

Episode 203: Q&A - Asking For Help, Going To Counseling, And How To Support The People You Love

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

LINDSAY KOLSCH: Over the last 13 years, we've responded to more than 220,000 messages from people in over 100 different countries. They asked how could they help a friend or find help themselves. They asked for a reminder that hope is real. Their questions pointed to parts of their stories they didn't really know what to do with. And we also received so many that felt like they were hoping to answer one big question we all face: Am I the only one who has ever felt like this? And we still get questions every single day, online through social media and our inbox. And while we love providing some answers that we've found to be helpful to the people who write in, we often wish we could find a home for these questions and so we're hoping to let those live here.

LINDSAY: Recently we asked our Instagram followers to send us their questions. We compiled a list of them and chose a few of the most common ones to answer on today's episode. They include topics like how to cope with mental illness when you don't have access to therapy and how to help loved ones through their struggles.

[music playing]

LINDSAY KOLSCH: You're listening to the To Write Love on Her Arms podcast, a show about mental health and the things that make us human. Each episode we'll be talking about the things that can often feel hard to talk about, like depression, addiction, self-injury, and suicide. We'll be sharing stories and exploring big themes like hope, healing, and recovery.

[music playing]

LINDSAY: Before we get started, we just want to say that we know it's scary to not have all the answers. Our ultimate goal and hope is that what we talk about today will remind you that you are not alone in your questions. So on today's episode I asked two friends—Chad Moses, who's our Director of Outreach here at To Write Love on Her Arms, and Stephan Monteserin—to join me. Stephan is a licensed mental health counselor working in the Orlando area. We are excited to get started. So thanks guys.

STEPHAN MONTESERIN: Thank you for having me. So happy to be here.

CHAD MOSES: Great to be here.

LINDSAY: Great. Guys, we've got a lot of questions in, some that we had heard before and some that are a bit new. So I'm excited for us to go through these. These were submitted on social media and we're excited to just get to have a conversation about them. I want to just kick

it off and the first question we've got is: How do you care for yourself when you feel yourself slipping into depression?

CHAD: Just thinking about the question with what do you do when you feel depression creeping up? And I don't know if I know what to do, but I've certainly found things that I know not to do.

LINDSAY: Okay.

CHAD: And for me, uh, as someone that lives with depression and especially manifesting seasonally, coming from a time of heavy activity on the road, going to music festivals, working nonstop, you know, a lot of purpose, and adjusting to work in an office after that. And also adjusting to circadian rhythms, and what happens when it's not as light outside, what happens when it gets a little bit colder... And, and I can see depression coming from a mile away and I haven't figured out the perfect treatment plan for myself.

CHAD: Look, you know, finding healing within yourself does not necessitate doing it by yourself, that you're allowed to and you're encouraged to, I'd even say you need to have other voices speaking into that. So one of the biggest pitfalls of depression is that it's, it's perspective-limiting. It makes you believe that you have waived your rights to personal connection. So if my, if my depressed mood is the only thing given space to speak into my life, then I'm certainly not getting the full picture. So I have learned that I can't navigate this by myself, that I need to be upfront with my spouse. I need to be upfront with my friends. I need to be upfront with my coworkers. I need to be comfortable not apologizing for my moments of inactivity. That sometimes that's a wave that, that you just need to, to ride.

CHAD: I feel like every year I'm learning a bit more about things that haven't worked.

STEPHAN: So isolation doesn't work?

CHAD: Not at all. Not at all. It's, yeah. There's so many like flashbulb memories of moments where I would just stuff and stuff and stuff and then blow up and that creates more distance between the people that are hoping to, to care for me in that moment. When someone reminded me that at no point was I expected to get through this by myself, it was when I was like, oh, well then maybe I can stop pretending like I'm superhuman. Depression is, is, is part of me, just as I have brown eyes, just as I needed contacts for many years of my life. These aren't flaws. These are just pieces of me. And the same way that I'm not growing all the food that feeds me. I'm not producing all the video content that's entertaining me. I don't need to find the healing for emotional distress within myself either. There's other people that can provide those senses of care for me.

LINDSAY: I'm curious about some of the language here and the question being asked your, you find yourself slipping into depression. So the idea being I'm slipping into depression and I'm going to take all these steps. I'm going to kind of talk to people I love. I'm going to let them

know. I'm going to maybe even sit down with a counselor right away. I'm going to get sleep, I'm going to eat well. But yet perhaps depression might move forward and maybe become more prevalent or more, um, pronounced in the experience of the person. And curious we should kind of also make the, the note here that you can be doing all those things and we encourage people to do all those things. But if, if you find the experience getting heavier and heavier, not to feel like you are failing at help. Does that make sense? Like how do we speak against the narrative that like I will just stop it in its tracks and, and like to what you were saying, it's become kind of for you may be more of something you have to just move through for a season.

CHAD: Yeah. I stopped trying to eradicate depression and instead focus my attention on how do I roll with it, how do I more appropriately address it. If, if I'm feeling like I'm just fighting like you get this, I'm hearing it less and less now, but back when we first started this, so much of the conversation around mental health was battling my demons and you've got to win this fight. And now I'm like, man, I think my energy is way more better suited to caring for myself rather than fighting something that I'm envisioning to be external but is actually a part of my own brain chemistry. This is part of my specific neurology. What if I can instead kind of judo this depression into drawing me closer to someone else. Maybe that's counseling. Maybe that's through meditation maybe, but instead of of pushing, what can I, I pull towards me?

LINDSAY: Okay. Yeah. Stephan, do you have anything kind of along that line that have been helpful for you or with clients?

STEPHAN: Again, I would go back to managing expectations about how it's supposed to be or how I'm supposed to behave in any given situation. I think that when the idea is I shouldn't be experiencing this. I should not be depressed. I should not be anxious. I end up setting myself up for failure because I'm not acknowledging necessarily what is: I do feel depressed. I do feel anxious. And so my inability to sort of approach that with curiosity or compassion can delay the offset of the symptoms. So the symptoms are again, but they're pointing to something a little bit bigger than just, this is bad. I don't want to be here.

LINDSAY: Right.

STEPHAN: And so we began to focus on the symptoms and as the symptoms worsen, that can be overwhelming. That can be shame-inducing, fear-inducing, anger-inducing because I'm frustrated and I felt powerless. I feel like I can't change this. And then it goes to the heart of what we believe: I must be a failure. I'm, I'm alone. I'm isolated. I can't get over this. I'm stuck. And then when we start to really explore those kinds of themes, it is very disempowering. And so doing the things we know we can do alongside depression I think is a, is a conceptual leap. Like, okay, I don't want to get out of bed today. Part of me doesn't, but part of me will, and part of me will connect with others and part of me will exercise when most of me doesn't. Or part of me will go see my counselor when 80% of me doesn't want to.

LINDSAY: Yeah.

STEPHAN: And at least gives me a chance as I build some endurance within depression, within anxiety to move forward.

LINDSAY: And then something, I think that's a great follow up here to the conversation we're having. This person asks, what are some things that you can do to have access to therapy if you don't have insurance? This is definitely a question we get a lot. Right now depending on where you live and so where you're listening, this could be a little different, but we're going to go kind of broad strokes on this question. But in America, it is very common obviously for people to be uninsured or under-insured, meaning you don't have maybe mental health or behavioral health coverage. And so what are some ways, guys, that we can point them to kind of get connected in some way, they're taking that first step, which is also a really brave and great step to take, but they feel like they have a barrier financially to getting that support. Where can we start them?

CHAD: Yeah. One thing that I often say to people when I'm traveling and we have this conversation at our booth is that a counseling practice is never going to invoice you for just giving a call and asking what resources are available. You can be up front with where you are financially or where you are in terms of insurance. And you can ask questions such as, are there group therapy options available or do you know of a counseling practice in the area that has a mental health intern that's trying to get hours so they can be a fully accredited mental health professional? One thing that we love talking about at To Write Love on Her Arms is or FIND HELP Tool where you can search for free or reduced-cost treatment options that exist within your own zip code. And I think almost on a meta level, it's important to voice these concerns that so often when we're talking about counseling and mental health and behavioral health, so often that turns into a conversation of privilege and access. Because maybe I can afford the counseling, but if I don't have a job and I can't pay for the gas to get to these places, then, you know, it's almost like that resource doesn't exist.

CHAD: So I think when you are in a space of health or if you have people around you that are able to speak more loudly on your behalf of saying, "Hey, these are needs in our community. Not only do we need to foot the bill for the counseling for our friends, but we also need to make sure that they're able to get there safely. We need to make sure that their electricity stays on. We need to make sure that Johnny can make it to soccer practice while his parents are sorting through some stuff with the counselor." So I think so much of it is, is about asking questions. You're never going to be charged financially for asking a question.

STEPHAN: Yeah, I enjoy when folks call in to my office and are just inquiring about what counseling is about, how they can benefit from it, or especially when they represent others who are in that process and having difficulty finding services. And so good counselors will be informed of what resources are available in their area, whether that be free or reduced services, what nonprofits are offering services. Large public universities, private universities oftentimes have psychology programs where interns are available in free clinics or in reduced-pay clinics.

For those of you who, who don't have insurance or are under-insured, many counselors do take self-pay and will offer a reduced fee for services or know of other counselors who are also offering free or reduced services.

LINDSAY: Yeah.

STEPHAN: The difficult part, and this is disheartening, is that it can be such, um, a rigamarole. It's oftentimes just tenacity that pulls you through to find the right counselor for you. You may make ten calls and have seven counselors drop the ball on you because they're busy and they're managing. But I would encourage you to keep pushing and asking the questions.

LINDSAY: Yeah, exactly. So there's a great place to start, um, whether it's even touching base with your support network for referrals and letting them know that hey, there is a need and you're in that process, they can continue to support you in that journey. Um, because it may require tenacity. It may require them saying, hey, where are you at with that? And you're like, well, you know, that one didn't call me back. And that can be disheartening, but they could say, no, keep going, you know, keep, keep working on that. The FIND HELP Tool on To Write Love on Her Arms' website. Yeah, you put your zip code in and it will provide you some options, right, to get started. There are a lot of state-funded or federally-funded programs if you qualify at various income levels, there are filters there. Geographical filters. We know that there's a lot of other barriers outside of the financial piece, but kind of addressing that first and knowing that it's totally worth it to keep looking for that connection and that point of help. And it's worth it when you find it. Um, but it can be hard and that's, that's the place that we're continuing to push into in, in trying to get more people aware of who are those people who will say, yes, I'm available or I know where to go kind of thing.

CHAD: I think with that is also that, that's a question that isn't even necessarily specific just to insurance coverage or lack thereof, that you deserve to have someone to help you process both your pains and your joys. And even if you're fully insured, if you come to a point where you don't think you're clicking with that counselor, you're allowed to, to restart the search. You know, there's 7 billion people on the planet; you're not expected to have an immediate connection with, with all of them. Like you said, Lindsay, at the end there that you are, are worth that time to find something that makes sense on a financial level, but certainly on a personal level too, and to feed it back into the previous question, this is not a matter of success and failure. This isn't a matter of you winning or losing. This is a matter of you making sure that your story is being heard and that you're able to progress in that story.

LINDSAY: So another one that kind of follows up, uh, pretty much perfectly here with this conversation is let's say you found the counselor, the person's asking what's some advice you have, how to be comfortable during the first session with the psychologist? And I'll broaden that to whether it's a counselor or anybody in the mental health field that you might be seeing. Stephan, as the counselor, I'm gonna, I'm gonna look at you on that one real quick.

STEPHAN: So can you maybe clarify what some of the concerns might be?

LINDSAY: Yeah, well, we don't have much more than the question, but I imagine that a lot of people have not had that experience. We all grow up doing wellness checks with doctors. We do not grow up usually with wellness checks with a counselor. Someone asking intimate questions, someone just curious about our mental health and wellbeing. So this kind of mystery, sort of, surrounding it I imagine can be maybe anxiety-provoking, um, or uncertain can have some certainly fear of what am I going to have to say to this person? So I'm curious from your perspective, you'll be on the other side there. What are some things that you would recommend for people, um, who are just nervous about being comfortable at a first session? Maybe give us a look inside. What can a first session look like and that might be helpful.

STEPHAN: I usually encourage people to arrive a little bit early so they can settle in a little bit. Okay. If they've not filled out the paperwork, that's, that's an expected part of, of counseling—

LINDSAY: Like with any doctor's office, you've got some great forms.

STEPHAN: There's some releases of information forms. And um, sometimes people, for instance, I see a lot of adolescent clients who are underage and they're afraid that I'm going to be spilling the beans to mom and dad about anything they say in there. And that's not necessarily how it works. So I have to assure them that anything they say in the, in the room is confidential. I don't talk about it outside the room. The only reason I would, um, by law is if they have plans to either harm themselves or to harm somebody else. And then by law I'm obligated and so to assure them that this is a private interaction to make sure that they understand that I'm for them. So whatever they say in that room is, is going to be to their benefit. I come from a non-judgemental standpoint. I'm there to simply hear and then to walk with them through their pain or through whatever's happening on their journey. I'm there to assist. And so they're, they're free to say however much or as little as they want.

LINDSAY: One thing that helped me, kind of, when I was beginning a counseling journey was to also realize that I'm, I'm introducing myself to this other person, the counselor sitting across from me. You don't show up just being completely known right away. So it is a journey. It's kind of a process, but being honest about kind of what your goals are, why you're there, can kind of get things started, right? And then as the questions come to you and you're like, well, that person doesn't understand me well, they'd just met you. So like give it some time, give it, you know, like it's okay to be like, not like a first date, but it's sort of kind of this interaction of two humans getting to know each other a little bit, like you said, so that they can assist you on the journey and they can be for you if, if you're not sure of how much to share. Ask the counselor to kind of help guide you. Right? It's okay to say, I've never done this before.

STEPHAN: Oh, absolutely.

LINDSAY: I would like, I would like your help in leading me on kind of what can help here, you know?

STEPHAN: Yeah. Ethically we're, we're bound to do that. And so we'll ask the questions and if we're not getting it, I always encourage people to clarify. I may be dense that day and I may not be hearing you correctly or I may misunderstand you. And so I invite people to interject. I invite people to clarify with me—

LINDSAY: Okay. Yeah.

STEPHAN: What they're actually trying to say if I miss it. And so, and again, I encourage people to be as honest as they can because that's going to get us more quickly to the goals that they've expressed.

CHAD: And I think understanding the roles of this relationship is also really important that when I find a counselor, I'm not hiring a savior. I'm enlisting the help of a different perspective to help me navigate what goes forward, what life looks like moving forward. I remember... I was laughing when you were asking the question, uh, because I'm remembering my first, uh, three counselors that I talked to and I was coming in, you know, just flexing as hard as I can. Basically just trying to shock them. Like, I'm going to prove that I'm too messed up for you. And every single time it's like, cool, good to meet you. Like, you know, I'm, I'm meeting someone, this is a first introduction, and I'm meeting someone who I trust will give me unconditional positive regard. I don't need to prove anything. I just need to voice what it is I'm currently going through.

CHAD: Some goals that I, I hope to achieve. And then from there we create a plan on how to move forward. So, so much of it is not about going to a counselor to get fixed. It's going to a counselor to get better information on how we can better serve ourselves. And I think by extension, better serve the community that we're a part of. Um, relatedly, some of my best counseling sessions have been when I've been quote unquote at my healthiest points because I am at that point more receptive to understanding that I don't need to have all the information myself and maybe even this individual sitting across from me doesn't have all the answers for me, but we can ping pong ideas off each other. We can find what my motivations are, we can find what my fears are, we can find, uh, the, the distance between my dreams and my reality and how we can better close that gap.

CHAD: So much of life, if you're living in depression or if you're living with anxiety or living with any number of diagnosed mental illnesses, so much of life is projecting a false self to not scare the people around us to, to keep other people safe. And that's kind of the irony of, of depression, anxiety, and mental illness is that so much of it is that illness is trying to be a protective mechanism in and of itself. So if I can let my, my false projections rest, take a timeout for just 45 minutes or an hour and just say what is really on my mind with no filter, what's really on my heart with no filter and maybe at the end of that experience I'm going to feel really tired, but perhaps I'm going to feel a bit, you know, better known.

LINDSAY: Yeah. I do wonder if that's something also to kind of speak to being prepared for that session. It's possible that they may, the counselor in this—depends on counselors as well—they may say, hey, before I see you next time, I want you to kind of do some things like whether it's reading a book or maybe it's journaling, just some things to keep that conversation and what you've uncovered and what you're working on and what you're talking about, kind of, for you to keep, keep moving. Because ultimately the goal is, like you said, not for them to fix you, but for them to kind of guide you. And so as a guide, that's not uncommon, right, to see people quote unquote assigning homework in a sense, but just really giving people in that time a glimpse at tools and ways to experience their human experience and then also to how to move forward and where they want to go and, and what does this need to look like.

LINDSAY: I think one thing that is kind of important that people may not understand about counseling is also, we talked a little bit about goals, but like also realizing that perhaps the relationship you're developing has a specific time need or like a specific season, right? That you do not necessarily end up needing to see a counselor the next 10 years. Although that is amazing if, if it's part of your routine and you, and you value that relationship. But it could be that, hey, like we want to do this for three months and see where we, where we land in three months they are, or it's a month. I'm curious, Stephan, if you can kind of help people understand what kind of the variety of relationships you can have with counseling that might be helpful.

STEPHAN: The first I would say two sessions are basically getting to know you, the first session's a basic assessment. I'm getting a little bit of the story as you understand it, and then drawing some conclusions based on what level of health you're at and how quickly we need to move. And so I'm finding out family histories, I'm finding out what, what is the presenting situation, what some of the goals are, if there's a history of trauma. And so I want to get the widest scope I can in order to inform what's going to be the treatment plan. And then that helps me, that informs me to then work with you. I want to work with the client based on what their expectations are and what their needs are. Sometimes they come in with the one liner about what the issue is and that's not what the issue is, right?

STEPHAN: And I think Chad was alluding to that in “I did some of my best work on, on my healthiest days because one, I had done the preparation, but two, I didn't have, some of my guards or defenses up or I wasn't hyperfocused on what I perceived to be the problem so that I could actually work on some of the other issues.”

STEPHAN: I think that's what tends to happen for those who have seen counselors over many years, I've seen, in the course of my life, probably 10 different counselors and all have been helpful in the season and the time. So if the expectation is I need to stick with this person even though I don't get along with them, I don't know that that's very helpful.

LINDSAY: Right.

STEPHAN: But it could be: I have five sessions with this person. They really got me more in touch with what was going on and I have a season of rest and then I'm able to do new work with somebody else. Some people complain like I saw this counselor and they're moving away and I have to start all over. And that feels incredibly daunting, but I don't know that that's the real case. You may have bonded well with that person, but it doesn't exclude the opportunity that you can bond with a new person in a new relationship, a new working relationship.

LINDSAY: I want to kind of broaden the conversation a little bit. We got asked the question, which we actually, these are again things we hear a lot. This person asks, "How do you tell your family you need help?" Speaking to this question, just off the bat, um, we want you to know that we're really glad that you're asking this question because I think it indicates right that, um, you've identified there's something going on, that this season is hard and we definitely don't want you to walk this road alone. Chad, I'm curious with you if you've had some experience with being in that spot and what you might say to this person.

CHAD: First it's really fair to acknowledge that not every time you share your story or share what you're going through is it going to be received with grace. Not every time are you going to be met with instant understanding and sometimes as we get closer, you know, in relationships, uh, family being for many people, the closest relationships they have, that can be the hardest conversation.

LINDSAY: Yeah.

CHAD: And that's paradoxical because that's where you're hoping to get the most support. I know for me it wasn't even an issue of how do I share my struggles with substance and struggles with self-injury and struggles with depression, with my family as an entire unit. But who out of my family can I trust most at this point? And you know, with it, for me, first it was my brother and it took another few months for me to fill my sister in and then it took another few years to fill my mom and dad in.

CHAD: And, and, and I don't regret that, that gradual unveiling of my story in any way because that made sense to me.

LINDSAY: Yeah.

CHAD: So often when we talk about treatment, the language is treatment plan, not treatment formula. That what worked for me is not gonna work for everyone across the board. But plans are meant to be critiqued; they're meant to be amended. They're meant to be changed. You're meant to roll with the punches as you learn more information. So if you don't feel safe talking to your parents, then maybe start with a friend.

LINDSAY: Yeah.

CHAD: And if you don't feel safe with that friend, maybe you start with, um, you know, with a counseling relationship, again, you get that unconditional positive regard, but the most important thing is not a full examination of your story and making sure that everyone knows your story. Quite frankly, not everyone deserves your story, but some people can be super helpful in helping you explore where that, where that story goes. You share on your own time and you don't have to apologize for that timeline at all.

LINDSAY: Yeah. And the most important thing there is that you do share with someone.

CHAD: Absolutely.

LINDSAY: Right, that you are not isolated in that, that you don't carry it around feeling like no one could know this and love me. Because the truth is you can be seen and heard and still be loved. And, and in fact, that is the basis of love, um, is seeing ourselves sometimes at the worst and then experiencing acceptance for that. And, and frankly, it's heartbreaking when it can't be a family member. Um, because for some people it can't be. Perhaps that relationship you have with a mom or a dad is part of the woundedness or contributes to it. And perhaps that's not the place you start. Developing boundaries or developing your own interior resources is where you need to start. So you have to find somebody, like you said, a friend, even an adult that you're not related to that you do trust, right?

LINDSAY: We hear sometimes from high school students who say, I can't tell mom and dad, but maybe there's a teacher or a guidance counselor or, or actually a counselor, right? I think the important thing then again, it's just making sure that somebody knows that you can receive that support and care. Um, and then those other things can come in time. And sometimes, right, like it's not uncommon for counselors, especially if you're a younger listener, to sit down with families to sit down with a, a mom or whatever and facilitate some of that conversation. If you can't do it per se on your own, of course, then maybe they've already known that you're wanting to go to a counselor. But I'm just saying like, there are, there are a lot of ways to deal with the tricky dynamics of a family as it relates to yourself. But more importantly, you as a person, right. Should receive that support.

CHAD: I think also knowing that whatever response your family gives you does not invalidate your health. It does not invalidate your search for health. For me, I remember sharing with my brother and he, he was utterly unshocked. Um, not that he knew that something was wrong with me, but he was desensitized to some of the more traumatic parts of my journey and just took it in stride and said, "Buddy, we're gonna make it through this." Years later when I tell the exact same story to tell my mom, she starts weeping and she says, "Why didn't you tell me?" And I said, "Well, this is why I didn't tell you." She says, "Was it something I did?" And I said, "No, this is, this is pretty much just about me." You know?

LINDSAY: Yeah.

CHAD: Um, so people are gonna respond in their own ways, and maybe that is because of their own journeys with, with trauma and with pain. And you're rarely gets the response that you fully anticipate. And sometimes that is a very frustrating, but it sometimes that's really beautiful.

LINDSAY: What kind of advice could we give or what could we leave people with of something that they could, um, they could just say themselves to bring it up, you know, the minute before you say it, how do we help them kind of see of what's possible?

CHAD: I'll let Stephen correct me where needed, but I think being objective and clear is important. That if we are addressing a behavior, you're allowed to address that behavior. You don't need to list all the why's, the how's, the what's, the when's, but just let's lay out the facts and we can identify the facts as they are revealed. And then from there, once that is on the table, once that is addressed, we can see what are some of the motivators, what is going on between, you know, our, our hearts and our minds that identified this as a problem and why this problem is such a difficult one to leave behind and not to progress through. But for me, I'm just being a more direct person. It was beneficial to say, this is what's happening in my life.

LINDSAY: Okay.

CHAD: Full stop.

LINDSAY: Great.

CHAD: Now what do we do? Can you help me? Am I help-able? And the answer is, yeah, there's a lot of things we can do. No, you're not beyond help. Yeah, we'll discover this together.

LINDSAY: I think that gives people a bit of a framework just to even bring the conversation into existence, if that makes sense. Which is what we want to see happen for people, you know?

STEPHAN: I wanted to kind of add to that. So not every family is a safe family and not every family can compassionately understand what's going on. Depression, anxiety shows up in so many different ways for different people. And you add to that sort of familial strife or trauma or ADHD, for instance. You throw anything like that into the mix and it's going to make it more complex.

LINDSAY: Okay.

STEPHAN: And so I see a lot of folks that come in because their parents are making them come in or they come in in their mid-twenties and they have all this stuff going on and they don't necessarily or aren't able to make the connection back to maybe a larger, a larger story. And I think it originates in these places where I do feel alone and I do feel isolated and I do feel unable to communicate or give context to what it is I'm feeling. And sometimes I may not even recognize that that's what I'm feeling. I may not have the words, but someone else may see it in

me. They see my behavior changes or they see that I'm struggling in certain ways or I'm, I'm they, they say acting out, right? I'm becoming aggressive or more, more violent or angry or I pull away from relationships that maybe once did have meaning, but that still may not mean that I'm in touch with what's going on. I may not feel safe to communicate that. And so again, I think it goes to finding the one person and being able to, like Chad said, to communicate objectively, I'm hurting.

LINDSAY: Yeah, and honestly, if that's where you start, you can say those words and let, let a response come and they might, it might be a question that then you can say the next words, right? And you get to choose how much you share. Um, and you get to choose what the next step is.

CHAD: That is so important, Lindsay. You do not need to overshare. Share what you are comfortable sharing. You do not need to, as you are dealing with this pain, you don't need to go so far outside your comfort zone that, that you're not seeing, you know, land on the horizon anymore. You can share incrementally if you think that's safest. At the same time, you don't have to be the lone arbiter of what is safe. You don't have to decide that all by yourself, but finding other wise voices in your life. Maybe it's a close friend and confidant, maybe it's another counselor that can help you figure out the best way and best layout to share. But yeah, it doesn't have to be a one and done nothing at all.

LINDSAY: And then the next question we actually have is really related to this conversation. Um, the person asks, "How do you work through your mental health struggles or even have this conversation when your family doesn't believe in mental health?" As a category, which is a big, that's a big thing to not...

STEPHAN: Cautiously.

LINDSAY: Okay.

STEPHAN: Very cautiously. Yeah. So many people haven't had positive experiences with mental health and mental health is so stigmatized, especially in the United States, but also in shame, honor cultures. I come from a, from a Hispanic family and we didn't know how to have those conversations. So when I started to kind of lose myself, I would say, in high school, this was the accumulation of many, many years of already feeling this way. And they had no idea what to do. And neither of them had ever sought mental health help. But it doesn't mean they weren't struggling. It just means that they had ways of coping that maybe weren't the healthiest. And so those were extended to me culturally and through my experience with them and I wasn't able. Right? And so they essentially sent me to a counselor hoping that I would be fixed along the way.

STEPHAN: But that's not how it works. Right? And so I would have these experiences in counseling that enlightened me as to what was going on. It wasn't just a me issue; it was an US

issue, but it's very difficult to present that back, especially if there's no acknowledgement that there, there's hurt or suffering or pain or depression, anxiety happening.

LINDSAY: Yeah.

STEPHAN: And we're always kind of learning what the new boundary was going to be. So we're unlearning the things that aren't helpful and learning new things that can help us navigate the situation differently.

LINDSAY: Yeah.

STEPHAN: My parents couldn't acknowledge that they were part of a larger system that was hurtful, but they could acknowledge that I needed help and so I had to take that at face value. I can get the help that I need, even if they're not right now willing to change or to grow or even explore.

LINDSAY: Yeah.

STEPHAN: They were very uncomfortable with the prospect.

LINDSAY: I imagine the, the person, and even you in that experience, it can feel, um, invalidating, you know, or like perhaps that it's not real. But I would say to the person asking this question, like, what you're experiencing is real. It's really happening and you don't have to convince anybody of the, the existence of that. Right? You don't owe it to them to convince them and you may be not, shouldn't try. Right? I don't know that it, you can—

STEPHAN: No.

LINDSAY: But as they, as they see you changing as they see you moving and growing, perhaps they will feel more comfortable with the conversation or identify something in their own life, but you don't need to go into it trying to convince people because I don't know that it's the best use of—

STEPHAN: They may or may not feel more comfortable.

LINDSAY: Right. Sure. Okay.

STEPHAN: But I can't affirm enough validating the acknowledgment; you are experiencing something that others may not understand. It does not invalidate you. To do so is to dismiss the pain.

LINDSAY: Yeah.

STEPHAN: And the pain is the thing that is inviting us to grow. So whether, you know, mom and dad or sister, brother, don't get it, you're allowed, you have permission to move forward.

CHAD: That was beautiful. Thank you for, for sharing that. I feel like I'm just kind of parroting myself at this point by just again saying no one is beholden to your story. You do not have to disclose anything that, that you feel is unsafe to disclose. Uh, and that certainly includes, you know, picking your audience. I'm so sorry for, for the place that this question is coming from, but I hope you know that you're not the only one struggling with that question, that you are not more damaged than, than anyone else on this planet. Um, people in relationships have always been a messy affair.

CHAD: I think when we're analyzing these, these questions and as we're responding to, um, to these questions, it's important to, to note that we're just talking about what is happening now and we're talking about our experiences in the past. There's no way to know how the future is gonna play out. And I think, uh, it's reasonable to hold on to some hope that this conversation will mature as you continue finding the help that you deserve. And perhaps as you are living your story and as you are taking steps towards your, your own health and reconciliation that your family is going to take note. That you don't have to prove to them why mental health care is important. They're eventually going to see it. And maybe that opens a door for your uncle or for your parents or for your cousins to then see by your example how beneficial this is. Now is that supremely hopeful and maybe doesn't relate to exactly where you are? Yeah, no, I'm, I'm, I'm happy to admit that, but what if? What if you seeking self-care encourages the care of the people around you?

STEPHAN: The caveat to that, because I'm more of a downer, is one of the most helpful questions a counselor ever asked me that I look back on over the last 25 years is: what if they don't change? And so I think much of my motivation to get counseling was I will help, I will help them through. That had a lot more to do with my codependent behavior than it did my actual altruism. I wanted them to change so badly because that would give me permission to then be okay. And I think in the exploration I found what, what if they don't need to change so that I can be okay? I can continue along my journey and they can be continually dysfunctional or even hurtful. But I have better tools and better insulation and better boundaries. I don't have to now be with them because I'm obligated to see them change.

STEPHAN: And so even though I resent them terribly for not changing, I'll still try to change them because look how healthy I'm becoming. Now it's, now it's an opportunity for me to address more of my own existential pain and disappointments and whether they change or not isn't as important an agenda to me as me getting healthy. Because then I can navigate them at whatever state they're at.

LINDSAY: Sure. Yeah.

STEPHAN: Despite what they do, I can pull away when there are, when they're toxic or abusive, and I can pull close when it's safe to do so and I get to be the arbiter of that.

CHAD: Yeah. No, I don't, I don't think that's a downer conversation.

STEPHAN: Okay.

CHAD: No, no, no. Like, yeah, as I'm analyzing my own, um, you know, hopeful optimism there. Uh, it is important. And just to repeat what you said in different way that other people changing is a consequence, not a target. That you can only affect your own journey. You can't control the people around you. So yes, never lose sight that the reason we are pursuing self-care is for that first word: self. Yourself is important enough.

[music playing]

LINDSAY: In honor of World Suicide Prevention Day, which is September 10, we're working to share the universal message that so many people need to hear: You make today better. The goal of this You Make Today Better campaign is to educate people about suicide, the ways we can prevent it, and give you tools to create conversations surrounding mental health in your community with people you love and know. Tools that will help you be honest and open. And we'll also be raising money for our Treatment & Recovery Scholarship Fund. The funds raised will sponsor more than 3,000 counseling sessions this year. Our 2019 campaign is now live and we need your help to share its message: You make today better. You can raise awareness in your community by purchasing a WSPD pack in our Online Store. In this pack you're going to find a shirt you can wear on World Suicide Prevention Day, again it's September 10, as well as ways to get involved and be active in your community with merchandise that helps make this campaign visible online and in person. Because we appreciate your support of this podcast, we're going to be giving you and all of our awesome podcast listeners a special discount code. When you order a WSPD pack, enter the code WSPD19 and you'll receive 20% off your order. If you want to learn more about the campaign, visit youmaketodaybetter.com.

[music playing]

LINDSAY: So another question that has come up from our audience, uh, was the idea of being on kind of the outside or the other side of this conversation, not being the person with the direct experience of mental health, but being the loved one, the friend or family who kind of sees what's going on and is not quite sure what to do. So this question comes from a listener and they say, "How can you be there for struggling loved ones without taking on their emotions?" I think this is a really big question and people kind of find themselves asking all these questions, right? Like how do I do this well? How do I help without being, um, playing the role of a counselor or something I'm not equipped to be. So I'd be curious, Stephan, what you would say to this person who is asking, how can you be there for the person without taking on their emotions?

STEPHAN: I believe there's a definite learning curve for this question.

LINDSAY: Okay.

STEPHAN: And that's the, the story of a lifetime, right? If we haven't been shown what healthy boundaries are or that I get to help, I can help, I don't have to help. Um, I think I gave out of a compulsive sense for many years of my life and I had learned along the way—this is my opportunity. I get to assist you or stand beside you, but I can't necessarily carry you or do it for you.

LINDSAY: Yeah, that's important distinction I imagine for people. You're not going to fix that person for them, but what does it mean to show up for them?

CHAD: Yeah, I think using language of empowerment is, is hugely beneficial in this. That if I can't fix you, but we can acknowledge that there is a problem, how are some ways I can support you in finding the help that you deserve? Now when you asked that question to someone that's navigating mental health challenges, that doesn't mean that they're going to have all the options already in mind. So one great way that you can help is by doing some research, doing some exploring, save them the time of finding all the answers by themselves and say, "Hey, I've heard of this counselor," or "Hey, I've heard of this treatment method," or, 'Hey, I've heard of this book. Here are some options. Which one do you want to take? And how can I fit into making this make sense for you?"

CHAD: "I'll buy another copy. We can read this book together. I'll drive you to and from your appointments if that makes you feel more comfortable. You can let me know when are safe times to ask you questions about what's going on, when are some times that you need a break." When you're doing this, not only are you helping this person feel more known, you are giving power back to them when so often we're looking at issues where power has been taken from you. Whether that's through brain chemistry or through trauma or any number of issues, you are reminding that person, "Hey, you have a degree of say so in your life and I want to honor that." So I think another huge piece of that is a question that: hey, who else would you be comfortable sharing your story with? When I was first taking my own steps into recovery, my support network was a tightrope.

CHAD: It was just one person. And as I became more comfortable sharing with more people, and that was because my support person said, "You should talk with more people." I found that I was supported on every side. This tightrope turned into a spiderweb that if that one person wasn't available in that moment then maybe there could be someone else. So as a loved one, you deserve to not be the only person caring for this person that you love. Cause I guarantee other people love this person. So it's about finding where that network is and making sure that not everyone is carrying all the weight. From the perspective of someone that struggles, there are pieces of my life that I only share with three or four people, uh, on this side and three or four

people on the other. That there are a handful of people that know more or less my complete story. But I've been able to find the people that I can trust with aspects of my, to speak into those aspects of my life. So to go back to the person caring for those that are struggling, um, it's not all on you and together with, um, with your community, we can help keep each other safer.

STEPHAN: I think there's different types of caves and different types of cave divers and so I can only go into certain people's caves and those other caves I can't visit, and I have to be able to draw the distinction between which ones are appropriate for me. Where am I actually going to be helpful? What does the person actually need? What are my motives and agendas for doing this? How can I be most helpful? And oftentimes that's for the person to decide. If they're incapacitated at some level, then they're going to need a huge network of care. I've seen people that have become catatonic in their depressive states and by that point they're unable to make decisions for themselves. For people who aren't at such a severe level asking, what is it that you need? How can I help? What can I do?

LINDSAY: And I do get the sense from the way the person phrased it that they have not quite figured out how to, well they're asking how to do it without taking on their emotions. But I think what is valid here is to recognize your emotions, right?

LINDSAY: You have your own emotions from seeing people in pain, people you love in pain. And it's okay to say, "Hold on, this is my emotion versus me carrying their emotion." Um, and that's kind of tricky to do, right? That takes self awareness. It takes, like even what you're saying, I need to know which ones I can enter into, which places I can go for your own regard. So I would say it's okay one to just say it's difficult to watch the people you love hurt. It's incredibly difficult.

CHAD: And it takes energy to de escalate.

LINDSAY: Yes.

CHAD: Uh, that so often we think about how much energy we are spending as we get more passionate and as we're fighting against things. But honestly, I think it takes more energy to, to push the brakes and as someone is sharing something with you, to be sure that you're taking a good mental, emotional, and physical inventory of how well you can help someone slow down their runaway thoughts or slow down their harmful behaviors. So one of the best ways you can care for someone else is by practicing good self-care. Make sure that every ounce that you're pouring into someone else, that there is someone else being able to pour back in to you.

LINDSAY: I remember a season in my life where I felt like I didn't really have a reserve to draw from and I almost wonder if this person is feeling the same. Like I don't know that there's anything here in my internal well, well-being to lend out to you. And that can be a hard conversation. But I think it's important because like they say with someone who's drowning like if you don't know how to swim, like you can't get in the water with them. That's two people

drowning. So I wonder like if that's an okay conversation to have. Um, why is it so hard? It's, it's okay to say that, but it's also knowing yourself and saying, 'I can show up in this way, but I would love to see you and help you get to that next place.' And like you said, widen the net, make that a little bit broader for people, but then realize it's okay for you to feel that way too. You don't, you don't have to be in the same place as your friend to kind of draw a boundary, if that makes sense. That makes sense for you.

STEPHAN: I think the boundary is simply what I can and can't do. It's the yes and the no of it.

LINDSAY: Hmm. Okay.

STEPHAN: And if I don't have that sort of explored or well-developed and I think that's, it's permeable. And I think, like you said, it's an addendum: I get to, I get to add to this, I get to subtract from this. It's kind of constantly evolving. So it's important to know, what am I able to do? So for that person, it sounds like it may be a time to reassess what I'm actually offering here. Is it out of my reservoir or it out of my lack? And then having the hard conversation is: I can do this, I can't do this other thing.

LINDSAY: Yeah. And I would say depending on what your loved one is struggling with there's ways for you to have support. So if it's addiction, they are great support groups. Um, uh, Al-Anon is one, Nar-Anon, which allows family members who have opioid addictions or narcotic addictions. There's all types of other ways that if you find that you're the primary person caring for that person, that you're going to need support. You're going to need to be able to talk to others so that your emotions can be valid in the process. I think that's really important for that person to kind of acknowledge as well.

STEPHAN: One question I ask folks when they come in, in a relationship where they're helping, whether they're a helper or it's become an unhealthy version of helping is, are you qualified to do this? Are you the doctor? Are you the parent? Are you the grandparent? Are you the counselor or the priest or? What exactly qualifies you right now to be carrying the entirety of this load or this person on your back? If you're not necessarily qualified to do it by either credential or years of experience, it may be a little too much for you and then maybe time to share the load.

LINDSAY: This one is a bit more specific. The person asks, "How can you help a loved one who is struggling from trauma?" Stephan, I'm curious if you might identify for us some nuance here. Why specifically trauma might be different or is it not different?

STEPHAN: Trauma would be different and depending on, on what levels. An easy way to kind of draw the distinction, there's big T traumas: these large events that become life-changing in a moment or in several moments. And then little t traumas are the things that we kind of experience every day. When, when maybe we've experienced a big T trauma, for instance, it's a car accident or a sexual assault. Um, little t traumas are the things that begin to reinforce and

awaken the pain of the big T trauma. So we re-experience the pain repeatedly over time and that can be equally as debilitating.

LINDSAY: So if you're the person helping that loved one, I think the first step might be, and Chad you hit on this with the last question, was understanding the difference between or even just how trauma is experienced. I think people who have experienced trauma, whether it's big T or capital T trauma as I like to say, or the smaller trauma lower case t here is that it's also kind of physically ingrained in your body. Like it's a physical experience that has also kind of an expression, a mental expression or like a mental health expression. But it also very much is a physical thing, right? There's a lot of great resources out there. One book that I actually would really recommend is a book called *The Body Keeps Score* by van der Kolk, a leading expert on what trauma does to the body and how it changes your nervous system, how it impacts your nervous system.

LINDSAY: And then what are some pathways toward healing? I mean that's obviously, it's a great place to start in just understanding that trauma is not something you'd just maybe snap out of or just deal with it because there can be very long-term consequences to experiencing those things. And we all do experience them in just different degrees. So, I'm wondering if there might be, if as a person supporting that loved one, if understanding that is also just a great place to start so you can understand that it can be physical and emotional and mental all at the same time.

CHAD: Yeah. It's hard to have a conversation when you're speaking different languages.

LINDSAY: Yeah.

CHAD: So, so much of it is making sure that when we even say this word trauma, um, just speaking it, you know, we're having this nuance discussion of capital T or, or lower t. So when you're talking to a loved one, "Hey, when we speak of trauma, can we agree that this is the definition? And when we speak about depression, this is what we mean when we're talking about." So it, it kind of gets to grassroots of let's not talk past each other. Let's make sure that we are using the same words to discuss the same feelings and to express the same goals.

CHAD: And I mean, again, like that, that is this micro-conversation of rediscovering power dynamics. And if the world feels completely out of my control, then hey, at least in this moment, in this conversation, I can control what this word means.

LINDSAY: Yeah.

CHAD: That is huge. It's so small, but it's, it's so, so important to make sure that we're not wasting our time and energy trying to translate one another.

LINDSAY: Yeah. I do get the sense with trauma specifically, depending on what level here they're talking about, we sometimes want to know the details, right? We want to dive in and say, "Well, tell me about that day." And what's important to know is that can sometimes be very unhelpful to someone who's going to then maybe potentially be triggered into physically going through that trauma again. And so it's important to kind of identify some clear boundaries about you don't need to go, to revisit the event or the small events to be there for that person.

STEPHAN: Absolutely. I think one of the most important things to trauma response is attempting to help the body to do is warn them. It warns them of a danger, a possible security breach. And so the body reacts in the way it does hypervigilant, um, activated, in order to help the person not fall into the same trap, not experience the same horrific thing and have the same response again. And so the trigger warning is, "Hey, I'm not going to ask you to go there. I may not be the safest person to help you to go there. You can give me just the basic overview if that's helpful for you or I want to connect you with someone that can walk with you through that." Right, a good trauma informed therapist. Is an important asset in overcoming trauma.

LINDSAY: We've got a bunch of other questions. I think we've hit a lot of really big topics the past hour or so. We've talked a lot about self-care, about stepping into professional help, what that can look like. We've talked about caring for people as they're struggling and dealing with things. We had a lot of other questions that kind of relate more broadly to To Write Love on Her Arms, the work that we're doing in this movement. And so we're gonna kind of shift gears a little bit. And Chad, I'm going to ask you this one, uh, is TWLOHA going to be at any music festivals?

CHAD: Nope. First time ever. No music. No. We're, we're gearing up for a really, really busy summer, spring, summer, fall. Yeah. And office now summer is anytime between our 5K and December (laughs)/ We're, we're adding dates all the time.

LINDSAY: And where can people find those, where we're going to be and when we're going to be.

CHAD: Yeah, so, uh, where are we going to be and when we're going to be there, uh, just go to twloha.com/events or sign up for our newsletter. We let you know where we're going to be there too/

LINDSAY: We certainly do. That's a great one to have in your inbox. It's kind of funny knowing that no matter where we go next, there will also be a, 'When will you come to my town or when will you show up here?' The great news is we also love invitations. So if that's you and you're thinking, well, none of these events are near me, I'm not able to make it out to these and say hi, we would love for you to send us an email. And see, maybe there is something that we can do in your town. Maybe there's a host or some type of collaboration we can do and emails to booking@twloha.com is the best place to send those.

CHAD: Yeah, absolutely that. Or if you are planning your own event, uh, feel free to reach out to us through our partnership network. So if you click on the Get Involved page, you can learn about how you can use your own community, maybe your own school or place of work to host a benefit and we'd love to work alongside you and making that an awesome event.

LINDSAY: Here's another question. I think the answer can also possibly be found here on the Get Involved page of our website. "How do you become an intern?"

CHAD: Stephan, do you want to—I'm kidding. So to become an intern, you can go to, uh, like you said, Lindsay, to that Get Involved page or just on our home page, scroll down to the bottom, click on Jobs and there you'll see information about our internship opportunities. So we have three terms. We got a spring term, which is January till May, summer is late May until August, and then fall is August until early December. And, we get anywhere between six and nine interns to come down and to help us do good better—to steal Chris's phrase. But so much of it is about training people how to be positive mental health advocates within their community. And then, uh, when you're not being a primary body of communication on behalf of the organization, you get to be paired up with different departments and different staff members. It's a, it's a great way to learn the ins and outs of a small nonprofit. It's a great way to, uh, practice what we preach, which is community. On that intern page, they have their own landing page, you can see some videos of past terms, you can learn all the ins and outs of how to apply. But really the only requirement is that you are 18. And from there we will, uh, see how to get you down here.

STEPHAN: Can they be above 18?

CHAD: Yes, you can. You have to be at least 18. You can be over 18 and apply.

LINDSAY: Oh yeah. We love our interns and it's really awesome to also see where interns come from. We're talking Australia, the UK. Um, we've had the Netherlands, we've had people from Canada. Belgium. Yeah, it's all, it's just really amazing to see how this conversation is very far reaching and also those perspectives are things that we cherish because it brings new life to the conversation and things that we're doing here.

LINDSAY: We had the question earlier on about what are some things you could do for self-care, but I would love to hear from you guys personally, what are things you do for self-care in your own journey?

STEPHAN: One of the most helpful things that I ever heard about depression was that the opposite of depression was not happiness. And I think that is one of the main misconceptions. Depression is actually a loss of vitality. And so we lose the ability to live and thrive when we are consistently in a depressed place. And I think one of the first things to go is, is fun. There's a disallowance of anything that will bring us basic joy that intersects with any sense of health. And so I had to make a list over many years so I could actually see it when I was in a depressed

place and remind myself frequently that I enjoy these things, these things give me life. These are things that I, I want to be doing. I just don't have the energy because I feel depressed and so—

LINDSAY: What's on the list?

STEPHAN: On the list, looked like for me—gardening.

LINDSAY: Yeah?

STEPHAN: Writing. Writing was a huge release. Writing helped me to process and organize my thoughts, um, and let me express them in somehow. Music, playing music. Um, being able to have the energy to meet with friends. It was almost the convincing effort. I like to meet with my friends, even when I'm depressed. There are certain people that I will allow to see me in that state. *Oh, that's right. It feels good to be seen. Oh, it's nice to not feel isolated*—and then you start kind of moving through it with a little bit more flexibility.

LINDSAY: Yeah.

STEPHAN: Movement.

LINDSAY: Yeah.

STEPHAN: Basic movement.

LINDSAY: I was going to say, you recently shared that with me.

STEPHAN: Bike riding. Walking.

LINDSAY: Moving your body.

STEPHAN: Moving your body allows you to increase your heart rate, which has a physiological benefit of increasing oxygen in your blood, which can activate you in healthy ways.

LINDSAY: Chad, how about, how about yourself?

CHAD: Yeah, so I'm someone that's, that's wired for intensity, um, which is why depression often seems just that much more sucky. You know, that loss of vitality that's just numbness, this grayness. So, uh, I've found ways to, to awaken myself through intensity, maybe that's going on runs. Um, and, and really trying to see if I can push myself a little bit faster, a little bit farther, a little bit longer. It's spicy food.

LINDSAY: It's sweating when you eat.

CHAD: Yeah, totally. Which always makes my friends and family laugh at me. And they're like, why do you do that? I'm like, cause there's a piece of me that really likes it. So, uh, but you know, you get this idea of grounding activities. Uh, and, and I love it when someone calls my attention to these, these grounding actions of, uh, "Chad, what are three things that you feel? What are two things that you remember seeing? What are you hearing right now? What's the taste?" And, and I'm calling myself out of my head and into the rest of my body, realizing that there are so many processes going on right now that don't depend on my immediate attention and being thankful for that. And so I use those grounding activities in the intense way, you know, through the running, through the spicy food, through stuff like that, through loud music, um...

LINDSAY: And your dog.

CHAD: And dogs.

LINDSAY: Dogs in general.

CHAD: Not just my dog, but um, I, I pet any dog that, uh, that allows me to, to pet them. It's really funny. We'll be, like my wife and I will be walking down the street and we'll see a cute dog and I don't ask the person, "Hey, how are you doing today? What's your name? I'm Chad." First question is always, "can I say hi to your dog? What's their name?"

LINDSAY: This is true. I will vouch for that.

CHAD: Um, so dogs represent happiness to me. Yeah, dogs are part of my self-care.

STEPHAN: Absolutely. Highly recommend dogs.

LINDSAY: I do, too. I, um, for myself, I think it looks like finding some connection points. So whether it's seeing my son and making sure we have 30 minutes of connected eye contact, you know, maybe it's tickling or maybe it's building a Lego, like I need to do that to kind of reconnect to my environment, to my family. Um, yoga has been the past, almost 10 years for me, yoga has become the single most effective way to one, even understand what anxiety was. I'm a person who struggles with anxiety and not even knowing that the world doesn't go as fast as I'm experiencing it, I found in yoga. Um, and so that was a slow process and a lifelong process I hope to continue. But for me, breathing and connecting to my body and being as present as possible. I was only really able to identify that in a yoga practice.

LINDSAY: And then breathing with the discomfort is something that it has taught me. And so that's been a huge self-care thing. Like when I'm uncomfortable, it's okay to breathe through that. Fun. I'm not necessarily known for fun, but I think I can have fun. And so recognizing what, what is fun for me, that's, that's a huge self-care. But reading a book, like I've more than

anything, become a bit of a bookworm. Like I want to be lost in a story and I can't wait to pick that book back up. And so finding friends that are reading things and we can suggest, oh, who, where should I go next? And kind of inheriting good books and good stories has become like, no, you deserve to kind of live in some stories. You deserve to see the other stories and, and to be provoked in thought about, you know, this person's life. I think that gives me a lot of joy. So that's something more recent for me. But I've been really enjoying having the goal to read, read new books and new stories. So—

CHAD: Whatcha reading?

LINDSAY: Well, I just finished a fictional, two fictional books. One was called *The Gentleman in Moscow*, and it's kind of historical fiction about the revolution in Russia and someone who becomes, who's from the aristocracy that becomes under house arrest for almost 30 years. So he lives in a four-star hotel. And the idea of kind of seeing all of these changes of your country and, and weathering them, but still staying true to who you are, and your outlook. And so it was really interesting. I mean I'm also kind of a history nerd, so that was not an area I had studied and got really interested in his perspective and what he saw.

LINDSAY: The other book I just read was called *The Summer Wives* and it's another historical kind of fiction about a small island out in the, off the coast of New York where, um, some things happen and it's kind of the class struggle and it's kind of talking about the islanders versus the people who are wealthy and only vacation there and what they take kind of, um, and claim. And so it's interesting. It was a, it's a bit of a suspense at the end. So I'm a recommendation from a friend, so I really enjoyed that.

STEPHAN: I wanted to clarify that, Lindsay, you are fun.

LINDSAY: Thank you, Stephan. I appreciate that. I appreciate that.

CHAD: Me too for the record.

LINDSAY: Oh, great. I'm really grateful to everybody who submitted a question to us. I don't think this'll be the last time that we sit down and do kind of a Q&A and get to, to respond to some people's questions. But I want to thank also Stephan, thank you for being here.

STEPHAN: Thank you.

LINDSAY: Chad, for lending your always wise advice. We want to say that it's okay to ask questions, that it's okay to still have questions even if you've been on this journey for years. That is how we discover new horizons, how we discover more about ourselves and those around us. So thanks, guys, for sitting with us and doing this and we're really excited for what's coming up next.

[music playing]

LINDSAY: We know it can take a lot of courage and vulnerability to reach out so we want to thank everyone who sent in their questions. I also want to thank Chad Moses and Stephan Monteserin for helping us navigate the answers. If we didn't get to your question or if you have a question you'd like us to answer in the future, you can email us at podcast@twloha.com, which is p o d c a s t @ t w l o h a dot com. Finally, we want to remind you: It's OK not to have all the answers. All that matters is that you take a first step and ask for what you need or what you want to know.

LINDSAY: We hope each episode is a reminder that your story is important, you matter, and you're not alone. We understand that so many of you listening might be struggling or know someone who is struggling with the issues we've been talking about. We believe that help exists. 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 dot com. Click the FIND HELP at the top of the page. Or if you need to talk to someone right now, you can always connect with our friends at Crisis Text Line. You simply text the word TWLOHA - that's t w l o h a - to 741741 and you'll be connected to a trained crisis counselor. It's free, confidential, and available 24/7.

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

LINDSAY: A big thank you to our friends at Copeland for the original music on this episode. The To Write Love on Her Arms podcast is produced by Mark Codgen, with editorial support by Claire Biggs and Rebecca Ebert. Music assistance was provided by James Likeness and Ben Tichenor. I'm Lindsay Kolsch. Thank you so much for listening.

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