

Transcript for **Episode 502: "Being a Safe Space For Someone Who Self-Injures" with counselor Michelle Moore**

*Please note: This transcript has been lightly edited to remove filler words or sounds.*

**MICHELLE MOORE:** “Oftentimes, I feel like it's a way to communicate, it's a way to ask for help. It's a way to let other people know, ‘I'm not okay. I'm hurting, I'm not doing well, I'm not, I'm not good, I'm not okay.’ Other times, it is a way to cope, it's a way for them to keep living, to keep surviving, to keep going on. And so sometimes, it is just not making that assumption, but asking, ‘Hey, what's going on for you in this?’”

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**CHAD MOSES:** You're listening to the To Write Love on Her Arms podcast, a show about mental health and the things that make us human. I'm your host Chad Moses, and in each episode, we'll be talking about the things that can often feel hard to talk about, like depression, addiction, self-injury, and suicide. We'll be sharing stories and exploring big themes like hope, healing, and recovery. If any of the topics we discuss or the stories we share feel too heavy for you, know that it's OK to pause, restart, or stop altogether. As we discover new stories, we hope to remind you that your story is important.

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**CHAD:** “I just don't get it.”

“It doesn't make any sense to me.”

“I'd do anything to take their pain away, I just don't know how to.”

For the last decade and a half, I've heard responses like these time and again at speaking events and music festivals. People who have seen us as a trusted place for rest and reassurance as they seek to find help for loved ones struggling with mental health challenges. For many, To Write Love on Her Arms was among the first places where they saw the topic of self-injury approached with an air of hope as opposed to shame. In fact, that was the context of my own first encounter with the organization.

The blog and the story and the photos of musicians who gave a damn was a balm that worked against the jokes, shame, and confusion that swirled around my first attempts to separate myself from this maladaptive coping mechanism. TWLOHA was proof that I was not alone and provided examples that there were people who cared, who believed that taking steps away from pain was not only a worthy journey, but one that deserved an audience, a team, or simply another person.

But let's be sure to zoom out a bit, because my story is not limited to MY experience. There were friends and roommates and family who I can only assume knew that I was struggling with “something” but didn't know exactly what. Or perhaps they had ideas but didn't know how they could help. Or perhaps they wanted to help but were afraid their attempts would somehow do

more harm than good.

It's important to realize that it is possible to struggle with self-injury while NOT personally engaging in it. Loving someone in the throes of it IS indeed a struggle as well, and the stigma plays no favorites. Over the last few seasons of the podcast, we have approached the topic of non-suicidal self-injury through the lens of someone with personal experience with the behavior. But today we want to address the care and concern of those who want to express care and concern, but perhaps don't know how or are afraid to. Today is dedicated to the friends, the family, the classmates, the co-workers, and guardians who desire a safer and more compassionate life for someone they love—even if they can't understand.

On this episode, with the guidance of our dear friend and licensed mental health counselor Michelle Moore, we'll navigate and attempt to understand how to be safe spaces for someone who self-injures. And above all else, Michelle will address the hard but honest fact that as caretakers, confidants, and guardians, we can rarely be everything that person might need.

This is the To Write Love on Her Arms podcast, and I'm your host Chad Moses. Let's get started.

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### **Chad Moses**

Michelle, today we are talking about a topic that many of our audience is familiar with. That's the topic of non-suicidal self-injury. And we're taking a unique perspective on it. So the mission statement at To Write Love on Her Arms is that we exist to present hope and find help for anyone struggling with depression, addiction, self-injury and suicide. And I love the space that exists in that mission statement. "Anyone struggling with"—that includes friends and family members who are struggling with how they can care for people that are in some dangerous and some really murky places. So that's what today's topic is about. For you listeners who are friends, who are family members, who are loved ones, who are children, spouses, mentors to people who may be struggling with self-injury, this is an episode dedicated to you. So to dive right in, we often ask questions with a direct hope of helping an individual who's struggling. But let's again, just take a beat and start with people who maybe are suspicious, maybe people that have questions, maybe people that have been picking up on some hints that a loved one may be struggling with self-injury. Michelle, what are some signs that maybe we should be more aware of, maybe we should have at top of mind, as we are starting to frame how we could have a conversation that may feel a little bit awkward?

### **MICHELLE**

I would start with, you know, a lot of times self-injury happens as a result of maybe a mental health diagnosis, like depression, or anxiety, or, you know, recovering from post-traumatic stress disorder, other things, mood disorders, things like that, eating disorders. So a lot of times what I kind of see as, I guess you could say a prerequisite, is that there is something that you noticed

with your friend or loved one that may not be, they're not themselves, they may be struggling. And with, maybe you notice more meltdowns, more episodes of crying, or maybe isolation or substance use or an eating disorder, or maybe something terrible happened to them in the past and maybe you notice them, you know, sort of shutting down. So a lot of times I think those are more the obvious signs, is that you start to see someone just not themselves, or maybe they're, you know, not how they normally are. And it's for a period of time, not just like they have an off day, it's weeks turns into months turns into several months. You know, that's usually, in my mind, some of the first signs that you see. Self-injury can be many different forms. So it's not just cutting of the skin, although that's usually the first thing we think of when we think about self-harm. But it can be other types of self-harm, but something that is done to the body. So that could look like bruises, unexplained scratches or bruises or wounds that don't heal, some forms of skin picking, things like that. So you might see obvious signs of tissue damage on the person's skin, but oftentimes, you don't notice that. The person struggling typically keeps them pretty covered or they aren't noticeable, or there's some explanation for those wounds or scars or scratches.

### **Chad Moses**

I actually love that you led with the emotional signs before we got to the physical signs, in part because that implies that we are referencing someone who is more or less consistent in our life, that we have a baseline understanding of what their day-in and day-out mood looks like. And that enables us to be more aware of moments that seem kind of off-script or things that seem a bit out of the ordinary. I reckon a lot of people listening to this may instantly be concerned that if they suspect someone in their life is self-injuring that perhaps there is an immediate risk of suicide as well. Would you be able to draw out what distinguishes non-suicidal self-injury from something that may be more in line with an attempt of suicide?

### **MICHELLE**

I think that is a common myth. I'm glad you clarified that, Chad. The common myth is that self-harm or evidence of self-harm is an attempt to end one's life. And that often is not. Most often it is a result of trying to cope with internal emotions, internal feelings that are going on, on the sort of inside or internally that is outwardly expressed. So no, I would say that most often the confusion is that "Oh, is this person trying to end their life?" and most often it is not. So self-harm, the way I think of it is, you know, it is a deliberate damage done to one's body tissue. But oftentimes there's a precipitate event, meaning there's something that happens to cause someone to want to do it. And usually that acts like a coping mechanism, and that is what serves as the function of the behavior. So, you know, let's say struggling with an eating disorder, and they are really upset with themselves, because they engage in eating disorder behavior, and as a way to cope with that anxiety or, you know, internal emotion, they will self-harm, as a result. To relieve some of that tension, relieve whatever may be going on in the inside. Sometimes it is meant to, you know, serve, that behavior is meant to serve a function, and that function can be varied depending on the person and the circumstance. So it's not just one thing. Like, a lot of times people think, "Oh, you're just doing it for attention." And that is also another myth. It's not done for attention, it really is done to communicate something, and oftentimes to themselves, that they're in pain that they're trying to, you know, even relieve pain, trying to feel

something better, trying to deal or cope with whatever is going on inside, like the dysregulation that they're feeling on the internally.

### **Chad Moses**

I love that idea that you brought up at the end, the idea of regulation. That this is a way to try to assert control. If you have a headache, you take some Advil. Why? Because you found that it works in the same way. And in my own story, as someone who has struggled with self-injury, it was a form of self-medication of sorts, of self-regulation, a way to kind of assert control over something that felt control-less. So with this, obviously, you were talking about people going to certain lengths to cover this up, that is not a cry for help if you are trying to hide what is going on. So things like stigma and shame often come attached to self-injury. And we know that creating a non-judgmental environment is so important. This kind of links back to the first question, but how would you suggest someone go about creating and becoming that sort of non-judgmental environment? Where is the line between policing behavior and expressing concern for someone's well being?

### **MICHELLE**

In my experience, I work a lot with adolescents and adults. And from my experience, granted, this is just my experience, but I find that adolescents, like the younger population is better at this than people my age, including myself. If the person that you're concerned about is between the ages of like 12 or 24, I feel like sometimes their peers can be very understanding, empathetic, and come at it with a non judgmental stance. Sometimes I think parents, you know, I myself am a parent, so I get it. But oftentimes, I think that's when we tend to come at it like more like freaked out or more scared. I think the fear drives a lot of that reaction or that response, which is understandable. I mean, honestly, you can know all the knowledge and have all the insight in the world. But when it comes to someone in your own family, I think sometimes our responses are just automatic. If we're talking about a friend, a peer to peer, I think sometimes that can be an easier relationship in terms of relatability and coming at it from a non-judgmental stance, although there's exceptions, sure. But I think when it's parent-to-child, or parent-to-loved one, sometimes I think there's, it's harder. Not harder as in, like, the other one isn't hard. I think we have to sort of, as parents or caregivers, have to manage our own responses and what it brings up in us, first and foremost, before we're able to offer that non-judgmental stance, or that compassion or empathy towards our loved one.

### **Chad Moses**

Yeah, that is really where the loaded-ness of that question comes in. Right? It's almost as if you get closer in proximity, emotionally, whether that's a parent-relationship with a child, or a, you know, consensual romantic relationship between you and your partner, sometimes that can be almost too close. It evokes questions from the caregiver of "Oh my god, was this my fault? What role did I play in my loved one having these struggles? Or how did I miss these signs?" And we'll get to some of those nuances in a little bit, but I think what you mentioned earlier is super important. You almost have to desensitize yourself to the behavior, to the action, and to the result of some of this self-regulation behavior, and focus on what is beneath that. If self-injury is essentially a symptom of a dysregulated life, of a life that feels out of control, that's what needs

to be addressed. I think it's so important to realize that as we're talking about a community's role in helping people who may be struggling, you have to understand what the context of the community is. Why are we coming together? Why are we investing in one another's story? And it's not just specifically for these flashbulb moments of a behavior, of a tragedy. Hopefully you have a sense of community, you have an idea of where you can go to get that unconditional positive regard despite whether today's a great day or a horrible day. I say that to mention, you know, I think it's so important for caregivers to kind of be open to what success looks like in caring for a friend or a family member. That success is not going to be defined by how long a period of recovery is or was before a relapse, or a complete cessation of a behavior. Success is knowing that your loved one knows that you're trustworthy, that you're a safe place, that you're someone that believes in them. I've said it so many times over the years that what you believe does not matter as much as your loved one knowing that you believe in them. So whether you have this idea all drawn out on a five-step plan to recovery, what really matters is this person knowing that you're going to have their back whether they're calling you to say "Hey, it's been five days, it's been five weeks, it's been five months," or, "Hey, I just slipped up. How can we get through this?" Yeah, just a reminder to those listening that may be envisioning friends, family, or loved ones that are struggling, that it is so important to empower people to build the community that they think will be most beneficial. Now it's, I think, a good thing to drop hints, remind them of resources that exist, remind them of maybe groups that can help with self-care, maybe involving mental health professionals and counselors. But I know for me, my family did not know about my self-injury until I was months and even over a year into my recovery. And that was intentional. Because I needed to rely on friends first, before I took steps into something that was a bit more closely related, as it were. All that being said, you know, not everyone is going to fill the same role in a community. In fact, that's what makes a community beautiful, is its diversity of players in it.

### **MICHELLE**

I think it's been so hard these past two years during this COVID pandemic to have community. So many of us are isolated because of that social distancing and online schooling and work from home, that our community has been very disrupted. And that has played a huge part in all of this, even in just mental health, you know, for you, yourself, and for the person that you're caring for or are concerned about. That disruption of community has been impactful, and in some ways, great. Like, it's provided access to people in places like, you know, a lot of my clients are on Discord. They're able to do messaging things that connects them to people in other parts of the world or the United States. But I think from a deeper perspective, it has caused us to kind of withdraw and feel more isolated. And I think that's probably a common theme among pretty much everyone. That's a unique place when we're talking about community, like, how can I have community when I don't see anyone?

### **Chad Moses**

I mean, having this conversation in 2022 is radically different than, you know, when we would have had this conversation five years ago. But yeah, I think that's so important to realize that this year, this month, this context is so different from before and as we're talking about community, there's certainly points where our community feels restricted, and maybe even more

clearly draws out some some shortcomings in what we are able to provide for our friends, for our family members. You loving your family, you loving your friends, does not make you a licensed mental health professional. There's going to be questions that come up that you aren't going to be able to answer confidently or competently, and that's OK.

[music playing]

**BECKY EBERT:** Hey everybody! Becky Ebert here, you might not be familiar with my voice and that's because I work behind the scenes as the producer of the podcast you're listening to. But I want to change that. So before we get back to the conversation, I'd like to tell you about the 10th annual Run For It 5k.

At TWLOHA, we believe caring for ourselves includes the whole self—the brain and the body. To explore this connection, we're inviting folks from all around the globe to move for something that matters. It's an invitation to get curious and to roll, run, walk, ride, dance, swim, or move with us in a way that feels authentic for you. Along the way, we'll share stories of healing and recovery, honor loved ones gone too soon, and carry hope into communities by declaring this year's phrase: Here I am. Here we are. Moving forward. You can learn more about the virtual event happening on Saturday, April 23rd by going to [runforit5k.com](https://runforit5k.com).

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### **Chad Moses**

So what might seeking out professional help on behalf of another person, with their approval, look like? How important is it to find someone that maybe even specializes in self-injury recovery and treatment?

### **MICHELLE**

If you have a phone or access to the internet, you could probably access care. A lot of things a lot of mental health care is through telehealth now because of COVID. There's a lot more accessibility due to changes in regulations and also technology and everyone sort of pivoting, I guess you could say, into more being comfortable with telehealth counseling and using professional health through the use of a phone and the internet. So do your research, interview people, find out what their education is, how they approach this issue in terms of what type of therapy they provide, are they a licensed credentialed clinician. You know, because it might even mean different types of providers and not just one. So oftentimes when I meet with families, initially it's the family doctor or the pediatrician that is the first to identify that this is an issue because of, you know, just family or wellness checks or things like that. And sometimes it is friends. And so it's encouraging people to get help. And so I think it's from a very young age, just know what your resources are, know who are the right people to talk to, whether that's the safe—in Florida, they have what they call Safe Counselors in a lot of public schools. And they are often the first contact. So if, let's say you're a student and you're concerned about a friend, you could probably go and talk to that counselor and say, "Hey, I'm concerned about this friend,

what do I do?" I've had clients, you know, their friend is the one that makes the phone call or brings them to therapy. And that's great. You know, whatever it takes, definitely.

### **Chad Moses**

I love that you can approach therapy, and approach counseling, and approach professional care with a bit of creativity. That you can ask if your loved one would like some company going to an appointment or not.

### **MICHELLE**

I think it's great when a loved one, even if they're not in the same home, call me and say, "Hey, I'm calling for my niece or my grandson, or I'm calling for my neighbor, and I just want to get resources, would you reach out to them?" I think that's great. So sometimes it is doing some of that legwork yourself. The Crisis Text Line is a great way to offer resources to someone and people think, "Well, the Crisis Text Line is only for, you know, suicidal ideation or things like that." No, you can use it also for self-harm, eating disorders, things like that, too. Even just as a moment-by-moment intervention, you know, just to get the help that this person might need in that moment, and having that accessible. You know, giving that to a friend and saying, "Hey, here's a number I want you to text when you're feeling bad."

### **Chad Moses**

I love what's being drawn out here is the the diversity of access points for care, whether that's telehealth, whether that's Crisis Text Line, or one of our other numerous resources that you can find on our website, whether that's finding a therapist or just finding another network or helpline along the way. And I think that it's really important to draw out because not all conversations when it deals with helping someone find help needs to feel like an intervention, right? Like it can be casual, it can actually even be kind of self-revelatory, you know, the benefit of being the one to break the ice on behalf of your friend or family member. Saying, "I used to feel this way too. I'm familiar with what it feels like to not know what to do with certain pain." Or even if it is relevant to your experience, talking about your journey with self-injury in the hopes of helping someone else. So often people are ready to have the conversation about mental health care, but they're less willing to start the conversation. That can be a really emotionally jarring proposition. So that's where I think loved ones can really stand in the gap, to go more than halfway, to say, "Hey, I'm wading out this far. Meet me wherever you feel comfortable." In that direction, how might the support of a loved one differ, depending on if the person is actively in the state of struggle, or maybe has relapsed, or maybe if they're in recovery? How do the roles of care subtly shift depending on the specific circumstance of the person who may be struggling?

### **MICHELLE**

You have to approach it knowing yourself and what you're comfortable with, you know, what you feel comfortable sharing, disclosing, your comfort level and, and kind of going there. There may be just misunderstanding, you may not understand what's going on, it may scare you. And so I think it's just taking a look inside of like, "What's going on in me? What comes up and how might that affect or impact how I approach the situation with this loved one?" I think in starting the

conversation, you know, lots of things happen, and we're accessed to information all the time. And so whether it's in your community, in your school or at work, or even just watching the news or on social media, there's things that happen that impact us. I think recently the Miss America who died by suicide a few days ago, that is disruptive for a lot of people. And so sometimes, even just talking about mental health topics or things that happen in our communities or on the media can be conversation points. And I think, a lot of times, I think sometimes we're scared to ask the question, we're scared to approach certain topics, because we don't know how it's gonna end up. We want to offend the person, we don't want to scare them off. But I always err on the side of like, no question is bad. I mean, yes, there's probably better ways of saying things, but I think just asking the question or being curious about what might be going on or how the person's doing, and then also checking in with yourself of, like, "How might this impact me? How am I doing?" and being able to, you know, regulate that as well. And only approaching things if you're comfortable, because you have to sort of be responsible for yourself in that as well. So if you're still in recovery and talking about this with somebody who is actively struggling, or, you know, everybody's always in recovery. But let's say you're at a vulnerable place, you may not want to engage or it may be hard for you. And I think it's OK to have some boundaries around that and know, "OK, there may be places I can't go with this person. And that's OK." I have to, you know, first and foremost, be mindful of where I am and what I need to do to protect myself and protect my recovery. In doing so, that actually does help the other person. If you're struggling and your spouse or your friend or loved one is struggling too, it's kind of like, you have to take care of yourself first.

### **Chad Moses**

Right. I've heard you and Aaron use this metaphor time and time again—if you've been on an airplane before, they tell you how to use the mask and rule one of wearing a mask, if they deploy, is put your own on first before you help someone fix theirs. And yeah, I think that's a super important thing to acknowledge in this conversation, is that not all people who are care providers or loved ones of people who are struggling are devoid of their own experience with self-injury. I think in many ways, the trope of "it takes one to know one" can come as a huge benefit like you were saying. This will give you an opportunity to have a point of legitimate connection with someone who may be struggling, if you yourself are in recovery, but be sure that you are modeling self care as well. So it strikes me that having a consistent posture is more important than having the right word or the right resources or the right answers for all the questions. But yeah, just having that kind of air of non-judgmental positive regard, and humility, and giving space for the person to share to the degree that they are comfortable sharing.

### **MICHELLE**

I will also interject, too, if like you're a parent listening to our conversation and you're not somebody who struggles with self-harm but your child is, realizing you may not be that person for them to process what's going on. And that's OK, too. You are providing access to care if that's what's needed, or you're giving space, you're also listening. But oftentimes, you know, as parents we want to fix things, we want to make the problem go away, we want to solve the problem. And sometimes it's a little trickier than that. We can't just fix it. And so it's relying on sometimes other people, other professionals to help us in and give them the access to that care

and realizing it's not anything about you, per se, as the parent. But it's OK that that person is talking to their counselor about it, or their psychiatrist about it, or that they first opened up to the nurse at the doctor's office. The fact that they felt comfortable to share, I think is what is good.

### **Chad Moses**

So if you go to [twloha.com/find-help](http://twloha.com/find-help), that's where you're gonna find To Write Love's resource hub. So if you look at the first bar that pops up, you're gonna see a number of options regarding identity and also specific mental health challenges. So if you click on the self-injury tab, towards the bottom where it says resources, the second thing listed right now is the Cornell research program on self-injury and recovery. And this is one of my favorite websites that exists on the internet. A number of really great tools and tips, especially for caregivers and loved ones on how you can educate yourself, on how you can frame some of these conversations, on ways that you can practice patience before we really dive deeply into offering help, but that is certainly a resource that I give out all the time at booth. And Michelle, I'm pretty sure it was you that put that resource on our radar. So hats off to you.

### **MICHELLE**

It's a great one. I use it all the time. So it's important to educate yourself as much as you can, regardless of if it's self-injury, that's a great resource. If it's eating disorders or depression or post-traumatic stress, whatever might be going on, to educate yourself on that topic or on those issues so that you can be better prepared. Because in some ways, the more you know, the more that you can offer and extend that help, you know, it's powerful. I'm so glad you brought that up. Thank you.

### **Chad Moses**

Thus far in the conversation we've been talking about people who are pretty decently sure that self-injury is a piece of the equation for a friend or a loved one. The reality is shame can make us into some surprisingly effective actors, and especially as we try to seek to hide or cover up certain traits or struggles, behaviors or signs. So all that to say it is entirely possible to have friends and loved ones in your life who are self-injuring and yet, you're unaware. What would you say, Michelle, to someone who feels as if they've missed the signs, that they've dropped the ball, that they've maybe failed someone they love in not spotting some of these signs?

### **MICHELLE**

You're human. I think as a parent myself, realizing that there's certain things I miss as a parent. It's having that self-compassion, being able to let go of that judgment towards yourself. But I would say it's very common for parents to be unaware of what may be going on behind the scenes. And after you get off the initial shock, because there is shock when it comes to finding out that your loved one is struggling, it's then checking in with yourself, and like, "What is coming up for me? And how am I caring for myself in that?" And also, OK, moving into action mode of like, "What am I going to do about this?" We're human, and unfortunately, things things get missed. I remember, way before I had kids, we were talking with some friends. And this particular friend, she was a counselor, I met her in graduate school. And I guess her son was like later in elementary school, maybe kindergarten, first grade. And so he finally was getting his

eyes checked. And basically, the eye doctor was like, "This kid can't see." And the mom was like, "What do you mean?" And he's like, "He's definitely gonna need glasses. And here's the treatment plan." But the shock of that mom was like, "How did I miss the signs that my son could not see?" Right? And I remember talking with her, and her sharing her disbelief and also the grief that comes with that, because she was so beating herself up about it, like, "What kind of mom am I that I missed that my son needing glasses, probably from the time he was born until now?" And just offering her, you know, care and concern and empathy, then she could have compassion and care for herself that, "Hey, you know, we miss things." And you know, that story always sticks out to me in talking about mental health stuff, because sometimes things go unnoticed. And it's not necessarily because we miss it, it's just, you know, sometimes it is life.

### **Chad Moses**

And again, that that kind of draws out something we were talking about earlier is that, in this case, you don't get a failing grade for you not being able to see the world through the literal eyes of your child. But you do get positive marks for then reacting to the new revelation appropriately. That's the sign of a good parent, is not building a time machine to fix a problem before you're even aware of it. But rather, as we get this new information, how does this affect the level of care that we're providing as we go?

### **MICHELLE**

I think you're totally right. It's your response. And sometimes you try, you know, first you try one method, that's not working. You try another method, you know, and sometimes that's the course of treatment and the course of like, in terms of what I see is like, OK, you maybe tried to figure out things on your own without eliciting professional help. And then finally you do and you're like kicking yourself because you waited too long. I think it's like, OK, yes, there's grief that comes with all of this, you know, and recognizing those emotions and those feelings, and acknowledging that I think is the first step towards then, OK, now what do we want to do about it? Alright, this didn't work. So let's try this. And, you know, I am a huge proponent of looking at, if we're going to professional help, making sure that, OK, the people that we're seeing are, you know, licensed and credentialed and are following evidence-based methods to help my loved one with self-harm.

### **Chad Moses**

Kind of on the flip side of that, the, "I never knew, I missed the signs." Moving into the idea of, it's the conversation that's lacking, not my observation. Maybe some people just feel just stunned, deer in the headlights, when it comes to having this conversation. They feel like they lack the words and therefore they lack the conversation in total. What are some things that loved ones can do to prove that they are safe spaces for help and for their conversation?

### **MICHELLE**

I think it is recognizing, I know I keep saying this, but I think it's recognizing the feelings and emotions and thoughts that come up for yourself. And being able to mind, you know, be aware of that and conscious of that, I think helps to then create a safe place for that person to open up to you. So like, if you're coming at it from a very anxious or fearful—if you're feeling that fear and

anxiety, oftentimes that does get translated to your loved one. And so just being mindful of that, like being aware of what it brings up in you and kind of having other people to check in with, and to talk to about it, I think is helpful. I think also recognizing that it's OK if you are not that person to be that safe place, that you can provide avenues or access to a safe place, and sometimes that is therapy or a counselor or psychiatrist, or even a doctor or health provider. But it's creating those avenues. I was talking to a friend not long ago, and they just were like, "I'm so freaked out, I just want to take them to the hospital right now because the self-harm is freaking me out." And I'm so glad that they called me and not said that to their loved one, that they're able to have a space and an avenue to process their fear and whatever is coming up for them. Maybe it's anger, maybe it's fear, maybe it's something else, sadness, grief. But having an avenue to talk about it for yourself so then you can be at a place where you can come with that, approach that person and offer them that just space, just room. Metaphorically, that space and room, and let them know that you're there. You know, let them know you care and you want to be that for them. And it may even be asking them what you can do to help be a safe place.

### **Chad Moses**

I love that idea of like, not assuming that you have to have all the answers and proving that you're comfortable with asking questions. And just speaking from the voice of experience here, as I'm sure many people who struggle with self-injury can relate, we're good at reading the room. We're good at taking notes, we are always watching, we are always listening. I know who's making the jokes about self-injury. I know who is using really insensitive language when it comes to depression, when it comes to heartache, when it comes to mental health. I take note when someone watches a news story and says, "Oh, like that person is crazy." These are things that people pick up on. And really the only way to combat that is to give evidence of the opposite. That you're someone, if you're in a room and someone cracks a joke about mental health, I'm also going to be aware of who is kind of shifting in their seat, who's rolling their eyes, who is even speaking up to say, "Hey, that's hurtful. Or hey, like, surely we can find a better way of talking about this." This is as recent as just a couple of weeks ago, my sister, who's aware of my journey and struggles in recovery, was in town with her oldest boy, with my oldest nephew, for a soccer tournament. And we go out to eat and I forget how the conversation came up, but she mentioned at one point, like just how much time has passed and how much her son has grown up. And I mentioned, "Yeah, like it's been a privilege to watch him grow up. And it's been an honor to see him even before he knew it had an impact on my life." And that was an open door to talking about how my nephews, when they were even just one year old and two years old and three years old, were an inspiration for me to get help to take steps away from self-injury. And now my my nephew, who's just about to turn 18, I hope that sent him a message that if he ever comes in close proximity with a mental health challenge that he knows I'm a safe place, that I'm not afraid of these conversations, and that even if he feels alone, at least maybe he remembers that Uncle Chad had felt the same way at some point. So yeah, I think this kind of goes back to the theme of posture over precise answers.

### **MICHELLE**

So you told your nephew you had struggled and he was the reason for why you wanted to recover?

**Chad Moses**

Yeah, we had that conversation over sushi. Yeah.

**MICHELLE**

That's amazing.

**Chad Moses**

To step out of the spotlight for a second, I want to dispel some myths. Lie number one is that self-injury is strictly a young person and adolescent challenge. And two, we've probably already touched on this, I don't know if we need to save this for the last question, but the idea that it's an attention-seeking behavior. So just how do you, as a mental health professional, engage and dispel and educate against these myths and frequently held beliefs?

**MICHELLE**

Well, I think it's good to check out resources like that Cornell website that offers a list of common misconceptions, replaces it with facts. As well as like, you know, recognizing that self-harm often is a coping mechanism, it is a response to something else. And it's not an intent to end someone's life. So that's a big myth. In terms of it being attention-seeking, you know, that is often a very common misconception. What I would say is, be a little bit more curious about what motivates that person and why they're using, what function does that, does self-harm serve that person. It could be a way to communicate, it could be a way to cry for help, and you don't necessarily, you can't assume and so it's good to ask the question and say, you know, "I'm curious, what, what does this do for you? How does this help you? I know it's a coping mechanism. I know it serves that function, but how?" If they're willing to go there with you. But understanding like, if you feel like it is attention-seeking that there's probably more going on there, that there's more to the story, there's more to that just explanation. Oftentimes, I feel like it's a way to communicate, it's a way to ask for help. It's a way to let other people know, "I'm not OK. I'm hurting, I'm not doing well, I'm not good, I'm not OK." Other times, it is a way to cope, it's a way for them to keep living, to keep surviving, to keep going on. And so sometimes it is just not making that assumption, but asking, you know, "Hey, what's going on for you in this?"

[music playing]

**CHAD:** We want to give a big thank you to long-time friend and counselor Michelle Moore for being a part of this conversation. The guidance and grace you've shared, extended, and encouraged is an evergreen reminder that while we can try and work to be safe spaces for others, we can't be everything for everyone, even the people we care so much about. Instead, we can recognize our own knowledge and comfort levels while offering compassion and resources to those hurting.

And to our listeners, whether you are the safe space or need the safe space, we hope these words resonate. We hope you feel and see connection and communication as an opening to

healing—awkward and hard conversations included. If you're having trouble locating a safe space right now, know that you can find options at [twloha.com](https://twloha.com) and at the end of this podcast. And as always, thank you so much for tuning in. We're glad you're here.

[music playing]

**CHAD:** We hope this episode has been a reminder that your story is important, you matter, and that you're not alone.

If you're struggling right now, know that it's OK to reach out and that there are people who want to help. Part of our mission is to connect people to the help they need and deserve. You can find local mental health resources on our website, [twloha.com](https://twloha.com). That's [T-W-L-O-H-A.com](https://T-W-L-O-H-A.com). And click FIND HELP at the top of the page.

If you're in the U.S. or Canada and need to talk to someone right now, you can always text our friends at Crisis Text Line. Simply text the word TWLOHA—again, that's T W L O H A—to 741741. You'll be connected to a crisis counselor. It's free, confidential, and available 24/7.

For a list of crisis support resources for listeners outside the United States, go to [twloha.com](https://twloha.com) and click on the International Resources tab.

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A big thank you to our friends at Copeland for the original music on this episode. The To Write Love on Her Arms podcast is produced by Rebecca Ebert. Music assistance was provided by James Likeness and Ben Tichenor. And again, I'm Chad Moses. Thank you so much for listening. We're glad you're here.