



THE LIGHT AT THE END OF THE TUNNEL

FOR TOO LONG, SUICIDE HAS BEEN A TABOO SUBJECT—BUT AS RATES CONTINUE TO RISE, THIS ONCE-PRIVATE SHAME IS BECOMING A PUBLIC HEALTH CRISIS. IT'S TIME TO ILLUMINATE THE DARKNESS.

AFTER SURVIVING a suicide attempt at age 23, Dese'Rae Stage felt profound loneliness. "I was too ashamed to talk about it," she says. "In the few survivors' stories I found, the person was anonymous, and everything was tied up in a bow at the end." In 2010, Stage launched Live Through This, a site where survivors share their experiences. She says no two stories are alike: "Some people have had long mental health struggles. Some had 'normal' childhoods. Suicide isn't about the 'crazy person.' It's about all of us."

Though headlines about rising murder rates may quicken our pulses, an American is more likely to take her own life than be killed by someone else: In 2016, there were more than twice as many suicides (44,965) as homicides (19,362), according to the Centers for Disease Control and Prevention. Now suicide is the tenth-leading cause of death in the U.S. "We can't be quiet about this anymore," says suicidologist Julie Cerel, PhD, a professor at the University of Kentucky College of Social Work and president of the American Association of Suicidology. "Each loss increases the risk for the entire community, as people who are close to someone who dies by suicide are more likely to then have suicidal thoughts themselves."

When we hear a person has ended her life, whether she's a friend or a public figure, the question is the same. *Why?* Even the experts can't explain what drives certain people to suicide. "Compared with other leading causes of death, suicide research is not well funded," says Cerel. Furthermore, suicidal behavior can't be replicated in a lab. Subjects may be reluctant to report suicidal thoughts. And each individual is influenced by a complex combination of variables, which may include depression, substance abuse, genetics, and negative life circumstances.

Even if we're certain we'll never reach the point of ultimate despair, anyone around us could be vulnerable. We must stay alert to each other's suffering, says Alan Ross, executive director of the Samaritans of New York, which runs a crisis response hotline: "Suicide prevention is not about death. It's about life—how we help people in their time of need."

ILLUSTRATIONS BY *Daria Petrilli*

I HEAR YOU

Crisis counselor **Carrie Tyree** on the power of listening.

I'VE WORKED AT 2-1-1 BIG BEND, a crisis center and information referral line in Tallahassee, Florida, since 2000. I've logged about 10,000 hours on hotlines, but I still never know what to expect when the phone rings. My goal, however, is always the same: Make an authentic connection.

Each conversation is different. I introduce myself first and ask callers their name. Some immediate questions need to be answered—like “Have you hurt yourself already?”—to determine whether a situation is high risk and if we need to send help. Usually I ask open-ended questions: Can you share what you're going through? What's brought you to this decision? I paraphrase things the caller says, so she knows I'm hearing her and because it gives her clarity.

But there are instances where the first thing someone says is, “I've got a gun. I'm going to kill myself. What are you going to do to make me change my mind?” That situation needs a different tactic. I might say, “It sounds like you've made up your mind, but I just picked up the phone. What about giving me a moment to hear what you're going through?” I just try to focus on taking care of the person while I have him on the line; my longest conversation was three and a half hours. Normally, we don't hang up until a positive outcome, like a caller's promise not to harm himself today, has been reached.

The holidays aren't busier than any other time of year, but we do see spikes after high-profile suicides or a large crisis. When Hurricane Michael hit Florida in October, we had a 400 percent increase in calls. And I don't spend every second of my day trying to keep someone in crisis alive. We have “active” callers who are lonely and just want to connect with another human being. We also hear from people looking for resources or food.

That's how I came to the hotline. Twenty-five years ago, I was in a diving accident that broke my neck. I called for information about transportation, but the young woman who answered just knew I needed to talk. We had an hour-long conversation, and she helped me get back on my feet, so to speak. This work still fills my cup all the time.

BACK TO LIFE

Five suicide-attempt **survivors** trace their journey from anguish to help and hope.

THE DARK PLACE

SHARON GREENWALD,
55, NEW YORK CITY
Attempted in 2016

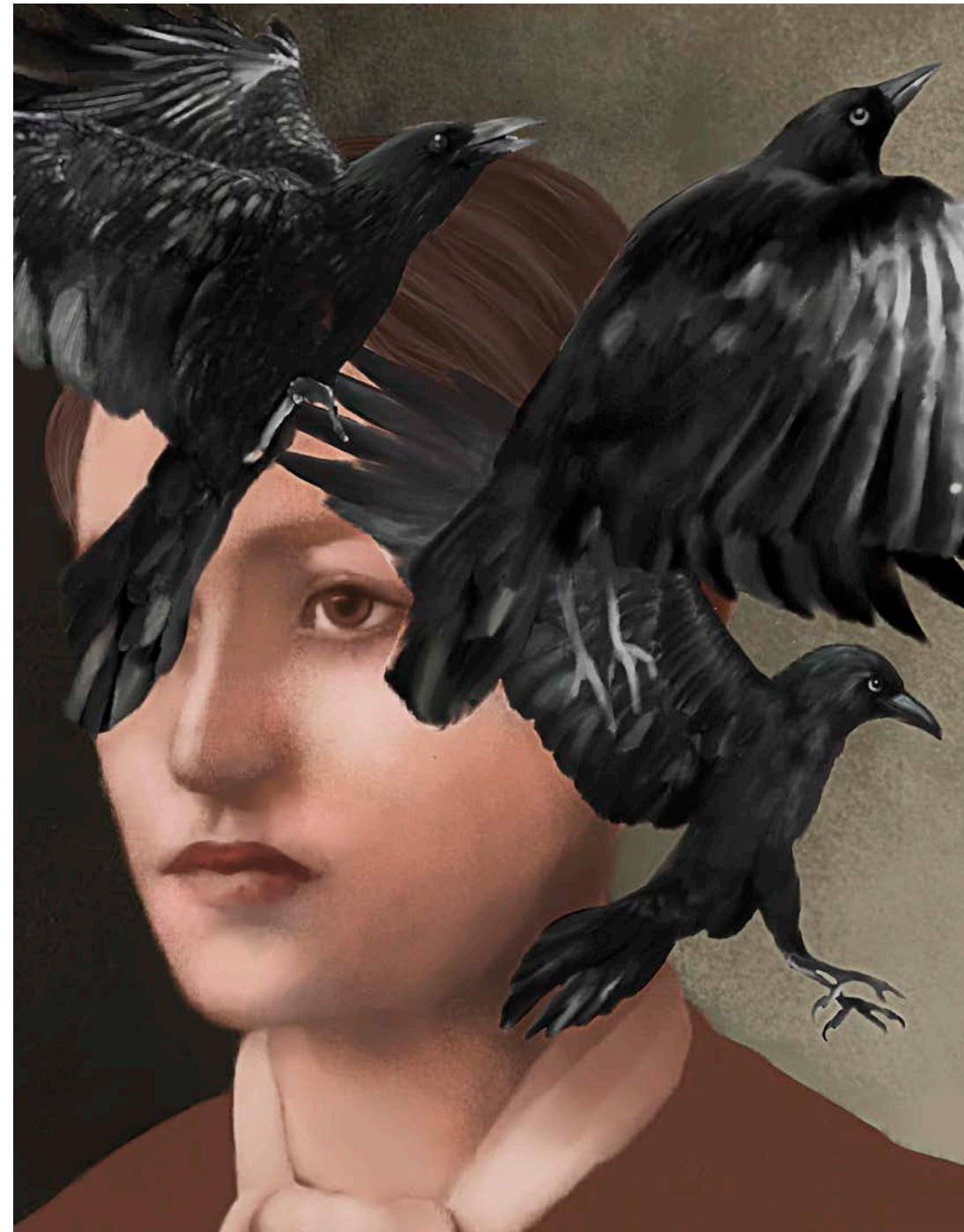
I never considered that I felt worthless because I was depressed; I thought I felt depressed because I was worthless. My marriage had ended. Then, five years later, I was living alone in the city; my son stayed in the suburbs with my ex-husband, and my daughter was away at college. Losing my old identity and routine was terrifying. I'd sit in my apartment and think, *You're never going to have a life again*. Since I was a teenager, I'd had this feeling that I deserved to be punished. When the pain got to be too much, I told myself, I would end it. Meanwhile, I lived like a person without a future. I didn't paint over my ugly brown walls—why bother? I loved dogs, but I wouldn't adopt one; I wasn't going to be around to take care of it. It didn't occur to me that I might have clinical depression, because I wasn't sad 24/7. I was happy at work and when I was with my kids. I went to the Cayman Islands with friends. How could I be depressed?

ANN TAYLOR,
55, LOS ANGELES
Attempted in 2009 and 2012

Within a period of 18 months, both of my parents passed away and my husband asked for a divorce. Any one of those things I could have dealt with, but not all together. I thought, *You're alone in the world*. I'd never been diagnosed with any mental health issues, besides some postpartum depression with one of my sons. But now all I wanted was to stop the pain. I'd lost the three people who had always had my back.

KELECHI UBOZOH,
33, OAKLAND
Attempted in 2009

People say suicide is a permanent solution to a temporary problem—but some problems are, in fact, permanent. My grandmother died when I was 14, and I took it really hard. She was a wonderful person who loved even the darkest parts of me. After she was gone, I told a friend I wanted to die, too. She told a teacher, who told my mom, and I ended up in the hospital. I never wanted to go back, so I stuffed my feelings down and pretended to be the happiest, most glittery unicorn. In my 20s, I was still pretending, but inside my brain was a tornado. I was trying to realize my dream of being a journalist, but I needed



two other jobs to make ends meet. I felt like I was failing everyone's expectations, including my own. I thought, *You don't deserve to be here*.

STACEY FREEDENTHAL,
51, DENVER
Attempted in 1996

I once read that we all have a prosecutor in our head who points out the things we've done wrong—but we don't all have a strong defense attorney. Mine had gone missing entirely. I'd wake up at 3 a.m. and lie there thinking of all the ways I was defective. It could be the smallest thing, like my dirty floors. My psychiatrist wanted me to go back on medication, which I'd stopped because I had hair loss, an uncommon side effect. I just thought, *Medication won't work*. I knew all about distorted thinking—I was studying to be a therapist, and I'd even volunteered at a suicide hotline. But that's what depression does: It lies.

ANITA WILSON,
53, NEW ALBANY, OHIO
Attempted in 2012

Well-meaning Christians will say, “If you're depressed, you should just pray more.” Mental health issues can be taboo in the church because asking for help feels like shining a spotlight on your spiritual life and admitting that your faith isn't strong enough. When I began struggling with depression as a young woman, I didn't tell my pastor or

60%

AMOUNT THE SUICIDE RATE ROSE AMONG WOMEN AGES 45 TO 64 FROM 2000 THROUGH 2016—THE LARGEST INCREASE FOR ANY FEMALE DEMOGRAPHIC IN THAT TIME PERIOD.

(In general, the majority of suicide-related deaths are among boys and men.) While theories range from skyrocketing stress to increased access to pharmaceutical methods such as opioids, experts don't yet have a proven explanation for the alarming jump.

50%

APPROXIMATE AMOUNT OF PEOPLE WHO MAKE THE DECISION TO ATTEMPT SUICIDE ONLY MINUTES—FROM LESS THAN 5 TO 60—BEFORE THEY ACT.

congregation. I managed my condition with medication, but then in my late 30s, chronic illness pushed me over the edge. I began having mysterious episodes of extreme vertigo and painful inner-ear pressure. I had to give up my job as a senior database marketing analyst, along with my volunteer work. I spiraled

downward, but I kept it to myself. I thought, *If you were a better Christian, you could cope.* Based on some misguided advice in an online support group, I began drinking to help quell my physical symptoms. The alcohol also numbed the feelings of failure and loneliness, so I started drinking more—and abusing pills, too.

THE CRISIS

SHARON: For ten years, I'd been planning to die. Then right before the weekend of July 4, I thought, *That's it. There's no way in hell I'm going through another holiday alone.* I tied up loose ends at work, returned my company laptop. I labeled all my jewelry because I wanted my daughter to know the story behind every piece. I made a list of passwords for my ex-husband, who was the executor of my will. I texted my kids that I loved them. I was looking forward to dying. I thought, *I'm gonna see my father again!* I left notes for everyone, including one apologizing to whoever found me. Considerate, right? Then I swallowed a large quantity of pills and said, "Dad, I'll be there soon."

ANN: I was visiting a friend who lived nearby and told her I thought I needed to check myself into a psychiatric hospital. She said she'd drive me, and I went back to my house to pack. But once I was home alone, I was so overwhelmed by anxiety that I didn't think I could live through another second, so I took every pill I could find and drank a bunch of alcohol. It was that spontaneous.

KELECHI: I was feeling increasingly desperate, so I went to the hospital. They told me, "You're not sick enough to be here; you're too high-functioning." Maybe they were understaffed and could only take the highest-risk cases. Maybe they weren't taking me seriously because I'm a black woman who presented too well. Anyway, I didn't know how to prove I was in serious trouble, and they let me go. A few weeks after that,

THE CONNECTION CURE

How talking about suicide can give people something to live for.

THE ONLY PEOPLE who really understand what it feels like to want to end their lives are those who have been there. That's the basis of survivor peer-support groups, in which people who have experience with suicide come together to talk.

"To realize that somebody else has known that dark place is the only thing that made me feel less alone," says Devon Shearer, a former group facilitator at the Didi Hirsch Survivors of Suicide Attempt Support Group in Los Angeles. "The group is where people can share things they can't bring up with other folks in their lives," says Caroline Mazel-Carlton, director of training for the Western Massachusetts Recovery Learning Community and a peer facilitator for Alternatives to Suicide groups. Family and friends may be angry or bewildered—or rejoicing that their loved one survived, while the suicidal person is overwhelmed with guilt or disappointed to still be alive.

The idea of peer support is met with skepticism by those who fear that when survivors gather, they'll give one another ideas and escalate their risk. Yet participants say this couldn't be further from the truth, and talking about the tough stuff may be exactly what they need. "The mental health community tends to focus on wellness," says Jess Stohlmann-Rainey, director of program development for Colorado's statewide crisis and peer-support lines at Rocky Mountain Crisis Partners. "I think people assume that if you've struggled with suicide, you're fragile. But if you've gone through this and you're still here, then you must be really strong," she says.

Some groups are co-led by certified clinicians and last for a limited time; others are more open-ended. Some are led by survivors. "We don't talk about suicide as much as explore where those thoughts

come from," says Mazel-Carlton. Members can share even their darkest impulses without the threat of being sent to a psych ward. And groups aren't just for survivors, Mazel-Carlton says. "They're for anyone grappling with these kinds of thoughts." Beyond the anecdotal, there's solid evidence that peer-support services can help those with mental health issues feel less stigmatized, build awareness of coping strategies, and boost self-esteem. The challenge is finding a group, since funding and training vary by state. Alternatives to Suicide groups are held in Massachusetts, Vermont, Connecticut, Maine, New York, and Wisconsin, and you may also be able to locate a group by contacting a crisis center. If you can't find one nearby, call the National Suicide Prevention Lifeline (800-273-8255); a counselor should be able to point you to resources in your area.





90%

OF THOSE WHO ATTEMPT SUICIDE AND SURVIVE DO NOT GO ON TO DIE BY SUICIDE.

I was raped by someone I knew. Something lit up inside me, like *I've got to get out—way out—so he can't do this again.* I wrote my roommates a rent check and drove to a hotel far away. I don't want to get into the details of what happened next.

STACEY: I wrote a letter to my parents apologizing and assuring them they'd be better off without me. Then I put up a sign for the friends who had keys to my place—at eye level so they wouldn't miss it: "Do not go into my room. To spare yourself, call 911. I'm so sorry!"

ANITA: One day I just decided I couldn't take it anymore. I wrote

my family a letter and tried to tape it to my bedroom door, but I'd been drinking all day and I was so emotionally out of it, I couldn't find any tape. I used a Band-Aid.

THE AFTERMATH

SHARON: When I didn't show up at the office, my coworkers contacted my daughter, who called my doorman. I was rushed to the hospital, where I spent a week in a coma. The doctors weren't sure I would ever wake up. My family stayed at my bedside talking to me and playing Bruce Springsteen, my

favorite, but I wasn't aware of it. The first thing I did hear was my mother's voice, telling me where I was. Then I remembered what had happened, and I was so sorry. When the doctors said, "You've obviously been very depressed," it was a revelation. I hadn't realized how distorted my thoughts had become. My daughter asked me later, "How could you do this to us?" But here's how screwed up I was: I didn't think my kids would miss me. I thought they'd be sad at the funeral, and then they'd go on with their lives. A suicidal person isn't thinking about abandoning her loved ones. She just wants to end the pain. I get pissed off whenever somebody says, "He had a billion dollars; why would he do this?" He did it because he was in pain, too.

ANN: I got a lot of therapy. At the time, the only other people who knew about my attempt were my ex-husband, who had to take care of the kids, and the friend who was going to drive me to the hospital, as well as her husband. She eventually disappeared from my life. She said, "Every time I hear an ambulance, I worry it's headed to your house. How do you think that feels?"

KELECHI: My mom, who's a doctor, helped me get into one of the top outpatient facilities in Georgia, where she was living. The staff there was amazing; they helped me stop pretending I was okay all the time. My therapist and I did trauma-focused cognitive-behavioral therapy, and I learned to look at my thoughts, slow them down, and stop them. I'd say, "No one cares about me!" She'd say, "Is that true? What about your mom?" I was very lucky. My mental health was my full-time job.

STACEY: I thought asphyxiation would be peaceful, but the body fights back. I began gasping for air as everything was going black. Instinctively, I began struggling to free myself, panicked that I would pass out before I managed to abort the attempt. It was terrifying but also a relief to be connected to the survival instinct. There's a theory that when a person is contemplating self-harm or suicide, she's in a dissociative state, as if she's outside her own body. Then at the moment when her life is in peril, the survival instinct kicks in and she snaps back. It's almost like thinking, *Oh my God, my mind is trying to murder me.* Sometimes when people take pills and then call for help, their suicide attempt isn't considered "serious." I believe every attempt is serious. I also believe that in many cases, they probably had what mental health professionals call a high intent to die—it's just that at the crucial moment, their survival instinct kicked in. This is why firearms are especially dangerous. They're instantaneous: The person never has the chance to feel that survival impulse.

ANITA: My family and I went to therapy together, and it was very healing, but I still feel so much guilt about what I put my children through. I just lost my mind. When I came to, at first I was angry that I was still alive. But a few hours later, a friend came by and hugged me and said, "I heard you were having a hard time." Even in my addled state, I could feel how loved I was. I spent two weeks in a facility getting psychiatric and substance-abuse treatment, then did a six-week outpatient program. When I got home, I pulled out some old journals to

TAKING IT STEP BY STEP

A wellness plan helps attempt survivor **Linda Meyer** exert control amid chaos.

IN MY MID-40S, I was a happily married, high-functioning mother of seven. But then I unexpectedly fell into a deep depression. I was overtaken by my emotions, and I thought the only way I could feel better was to die. I made five suicide attempts and was hospitalized multiple times, which only made my depression worse because it felt like surrendering yet more control. What finally saved my life was creating a Wellness Recovery Action Plan (WRAP), which gave me a sense of order when I needed it most.

A WRAP is a self-awareness tool that helps you identify what makes you feel healthy and stable and what causes you emotional discomfort. Recognizing your triggers helps you defuse them and turn the firecrackers into duds. For instance, I was eventually diagnosed with PTSD resulting from a childhood trauma I'd repressed for many years, so if I feel that someone's putting me at risk, I get extremely distressed. It doesn't take much to set those feelings off—road rage is enough to do it. When it happens, I try to pick myself up out of that moment by yelling something nonsensical, like "Bozo!" Then I take a deep breath. If that doesn't help, I might listen to music, go to the movies, or play pinball, which soothed me in childhood. It's the big girl saying to the little girl inside me, "I've got this." If I still feel upset, I might try something out of the ordinary, like going to the batting cages or the beach—anything to distract me until the feeling passes.

Because wellness tools don't always work, my WRAP also includes signs that I'm feeling worse. If I'm not taking my twice-daily showers or I'm eating too many snack cakes, then I realize I might be headed into the danger zone. My family knows that if I'm driving around and not answering my phone, it's not a good sign because it might mean I'm dissociating. The plan gives them specific ways to help me: My husband might take me out for a drive, or one of my kids might order my favorite Chinese food. They're small things, but for me, they're enough to keep me out of the hospital.

I became a certified WRAP facilitator, helping others create their own plans. You don't have to be suicidal to benefit from a WRAP; it's for anyone who struggles with mental health issues or just wants to understand herself and feel better. Figuring out what kind of support you need is incredibly powerful—especially for women, who are usually focused on caring for others. I want everyone to know: You're worth caring for, too.

THE SAFETY NET

In 2017, 278 people went to the Golden Gate Bridge with the intention of killing themselves. The bridge patrol successfully intervened with 245 of them. Officer **Louis Bautista** talks about his lifesaving work.

A TYPICAL TOURIST will return your gaze, engage in conversation. People who might want to hurt themselves, on the other hand, tend to be alone, often acting evasive. Or they're crying and pacing. Sometimes we'll follow a person, and if they don't meet up with others, we'll approach them.

I'll establish a rapport by making conversation. It's common for people who have come to jump to say they just want "to enjoy the view." Yet it will be foggy, and they've been out there for 30 minutes, in short sleeves. Then I may ask direct questions. "What are you really doing out here?" "You look sad; can you tell me what's going on in your life?" I'll delve deeper: "You came here to hurt yourself, didn't you?"

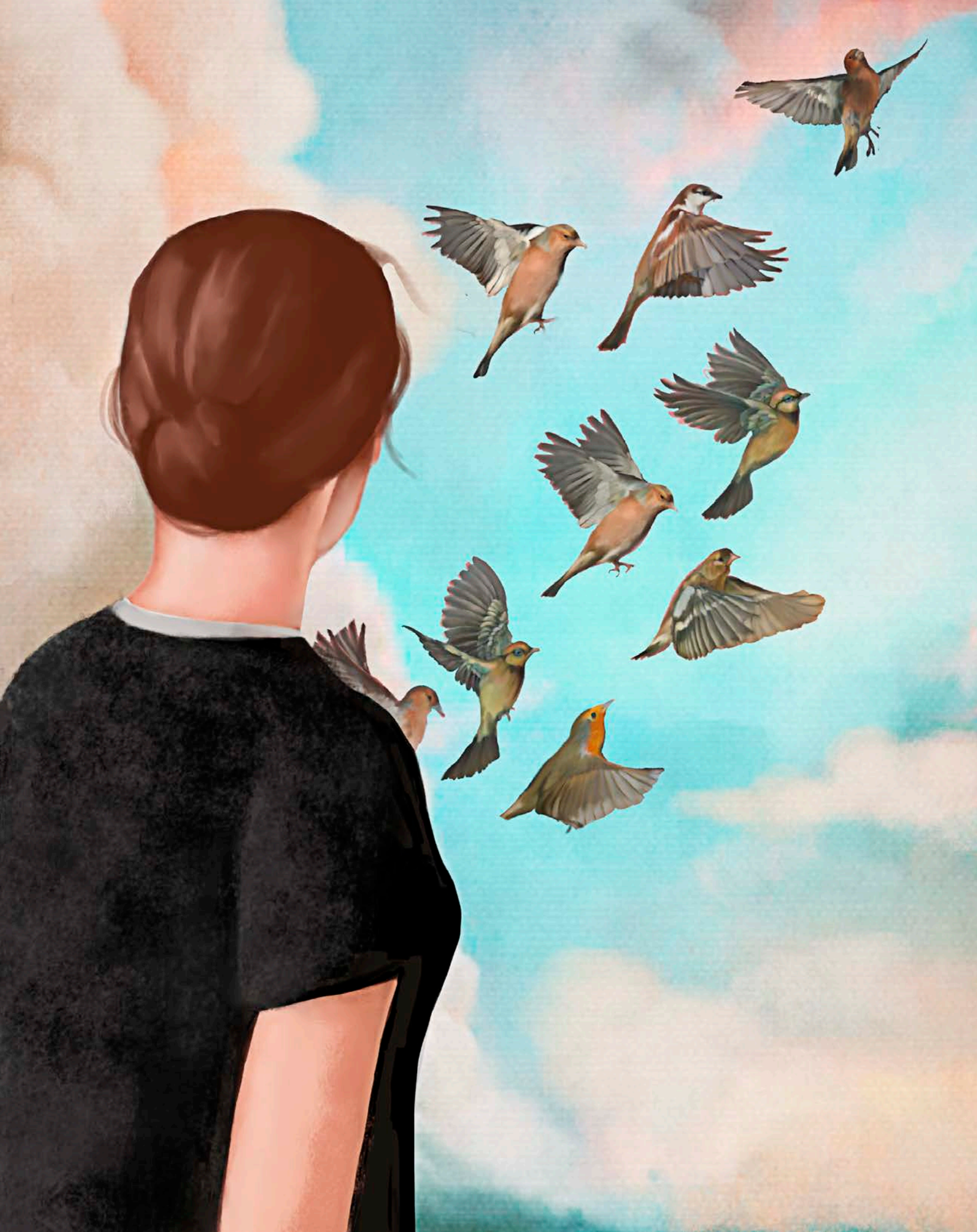
Sometimes just "How are you doing?" is enough. People are surprisingly truthful.

A few months ago, as I was patrolling on a bike, I noticed a guy in his 20s who was avoiding eye contact. When I smiled, he half-smiled back, and it seemed forced. I said, "I'm sorry to bother you, but I get the sense that something's wrong. What's going on?" Right away, he responded, "Everyone hates me." When I asked why, he said, "Because I'm a bad person." We talked about how he'd been depressed for some time and how he'd tried to hurt himself. We kept talking, then I led him off the bridge. He went to the hospital for further evaluation. But our efforts don't always work: There was a young woman who'd climbed over

the railing, and my partner and I thought we made a real connection with her.

Yet she turned and jumped anyway. Later we heard she survived, but with very significant injuries.

This job can be extremely rewarding, because if one of us didn't pass a person at a particular moment, if we didn't notice that little tweak in their behavior, if we didn't engage them—their life would be over. Then there are the people that you missed: You saw them, may have talked to them, shook their hand and wished them a good day...and then they jumped. That's profound; it's terrible. But I don't have time to wallow. Another person is coming, and I have to get back on the bike and find them.



85%

APPROXIMATE FATALITY RATE OF SUICIDE ATTEMPTS THAT INVOLVE FIREARMS. FOR OTHER METHODS, THE FATALITY RATE IS LESS THAN 5 PERCENT.

try to figure out how I'd fallen so far. I could see how the depression fed on itself. The worse I felt, the further I drew away from the people I loved and the spiritual practices that had always sustained me.

MOVING FORWARD

SHARON: As it turns out, depression runs in my family, but nobody had ever talked about it. I'm very serious about taking meds, going to therapy, practicing the mindfulness

skills I've learned. I feel like I've gotten a second chance. It's funny, a few months after I got out of the hospital, I was hit by a taxi, and I was lying there in the street, thinking, *Are you serious? This is happening now, when I want to live?* (Fortunately, I just broke my foot.) I finally painted my walls—a beautiful cream and light green—and got a rug in fun '60s colors. I got a dog. When I look at her lying with her little paws up in the air, it's a small thing, but it makes me so happy. That's what mindfulness has taught me: I feel my chest

rising and falling, and I try to enjoy the now, because the now is where I am.

ANN: For me, that first attempt was like crossing a line. Three years later, I attempted again, when I was going through a breakup and my emotions were out of control. After I got home from the hospital, I hid for fear someone would ask what had happened. But after a year or so, I couldn't keep it a secret anymore. I started to tell people, and most were supportive. But this is a very difficult subject for friends and

family to talk about. I also started going to a support group for attempt survivors that was facilitated by a therapist as well as someone who's a survivor themselves. Just to sit with other people and get the words out of my mouth—"I have attempted suicide"—was such a relief. I became a peer facilitator, and I also volunteer on the crisis hotline. I think many people have suicidal thoughts at some point in their life, yet don't want to talk about it because they're trying to protect themselves. But bringing dark thoughts into the light lessens their power.

KELECHI: Am I happy now? Well, I'm healthy. I've learned to recognize the difference, and I'm honest about it with the people I love. When I feel like I'm starting to slip, I don't mess around. Now I have a great support network. A few years

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THE BEST WAY TO TALK ABOUT SUICIDE

An expert in crisis communication shows us how to have that difficult conversation.

THE IDEA THAT SOMEONE we love might be hopeless enough to want to kill themselves is deeply upsetting—so much so that we may strenuously avoid bringing it up. If someone we care about does mention the S word, our instinct is often to rush in, reassure, or problem solve: "It's okay, everything's going to be all right, you've got this." But what people need most, experts say, is someone to take them seriously and listen to what they are thinking and feeling. Suicide has been called a crime of loneliness by Andrew Solomon, PhD, a psychology professor and author of the depression memoir *The Noonday Demon*; simply by showing someone you care, you can help

them feel less alone. And while it's true that you can't fix another person, you can "help her get through a moment," says Alan Ross, executive director of Samaritans Suicide Prevention Center in New York, which offers a confidential 24-hour hotline staffed by volunteers. So that we can be better prepared to help someone in crisis, we asked Ross to explain the approach the Samaritans call the Five Cs.

Contact: "We use this phrase in hotline training to stress the importance of connection: People who swim together don't tend to drown," says Ross. If someone you know seems to be really struggling, don't be

afraid to ask her outright if she's considering ending her life. You're not going to put ideas in her head that she hasn't already considered. In fact, she's more likely to be relieved that you're concerned and want to talk about her feelings.

Care: You need to make people feel comfortable enough to let down their guard and become vulnerable with you. "If people don't trust us, we're not going to be able to get very far with them," says Ross. "We build trust by being open, empathetic, and nonjudgmental." Refrain from offering

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ago, I had a situation: I'd called off an engagement, the negative thoughts had come flooding back, and the man who raped me tried to get in touch with me. So I put myself first. I took a month off from my job, checked into an intensive outpatient program, asked my mom to come stay with me, and dealt with my mental health. During that time, a friend did the most beautiful thing. For every one of the 30 days I took off, she gave me a gift: a chocolate, a superhero comic book, a quote. I got through it and went back to work.

STACEY: For years, whenever anyone asked why I focused on suicide in my work as a therapist, I gave them the partial truth, telling them a friend of mine had killed himself in high school, and I wanted to help people like him. But the longer I hid, the more hypocritical I felt, so in 2017, I finally came out of the closet. I've since received so many letters from people who work in mental health, from graduate students to therapists who are in their 80s, who themselves had thought about or attempted suicide yet never felt they could confide in anybody. I hope that can change as we diminish the stigma of suicide. Stigma means a mark of disgrace. And I refuse to abide by the notion that anyone with suicide, depression, or other mental health problems deserves a mark of disgrace.

ANITA: There's a reason they call it spiritual *practice*. Every day I practice the things that help me feel better: prayer, meditation, gratitude, creativity. I wrote a book called *Well* that includes coping strategies; for my pen name I used Alias in Town, an anagram of my name, because in every town there are those who live with hidden depression and addiction. I'm also speaking about mental health in churches. The sad surprise is the number of people who have told me they've had similar thoughts. When you're so depressed, you think you're alone, but you aren't. Today I can say, as one old hymn goes, *Even so, it is well*.

solutions or trying to relate ("I know how you feel" or "Something similar happened to me once" or "I had a friend who was going through this"). And try not to express how inconceivable or scary their situation is. Says Ross, "There's a Samaritans phrase: Have great respect for that which you do not know." Just be there for your friend.

Communication: Even when we have the best intentions, our well-meaning efforts can have the opposite effect. Consider this offer: "I'm worried about you, and I can see you're having a hard time. Don't you think it would help to talk about it? Tell me: What's going on?" Ross points out that the speaker used "I" and "me," which focus on her instead of on the person she's talking to; made an assumption about the person having a hard time (based on what she saw, not on what she was told); asked a close-ended, yes-or-no question ("Don't you think...?") that implied judgment because the expected answer is "Yes"; and commanded the other person to open up ("Tell me"). But because this was all said in the most caring, loving way, the speaker thought she was being sensitive. "True sensitivity is the ability to receive signals, and you can't be listening if you're doing all the talking," says Ross. Focus on the person being helped—what they're going through from their perspective. Try open-ended questions—"How are you?"—as well as good old-fashioned empathetic silence.

Catharsis: When people feel heard, it gives them a sense of relief. Especially in an emotional crisis, just stopping someone from feeling worse can be an effective form of prevention, says Ross.

Community: Your continued presence in someone's life is an important protective factor in a difficult time, says Ross: "If you're afraid of the dark, it's better to be sitting holding someone's hand than sitting alone."

LEND AN EAR

Hotlines across the country need volunteers. A few national groups:

National Suicide Prevention Lifeline (800-273-8255): Trained operators offer counseling to those in crisis and connect them to local services. (suicidepreventionlifeline.org/participate)

Samaritans: The group runs 24/7 hotlines in the Northeast staffed by trained volunteers called Befrienders, who offer anonymous support. (samaritansusa.org/contact)

LGBT National Help Center: The LGBT community is at particular risk for depression and suicide: In 2015, 29 percent of lesbian, gay, and bisexual youth attempted suicide at least once, compared with 6 percent of heterosexual youth. These national phone hotlines offer peer support, local resources, and general information. (glbthotline.org/volunteer)

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