

Transcript for Episode 403: "Self-Injury: Shrouded By Shame"

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

LORI VANN: The number one, by far, hands down, the number one reason people report why they self-injure is because the emotional pain was so bad it built up so much. They didn't know how to release it. And the physical pain being the physical act was the release, it was the escape, it was a way to ground themselves, in a manner of speaking, but it's also that distraction of, 'Now I can focus on physical pain, versus all the emotional junk that's stuffed inside.'

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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: Years ago, I was representing To Write Love On Her Arms at a conference and before speaking I spent some time behind our booth introducing attendees to our mission. I vividly recall an interaction that I had with a well dressed older gentleman - another speaker at the event - who approached the booth with his teenage grand-daughter. When I recited our mission statement, he seemed a bit hung up on the word *self-injury*. He turned to his grand-daughter and said, 'Well, thank goodness we don't know anyone like that.'

After a pause, and a brief gathering of my intentions, I confronted that statement. 'Why is that something you are thankful for? It seems likely that may point to a lack of diversity in your social group, or perhaps more damning, the possibility that people don't trust you with their story, with their pain, or with the idea that you are a safe place.'

Self-injury. It's one of the least talked about mental health challenges and you may be wondering why that is. Or, you may know all too well why that is...

We believe the reason can be wrapped up into a single word: stigma. While conversations about mental health have progressed a great deal over the course of the last few years, self-injury remains shrouded by shame.

In the most recent Diagnostic and Statistical Manual of Mental Disorders published in 2013, the DSM-5, non-suicidal self-injury was listed as "A condition for further study". To an extent, that makes sense. This behavior has affected people across all generations, genders, and geographies. There's nothing new or novel about it. It's a topic that people seem to be aware of

and yet still unprepared to speak about. Or when it is discussed, it's layered in shame, myths, and otherizing language.

Self-injury was a central part to the original To Write Love on Her Arms story. In fact, the name itself is a reference to a group of friends attempting to make sense of an individual's battle with addiction and self-injury. It became clear in the first weeks and months after the story was published that this held within it hundreds of thousands of harmonies, people who had been waiting for someone to say the first word in a conversation that was all too often considered taboo.

To that point, I sit here currently - in this chair, behind this mic, and on this staff - because during my early days of recovery from self-injury, I stumbled across this story and was encouraged to see other people giving clear voice to a topic that is so stigmatized. For me, it was too late to accept that I didn't need to struggle alone, as I was already on my way to accepting help, but now I was faced with the opportunity to also not recover alone.

According to research, anywhere between 14 and 24 percent of young adults have self-injured before, and it's often used as a coping mechanism to help someone process and deal with the intense emotions they're experiencing. To help us continue to break down and chip away at the wall of stigma surrounding this very human, very real challenge, we've invited a few folks to share their experiences.

First, we'll be joined by Lori Vann. She's a Licensed Professional Counselor from Texas and is known by her peers as a trusted and informed voice when it comes to Non-Suicidal Self-Injury. Along with counseling, Lori is an accomplished author, speaker, and the pioneer of the first self-injury support group in North Texas. We're honored to have her as our first guest today, where she'll lead us in navigating what self-injury is, how it shows up, and what recovery can look like.

Before we get started, we want to remind you that this topic and these themes are sensitive in nature and we ask that you use your discretion when listening. Your well-being matters to us, so please don't hesitate to prioritize your recovery above all else. As always, you're encouraged to listen at your own pace, with people in your support network, or take a break and return to the conversation when the time is right.

And with that, I'm your host, Chad Moses, and you're listening to the To Write Love On Her Arms podcast. We're glad you're here.

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CHAD: Lori, thank you so much for finding the time to join us. This is the third episode of the fourth season of the To Write Love On Her Arms podcast. And today, the topic at hand is nonsuicidal self-injury. Lori, you first came on my radar through a mutual friend of ours, James Irwin, you were a guest on a podcast with him and his friend Jonathan. Right after that episode,

actually, James sent me an email and says, 'Hey, you need to get in touch with Lori, she works in this world, you guys would have a lot to chat about. So now, about a year later I guess, we're finally finding the time to connect. That's a long winded way of saying I've been looking forward to this conversation for a while. Lori, thank you so much for being here. Would you mind giving a brief introduction about who you are, what you do, maybe where you're coming from as well, and what your relationship is to the topic of the day being self-injury?

LORI: I stumbled into working in this particular part of the counseling world. And it happened, I guess, somewhere around '99 or 2000, that I had my first teenage girl that self-injured and then became the second. I started to work at a psych hospital on the adult unit and I had adults that were self injuring. And then I became one of the directors of a nonprofit that really worked with a lot of individuals that had started getting in trouble with the criminal system, adolescents that were starting to make some not great decisions, and that's when I started to see even more and where I started to actually create an Excel spreadsheet that documented what I was seeing in this population of people that chose that behavior. And that that has expanded quite a bit. And to date, I've tallied over 535 individuals that I have directly worked with that have a history of nonsuicidal self-injury, whether that's they were currently doing it or they had a past history of it. And I can't even tell you how many hundreds and hundreds of consults I've done with professional peers on the topic. Long about 2006, I started to think maybe I should write a book on this. I've been doing a whole lot of talks. And I finally birthed the first of the four books that I've written, back in 2014 that finally got published as a caregivers guide to self-injury, then very shortly followed by a practitioners guide to the treatment of self-injury, its accompanying workbook. And then also putting together a workbook, the no suicidal self-injury activity workbook.

CHAD: So the cliff notes, you've been practicing as a licensed professional counselor in the state of Texas and and you said over 20 years now, this has been a passion. It doesn't sound like this was something that you received a ton of schooling on as you were pursuing your degree to be a care provider. But this was something that you just observed. Take a second to rewind as you were a student, as you were learning the craft of counseling, what were the conversation points surrounding self-injury as you were learning how to be a counselor.

LORI: There really, honestly weren't too many. And I graduated with my master's degree from Chapman University, officially in '99 is when it posted, but '98 technically and, I mean, it just wasn't really addressed. The only time that I can ever remember self-injury being brought up was in context of a personality disorder. And as because in the DSM that was really the only time it was ever mentioned is in the context of borderline personality disorder. That was it for my training. And then in '99, 2000, when I was an intern, came across these cases, I'm like, oh, my gracious, my supervisor didn't really have experience in it. So I started to do the research, and came across the safe program, which I know, Wendy and Karen both, that are the founders of the safe program. And that was sort of my foray into it. And it literally just, it became one after

another and, and me just doing whatever research I could. And then over the years developing a protocol that worked.

CHAD: So I recall, when I first started working for To Write Love On Her Arms back in 2008, my first steps into the realm of mental health advocacy. Me, I was someone with a personal, well I am someone with a personal history with self-injury, and I remember reading some books I never had access to while I was in college. And in that reading, I came across this one line that said that self-injury today, and again, that was back in 2008, is what eating disorders was 30 years ago. That was trying to draw out the point that this is an area of behavioral and emotional health that was fully reliant on self reporting, that there wasn't a ton of research, there wasn't a ton of documented treatment plans that were available. And I have seen a ton of progress over the past 12/13 years of working in this world. But it still seems like just such a stigmatized and silenced topic. And I can't help but believe that a piece of that is simply by definition, people are thrown off by the term self-injury that kind of provides a knee jerk reaction. And even then there's been so much energy into crafting proper language around it. So I'd like to start with that language piece. Would you be able to help us delineate what the difference between self-injury and self-harm is?

LORI: So, we currently use nonsuicidal self-injury that is the term that is used in the Diagnostic and Statistical Manual, otherwise known as the clinicians Bible, so to speak. That's where all the terminology is. But when I started, it was self mutilation. And, unfortunately, I come across practitioners, and even some continuing education groups that still use that term, and which is an incredibly outdated term. I mean, we haven't used that in over 10 years. I mean, if you were to ask someone, hey, do you self mutilate? Our automatic response is going to be no, because we have this image of what that is. And I think that's gone a long way towards the stigma behind that behavior, is we have this Hollywood horror show kind of vision of what it is. Now, self-harm is also accepted as a clinical term, as I often use self-injury and self-harm interchangeably, that when it's really getting into the clinical piece, and to really make sure it's clear, it is the nonsuicidal self-injury. And I do like that term better, because it really distinguishes between self-injury that could be a suicide attempt versus self-injury, which is what we're talking about because there is a very big difference between suicide and self-injury. And self-harm sometimes can get mixed up, and I've seen this in research articles too, that it's really unclear. Are they talking someone harmed themselves as part of a suicide attempt? Or did they harm themselves as part of the intentional release behavioral my way of dealing with emotions? Part of it?

CHAD: For many people, their education, on self-injury is self taught, or it's handed down through really low hanging fruit of media representation. And so often, those, what's been handed to us as a stereotype is not at all an accurate representation of what someones struggling with self-injury is going through. I say that to set up this point. So often, and I know this is something you're passionate about, is we allow a behavior to become an identity for people that we see around us people that we may assume, could be struggling with self-injury. And so often the language is extremely reductive into one piece of this mosaic of what

self-injurious behavior is. Would you be able to draw out what some of the more common ways that this behavior manifests?

LORI: Absolutely. And it's definitely a pet peeve of mine, because I see books there out on the market that's like help your kid with cutting, and it's like, okay, well, what about the other 25 forms of self injury? And the reality is that, I mean, I have 26, that I've tallied over the years, and I know I'm going to keep adding to that list, because there's a lot of creative ways that people do this. And the other piece is, is that a majority of individuals that engage in self injurious behavior, that they do more than just one type of behavior. I mean, that's not unusual at all, for people to experiment with several different forms or, depending on the situation, and you have to really keep in mind that each time someone self-harms, it could be one for a completely different reason. It could also be a completely different method. There's just so many variables to it. So, I can really get on my soapbox about when people use the label of cutter. We've seen a similar push in the substance misuse world of, we don't call people addicts, and more, because it's that label. And it really, it just compartmentalizes, as you said, it just is not an accurate thing. And many of these individuals are struggling to find some kind of identity, they want to fit in somewhere. That's some of the situations going on contributing to the behavior. So, now all of a sudden, you're gonna not only want to take away this behavior, this coping skill, now you're gonna take away their identity. Woo, that's gonna be some resistance.

CHAD: There is that paradox there, you feel like so often people are trying to find the buzzword to help them understand a little bit more what's going on, help them wrap their mind around what's happening, and yet in the process, losing complete sight of the person, of the lived experience looking right at them. So often when we hear people attribute buzzwords, attribute labels to people, that's often coming, from my experience, from a caregivers point of view. This is when I'm at a music festival, and I'm speaking to a parent or I'm speaking to a teacher, or I'm speaking to maybe a member of the clergy who says, 'Hey, I have a friend, I have a student, I have a family member who is cutting, who is injuring, who is doing this,' and essentially, they're asking me, 'what's up with that?' I was so struck by not just the fact that you published this book, but you saw the need for a book. And it's a caregivers guide to self-injury. And this book is for people who love people who are struggling with self-injury, correct?

LORI: Yes. I wrote it most definitely, for the caregivers, parents mostly, but that can be grandparents, aunts, uncles. It really, you can extend it into teachers and nurses and counselors that really have not been exposed to this, because graduate schools still aren't really addressing this training. And the other piece when I wrote it was understanding someone's going to be in crisis, if they have to get this book, there's probably a crisis situation going on. And I want them to be able to go to that chapter in that moment, get the information they need, and then go address the situation. So that they didn't have to read it cover to cover in order to finally get to what they needed.

CHAD: So the book is pretty comprehensive, it covers a lot of ground, and it's not a daunting read, I was able to get through it in just under a day. When you check out this book, you're not picking up a volume of clinicians speak. This is something that is very accessible. Now, for the

people that may be listening to this podcast, and perhaps they don't have the time to wait for Amazon to drop it off at their house. What would you say is the chief mantra for someone to keep in mind if they are ready to have a conversation with a loved one about self-injurious behavior?

LORI: I always encourage first, do some research. Become as informed as you can. I know, on my YouTube channel, I have different videos that I've posted to try to address some of the more common questions that arise. And there's plenty of different research articles that are available out there too. And the next step is going to be okay, now that you have some basic research, maybe consider touching base with a mental health professional that has training in this particular area. And just touch base with them. Say, 'Okay, step by step, this is the situation, what's the best way to approach them?' Because each individual that engages in this behavior is going to have their own unique personality, and needs, and they're going to be in a different place in that journey. And then the last part, I always encourage is that, let's say you just found out or you might be suspecting that your loved one is doing this, don't instantly go and approach it because you might be in an emotional mindset. Or it might be feeling confused and upset and all the rest of it. Let's just say it's in this case, it's a teenager, and the parent finds out for the parent to say, 'You know what, I understand this is going on, and I want to talk with you about it. But right now I know that I need to better gather my thoughts. And I want to make sure that when we discuss this, that I'm better prepared.' And one, that prevents it becoming maybe a shaming session or some kind of anger outburst, and where false accusations are being made. It's also good role modeling, because you just role modeled that when you're upset, sometimes you need to stop and take some time out to collect your thoughts before you move forward.

CHAD: I love that you mentioned that role modeling piece that was actually, I mean, it took up a third of the page, and it's all sorts of highlighted in this book. But just to read, this is coming from page 89. You wrote, 'As a caregiver, if you have a difficult time with how to cope with stress in a healthy safe manner, you may wish to consider getting some type of education and or counseling assistance with how to better take care of yourself. By doing this, you're not only role modeling something very positive for your child or teen, you're also helping yourself to better handle the stress of raising a loved one who injures. Basically, if you aren't physically and mentally healthy yourself, it's going to limit the type of help that you can offer your loved one.' And that's like, I feel like you could just sell a book on that one paragraph alone. It's so important to realize that that we all have our own baggage, we all have our own biases that we're coming to the table with, we all have our own pain, and to see and cope with a loved one walking through a liminal state, walking through a dangerous time, you are worthy of, you deserve the help that you think your loved one needs as well. You don't have to be the only source of hope. As you're pouring into someone else, be sure that someone is pouring into you. That's information, that's encouragement, that's counseling, that's giving you the opportunity to process some of the residual pain that's happening. There's a Buddhist saying that when someone makes you suffer, they're not trying to make you suffer, it's their pain that is overflowing on to you. So all that to say, dear listener, be aware of what you're walking through. And in all the levels of unfairness and all the levels of the pain that you didn't ask for, be sure that you're, you're accepting some help along the way.

LORI: 100%, yes, everything you said just 100% in agreement with it. It is just so important to be aware of what you're bringing to the table and understand that if your loved one is doing this, it's not a reflection on you. It's not saying you're a bad parent, you're a bad spouse, you're a bad friend. It's, this is something they're going through, this is their choice, and then you have a choice how you're going to respond to it. But don't try to do this all on your own.

CHAD: I think kind of latent in that idea is the need to effectively kind of desensitize yourself to some of the knee jerk reactions that you may have kind of hardwired into you. It's ensuring that you aren't carrying the body language of disgust when you learn about the behavior. It's doing the best you can to not portray facial expressions of shock or shame. And like you mentioned, keeping the person who, who is struggling at the center of this, there'll be plenty of time to unpack the reasons, there'll be plenty of time to figure out what were the steps that led to this point but in this moment, this is not about you. This is about caring for an individual who has effectively run out of healthy options to express the pain that they're navigating. I also love in your book, you say, "Ask, don't assume." And I think that's such a beautiful way to ascribe dignity to someone that is carrying around so much shame, that instead of giving them the answers, or feeding them the answers that you want to hear, you're allowing them to seize a bit of power back to, not feel so helpless in the face of this, but to tell their own story, as opposed to saying, hey, you're not self injuring, right? You know, that's inviting the person just to agree with me, it's not me, really giving a posture of I want to know what's going on in your life.

LORI: Yes, most definitely. And this is something that, unfortunately, I have to go through when I train fellow practitioners because a lot of practitioners are uncomfortable with this topic. And that's how I got into this more and more is because I saw that, wow, there really aren't a lot of treatment providers out there that are not even specialized in it but, or even really wanting to work with this or know how to work with this. And the more research that kept coming out about that correlation between self-injury and suicide, it's like, this is a massive need, we have to address this. But, to go back and circle the ask, it is just so important to ask to be really present. And again, check your own emotional place. Where are you mentally? Because some caregivers, even some clinicians, they've had a rough day, they're stressed out. And they might want to rush the answer, their nonverbals are going to convey, "I really hope you say no. I really don't want you to give me the correct answer." Or, "Really? You relapsed again." And it's not that they would necessarily say it, but it's just, again, those nonverbals convey that disappointment, that frustration, and that makes it more likely you're gonna say something you probably shouldn't say.

CHAD: You mentioned something in that hypothetical about relapse. In order for there to be a relapse, there has to be a period of, of recovery, there has to be a period of cessation and abstinence. So I'm wondering if you would be able to expand a little bit on some themes that you've seen on how a recovery journey can look like, when someone is struggling with self injury,

LORI: It really can be quite varied. So that would be one thing for everyone to keep in mind is each person is really different and unique in their journey to recovery. It depends on where they're at and just the initial when they decide to get help. Is it something they chose, or is it something someone chose for them? Which generally does not go over so well, and there's a protocol of how I deal with those that are being forced into counseling. Usually, it's a parent child situation, and there's a lot of resistance. And I call it the backdoor method of, okay, you know, what, we're not gonna directly focus on the self injury right now, we're gonna focus on a lot of the underlying factors, those core issues, and I'm not going to threaten the security blanket for you. So they progress in a different way versus someone comes in and says, "You know what, I'm really ready to let this go. I know this isn't great for me." And they may move quicker. I guess you can say that sobriety period, because I do believe nonsuicidal self-injury should be considered an addiction, and in the practitioners guide to the treatment of self-injury, as a big old huge chapter. That's very technical. That gets into the reason why. But with that being said, that's why I say sobriety, and for some individuals, it's a real step by step of maybe, for example, if they were self injuring several times a week, now we're moving to maybe it becomes once a week. To me, that's a huge win. I'm like, woohoo. And then maybe they go two weeks, and then maybe it becomes a month. And it's like, wow, celebrate all of those. And even if they do have that relapse, we're looking at that, "Hey, look how far you've come. You went from doing this several times a week to you went a month, this time, you've got to give yourself that credit that is so critical." And that's where people being educated on this is really important, because the world is gonna go, "What's the big deal, you should be able to do that anyway." And they're not going to be understanding of it. And even to the point of someone says, "Well, yeah, I relapsed." Like, okay, well, let's do a comparison of what were the injuries like this time versus last time, to me that can still be in the win column. Because it's like, wow, this is much less injury than it was previously. That's a win. And I notice that there's certain anniversary pieces, one month becomes a big deal, because it's like, whoa, and maybe around three months, six months is another big like, "Okay, wow, I've gone half a year." And that one year mark is really huge. It is important to understand that even when someone hits that one year mark, it doesn't mean that they'll never relapse again. It's reduced likelihood. But I've had people that have been sober from it for five or 10 years, and then a perfect storm of things came together. And, yeah, they had an incident.

CHAD: And what role does consistent support and community play and what you've seen as far as, for lack of better term success rates, and people who are abstaining people that are sober or recovering from self injury?

LORI: It's huge. Support is a really big factor. And I would say, I discourage against doing anything on the contract piece of it, like, "Oh, I made a pact with my best friend that we're not going to do it." Those don't work. It's not that kind of support that we're looking at, it's the, if they can have at least one good, healthy, keyword there, safe individual that believes in them, believes that they can do it, will not be judgmental, and provide them the supportive, "Yeah, you know what, it was a tough day. But tomorrow is another day, and you've got this and I believe in you." That does a lot. Because one thing that people don't realize is, and this is part of my

tracking my research, the number one, when you look at different types of abuse history, the number one correlation is individuals with a history have some history of emotional or verbal abuse, and bullying falls into that. That's like 70% of those that I've worked with, have that history. And you can imagine that if you have people in your life that are unhealthy, that are bullying you Yeah, that's not going to really help you work through this fire. So, even if it's just one or two people, it makes a difference.

CHAD: I love that point that you made about bullying. And I think it's important to point out that bullying is not something that is specific to grade school, that bullying is something that happens in every generation, at every stage of life. I think bullying, part of the problem is bully is, it's a word that you hear on cartoons, right? Like the term in my mind is social abuse, peer abuse. And that's where I find so many people, especially as you get older and your struggles with self-injury, where there's this more severe pushback from self-disclosure, from saying, "Hey, I think I have a problem." Because as we get older we find meaner and more minute ways of doing and performing that that peer abuse. I think it's so important that we find better ways to, to make jokes, we find better ways to identify a core problem, we have better ways of being a safe place. And people are watching and listening all the time to what you say, how you say it. What you do when a joke comes up about self-injury, do you ignore it? Do you shut it down? Do you add your voice to the choir? So all this to say bullying can, can look surprisingly passive at times, and this is just a call or an encouragement for, for you to step up to the plate. And when you hear unhealthy dialogue about people struggling with unhealthy behaviors, speak up, be an advocate.

LORI: You bring up so many great points and throughout the years, I've had several times when a woman's contacted me about it. And just the shame and the embarrassment and the, "I can't believe I'm having to call about this. I can't believe that I'm an adult, I'm a mom, I'm a wife. I can't believe I'm doing this. This is a teenage thing." And I'm like, "Oh, sweetie, no. Adults do this." And I have at least 10% of my study, they started after the age of 18. And a lot of people don't realize that it's there are treatment centers that go, "Oh, well they're adults. We don't really have to assess for this". It's like, "Yeah, you do." I mean, there was a gentleman actually, he was in his 50's the first time he ever self-injured. And I've had 40 something year old males. I've had women in their 40's, 50's, and 60's. So it's getting rid of that stigma of it's just a teenage thing or it's this demographic or that demographic.

CHAD: What you just drew out, you know, that points a direct line between people who, who are struggling across generations, across genders, across socioeconomic statuses. And it's our role as a kind and polite society to make clear ways to access help, not to limit, whether it's through jokes or what have you. The goal is to build better bridges, not not to continue building walls and barriers to, to help. You mentioned there is this perceived link between self-injury, which we've defined as nonsuicidal self-injury and suicide. Resting there for a quick bit, would you be able to unpack what we should know about the links, or perhaps even the lack thereof, between self-injury and suicide?

LORI: There's absolutely a correlation there. But first, I'd say they are two separate things, and one doesn't beget the other. Plenty of people have had suicidal thoughts, and have even had attempts and they've never self-harmed. And likewise, I do have those individuals that have a history of self-injury, and they've never attempted suicide. But what I will say, from research I've seen and then also in my Excel spreadsheet of the 535 plus, it's at least a 60% correlation, minimum. 60% of those that engage in self-injurious behavior have a history of suicidal ideation and/or attempts. It's an incredibly strong correlation. But, where you differentiate between the two comes down to intent. And that's the one thing that I always emphasize in interviews or in training events is you have to know the intent, you cannot assume. And the best way to put it is, don't assume. You have to ask what was their intent behind the injury? Was it to die? Or was it to relieve the emotional pain?

CHAD: When we look at the correlation, when we look at the statistics that connect self-injury and suicide, to me that points to, like you said, one doesn't cause the other. Neither of these topics self-injury or suicide happen in a bubble. No one wakes up and says, "Ahh, this is a great day to think about the end of my life." Or, "Yes. It is now February 22 and this will be the first time that I entertain the idea of self injury." Could you talk a little bit more about the means to the end of self-injury? What do you see as driving factors in this behavior that may or may not be linked to suicide as well.

LORI: So over the years, I've tallied probably about 35 different reasons, and some of them are very similar. But, the number one, by far, hands down the number one reason people report why they self-injure is because the emotional pain was so bad it built up so much. They didn't know how to release it. And the physical pain being the physical act was the release. It was the escape. It was a way to ground themselves in a manner of speaking, but it's also that distraction of, "Now I can focus on physical pain," versus all the emotional junk that's stuffed inside. And where we see some of that parallel with traditional addiction, when we're talking about substances. While the majority of people don't self-injure to get the rush from it, some will report that is a reason. But we do know there is a chemical reaction that takes place that when you experience pain, you release endorphins, there is a physical release that takes place. And others, I would say, are in the tops are going to be control. That, "The world around me is calling all the shots. But the one thing I do have control over is my body." And in the practitioners guide, I lay out five things that self-injury and eating disorders have in common and control is one of those. That they're using their body, both behaviors use their body as a way to deal with emotional situations taking place.

CHAD: You drag out a great point there that, on some level, self-injury is a problem because it's effective. There are causes and effects at play here. If it wasn't effective in emotional self regulation, then we would not be having this conversation. So all that to say, as caregivers, as friends, as loved ones, be sure that that you're exercising some grace and compassion for this. This is not just, "Hey, stop that." Or, "Have you thought about stopping that?" It's the same way you made the link with addiction earlie. You, it's not effective to tell someone who's an alcoholic, "Hey, have you thought about just not drinking?" No like this, this is a behavior that's become ritualized that has an intended effect. So this is not just this is not a fad, this is not, you know, a

time filler. This is something that has a physiological basis and how the human brain works. And the hope here is in doing one step better than just helping someone stop. It's in helping present people with more healthy alternatives to dealing with the stress. With that in mind, what are some resources that you've found in helping build out that support network?

LORI: Oh, there's many that are available out there and I'll just, thank you for mentioning the, to not to use the, "Well, just don't do it. Just stop it." If you're a caregiver please avoid using those phrases oh, *just don't do it* or *just quit* or *just stop it* because it's incredibly ineffective. And you just distance yourself from your loved one because they're like, "You so don't understand what I'm dealing with." But some of those resources that I actually created a, it's a private Facebook group, so you do have to answer three questions to be approved to join. But it's called the in SSI. And then I spell it out, nonsuicidal self-injury aware, educate, prevent. And it's a private group where anyone can join it, anyone that's interested in being supported, if they're dealing with this behavior, if they're a caregiver, if they're a professional wanting to know more. It's not counseling, I want to be really clear about that. It is not counseling. But this Facebook group is wonderful for resources and tips. In addition to that, there's also the online support groups that I offer and I have that for teen girls and then also the caregivers of those that self-harm, and they're all online. And that means that anyone in the US, or across the world, can participate in those support groups, they are capped at six people. So for those that struggle with social anxiety, it doesn't get too overwhelming for them. And if you are in a position where you're in charge of lots of counselors or providers, or you're seeing this in your workplace, then I also offer training options to.

CHAD: To kind of bring this one in for a landing here. You've been working specifically with self-injury for over 20 years. In that time, what do you see as the most insidious myth, the biggest, wrong idea that needs to be addressed when it comes to self injury?

LORI: I would say one that I get a little on the soapbox for because I just, I hear it being used of, "It's just for attention. They're just seeking attention. And that's why they're doing it." And I've heard professionals say this too, which really just urkes for me. And where that comes from is unfortunately, going back to the only time it was mentioned was in the context of borderline personality disorder. And just the traits that go with that particular diagnosis. Well, the reality is that, one, the majority of people that self-injure, don't have that personality disorder. But, two, let's say theoretically, people even do this for attention. Don't they deserve some kind of understanding and sympathy or empathy as well? Because if someone really feels like they have to go to that level, to get help, oh, my gracious, there's something going on. They deserve to get help, not judgments.

[music playing]

CHAD: Next on the mic is Nik Wiles. They're a college professor, parent, author, and a self-proclaimed "weirdo." Nik has written multiple times for the TWLOHA blog where they've addressed their own experiences with self-injury and the shame that far too often comes with it.

CHAD: So, Nik Wiles is joining us. Nik has been featured on our blog, going back almost four years now, maybe even a little bit longer. But for people that have not yet to meet you, Nik, would you mind introducing yourself?

NIK: If I had to give myself one word to describe myself, it would be, weirdo. But yeah, I'm, I'm a parent. I'm a spouse. I'm a writer. I'm a college professor, mental health advocate, among other things. I teach at a local college here. I work with English and writing and also gender studies.

CHAD: Your background in English and creative writing that shines through so clearly in, in your conversational tone and in all the blogs you've written thus far. But the one that we found to be most poignant, most pertinent rather to the conversation today was a piece that you wrote back in, I believe, 2017, and you called it 28 keystrokes. I'm just gonna read the first paragraph, you wrote, "With the following 28 keystrokes, I am going to write one of the most difficult sentences I have ever written for a public audience: I struggle with self-injury. Why is that so difficult to admit? I have openly talked about so many of my other struggles. Depression. Bipolar disorder. Anxiety. Suicide attempts. This is where I usually throw in a bit of humor to lighten the mood. You laugh. The tension releases. It's hard to admit that, as I write this, my throat is tight." So I think just even in that paragraph you bring to the surface this, this idea of stigma, the things that are difficult to talk about. And in your mind, what makes self injury that much more difficult to speak about, as opposed to depression, anxiety, bipolar disorder or other traumatic experiences with mental health challenges?

NIK: I think for me personally, the difficulty stemmed from a two fold problem and yet both sides of that deal with the same issue, which is basically other people's perception of me. I grew up in a military family and I've always been deeply, deeply grateful for the sacrifices of our armed forces and the families attached to them. A lot of times the families go a bit unnoticed. And though it was never part of my personal story to end up in the military, I hope nobody had any expectations there. But, that was never part of where I was supposed to end up. I did spend actually a long time believing that even if I wanted to be in the military, I couldn't be because I had either active or inactive self-injury sites. I think the idea that maybe I would be excluded from doing something that people so important have done themselves made me think that, I don't know, because I struggled with self injury, well, then I must not be good enough in some way. You know, and, and that's a perception issue at its core. That's me caring and reacting to another organization or person dubbing me, you know, not good enough, because I happen to struggle with self-injury. And I think the other side of this, again, is perception related, because I also worried, and maybe to a lesser degree, I still even worry, maybe not as much as I used to. But I also worried that if people know I've struggled with self-injury, well, you know, they'll think it is some kind of mechanism that I'm employing merely for attention. And no one I think, at the end of the day likes to feel like some kind of attention leech. And so for me, again, it just becomes the question of, when I'm actively self-injuring, do I tell someone? Or will it just look like I'm trying to get some undeserved, unnecessary form of attention for myself? Again, I found myself caring what other people thought and reacting to what they may or may not think, like I

said, it's a two fold problem. But it all boils down to that issue of like perception and the consequences that might come if that perception is negative. Now there's exclusion, shame, regret, etc. At the end of the day, that can all just be summed up using the word stigma.

CHAD: Would you be able to walk through a bit of the timeline of your relationship with self-injury? I'm wondering if there's points in your life and your development, where you could say, "Yes. This is a point where self injury was first introduced to me." Not through necessarily methodology, but as a theme, as an idea, in your life?

NIK: For me, I guess, I grew up in a way where you just, almost, you didn't necessarily talk about, for lack of a better word, maybe like the darker things because they're not really darker. But that's kind of what I was led to believe, as a young person. You know, these things like anxiety and depression, you just kind of deal and you survive, and you move on. And there's no talking about those kind of things. So I think, like, in terms of my own mental health, self-injury came in as like this, part coping, part punishment almost. And it feels to me that it's problematic to have a coping mechanism that has anything to do with punishment. You know, often self-injury is, I guess, as many people have also commonly expressed, I'm not the only one, a release of sorts. There are many times when I've turned to self-injury, when I was kind of at my wit's end, because, you know, it just wasn't okay to talk about all these things that were happening in my life and other people's lives, like depression and anxiety, you know, and other things. So when I felt like I just didn't want to go on anymore, but I felt like I needed to go on, maybe I felt like I had to go on because like my responsibilities, or my family, or maybe I was just having like one of those better days, where I myself just didn't want to quit. And those are, those are great days, obviously. But the reality is, I would get to this point where I felt like I couldn't go on, but I had to go on. So at that moment, self-injury came in, I don't know, and, it came comes in, and in those moments it kind of allows for like, a release from the tension that you can't let out anywhere else. Or it feels like you can't. You can. You can totally let it out somewhere else. But it feels like you can't. And in those moments, you're able to take a breath. And once that breath is taken, it feels possible to go on. And like I said, there's the other need, that that's sometimes fulfilled in my personal mental health journey, which I've said is probably of a darker tone. But again, the honest answer is that sometimes I felt like for some reason I needed to be punished, probably because people made me believe it wasn't okay to talk about and deal with these kind of struggles in life. But like I had this perception that I had committed some kind of wrong and so well, I can't speak for the world. I can say, at least in a moment that I would call one of the clearer times in my life, I think I'd like to state for the record, for myself and anyone else who needs to hear it, that you know, we don't deserve that kind of punishment. If we're punishing ourselves using self-injury, then we deserve better.

CHAD: And I want to thank you, A for sharing and B for just acknowledging the nuance in this conversation. It feels similar to say, "Okay, now we're going to talk about cancer and just leave it at cancer." And we know that there are a number of different forms of cancer. We know that there's a number of different treatments for cancer, we know that there are millions and hundreds and hundreds of millions of people who have been affected by this big term cancer. And that is going to, by necessity means that not every journey with cancer is going to look the

exact same as someone else's. I believe self-injury is the same way. So in that, Nik, I just want to thank you for, for kind of drawing that line, for saying this is how I have experienced and leaving space for the experience of so many other people. With that in mind, would you be able to step back, maybe revisit the first time that you allowed someone else into this piece of the story?

NIK: I have to give credit to my wife, really, because even before we were married, she did something that no one had ever done before, not because they were necessarily bad people or anything, just maybe they had never thought to do it. But she was just there. She didn't make any judgments. She didn't say, "Hey, this is something you need to stop." Or, "Sure, use this as much as you want." Or like anything like that. It was just, "Okay, this is a part of your life, at least right now." Because as a lot of people who struggle with self-injury know you tend to dip in and out of it. But she would just be there, you know, like, it's like, I'm gonna be here to help you. If you need help, I'm gonna be here to just be in your space, whether you want to talk about it or not talk about it, "I'm, you know, you, essentially are a person that struggles with self-injury, and it doesn't change how I look at you. This does not define you. I'm not going to make any judgments about this part of your life. I will withhold making any changes, like about my perception of you based on this single thing." So it was like, it just felt like she was saying basically, that, "You're good enough either way. You're worthy of love either way, and I'm just gonna be here." And that personally was the most helpful experience I ever had, especially before I went public and started talking about this more openly.

CHAD: You also mentioned in this blog, this 28 keystrokes blog, about the relationship with self-injury and how that manifests as a parent. I know that when I was going through my struggles and sharing with my parents, it felt like I was introducing my parents to the idea of self-injury. Maybe even to the idea of bodily manifested mental health challenges. And I was really struck by, I'm sure there was waves of shame and guilt associated with it, when when you mentioned that your two year old would say, "Mommy booboo." I see this, the sense of lived out grace and that you are fully open with your life with your family. And that's something that I know many people don't have, don't feel the freedom. Maybe they don't have that sense of freedom. But I think it's beautiful that you're living in a way that doesn't shy away from pain, from those darker chapters, from that narrative. As a teacher, as someone working in creative writing, I would wager to guess that there's a fair few of your students over the years that have used this class, used you as a mentor, as a way to broach the subjects, perhaps for the first time in their lives about mental health challenges. Would you be able to elaborate a bit on how your role as a caretaker, as a mentor, as a senior member in someone else's kind of social hierarchy, what role that has played in, in developing conversations about mental health and specifically self-injury within your communities?

NIK: Yeah, I can do that, that requires just a teeny, tiny bit of backstory. Because I got to give credit to a person that helped me get to the point that I could be the kind of mentor I hope that I'm able to be for these kind of people in my life. It's actually, I don't know, weird, I guess, surprising. Interesting. But the timing of this particular blog post you've been referencing, is kind

of odd, because it was published about, I think, 18, 17 or 18 days, prior to a near fatal accident I had several years back, actually. And I ended up eventually writing about that accident as well. But it was almost funny because I give To Write Love On Her Arms the okay to publish this blog that held, at least at that time, what I felt like was my darkest secret. The fact that I struggle with self-injury. And you know, 18 days later, I'm in the ICU, and like, my body is desperately trying to survive, my wife is sitting up by my side the whole time, you know, and people are coming, going to visit me or to help my wife. And at the time, I'd had a brain injury, so I was genuinely kind of out of my mind. And what's happening basically, all these people in my life or my wife's life, are coming in and out of this hospital room. And they're seeing parts of my body, they aren't usually able to see, which includes my self-injury sites. And on top of that, these doctors are telling me, well, you're not going to work or go to school, because I was supposed to start another degree, for a year, that's not happening. And I'm like, "Well, no, thank you," essentially, as I'm checking out of the ICU, basically, which was totally against the recommendation, by the way. But what that leads to is about a short month later, I'm called in for an interview. This is before I was a college professor and I'm called for the interview to become a college professor. So, I'm going into this office in a really, really like, deep down hoping, my God, I hope this woman that I have to interview with, has basically never read anything I've ever written. Because I've written some weird stuff. Alright, like, online and in print. I mean, we've got cats catching fire, we've got lemon trees, we've got anxiety, we've got dancing with cake. I mean, I've got some weird stuff floating out there. At the time, I really, really needed this job. So, I go into this office with this wonderful woman, who's still my boss today. And she looks me in the eyes and she says, basically, you know, "I've read everything you've written online, and otherwise. And I think we're really going to benefit from having you here." Okay. And I'm like, you know, wow, I walked in thinking this was an interview and hoping honestly, she hadn't read anything.

And I realized when I get in there, I'm not really there for an interview. I'm there because she wants to give me the job. And I think between the hospital and that wonderful moment with this woman, that's still my boss today, I had the realization that sometimes, it doesn't matter that you struggle with self-injury, sometimes people at the end of the day, they're like, "You are enough," you know, and I keep them in my pocket. And that's what I use to get back to kind of the question you're asking. That's kind of what I use to guide myself when I do, because I do have students who come to me and say, "Hey, you know, I've read your blog posts on To Write Love On Her Arms. And I thought it was really cool, I struggled, you know," and that kind of thing happens. And I got to give credit to my boss, like, I look back at that moment, where she just, she looked at me and saw me as a person and essentially said, "Hey, you know, you're good enough, despite whatever the side notes may be that are going on in your life." So like, when I talk to my students, or when I talk to my child about these issues later on, I think it's really important to be like, okay, this is just a person in front of me. And they matter. And this issue that we're talking about, though important, is not defining of who they are. It's not a definition of who they are. And then we just kind of go from there.

CHAD: You got me a little little weepy eyed here. That's a beautiful story and it's so so beautiful to see what everyday advocacy can look like. And you mentioned it can be as simple as someone just appreciating your, the beauty of your existence, the beauty of your story and

humanity. And I'm so glad that you found that. You mentioned in that, just the most recent response, that you're someone who is wired, that when someone tells you, 'You can't do that,' you're gonna say, just watch, I will find a way. And to me that that really kind of sums up a proper response to stigma. Stigma is telling us every single day that these are the things you can do. These are the things you can't. Here are the things you can talk about. Here's what you can't. Here's what you can show of yourself and here are things that need to stay under lock and key. Make sure no one knows this about you. How has your stigma wrecking career kind of played out since you've stepped into this role as a professor or just deeper into your role as a parent or deeper into your role as a spouse? What does it look like to combat and challenge stigma in your day to day life?

NIK: Stigma is all about basically disgracing someone, for a certain thing that's part of their story or part of their life, self injury included. So I just, I guess make it my goal to annoy people with kindness in those areas. If someone wants to take issue with the fact that there is a person who has admitted that yes I struggled with self-injury, taking care of their student or their children in the sense that I am their professor, and they are my student, and that kind of thing. Like, I want them to be comfortable, the student, I mean. I want even the people close to them to be as comfortable as possible. But I am not going to behave as though there is something wrong with that reality because that means there's something wrong with a person that struggles with self-injury, and that's just not okay.

CHAD: Now, kind of putting yourself in the shoes of someone in a position that you understand and a position that I remember very well and very vividly. The times before we opened up to that first person or that first group of people to be members on our team to help us find the next step forward. What is the most helpful thing that you wish you would have heard?

NIK: I would have benefited in part from people doing what they're doing more and more often now, which is being honest about it. But the other thing I would think I would say is, I would want to see more things like I saw from my wife later on. Which is, again, that idea that, you know, if you are this person that struggles with self-injury, it doesn't change how I look at you. So just, you know, at the end of the day, no matter what things you have going on in your life, those like things that are going on, do not define you as a person. Again, that idea that you are a human and you are a real person, and you matter, no matter what is going on around you and your life. Okay, whether that be self-injury, or depression or anxiety, or the fact that you don't know how to change a tire or like, you know, whatever the case may be, but withholding judgment, essentially.

CHAD: Yeah, there's always going to be so much more to appreciate on the common ground. And if you need a starting point, just acknowledge that we're both human, that we're all human. I'm wondering if you have any go-tos. It doesn't have to be specific to self-injury. But pieces of art or literature, or music or podcasts or whatever, that you have found to be really helpful in helping you maintain a more balanced and healthy perspective in regards to mental health.

NIK: There is one book that I go to every couple of years. It's not meant to be focused on mental health, but it does that for me, and probably would do it for a lot of people. There's a book called the *Way of the Peaceful Warrior*. And it's by an author I believe, named Dan Millman, if I'm remembering correctly. And that's kind of my go to every couple years, I need to reread that to kind of get grounded again. Remember what's important in my life and what matters to me and the kind of messages I want to send to the world and that kind of thing.

[music playing]

CHAD: Our final guest is Mallory Ellington. Mallory lives in Tennessee where she teaches English at a middle school. Her love of writing is made evident by her words which you can find on our blog, where she explores her on-going recovery from self-injury and the ways she has found safe places and people to lean into along the way.

CHAD: Mallory, thank you so much for finding the time to chat with us a little bit. I know, it's certainly been our pleasure to feature your voice in written form on the blog over the past couple years. But for folks that aren't familiar with Mallory, why don't you introduce yourself? Who are you? Where are you coming from? What takes up your time? And then share a little bit about how you first heard about to write love on her arms?

MALLORY ELLINGTON: My name is Mallory. I am currently in Tennessee, Chattanooga, Tennessee, and really loving it, although I hail from Georgia, and really love my home state. Right now what takes up most of my time is teaching. I am a middle school English teacher. But when I am not teaching, when I get to do something for fun, I do love to read and write, of course. And spend time cooking for all my friends, when we're allowed to be together, of course. To Write Love On Her Arms, I was trying to think about this the other day when I first discovered this organization, and I think it was when I was in high school. A friend of mine was wearing a T-shirt and that's kind of where it began for me. I saw the T-shirt and I was like, what does that mean? And then from there started just kind of keeping track of you guys online and becoming more aware of what you did, who you reached, how you reach people, and then slowly just, it became a bigger part of my life as I learned more about mental health and how to take care of myself and how I could advocate for others.

CHAD: So the topic that we're discussing today is self-injury, what the DSM would call nonsuicidal self-injury. And I was wondering if, just very briefly, you'd be able to introduce what your relationship to the topic is.

MALLORY: My relationship with the topic is personal experience with self-injury, both in middle school and in high school, engaging in those behaviors. And something I struggled within and to be quite honest, it's something I still struggle with today, all these years later. I have been injury free for almost a decade now, which is incredible to sit here and think about now. And who I was then. But it is something that is still hard for me. It's still something that comes up. And something that I speak a lot about because I want to make sure that people know that they're not alone.

CHAD: With that, I kind of want to go back, you said your journey with self-injury began when you were in that late Middle, early High School. And that's also right around the time that you first learned about To Write Love On Her Arms. At what point did it kind of click? Did it all come together? What did To Write Love initially represent to you as someone that was struggling with self-injury?

MALLORY: When I was first introduced to To Write Love On Her Arms, I wasn't ready to talk about it, I wasn't ready to admit it. But I got to see people who were ready and people who could talk about it. And I think it planted seeds of hope in me that one day I could come forward and one day, I would be able to find help. And I think in a lot of ways, it made it easier for me to say that I needed help and that I wasn't okay, because I had all these people that I didn't even know, you know, people that I've never met before, saying that I was going to be okay, and that things were going to work out. And it gave me a lot of encouragement, even when I didn't fully know how to handle it. And I didn't really know how to process a lot of things. But it was just kind of this undercurrent that helped me get to where I needed to be to say, you know what, I'm not okay. You know what, I do need help. And I think that's something I love about storytelling and writing is that there's so much hope in knowing that someone else went through what I went through. And they made it to the other side, and they can show me how to get to the other side. And that's, that's one of the gifts that To Write Love On Her Arms has given me.

CHAD: If we're going to use the language of gifts then I would say that you are incredible at paying that gift forward. What you just said, that sense of hope, that sense of connection, you have very clearly and explicitly paid that forward in your first piece that you've written for us, it was called Kitchen Sink. You wrote verbatim here, "Maybe you're like me, wondering if the temptation to harm yourself will ever go away. If I'm being honest, I really wish it would. Life would be easier if I didn't have to fight myself. But knowing that I'm not alone, that you're not alone, does make this life a little easier." And that's such a beautiful and concise way to sum up and and really break through this idea of shame of, you know, it's not about feeling lonely, but it's about feeling alone for many people that struggle with self injury. I remember when I first learned about the organization. I was also just taking baby steps in my own recovery with self-injury. I was aware that other people struggled with this behavioral health and mental health challenge. But I didn't know of any other people, it was just kind of all like head knowledge. You know, there is the theory that yeah, some of these people exist, but I'm pretty sure I'm the only one at my school or on my campus or in my town or maybe even in my state. So then seeing proof that not only are other people living with it, but other people are moving past it. That is not the defining characteristic about them. But I'm wondering if you could unpack a little bit. The sense of breaking through that sense of aloneness. What role has community played in helping you find some steps forward in your recovery?

MALLORY: Community has been essential. You know, what you were saying about how you felt like you're the only person in your school or maybe even your state. I completely relate to that. You think that you are the only one and that no one will understand and that no one could possibly fathom what you're experiencing. And that's just a lie that we tell ourselves or that gets

told to us in some form or some fashion. And knowing that there are people who can speak the truth that that's not the case has been such a blessing. Knowing that I'm not the only one even within my friend or family group to be struggling with these things, I mean that, that about blew my mind when, you know, I started talking more about it and realize you know, there are people in my life, people that I see every day or see in my everyday moments that that are experiencing these things, too. But all of us were all holed up in our own heads in our own hearts, not willing to talk about it. Because of the shame and because of feeling alone in the pain that we were experiencing. But knowing that there are people that I could walk alongside, who knew what I was experiencing, they could identify with what I was feeling, has been such a gift. And knowing that I can lean on those people and that I can call on those people. An even people who don't know what it's like, they don't have any experience with self-injury, but are willing to listen, are willing to sit across from you and hear what's going on, and to hear you out, and just show up. I think that's one of the greatest gifts of community, is when people just show up. In the middle of the mess, in the middle of the month, and the middle of all the ugly, harsh moments that life throws at us, they're still willing to show up and they're not scared, and they're not afraid of what you say or what you're experiencing. But they lean into it. And they remind you that you're not doing this alone, whether they are they're physically with you, or whether it's a phone call, or a FaceTime, or a text message, that they're willing to show up.

CHAD: You know, I think it's one thing to talk about the value and the joys of community. All the things that community can provide us, but that's kind of starting the story in media rez, right? Like in the middle of it. There has to be some steps and, let's be honest, it can be difficult steps, in order to find that community, to vet that community, to make sure that we're picking the right team as we're taking those steps forward. And that's one thing that you've also discussed and probably one of my favorite blogs from our quarantine era. You were talking about the value of safe places to tell your story and, and very honest words. You said, "Not everyone is going to be a safe person to share with." But you've drawn out that, look you're allowed to, to hold your story with a sense of sacredness. There will be great places and not great places to share your story initially, or perhaps even at all. So the question here is, what advice would you give to people who are just about to start picking their team, just about to start sharing their story?

MALLORY: I made some mistakes along the way, sharing too much too fast, with some people that I really thought that I could trust. And I don't want that for people because it hurts to have people hear your story and walk away, to be known and to be rejected. And so I would encourage you to start small and to say things in a safe environment where, you know, if you need to walk away, you can, you know. Don't have these conversations where you feel like you're going to be trapped.

CHAD: Yeah, I mean, there's certainly a line to toe between holding, you know two things in intention that not everyone is going to be a safe place. You don't owe your story to anyone. And you deserve to be known. You deserve to go through life less alone. But I think that there is something to be said about learning from people that are in recovery, learning from people that have shared their stories, learning that you can open up without completely dissolving.

MALLORY: I think there have definitely been some key shifts. Growing up, I really thought that because I struggled with self-injury that something was wrong with me or something wasn't right. And so I felt like it didn't fit into my faith community, I felt like, I was getting it wrong. And I was missing the mark, and I just wasn't gonna make it. And I was never going to make the cut. And then, I kept going through life. And I kept trying to figure things out. And I realized that that just wasn't the case, that I could be accepted for who I am in my faith community, and I didn't have to change anything. That I could be loved and I could be accepted. That I could be okay and that my god doesn't cast me aside or doesn't hate me because of these things. And that moment, that realization, radically changed my life. I know a lot of people here you know, you just have to pray these things away and they'll go away. And that's just not how it always works. And I mean, I wish it did. I wish that there was a moment in my life where I can point to and say, "That's the last time I ever struggled with this. And it's been so easy ever since." But that's just not the case. And it's not the case for most people. But faith has given me comfort, and it's given me peace in knowing that I don't have to do this alone. I believe that my god is on my side and in my corner and advocating for me. And that has given me so much hope. And knowing that, yes, this is who I am, and this is who I was. But none of that defines me. My identity comes from something so much bigger than myself. And it's been such a gift to speak that into faith communities where, you know, people think, "Okay, well, I just need to say a prayer. And all of this is going to go away." Or, "Something must be wrong with me if this is what's happening" and to come against that line, say no, you know, you're gonna probably still continue to struggle. But there's so much more for you, in the midst of this faith, in this belief system, than just thinking that a prayer can solve all your problems.

CHAD: We're coming up, you said, on a decade of pursuing recovery with self-injury. I wouldn't assume that every day of those nine plus 10-ish years have looked the same in recovery. I'm sure that day one versus day 365 looked different. Day one versus day 1000 looked different. How has this journey unfolded? For you? Are there still moments that you are counting minute by minute of recovery?

MALLORY: I'm definitely not counting minute by minute as much as I was there at the beginning. But there are some days when it still feels like that. And I am not afraid and I am not ashamed to admit that. It has been almost a decade, but there have been a lot of really hard things this past decade that I have had to face and I have had to encounter and it's gotten easier every year. And it's gotten easier every trial as, as I've created this team as I've got this community that I've built up around me to walk with me. But there are still days when I have to take a deep breath. And I have to ground myself and I have to remember where I am and how far I've come. And remember that no matter what happens, everything is going to be okay. I mean, it kind of blows my mind that it's been 10 years. I just didn't think it was possible when I was 17, I really didn't. And each day, it's gotten easier. And each day it's gotten better. And there have been some days, the past 10 years, it has not felt possible. But I stand where I stand today, because of people who have become safe places.

CHAD: Apart from people, what have been some of your favorite pieces of your self care plan? When you feel like the day is getting the best of you, when you feel like your brain is running

away from you. What are some pieces, some tools in your toolkit that you have found to be trustworthy and faithful and useful to help you kind of ride the wave of some of these urges?

MALLORY: Well, I love to write. I love to put my thoughts on paper because it helps me process so I always have a journal. And if I'm not near my journal, I just journal in my phone. But writing things down, especially if my mind is racing and the thoughts are flying, if I can just start getting them down and getting them out of my head has been super helpful. I also love going on walks. Just going outside, being in the sunshine, taking some deep breaths, and just sometimes literally walking away from whatever the problem is, you know. I might not be able to escape a problem. But to kind of physically walk away from something is such a freeing thing for me to say, you know what, no, I'm leaving this here. And I'm going to walk away. And then music has also been such a gift. We keep talking about being known and there's a song called "Known and Loved" by Joel Ansett, which is one of my favorites right now to just put on when I'm having a bad day. And so I think music has also been such a gift to hear someone else kind of put words to thoughts and feelings that I have, that I'm not able to express in the moment. So right now those are kind of the big three things in my tool belt if a day is getting the best of me.

CHAD: And lastly, what would you say to the listener right now who's sitting in the room, in their car, maybe reflecting on their own struggles, their own journey? What is a piece of encouragement or advice or just anything, open mic time for Mallory, that you would love to address to someone who finds himself currently in the struggles of self-injurious behavior?

MALLORY: I want to say that I see you and that I know it really sucks. And it's really hard some days. But I see you and I know what you're feeling and I know what you're experiencing. So, even if you don't feel like there's anybody in your life that knows what's going on here, here's a stranger who's telling you that I've been there. That I've been sitting on the floor in my room, unsure of what to do next. And there are better days ahead. But you're not alone. And you're not defined by this. You are not defined by these actions and you never have been, and you never will be. Your life and your story is so much more. And I look forward to the day, when I get to sit in my car and listen to you on this podcast instead of me. Sharing your story, sharing your truth, and sharing your journey, paying it forward because someone else poured into you.

[music playing]

CHAD: This episode wouldn't have been possible without our incredible guests, so we want to give a big thank you to Lori, Mallory, and Nik for talking with us today about a topic that is too rarely discussed. If you or someone you care about is dealing with self-injury, please know that self-injury is not your identity, it does deserve attention, care, and grace and that you, by virtue of existing, deserve attention, care, and grace. Recovery is possible. To find local and affordable professional help, we encourage you to use TWLOHA's Find Help Tool by going to [twloha.com/findhelp](https://www.twloha.com/findhelp). 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 anytime 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 once again, thank you for listening to the To Write Love On Her Arms podcast. We're glad you're here.

[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.