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201 — Breaking the Silence About Suicide with Mark Goulston

Amy Morin:

Welcome to *The Verywell Mind Podcast*! I'm Amy Morin, the editor-in-chief of Verywell Mind. I'm also a psychotherapist and a best-selling author of four books on mental strength. Every Monday, I introduce you to a mentally strong person whose story and mental strength tips can inspire you to think, feel, and do your best in life. The fun part is we record the show from a sailboat in the Florida Keys! Don't forget to subscribe to the show on your favorite platform so you can get mental strength tips delivered to you every single week. Now, let's dive into today's episode!

Today we're talking about a very serious subject that doesn't get talked about nearly often enough, suicide. Chances are you know someone who has completed suicide. I guarantee that you've at least known somebody who's contemplated it. In fact, if you're honest, there might be a good chance that you've had thoughts of suicide yourself at one point or another. We'll talk a little bit more about that later in the show.

But most people don't ever talk about it. Sometimes, we're afraid that if we tell someone what we're thinking, we'll get put in the hospital. At other times, we don't want to bring it up with a loved one that we're concerned about because we don't want to plant any ideas in their head if they're not actually thinking about suicide. Of course, we usually don't know what we'd say anyway.

So here today to talk about this issue is Mark Goulston. He's a psychiatrist who's been on the show before. Back in episode number 91, he talked about the importance of becoming a better listener. Today, he's sharing more about those listening skills as well as his expertise in suicide prevention. Whether you aren't sure how to talk to someone you're concerned about, or you aren't sure what to do about your own thoughts of

suicide, I want you to know help is available. Dr. Goulston will discuss more about that today.

Make sure to stick around until the end of the episode for *The Therapist's Take*. It's the part of the show where I'll break down some of Dr. Goulston strategies and share how you can apply them to your own life. So here's Dr. Mark Goulston on how to break the silence on suicide.

Amy Morin:

Mark Goulston, welcome back to *The Verywell Mind Podcast*! How are you?

Mark Goulston:

Well, I'm much better now because I get to spend some time with Amy. How are you?

Amy Morin:

Yay. I'm doing great. I'm thrilled to be able to talk to you again. I just watched your new documentary *Stay Alive* where you talk to Kevin Hines, who I hope that will get on the show at some point. He shares his story of how he survived suicide. Suicide is a topic that we don't really talk about that much despite the fact that it's a leading cause of death in so many age brackets, yet we don't really talk about it. But in your work, you sort of became the suicide specialist. Is that a fair thing to say? You ended up talking to people who were extremely suicidal, people who other people had given up hope with and you went in and you talked to them.

Mark Goulston:

Yeah. Look, there's always a backstory to people and I'll try and make this brief because it's personal. What happened is I dropped out of medical school twice probably for untreated depression. The second time I dropped out, they wanted to kick me out because they were losing funds and the dean of the school thought, "He drops out, he comes back, he wants to drop out again, he'll never be a doctor." So he sent a note to the dean of students who cared more about students than money and fundraising. The dean of students brought me in and I was at a low point because I came from a background of depression age parents where you're really only as good as what you can do in life.

That's not an unusual mindset. A lot of Asian families have that. Asian kids feel that way. Tiger moms are all over them. So to make a long story short, the dean of students shared this letter to him about me saying that they were going to kick me out. They were going to ask me to withdraw because I was passing everything. I was at a low point in my life. The dean of students hit me with what I call the trifecta of hope. So I said, "What

does this mean?" He said, "You've been kicked out." I kind of caved in and I started crying.

I mean, it was like someone kicked me in the stomach and this is what he said to me, so imagine you're really depressed, you don't think you're really worth much because you can't do anything, and he says this to me, he says, "Mark, you didn't mess up because you're passing everything, but you are messed up. But if you got un-messed up, I think the school would be glad they gave you a second chance." Then I just start crying from the compassion.

He said, "Even if you don't get un-messed up, even if you don't become a doctor, even if you don't do anything the rest of your life, I'd be proud to know you because you have a streak of goodness in you that the world needs and we don't grade it in medical school and you won't know how much the world needs that until you're 35, but you have to make it to you're 35." Then he looked at me and I'm just sobbing. He said, "You deserve to be on this planet and you're going to help you."

So the trifacta of hope which I internalized and carried forward is he saw value in me just for me. I didn't have to earn it. He saw a future for me that I didn't see, age 35, and he went to bat for me against the medical school and the dean. He was just the PhD standing up to the medical school saying, "We're going to give this guy a second chance." So I took that second leave of absence and I went to a place called the Menninger Foundation. It's still around. It's in Houston. But back there it was in Topeka, Kansas.

I grew up in the suburbs of Boston. I didn't know anything about schizophrenic farm boys, but I could connect with them. I kept asking the psychiatrists at the Topeka State Hospital, "Is this legitimate?" They said, "Yeah, yeah. It's different than the other specialties and you've got a knack." I didn't think I had a knack for anything. So I tucked that away, took that year off, came back, finished med school, then went to psychiatry training at UCLA. One of my mentors there was one of the pioneers in suicide prevention, a psychologist named Dr. Ed Shneidman.

He was very quirky and so we really hit it off. I finished training and he just kept feeding me these suicidal patients that residents didn't want to see after they were discharged. All I did, Amy, was pay it forward. I saw value in them and they didn't have to earn it. I saw a future for them that they couldn't see. I grabbed them by the nape of the neck empathically and I said, "You're not going anywhere." They grab back. Does that give you a little insight sort of?

Amy Morin:

It does. It does. Because I think I'm a therapist too, and we get uncomfortable even as therapists sometimes when people are in our therapy office and they're suicidal because we think, "Oh, what do I do? I don't want to say the wrong thing. How do you

say the right thing?" I know so many families struggle with this too. One question I want to ask you is we talk a lot about the fact that people say suicide is preventable. But when I hear people say that, I often wonder how do families or people who've lost a loved one feel when a lot of them feel a lot of guilt anyway, and then we come out and say, "Well that was preventable." What do you have to say about that?

Mark Goulston:

Well, what I can tell you is they feel awful. They feel they could have... What did they miss? As I mentioned, there's another person that I'll be introducing you to whose 14 year old son died by suicide. This fellow's a serial entrepreneur and he created this other documentary, which is on Amazon Prime called Tell My Story, because he felt he missed it. Here's what he shares with audiences because both of us present together. He shares his story and then he says, "Mark, tell them how to reach their teenagers." He shared certain things that stick with me. He said, "When you ask your teenager, 'How are you doing?' and they say they're great, they're usually good. But when they say they're fine, they're not." He said, "What I realized is I'm an entrepreneur. I don't really have depression." He was speaking about himself and he said, "You really have to go where they're at because they can't go to where you're at." So what I learned to do, which the dean of students taught me, is he went where I was at. When he saw that I probably couldn't stand up for myself, he stood up for me and he stood up for me at his own expense.

I mean, he was a PhD in a medical school differing with the dean of the school saying, "We're going to give this kid another chance." But you're right, they do feel guilty. If you're listening to this and you've lost a love one, do not beat up on yourself. Do not feel guilty. On one level, and you know what I'm about to say, they were in pain and they were in pain for a long time and it took away their pain. That's going to cause you pain that you're going to feel the rest of your life, but it took away their pain.

Something I share with parents because they're saying, "Well, how do we reach them?" So there's something that I share that I call the four prompts. Here is exactly the script. What you say to your teenager or young adult child or spouse, the way you tee it up is you do it while you're doing an activity together. Do not try a heart to heart talk with your teenager that they don't initiate it. They hate those. It's nails on a chalkboard to them.

But when you're doing an activity, you're driving somewhere or doing something, what you say is, "All of us parents are really kind of worried about our kids, how they're doing. We read all this stuff. Your dad or your mom and I are worried about you. Can I run some things by you?" Hopefully, they're trapped in the car with you, they'll say, "Okay ma, okay dad."

Here are the four prompts. "At its worst, how awful are you capable of feeling about your life or yourself?" They're going to go, "What?" "Yeah, at its worst, how awful are you

capable of feeling about your life or yourself?" "Pretty awful." Then you dig in and say, "Pretty awful or really awful?" "Okay, ma. Okay dad. Really awful."

Second prompt. "When you're feeling that way, how alone do you feel?" "Pretty alone." "Pretty alone or all alone?" "Okay. Okay already." Then here's the third prompt. "Take me to the last time you felt it. Was it 2:30 in the morning couple nights ago, we heard you walking around your bedroom and kind of like couldn't get to sleep. But take me to the last time you felt it." When they describe that moment so clearly that you actually picture them wandering around their bedroom not able to sleep, when they describe it that clearly, they re-feel it.

"Yeah, I couldn't get to sleep. I was walking around." "But what happened?" "Well, I didn't what to do." "No, I understand, but what happened?" "I didn't know whether to kick the wall or punch the wall." "Oh, what happened then?" You keep them talking. "Well, I looked for some of your sleeping pills. I couldn't them." You keep them talking till they get it off their chest. In many cases, they might say, "Then the sun rose."

So the fourth prompt, by that time they've opened up to you and you might be able to say, "Honey, look at me." They'll hesitant and you look into their eyes with all the love you feel for them and you say, "I have a favor to ask you. The next time you feel that way or you're even headed in that direction, I want you to do whatever it takes to get my or your dad or your mom's undivided attention. Because we always have a hundred things going on in our mind. But do whatever it takes because there's nothing more important to either of us to help you feel less alone when you're feeling that awful. So will you do that, please?" Can you follow that tracking, Amy?

Amy Morin:

Yeah. That makes a lot of sense to get kids, a great way to get teenagers to open up. What about for other people who maybe have a loved one, if it's an adult, do those things work with an adult or should we do something different? If we have somebody who's in our life and maybe they're depressed, maybe we think that they're at risk of suicide, what do we do?

Mark Goulston:

I think the way you start the conversation is crucial. Because if you startle someone and you don't give them a chance to adjust to this serious personal conversation. So if you're worried about someone in your life, one of the ways you can tee that is you could say, "I'm going to do something that I wish you would do for me if I was feeling a certain way." They're going to go, "What?" "Yeah, I'm going to do something that I wish you would do for me if I was feeling down, low, discouraged. I might not want to have that conversation, but I'd need to have that conversation."

So you say something like that, they'll still be a little fuzzy. You could say, "The way I'd like you to be with me is how I'm going to be with you right now. I've noticed these things. Other people have noticed these things. You're not the way you were two weeks ago, a month ago. Something's on your mind. I got a feeling you're not telling anyone and you're not opening up. Tell me about it." But the point is, if they do that, you can't open them up, get panicky and then say, "Oh. Oh, we got to go find someone." So you got to be prepared to allow them to share whatever it is.

There's some other prompts that I use that you can use with anyone in your life who's not just depressed, but anyone who's had a setback, anyone who's had a rejection, anybody who's lost their job or lost a relationship. What you say to them to get them talking, you say, "Tell me what happened." You try to get them to tell you the story. Then you say to them, "What'd you think when that happened?" You want to pull that out. "Well, I thought if I got kicked out of my job or I quit, I thought I'm not going to find another job." "What'd you feel?" "Well, I felt angry. I felt scared."

So you're going for what happened, what'd you think, what'd you feel, what did you do or what did it make you want to do. This is the most important step because you want them to be able to verbalize an impulse or an action they took. I went out, I got drunk, I binged eat. You want to get that out. So what was the impulse? They tell you, and then you say, "How did that work out for you?" Again, you're not judging them at all. You're just pulling this all out of them and they'll tell you. You say to them, "What would've been a better thing to do? Or what would be a better thing to do if you get a rejection or you get a setback going forward?"

What you really want them to experience is a better thing to do is to have a conversation with someone like you like having now because I do feel better, I feel relieved. I'm starting to cry with relief. Then you can even say, "Well, will you make a note that when something upsetting happens to you, before you go into that dark place, will you reach out to me? I'm having this conversation with you because I love you, care about you. I don't want you to be alone going through that." So could you sort of track with that a little bit?

Amy Morin:

I like that you talk about inviting other people to come up with your own solution. So often, we want to give people advice, "Oh, you know what you should do, you should just not do that. Or you should go do this when you fail down." That's really the last thing people want to hear when they're in a dark place is you're like, "No, you just need to eat better or get more sleep." "Yeah, gee, thanks." Right? If I'm really struggling and you give me more advice, it just sort of validates to me that you don't understand me, versus when we listen to them, we can show people, "No, I can sit with your pain."

Mark Goulston:

Yeah. it can actually make them feel worse because see, what's happened is you're having a conversation because you're anxious. They're sharing something you're not experienced or skilled that makes you more anxious. So out of your anxiety, you throw a solution at them which can sometimes cause them to feel, "If you're just going to throw things at me, I wish I hadn't even opened up." This takes some practice to do.

I'll share an exercise because I have a book called Just Listen. It's done pretty well around the world, became the top book in listening around the world. There's an exercise that I give people to be a better listener. You might find this interesting, Amy, not you personally, but this is an exercise that I've trained people on the spectrum in and the other person they're communicating with thinks they have empathy. It's called the HUVA exercise.

So if you're going into a conversation with someone and your intention is that it'd be a really good conversation for them, for both of you, but for them. So you have to have the intention, I'm going to have a good conversation and I'm going to make it not about me. Then what happens is you rate yourself after the conversation. So this is an exercise to build your listening muscle and your presence muscle. You rate yourself after the conversation on a scale of one to 10 from their point of view how much they feel you heard them out as opposed to interrupting them or changing the subject.

So from their point of view, did they feel you heard them out? On a scale of one to 10, the U, how much did they feel understood by you? Did you drill down and you show understanding by saying, "Say more about that upsetting thing or that awful thing"? Or did they feel that you just changed the subject. You didn't understand them at all. Then V is how much did they feel you valued what they had to say? That's where you reflect on something that you actually valued. You might say, "Mark, I could see how some of those steps would work. I mean, I hope some of our listeners are writing it down because I think it would work, Mark."

Then the final A is from their point of view, how much they feel you added value to what they had to say? So that might be you're saying, "Mark, we got to find a way where we can get some of these tactics out to more listeners because I think they could help a lot of people." So use the HUVA exercise in a conversation where you want to have it be the most valuable for the other person.

I had a bunch of mentors and one of my mentors was a fellow named Warren Bennis. You may not know the name, but anyone in leadership knows the name Warren Bennis because he was one of the top five people probably in the field of leadership. I collect Warrenisms. One of my favorite phrases from Warren, and I want you to take this in Amy, because it's like butter. It's like butter. He said, "Boredom occurs when I fail to make the other person interesting." Told you it was like butter.

Amy Morin:

Yeah, I like that because it's true. We've all sat down with somebody before and they talk about themselves to the point that they clearly show no interest in whether you're even paying attention. They're just talking at you and it doesn't feel good, right? Versus when somebody sits down and they're genuinely interested in having a conversation. Right. So I like that exercise. I think that's a great way to figure out how am I doing. We can't control what the other person does, but one thing we can control is how we are doing as people in terms of listening in the conversations that we have.

What do we do if for people who aren't trained mental health professionals, if somebody talks about being suicidal and we do want them to get professional help, how do we encourage that? How do we open that door so that they might feel comfortable? Because as somebody who isn't a mental health professional, you don't want to become somebody's therapist, but you do want to invite them to talk, but they might need more help than you can give them.

Mark Goulston:

Well, first of all, be aware of the resources. Don't they now have 988? If you dial 988 now, the national suicide hotline. So what you can do is if know no other resources than that one, you call that. They're not going to send the cops out after you or throw you in a hospital. They're trained to have conversations. What I would suggest if you're not used to these conversations is use some of the steps that we've covered and open them up and hopefully they'll be able to feel some relief in opening up, especially if you didn't cram them full of advice that they didn't want to hear.

So hopefully they'll be able to feel a little relief and then you could say, "It seems like having this conversation, first of all, thank you for not resenting it, but it seems like I could be imagining it that you might feel better. I'm not skilled in this, but there are people who could take a conversation like this and do much more with it. So it feels like you got a little relief from this because you didn't seem to get more frustrated and I know some resources."

"Or you can even call this number, 988. Yes, it's a suicide lifeline, but they're people who are trained in listening. They're trained in finding out much more of what's going on with you. They're also trained to know of resources and it doesn't mean the resources are things like calling the police or sending you at a hospital. They can put you in touch with all kinds of resources, including many of the online resources that are now available to people because with the pandemic, a lot of people have found ways to go online and use many of the digital telepsychology, telepsychiatry sites."

Amy Morin:

Great idea. As long as we know what the resources are, then we can hand those out. When it comes to suicide, I think there's a group of people who maybe are struggling

with a major mental illness. They might have depression, bipolar, schizophrenia, but I think there's another group of people, would you agree, who are just going through some sort of temporary life crisis? I've known several people who unfortunately have completed suicide because they got themselves into trouble somehow and they were really ashamed of what they did.

I don't know that they would've qualified for a diagnosis of depression, anxiety, anything like that. But suicide in that moment seemed like the best option. It was a solution to their problem. What percentage of people do you think who do complete suicide are struggling with a major mental illness versus people who maybe are just going through a life crisis, if you had to guess?

Mark Goulston:

Well, I would say the number of people that are going through stress, I mean, inordinate stress, different stress than four, five years ago, I could imagine that more than 50% of people are dealing with stress on a regular basis. It's interesting, I've done a lot of work in this and one of the things when I do presentations about dealing with stress is I make a distinction between stress and distress. So when you're stressed out, you can still focus on your goals, with difficulty, but you can still push through.

But when the stress becomes more and more, it crosses over into distress and you then switch your goal from whatever your goal was to relieving the distress. That's when you start reaching for things that actually make you feel better in the moment, getting drunk, binge eating, but they actually make the situation worse. Then it's a slippery slope if you keep engaging in that. What's happening is you'll keep focusing on relieving the distress. Sometimes you get addicted to those things because they gave you momentary relief, but then they caused you to feel embarrassed, ashamed, you did things that you can't share with other people and it's a slippery slope.

The key really is identify people who care about you, who have your back, who are not judgemental, who are not going to shame you. If you don't know of such people, you can find them online. You can Google support group for almost any pain you're feeling and you'll find groups. Try to be patient because you might find a support group that's really not to your liking. But the internet is amazing with the resources.

I'll share an anecdote with you because in my practice I saw many, many things. Not just people who were depressed or suicidal, but some people who went through some real traumas. One of my patients, her only child, daughter, was viciously shotgunned to death. It was her only child daughter. She had a husband who had other children. So she had stepchildren. She was very involved with her daughter. I didn't think I was helping her at all. It took me a while, but there was a group called Parents of Murdered Children. The Los Angeles chapter of Parents of Murdered Children was headed by Doris Tate, which was Sharon Tate's mother who was killed by Charles Manson.

I got her to go to this group. I even attended some of the sessions. It's a sorority or fraternity that you never wanted to be a part of. But what happened is she continued to go to the group. Newly anointed moms started coming in the group who had just recently had a child killed and they adopted her as a mother figure. So she had this purpose and it saved her life. She made a big donation to the trauma center at UCLA and there was some news article. She actually mentioned me, she didn't have to, that she was grateful for the work we had done.

So what I'm saying, if you're listening, you'll say, "What does Sharon Tate, Charles Manson have to do with me?" What we're talking about is whatever pain you're feeling, there are other people who are feeling it and it's not that difficult to find them. So just reach out and find them. A lot of people will say, "Well, I don't want to necessarily go to a group. I don't want to hear their problems. I'm just caught up in myself." With that in mind, I'll share something with you, Amy.

I remember when I used to see some depressed patients and I would just push, "What's going on? What's going on?" and go deeper. A few of them would say, "I don't think I deserve to be happy because all I care about is myself. Everything's about me and I don't think I bring anything to the world. So maybe, maybe I don't deserve to be happy."

So one of the things I started doing is I started buying boxes of healthy snacks in little bags and I would give the box of healthy snacks to these people and I said, "Here's your assignment. Every day for a week, I want you always have healthy snacks with you. When you pass a homeless or someone coming up to your car and you're afraid to give them money for drugs or alcohol, I want you go up to them, state your name and ask them their name. Homeless people have names. That may be a surprise to some of you, but they all have names. They're all people."

"I want you to go up to them. Have your hand out stretched with a healthy snack because you don't want to go to them and reach into your pocket because you could scare them. You go up to them and you introduce yourself, ask them their name. You have your hand outstretched with a healthy snack and say, 'Here, I hope this helps.' Just hang in there. I know you don't think it can get better, but just hang in there and I want you to do that every day for a week because you felt you were just too self-absorbed." Amy, they would come in the next week and I would say, "So how did it work out?" They would sheepishly look down and say, "It helped."

Amy Morin:

I bet it did. I think all of us need to feel like we have a purpose. There's a reason that we get out of bed. We're able to contribute something to the world aside from just making money and coming home every day. But we need a reason beyond that. I like what you said about connecting with other people. So many people would come into my therapy office and be ashamed, embarrassed because they had thoughts of suicide. They had

no idea how common it was. Because, again, we don't talk about it. I've read some studies that suggest about 80% of us have thoughts of suicide at one time or another. Do you suspect it's that common?

Mark Goulston:

Well, I think what's common is when people feel powerless and helpless and trapped and they're looking for relief. Suicide is a permanent solution to a temporary problem. I'll share something else that we haven't talked about. But in my work and study as someone specializing in suicide prevention after Anthony Bourdain and Kate Spade died by suicide, I wrote an article *Why People Kill Themselves, It's Not Depression*. It got 400,000 views in two weeks because of the title and it's still up there. You can look it up *Why People Kill Themselves, It's Not Depression*.

I said that there's hundreds of millions of people who are depressed, lose jobs, lose marriages and there's hundreds of millions of people who don't kill themselves. It can contribute to it. But in my work with and study of people who are suicidal, one of the things that nearly all of them feel at the end is despair. If you break the word despair into DES-PAIR, they feel des-pair, unpaired with a reason to live, hopeless, helpless, worthless, useless, purposeless, meaningless. When they all line up, pointless to go on. So they pair with death as a way to take the pain away.

It's like the sirens calling out to the sailors, "I'll take your pain away." Because of that, one of the things that that dean of students did with me is he paired with me. He paired with me with a trifecta of hope. So during the pandemic, I've written, coauthored nine books. One of my books during the pandemic is called *Why Cope When You Can Heal?* We introduced to the world a name that I'd given to this, my work with suicidal patients and none of them died by suicide called surgical empathy.

What surgical empathy means is that when you're really traumatized, when you're really depressed and nothing helps, you form a psychological adhesion to death. It's not an attachment, it's an adhesion. I won't get into politics, but there are some people who have adhesions to certain political leaders and we won't get into that. So it defies reason. It defies insight. It's an adhesion. It's like what happens after surgery. So surgical empathy is a way to go in that causes the other people to feel felt by you.

When they feel felt by you and you're not pushing treatments on them and you're not judging them, and if you just stay with them in the dark night of the soul and don't rush them through it and they see that you're not dealing with your own anxiety by throwing treatments at them, if they see that you're willing to just stay with them in their pain, they, if you're fortunate, will let go of death and start to grab on to feeling felt by you using surgical empathy.

Amy Morin:

So important. So one last question for you in the time that we have left, If one of our listeners, I'm sure there are probably several listeners out there who might be in a dark space right now, maybe they don't know who to turn to or they don't know what to do, what would you recommend?

Mark Goulston:

Well, I'm retired. I'm in my seventies, so I'm retired and I'm wanting to share what I know through documentaries and speaking to parents groups, speaking to therapists like yourself who are willing to have a conversation and find that what I'm sharing is helpful. So I don't see anyone who's currently going through this. I will talk to families about how to reach their child. But what I would say is what we said a little while back is check out the resources, call 988 and say, "I'm not suicidal, but I'm worried about someone who is." There's a huge push to have mental health help available on the internet. So just reach out.

Get out of that confusion in your head, "I don't know if I want to reach out. I don't know if I should. Maybe it'll feel better today." To heck with that. Just reach out to make a call to people who care about what you're going through or what one of your loved one's going through. Just reach out and begin to have the conversation.

Also, medical doctors are now being trained to ask you about your mental health. Now sometimes it feels like they're just checking a box because they've been told to ask that question, but you can reach out to your doctor. So most internists or family doctors, they're hearing about this. So reach out to them and find a resource and be patient. Because you might not find the resource that's the best fit for you on the first effort, but just keep trying.

Amy Morin:

Thank you so much Dr. Mark Goulston for sharing your wisdom with us on the podcast again.

Mark Goulston:

Well, I feel very well right now. I don't know what to say, Amy, but thank you for having me.

Amy Morin:

Welcome to The Therapist's Take! This is a part of the episode where I'll give you my take on the strategies Dr. Goulston shared and discuss how you can apply them to your own life. Here are three of my favorite strategies that he talked about.

Number one: listen, but don't give advice. It's really tough to sit and listen to someone tell you that they don't want to live. I'm a therapist and I've heard plenty of

people talk about it. And it never gets easier. Our first inclination is to just tell someone, "Don't do it." We want to list all the reasons that they have to live and tell them to go do something that will help them feel better. But just sitting and listening to someone who is in pain is often the best gift you can give. When people feel as though you understand and you aren't minimizing their pain by suggesting they just need a good night's sleep or something like that, they'll start to feel better.

Of course, you don't need to become someone's therapist though. So it's important at some point to say, "Gee, I'm not a professional, and I don't know what a professional would say to you right now, but I would love to help you find someone that you can talk to." Obviously, there are lots of complicating factors that make it difficult. Someone might not have the money to pay for treatment, they might not be interested in trying therapy, or there might be a really big waiting list. That's why Dr. Goulston's next point is really important.

Number two: know the resources available. In the United States, you can now call 988. It's the number that you can call or text for a mental health crisis. It's an alternative to calling 911 because a mental health crisis might not require police or an ambulance. Instead, you might just need someone to talk to or someone who can give you information. If your loved one doesn't want to call 988, call yourself and ask them what to do given the circumstances. They might be able to walk you through some steps that you can take to intervene.

Keep this in mind though. If you've lost a loved one to suicide, it's not your fault. Just like you can't save someone from a physical health issue, you can't save anyone else from a mental health issue. Sometimes people who are suffering get really good at hiding their pain, and they don't always want to talk about it or tell anyone what they're going through. So while knowing the resources can help if someone is interested, it's not a guarantee. If you've lost a loved one to suicide, it's not your fault.

Number three: give something to the world. Most people who experience thoughts of suicide will say that they feel useless, worthless, and hopeless. But everyone can make a difference in the world no matter how awful things might seem. Just knowing that you can give back to someone else can make it feel like you have a reason to get out of bed every day. I know plenty of people who have said that having a pet that they needed to feed is what motivated them to get up.

We all need a reason to get out of bed outside of just making money or going to work. But when you're in a bad place in life, your brain will convince you that you're useless, even though that's not true. So sometimes you have to get up and prove your brain wrong by finding one small thing you can do today to make things a little bit better for yourself or for someone else. Dr. Goulston gave the example of how he challenged some of his patients to give a snack to homeless people and how that helped them see that they had the power to make a difference.

Another strategy might just be to leave a kind comment on social media for someone. That's something you can do even if you don't have the energy to leave the house. You might send a kind text message to someone that you know or just leave a kind comment for a stranger on social media. Tell your favorite author, musician, or celebrity why you appreciate them. Or send a card to someone. Donate a few dollars to a charity, or find something, anything, that proves to your brain that you're not useless and worthless.

So those are three of Dr. Goulston's strategies that I highly recommend. Listen without giving advice, know the resources available, and if you're struggling, do something to make the world a little bit better. To learn more about Dr. Goulston, check out his website, markgoulston.com where you can learn more about his books and the other resources he has available. You can also check out his podcast called *My Wakeup Call* and check out the documentary he stars in called *Stay Alive*. It's on Amazon Prime. If you know someone who could benefit from hearing this message, share it with them. Simply sharing a link to this episode could help someone feel better and grow stronger.

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