

Episode 206: “Self-Injury: Healing Is A Constant Commitment To Yourself”

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

SIERRA: I want people to know that there's nothing wrong with wanting attention or help. There's nothing wrong with feeling like you're hurting and wanting someone to be there. I get emotional thinking about it because I think about like my younger self and how I think, I didn't know that it was okay to turn to my parents or to my friends or to my teachers and say, “I feel alone or I hate myself or what's wrong with me.”

[music playing]

LINDSAY KOLSCH: You're listening to the To Write Love on Her Arms podcast, a show about mental health and the things that make us human. 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.

LINDSAY: We hope you'll connect to these episodes in a meaningful way. And maybe by listening, you're going to find it's easier for you to talk about your own experience with the people in your life. So maybe you struggle or you love someone who is struggling. Maybe you just want to learn more and hear from people who are generously sharing their stories with us. No matter who you are and why you're listening, we want to thank you for being here. You're in good company.

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On today's episode, we want to talk about self-injury. And a quick warning up top, there is some strong language used in this episode. And if a conversation about self-injury or self-harming behavior could be upsetting for you, we encourage you to take your own mental health and healing into consideration. We want you to do what's best for you, so that might mean taking breaks while listening, listening with a support person in your life, or not listening at all.

If you're familiar with our organization or our history, you know that our founder Jamie Tworkowski didn't set out to start a nonprofit. All he wanted to do was help a friend and tell her story. When Jamie met Renee, she was struggling with addiction, depression, self-injury, and suicidal thoughts. He wrote about the five days he spent with her before she entered a treatment center, and he sold T-shirts to help cover the cost. When she entered treatment, he posted the story on Myspace to give it a home. The name of the story was “To Write Love on Her Arms.” The statement was one of hope, that maybe love could replace the feelings of pain and shame that led Renee to cut the word “fuck up” into her arm before she entered treatment.

For some people, when they heard about Renee and her experience with self-injury, it was the first time they heard people talking publicly about this issue. The stigma surrounding self-injury continues to silence conversations and that's why we want to spend an episode tackling some really important questions that we've encountered over the years.

Those questions include:

What is self-injury?

Why do some people harm themselves?

What can we do to support people we know who may be struggling with self-injury?

And because we believe in the power of sharing mental health experiences to encourage others to seek help, we've asked Chad Moses, TWLOHA's Director of Outreach, and Sierra DeMulder, an internationally-touring performance poet, author, and co-host of the Just Break Up podcast, to share their experiences with self-injury.

But first, you'll hear from Michelle Moore. She's a licensed mental health counselor based out of Orlando, Florida, and co-owner of Solace Counseling. She's going to share a little more about self-injury. Michelle has been a longtime friend of TWLOHA, and she helps us educate people about self-injury and eating disorders as part of our MOVE curriculum.

One of the first things we wanted to talk to Michelle about is what we mean when we use the term self-injury and why that's not necessarily synonymous with a term that's often used called "cutting." So I asked Michelle: when people are talking about self-injury or self-harm, what are they referring to?

MICHELLE MOORE: Yes, that's a great question. They're referring to individuals that are hurting their body, either by skin scratching, cutting, bruising of the skin, sometimes burning of the skin, or interfering with the healing of wounds. It can be a lot of different behaviors, but it is done to one's body for the purpose of usually regulating emotional stability and sort of like trying to cope with some sort of emotional instability or emotional event or situation that may have caused them emotional distress and they're trying to sort of regulate how they respond to that. And it can be a number of different ways. A lot of times people confuse self-injury or self-harm with people that are self-destructive and that are like, you know, doing things that might be harmful to themselves. Like, you know, driving over the speed limit or being reckless, you know, things like that. And yes, that can be to self-destructive, but it is not considered, um, self-harm because it's not done to one's body tissues. So we're really talking about, excuse me, behaviors that have to do with hurting one's bodily tissue.

LINDSAY: Okay.

MICHELLE: For the purpose of regulating that emotional instability.

LINDSAY: It is some that is now it's own diagnosis, correct?

MICHELLE: Yes, yes. It used to be considered just symptoms of other diagnoses in the DSM-IV, but now in the DSM-V, it's considered nonsuicidal self-injury, and it has its list of, um, descriptors and criteria for someone who may be struggling with this type of disorder.

LINDSAY: So what do you find often, when you're working with clients who are self-injuring, what's kind of driving this behavior?

MICHELLE: A lot of times people just stumble into it. Some of it can be learned from peers or media, but a lot of times I find that people kind of just naturally, for whatever reason, stumble into struggling with self-harm in attempt to control how they feel and to perhaps eliminate, um, emotional distress or cope with emotional distress. Oftentimes, I think of it as a coping skill, even though it can be considered maladaptive or unhelpful, but it is something that people use to cope with whatever might be going on internally, emotionally. Oftentimes people will say it's self-expression, an outward expression of internal pain or discomfort or distress. And sometimes that can be very true for some people, but oftentimes I find that it happens, usually with, it usually starts in early adolescence, but it can happen to anyone at any point. But most often I see it in terms of early adolescents or at least starting in early adolescence.

LINDSAY: For Chad, he had just lost a close friend, Diana. And as a result, he was dealing with a lot of anger and grief.

CHAD: There had been other people in my life that were roughly my age that had passed away, but never, never a friend, never someone that I would say is objectively better at being a human than I am.

CHAD: And when I walked into Diana's room, there was a piece of me that, that didn't walk out.

CHAD: I found myself for the first time in my life, completely empty of answers that there is nothing I could say or do or pray or protest that would undo this car accident, that would make Diana wake up.

LINDSAY NARRATION: At the time, Chad was serving as an RA at his college. He started to feel the tension between the advice he was giving, what he believed, and how he was feeling.

CHAD: I started this cycle of, of self hatred in that I was serving in a position that I should not have been in. However, I thought if anyone saw me stumble that I could easily derail their life. And that's not something I wanted on me. So I just kept, I kept plugging forward and counting down the days that I could go back to school and, and, in all this, you know, I, I felt completely unworthy of, of love, of attention, of really anything good.

LINDSAY: Yeah.

CHAD: I thought that I had become a monster. I had become something that should be hated. I was lying to, to youth on a daily basis. I was saying things that I couldn't believe.

CHAD: And that created distance between me and my family that resulted in me breaking up with my girlfriend who I thought it was going to be my wife. That resulted in me really trying to burn every bridge possible. And you know, there wasn't enough gasoline to, to make that a reality.

LINDSAY: Yeah.

CHAD: So I went back to, to college, effectively a shell of the person that, that left that university just three months prior, but I was stepping into another role where it was my job to have answers. I was stepping into the role as an RA where I could help people sort through life. But now I didn't have to do that masked by religion or faith. I could just give more empirical, uh, evidence to, you know, you have X problem, we'll try solution Y, you know?

LINDSAY: Sure.

LINDSAY: So I'm wondering, so you return back to school and you have really deconstructed a lot of what you thought you were and are slowly rebuilding that, but rebuilding it still carrying a lot.

CHAD: Yeah. And I don't think at that point like deconstruction was not a term that was readily used at, at that point of time. Uh, but it certainly felt like more of a demolition.

LINDSAY: Demolition. Okay.

CHAD: Uh, deconstruction seems a bit more purposeful that, you know, we're going to reverse engineer something a little bit better, but for me it was just—

LINDSAY: Destroy it all.

CHAD: Tear it down.

LINDSAY: And when does self-injury and enter the picture in that season or not?

CHAD: Not long after.

LINDSAY: Okay.

CHAD: Uh, so it was my third year of college that I began to self-injure and that's all kind of contrasted by the, the irony that it was my job to go through training for mental health and behavioral health in order to care for my residents. Uh, so I knew what the behavior looked like. I knew some of the theories behind what would drive it. But never in a million years did I think that I would in a position that the training I would receive, I would also need to enact in my own life.

CHAD: So there was this, this real dissonance that the struggles that I had with self-injury, I knew the answers to them, but I felt like me asking for that help would put in jeopardy my education, my job, my social circle. I, I was a pretty visible member of my college community. I was in a number of clubs and I was constantly around other people and a lot of that was just a distraction technique.

LINDSAY: Yeah.

CHAD: I would take on responsibilities that I didn't deserve and I wasn't equipped for just to keep myself busy and, and yeah, it really just kind of distracted. But it was the fall of my third year of

college and I was deep in the thralls of substance abuse at that time that I remember I was in a, in a friend's room and I saw a pack of razors on her mantle. And without really thinking it through, you know, I just swipe my hand across the mantle, pocketed the razors, and in a way just thought, *you know, I'll save these for a rainy day.*

LINDSAY: Okay.

CHAD: And, and it was, uh, a little bit after that, that I began to, to injure and all this again, you know, happening not in a bubble, but a lot of depression, a lot of emotional trauma that I was sorting through, a lot of, uh, alcohol, a lot of painkillers that were not prescribed to me.

LINDSAY: Sure.

CHAD: And I remember just feeling absolutely numb. I remember this moment of looking in the mirror and not identifying what was looking back at me. Something that just looked and felt empty. And for me, and I think for most people that struggle with self-injury this was not a cry for help because I didn't want anyone to know and it was not a suicide attempt because I thought I was already dead on some level. So for me the self-injury really served in a really twisted way as a reminder of my life, that at least, you know, I have proof that my body is still working, I guess. If my heart and my brain aren't working then, then maybe just proof that if I fall, if I skinned my knee, that um, maybe it will still hurt.

LINDSAY: Yeah.

CHAD: That maybe if I can't control how I interpret pain on a deeper level, on an emotional level, then maybe I can interpret pain and control when I feel pain on a physical level.

LINDSAY: Yeah.

CHAD: And that's certainly kind of being communicated through a redacted Lens. This makes sense now having gone through some counseling and kind of making sense of that journey, but in the moment, none of it made sense, but it all made perfect sense.

LINDSAY: Yeah.

LINDSAY: Like Chad, Sierra experienced feelings of self-loathing before she began self-injuring. She also spoke about how natural it seemed, the way self-injury came into her life. Here she is talking about her early experiences with self-injury.

SIERRA DEMULDER: I started experiencing what I didn't understand to be depression and anxiety when I was like 12, 13, 14. I did struggle with my parents' divorce a little bit, and I think that's really when I learned how much I wanted things to be okay and how much pressure I was putting on myself to make things okay. And when I wasn't feeling happy or when I wasn't making people around me happy, I really started to internalize that really young before I ever had the language to

say, "I'm anxious or I'm depressed." I feel like I learned how to physicalize those things or internalize those things before I could ever speak them out loud.

LINDSAY: So bring me kind of to the setting or the context when self-injury became part of what you were experiencing.

SIERRA: So as those feelings of anxiety or unhappiness or really self-loathing too, because I couldn't fix the things around me, as those feelings began to manifest into my teen years, I started to experience like higher and higher levels of what I would like almost call like static, like anxious, anxiety within me or, or unhappiness or self-loathing within me that I felt like I needed to punish myself for not being good enough or smart enough or pretty enough. And I want to say that while I'm using like these pretty elegant words to describe it, looking back, I don't remember having so many conscious ideas or thoughts that, that led me to self-injury. It was almost organic. It almost happened like very naturally and subtly and slowly over time. And I don't remember how or why I got the idea to do that.

SIERRA: but it felt like the right move to start physicalizing what I was struggling with internally. And I also want to add that I was a relatively happy young person on the surface. I think that it was because I was internalizing things that I didn't understand or all of the self-loathing or the pressures to be a young person that young people feel even more heavily these days with social media. I didn't know how to carry all of that or put words to that and keep a smile on my face and keep my parents happy and make my boyfriend like me and my friends like me. It started to manifest when I was in my later teen years and it was something that I did alone. It was something that I didn't tell anyone about. It felt very natural. I don't know how else to describe it. It's not like I had seen it online or in a movie. It was just like, I'm not good enough and this is something I deserve. And it, it was like a very natural experimentation, I guess.

LINDSAY: Can you describe, if you're comfortable, a little bit more about, like, do you recall what you were feeling physically? Or what you were feeling maybe just in your mind, like you talk about the self-loathing. Like were there specific thoughts that you had over and over again or was there like, like a common thread there?

SIERRA: I think when I was younger I couldn't necessarily articulate that sensation. Again, it felt like an exploration into this self-loathing. But as I got older and I started to do it more regularly and I started to see it as a form of release, the moments that would lead me to that were moments of *I'm a bad person. I've made a mistake*. I was feeling tons of shame. Instead of feeling embarrassment or your typical, like, understanding of being a human who makes mistakes and who trips in public or who doesn't really know how to interact quite yet because I'm young, I would internalize it all and um, and felt, feel like there has to be, not just like some sort of release of that anxiety, but there has to be a consequence to feeling this inadequate or inept. And in those early moments, I felt like it was something I deserved, but it also felt really personal.

SIERRA: Like, I think something that I want to try to articulate is that it wasn't always so passionate or dramatic or intense. It wasn't always like, I'm marinated in self-loathing and this is why I do this. It was, it was almost innocent at times, like, that this is what it's like to hurt and make mistakes and this

is inherent in me. This is what I deserve. I feel like I'm at odds sometimes with some of the representations of self-harm because it was really simple for me for a long time. It, it felt natural. I think unpacking why it felt natural and, and talking to my friends and family didn't, um, is the work that I've been doing for the past 10 years.

LINDSAY: According to Michelle Moore, this type of response to self-critique or shame isn't uncommon.

MICHELLE: You know, oftentimes there is this with a lot of, you know, mental health issues, there's this inner critic or sort of negative self-talk if you want, but there's this sort of like shame voice that is internalized in many individuals, both young and old, right? So it could be that someone may be engaging in self-harm and they really think that they're a piece of crap or they can never be enough. There's this sort of core belief that is saying something shameful about them.

MICHELLE: *I'm not good enough. I'm not responsible. I can't be...I'm not worthy of love*, whatever it may be. And oftentimes sort of that takes on its own sort of, I guess if you will voice inside of us that sort of, you know, maybe if we make a mistake and then it speaks to us or if we get rejected or feel rejection, you know, that voice then comes in and speaks to us. So a lot of times, um, and self-injury can, you know, sort of come alongside that shame voice and be speaking to us in ways that are unhelpful and untrue.

LINDSAY: In addition to speaking about shame and what they did or didn't deserve, Chad and Sierra both spoke about how self-injury turned into something of a ritual or part of a coping process.

LINDSAY: Do you remember or did it transition from something you experienced once to the ritual, the ritualization of it? Do you remember that process or are realizing, *Hey, I've, I've engaged in self-injury or self-harm by x number of times...*

CHAD: That period of my life was such a fog.

LINDSAY: Yeah.

CHAD: That, you know, I can't tell you. I know it wasn't a scheduled thing. Yeah. It was often as a response to something going on around me.

LINDSAY: Okay.

CHAD: And it wasn't petty. It wasn't like, "Oh, I think my friend's mad at me, so I'll, uh, you know, this'll be my penance," or, oh, I got a bad grade, so, so that means I'll be injuring. A lot of it was kind of existential. A lot of it was these moments where I would be faced with the reality of how little control I had for stuff around me. That was something to keep me in a sense, grounded.

LINDSAY: Yeah.

CHAD: And to an extent it was effective.

LINDSAY: Right.

CHAD: It would almost be like a cup, slowly things are dripping into it and then when it overflows, I know what the result is going to be.

LINDSAY: Okay.

CHAD: Got it. So there would be a moment that would, in a sense kind of set me off or put me over the edge. But if it was two in the afternoon, it was like, well, I know what's going to happen at seven tonight.

LINDSAY: Okay.

CHAD: It was a bit more premeditated and which again, it's so wild. That was the only premeditated thing in my life in college, I was always fly by the seat of my pants. Uh, if I had an exam coming up, I would cram. But this was the, the standalone piece of my life, that I could plan my night, my weekend, my, my life around.

LINDSAY: Would you say you were like looking forward to it? Like there was an anticipation in that waiting or in that planning?

CHAD: Our friend Aaron Moore, in the past has said, "Look, you know, self-injury is effective on some level because it, it works." Um, the question is, is there something that could work better and something that could keep us safer?

LINDSAY: Yeah.

CHAD: And the answer is obviously yes, but I never questioned the fact that there would be a sense of release.

LINDSAY: And here's Sierra talking about her relationship with self-injury.

SIERRA: So my relationship to self-injury definitely evolved. I don't want to paint it as something innocent, but it started out as like an exploration because I didn't know what else to do and I hadn't been given the tools, either by my family or my peers to talk about what it's like to feel inadequate or what it's like to struggle with depression or anxiety. And because I didn't have any other tools, I sort of like meandered into this world of self-injury. And then once I discovered it and I, and I discovered the like endorphins and the sense of purpose it gives you, um, then it became, you know, almost a dear friend or a sense of relief. Um, and it became a part of my process, right? Like that I could make mistakes in my life and I could hurt people or disappoint myself or others because I had this system of justice.

SIERRA: Um, and also definitely as I became more and more connected to it or it became more of an active thing in my life, it also definitely became a release for my anxiety. Like when things were

falling down around me, um, either internally or socially than I could go to this place of like dark refuge. It definitely started out small and I think that is something that I want to articulate because I didn't do it regularly in my early teen years. It was something that I would turn to every once in a while. And then once I learned that behavior, once I really became comfortable with it, that's where I would go when I was feeling really overwhelmed either with depression or anxiety or guilt or shame. Like any gateway drug, it led to an unhealthy, almost like unsustainable lifestyle.

LINDSAY: As they continued self-injuring, both Chad and Sierra had to contend with the knowledge that people in their lives were becoming aware that they were struggling.

CHAD: I know a lot of my friends and I think that they were doing this in the best way they knew how, but in my presence, they would make self-injury jokes never directed towards me.

LINDSAY: Okay.

CHAD: But maybe it was directed towards, you know, something that we saw on TV or, you know, just kind of these least common denominator jokes that we've all heard over the past 20 years or so. I always felt like they would say the joke and then maybe give a glance towards me just to see how I'd react.

LINDSAY: Okay.

CHAD: And initially it, it would hurt, but then over time, that kind of numbing, as that numbing took, you know, deeper, deeper root in my life, even those jokes just stopped affecting me.

LINDSAY: So wait do you, did you at that time think that they were aware?

CHAD: Maybe they were aware, but I didn't tell anybody.

LINDSAY: Okay. Gotcha.

CHAD: Um, the first person I told was actually the girl whose razors I stole on that first night.

LINDSAY: Did you ever ask her why she had them in her room?

CHAD: Uh, no.

LINDSAY: Okay.

CHAD: No, I don't even know if she knew that and they were her razors at that I took. I think it was as simple as, uh, for, for hygiene, you know, for leg shaving.

LINDSAY: Okay. Got it.

CHAD: But I, you know, at the time I was wearing, I didn't wear shorts ever.

LINDSAY: Okay. Were you self-injury on your arms or legs?

CHAD: On my wrist and on my legs because those are the easiest place to cover up. Uh, on my wrist, I always wore a super thick watch band.

LINDSAY: Okay.

CHAD: And so that was super easy to hide. And, and actually, uh, so I had two different watch bands. I had a thick, real thick black one and then I had a slightly skinnier brown one and that sounds super peripheral, but that was one of the first steps towards me walking away from self-injury. Uh, I decided to go home for, for an Easter service. And uh, we went to my sister's church. Uh, my sister has given me three nephews and one niece, but at this point there was just, uh, just two of them, just two kids.

LINDSAY: Okay.

CHAD: And the youngest at the time was, let's see here, was just about to turn three and he was sitting next to me and I don't know if he, I'm sure he doesn't remember this and you know, he was probably just a distracted kid at the time. But I remember being so upset at myself because I'd injured two days prior and as I woke up that morning to go to church, I realized I brought the wrong watch. I brought the skinnier watch band. Like, man, like I just need to really mind my p's and q's and make sure no one notices and my wrist was, was irritated. Um, it was a bit raw and red and, and I, I felt like I noticed my youngest nephew, lock eyes with, with my, with my injury. And that was crippling shame in that moment. And I started thinking towards the future, like, *what happens if I keep this up? What happens when he eventually asks? What happens when I have to lie to the purest thing in my life right now?* Like, could I forgive myself for doing that? For, for lying to, to this kid that I love. And that was the first time I gave myself the freedom to think, you know, what if, what if I didn't do this anymore? That's not the night that I stopped injuring.

LINDSAY: Yeah.

CHAD: But that definitely played out in my head over and over again. I don't, I can't even tell you how many more times I injured after that, but that was the thought that I kept coming back to.

LINDSAY: Yeah.

CHAD: Um, was I don't know if I could live with myself if my relationship with my nephew is based on lies.

LINDSAY: And here's Sierra, sharing her experience talking with her friends and family about self-injury.

SIERRA: I have only a few memories of it being made public. It was always very private and it was always something I was very ashamed of doing but had like a small sense of pride about.

SIERRA: I remember once my mother, I was home from college, and my mother saw some marks on my arm and she said, "Where did that come from?" And I think I said something like, "I don't know." And she didn't pursue it any farther. Another time I was really struggling with depression in college and a friend of mine, we were like driving around in her minivan late at night and talking about life. And I said, "There's something I want to tell you." And I couldn't find the words because it would be like outing like a dirty secret, but also like it was risking taking it away. If I told people about it, if I articulated it or put it out into the world, then I, then I have to face it. And, and it was like I knew better. I knew better than to do it, but if I didn't say it out loud, it wasn't real.

SIERRA: And at one point or another I took my friend's arm, my hand, and I, and I put it on my leg because I was wearing a dress and I like, I let her touch the scabs on my leg, and I don't remember how the conversation went. To be honest, I hadn't remembered that story until, um, this person and I reconnected years later and they reminded me. So I think that's a testament to how anxious that moment was. I sort of blacked it out in my mind.

LINDSAY: Yeah.

SIERRA: And then from that point on, I think that they knew that I did that and were concerned about me, but it didn't have any aftermath.

LINDSAY: Yeah. So it didn't lead to a conversation where you felt confronted, like you felt seen, maybe, but not—

SIERRA: Yes, I can definitely say that too. I felt seen, but I didn't feel challenged to change. And I think that's in part because of, again, this is something that happens so much in secrecy and when faced with these types of behaviors, we don't know whether to push people or to be gentle or to walk away. So we often don't say anything. I don't know what my mother or my friend could have said that maybe would have made me feel better, but I do wish they had said something and that's, that's no one's fault at all. I have no blame or I have no hard feelings towards them. But I think one of the fallacies of self-injury is that the more we do it, the more it becomes normal to us. The normalcy of the practice. The behaviors are so ritualistic. And I remember being so startled one day when my sister said, "You know, Sierra, like it's not, it's not normal to do that. It's not normal to grow up to do that." And I think that was startling to me because of the stereotypes around self-harm that like it is a young person's anxious thing. And of course I was just the manifestation of that stereotype. But instead like flipping the narrative to say like, "This is never a normal behavior and it's never, it's not normal to like casually explore that world the way that I did."

LINDSAY: Chad is now more than a decade removed from self-injury and I talked to him about that journey to recovery.

CHAD: I thought it was what I deserved and I just thought that was going to be a new piece of my identity. I didn't know that recovery was even an option. I just thought I was now one of those people. That all of the resources and all the training that I had were for other people. They were not for me.

LINDSAY: So what did it look like? Or maybe there's a specific turning point you want to talk about for, you talk about your nephew and then you said that that wasn't actually the last time that you self-injured. So what, what was a turning point or can you identify one?

CHAD: I don't have a day marked in my calendar of my last day and I think a piece of it was I wasn't fully convinced that that it would be. I didn't want to set myself up for another failure. So for me, recovery started like this, not I'm going to quit forever. It's just, eh, I'm not going to do that tonight. We'll see what tomorrow looks like.

LINDSAY: What did your life look like in that "I'm not going to do that tonight" moment?

CHAD: I was walking back from a party back to my dorm and the thought hit me that, you know, tonight's going to be an injury night and I called my friend Blake and he was, I think, still at the party. And I said, "Blake, I won't take too much. You were time. I just need to hear you say, 'Don't do it.'" He's like, "What?" And I just said, "Blake, repeat after me: Chad, don't do it." And he's like, "Cool, Chad, don't do it."

CHAD: "So cool. Thanks, man." Hang up the phone and went back to my room and fell asleep. And uh, later that week he's like, "Hey man, what was that about?" And I made up a story about like, "Man, I was about to do some just stupid, like it would have been hilarious, but you know, I'm really thankful that I didn't" and kind of, just totally burrowing it up and bringing the conversation to something different.

LINDSAY: Sure.

CHAD: Um, but when I talked to him years later, I'm like, man, I, I just need you to know how thankful I was that he picked up the phone.

LINDSAY: Yeah.

CHAD: Um, how thankful I was that you didn't ask questions, that I gave you a script and you stuck to it. Uh, Blake is an awesome actor, so I shouldn't be surprised that he stuck to the script. Um, but yeah, and, and I just said, "Man, I don't know if you know the impact that, that had on me." And he goes, "No, I did." Looking back, you know, just seeing, I probably wasn't that effective of a secret keeper that I thought I was, that I had people, you know, hoping for me in the midst of it all and. And maybe Blake was just waiting for the time that, that he could rise to the occasion. And I have to believe that for you humans listening, that there are people waiting to arise to that occasion. And maybe their names aren't Blake and maybe you don't have their phone number saved currently, but they can look like Crisis Text Line. They can look like a number of the other resources that we have on our website.

CHAD: When I'm at events and people open up about self-injury, they say, "You know, I don't know where to turn to." And, and I tell them about some of these resources and they go, "Yeah, but do they know will, will they know?" Basically saying like, "Can you prove to me that I'm not too screwed up, that they're not going to be scared by me?" And I said, "Yeah, that's the only reason that they're volunteering to man that crisis line this night. Is, if they haven't been there personally, they've seen the value of what it means to show up for people that, that need that help in that moment."

CHAD: I found over time, that the scariest moments in my life perhaps aren't so scary to other people. Through opening up to, to Blake and to my friend Kim and to my brother, I was able to kind of build this better safety net. Like, I think I've said it before, that when you're walking through crisis, you feel like you're in an absolute freefall.

LINDSAY: Yeah.

CHAD: And then when you find one resource, one friend, one conversation to stop that fall, you're like, "Wow, thank God for this tightrope." But that tight rope is only one line, so the tightrope is not the answer, but as you include more people into this, as you include more tools to your Batman utility belt of self-care, you see that you're actually not just saying on a tightrope, you're, you're in this cargo net that, that you can not slip through.

LINDSAY: Yeah.

CHAD: It's really odd, you know, kind of looking back that, um, and, and a piece of me like, I wish I would've known like the last day that I injured and I have like a specific season that, that, you know, I can relate to on that, but my journey spend way more amorphous, way, way more cloudy. Um, but I think that's also played in my benefit that if my, if my entire purpose in my entire identity was wrapped up in having the answers, uh, I don't have the answer to, to even the, the narrative of my recovery. "So when did you stop?"

LINDSAY: Sure.

CHAD: "Ah, well, I don't know." And I think that's beautiful because in one of the things that most defines my life, mystery is still a piece of it and I've found so much joy living and leaning into mystery rather than certitude.

LINDSAY: And for Sierra, recovery has looked different. We talked about going through seasons of self-injury and seasons of abstaining from the behavior.

LINDSAY: So were there seasons then, where, not that you would say maybe recovery, but just maybe abstinence from, from self-harm or self-injury?

SIERRA: Yep. There were totally seasons of abstaining from it, but it was, until I really started to think about mental health differently and to challenge, my relationship to self-harming. Um, I didn't abstain for any reason other than, what was going on in my life or like a simple distraction. I wasn't abstaining for the sake of not self-harming.

LINDSAY: Yeah. Can you talk a little bit about that turning point or when, when did that shift happen for you and how did it happen?

SIERRA: When I first moved to Minnesota, I started to more actively pursue poetry and the poetry community and the arts community around me. And this was a space that celebrated mental health struggles and articulations of these struggles and, um, really made me feel seen and heard in a lot of different ways. And that definitely was like some of the bricks laid towards the journey of my recovery. But I think the biggest turning point was, as I got older, I started to recognize that the life I wanted to have didn't look like that, that what I was trying to build and, um, create and manifest in my life like a healthy, stable relationship or, I don't know, happiness. It didn't look like what I was doing to myself. I don't want to say that I outgrew self-injury because there was a lot of mental work that went into it, but I think in the same way that it entered my life organically, it began to leave it organically, too.

SIERRA: However, I do want to say that I think it left my life, because my life was getting more manageable; I was becoming a more stable person, a more well-rounded person. But as soon as things would spike, as soon as my anxiety would get out of control or I would make a mistake or I would disappoint somebody or I would go through a swing, a dip in my depression, it was the first coping mechanism at the front of my brain. I would turn down its offer for appeasement because of things like, I felt a lot of shame about being somebody who participated in self-injury. And so it's almost like I shamed myself into not doing it because I thought, if I do this more people are gonna think I'm crazy. So it wasn't, unfortunately, it wasn't like a mental health professional.

SIERRA: It was a progression towards a better, more mentally stable life. That all being said, I remember keeping a journal in my twenties and one of the pages in the journal said the last time I, like marked the last time I harmed myself, I had a date on it and it, you know, it was a specific date. And I remember maybe four years after that into my mid-twenties having a relapse and having to go back and find that journal and remark it again. And if I'm being completely transparent, I've had to mark that in my thirties once too, which is mortifying and embarrassing to admit, but I want to say that my recovery happened when I was younger, when I stopped self-harming, but it didn't. It, it happened in my later years when I truly started to look at my coping mechanisms, at my relationship to my depression and my anxiety, at what makes me tick as a person, what triggers me.

LINDSAY: Yeah.

SIERRA: And when I really started to do that mental work of healing, of comp-, self-compassion, of radical self acceptance, that's when I started to truly unearth what led me to self-injury in the first place.

SIERRA: It's frustrating and embarrassing to admit that, that I had that relapse, but it just revealed to me yet again that healing is not a place that we enter and never leave. It is a constant journey. It's a constant commitment to yourself and I think my journey in and out of self-injury was an interesting one because, um, it didn't necessarily correlate completely with my own healing.

SIERRA: So in my twenties, I started to self-harm less and less. And I want to say that it is something that I actively tried to stop, but instead it was something that kind of lessened over time. A couple of reasons why I stopped self-harming are one, I felt great shame about it. I always felt ashamed of being somebody who, um, participated in self-injury. I always felt like it was something that was, that made me broken and an embarrassment.

SIERRA: Um, and I started using that shame to push myself, um, to not self-injure because, you know, I couldn't go to the beach without, um, somebody's seeing the marks on my legs and I couldn't have a partner who would respect me or a coworker who wouldn't tell my boss that I was crazy. I lived in a lot of fear of that being outed. So I kind of used shame unfortunately to mobilize myself away from self-injury, but at the same time, I also started to manifest that self-injury in other unhealthy ways, either through promiscuity, having sex with people I didn't really care about, but found affirmation in, through drinking. I didn't have a huge issue with substances, but I do think that a violent behavior against yourself is a violent behavior against yourself regardless of whether it's with a tool or a substance or a person or allowing somebody to treat you poorly.

SIERRA: Like I found myself in so many unhealthy, verbally, emotionally abusive relationships and that serves as a punishment to me just as much as a knife would. So I started to replace these self-harming behaviors with behaviors that would still contribute to the lessening of the quality of my life. I also want to say that I began to self-injure less because it didn't match the life that I wanted. As I got rid of these unhealthy relationships and as I started to, you know, have sex with people I wanted to have sex with or as I started to take care of my body more, I started realizing that my relationship to self-harm didn't fit in the idea of the life I wanted.

LINDSAY: For a lot of people, recovery involves other changes too—specifically talking to people about the self-injury. I talked with Chad and Sierra about how they navigated those conversations.

LINDSAY: How do you navigate conversations now about self-injury? Or do you find that you end up in a personal-type conversation about it?

CHAD: Yeah, it's case by case. I'm a challenger. I am not comfortable with people residing in false narratives and in myths. And I challenged those as often as I can. So when I introduce our mission statement to people and they say, "Yeah, you know, self-injury is such a problem with kids." And I'm like, "Well, not just with kids." When people say, "Oh my, my niece is a cutter." I say, "Man, I'm sorry to hear that she's struggling with self-injury." You know? So just trying to reframe the conversation.

LINDSAY: Yeah.

CHAD: How we relate to pain is not your identity. That it's simply a method to deal with pain.

LINDSAY: Yeah.

CHAD: You don't call me a coffee drinker just because mornings are hard for me. Like, *Oh, Chad, that coffee drinker*, you're like, you know, like, that's so silly. But yeah, coffee is simply a method that I use to cope with mornings being difficult to, to get going, you know? Um, so, so yeah, just really

framing the behavior as to behavior, not as an identifier. A lot of my conversations, I don't lead with my story.

LINDSAY: Yeah.

CHAD: But when I, I sense that my story could be helpful to someone else, I certainly offer it. And in the past that's, that's look like, if a young adult or a child is standing at my booth and their parent is there and they say they kind of like, it breaks my heart, they kind of force the child into, to sharing their story. That's a moment that I jump in and say, "Hey, me too."

LINDSAY: Yeah.

CHAD: "And, and here I am now."

LINDSAY: Yeah.

CHAD: And that generally like shocks the parent and the caregiver, but that's good.

LINDSAY: Yeah.

CHAD: Yeah. I am fully convinced that with such a heavily stigmatized issue like self-injury the best thing that we can do as people who care is to desensitize ourselves to the behavior and radically sensitize ourselves to the individual.

LINDSAY: Yeah.

CHAD: Because if you allow just a shocking image or shocking set of words to become a barrier to a hug or a barrier to offering legitimate care and empathy, then the self-injury wins in that point. So when I began sharing my story with, with my family, I knew that I couldn't start with my mom.

LINDSAY: Yeah.

CHAD: So I told my sister first, well I told my brother first and my sister, then my dad, and then mom was the last to know. I remember a mom, like, she's such a sensitive heart. She goes—I'm, I'm years in recovery at this point.

LINDSAY: Yeah.

CHAD: And she's sobbing. And she says, "Well, is it something I did? Why didn't you tell me?" And I said, "Well, well, this is why I didn't tell you."

LINDSAY: Yeah.

CHAD: I need to make sure that I was safe in my telling first. So I wasn't hiding anything from you, but I was investing in my own care, know that I was getting care and know that, you know, your maternal hopes were still felt through this.

LINDSAY: Yeah. But that may be too much to carry.

CHAD: So there are, there are people that deeply care about you that maybe aren't the first place that you should go to share your story. Having an objective listener to begin with is super helpful.

LINDSAY: Yeah.

CHAD: Someone that can just help you sort through your emotions before you feel like you have to alleviate the emotions of others.

LINDSAY: Yeah.

CHAD: So I often tell, tell parents and youth pastors and youth mentors, when they say, "Hey, there's, there's someone in my, in my group that I'm really concerned about." And then I just ask questions. I say, "Have they displayed any plans to die by suicide?" And they say "No, but they're self injuring." I say, "Cool. So we're talking about two different issues here."

LINDSAY: Yeah.

CHAD: As long as the child or as long as a young adult, as long as this individual has not planned or enacted a plan for, for suicide than we have time. And this may be painful to watch, but our goal is to prove that you're not going to be scared by their pain.

LINDSAY: Yeah.

CHAD: And that may take some counseling on your own, that may take you finding healthy outlets for your care of other people.

LINDSAY: Although it may be surprising to people who are familiar with her work, Sierra says this is a topic she avoided up until now.

SIERRA: I feel like I navigated my way around truly, intimately talking about self-injury until now. And that might come as a surprise to some because I really built my poetry career off of being vulnerable and intimate and talking about mental health. However, I feel like I've always talked around it or in circles about it because I'm still, somewhere inside me is still this very ashamed person. This person who doesn't want to admit that this was part of my story. With my interpersonal relationships, it's something that I ultimately end up telling a partner in confidence, but it's nothing that I have had to explain in such great detail as today.

SIERRA: With my family, it comes up only once in a while. It's something that my parents know about because of my work, because of my poetry and my work with To Write Love on Her Arms. But

I've never been asked questions like, "Why did you do it?" or "What made you stop before?" And I think I'm okay with that. It sounds shitty to say that, but I, it's something that still makes me a little bit uncomfortable, but I wanted to come on here and talk about it because I know that there is empowerment in transparency and that I'm going to be saying things that other people relate to and, and hopefully feel seen and comforted by. But to be honest, I really avoided talking about it in depth. It hasn't been a part of my story very explicitly and intentionally. I have made it something that I've kind of kept at bay in my professional and personal life...maybe because it's something that I want to not be associated with. But also because it's something that I still unpack every day. To this day, I don't know what first made me pick up a tool to harm myself and what made me do it again years later, well into my thirties, well into my journey to healing. It's something that makes me feel vulnerable.

LINDSAY: On the other side of that, we've heard from people who know or suspect their friend or loved one is self-injuring but they're not sure what to say. And often, they don't say anything at all because they're afraid of saying the wrong thing. I talked with Michelle Moore about what they could do in those situations.

LINDSAY: If you are a friend of someone who is self-injuring or if there's someone you're concerned about, what are some things that are helpful to keep in mind when you talk to them, assuming that you want to reach out to them and let them know that you're there. Like what would be some things you'd encourage people to think about or know?

MICHELLE: Well, they can look at the website To Write Love on Her Arms and learn more about it. There's also other organizations that do a great job of educating parents, teachers, you know, anyone in, in our culture about self-injury, what it is, what they can learn about in terms of the warning signs and really just understanding kind of what it is. I know when I was, you know, a personal story, in high school, one of my dear friends was struggling with it and I know I had no idea what it was and I probably, my response was very unhelpful and, you know, I wish I could go back and do it differently. But I think we have the opportunity with awareness about mental health issues to learn about these things and, and understand them from a perspective of compassion and, uh, knowing that it's not just about the behavior, but there's something underneath that is driving that and learning and being curious about what those motivations are and, and kind of really understanding at the core of what might someone be struggling with.

LINDSAY: Yeah. So is it, is it worthwhile to say, or a good idea to maybe even approach it from, "Hey, I noticed, you know, there's some wounds on your arm or there's something I saw and I'm worried about how you're doing." Um, is there, you know, like, is it worth bringing that up or just talk about how they're doing? Like I'm wondering what is the best approach? If it's not just about the behavior, right, it's how they're actually doing as a person. Do you see any of those techniques as more effective than others?

MICHELLE: Yeah, I think what you, your example of, of kind of just saying how you feel and what you're seeing and that you're concerned. Instead of saying something like, maybe derogatory or sort of a statement that is, "Oh my gosh!" Like right? Versus a statement that is offering, you know, wanting to understand where, how that person is doing and what might be going on. But I think, you

know, sometimes we stumble through things and it's, it's probably better to say something if it's someone that you, you are very concerned about and you care deeply about or that, "Hey I just noticed, maybe you're not doing well, are you okay?" Or you know, something of that sort can sometimes even just spark the conversation or maybe even just wanting to spend time with someone and hoping that that time allows them to, you know, sort of feel safe with you so that they do, you know, talk about maybe what's going on on a deeper level versus on a maybe surface level.

LINDSAY: When I asked Chad and Sierra which myth about self-injury they wanted to push back against, they had similar answers.

CHAD: Kind of going back to the idea of myths is that, um, you know, we dispelled earlier that to simplify the behavior into just, "Oh, that's a cry for help" or "Oh, that, that was a failed attempt at suicide" or "That's just a teenage thing." You know the amount of times that I talked to adults, sometimes people even in their sixties and seventies, I find at events that shared their struggles with self-injury. Like this is not a problem that can be limited by music or by skin color or by language or by age or gender or anything. You know, there are well-documented cases of self-injury that go back to antiquity, you know, hundreds, thousands of years ago of people who had struggled with this.

LINDSAY: Yeah.

CHAD: And, to an extent, this has been around too long for us to keep being shocked by it. But to the degree that we allow the behavior to, to shock us into not caring for one another, um, then we're doing everyone a disservice. We're doing the person who's navigating emotional trauma, a disservice. We're doing our community a disservice and we're doing a disservice to people 30 years from now that would radically benefit from us taking a measured approach to how to care for one another.

LINDSAY: And here's Sierra. She talked about representation and what she wishes she saw more and less of, and the myths she wants to challenge.

SIERRA: I think representation is so important that it's better to talk about the things that are in the shadows of our humanity than it is to hide them there. But I also think that a lot of the visibility that self-harm is getting is under this guise of like a pseudo-community. It's almost becoming uplifted and it's almost becoming, like a, a point of safety for people to sit, stay, and feel seen and feel normalized. While I do want to clarify that people who, one, the word normal just doesn't exist and that mental health issues happen to anyone. They don't discriminate. But I feel like the way we, uh, so many blogs and like Tumblr portrays self-injury is, creates almost like an identity crutch that people feel like they begin and end with their suffering.

SIERRA: It doesn't allow folks a way out of this suffering. It doesn't, it doesn't show them a way out of self-injury. It only shows them more ways that they can harm themselves. And I'm sure that this is not, this is not a prescription for everyone's identity. And I know that a lot of online visibility has made people feel seen and believed and supported. But if those online communities are not pushing towards a zero-self-harm lifestyle then they are not pushing towards like a whole wellness; they are reveling in that pain. And it's really hard. It's a, it's a really complicated nuanced thing to talk about

because I don't want to shame anyone for doing what I have been so ashamed of my whole life. But there has to be a narrative in our own self-loathing that says, "Yes, I might hate myself right now, but I don't want to live like this. I don't want to stay like this. I might hate myself now, but what am I going to do to more radically forgive and accept myself?" I just don't see a lot of ways out portrayed in media and, um, and that's hard when your only representation is your only, your only representation is your own self-loathing and, and the self-loathing of others portrayed online or in, in TV or movies.

SIERRA: Why I think that stigma is so harmful is because it simultaneously shames you for the emotions that led you to self-injury or self-harm and then shames you for wanting to ask for help. Because for a long time I really made it a point in, in the limited conversations I had about self-injury to say I didn't do it for attention and that it was very private. And while I stand by that, as I've gotten older, as I've understood mental health more holistically, I want people to know that there's nothing wrong with wanting attention or help. There's nothing wrong with feeling like you're hurting and wanting someone to be there. I get emotional thinking about it because I think about like my younger self and how I think I didn't know that it was okay to turn to my parents or to my friends or to my teachers and say, "I feel alone or I hate myself" or "What's wrong with me?"

SIERRA: And I just hope that like my students and the people listening to this podcast or the people out there who might be struggling with self-injury, like, yes, this can be a private thing that you do just for yourself, but it also can be a cry for help. It's okay to want attention. And I think that, that for some reason our culture loves to shame that. We love to shame folks who want people to look or talk to them. And I think that's just ultimately so inhumane.

SIERRA: And I, I carried that around for a long time. Like, no, I didn't do it for attention. No, I didn't do it for attention. But as I got older, I realized like, I totally wanted someone to love and care for me. I wanted attention. I just didn't know how to ask for it. And then it became this like weird double standard that I internalized, like to shame myself for hurting, to hurt myself for feeling ashamed, and to isolate myself again and again, because if I dared to ask for help or if I dared to show people how messy my brain was, that would not only make me look quote unquote crazy. It would make me look needy and selfish too.

LINDSAY: Are there any other myths that you feel like, or ways self-injury is represented that you would want to kind of...if you could change the narrative about it? Is there anything you would, would change?

MICHELLE: In terms of that it's just a young person or a female issue or that it is just one type of behavior that it's just cutting and that and that often people will say of someone: so-and-so is, um, you know, cutting and, and I think that if I could change it, I would change through the language that we talk about it in terms of, it doesn't just affect young females, that it affects all types of different people and people with different backgrounds and socioeconomic, cultural, ethnic, whatever, age and that it's not just the behavior of cutting skin. It can be different types of behaviors that inflict bodily harm. And so that's why we use sort of those words, more universal words of self-injury, self-harm, and then also like the misconception that it's done for attention or a phase or a fad that people will get over it. No. Like, let's pay attention to this. Let's be concerned and address what

might be going on inside someone's story and what someone might be struggling with because it often can be a symptom of something bigger that may need to be addressed.

LINDSAY: So I'm curious if there's anything else that you would want to bring up or I don't know if even if there's anything like in conversations you've had that you're just like, things you'd want to add.

MICHELLE: I would say that you, just like anyone else, are worthy of a better way of, you know, or a different way of dealing with whatever might be going on and that if you're stuck or scared that there is help, that there is recovery, there's treatment options, and one treatment may not fit everyone. That there's different types of treatments that, that can be helpful. And so I would just encourage them to not listen to that shame voice, but to listen to, and perhaps the voice of someone that loves them or someone that cares about them, if they don't have it within themselves, to believe that they are worthy and can, you know, get the help that they need for whatever struggles that are going on and that someone cares to listen, that somebody wants to know about this. And that somebody, there is somebody out there that does want to help and offer that help to them.

LINDSAY: Finally, before we end the episode, I want to turn it over to Chad and Sierra to share their final thoughts and what they'd say to someone struggling with self-injury right now.

CHAD: To the person that may still be struggling, I'd say to the extent that this is a safe moment for you, go ahead and identify some safe places. Go ahead and identify some safe voices. Go ahead and identify some safe songs. Go ahead and find ways that you can prove to yourself that you don't need to sort through this stress alone. Something that I wish I had known is that some solutions are simple. If my life has taken a turn simply by making a phone call and asking a friend to, to say a rehearsed line, that's super simple, that's super easy. And yeah, you couldn't prove that that would solve my problem that night. It happened to, uh, and it was worth a try and I was able to do it again later down the road. So I think a lot of it is a self-care plan doesn't need to be complex in order to be effective.

LINDSAY: Yeah. Anything else you feel like you want to share?

CHAD: Whenever you're talking about an issue of behavioral health and this goes from self-injury to substance abuse to any number of other, other things that deal specifically with a behavior or something that you do. It's easy to get wrapped up in, in defining our success as our distance from relapse or distance from the last occurrence.

CHAD: And I need you to know that you do not become more valuable just because you have another day under your belt, you do not become devalued because you slipped up. That if you had gone five minutes, five months, or five years without incident and you find yourself cleaning up after a relapse, that you haven't undone that time. The lessons that you learned during those five hours, five months, five years, will still pay dividends down the road. You haven't messed it all up. We still have so much that we can build on. I'm not diminishing your pain. I'm lamenting that. But then I'm also refocusing it. That if you found yourself face to face with a moment, that was too much, the next

time a similar moment arises we know to call in the calvary, we know to, to call in some support for that exact same moment.

CHAD: But no, like that, that's such a misplaced perspective to say that just because it's been 12 years for me that if I were to mess up tomorrow, that doesn't make those last 12 years so valuable and beautiful. And, and knowing that I've connected to so many people. Relapse is not a failure. It's a learning opportunity. I'm not disappointed. I'm not mad. I can't wait til you make it even one second past that last best time. Uh, so the, the journey of anyone, whether it's athletics or whether it's arts, you know, whatever you're creating, whatever you're leaning into, whatever you're growing through, the journey doesn't stop just when you reach a new best, because then the conversation goes, 'Alright, how can we do that a little bit better?'

LINDSAY: Yeah.

CHAD: So, uh, you know, we said it on the, the "Here. Now. In Good Company." blog, and I'd just like to say it again, that when these moments tend to be too much, take a look around and know that however far you've come, there have been people that have been cheering for you all along the way. Sometimes without you knowing it, oftentimes without you knowing it. So whether you're on day one or day 1000, we're here together. You're here, you're now, and you're in good company.

LINDSAY: And here's Sierra.

SIERRA: To anyone who is struggling with self-harm or self-injury now, I want to say with my whole heart that your identity does not begin or end with your self-injury or your self-loathing.

SIERRA: I want to encourage you to find spaces and people and resources that make you feel seen in your wholeness right now because you are whole, even as you become, even as you struggle, even as you hurt. You are whole right now. And so I want you to find spaces and people that make you feel whole and seen. And I also want you to equally find spaces that make you feel like there is hope, that there is value to recovery, that if you recover from this, you still have an identity. I feel like so many identities feel like they must be built around their suffering, their struggle. There has to be more value placed on health and wellness and wholeness than there is on suffering.

SIERRA: I'm not shaming any hurt. I'm just devaluing the hurt and deplating and dethroning it. I also want to say that I think one of the stigmas that I want to displace is the idea that it's all or nothing. I feel like there's a, there's a culture in self-injury that just calls for more, more, more extreme. I want to say that if you are someone out there who self-injures once a year or once every six years or you only cut yourself a little or you only, um, I don't want to be explicit but like you only go so deep, right? That is a part of the language that people say. And I just want to say that everyone, regardless of how much or how little you hurt yourself, you're still hurting yourself and that is never a healthy response to the triggers around you.

SIERRA: I spent so much time as a younger person feeling like I didn't deserve help because I was doing something to harm myself. I was enacting the hurt so therefore it's my problem. And also because I would go through stages of little-to-no self-harm and then fast forward to a couple months

later and I would be doing it regularly. And so I think I just want to push back on that culture of more and more and more or that it has to be all or nothing. Any self-harm is still self-harm, a little self-harm every once in awhile is still self-harm. You're still actively hurting yourself and manifesting, um, your anxiety, shame, or guilt or depression physically on yourself. And I think that that's something that I would have loved to hear is that it doesn't matter how much you hurt yourself, it's still not okay.

SIERRA: There are ways to move through shame, discomfort, anxiety, depression, self-loathing, that don't involve this. And to people who might be struggling right now with something like self-injury. I want to say that growth is always uncomfortable. It's uncomfortable to look at the reasons why I self-injured myself and why I've returned to it in moments of stress. There is discomfort there, but in spaces of discomfort, that's where growth happens. Like, it's going to be uncomfortable to look at the reasons you learned how to pick up something and hurt yourself. But in discomfort is where we learn the most vulnerable, intimate, authentic things of ourselves and only there can we start truly growing and healing and moving forward to have this happy, healthy, whole life that we all inherently deserve.

[music playing]

LINDSAY: If you're struggling with self-injury, we want to let you know that it's okay to talk about your struggles. We hope you find a supportive person or group to open up to and that you're met with understanding and compassion. If you're looking for resources for yourself or someone you love, we encourage you to visit the FIND HELP Tool on TWLOHA.com. There are also more resources listed in the Self-Injury section of the FIND HELP page. You can find stories on our blog about self-injury specific resources listed there. But, if you're struggling right now, you can always reach our friends at Crisis Text Line by texting TWLOHA - T W L O H A - to 741741. You'll be connected right away with a trained crisis counselor. The service is free and available 24/7.

LINDSAY: We're so grateful to Sierra, Chad, and Michelle for sharing their stories and expertise with us on today's episode. We hope what they shared offers you some encouragement for your own journey. **Sierra DeMulder** is an internationally-touring performance poet, a mental health advocate, a two-time National Poetry Slam champion, a four-time published author, and a long-time friend of TWLOHA. You can hear more from Sierra on her relationship advice podcast, affectionately titled Just Break Up. And as TWLOHA's Director of Outreach and Experience, **Chad Moses** finds creative ways to get our work in front of as many people as possible. Chad has been serving our Music and Events efforts since 2008. If you want to see Chad on the road or bring him as a speaker, check out where we'll be at twloha.com/events. **Michelle Moore** is a licensed mental health counselor and co-founder of Solace Counseling. In addition to working in private practice, Michelle works alongside To Write Love on Her Arms, teaching on mental health issues such as depression, suicide, self-injury, addiction, and eating disorders.

LINDSAY: If you've enjoyed this episode and want to hear more, we hope you'll subscribe on iTunes or wherever you get this podcast. And if you can do us a favor, we'd really love for you to write us a review. It'll help more people find this podcast and the mission of TWLOHA. If you have any feedback or questions, please send us an email to podcast@twloha.com.

LINDSAY: 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 Mark Codgen, with editorial support by Claire Biggs and Rebecca Ebert. Music assistance was provided by James Likeness and Ben Tichenor. I'm Lindsay Kolsch. Thank you so much for listening.

LINDSAY: To Write Love on Her Arms is a nonprofit movement dedicated to presenting hope and finding help for people struggling with depression, addiction, self-injury, and suicide. TWLOHA exists to encourage, inform, inspire, and also to invest directly into treatment and recovery. You can find more information about To Write Love on Her Arms at twloha.com.