and shaky. I had gone through the past three or four years like miraculously to me. Suicidal ideation— Against all my experience, against all of my prediction— For years when I was younger, when I was—you know, up until I was a teenager, I thought everybody was this way. I thought everybody, all they wanted to do all day long was kill themselves. And we were just like all of us gritting our teeth and lying about it. That's what I thought when I was growing up.

And when I was teenager and I talked to my friends about it, and they'd say, “No, you know Clance, I— Sometimes, but I don't really—”

I thought they were just lying. You know?

And even into my 20s, I thought everybody was just kind of doing this collective lie, and we were all feeling the same way about this. You know? And it was only in my 20s, once I started having like some really intense romantic relationships, that I realized, (*chuckling*) “Oh, these people, they just don't feel this way at all! You know? They're not lying to me. They actually don't feel this way! And I—you know, I feel differently than most people do.”

And then I realized. But I thought I was gonna feel this way until I died, whether at my own hand or through some other cause. And I was very much—you know, like Akutagawa puts it better than anyone else does when he writes “is there no one kind enough to strangle me in my sleep?” It's the single best thing ever written

about how this feels. (*Chuckling.*) You know, like surely there's someone kind enough to come—!

**John Moe:** “Are you guys even real friends?! Come on!”

**Clancy Martin:** Yeah, yeah. (*Laughs.*) Isn't there someone kind enough to strangle me in my sleep? Exaaactly. But then for like three years—I'm telling you, John, and I could never have predicted it—it just vanished! I just wasn't thinking about suicide anymore. I just wasn't thinking about it! And I had some like— You know, it wasn't like three perfect years, and I wouldn't say I was even happy during those three years. Mostly unhappy, kind of low-level depression, anxious. Blah, blah, blah. You know, to me, very typical of a human being. I may be wrong about that as well. But you know, kind of down, sad, whatever.

[00:45:00]

(*John affirms.*)

Happiness is a surprise, rather than a standard way of being. But no suicidal ideation at all. Just NONE. Now right now, I'm going through this—as I say—this kind of period of family crisis that's been going on for a few months. And it has come back. And I've been thinking in my old way, my old familiar way where I'm like, “You know... it wouldn't be that complicated. You just gotta go buy yourself—” You know, blah, blah, blah. I don't even want to say these things, because I don't want to recommend anything. You know. Hey, and I should say for the record since I almost said that word: if you are listening to this conversation and you or someone you love you think might be vulnerable to this, NUMBER ONE recommendation: you've gotta get guns outta the house. You just gotta do it.

And if you're a committed gun owner, you gotta get a gun safe. And you gotta—for the sake of your family or for the sake of your friends or for the sake of yourself, if for no one else, be willing to give the combination to that gun safe to someone who you can reach out to and say, “Hey, I need you to come change the combo on my gun safe for just a little while.” You know? And I have lots of people I work with who are veterans or who are cops or— You know, one of my closest friends, he's in my little peer group where we text each other to see how we're doing. And anyway, it has come back.

**John Moe:** Do you have resources? Do you have a Clancy Martin that you can call like A.J. called you?

**Clancy Martin:** I've got a lot of them. Yeah. Yeah. Thank you for asking. And you know, John— I mean, I wouldn't stop myself from emailing you. Trust me.

*(They laugh warmly.)*

The last time I was in serious crisis some years ago, I texted my roofer!

*(John "oh"s with surprise.)*

Yeah, just 'cause he seemed just 'cause he seemed like kind of a cool guy. I texted him. I said, "I'm having a really bad day. How's your day going?"

And he was like, "Oh, I'm glad you texted. I'm having a really lousy day too." And we texted a bit, and it got me through! You know, without me ever telling him, "I'm actually thinking of killing myself." This was some time ago. But yeah, I wouldn't hesitate to email you. I mean, I've got a lot of people I can reach out to. And you know, if I'm gonna just be totally completely honest, no, I don't think there will ever be another attempt in my life, for a variety of reasons. I've just talked and thought my way through this sooo much. I don't feel as cocky about it as I might've felt if you talked to me a year ago.

If you talked to me a year ago, I think I would've said, "No, you know what, John? There isn't gonna be." But now I feel like— I-I don't think so? But you know, I do wanna put a little asterisk by that and say that I'm also kind of hoping for the best.

*(John affirms.)*

**Clancy Martin:** If shit might go down, and it's just too much for me to handle? I don't know. My own psychology is— Eh, you know. My wife talks about "the karmic winds blow, and you could—" You know, the karmic winds blow, and you... fall in love with some man from Armenia! Who knows what could happen! Right?

*(They laugh.)*

**John Moe:** Well, let me ask you this. I mean my knowledge of philosophy and existentialism goes back to maybe two semi successful undergraduate classes. *(Laughs.)* So, I am not in the same world that you are in. But does knowing a lot about philosophy—and I think especially existentialism—does that provide solace and comfort? Or does that provide an extra burden?

**Clancy Martin:** I think it definitely provides solace and comfort. Um... you know, there are no great philosophers—including the philosophers of the 20th century, when philosophy's kind of gone astray a little bit, to be fair; because of the Anglo-American tradition, because of Bertrand Russell—who I love! But he had unfortunate downstream effects on philosophy. There are no great philosophers who do not seriously talk about suicide. And all of them come pretty much to the same conclusion, which is that you ought to have—if you have any rights at all, you ought to have the right to your own life. That's the first thing that always needs to be insisted on. And that, you know, prooobably ending your own life abruptly and violently in a fit of passion because of extreme pain is a bad idea. *(Laughs.)* You know?

And when you say it like that, it sort of reveals itself. Obviously. You know. It's hard to remember when you're in a whole lot of pain that you're acting on the basis of panic. But you know, anger and panic are very, very intimately related emotions.

[00:50:00]

And anger and fear are just two sides of the same coin, you know? Oh, there's fight or flight. The will to live, the will to die. These things are sooo close to each other. And so, this is why we need to learn patience and need to learn how to breathe. But to get back to your question, the existentialists— Although, as I say, every great philosopher has considered the problem of suicide. The existentialists are highly motivated by the problem of suicide, in part because of Albert Camus's famous essay on the subject—his most famous essay, “The Meth of Sisyphus”. But also because of the times that he lived in; also because, you know, as Unamuno says of Søren Kierkegaard— Kierkegaard is—we are all apples on the tree of Kierkegaard, and Kirkegaard's constantly talking about suicide—most prominently in *The Sickness Unto Death*, when he—you know, *(stumbling)* “The will that wills not to be itself.” That's his suicide.

“The sickness unto death” is suicide, is the desire to kill yourself for Kierkegaard. But he talks about it from his earliest work. He talks about it in the concept of irony. He talks about it at length in his first major book, *Either/Or*. Anyway. And all of them are talking about it. And again, they're all coming to the same conclusion. For different reasons! And on different grounds. You know. Camus's first reason that he gives not to kill yourself is to say to the universe “Screw you! You know what? Everything in this universe is trying to make me kill myself. And for that reason alone, I'm not gonna do it! Because you know what? Screw you!”

*(They laugh.)*

That's Camus's first reason! But then he gives the second reason in his book *The Plague*, which to me has become such a compelling reason. And there are versions of this all over the literature on suicide from philosophers. And it is this, John—something that you know; I can tell just from talking to you. Which is that we are only kind of ourselves. When I say that, what I mean is really who John is—who Clancy is— Before, there was no Clancy and John; now there is a Clancy and John. And part of who Clancy is defined by his interaction with John. And part of who John is now is defined by his interaction with Clancy. And there are Clancy and Johns everywhere for Clancy, just as there are Clancy and Johns everywhere for John. You know?

And once we start to recognize that, that like who we are is a consequence of everyone we have ever interacted with, then you start realizing “Golly! I have an opportunity either to kill all of those people,” (*laughing*) “—or to try to help aall of those people.” You know? And that's what Camus argues in *The Plague*. And when you think about it that way, then— Well, this is actually coming around answering your previous question: will there ever be another one? The real answer is I just— I don't know if I can— As tempting as— When I get really, really angry in my present situation that I'm struggling with, and I just feel like striking out, then I feel like, “(*Through gritted teeth.*) Oh, I just want to jump off a building. You know, screw you!”

But then I think about all—not just my children, of course, who I also think about always, very first—but all those Clancy and Johns out there— (*Sighs.*) I just don't think I've got it in me, you know? I think I'm just gonna have to try to wait it out, even if it's harder to wait it out. You know what? Maybe that can be the thing. Like, “Ugh. It's harder to wait it out, so I'm gonna wait it out.”

**John Moe:** Yeah, yeah. Do it 'cause it's hard.

**Clancy Martin:** Yeah! Do it 'cause it's hard, like Rilke says!

**John Moe:** JFK going to the moon!

**Clancy Martin:** Yeah, yeah! Yeah, Rilke says in *Letters to a Young Poet*, “You want to know what the right thing to do is? Just do what is most difficult.”

(*They laugh.*)

**John Moe:** Well, Clancy Martin I want to thank you for your time and for your inspiration and for the hard work that you're doing. And I'm looking forward to talking to you again in the future.

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

**Clancy Martin:** Yeah. Thanks so much for the work you're doing, John. As I said earlier, you know, the Papageno effect Mozart teaches us in that famous opera.

[00:55:00]

*(Sighs.)* If we have these conversations, aall of us will be encouraged to live and to live a little bit better.

**John Moe:** A Papageno effect. Let's define that. That's the idea that if the media reports on suicide in a responsible way, it can be a positive. It can make consumers less likely to attempt it. For instance, yes, talk about what happened; be honest about what happened; but also offer stories of healing—of people who felt suicidal and then went on to not feel that way. Maybe talk about what they did to not feel that way. Talk about options. In Mozart's *The Magic Flute*, Papageno loses his love and wants to end his life. But then his friends talk to him about all that life has to offer. They take him for that walk, essentially, that Clancy talked about.

*(Music fades out.)*

Now, I've been mentioning what's happening in Minnesota—my home—after the interview here on this show the past few weeks, and I wanna do it again. I wanna do that for a few reasons. One, I don't think what's happening here is being talked about enough in other places. And I know this podcast goes all over the country—all over the world. Two, I know people are concerned about what's happening here, and they wanna know more about it. And three, I want to talk about it because this is a mental health show. Not talking about it despite this being a mental health show, but because. What's happening feels to me like a mental health disorder happening all over the Twin Cities, all over the state.

Now, when we use the term disorder in a mental health context, it just means that something is impeding you from functioning in a normal, healthy way. Something's making you unable to go about your day-to-day life as you otherwise would. So, like everyone feels depressed sometimes—depressed as an emotion—but a depression disorder means you're having problems with functionality: getting to work on time or at all, hygiene, being there for your family, whatever it is. So, I think that's a good way to think about life in Minnesota right now, and maybe one that listeners to this program can get. It's a widespread disorder, what's happening right now. It's dramatically impeding our functionality.

In an ordered and functional world, kids get picked up by their parents from school, and they go home. In Columbia Heights, a suburb here, Liam Ramos got picked up after school by his dad; Liam's five years old. They didn't make it home. They were stopped by ICE agents in the driveway. ICE, these people, then had Liam knock on his own door to try to get anyone else in the family to come out to— They used him as bait so that other people could be arrested. Liam was taken away. His brother, a middle schooler, came home from school and didn't know where anyone was. Liam's family didn't know where he was for nearly 24 hours before learning he was in a federal detention center in Texas. As I record this, he's still there.

Liam's school said at least one other student is there too, and two other students are missing, and they don't know where those students are. Liam's family had an active asylum case and no deportation order. Again, Liam's five years old. Kids are being taken—not just Liam. Schools are closing. If they're open, parents are patrolling nearby streets at drop-off and pick-up. Every morning, I check my schedule. Okay, interview at this time, edit from then to then, patrol my kids' school at this time here, then some research. It's just part of my day now. Businesses are closing, restaurants are closing—especially Asian and Mexican restaurants—all over the state. Massive numbers of medical appointments are no-shows, as people are staying home rather than receiving medical treatment. You can think what'll happen then.

This is not how we're supposed to function. This is a disorder. It's the same as a person with severe depression or OCD or psychosis trying to operate in the world. But instead of one person, one mind, it is society. It is Minnesota itself right now. And I'm not gonna talk about the president or who to vote for or anything like that, but I'm gonna stay with the mental health metaphor for a minute. When you're having a real problem with your life related to mental health, it's best to get treatment right away, obviously.

[01:00:00]

Get to a psychiatrist; get to a therapist; get to a general practitioner if those other things will take too long or are just overwhelming. Call 988 if it's even more urgent than that. And in the meantime, tell your story to people you love and trust, and listen to other people's stories to know that you are not at all alone. That is why I make this show. Historically, on a lot of our episodes, we end the interview and then just roll straight into the credits. During this time of our disorder, I thought it was important to share our story with you, the people who care.

I should say also, we're still plenty functional in other ways. There's this thing in Minnesota where if a car is stuck in the snow, neighbors just pour out of houses

with shovels, and everyone digs out and pushes the car free. On a really snowy morning, you might do six or seven cars that way. It's kind of fun and great and kind, and we're doing that with each other now, emotionally. We're trying to, as best we can, push each other out of ditches emotionally. I love Minnesota, and I love it more than ever now. We're stronger, and we're better, and we shine when things suck. We beam. We are a light burning stronger than ever, and we will not actually in fact be extinguished. Ever.

But we're not well. I don't know if we can get to a doctor. I don't know if there is a doctor in this scenario. I don't know how long this condition will last or if this disorder moves on to another patient. I hope it doesn't. But I'm glad you listened to this. I'm glad you know what's happening, and I'm glad you're here.

*(Music fades back in.)*

Hey, we need money (*chuckles*) in order to make this show, in order to do all this work, in order to get my voice and the voices of our guests out into the world. If you could help us out, that'd be great. Five bucks a month, ten bucks a month, whatever you can spare. It's the only way we can make the show. If you like the show, please. Go to [MaximumFun.org/join](https://MaximumFun.org/join), and then pick the level that works for you, and choose our show from the list of shows. Be sure to hit subscribe. Give us five stars; write rave reviews.

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://www.bluethink.com/@DepreshMode). Our Instagram is [@DepreshPod](https://www.instagram.com/DepreshPod). Our newsletter's on Substack; search up *Depresh Mode* or John Moe there. I'm on BlueSky and Instagram at [@JohnMoe](https://www.bluethink.com/@JohnMoe). You can join our group, Preshies, on Facebook. A lot of good discussion happening there; a lot of people telling their stories and listening to the stories of others. And then, you know, a surprising amount of dog and cat photos too. Maybe not that surprising. I don't know. Our electric mail address is [DepreshMode@MaximumFun.org](mailto:DepreshMode@MaximumFun.org).

Hi, credits listeners. I saw that the movie *Sinners* is up for a ton of Oscars. And deservedly; it's a great film. There's a music and dance scene in this film, *Sinners*, that is one of the most beautiful things I've ever seen in a movie. Go see it!

*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:**

*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!