

John Moe: Katherine Rundell writing in *The London Review of Books*, May 7th, 2020: “In 1606, a devastating pestilence swept through London. The dying were boarded up in their homes with their families, and a decree went out that the theatres, the bear baiting yards, and the brothels be closed. It was then that Shakespeare wrote one of his very few references to the plague, catching at our precarity. ‘The dead man's knell / is there scarce ask for who / and good men's lives / expire before the flowers in their caps, / dying, or ere they sicken.’ As he wrote, a Greenland shark who is still alive today swam untroubled through the waters of the northern seas.” Unquote.

Greenland Sharks have the longest lifespan of any known vertebrate. Up to 500 years. Still though, they die eventually. All things must and will. Jodi Ernst, Republican senator from Iowa, in a town hall meeting in May of 2025—defending cuts in Medicare—said, quote, “Well, we're all going to die.” Unquote. She later apologized and then later kind of walked back the apology. And then later announced that she was not gonna run for reelection. Handled poorly; jerk thing to say in context.

But factually correct. We are.

And the thing is, we don't know when that is. We don't know how it will happen. It's like we live in this room with a door, knowing that door will open and someone—cancer, heart disease, car crash, hippo attack—will come get us. And then we're expected to live our life without just staring at the door?! Life is what happens between right now and the time the door opens. Hippos kill about 500 people a year also, by the way. Try not to be one of them.

So, what about this? What if the door opens and the one who has come to take you just waits in the doorway? Just leans on the door jam, just lingers? What does that do to your mind, your life, your view of the future? Let's find out.

It's *Depresh Mode*. I'm John Moe. I'm glad you are here. And seriously stay away from hippos.

Transition: Spirited acoustic guitar.

John Moe: Annabelle Gurwitch is an author and actor; a friend of Maximum Fun, the network you're listening to now. She used to host the *Tiny Victories* podcast with our friend and former meditation leader, Laura House. Annabelle hosted *Dinner and a Movie* on TBS, a cooking show and movie club. As an actor, she appeared on *Miami Vice* and *Seinfeld*, tons of movies and TV shows.

Her writing has appeared in *The New Yorker*. She's a *New York Times* bestselling author—written five books, including her latest: *The End of My Life is Killing Me: The Unexpected Joys of a Cancer Slacker*. It's about that door opening and death standing in the doorway—specifically her cancer diagnosis of a few years ago—how her life and health changed as a result. Mental and physical health, they're connected. We know this. And this book is about her living longer than she had expected to thanks to medical treatments that are still working, but—Annabelle has been told—will stop working. I talked to Annabelle about life and health and death and choosing how to go about things.

Transition: Spirited acoustic guitar.

John Moe: Annabelle Gurwitch, welcome to *Depresh Mode*.

Annabelle Gurwitch: John, I'm so happy to be with you! I feel like—

John Moe: It's been a while.

Annabelle Gurwitch: Yeah. Not only has it been a while, but I feel like we are tribal people.

(Laughs.)

We have people—we have things in common. The *Depresh Mode* ethos is my ethos. So, yeah.

John Moe: Well, yeah. No, I think there's a lot of— And reading your book, I did a lot of nodding about stuff you're talking about. Before I ask how you're doing, how do you feel about people asking how you're doing these days? Is there a tone to avoid or steer toward?

Annabelle Gurwitch: First of all, I am a walking reminder of everyone's mortality *(laughing)* now that I have announced that I have this diagnosis of this incurable disease that—you know, depending upon the science—is scheduled to kill me at a certain point. And when I say this— And it might sound flippant, and I always wanna get the right amount of flippant. Like, not too flippant, not not-flippant. And what I mean by that is like one of the things that I—and I'm gonna answer your question, though—that has sort of allowed me to continue living with joy and with a sense of humor—which is my religion—is that I just accepted things the way they are. So, when people are very careful and they ask me, “How is your health? How are you doing?” I really appreciate it. It's really hard to know how to broach this kind of subject.

At the same time, it can feel like a burden to carry this. And this is one of the reasons why not everyone has to come forward and tell people about getting a diagnosis like this—especially when they're like me, when you don't have the appearance of someone who has some kind of terrible disease. Like, I look unchanged. I feel mostly unchanged because of the precision medication I'm on. Aside from getting tired, which is an effect of the medication, I don't have symptoms of this disease. So, there's this cognitive dissonance, which also creates this kind of tension in me when people ask me this question. But it's unavoidable, because I've shared this news.

And I did come forward with a very particular reason though, John. When I came forward in the *New York Times*—which is when I first started to share this news of this diagnosis—I did it for a reason. And it wasn't just because I wanted people to send me juicers or bathrobes—which I got! Never need another bathrobe or a fuzzy blanket! It's fantastic! But I did it because people weren't going to the doctor during COVID, and 'cause it happened during COVID. They weren't returning to their doctors. And I wanted to encourage people to continue because of the fact that I was asymptomatic and that you can unknowingly have a health risk. Then I sort of jumped in because I felt like I needed to write about these experiences I was having—not only with the cognitive dissonance of being in treatment for disease and not looking like it, but there were some serious issues I wanted to address as in my writing about inequities in care.

But then also, the much bigger issue—and the issue that's become the theme of this book—is how to have a strategy for a long game, for remaining buoyant, for resilience. And so, it's really a mental health book, because that's the challenge that I live with.

John Moe: So, take me back to when you first got the diagnosis. Where were you? What was going on?

Annabelle Gurwitch: So, I was first diagnosed—I got diagnosed for stage four lung cancer during COVID. So, it's already this time of isolation, strange disorientation like we're living in a dream. And my son comes home from college. (*Playfully.*) Living the dream, back home with mom quarantining in your childhood bedroom! It's so awful. So, we spend an awful two weeks together—or sorry, 10 days together—before we wanna combine households. We were taking the advice very seriously, because my son has some underlying health conditions. Not me, to my knowledge! We were doing this for him. So, we decide we need to get tested before we can combine our houses. He had taken a train as a—you know, this was such a crazy time. He took a train from Bard College back home to LA, so he could have been—

It was just so crazy! So now we have to go get tested. And this is where, in some cases, the random universe really works in your favor. We were gonna go to the local testing, which was a Dodger's Stadium in Los Angeles, where we would've sat in our car, gotten swabbed, and then been sent the results. Had that happened, I wouldn't have known that I had lung cancer, and I doubt we'd be recording this. Because the sooner you get diagnosed and into treatment, the better. And I was already diagnosed when it was metastatic and stage four. So, this was just by chance. We went to an urgent care in this little suburb of LA. We go in to get tested and the doctor says, "Do you have any symptoms?"

And I said no. And then I said, "Well, I have a little cough." And like, who doesn't have a little cough? I've always had a little cough. I mean, I thought it was something like acid reflux. Like, no big deal.

But my son says, "Mom, you really have a cough."

I'm like, "Do I? Oh, okay."

So, the doctor says to get an X-ray. Now who gets an x-ray at an urgent care? I mean, unless you've broken an arm or your leg or you've been shot! (*Laughs.*) Like, you don't get an x-ray at an urgent care! Who does that?! I don't know why he suggested that. Perhaps they had a quota that day. I really don't know. But he was kind of cute, and I thought he had a thing for older women, and I thought, "I'll just stick around here a little longer." I really did. This was the very fast brain happening.

And I get an x-ray. He says, "You're fine. Go on your way."

And we do. We get on the freeway. The car breaks down at the side of the freeway.

John Moe: Oof!

Annabelle Gurwitch: As if that is not bad enough, AAA isn't answering! AAA is the last thing that's gonna go in the end of the world. They'll always come! I don't know how they do it. But so, I'm like, "Oh my god, Ezra, we're in the zombie apocalypse." We're on the side— Ezra's my son. We're on the side of the road. AAA is not coming. The phone rings, I think, "Oh, finally, AAA."

It's the doctor who says, "Are you alone? Do you wanna take this call in front of your son?"

(Holding back laughter.) And I'm like— I say to my son, “Still got it! This is it! Ha! Mom is sexy!” I was sure he was calling to ask me on a date. I mean, you know! Naturally!

John Moe: Naturally, yeah. That's how doctors do it. Yeah.

Annabelle Gurwitch: Well, he said I was fine! What's the big deal?

John Moe: *(Playfully.)* Did he say you're fiiiiine?

Annabelle Gurwitch: Yeah. Yeah. And not at all. Not in the least bit flirty.

(John laughs.)

It's all in my head. And then he says, “I made a mistake and read the wrong results.”

Now, I'm— “What?”

He said, “You have a concerning mass on your lung.”

And I just wanna say, when I tell this story— When I wrote this story, when I tell this story, it sounds like I'm telling you someone else's story. I have a disassociation. Because that moment was so devastating that I can't believe I'm talking about myself. I still have this sense that, when I say it out loud, I'm talking about a movie plot or someone else's life, a fiction that I've written. Because if I stop right now, John, and just take in what I've just said, *(buffs a quiet, exacerbated laugh)* it's like I can fall into an abyss immediately. I have this facility now of repeating this story, but that moment was so terrible.

And the next few months were so terrible that I lost the ability to speak at the right speed. I was terrified of walking. I had a kind of vertigo, an emotionally triggered vertigo. It was not because of the lung cancer. It was not a symptom of the disease. This was all— You know, when we talk about emotional health and mental health, we don't always talk about how it manifests physically. Physically, I was not functioning in the normal way of functioning. Speaking slowly. I was afraid to walk. I had to crawl at a certain point. I didn't wanna be far from the ground. I lost my sense of my bearings in the world. I couldn't, um— I would leave my house, walk two blocks, and get lost. It was truly a wipe out of a sort of coping mechanisms and functionality. It was *(sighs)* really terrifying. I don't remember if I was even eating. I was just in some sort of fog, dreamlike state.

And it was through the intervention of my sister, who flew in a few weeks into this—after my car was repossessed because I lost track of the financing. It was such a wipe out that she flew in from across the country. She was working—at the time, she was a CEO of an NGO. She was getting up at 4AM, working on East Coast time, and then cooking for Ezra and I and helping us to get our lives back on track. Because Ezra was in something of a state of shock. I don't actually remember what he was doing. I was trying to avoid him basically, because—you know, he just graduated from college. I wanted to... protect him. You know, this was a sort of maternal mode I was in was “protect child at all costs.” So, I was not telling him other than the fact that it was going to be—you know, I'm sure I said something about, “I'm gonna go to the doctor; it's all gonna be okay.”

And I told him I was handling things, but I did not talk to him about what was happening over the next weeks and months as I got scans and did these biopsies. I really tried to shelter him from this. And I started reaching out to friends and had my sister. And eventually, after a number of months—once I got diagnosed with lung cancer—friends connected me with Lung Cancer Foundation of America who connected me with support groups. And then I was leaning on other patients and a cancer mentor that I had that I've written about in the book and just trying to protect my son from more exposure and harm. Not exposure in the sense of disease exposure, but just to give him his space. And I feel like I was as successful as one could be in that regard.

John Moe: But didn't he need—? I mean, he was going through a very upsetting time. His mom just got diagnosed with cancer. Did you feel incapable of giving him the loving care that he needed?

Annabelle Gurwitch: I did. I felt incapable, and I thought the best I could do—*(Struck with emotion.)* Oh god, when you say that, when I think about this time... it's so terrible. I know he had friends who were— If there's one—oh god, it's so awful—bright light in the COVID moment was that his friends from growing up, some of his very good friends, were also back at home because of COVID. And so, I know he had some support in that way. You know, I'm gonna be honest, we haven't really talked that much about what kind of support he was getting.

He had made great friends in college. And about six months into this diagnosis, my son was able to move out of the house. We moved him into an apartment with friends from growing up, and he got a job. And of course, this did lead to some comedy. I write in the book about how everybody sent me juicers and was telling me I had to juice all day and how juicing, while it's healthy, has never been shown to cure cancer. My son gets a job at a juicery! He gets a job!

John Moe: *(Chuckling.)* Perfect.

Annabelle Gurwitch: I mean, you can't—! This is why comedy— This is why life is absurd and why comedy exists, right? He gets a job that he allows him to afford to live in this apartment with his friends, because he is gotten a job from Big Juice! You know, fuck Big Pharma. Big Juice is scary! So, I slink into this juice place and I'm like, "Okay, I give up. Now the universe is sending me to a juice bar. What's it gonna be, Ezra?" And the juices' names, of course. Do I want Eternal Life? Do I want The Zeus?! I mean, you can't make this crap up.

(John "wow"s.)

And I get to write in the book that— Ezra gets the best line in my book. He says, "Mom, you don't want that, Eternal life. Eternal life sucks ass." *(Cackling.)* I mean, you know?! It's just—

John Moe: *(Laughs.)* That's not a bad title, really!

Annabelle Gurwitch: No. It could have been the title of the book. But that's the best hilarious line of the book. And what he meant was Eternal Life, that drink, is a bunch of wheat grass things that are healthy but tastes like crap.

John Moe: Yeah. It's terrible.

Annabelle Gurwitch: And instead, he got me hooked on this thing called like Greek Coffee of the Gods. And what was it? Greek coffee? It was caffeine. It was coffee and chocolate. *(Laughing.)* And I, it was—

John Moe: Oh, there you go.

Annabelle Gurwitch: I don't know! And dates and figs. I don't know. It was like a supercharged chocolate, caffeine sugar rush. Which. Was. Awesome. Much better than eternal life.

Transition: Spirited acoustic guitar.

John Moe: So, she's diagnosed years ago. Still alive. On book tour, presently. A huge book tour. What do you do with a life that you're surprised to still have? More with Annabelle Gurwitch in a moment.

(ADVERTISEMENT)

Transition: Gentle acoustic guitar.

John Moe: Back with Annabelle Gurwitch, author of *The End of My Life is Killing Me*.

What was your mental health like before you got this diagnosis?

Annabelle Gurwitch: Always iffy. I mean, (*laughs*) I'm a person who's lived with—

Annabelle & John: (*In unison.*) Tentative.

Annabelle Gurwitch: No, I think I'm a very highly functional person. I've had several careers in my life as an actress, as a TV host, as a writer. So, I get out of bed every day. I get dressed most every day. And I always think it's a miracle that I— First of all, I have low expectations. I am so excited when I can be a functional human being, 'cause I lived with a lot of anxiety when I was younger. I lived with depression, and that turned to anxiety. This is the— (*laughing*) “How do you end up in show business, kids?” You know?

John Moe: Seek constant approval from strangers?

Annabelle Gurwitch: Sure! This is your job! You know. And so, I definitely was always that kid. I was a latchkey “look at me, look at me” kid. I turned into an actress, then a writer. And it's so funny, 'cause I thought when I'd go from acting to writing that that big hole that I was hoping to fill with approval from acting turned into an almost-the-same-size hole I hoped to fill with approval for writing!

(*John laughs.*)

A little smaller. Because you know, I have worked on this for many years: how to toggle my energy, my emotions, how to have a base level. I'm a meditator. I think you know that. I studied with the same person as the wonderful comedian friend of Maximum Fun and my former co-host of *Tiny Victories*, Laura House. I—okay. I'm a friend of Bill and Lois's. We know what that means. So, I've done a lot of things in my life to have a good base level of functionality. But it's always been a challenge for me. And this challenge of living with a kind of existential dread that has a focus—I'm on a medication I know is going to stop working at a certain point. I don't know when. It's like I've landed in *Waiting for Godot*, (*laughing*) but Godot is going to come! And—

John Moe: Godot is death in this scenario. It might have been in Beckett's scenario too. I'm not sure.

Annabelle Gurwitch: You know, it's so funny. Being an actress and studying as an actress, I was a theatre person. And when I got this diagnosis, I suddenly understood Samuel Beckett. Like, when I was— I mean, as much as one can, and if you're not a genius. I'm not a genius. And I live in the shadow of these greats. But I felt this funny thing, which I mean is I thought that Samuel Beckett's plays were— First of all, they're hilarious. I thought they were hyperbole. I thought this was like a kind of literati hyperbole, sort of intellectual musing.

John Moe: The existential dread and all that?

Annabelle Gurwitch: Existential dread. And then I realized, no. There were these two lines from one of his plays, *Texts for Nothing*, that started to go through my head. And they are two sentences that are next to each other in his work. Always very important, the order of sentences in his words. It's all so intentional, it seems so random. “I can't go on. I'll go on.” And I remember seeing a production of this where my teacher, Joe Chakin, New York in the 1990s—no, 1980s; I've just made myself 10 years younger—was—

John Moe: Very important (*unclear*).

Annabelle Gurwitch: Very important. And he performed this work. And I remember those two lines. “I can't go on. I'll go on.” What has—? This is what I've thought about. What does it take to get from “I can't go on” to go “I'll go on?”

And so, this little book, *The End of My Life is Killing Me*, is an attempt to say, “How do I get from one little sentence to the next little sentence?” Because it seemed like the earth had split open and there was no going from “I can't go on” to “I'll go on.” I started living in a Beckett play.

John Moe: Yeah. Well, I mean, speaking of acting and speaking of performance, I remember when my brother died very unexpectedly, so many people asked about it—and asked about me, asked how I was doing—that I almost developed a kind of monologue about being okay, about being more okay than I was! Because that's what they wanted to hear. And if I told it to them, then they'd go away. (*Laughs.*) And I just—! So like, I gotta put on my show. I just wonder if you've run across that.

Annabelle Gurwitch: Right. Performative wellness.

John Moe: Yeah, performative side of living with cancer.

Annabelle Gurwitch: Yes.

John Moe: Do you perform when people ask? Because you're— And now you've told the story in the book, so you start to get ready for all your interviews there. Do you go on autopilot?

Annabelle Gurwitch: You know, I really try not to at this point. So, I've gone through— And the book has that word that I just—I hate using. A journey.

(John chuckles.)

Because someone took a great word—journey, travel, adventure—and linked it with cancer, and then you have a cancer journey. Like, don't do that to one of my favorite words! Well, fuck! That's not—that's terrible! So, but it does take me from this wrestling with how to deal with this. At first, as one might expect, it was sort of—I felt this impossibility of actually being and living with a kind of authenticity I wanted. It was really hard to parse “How are you doing?” and not feel like people want you to be a cancer warrior.

So then, I really railed against this, and I decided I was a cancer slacker. *(Chuckling.)* And what I meant by that was: don't make me act like I am something I'm not. I'm a big baby. I'm terrified of suffering. I'm not anybody's warrior. I intend to do what my friend Barbara Ehrenreich, who wrote *Nickel and Dimed* said to do when I told her I had this diagnosis. She said, “The best way to get through this is to bitch and moan and complain as much as possible.”

(They laugh.)

And I just—! You know, I just love her for that. Because when she also—

John Moe: Well, that's being true to yourself though too. Because so often the, *“(Through gritted teeth.)* You know, it's tough. But I'm doing the best I can, darn it!” Like, that kind of Mickey Rooney stuff is not truthful. And you're in a situation of—again, an overused term—of self-care. On our show, we sometimes substitute the word journey, because that is so overused—I overuse it myself—with Journey's contemporary, REO Speedwagon. So, this is your cancer REO Speedwagon you're on.

Annabelle Gurwitch: Okay, I cannot—I'm gonna give you, of course—I'm gonna say this is the John Moe *Depress Mode*, but I'm gonna say REO Speedwagon from now on.

(John laughs and agrees.)

Because that's so much more fun! I forgot about that! I knew that, because I've heard that on the show. Oh my god, I love that so much. So, the thing is: one of the things that I did immediately was what I always do, which is— And I've never been a joke person. I'm not a setup-joke-punchline person. What I am is an expectation versus reality comedy person. So, immediately, when things happen in my life, my coping mechanism—and it's not just a coping mechanism; it's the way I see the world—is absurdity. I did take Beckett very seriously as a young person, even though I didn't quite understand it as I do now, at least. I'm sure 10 years, if I live that long, I'll understand it differently. But.

So, when people would say, “How are you doing?” I said, “*(Bright and pleasant.)* I'm doing great! Still scheduled to die from this thing.”

And people would just wilt with just—! It made them feel terrible, and that made me suffer. Now, I don't suffer (*laughs*) if I wanna say that. I do feel— I feel these two things. One is I feel compassion for everyone who doesn't know how to deal with my feelings. But I also try to feel that I can be authentic, because— And I don't write prescriptives; I don't write how to do things. But I do think that we each, in our own little spheres of influence, can influence how people treat people. And people mean this very kindly. You know?

One of the nicest things anyone said to me was, “Oh! You look great! I thought it was gonna be “Here comes Baldy!”

(Laughing.) And I just—I said, “Thank you! You have said what everyone is thinking.” And I just—I loved that! And I just wanna say that one of the things that I do in the book, which I'd never done in any of my other books, is I do include some just straightforward advice in the end of the book. The book is all stories. But in the end of the book, I give some advice and strategies and tips. And one of them is: What do you say when someone gets a terrible diagnosis? And for me, the answer is “That sucks. Oh. I'm so sorry. That sucks.”

What is that doing, of course? That's just affirming someone's state. And the desire to make it better only makes the person feel worse. And it's a very well-intentioned thing. And I totally understand. And I also have— I don't—*(clicks teeth)* you know, I try to be sensitive to other people now. Because at first, I didn't feel I had the bandwidth to think about other people's feelings—people who were being kind to me, but also really highly triggering. *(Laughs.)* But now that I sort of have more balance, I really try to give them a real perspective. And part of that perspective is I also have a superpower. I can fall asleep at anytime, anywhere because of this medication I'm on. It's kind of fantastic! I signed on to sell merch for a heavy metal band on a low-rent tour around Europe—'cause I started sleeping with a manager; why does anything happen?—as one of these sort of experiments in—

John Moe: (*Chuckling.*) It's such a 22-year-old thing to do. And then you were doing much later!

Annabelle Gurwitch: (*Chuckling.*) Yes, yes! Living Cameron Crowe's *Almost Famous* dream. Right? And so, I decided to—I said yes. 'Cause first of all, I didn't quite understand what I was signing onto. I thought, "Oh, bucket list trip to Europe." And also, I've tried to—if I had to say that there's a strategy for living, and I have thought a lot; and each story in the book is about trying to reframe my experience of ordinary life. And the thing that I am looking for the most is to stay curious and have an open mind. So, the idea of going on this trip was part of that. And uh, there was a point to this story. Uh—oh, yes! I was riding bitch on the hump in the middle of the van seat, squashed between a lead singer of the band and my new squeeze—the band's manager. Fell asleep!

John Moe: Riding bitch term—is the term for—

Annabelle Gurwitch: Riding bitch is the term. Yeah. And I could just fall asleep! Just sitting up! It's kind of a superpower.

John Moe: Yeah. That's nice! (*Chuckles.*) Alright. Do you want some heavy philosophical questions?

Annabelle Gurwitch: The heavier, the better.

John Moe: How do you look at death differently than you did before this diagnosis?

Annabelle Gurwitch: It's funny, John; the very first iteration of this book—I usually try to crank out a book of comedic but laced with some meaty essays every two years. This took five years, this book. And the first iteration of this book though, at about two years, was a book about making peace with my death. Now it's a book about making peace with my life when I didn't die!

(*They laugh.*)

John Moe: The twist!

Annabelle Gurwitch: The twist! Spoiler alert! But live with this existential dread of unknown timelines. And so, this long game idea, which I didn't actually even realize would be so timely for everyone living through a time that feels like an assault every day. So, the first thing—that sort of benchmark for me in this REO Speedwagon experience was this attempt to do something I've read about in my

very circumspect Buddhist studies and Zen studies. Which I know—like, I've read the first three pages of every book about Zen thought. Only three pages. Pretty good three pages! But I felt I had to, in a very actionable way, try to accept this idea of accepting things as they are. So, what did that mean for me? Now, everyone takes a different approach to this when you're in the situation I'm in. When I was diagnosed five years ago, the official outlook for me—the five-year survival rate for someone who had what I had was less than 5%. Everyone used to die from this. There was just absolutely no survival. We have people who have been living now for sometimes like—(*thinking*) let's see; this drug was developed in the early aughts; this kind of targeted therapy became standard protocol in 2017.

So, we have people who've been living a number of years now. And whether or not the next thing will come along, I'll go to another line of treatment after this. But whether something will come that will cure me or this is gonna eventually get me... is an unknown For me—and many people are really focused on, “I'm gonna—” —and this is what I'm doing. “I'm gonna go from line of treatment to line of treatment to try to stay alive long enough to be cured of this.”

But for my psychological health, I had to say, “I'm gonna die from this thing. I am probably gonna die from this thing. That's the statistical likelihood. If that's the case, can I live with that?” And doing this— “And what does that mean every day in my life?” So, there's this big question and then there's the daily living. So, I try to break this down into a daily practice of being—as I was saying—this curious about what each day brings, what my opportunities are to find— Because I don't believe that life has meaning. I believe we ascribe meaning to it. How do I ascribe meaning to each day that I still alive in the random universe? I'm under no illusion that I am more than a bunch of little molecules. And this knowledge— And of course, we're all gonna die. But some of us, a little faster than others.

This has really helped me. And I know this is part of the Tibetan Buddhist practice, and it has really helped me. And I have felt it freed me when I stick with this. Because there are moments; and the moments, John, where I don't wanna accept this are moments like when I wake up in the morning, and there's this beautiful bougainvillea outside my window in Los Angeles, and the light hits it in a certain way, and my cat sits in the window and bathes in the sunlight, and I think, “Oh. This beauty! Oh. I wanna hold onto it. I wanna hold onto that certain slant of light, that beauty, that pink! That pink that is almost vibrating with color.” But I can't hold onto it, like none of us can. And so, sometimes it's a difficult, bracing thought. But I feel that this has been a key element of allowing me to experience joy. To actually experience and feel at home with the peace of the idea of death helps me—I'm gonna say has helped me.

I have to remind myself of this. And it helps me, actually. So, that's how I deal with it. I don't want pain and suffering. I can't even handle that. Like, that's a different issue than death. Pain and suffering, nobody—how do you make your peace with that? You just—that just sucks.

Transition: Spirited acoustic guitar.

John Moe: Okay, so Annabelle has this cancer that she has to think of as being the thing that will at some point kill her, though hasn't yet. A bit surprising to her that she's still here. But in Annabelle's mind, it's waiting. And she has a lifetime of real anxiety problems, also dating back many, many decades. How do these go together?

Promo:

(An in-flight announcement ping.)

John Hodgman: This is John Hodgman and Janet Varney coming to you from the flight deck. Please be comfortable. We have now reached our cruising altitude.

Janet Varney: Oh, that's correct. You are now free to listen to the latest season of *E Pluribus Motto*. As always, this season will discuss the official models of US states and territories for your enjoyment.

John: Look out the window; you'll see local iconography and creatures of all sorts that'll be discussed this season—including California quails.

Janet: Puerto Rican frogs!

John: North Dakota horses.

Janet: Spiders of New Hampshire.

John: And all matter of official and unofficial state cryptids.

(A ping.)

I've now turned on the enjoyment sign, so please start enjoying new episodes of *E Pluribus Motto* every other week on Maximum Fun and wherever you get your podcasts.

Janet: Sit back, relax, and enjoy your listen.

(End of announcement ping.)

Promo:

Music: Bright, upbeat banjo.

Speaker: Saginaw, Michigan; Galveston, Texas; Albany, New York; the Twin Cities of Minneapolis and St. Paul; and Muncie, Indiana. We've just added these cities to the growing list of meetups on April 23rd for MaxFun Meetup Day. Didn't hear your city or don't know where your local meetup is. Head to MaximumFun.org/meetup, and we've got all the details there.

And if you still don't see your city listed, host your own. Find somewhere—a park, library, cafe, bar, any public space a small group can hang—then fill out the form at MaximumFun.org/meetup, and we'll add you to the page so other folks in your area can find you. That's MaximumFun.org/meetup.

Hope to see you on April 23rd.

Transition: Gentle acoustic guitar.

John Moe: We are back with Annabelle Gurwitch.

It seems to me like one of the things that happens with an anxiety disorder—like anxiety, not just as a feeling, but as a force that's preventing you from living your life the way you wanna live it.

Annabelle Gurwitch: No, and I have anxiety disorder. I want to be clear. I don't just have anxiety about things. There have been times in my life it has been immobilizing for me—impossible to step forward into the day. Paxil—SSRIs changed my life. John, there was a moment when I first tried SSRIs—which is

maybe 30 years ago now—where it kicked in after a week of taking that medication.

I can remember exactly where I was. I was crossing 10th Street and 5th Avenue. My right foot hit the street from the pavement. And I had this— I was on the—it's so crazy—the west side of the street, walking southward downtown towards the twin towers. Inside of my brain, a storm cloud lifted. A mist lifted. And I said to myself, “Is this how other people live?” I mean, this moment. And I don't live with that every day. It doesn't stick with you like that. I'm someone with a real anxiety disorder. So, just to be clear.

John Moe: Yeah, that's— I mean, I'm glad you felt that relief. But with anxiety, so much of it is the fear of multiple unknowns. And you build up these narratives of “What if this happens? What'll happen then? And what does this say about me?” And then that ties into depression. You start tearing yourself down. But it's this vast array—especially with anxiety of unknowns about the future; who's gonna walk through that door? And in your case, if this is what ends you—as we all must end. But if this is what ends you, at least that's a known. At least somebody has walked through the door, and it's not 1,000 possible people walking through the door. It's this one person.

Annabelle Gurwitch: Yes. As we know, there is this crazy effect that— I've written about this before. I've always been someone who's great in a crisis. Why are certain people great in a crisis? For very anxious people—people with anxiety disorder—it can sometimes focus our anxiety. Right?

John Moe: Yeah.

Annabelle Gurwitch: So, in an earthquake, when there's— The first time I had to evacuate in a fire in Los Angeles, I'm on it! I've got it organized. I'm packing, and the family together, just totally on it because now my anxiety has mono focus.

John Moe: Yeah. Your vigilance had been waiting for this.

Annabelle Gurwitch: Yeah, (*laughing*) I'm like a perfect—! It is just the—that's the perfect storm for someone who's anxious. However, with this situation that I'm in, what has been interesting is I have had now the dual experience of the— When I got stabilized on the medication, it took about a year to get the right medication and to get the side effects so that they weren't overwhelming. I had a kind of manic happiness that I said— And I write about this in the book. I don't write as much in sort of psychological terms, but I was trying to *carpe every diem*.

(*John chuckles.*)

I was charging ahead with this. Oh, I had that feeling of all my anxiety focused into one thing. My fingerprints disappeared—it's an effect of the medication. I emailed people asking if someone needs someone murdered. For a good reason, though!

(John laughs.)

I was ready to— It was, of course, crime! You know? I felt invincible because all of my anxiety had a focus. Then—you know, I did this for about six months. I just hit everything so hard. I completely exhausted myself. And I had been told that this medication—and this is the average statistic—is that the average time it lasts for someone is 18 months. So, I was building up to this 18-month mark where I expected then to decline. *(Beat.)* I didn't! I became an outlier. It's been five years now that I've been on this medication. So, then that immediate focus of the anxiety gave way, and I was my normal anxious again. I became like I was back in regular life.

John Moe: Baseline anxious

Annabelle Gurwitch: Baseline anxious. All these different things could come at me at any time. Plus, I had this really big thing looming over me, the Sword of Damocles. So, that's when I had to— And I'm gonna talk about this with you on this show in a way that I don't normally talk about this. Because I think, listeners, we're all interested in this topic. But I had to then really think about a mental health practice. Again, that word practice. Do you have another one of these REO Speedwagon things for practice? 'Cause I—

John Moe: *(Laughs.)* I think practice is—yeah. I don't know.

Annabelle Gurwitch: Practice is triggering for me.

John Moe: The other ones are so evocative. Foreigner. Lover Boy. I don't know.

Annabelle Gurwitch: Yeah, I know. Yeah, yeah. Just maybe Soft Cell. That was like punk and weird.

John Moe: *(Chuckling.)* Oh, yeah! Yeah. Your mental health Soft Cell.

Annabelle Gurwitch: My mental health Soft Cell was really important to say, “Okay, I've got to reframe and think about how I am experiencing my daily life.” I could not— And also, it just dissipates that anxiety focus, and it really burns you out too. When you are in that sort of manic-y, “all my anxiety is focused towards one goal.” I'm not in that situation. Now I'm in a situation where there's no

distinct—there was a beginning; we don't know when the end is. But the beginning, middle, and ends. I'm not like, “Okay, you're gonna do six months of chemo, and you're gonna do radiation, then you're gonna ring that bell, and you're gonna be done with those rounds.”

No. I'm in a lifelong expectation of treatment. So, that is the mental health challenge where I say— I'm never not gonna be this anxious person at heart, whether I'm taking medication or whatever I'm doing. It can still—it can break right through my Duloxetine baseline functionality (*laughs*), that anxiety. And so, I had to find this Soft Cell approach, and it is a daily practice for me. 'Cause I can wake up with that dread of anxiety and say, “Okay, Annabelle.” Because I do feel like I make that choice where I don't want to be led. By anxiety, I wanna be led by curiosity. And that means letting go of the expectations though of futurism, of even certain kind of benchmarks in society, of ambition, of place. You know, a lot of the ego-driven things that can drive an artist—and anyone, really—and really focus on the actual experience of living every day.

I find that a challenge every single day. I really— Like I said, I am a person—if you see me in the world—you know, my inner monologue is still— It's amazing I am a functional human. I really grew up in a dysfunctional family, and that shaped my psychology or nature/nurture. Probably just born that way too. You know? So, sometimes I will just stop and say, “I got two matching shoes on!”

(They chuckle.)

I mean, I really don't take that for granted.

John Moe: Well, it's funny. Because with anxiety, you would think that you would be waiting for that medication to stop working. You'd be waiting for the other shoe to drop, the Sword of Damocles to break off of the little string. But it's made you more present in the moment?

Annabelle Gurwitch: Yes. Although I do—you know, there are focal points for the anxiety. So, it's always—existential dread is— I was just writing a piece in the *New York Times* that I'm in a throuple with my boyfriend and my side piece, existential dread. (*Laughs.*) You know? It's always there. Existential dread is present. How much it determines my daily experience of life is variable. And then, every three months—at the moment, at least—this is the standard protocol when you are stable in this disease for going into the scans. Now, going in—we have a term for this: scanxiety. We cancer people, we love these little names. We live in Cancerland. We have scanxiety. We take vacations, cancercations. We just can't get enough of this crap.

But we have this scanxiety. So, sometimes on the days before the screening— It's funny, lately it's taken me by surprise, and suddenly it's screen day. And these visits— Because I'm asymptomatic, John, it's like going to visit the Oracle of Delphi. It has this mystic sense of going to this scan. I may not know that something has changed, but it will change. And this Oracle of Delphi will tell us! “Oh, great Oracle, tell me my future!” And there have been times where I've had panic attacks while I was there. And I carry a little emergency Klonopin with me these days.

At some points, I had a mentor. I was matched with someone. In the book, I write about this. I didn't wanna get matched with someone who had the same thing as me. It just all seemed— Look, I'm in 12-step program person, it's true. So, I understand the thing about having sponsors and this kind of thing. But I didn't wanna do this with cancer. And I ended up doing it, because the scan days were so hard. And I would fight with my friends and my sister, who I'm the closest with.

I'd call them and say I was nervous, and someone might say, “It's gonna be great.”

And I'd say, “You do not know that. It may not be great.”

“I'm gonna be great. I feel it.”

And I would say, “Don't say that! I can't—” The thing is, I can't tell myself something that's not true. For one reason, it's not true. The second thing is I can't afford to go to the place I went when I was diagnosed. I had such an emotional collapse. I can't. If I tell myself, “It's gonna be great,” and then the scan shows progression? I could fall apart. So, I have to— To set myself up for mental health, I have to live in reality. And so, to do that for a little while, I would call this mentor of mine, and she would take the ride—an hour ride—with me to the hospital on speaker phone.

And we would talk about books, we would talk about movies, we would talk about sex. She was an octogenarian. It was fantastic. She just went there with me. Anything I wanted to talk about or what was happening. And the thing is, she died. And I took her place as a mentor, and now I do that for other people. But I also can still feel those same feelings myself and I just try to acknowledge them. But I also have the emergency Klonopin! (*Laughs.*)

John Moe: That's great.

Annabelle Gurwitch: Yes. 'Cause I have fallen apart at these things.

John Moe: The book is *The End of My Life is Killing Me: The Unexpected Joys of a Cancer Slacker*. Said slacker, Annabelle Gurwitch, has been with us. Annabelle, thank you. And best wishes going forward.

Annabelle Gurwitch: Thanks, John. And thanks, everybody, for listening.

Music: “Tainted Love” from the album *Non-Stop Erotic Cabaret* by Soft Cell.

Once I ran to you (I ran)

Now, I'll run from you

This tainted love you've given

I give you all a boy could give you

Take my tears, and that's not nearly all!

Oh, tainted love (Ohh)

Tainted love...

(Music fades out.)

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

John Moe: Sometimes I wonder why we don't talk about death all the time. In some sense, is there any other topic? Because one of two things happens: you go somewhere forever. And forever—eternity—is not something that we as mortal humans can grasp. And what's that once you get there? Are all of our late dogs there? Do we have to hang out with our more annoying relatives forever!?

Or is it nothing? Is death an absence of even knowing that there is nothing, that there is absence? I wonder if the fact that we don't talk about this constantly to everybody, always, that's sort of a guide to living with anxiety—a lesson that we

can learn from ourselves. You can have a deep, unanswered, unanswerable issue and go to the grocery store, fly a kite, listen to a podcast. It's not one or the other. It's both things. It's everything. And ultimately, if you can pull this off, at least sometimes, to be able to hold in your hand that multiple things are true, to not suppress any of them, to let them all be simultaneously, to accept all that and accept the not knowing all at the same time? You might feel more on top of things. Yeah. You know, some podcasts are about baseball or TV shows. We sometimes go a little bigger around here.

Going bigger, going anywhere, does take money. Making this show takes money. We think it's helping people. You tell us it's helping you. It's a complicated world with complicated issues. And especially so if you have complicated minds, like many of us do. To do all that does take money. If you're already a member of the show, thank you, thank you, thank you. If not, can you throw us some dollars? 5 bucks a month. 10 bucks a month. It's so easy, man. All you gotta do is go to MaximumFun.org/join, find a level that works for you, and then select *Depresh Mode* from the list of shows. We really appreciate it. Be sure to hit subscribe. Give us five stars, write rave reviews. That gets the show out into the world where it can help folks.

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. I really want to burn those numbers into your brain in case you ever need them or you need to pass them along to somebody. 988. We are on BlueSky at [@DepreshMode](https://www.bluethumb.com/@DepreshMode). Our Instagram is [@DepreshPod](https://www.instagram.com/DepreshPod). Our newsletter's on Substack. I'm on BlueSky and Instagram at [@JohnMoe](https://www.bluethumb.com/@JohnMoe). Our Preshies group is on Facebook, just search up Preshies. A lot of good conversation happening over there with listeners of the show about mental health and about existing in the world. Our electric mail address, DepreshMode@MaximumFun.org.

Hi, credits listeners. In the past month, I've seen Patti Smith, where the audience made me feel very young; the band Wednesday, where the audience made me feel very old; and tomorrow I'm seeing Bruce Springsteen. And I like to think I'll be somewhere in the middle of that. And I wish I took more math classes—statistics maybe—so, I could understand all this and know more about who I am.

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

Jackson: Hi, this is Jackson from Minneapolis. We're gonna get through this together.

(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!