

Transcript for Episode 413: “Suicidal Ideation: A Passive Wish To No Longer Exist” with Ashley Holstrom

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

ASHLEY HOLSTROM: I have been very afraid to open this part of myself up to the world, and had a list of reasons why I shouldn't write about it, or talk about it or anything. But then I'm just like, well, what if I can save just one life? My discomfort for a couple minutes is worth that.

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

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CHAD: Over a year ago, when the pandemic altered nearly every part of daily life, we wondered what it would mean for those struggling, for those currently fighting to stay alive.

A mental health crisis already existed and the pandemic only made it more glaringly obvious. The collective trauma and loss [nearly doubled the number of people](#) having thoughts of suicide and experiencing depression compared to previous years. And in March of 2020, [one in four young adults](#) reported thinking about suicide because of the pandemic.

One bright spot, a moment of tragic optimism, is that this shared experience made talking about mental health almost a normal part of everyday life. We were surprised to see moments where the polite, “How are you?” was not expected to be met with an unassuming “fine.”

Over the course of the next few episodes, in honor of TWLOHA's Another Day With You campaign and World Suicide Prevention Day on September 10th (which you can learn more about at anotherdaywithyou.com), we want to use this space to have conversations that challenge the lie that says we can't or shouldn't talk about suicide. We want to share real-life experiences as they relate to suicide attempts, loss, and ideation. For today, we'll be joined by Ashley Holstrom, who's here to talk about the latter, suicidal ideation.

Ashley is a professional book person, designing for an indie publisher and writing for Book Riot. She's an advocate for mental health, reads any book about mental illness she can get her hands on, and wrote an essay about trichotillomania (compulsive hair-pulling) for the young adult anthology (*Don't Call Me Crazy*). Ashley lives in the Chicago area with her rainbow library and cats named after Hemingway and Asimov. She also is very familiar with thoughts of suicide.

As you'll find out in more detail, suicidal ideation has been a part of Ashley's existence as far back as she can remember. But instead of telling Ashley's story for her, I'd much rather you hear it from her, so, without further ado, I'm your host Chad Moses and let's get started.

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CHAD MOSES: It's our honor today to connect with professional book person, Ashley Holstrom. Ashley has been featured on our blog throughout the past couple years once for our World Suicide Prevention Day campaign, and another for May being Mental Health Month, so it's really an honor to connect with her on this forum. But let's start to just get to know a little bit about who Ashley is. Ashley, where are you calling in from? How are you today? I'm curious how you first got connected to *To Write Love On Her Arms*?

ASHLEY HOLSTROM: Hi, I'm great. I am in my hot pink office in the Chicago suburbs. I got hooked up with *To Write Love On Her Arms*, I wrote an essay for a young adult anthology called *(Don't) Call Me Crazy*, edited by Kelly Jensen, who is also pals with *To Write Love On Her Arms*. Becky was looking for people to write for the blog and asked Kelly, and Kelly sent me over, and here we are.

CHAD: I love it. Yeah, as with most great things that happen in the world of *To Write Love On Her Arms*, it's generally Becky's fault. Thank you, Becky and Kelly for helping Chad and Ashley connect here. We are in the midst of our annual campaign for World Suicide Prevention Day, and this is definitely a time of high concentration of conversation. But this is a nuanced topic. Most people are familiar with the topic of suicide, whereas suicidal ideation is perhaps a little bit less well known. So let's take a minute to talk about the difference between those two; between suicide and suicidal ideation, or chronic thoughts of suicide, and how those two topics have impacted your personal life, your mental health.

ASHLEY: So for me, it's really simple. It's just active versus passive. I feel like the suicidal ideation, which is a thing that I have dealt with my whole life and didn't have a name for, it's just very passive fleeting thoughts. I've never had anything active.

CHAD: That being the case, I know it's so difficult to talk about any of these mental health challenges, because they are so heavily stigmatized. You mentioned, it took some time to find a name for suicidal ideation. Can you walk through what it looked like to find that definition, as opposed to being someone who could have been labeled as crazy, or dark, or just angry, or what have you. But what was the process of landing on this specific experience of suicidal ideation, as opposed to active thoughts of suicide?

ASHLEY: For me, it is, like I said, really passive. I wrote about it on the blog a couple years ago, where it's just like, I just have these constant thoughts of, "wow, I wish I were dead right now." And that's really the extent of it. It's never like, here is how I am going to kill myself. It's just, "I wish I weren't here and not experiencing this." And I just watched Bo Burnham's *Inside*, which is just the best thing I've ever seen. But there's this scene where there's a recording of himself, like

six months prior, that's projected over his current self saying, "Hey, guys, let's not kill ourselves. It'll get better. But you know what, if I could kill myself today for just one year, if I could feel myself and not experience the next year, I would do it." I never really put it together that that's how I feel. But it's just like, I want this moment to stop. I want the next day to stop.

CHAD: You've written kind of about this, and this is not an altogether unique experience. There's so many people who have lived with mental health challenges, and they often talk about a sense of relief when they get this word to attach to their experience. Was there that kind of shift in your life and your experience when you were able to say, "that sums up my thoughts, that sums up what I have experienced?"

ASHLEY: Yeah, so actually, the To Write Love On Her Arms blog has been really helpful for me with that. I had never heard of suicidal ideation until a few years ago, and that helped me to sort of separate from being in my head and being like, I wish I were dead, period. But now I'm like, I wish I were dead, but this is a thought that I can get rid of. I can move past this. Just having the word for it really helps me to deal with it more, I guess, and to take more control over it. It was also very nice to see a lot of other people experiencing the same thing, knowing that I'm not the only person feeling this way, all the time.

CHAD: Do you recall the first people or the first conversations to have presented suicidal ideation as the culprits in your life, as opposed to, you know, any other condition X, Y, or Z?

ASHLEY: There's one moment in particular, I was at a book reading by Mark Lukach, I think was his name. The book is called *My Lovely Wife In The Psych Ward*, and it was this memoir of the caretakers perspective of his wife, I think she was bipolar, and had a psychotic break. And he was like, I've read all these memoirs from the patient, but never from the caretaker. Seeing it all from his perspective, I was at that event with my partner, and like seeing his reaction, and then just looking at him being like, oh, I'm not this extreme, but I do similar things to this.

CHAD: Yeah, I imagine you know, moments like that. It kind of feels like *The Truman Show* or someone's been reading your mail, you know, someone that speaks so honestly about experiences that you thought were purely individual. It can be so hard to open up about these things, because there is no way of knowing how it will be received. But I imagine that was rather empowering to hear someone else's experience mirror your own.

ASHLEY: Yeah, that moment also, hearing someone else's experiences with it, kind of got it in my head of feeling like I can have more control over it. I'm aware of it, I point it out when it's happening, and say, "that was a bad thought, you shouldn't do that again." And that has helped immensely, just being able to point it out, acknowledge it, tell it to go away, and that's that.

CHAD: I do want to talk a little bit about the writings that you have on our blog. So the first time that you wrote about suicidal ideation on the To Write Love blog was back in 2019. In that first blog, you said, quote, "Nearly every day, I imagined the many ways in which I could die, or I list off in my head reasons why I should be dead, every day. I'm afraid to call it by its name, suicidal

ideation, because it doesn't feel that intense. I wish I were dead. I don't want to kill myself, I assure my therapist, I'm not a danger to myself or others. It's passive, not aggressive, see." So we talked just a second ago about this difference between passive and aggressive, but I'd love to dig in a bit more to that. I'd say that, with passive versus aggressive, that doesn't altogether remove a sense of urgency though, right? Like, it may not be as intense, but these are still serious hypotheticals that we're seeing potentially play out. So when we are discussing labels like passive and aggressive, what comes to your mind as far as the experience of suicidal ideation in your life?

ASHLEY: When I picture passive, I just think of my own experience of just like, I'm driving, and I have this thought of, I could just go off the bridge right now and that'd be fine. But the active, more aggressive, would be going through the motions, having a plan, doing all of the things and doing it. And I have never been at that point, which is how I draw the distinction, is the planning, I guess.

CHAD: That's something that I've related to as well. I remember in fourth grade, my mom pulling a book out of my backpack, and finding a note that I'd written to myself about wanting to die, wanting not to wake up, wanting to get out of whatever it is I was struggling with. Maybe it was a bad test. Maybe it was fights with friends. But I remember that being a terrifying moment for my mom to see this letter with scribbles all over it of, "I don't want to be here. I wish I were dead." At that moment, just like you actually, I didn't have a plan in place. I wouldn't even know where to access the means. I'm not even fully aware if I knew what it would mean, to check out and not come back. Do you recall when these suicidal ideations first became noticeable in your life?

ASHLEY: I feel like they've always been there. I really think it's always been there, which is a real bummer to realize. It's just always been there, but because it's such a stigmatized thing, I don't talk about it. Other people don't often talk about it. I'm like, terrified that my mom's gonna find out about this podcast episode. It's the same with your story. I don't want to upset my mom, I would hate for her to hear that the life that she created doesn't want to exist.

CHAD: I feel like, kind of in that, just hearing that tone, there is this desire to continue to exist, almost this plea to acknowledge that, look, these these thoughts are happening, but know that I'm here. And I think that that's an important distinction to draw out, and I reckon something that has been cultivated over kind of evolving self care tips. So I'd love to go in that direction. In the moments where these thoughts do arise, what sort of game plan have you implemented in order to separate yourself from these thoughts?

ASHLEY: So, if I'm in a very bad place, I will text one of my best friends. Our code word is banana hammock, and I will text her that and she knows that I need someone to check on me for the next couple hours, check on me tomorrow and the next day. I'll try to go for a walk, drink water, very simple, basic things. But when you're in those moments, that is the most difficult thing to do, is to put on pants and go outside. But I try my best to do that. Other times, I just crawl into bed and take my cat with me and wait for it to pass.

CHAD: We have said for years and years that people need other people. We've found that one of the huge benefits of having other people be privy to our stories, privy to our thoughts, privy to our experiences, good or bad, that really just helps us kind of build out a healthier sense of perspective and get eyes on a situation that we are incapable of viewing. But you've also mentioned in some of your writings of trying to ascribe some sense of causality to these thoughts, and what may be happening around you. You've mentioned that there is a seasonal sort of interplay here. Would you be able to talk a little bit about what the process was in finding some of these patterns or associating moments that could be triggers, and how you protect yourself from that, and what happens when these thoughts arise with no warning?

ASHLEY: So for the seasonal part, figuring that out took a few years. Obviously, it was a thing that was happening every year at about the same time. And I tend to, like, go to my therapist for a few months, and then we take a break, and then something happens or I'm upset and I come back. I was coming back every year in June and July and August, and she was like, okay, there's something going on here, because there's no triggers for all of this. You're just feeling bad. I've kind of worked backward and I've had a few family members die in August, and so August is just—I wish that page of the calendar didn't exist. It's kind of like this march toward August is just like getting darker and darker. But since I've called it out, I'm able to see it. The people in my life know that July is going to be bad, and August will be worse. But if I am forced to go out, take a walk every day, or make sure that I shower more than once every three days. Like the very simple self care things. As long as I do those things, I'll get through it.

[music playing]

CHAD: As we dedicate the month ahead to suicide prevention, one of the best ways to play a role in this campaign is by purchasing the **Another Day With You** pack. The pack includes things like a T-shirt, conversation cards, sticky notes, and more—all of which are designed to help you play a part in conversations and actions that move people from a place of hopelessness to help.

From the moment you open your pack, we hope you'll carry the Another Day With You message into your everyday life. Wear the shirt as a visual reminder, use the sticky notes to leave encouragement on a co-worker's desk or a friend's car, and let the conversation cards guide you through heavy but necessary interactions that will challenge the lie that says we can't talk about suicide. To get started on one or all of these things, go to store.twloha.com right now to purchase your very own WSPD pack.

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CHAD: So you mentioned having your partner who is aware of this, you've mentioned your banana hammock friend, for lack of a better term. What was it like first having these conversations of welcoming people into this? What was it like trying to navigate the nuance between, "Look, I'm not someone that is developing plans. These are just thoughts that hit, and

here's what I need from you to support me in these moments.” How are these conversations framed, as you were picking your support network?

ASHLEY: It definitely took a while to open up about it. With the banana hammock friend, she is also dealing with a lot of anxiety and PTSD and things. So she was like, in the middle of a whole big thing when we became friends. So I was like, she's someone I can trust, because we're in this together. With my partner, he opened up about having anxiety about very small things, and I was like, you want to talk about anxiety? Boy, have I got something for you. And it's just kind of like, slowly, I've opened up more and more. But we've been together for four and a half years now, so like, he knows all of it. We need to get to a good level of trust, where like, I can text this person, and they're not going to call my mom or the police or whatever. Where I can say, here's what I'm feeling, but you need to trust me that I'm just telling you that this is a feeling and not a thing that I'm going to do.

CHAD: Yeah, so there's this foundation of consistency, of building this trust. I often say we all have trust issues, and we all have great reasons for that. You've also mentioned about what we need to do as a society, or maybe not even the what, but the fact that as a society we need to stop making mental health a punchline. We need to stop finding excuses to laugh at something as serious as as suicide and suicidal ideation.

ASHLEY: The same with villainizing mental illness. Like, every time that there's a mass shooting, and they're like, “Oh, well, the guy was mentally ill.” Well, that's true, but you're making it harder for people who are also mentally ill, because my mental illness is not that. And your mental illness is not that.

CHAD: I mean, we can hold both things in different conversations, right? We know for a fact that people with diagnosed mental illness are far more likely to be victims of violence than they are to be perpetrators of it. And you're right, there is this horrible media confluence of violence and mental health, and then you turn on something besides the news, and you see cartoons and sitcoms and what have you making punchlines of something that is not laughable. We're talking about lives, we're talking about friends and family. Where have you seen, and what were the ways that it manifested, of friends kind of going to bat for you? Have you seen anyone kind of step up and say, hey, that's not funny, or just trying to find different ways to curb a conversation away from harmful narratives continuing to be at the steering wheel?

ASHLEY: I'm normally the person who calls it out. I'll be like, “Oh, well, what do you mean by ‘she's crazy?’ What does that mean?” And I also feel like, in 30 years, I've learned a lot about myself, and the world, and psychology as a whole, and I've surrounded myself with people who are better than making jokes about horrible mental illnesses.

CHAD: You've mentioned that you have been the one to step up, and I think that's a really powerful tool, right there. Just asking, “Hey, I heard you say, crazy. What did you mean when you said that?” And you know, language is such a beautiful and evolving thing that we so often get lazy. We get lazy with cliches, we get lazy with words that end up taking on meanings that

they were never supposed to take on. What are some effective ways that we can be better advocates for normalizing mental health challenges in conversation?

ASHLEY: I think acceptance in the way of like, acknowledging, this is okay, this is a feeling. You're allowed to have this, this is a real thing that's going on. Yes, it's in your head, but it's not just in your head, you know. Being that kind of support when people around me are like, "Oh, I'm so upset about whatever," or, "I'm really nervous about this." Instead of being like, "Oh, don't worry about it. It'll be great," I'll be like, "It'll be great, but also, I understand your feeling, and you're allowed to have this feeling. It's a totally valid feeling. Let me know what I can do to support you."

CHAD: Trying to almost in a way elongate the conversation. That, just because there was a difficult moment of someone sharing a heavy experience, it's not your job to explain it away with a bumper sticker mantra, right. And that's not anything I've ever wanted or benefited from. I remember hearing a public speaker a couple years back, I was really proud of him. He caught himself in conversation. He said, "Hey, you know, so I was going through the store and I saw this one thing that was just so crazy—that's not what I mean. I mean confusing. This is something that was confusing." That is such a better word to use and it brings me now more into your experience than dropping just the word crazy does.

ASHLEY: Yeah, it's more descriptive!

CHAD: Words matter, right. A professional book person on the line. Words matter. To that extent, because words matter, because words are standing in place of what we're thinking, what we're perceiving, what we're interpreting of the world around us. We know that there's a lot of stigma surrounding things like suicidal ideation. And the reality is that carrying the heaviness of those ideations can be isolating and alarming. So what are your hopes in combating that stigma, and what are some ways that we can go about doing that, verbally or otherwise?

ASHLEY: Right now what we're doing is great. What To Write Love On Her Arms has been doing for, I don't know how long, 15 years. Just talking about it, making it a thing that we're more aware of. I am an old person who downloaded TikTok, and I instantly fell down the mental health area of TikTok. But seeing all these kids who are very open about what they're feeling, and experiencing is really, I don't want to say that it feels nice, because it doesn't. But it's nice that we're more open, that kids are open about it, and they can be verbal, and explain exactly the things that are going on, as opposed to just, I'm feeling nervous today because of the test, and that's it. And, of course, there are two books that I've just read recently that started off with sentences that were basically like, "I remember the first time I wish I were dead." And there are these two books that just came out in the last couple of years. I was like, wow, how weird that I'm going to be talking about this after reading this book. So, a lot more books are being published, just a lot more media in general. Like I said, Bo Burnham's, *Inside*. Everything in the world, I feel like we're getting more open about it. I have been very afraid to open this part of myself up to the world, and had a list of reasons why I shouldn't write about it, or talk about it, or

anything. But then I'm just like, well, what if I can save just one life? My discomfort for a couple minutes is worth that.

CHAD: That's a beautiful, beautiful sentiment, and we're so honored to be on the receiving end, the practical receiving end of that. Within the greater context of this conversation, this being the lead up to world Suicide Prevention Day, I've got two questions about this kind of being a moment on our collective calendars. So first, as someone that has not struggled with active suicide attempts, do you feel seen? Do you feel valued? Do you feel welcome to the table of conversation? Or is suicidal ideation something that we collectively need to scoot over, make a bit more room at the table for?

ASHLEY: I think yeah, if there should be more room at the table for it. Because when I've been approached to talk about it, I've been like, "Well, who am I? I don't have the requisite experience to talk about this." But that's not true, because everyone who has any experience with it is valid. Don't put this in, but it's very fucked up that I had imposter syndrome because I haven't tried to kill myself.

CHAD: Can we put that in? I think that that's such an important point. Imposter syndrome is real and not just in the workplace, but in everyday life with the person that we see in the mirror each and every single day. That's part of being human too. Going back to World Suicide Prevention Day, we also mentioned that we would rather this not be a point on our calendar. I don't know if we will ever be able to work ourselves out of a job and that it seems like suicide and suicidal ideation have been part of human experience from the very beginning. That being said, I am confident that there is more work to be done. There's steps that we can continue to take. In your minds, what would mark a successful campaign for world Suicide Prevention Day when we look back in October when everything is a little less orange on websites?

ASHLEY: The obvious answer is fewer suicides. But I think it has to be broader than that. I think more people being open and honest and vulnerable, about all things pertaining to suicide and mental illness, and doing our best to remove that stigma, because boy, does it suck.

CHAD: I totally agree. I think it's one thing to highlight crisis intervention, one thing to meet people at these peak moments of depression and anxiety and ensure their safety. But so much of suicide prevention happens outside of crisis moments. It happens in conversations like this, it happens when people stand up at a party and say, "What did you mean, when you said that?" Or, "That actually isn't funny." Like that is suicide prevention. It's challenging popular narratives, these stigmas when our assumptions about a topic become our absolute truths about it. Like, no, everything deserves to be challenged, including how we talk and how we think about things. And then of course, the one thing I'm going to pull from this is the opportunity for human interaction. We were strangers before 40 minutes ago. I had never been able to put a face to a name or voice to a name. I really think that what we're doing despite anyone else in the world hearing this is suicide prevention.

ASHLEY: That's kind of what I mean about when I say like talking about, I don't mean the crisis mode, but talking about the most mundane things of, I stubbed my toe and I'm depressed about it. But just the very minor experiences, all the way up to crisis mode, they all matter. And all discussions of mental health is worthwhile.

CHAD: We stand behind that, and we stand behind you, and we stand behind every conversation that looks and feels and sounds like this one. We hope that our conversation inspires more conversation and just proves that we can have these conversations, and neither of us will spontaneously combust. We're not struck by lightning and we can go on with our day. But I do want to toss one last question to you. What would you say to yourself or anyone else struggling with suicidal ideations?

ASHLEY: I always have to remind myself that this thing will pass, this moment will pass. Because it always does. It always has, it always will. It'll be back. Things will be bad again. But then that will also pass. And you just have to keep going. One more day.

[music playing]

CHAD: We want to give a big thanks to Ashley Holstrom, book person, and all-around great human, for challenging imposter syndrome and stigma by being here today. Ashley, your vulnerability means a great deal to us and as you said, if these conversations can help even one person to stay, it's all worth it.

And to our listeners, thank you for, well, listening. For finding the time to tune in and create space for these sometimes tough conversations and experiences to be received. In return, we hope you feel seen and cared for as well. We hope you know that when we say we want another day with you, it does indeed mean *you* and all that you entail.

And again, we want to invite you to visit anotherdaywithyou.com to learn everything and anything about the campaign, and if you're in the US or Canada, you can text WSPD to **321-204-0578** to stay informed on all things current with the campaign! Thank you for being a part of this moment. We do this work for you, because of you, and with you. We're glad you're here and we're grateful to have another day with you.

[music playing]

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

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

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. You'll be connected to a crisis counselor. It's free, confidential, and available 24/7.

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