

## James Belarde

*“Just like Pagliacci did / I try to keep my sadness hid / Smiling in the public eye / But in my lonely room I cry” –  
The Miracles, in “Tears of a Clown”*

“Is depression funny?” This deceptively simple question opens every episode of John Moe’s podcast, *The Hilarious World of Depression*. Well-connected with numerous comedy professionals from his work as a successful radio personality and humorist, Moe set out to fight the silence surrounding mental illness and depression by having candid conversations with a population that, on the surface, seems the antithesis to feelings of pervasive sadness: comedians. Yet anyone who has worked closely with these professional funny people knows the lifestyle is in no way incongruous with depression. Rather, just the reverse seems true, and the disorder’s anecdotally high rate among comedians led Moe to start interviewing them about their struggles.

Despite its tongue-in-cheek name, the podcast is not a string of episodes where different comedians joke and make light of depression. The focus is on each guest’s individual story enduring mental illness. The result is an experiment that often highlights the power of narrative medicine, which, as described on the homepage for Columbia University’s Narrative Medicine Program, “addresses the need of patients and caregivers to voice their experience, to be heard and to be valued, and it acknowledges the power of narrative to change the way care is given and received.”<sup>1</sup>

Most episodes focus on one guest, and the variability in experience becomes as apparent as the diverse answers Moe receives to his leading question on whether depression is funny. With responses falling on a broad spectrum from “no” to “it is when it’s not affecting you” to “yes, everything is funny,” the interviewed comedians share their own perspectives on this common disorder, acquired from personal struggles. Some of the comedians report dealing solely with depression, others include it alongside additional mental illnesses plaguing them, like anxiety or substance use disorders. Some have been struggling their whole lives, while some identify shorter periods that recur. A few achieve stability through talk therapy, and others rely on medication. Each unique narrative chips away at the idea that there is a scripted formula for disease progression in mental illness, expanding a space where others can feel secure to share their diverse experiences.

Of course, the comedians’ stories are also replete with recurring motifs and questions. These narrative similarities provide their own benefit, just as the differences do, but in this case, it serves

to make the sharers and their listeners feel less alone. This realization itself can be therapeutic, especially for an illness like depression which creates strong feelings of isolation in its victims. The repeating themes also help raise awareness to common complications that inform caretakers and sufferers alike on how to approach therapy, further highlighting “the power of narrative to change the way care is given and received.”<sup>1</sup>



Gary Gulman, 2013. *Wikimedia Commons*

For instance, multiple episodes highlight comedians who experienced awful depressive episodes at times when everything was going “right,” hitting major career milestones or being at the peak of their performing abilities. Comedian Gary Gulman, in one of the rawer episodes of the podcast, reveals he’s recently been going through a major depressive episode at the time of recording. Still, during this period he performed an absurdist set considered a perfection of the comic craft by such big-name comedians as Patton Oswalt. But Gulman’s depressive mindset robbed him of the chance to enjoy the success. Instead, he could only lament that he’d never be able to write such a quality set again.<sup>2</sup> Anecdotes like this illustrate the importance of recognizing, as both patients and caregivers, that depression strikes regardless of how “happy” one’s circumstances are, comedian or not.

One theme that turns up often in the stories for this podcast is whether rates of depression are higher in comedians. Or does this only seem to be the case? Two possible answers stand out most. One is that comedians do experience depression more, an answer which begs a chicken-or-the-egg follow-up: do their experiences with depression draw them to comedy or does the comedy lifestyle instigate depressive moods? The other answer is that rates of mental illness are no higher in comedians, but since their job entails speaking about their lives to large groups of people, they tend to be more outspoken when they do suffer.

While the debate continues, it’s clear the picture of the sad comedian is an enduring and popular one. The oft-referenced “joke” of Pagliacci the clown perhaps shows this best. Pagliacci’s suffering is illustrated most graphically (pun 100% intended) in Alan Moore’s graphic novel *Watchmen*. “Heard joke once: Man goes to doctor. Says he’s depressed. Says life seems harsh and cruel. Says he

feels all alone in a threatening world where what lies ahead is vague and uncertain. Doctor says, 'Treatment is simple. Great clown Pagliacci is in town tonight. Go and see him. That should pick you up.' Man bursts into tears. Says, 'But doctor...I am Pagliacci.'"<sup>3</sup>

The setting of the medical office in this "joke" has always struck me considering another population that is actually known to suffer from elevated rates of depression: doctors and physicians in training. In a meta-analysis published two years ago, as many as 20-30% of doctors reported symptoms of depression, significantly more than seen in the general public.<sup>4</sup> A recent article in *The Washington Post* discusses the high rates of physician suicide resulting from unaddressed depression, stressing that in addition to being a tragedy in its own right, it's also a public health concern. Suicide robs an average of one million patients a year of their doctors, disrupting their healthcare.<sup>5</sup>

Nevertheless, these mental health issues facing the physician workforce, for reasons too complicated to go into in this short article, are not only inadequately addressed, but are often not discussed at all. And this silence surrounding the issue can be more insidious than the depression itself, worsening the problem. If the medical system is to provide healthier outcomes to both physicians and patients, it needs to encourage dialogue with its doctors about their mental health, just like John Moe does with comedians. As suggested by the narrative medicine discipline, patients struggling with depression feel heard and valued when given the opportunity to tell their stories, while fellow sufferers who receive the stories can feel less alone and more inspired to seek help themselves. This awareness then becomes the first step toward optimized care for all of depression's victims, including physicians and comedians. And improved mental health in these groups could mean better doctors and, with any luck, better jokes.

## References

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