

Transcript for Episode 401: “Relapse, Recovery, and Resolutions”

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

Donaven Smith: “Being in recovery, for me means that I'm actively heading in the opposite direction of addiction. And I think that's the distinction between addiction and relapse in recovery. I think recovery is a conscious choice. For me, it took being sick and tired of being sick and tired. And even after I made that conscious decision, I still wrestled with relapses. But the beautiful thing is that being in recovery means that I get to choose to pick myself up and try again tomorrow, and I don't have to do it alone.

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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.

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CHAD MOSES: Like clockwork, we eagerly await the start of a new year. The calendar ending and beginning anew represents a clean slate of sorts, a chance for each of us to approach the days ahead with an unblemished record. While we have no intentions of devaluing the hopefulness of setting resolutions and aiming to be better versions of ourselves, we do want to talk about the very stark and complicated reality of how resolutions impact relapse and recovery when it comes to substance abuse, addiction, and even self-injury.

Addiction is a chronic brain disorder, and those facing addiction cannot control their neurological and physical need for a given substance. This lack of control is the result of changes in the brain, which in turn impacts behavior. Symptoms include developing tolerance to the effects of a substance over time and withdrawal when a person ceases use.

It's been reported that 21.5 million Americans aged 12 and older have had or are currently experiencing a substance use disorder. And oftentimes, an SUD is accompanied by a mental health disorder as well. In 2018, according to the Centers for Disease Control, approximately 70,000 people died from drug overdoses, making it a leading cause of injury-related death in the US.

These grim statistics represent our friends, our parents, our siblings, partners, neighbors, and even ourselves. It's a topic we need to address and that starts by talking about it.

So today we'll be joined by two people who approach the topics of relapse and recovery from different angles. First, we'll talk to Michelle Moore, a licensed mental health counselor, who works to treat and support those facing mental health challenges. And after, we'll hear from Donaven Smith, a long-time blog contributor and someone who is no stranger to these topics appearing in his personal life.

Be sure to stay on through the end of the episode for a special musical feature that we feel speaks hope in the face of relapse, and encouragement for those in recovery. Please know that this episode includes mature language and in depth discussions of addiction and self-injury. So we ask that you use your discretion.

I am your host, Chad Moses, and it is my pleasure to welcome you to season four of the TWLOHA podcast. We're glad you're here.

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CHAD: Today we're talking about resolutions, relapse, and recovery. And today with us we have Michelle Moore. She's a friend of mine, a friend of the organization, someone that, I just did the math, I've known for about a third of my life now. Michelle, would you mind introducing yourself?

MICHELLE MOORE: I'm Michelle Moore. I'm a licensed mental health counselor in Orlando, Florida. I work at Solace Counseling, which my husband and I own and co-run. I'm fortunate to be working in this growing field, and glad to be a part of To Write Love, and glad to be here today. Thank you for having me.

CHAD: I'm curious, as a counselor, have you seen clients? Or have you seen other professionals use this sense of a calendar year as a fresh start? Is that something that you've seen to be helpful? Or should we keep ideas of our health, our mental and behavioral and emotional health separate from language of goals and resolutions?

MICHELLE: It's a great question. I see a lot of people using 2021 as a reset or a restart. I mean, all the memes of 2020 have sort of made it almost inevitable that 2021 has to be better. Has to add some hope to our lives. So I think yes, the answer would be that a lot of people: professionals, students, parents are kind of all hoping that 2021 brings a fresh start or a restart. Mental health issues probably aren't alone in that, you know, wanting to work on their goals, wanting to maybe restart their recovery or refocus on their recovery. So yeah, I definitely think that it's a good time for people to set those goals. I don't think that it has to be in January, you know, let's say you don't believe in resolutions, it can be any day that you sort of have, I guess, some motivation or initiative to say: "You know what? Things have got to be different. I want to make some changes, what can those changes be?"

CHAD: I think when I envisioned the idea of resolutions, one thing that always comes up in my mind is, you know, something like flossing. And it's almost like, you know, this is a daily chore that I got to get done. But if I mess up with flossing, it's so easy to say, well, you know, there goes that resolution, and you almost kind of pretend like it didn't exist. It's not like with resolutions, there's always this emphasis on accountability, it's really just me versus the world versus my dreams. You know I'm wondering, when when we frame conversations of our health with this resolution language, if we make it an all or nothing mindset, what is that risk in those cases?

MICHELLE: Like you said, that all or nothing thinking kind of sets us up for a trap, you know, that we either have to be perfect and do this every day, or do it right every time. And if we don't, then we failed or, we shouldn't do it at all. So that black and white thinking really kind of sets us up for failure. And also, I believe sets us up to have a lot of negativity towards ourselves. Maybe it's negative self talk or shame, talk, whatever it may be that it is sort of preventing us from moving forward. That all or nothing thinking kind of is a, I guess, a setup, if you will, perhaps maybe a different way of thinking about it is knowing that 'okay, I can't be perfect. This is my goal. I know that perhaps there are going to be times when I don't make the right choice, or I fall into old patterns. But it isn't throwing the baby out with the bathwater. It is okay. How can I get out of this hole that I just found myself in?'. One of the best poems that I share with clients talks about how you fall into a hole, every time you see it, you walk down the sidewalk, there's a hole you fall in. And then each chapter sort of represents an attempt to get out of that hole. And I think that's kind of more what I would encourage people to think about their goals and their resolutions as 'yeah, I might fall back into the same pattern, but perhaps how can I think about it differently? So that I can pave the way for myself to get out?' Or 'To not just throw everything out the window, but perhaps have some self compassion, have self forgiveness, to get myself back to where I want to be?'.

CHAD: In that conversation, for those of you that have been tracking with, with counselors or with To Write Love On Her Arms for any amount of time, you've probably seen that we've expressed the idea and believe that recovery is not a linear journey, that relapse typically plays a role, sometimes even a recurring role in one's recovery. So Michelle, how do you suggest navigating those peaks and valleys of someone's recovery journey?

MICHELLE: I think recovery, if it is like substance use, or eating disorders, or self injury or depression, or trauma recovery, there are going to be times when you know, you're moving forward. But then there are days when you take two steps back. Often I hear from people is that, 'oh, I've just failed. I want to give up like, I can't do this.' and I feel like that language does lend itself to that sort of all or nothing thinking. But perhaps a better way of thinking about it, or a more helpful way of thinking about it is 'okay, I realized that this journey isn't linear and setting that expectation for myself that they're going to be good days, and then they're going to be hard days. They're going to be days that I'm struggling more, they're going to be days that I find that my coping skills worked and I was able to be successful and I didn't fall into the same pattern.' and then there are going to be days where you're just like 'what coping skills?' So I think it is coming into it with that expectation of like, knowing that this is what's realistic for myself and for

maybe a loved one, that it's not going to be linear, that there are peaks and valleys, and to have self compassion and empathy for when those things occur, and giving yourself that space and that support to navigate those times, I think is helpful. So if you're doing it alone, you know, let's say recovery alone, it is very difficult. So surrounding yourself with people that can encourage you when you're having a hard time or when you find yourself in a valley to help you get back up or help you keep moving forward.

CHAD: I love what you mentioned about approaching this with community, whether that's a recovery group or a counseling relationship, or just finding people in your life that you trust people that you think are wise, to help you get a proper perspective, whether you're at a peak or a valley or somewhere in between. That is not your job to be the traveler and the cartographer of this journey, that there are people that can help lend their perspective to it.

MICHELLE: Right. Some of my colleagues would say, "If you're a trapeze artist, and you know, underneath you, there's a net, right?" And so we would see our treatment team, or we would view the support that we offer or help build with clients, that sort of net, you know, we a safety net, if you will. And sometimes I think that analogy helps me to see okay, like if I'm having a hard day or things are I find myself in a valley, what are the sources of support that can help get me moving forward or help me through this difficult time or, you know, help me get out of the pothole, whatever metaphor is helpful to you. And it doesn't necessarily have to be a person, although I think like a sponsor, or your therapist or a loved one, or trusted friend, those things are just absolutely vital, and sometimes necessary. But it may be that you don't have that or access to that at that moment. So, it doesn't necessarily have to have to be a person. It could be books, it can be a podcast, it can be blogs, it can be walking in nature, can be your pet, your neighbor that you smile to and say hi, or, you know, just little things like that. I think we tend to get lost in, well, I don't have anybody to talk to. I don't trust anyone, or find ourselves isolated, but I think sometimes community can be even bigger than what we sort of envision?

CHAD: There's a lot of ways to not go it alone. And I think that's a super helpful reminder that that's going to look different from person to person. Now, what we were kind of dancing around in that last question, what we believe to be super important, that we need to distinguish, we need to separate the idea of relapse from failure. And that can be so hard when we're approaching this from an all or nothing black or white stand point, recovery good and not recovery bad, but I think we both know that life is a bit more complex than that. So from the point of view of a counselor, what are your feelings about reforming this language of success and failure from the experience of recovery and relapse?

MICHELLE: I think it's perhaps changing our language, or even just our expectations about it, like relapse is a part of most people's recovery. And I don't see it as necessarily a failure. Although I think our shame voice tends to lend us to believe that we did fail, and we should give up. There's a dialectical behavioral therapy, there's a modality that uses behavior chain analysis, which I think is sometimes very helpful. And looking at 'okay, what sort of created this, this circumstance? Like what created this event?' and really detailed looking at 'okay, what happened before then? Then what happened before then? What happened before then?' and

sometimes looking at our lives that way, like our relapse as a chance for us to problem solve, and even go deeper into our healing and recovery, perhaps there's things that we've neglected, or needs, that we've neglected, self care, things that we haven't been paying attention to, and allow us to go back and really honor that and listen to that. And so I think, using maybe a more positive language about relapse knowing that okay, this is to be expected, and instead of viewing it as I failed, I need to give up or, you know, what's wrong with me? versus like, Okay, how can I learn from this? How can I grow deeper in myself and heal from things that have happened or things that I've done? And really, you know, look at it from that perspective. For me, that's super helpful to kind of see it as a learning opportunity.

CHAD: That brings me back to the artist Macklemore. Macklemore, being someone that's been very open about his history with addiction and substance abuse and misuse, and, and also about his road of recovery. And a few years back, he released a song called starting over. And it's a storytelling experience. He talks about slipping up, he talks about relapse, he talks about finding the courage to go back to a 12 step program. And you really get this honest picture of, yes, you know, relapse could be expected, it could be something that we accept on a head level as something that's almost normal in a recovery journey. But that doesn't mean that it's not going to hurt, it doesn't mean that we're not going to feel some sense of guilt, or maybe even shame. But he comes to this point, towards the end of the song, he says, he talks to someone in the room who says "hey, you're the reason why I'm sober now" and Macklemore is talking about just being a couple days removed from, from his relapse. And he comes to this realization, he says, If I can be an example of getting sober, then I can be an example of starting over. And then he repeats that and just the power of this, this epiphany moment of not everything has been lost, because the story and the progress that you've made up into that point, is something worth building on. You already have some muscle memory, kind of built into this and not only that, you, you have other people's stories that have collided with yours. That just because you, you know you were instrumental in someone's recovery, when you were also in recovery, it doesn't mean that one day, they're not going to slip up. And now you get to be an example of what it looks like to try again. That song I remember I was, I was carrying out my resolution last year of going on more runs. And that song came on my playlist, and it just stopped me in my tracks, like just how poignant and artistic and, I believe, honest and true that, that, that is. So for y'all listening again, if I can be an example of getting sober than I can be an example of starting over.

Michelle, now being kind of connected with you and Aaron for a number of years, I've heard you both talk about breaking the cycle of shame when it comes to addressing behavioral health, whether that's addiction or, or self injury, or substance abuse, misuse. You know, seeing this cycle played out, I believe Aaron says it starts with the sense of anxiety. And to relieve that anxiety, we go to a coping mechanism. And if that coping behavior works, then we get this sense of relief, but then it follows up with a sense of shame, that feeds that anxiety. So we need that release, and then we feel shame. And you know, it just keeps going, where can we break such a cycle? Where's the best place to, to kind of shove your foot in the door to make sure that we don't keep repeating the same patterns?

MICHELLE: I think going back to kind of looking at 'okay, what keeps us in the pattern?' you know, asking ourselves like "what is it if it's a shame talk or shame voice? Or the same set of circumstances?" you know, if we keep doing the same things, and expecting a different result, right? Looking at what it is in the context of it, and sometimes going back and kind of analyzing that is helpful to kind of see 'okay, where can I intervene? Where's an intervention that can be helpful to me?' I also think, like, addressing the shame voice, like, 'okay, how is this working for my benefit?' You know, like, 'what function does it serve?' And oftentimes, you know, people look at me cross eyed when I asked that, but sometimes it is, perhaps a way of us dealing with the disappointment and, you know, in ourselves and in the situation is like, if I can believe I'm a piece of crap, then, it makes it a little bit easier, and then I'm in control versus believing that things could be different takes risk and vulnerability, and that's hard. Believing that and I want to set myself up for failure, and then even be more disappointed. But I think looking at that 'why are we in this pattern? And what keeps us in there? And how does it benefit us?' Sometimes those questions can bring some insight to help us make some changes. I also think like this idea of self compassion and self forgiveness, I know Kristin Neff is big in it. She's sort of developed this, and research and theory into self compassion and how that can help us in our mental health journey. So I sometimes point people to her Ted Talks or her information, as well as like the loving kindness meditation. Sometimes it is just looking at ourselves through just that 'okay, I'm a person, I'm a human and I'm worthy of love. I'm worthy of belonging, I'm worthy of good things.' And, you know, trying to change our mindset from that mindfulness perspective, as well as like, listening to our bodies and listening to what our bodies need. So there's a lot of different things that you can kind of try and do to help you get out of that sort of negative cycle and negative thinking or that pattern, if you will.

Chad Moses

It's almost like it doesn't matter where you interrupt the cycle. It just matters that you do. And again, that's going to look different from person to person. But I love what you mentioned earlier about playing this game of just going backwards through your daily timeline. So this situation happened. What led to that? What led to that? What led to that? Or are there any things that I could have done differently, any things that could have said differently, any things I could have thought differently in in that time? And I mean, I think, you know, this journey of mindfulness is so much about just kind of holding every moment as, as an eternity into itself, that every moment carries weight, that everything we do is built on the moment that came before it. And when we're talking about, you know, a journey of recovery and relapse, where we're talking about this opportunity of what we mentioned before, Starting over. So we're probably going to come across some similar scenarios later down the road. Right. So having at our disposal, this ability to keep taking steps backward and evaluating what has happened, what is happening and what could happen as a result. I don't think, you know, regardless of the circumstance, I don't think we're going to be worse off for having a really diligent eye on the situation.

MICHELLE: Yes, definitely, definitely.

CHAD: I can almost hear some listeners, right now, hearing this idea that relapse can be a tool moving forward in your recovery, and I can hear the sighs. I can hear the "but you just don't know, you don't know how far I come. You don't know how much I just undid." Practically

speaking, what does it look like to use relapse as a tool moving forward? How do we get this? You know, not just to be a platitude, not just a bumper sticker, but what does it actually look like to use relapse as a tool in one's recovery?

MICHELLE: Well, I see relapse as, not just looking at it as 'okay, this is gonna happen.' Yes, we need to set some realistic expectations, but also looking at it as, 'how can I prevent this from happening or keep happening?' Prevention meaning that I'm sort of analyzing and looking, honestly looking, at 'what set me up for this? and how can I make some changes to prevent that from happening again?' You know, maybe it's deleting people's numbers in your phone. Maybe it is continuing to go to meetings or call your support people. Looking at, 'okay, how am I dealing with my job stress? And how am I dealing with, like parental stress, and how is that sort of setting the stage for me to continue in this struggle?' And so I'm looking at ways that you can prevent that from happening again. You know honestly asking yourself, like, 'what's my mindset right now? Am I struggling with urges? Am I really in, you know, a bad mental health space? Am I thinking really negatively? Am I you know, just kind of not right in my thinking? Am I not taking care of my needs, emotional, physical, spiritual, whatever they may be?' Looking at that from, you know, sort of a holistic point of view of like, not just one aspect of my needs, but all of it. Relapse is, yes, it's part of recovery, but also looking at it and in terms of like, how can I work to prevent this or how can I work to like not keep falling in the hole, so to speak.

CHAD: I love what you just mentioned there that this isn't just one piece worth focusing on, but if we're talking about addiction, if we're talking about eating disorders or self injury, at some point, these were dominating forces in our lives that these were the the lenses that we were going through life. It kind of tinged every decision, every conversation. All this to say, recovery is not just the cessation of an action. Recovery is something that needs to be, like you mentioned, kind of accepted on a physical, emotional, mental, spiritual level that this, because it is multifaceted, it needs to be approached from a number of different angles. It's not just the one thing, it's not just I'm going to floss this year, but it's, I'm going to change what the driving factor in my life is. I'm going to flip the script, I'm going to maybe even start a new book. Yeah, so I think you framed it up great over these past couple questions, the ideas of forgiveness and self compassion, and looking at your life, and these chapters of your life with kind of a 360 view. And that's what's really going to help us prevent slip ups and bad days, not that we're going to completely negate that they will happen. But when we look at recovery as not just a stopping point of a behavior, but as a starting point for a new way of looking at things, that's going to set us up for further success. And there I go with the language of success. Again, this isn't about success. But, but it's, it's about finding a new way to do life.

MICHELLE: Yeah, I think often I ask: "What does recovery look like for you? What does that mean for you?" And it may mean different things for different people for different struggles or different seasons of life. For a lot of people, it doesn't mean, you're not going to have the absence of urges or cravings, or you're not going to fall back into old patterns. But perhaps it's a new way of thinking, and viewing yourself, maybe perhaps with more empathy, more compassion. And maybe there's more, it looks like having more tools to reach out for support or connect with support. Kind of having a vision for what your recovery can look like. And, you

know, if you're thinking about resolutions or goals for the new year, like, 'okay, so what's the why? Like, why do you want to set that goal? What are you looking to accomplish?' And I know, for me, personally, I probably fall into the category of neglecting self care, as much as I probably preach it, I don't always follow my advice, I let work and other demands kind of dictate my schedule versus carving out time. And so yeah, it sounds super cool to oh, yeah, I'm gonna run or go to yoga or eat better. But, really, to ask myself, "why? What is the vision I'm trying to create for myself? What's the end purpose?" And oftentimes, it is that you want to have peace and acceptance. You know, maybe that's what your recovery looks like. For me, I know, it's kind of maybe be a more pleasant person and more around my family, but also to have more energy to do the things that I am passionate about, versus letting like burnout, you know, sort of grip me I want to be able to keep going and keep moving forward. And I think that maybe a good may segue into another conversation about what a vision of recovery could look like and what that means for you and, and maybe for your loved one.

CHAD: I think that you were in my brain for a little bit. I was just thinking earlier in the conversation, that, you know, resolution in and of themselves, are not bad things. In fact, we can use resolutions to aid in our recovery. Like you said, it's about identifying a new why. 'Why am I doing this?' And if we have that why, then we can figure out the what, and the who, and the how to make it happen. But I love the idea of okay, what if my recovery isn't about just addressing the behavior, but about me, being a more open and kind person. And you know, my mind is going to my friend, Jesse, he runs The Mocktail Project. And that was his story about starting this elevated social experience around beverages that don't include alcohol, he said, I realize that my life with alcohol was not one that was kind. I didn't want to hang out with me, but I still like hanging out with people. So he started this program where he's creating these amazing craft beverages, so that people that don't want to drink can still enjoy the presence of social experience. But for him, he wouldn't frame it as a life and death scenario, he would say, I needed to be a kinder person. And that meant addressing this behavior. But I was able to keep these pieces of my life that were important. Which was other people. Yeah, you know, with these resolutions, like, if you have a resolution to get eight hours of sleep, that is going to be an asset, in this goal of being a kinder, more compassionate person. If you have the resolution of practicing meditation for 15 minutes a day, that is going to aid in this. If you have the hope of, of getting in better physical health, that's going to help down the road. So these resolutions and these goals, they can play into other goals. They don't have to just stand alone, we're not making those Lego towers that you know, you have kids, kids love building the tallest tower possible, but out of bricks that are just like one by one, right. So it's gonna be a flimsy tower. It's gonna be very, very tall, but it won't be able to stand on its own. So finding some structure, finding some rhythms, finding some tools and some people to help expand that base and we can grow taller together. There it doesn't have to be just one brick stacked on one brick stacked on one brick. To bring it home, for those of us that may be listening to this and they just need you, Michelle, to reach through their ear pods and just speak, you know, some ounce of truth. What advice or guidance would you give to someone who currently finds himself in the midst of a relapse?

MICHELLE: Find yourself with some compassion and empathy towards yourself. Often therapists ask that question, which I get a lot of eye rolls is like, “okay, well, what would your best friend say to you right now?” And I just get a lot of eye rolls like, “uh duh I would be so kind to them, I would try and care for them and love them. I would meet them where they're at.” And so I think offering yourself that compassion, that empathy of okay, looking at your circumstances, ‘where are you and how can I, you know, maybe offer that compassion, self forgiveness to yourself right now.’ And I would just encourage them to just sit with that, let them breathe that in and resonate through their body and allow them to perhaps make that next right step. Whether it be a phone call, or even going to a meeting via Zoom, or calling your therapist or you know, a loved one. Just kind of making that next right step. But first, you have to kind of look at yourself through that lens of self compassion and empathy. I feel like in order to sort of break that cycle, and just to meet yourself where you're at. I think listening to stories of people probably is what's most helpful for me, and in hearing how other people have gotten out of their relapse. So perhaps they can offer some wisdom and encouragement for where you're at. I often think that usually is most helpful, for me is like, making it real, like, these aren't just words and ideas, but okay, this is real life. Like, so, maybe to just close on that is, you know, a lot of times when we find ourselves in these places, it does offer us a chance to learn and heal in deeper ways. You know, I often say to my own personal therapist, like, “why am I still struggling with this, like, gosh, it's been like forever.” It's just, you know, layers upon layers of healing and growth that can occur in, in a relapse, or even just a realization, maybe something simple and small, but, or something really big and monumental. So, you know, just adding to the self compassion, but using that as a chance to say “okay, I can learn from this, this is going to help me get to where I want to be.”

CHAD: As you were speaking, my mind went to a piece of my own story. And the theme that everything in your life is worthy of being shared. We're not saying share everything with everyone, your story is sacred, you get to choose who and how you share your story. But even the moments that feel like slip ups, like steps backwards. Those are moments worth sharing. I remember, over a decade ago, I was going through a really dark time, I had ceased my cycles of drug abuse for a couple years at that point, but I just been going week after week after month after month of just like hard times, and I had made a plan on a particular night to go get some drugs. And I knew what that would mean as far as undoing in my mind, so much of my recovery, but I had a plan and I had a guy, and I had the opportunity. And as I'm on my way out the door, I get a call from a friend. That friend said that they were scared, that they needed help, that they had just relapsed, and they really could use someone to be with them. And not a day goes by that I am not hit with the weight of that call and just so thankful that they trusted me with this sensitive moment. And, and I've told them, you know what that call did in my life. That my heart breaks for that moment where they were scared where they felt like they had let themselves and other people down but in the sharing of that moment that kept me safe, and then sharing their moment of insecurity allowed me to be present with them. They didn't have to go through that alone and neither did I. All of that to say, share these moments, build up this trapeze safety net of people that you trust or books that you trust, and that's going to pay dividends down the road.

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For the last 14 years, TWLOHA has hosted an event that we lovingly refer to as “Valentine’s Day Doesn’t Have to Suck” where we set aside some time on February 14th to connect with all of you and make sure you know just how important and valuable your love is regardless of your relationship status. Far too many of us gauge our worth based on who loves and wants us, when the truth is you are enough just as you are. This year’s event will take place on our Twitch pages starting at 4 pm to 6 pm ET on Sunday, February 14th. Visit the link in our show notes for more details.

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CHAD: Now we’re going to hear from Donaven, the voice you heard at the very top of the episode. Donaven is someone who is familiar with many of the things we’ve been discussing thus far. Alcohol abuse. Drug addiction. Self-injury. All of these challenges have made appearances in Donaven’s ongoing story. But so have things like recovery, growth, and hope. The wisdom and compassion he imparts while he addresses every peak and valley is something we’re both honored and eager to share with you. Let’s hear a bit of that conversation now.

For people that maybe aren't as familiar with you as Becky or myself or anyone else that's been able to read and work through some of your blog posts. Would you mind taking a second just to tell us who you are, where you're chatting with us from and what you do in your free time?

DONAVEN SMITH: Who am I? So my name is Donovan. Where am I from? I grew up as a military kid. So defining home is pretty difficult for me. But I mean, every summer growing up, we would come visit my grandparents in Colorado. And since I was born in Denver, I mean, I guess I'm from Colorado. I'm currently a grad student at the University of Denver. I'm earning my Master's in social work, concentrating in mental health and trauma. And outside of my student hat, I also put on a program manager hat. So I work for a Colorado nonprofit. And our mission is to create behavioral health equity for LGBTQ plus folks who live with a mental health or substance use disorder.

CHAD: Now, you said that you've known about To Write Love On Her Arms since 2014. Do you recall how you first heard about us, what that introduction looked like?

DONAVEN: I don't even know how I stumbled upon you all, it was probably through Facebook. And I just fell in love with the mission. I had no idea about recovery or mental health. I didn't know much about addiction, or mental illness. But I learned a lot through To Write Love On Her Arms, this organization has really molded me into the mental health advocate that I am today.

CHAD: Man, we're honored to play that role in your story. You mentioned earlier that when you first learned about us, conversations on mental health weren't necessarily at the forefront of your mind. How do you recall the kind of conversations and mental health being framed in your life before encountering To Write Love On Her Arms?

DONAVEN: Yeah, I had no experience talking about mental health or wellness or recovery, any of it until I entered college, and then I was exposed to the mission of To Write Love On Her Arms and the blog content, but I didn't even have the language to describe what I was going through with self injury and substance misuse and depression. So finding To Write Love On Her Arms and hearing that I wasn't alone, and the other people had a similar story to mine. And the language to describe their stories was very encouraging and empowering.

CHAD: Now, Donavan, we first saw your name as a byline on the blog back in 2015. And since then, we've shared another three pieces over the last couple years, two of which were featured during National Suicide Prevention Week. And, and some of those pieces, you talk about your personal journey with self injury and substance abuse and misuse. And, and I was wondering if you wouldn't mind talking a little bit about those two challenges, specifically, self injury and substances? And, are they interplaying at any point in your story?

DONAVEN: I've always really felt out of place and misunderstood. I grew up in the Christian Church, in a military family, as I stated, so that dynamic was very unique, but not uncommon, to say the least. I struggled hardcore with depression in high school, I had body image issues, and I was beginning to understand that I was gay, but my religion told me that I was going to hell for being that way. And I think that really prompted my self injurious behavior. I messed up my wrist a couple of times, but my real struggle was depression and self hate. And that led me to my first suicide attempt as a senior in high school in Okinawa, Japan. And that same night, I lost my childhood cat to kidney failure, and it was just a mess. I was so broken and lost. And I had no idea who I was outside of Christianity, or my youth group, or show choir or cheerleading, all these outside external things that I defined myself by. And I did that because I didn't know any better. And none of it was enough to, you know, quote, unquote, fix my depression. At the time, I was told to lean into Christ and read the word and make disciples. And that wasn't making me feel any less awful about myself and my life and the things that the military put our family through, and the internal abuses that existed in my family, there was just a lot of trauma. And so, you know, I started college, and within the first year of being in Boulder, I was drowning and full blown alcoholism. I don't remember most of it, I was partying, I remember and I think it was fun. But I was also numbing out. And so two years into my alcoholism, I was introduced to meth by this guy that I hooked up with, and then in my life became drinking and getting high and I was putting myself in really scary situations and those situations and where I was at, that only fueled my depression and my suicidality and my codependency. Not only with substances, but with people too. And I lost a lot of friends during this time. And so, you know, the story goes on, I came out as gay, I started dating my first boyfriend, I left the church and everything I thought I knew about life was shattered. Religion had really given me the answers to existential questions, you know, where did I come from? Why am I here? What matters? Where am I going? So, you know, to lose all of that was the catalyst for my mental illnesses and addiction to really take over my life. And at 21 years old, I had to learn like a child who I was and what I believed in. And the next two years I was in rehab, once for a month, both years so I struggled for a long time with finding inherent value in myself and what my identity actually was. But self injury and addiction were definitely intertwined for me in that addiction was a form of self injury.

And I mean, in general, it was self everything. Addiction for me has always been about making myself feel good and escaping from reality and from trauma and pain and anxiety and to others addiction seems very selfish. I discard all self control in a positive regard for myself and for others by self destructing, and then I have them help me pick up all the pieces after a bender or a relapse addiction is very ego driven. It's about my pain and my satisfaction. But addiction is also a disease that is treatable through many avenues. And I think that's where the hope is in recovery.

CHAD: Thank you for sharing, I'd say a piece of your life, but it seems like you went through, you know, 6, 7, 8 years. And surely there's so many lessons and so many memories and so many points of continued self education throughout all that. And, you know, I can't help but recognize several mile markers in your story that reflect on mine, and I'm not going to make this about me. But I do recall in my own college years, struggling with self injury, struggling with with substance abuse, and having these these wake up calls, whether it was from, you know, a moral code that was handed down to me in my youth, or if it was just in these moments of, oh my God if I keep doing this I might not wake up. So you know, in all that, as you were going through that college experience, as you were continuing to learn about yourself, and also about your behaviors, these coping tools that have turned destructive. What role did language of recovery and relapse occupy within these moments or these years of your life?

DONAVEN: I think drawing on what I said earlier, in some ways relapse can be seen as self injurious. But in my experience, my relapses and slip ups were never really planned or thought through. That's not to say that I'm excused for those choices. You know, there's a level of accountability that I've had to embrace in recovery. And I don't always get it right. But usually, the cravings and the lack of self care and struggling to invest in my wellness are what leads me there to a relapse back to that place of wanting to numb out and for me, the key has been realizing that relapse doesn't negate my recovery. But it took a conscious decision to enter recovery and truly surrender, which really hasn't been that long ago. I know, I've been connected to To Write Love On Her Arms for a while. And I've been educating myself as a mental health advocate for a while, but I really entered recovery in August of 2018. And being in recovery, for me, means that I'm actively heading in the opposite direction of addiction. And I think that's the distinction between addiction and relapse in recovery. I think recovery is a conscious choice that takes, well for me, it took being sick and tired of being sick and tired. And, you know, even after I made that conscious decision, I still wrestled with relapses. But the beautiful thing is that being in recovery means that I get to choose to pick myself up and try again tomorrow, and I don't have to do it alone.

CHAD: You were kind of touching on this at the beginning of your response. One thing that I love from NA, and AA lexicon is this idea of halt. Right? Like, don't get hungry, don't get angry, don't get lonely. Don't get tired.

And like you mentioned, you know, recovery is this daily choice. It's sometimes an hourly choice. It's sometimes a minute by minute or second by second choice, but it sounds like to me, you're advocating for this sense of self awareness for every second every minute, every hour

DONAVEN: Sometimes you have to take it minute by minute. Life is very overwhelming sometimes. Especially with the year that we've had and the year we're going into so I mean, yeah, again, just taking it second by second, if that's what it takes. You can withstand anything for five seconds at a time. And I really like that idea of just like resetting that five seconds.

CHAD: Has your perspective on relapse in recovery taken different trajectories as you encounter your recovery from self injury and your recovery from substance abuse and addiction?

DONAVEN: I've had this idea of expecting perfection, and a recovery where I didn't relax and that I got it right all the time. I have this part of myself that feels like he has to get it right all the time, no matter what it is. And when I don't measure up to that insanely unreachable standard, I end up feeling broken. So I've had to practice in therapy to show compassion for that part of me that craves perfection. Which isn't possible, perfection isn't possible because I'm human, and compassion for myself, you know, looks like empathizing with myself when I mess up or don't get it right. And, you know, that sounds like to me: 'you know, what, Donovan, you did your best, you're showing up, and you're giving what you can. Look at all that you've accomplished and where you've come from. Remember, when you craved what you currently have? You have come so far' And I think that that compassion extends even further than that, when I royally F up. And I mean it like if I pick up a drink and get drunk, it looks like in the aftermath, continuing to love myself, and that is so, so hard. But that process, that conversation with that part of myself sounds like, 'you know, Donovan, that wasn't a smart choice, you could have really hurt yourself or someone else, there is no need for you to be using alcohol or substances to cope anymore, because they don't serve you in the same ways that they used to, you don't need to escape anymore. I understand that addiction and recovery are wild and fucking difficult things that you've had to navigate. And I understand that whatever you're going through, brought you here. But you can still do better tomorrow like, you're enough, you're enough, you're enough.' And that self target talk is so powerful. And it's really helping me rid myself of all of my demons and arrive at what I would call an integrated identity where I feel empowered to not only take care of myself, but to serve others and to use my story and my skills and my heart to foster positive change in human life.

CHAD: I love that. And one thing that you've shown us, Donovan, is that it is not just it's not just in the abstract, it's not just an idea. But recently you wrote on our blog "I wish I could write that I'd stayed sober and not attempted to harm myself as a result of the stress of COVID-19 and racial injustice that has caused me as a brown and queer person, but I can't. These triggers have been novel, overwhelming and scary. I forgive myself for slipping in my self care. And I've done the best I can and I haven't given up" and, you know, I think that's so powerful because you are putting this grand and overarching idea of recovery into these moments, like, starting in March COVID became a piece of our day to day lived experience. Racial injustice has been a piece of our day to day lived experience for centuries. However, you know, as someone that's becoming more aware, as you become more of an adult, and learning what weights your voice has in these conversations, like you said, these are novel, these are overwhelming and they are

scary. And the NA and AA handbook doesn't have a chapter on racial inequities. And at the same time, like you can't just bifurcate this piece of your life from the rest of your life. Right?

DONAVEN: No, it's integral. I mean, I really appreciate this idea of intersectionality. So like, looking at these many parts of my identity and of my circumstances and seeing, you know, how that affects my interaction with the world and what positions all of that puts me in to create change or to cope in a certain way or to help others in a certain way, or even to pursue my recovery. Like what does that look like? As exactly As a brown and queer person in this COVID world, and I just think that's really powerful. And I think that we should see all people that way.

CHAD: So you mentioned a little bit earlier that relapses aren't something that are necessarily always planned. I know, for some people in their recovery, they reach this boiling point more slowly, they're able to think through a plan of what a relapse looks like. Other people, something will trigger them. And all of a sudden, you are just kicked back into muscle memory, you go back to the same well, that that you were used to going back to. So I'm curious, from your perspective, when relapses or slip ups happen, how do you find the grace to accept the moments and and move forward without shame taking the steering wheel?

DONAVEN: Shame is a nasty little beast, for me. And what I've learned, just through educating myself as a mental health advocate, and just through my own lived experience, is that the opposite of shame is vulnerability. And I think once we unmask whatever is making us feel shameful, by opening up about it to someone, and that doesn't have to be on this large public scale. But when we do that, we take some of the power away from shame, and from whatever we're feeling shameful about. Shame is very internal. And it tells us that yes, the thing that happened, or the thing that we did was wrong, and it was bad. But therefore, we are also wrong and bad. I think shame is very human. But vulnerability is too, we want to be in community with others and we want to be authentic and to show up in our tribes as ourselves. And that includes with the good, the bad, and the ugly. So I find grace for myself, by holding fast to the truth that everything is temporary. The pain, the current circumstance, even a relapse, none of those things have to be for forever. And so that leaves room for there to always be hope to move forward into tomorrow and to try to do better. And that also means remembering that like, holy shit, I'm alive. Like I get to experience this broad range of human emotion and experience. And yes, it's painful. And yes, it is so confusing to exist sometimes. But when I reframe my experience in recovery, as something that I get to do, instead of something that I have to do, or that I've been forced to do, it empowers me to get back on track after a relapse. And I think the last part of you know, this idea of extending grace to ourselves without shame, has required me to remain mindful of the fact that a lot of people, they don't come back from their relapses. They either are consumed by their addiction, or they overdose. And that is the sad, brutal reality. I lost a friend last year to an overdose and I think that situations like that reminds me why conversations like this and the work that *To Write Love On Her Arms* does are so important. We just have to keep letting people know that it's okay not to be okay. That there is hope, and you can do it, you're not alone. And I know that those all sound so cliché, but to me, and to so many of us, they're inherently true. And I know that some people have never heard those truths. I

didn't hear them for the longest time until I found To Write Love On Her Arms. So for the listeners out there hearing these words for the first time, like, welcome, you are so loved.

CHAD: Obviously our hearts go out to you and your community as surely you know, you keep taking steps without this member that used to be part of your community. And I think one other thing that you've written over the years that that really stuck out to me is this idea that mental health is not something that's just there to be talked about, I think you said that "you continue living, you continue existing, you continue to pursue recovery as a way to show others that living with mental illness or addiction isn't merely a thing we talk about, but implicit in that is that this is something that can be seen, not just heard, it can be something that is touched, it can be something that is hugged, it can be something that is called on you know a really shitty night. It's something that can be grounded in the lives of other people." And you also follow that up with the other side of the coin where you say "you never know whose heart you might be inspiring." And it's like a humble swag, right? Like you, you are aware of the steps that you're taking, and You're damn right to be proud of that. But also aware that it's not just your story that you're living out, but you're living out the opportunity to meet up with other stories and to continue to see those unfold.

DONAVEN: Yeah, I like the idea of a humble swag, but there is this huge amount of humility that comes with going through these painful traumas. It's such a privilege to be, you know, on the other side of that, or you know, to be pursuing recovery, because a lot of people don't get to. And so with that privilege comes, you know, for me our responsibility, you know, to give back to people who are going through what I've gone through, and who also just want to be well,

CHAD: We are a little over two weeks into the new year. I know so many people that wrestle with behavioral, emotional, and mental health challenges, they saw January first as a starting point, as a chance to start again. Is that a reasonable goal post for us to set up? Is it good to have a calendar to gauge our progress? Or what happens if, you know, we only made it two weeks, and we find ourselves, you know, kind of throwing a resolution away?

DONAVEN: So that's been a very unique experience for me in terms of like, being in the rooms of AA and then like not being in the rooms of AA and just like comparing my experiences of recovery in those two spaces. In AA, it's really harped on and taught to count days. And that's very important. And for some people, I know that that is so impactful, and it empowers people to keep going one day at a time. For me, it actually put a lot of undue pressure and stress on me. As a perfectionist as someone who wants to get it right every day. When I did mess up, or I did F up, it was a lot to process. And that idea of starting over from day zero and day one, wasn't helping me. So that's just my experience is that living life is more important to me than counting days. Living a life of wellness, where I can give back to others, and like be present and engaged in the world around me like that is so much more important. And that I like to foster those skills and like practice doing that. That's way more important than counting days.

CHAD: So to the listener right now, that is perhaps thinking of their own story, or maybe someone important in their life. What would you say to the person that feels that they've already fucked up?

DONAVEN: Oh, my goodness, so much. I've had so many conversations like this with people and I've had people, you know, respond to me when I felt like I like fucked up beyond repair. So my first piece of advice would be to take care of yourself. If you're in recovery and you relapse, you are still in recovery. It's so common, and there's so much shame associated with relapse when really, relapses happen in many areas of life outside of alcoholism and drug addiction, or even self injury. For example, folks who smoke cigarettes or people who struggle with anger, like we all have bad days, and your bad days can cause real damage, but if you're on the other side of a relapse, remember that you survived. There's so much gratitude to be had there. It's never too late to decide to want to be well.

CHAD: We want to thank our guests, Michelle Moore and Donaven Smith for sharing their professional and personal perspectives with us today. Addiction and relapse are difficult to talk about but our hope is that you feel empowered and encouraged to address these things in part due to conversations like this. If your or someone you care about is dealing with addiction, has relapsed, or simply needs a safe space to open up—TWLOHA is a great place to start. Whether you're looking to begin, continue, or restart your journey toward healing, we encourage you to use [TWLOHA's FIND HELP Tool](#) to locate affordable and accessible professional help. Or, if you need to talk to someone right now, you can always text our friends at Crisis Text Line. Simply text the word TWLOHA—that's T W L O H A—to 741741. And you'll be connected to a crisis counselor. It's free, confidential, and available 24/7. If it's encouragement or a listening ear that you need, email our team at info@twloha.com.

For links to any of the resources, songs, or literature that was mentioned throughout today's episode, please visit our show notes.

And lastly, stick around as we close out with a special song called “Better Now” from The Juliana Theory.

[music playing]

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

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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.

I'm Lindsay Kolsch, thank you so much for listening.

To Write Love on Her Arms is a non-profit 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.