

Transcript for Episode 414: “Suicide Loss: Remembering How They Lived” with
Carrie Thompson

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

CARRIE THOMPSON: Ben, he was brilliant, and beautiful and successful. He had just graduated cum laude from University of Maine, and he had everything going for him. And inside, he was losing a battle.

[music playing]

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

[music playing]

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

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

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

Over the course of the next few episodes, in honor of TWLOHA's Another Day With You campaign and World Suicide Prevention Day on September 10th (which you can learn more about at twloha.com/wspd), we want to use this space to have conversations that challenge the lie that says we can't or shouldn't talk about suicide. We want to share real-life experiences as they relate to suicide attempts, loss, and ideation. For today's conversation, we're chatting with and hearing from Carrie Thompson, who lost her son Ben to suicide two years ago.

Carrie is a mother, a wife, and a high school English teacher, who recently moved from a small town in New Hampshire to the city of Seattle, Washington. As a suicide loss survivor, Carrie is on a quest for understanding and healing. She's an essayist of "creative nonfiction and sad stories" mostly exploring topics around grief and loss to suicide. A piece she wrote about hiking in honor of her son Ben, titled "The 48 Mountains That Held My Grief" was featured in the New York Times. Her words, links to all of which can be found in the show notes, are honest, unapologetic, and wise, and we're truly grateful for the opportunity to share some of that with you today.

With that being said, I'm your host Chad Moses. Let's get started.

[music playing]

CARRIE

Yeah, my name is Carrie Thompson. I am a teacher. First of all a mother, I have three children. They're all "grown and flown." My oldest is 29. My youngest will be 20 in a few days. And my son Ben was 23 when he died by suicide. And, you know, prior to that, that was in 2019. And I was pretty happy with my life. You know, teaching being a mom playing games, going hiking on weekends, just kind of a quiet little life. And when Ben died, that started this crazy, it felt like things were just falling apart. And they really kind of were. The day of Ben's funeral, my husband got the call that he might have cancer, which was confirmed later. And then he found out a couple months after that that he was losing his job and so the universe seemed to be raining on us. We started this ridiculous game called Bad Card Poker where we just kept racking up the stress points and the bad cards that we were being dealt. And I had an interesting experience with someone at my job and I got very upset about it, so I wrote about it. And then people started reading what I was writing. And I wrote an essay about Ben, and how he died. So I kind of added writing to my list of

things that I do, and that's kind of how I ended up here. My life has sort of two parts to it. There's before Ben died, and then there's after Ben died. If I wrote a book about me, it would be part one and then there would be part two. And I'm kind of figuring out what part two looks like, still. But you have to move forward when things like that happen, and there's no going back and changing it. So it's been a matter of figuring out how to find a way forward that honors part one of my life, while still making a workable part two.

CHAD

Thank you for for sharing that. Before going much further, can I ask about your husband... How?

CARRIE

Yeah, he's actually doing really well. He got a new job that involved us moving across the country from New Hampshire to Seattle, in the middle of a pandemic. But he had a stem cell transplant, and he is the best outcome that we could have. It's not cured, but it's certainly, you know, people live for a long time, with the kind of cancer that he has. And so that's what our hope is, is that we've got him, you know, many, many years to go.

CHAD

Thank you for sharing. It doesn't take a lot of effort for us to say that we're cheering for your family, and for what this new chapter, this new, perhaps you could even say a new volume in this saga of the Thompson family unfolds., You mentioned that you were a teacher, what did you teach?

CARRIE

I teach English, I still teach English at high school level. And I think that it gives me a perspective. I read a lot. Reading is one of the things that I do, it's kind of an escape but it's also informative. So, you know, it gives you a perspective on on the human condition.

CHAD

you mentioned in that intro that with this occurrence of tragedy, with the loss of Ben, there was kind of another shift in your life. You went from reading to writing, and recently in a piece titled [My Son Died by Suicide, and I Don't Know Why](#), you wrote, "We could replace Ben's name with the name of anyone lost to suicide. And the question remains the same. It haunts us. It's a unique source of pain that only those who've lost someone to suicide experience. Accidents, illness, drugs, cancer

murder, we might ask why these things happen. And we might wonder what made this random twist of fate come home to our lost ones. But suicide is somehow seen as different. There's blame involved and shame involved. And we have to figure out where to direct or how to deflect those toxic feelings." There is so much there worth unpacking. When you are going through your sense of introduction here is saying, "I'm a mother, I'm a teacher, I'm a spouse," you were naming things that you had some agency over. And then you mentioned some things that you did not choose: a cancer diagnosis, a loss of a child. There were things that have now become part of your identity that you didn't choose, these sort of twists of fate. And you mentioned there's a very specific way to attach to people who are survivors of suicide. There's questions usually without answers, and there's feelings of shame and blame, mainly due to stigma. What has acknowledging these questions and sifting through the stigma looked like for you?

CARRIE

If I could go back and edit that piece, I would say that last to overdose, lost to drugs is also something that has a huge stigma attached to it. It's sort of like there's two losses that the family doesn't quite have as much space to grieve however they want to, and that's overdose and suicide. And they're really close, right? They're both diseases of despair, I think. At the time, and it still does, sometimes suicide has like a sticky residue that sort of attaches itself. And there's been studies, the Surgeon General had a statement years ago about families that lose someone to suicide, their grief is seen as less legitimate, they're questioned more, their mental health is seen as less stable. That certainly happened to me. I had people that I couldn't say things that weren't going to be misconstrued as somehow I was mentally unstable, when really, I was just grieving. I had said something that was misconstrued and misinterpreted, and they immediately jumped to, "Oh, you must be thinking about it, too." And that was probably the most glaring example of not having the same space to express what I was feeling without having to worry about someone judging. And, you know, we talk about suicide contagion. And we talk about exposure to suicide, increasing the risk. And I hate the word contagion, because it feels like, if I could change our terminology, I would change that word. It does increase the risk, exposure to suicide has some association, but it doesn't mean that someone a family that loses someone to suicide is somehow, you know, they're grieving, they're not mentally unstable. We can come close to trying to understand what makes someone die by suicide. But in the end, it's unexplainable. And when you can't explain something, and you see it as there's some choice involved, there was an action that Ben took that ended his own life. And that doesn't compute with people's understanding of death. Cancer is a terrible death, right? People die by cancer. We

lose people to cancer and it's awful. When you move someone to illness or an accident, it's awful. But it's like it's done to them. You were talking about agency, and somehow, suicide involves agency on the part of the person who dies. And I think that that is a real hard place for people to go and for people to understand. With Ben, he was brilliant, and beautiful, and successful. He had just graduated cum laude from University of Maine, and he had everything going for him. And inside, he was losing a battle.

And that battle is invisible. Mental health is invisible. Sometimes it's visible by people's, the way people act, but what's going on in your brain and what's going on in your thoughts aren't really visible unless you tell somebody. And that invisibility, I think it's really easy to hide it and it's really easy to stigmatize it.

CHAD

We've used stigma now in a couple different ways. It's one word and it carries a lot of weight. It does a lot of heavy lifting. Stigma is the moment when our assumptions become absolutes. It's when conversation is stifled because we think we already know the answer. So often, like in our field and on our side of the equation with *To Write Love on Her Arms*, when we talk about stigma, we're generally talking about people who live with a mental health challenge and feel silenced in their efforts to reach out for help. But you, Carrie, are describing a different sort of stigma. You mentioned earlier that your goal is now to make sense of part two of your life while honoring part one. And still there's stigma, there's still questions, there's, "What was your role as a parent? What was your role as a teacher? What was your role as a community member in the lead-up to and in the aftermath of this stark chapter break?" But I want to pause for a moment where you mentioned, it kind of takes one to know one in order to grieve a loss due to suicide. Where did you find comfort? Where did you find the people who you didn't have to explain your grief to?

CARRIE

I went to an *Out of The Darkness* walk from the American Foundation for Suicide Prevention, it was the first place and it was only about mere weeks after Ben died. And I met a mother there who had lost her son to suicide as well, similar age to Ben, but she'd been on this journey a little longer. You know, she put her arms around me, and she held me. I'm very hug averse since I lost Ben, but I remember that hug. She told me that, this sucks and it's gonna suck for a long time. It still sucks. But I needed to find people who spoke the language of suicide loss. And that they would understand how different it was and how it sucked. And I find that that's true. So I am involved with a suicide loss survivors' group. And I have talked to, met with other

parents who've lost children to suicide. So that's helped a lot. And the other thing I had, a really great therapist who I still keep in touch with even though she's in New Hampshire and I'm in Seattle now. That helped a lot. And, you know, writing and going hiking a lot, I've gotten way more outdoorsy. I have found people who understand it, at least a little, and who give me the space to express what I need to say.

CHAD

I am just totally brought in by the teaching aspect. There are so many students that the first time they explore or try to come to grips with depression, anxiety, thought to suicide is through the lens of a high school classroom. And I'm wondering if this loss has changed how you view caring for students. I'm sure the pandemic has shifted a lot of this, as well. But I wrestled to believe that Ben's death was the first in your circle of care that had been lost to suicide, or has been affected by suicide just by nature of high school students coming from a wide variety of backgrounds and contexts. How has this shifted your professional lens? And how that is wedded to your empathetic lens of caring for people?

CARRIE

Yeah, indeed, I had lost students to suicide. And it always struck me how hard it is to handle that in a school setting. And so, for me, losing Ben, it was really interesting because the staff at my school, some of them handled the loss in a very different way than the students. My students were lovely. I had one of my students stay after class. I did start teaching right away after Ben died. I think school started in late August, and I did start school. And very early on, one of my students stayed after school, and he came up to me, he goes, "Yo, Thompson, your son, that's the shits. Like, that's the fucking shits." And then he stops, and he goes, "I mean, that's really bad." And I had to laugh, and I said, "Yeah, you know, it really is the fucking shit, isn't it?" And then he's like, "I'm here for you if you ever want to talk." And I go, "Alright, I appreciate the offer, sweetie, I can't take you up on it. But I really do appreciate the offer." And that was the kind of reception that I got from my students. It was, they were universally supportive.

Working with teenagers, though, in terms of the empathy factor. Christopher Walken has this quote about grief where he talks about, it wounds your heart and you have this giant gaping hole in your heart now. And that you can move on, it doesn't really heal but it adds character to your, he likened it to-what did he call it? Like a dancer with a limp. You can still dance, but it changes you. And I think that that's something that has done for me in terms of, I've always been empathetic with my students. I've

had students before tell me that I'm one of the realest teachers that they have. And I take that as a deep compliment. I am so aware of what my students' mental health is anymore. You know, I've always been aware of it, but I am way more likely to look at a kid and say, "Hey, are you OK?" And straight up, ask them. If my gut is saying, "Hey, this kid's really struggling," well I'm picking up the phone, and I think I'm more likely to do that. And I think that students knowing that I have lost a child isn't a terrible thing. Because I think that they know that it is real, and I'm not afraid to talk about it.

CHAD

I just wanted to touch back on that theme of of empathy, of teaching, and I can't help but carry on with the follow through of this pedagogical lens that perhaps the best thing we can teach young people is not the correct answers to a calculus test or the correct way to parse a foreign language, but to teach another foreign language of empathy. And I'd be remiss if I didn't pitch this opportunity: at To Write Love on Her Arms we do have this mental health hygiene crash course that we call Between the Bells, it's for high school communities. It's for a school to help encourage proper conversation around mental health and mental health challenges. And if you have any questions about that, please check out our website.

So a piece of your journey, you've mentioned that a part of your grief processing has included the outdoors. More specifically, it's included hiking and even the act of spreading Ben's ashes in different places. You've been to Yellowstone National Park in Wyoming, you came from Maine, you've hiked through New Hampshire. How has the physical endeavor helped you on an emotional level? And I guess on a more foundational level, what was the reasoning or inspiration Behind linking the physical to the emotional and behavioral health?

CARRIE

Ben told me once, well more than once, that he felt most at home in his own skin when he was outside. You know, he struggled with some mental health conditions. He had some sensory processing things. The world is really hard when it hurts you at your skin. And he always felt better when he was outside doing outside things. He was a snowboarder, and he was into hiking and camping and he was into rafting and swimming and anything outside. He was all over it. And so in losing him, I wanted to find him. It really started about two days after, two to three days after we lost Ben. We cleaned out his apartment. My husband and daughter and our youngest son and I were sitting down at the river at Ben's. His house was almost right on the Penobscot River in Maine. We were sitting down at the river and being outside at

that spot just felt, you know, he was there. And then an eagle flew in real low over the water and sat kind of perched on a rock out in the middle and started preening. And it was sort of like, you know, "Hey, Mom, it's all, you know, I got you." At least that's the way I saw it. And it struck me that he was there. And so I wanted that feeling again.

You know, and my husband and I went hiking after we dropped our youngest son off for his first year of college. About mere weeks after losing Ben, our youngest son had to start school. My husband and I went up to the Adirondacks, and we went hiking. We got to the top of Mount Algonquin. And I had a little scattering, too, with some of Ben's ashes. And it seemed appropriate. The first place I scattered ashes was in the river at the Penobscot. Again, it was just one of those where holding the ashes in my hands, that physical act, it makes the loss real, but it also makes the connection still there. Loss is one of those things that brings the paradox of life and death, love and grief, and peace and tragedy, all into one thing. And for some reason, for me, the physical act of scattering ashes kind of lets me feel that connection. But it also lets me feel that letting go sense, and that is what is the cathartic piece for me.

And so the physical act of hiking up to the top of a mountain is physically, you know, you get the endorphins going, it's hard. It's a little bit like grief, you know, there's moments where you're just like, "I can't do this anymore," your body's tired. And then you keep going. And it's a real metaphor for me for how I have processed this grief. You get stronger, you get to the top, and there's this moment where you're looking out, and it doesn't matter if it's a Stockton peak where you're just surrounded by snow, all you can see, there's always something that happens. And I call them Ben moments. There's always a moment on my hike, where I just feel, I feel that connection. Sometimes it's on the peak, sometimes there's a stream and something will happen. And I find them a lot in people. I've had these experiences that I can't even describe. I feel like he sends me people. You know, I met a guy at a waterfall on Hamilton, here in the Columbia River Gorge. I call this guy down and started talking to him, "Hey, how old are you?" He's about Ben's age, maybe a little older. And like, you know, "Hey, this is gonna sound really weird. But you kinda remind me a little teeny bit of my son. I lost him to suicide in 2019." And this friend looks at me and he starts getting all teary, he says, "My name is Ben." And stuff like that happens a lot. I'll meet somebody on a peak. You know, they'll have lost someone as well. Or they have struggled with mental health conditions themselves. I think, you know, people end up out there in the woods for a reason. So I've scattered him from coast to coast at this point. A friend of mine scattered some at the Arctic Circle. So

you know, these beautiful places and they send me pictures. So I have all of these pictures of places that we have taken Ben. My sister-in-law took him to Arizona. It's an active taking him to places that he wanted to go.

[music playing]

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

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

[music playing]

CHAD

You've also mentioned that along with grief, you've explored perspective, specifically, remembering how Ben lived rather than how he departed. Can you share a bit about that, and how remembering the lighter moments has perhaps helped to balance these heavier pieces? There's no undoing that heaviness. But how do you hope the world remembers those lost to suicide?

CARRIE

Yeah, that's a tough balance, right? And this is something that struck me when Congressman Jamie Raskin lost his son, Tommy, to suicide. And he expressed how Tommy lived, and all of the things that Tommy did, and the beautiful young man that he was, before he lost his battle with his mental health conditions. And it reminded me very much of what we wrote about Ben. Ben was a great guy. And when I first started writing about Ben, I wrote about losing him to suicide. And I was focused for a long time on how he died, and how awful that was and how I wanted him to be here, or how I could talk to him, you know, I missed my friend. Then I started thinking

about it as like, you know, he lived. I calculated it out at one point, he lived more than 12 million minutes, right? And if you think about the amount of time that it, that someone dies, it just mere takes mere minutes to lose your life. How could that loss, the way that he died, how does that outweigh, you know, 12 million minutes of actual life that he enjoyed and lived and fought and did these beautiful things? And I realized that the way forward for me is realizing that he really did have, he had a life before he died. And that life involved fun and laughter, and plenty of wounds. But the totality of his life is what I want to remember. The manner of his loss cannot outweigh the totality of his life. And I think that however you can, you have to come to terms with these losses. For me, what helped was realizing that he was this brilliant young man who had really lived. And, you know, I use the quote in my essay from the movie, *The Last Samurai*, where Algren stands up and says, "I'll tell you how he lived." That's the thing. Because it changes the memory to be something that's not the loss, but the life. It's not the grief, but the love.

CHAD

To investigate the other side of that coin, because we did say this is a balance. Why do you think that talking about suicide is important? You know, perhaps specifically as it relates to things like prevention, helping those who are living with suicidal ideation, helping those who are contemplating an early exit in the wake of some some really heavy moments. Why does being upfront and explicit and honest with suicide matter?

CARRIE

It's important to shine a light on it. I think the more you shine a light on problems, the more you can put language to it. I'm an English teacher, you know, I got to put words to things. And the more that you can help somebody put words to it, the more that you can make it okay to talk about it. I love that we just got 988 approved. That's the three digit mental health helpline where, you know, hopefully nationwide, in a not long time you'll be able to dial three digits and make it as natural as calling 911. But you're getting mental health help, In order to make it okay for someone to say "I'm really struggling with this, I'm struggling with feeling unsafe, I'm struggling with thinking that I want to harm myself," we have to provide that space. And the way to do it is to talk about it. I think Ben was protecting us from his own darkness. And I think that he didn't want us to know how big and scary it really was. I use the words big and scary a lot. I had dinner with him the night that he died. And we were planning to go hiking a couple of weeks later, and we were planning to get sushi the next day. He left me with plans and a nice big long hug and a "I'll see you tomorrow." And I think he went home and opened the door to the monsters. And I think that he

lost the battle. You know, he lost the ground, is what I like to say. He couldn't find the center enough to call for help at that moment. And so I think if we can figure out how to get to someone before the monster really grabs them, before they lose the battle. Because I think he was battling, right? The thing that we lose sight of is, you know, suicide is one of those things where there's a moment where the struggle becomes desperation becomes action. The feeling of being trapped, you know, they've talked to attempt survivors who talked about that sense of feeling trapped. They just want to, "I don't want to have this pain anymore. I just want it to stop. I feel-" and so then they take action. But the thing is, like, people who survive attempts, most of them don't go on to complete suicide. And so if you can avert the attempt, if you can get before the attempt, but yeah, I think you have to do it in a way that is dignified. Not this, you know, sitting in a room in the emergency room for two days waiting for mental health care with someone, I knew the whole time, I don't, I'm not sure that that's the best we've got right now. Right? That's the best intervention we've got, is to remove access, to put them in a safe spot. And I want to do that, but I want to do it in a way that is dignified. And I think we need to make it safe for people to say "I'm feeling unsafe, can I just sit here for a while? And can you help me?" And to respond to that the same way that we respond to other health crises. We need to make it okay for people who are struggling with thinking about suicide to reach their hands out and say, "I'm not safe right now."

And we need to make it okay to ask them, right? Talk save lives, people. Being able to talk about it saves people. Being able to talk about self harm saves people. It allows us to stop doing it. And the only way to stop suicide is to talk about it. However you want to talk about it, you got to get it out in the open.

CHAD

I think that's such an important point there, that you don't need to have all of the right words in order to have an effective conversation. You don't need to have letters behind your name proving that you are accredited to talk about hearts and minds and emotions and context. Like, just the act of talking, as long as we're having this conversation, you're not going anywhere.

CARRIE

Yeah. And sometimes it's just sitting with someone in silence too.

CHAD

Yeah, silence can be a conversation. Absolutely.

CARRIE

Let's sit here until you're feeling a little better. You don't have to talk to me. I'm not gonna, you know, maybe we won't find the answers right now. But right now, let's just sit. Want some tea? You know, that connection, that human connection. Walking with somebody, and then being unafraid to sit with somebody in that dark space. Ben had so many friends. Any of us, I would have moved heaven on earth, right? All of us, any of us would have gone and sat with him. We would have sat there and fought that monster as long as it needed. We would have done that. And I feel like there's a lot of that, right? Families, I mean, you know, any of us would do that. We want our loved one here. So making it OK, making it acceptable to ask someone, "Hey, are you thinking of it?" Because that's an awkward conversation too, right? "Are you thinking of harming yourself?" That should be as natural as a question of, do you have a headache? Do you have a stomachache? Right? If you see somebody and you know that they seem a little off, you should be able to straight up have that conversation. And the more that we talk about it, the more we normalize talking about it. I don't want to normalize suicide, I want to normalize talking about suicide.

CHAD

I kind of want to touch on how you have tried to expose some of that societal stigma. You mentioned in your writings that after Ben had passed, you and your family made the decision to name suicide as a cause of death in your external communications, even in the obituary. And you mentioned receiving judgments and pushback. Could you describe a little bit about what that pushback looked like, what it felt like, and perhaps could you put your finger on a pulse of where that sense of pushback came from? What is it about society that would, in a sense, endorse this pushback on some level?

CARRIE

Well, there's a couple of things going on there, right? I think we publish obituaries right away. I felt like there was a ticking clock where we had to get it up. I was so concerned that the people that loved Ben and that he loved wouldn't know. I spent hours tracking down some of his close friends and making sure that they knew that we had lost him before anything went public. So there was, that was part of it. But I think the families, you know, if you're the family, you're trying to figure out what to say. And you're also still trying to process that loss at the same time. And, again, suicide, the battle is hidden. And so it's shocking, and you're processing the shock.

And that might be part of why you don't see as much exposure of, you know, someone taking their own life in an obituary or in the public expression of the death. And it could be, you know, everybody has individual reasons why, and so you have to honor the family's wishes. In our case, we're as real as it gets in my family. Sometimes we're a little too real and dark, but hey, it works for us. And we wanted to be honest, and we felt that, you know, Ben was fiercely private about his struggle, but he also was fiercely public about his advocacy for mental health conditions and things like that. We decided that honoring that meant saying it, and also, I got some pushback from family members asking me why we put that in the paper. "Why would you want to say that in the paper?" Well, because we wanted to be honest. And I think that, you know, putting it right out there was the right decision for us. I don't want to say that it's the right decision for every family. Families have to do what they feel is correct.

But in terms of pushback, I had people question it. And it wasn't really openly questioning, it was like, "Wow, really honest, there. That's a really honest obituary." And what they really meant was, "You put it in the paper?" We agreed as a family that we would. Now I will say if anybody, if Ben's brother or sister or my husband had said, "No, I don't want to put it in there," I would have honored that. It was a group decision. And so there's that. But we also had people who said, "I'm really glad you were honest." I've had people reach out to me online, I've gotten a couple people help. I had someone contact me on Twitter, saying, you know, "I think about this a lot." And I said, "Are you safe?" You know, it opens a conversation and I'm happy to have that conversation if it keeps someone safe. If it can happen with Ben, then you know, and that's the thing like, people ask me, I've had people ask me the craziest things like, "Did you know?" And, you know, part of me wants to be sarcastic like, "Yeah, I did. I totally did." What are you thinking? You know, like, but what it is, is people don't know what to say so they just say things that they shouldn't really express. I can confirm for your listeners, it is perfectly acceptable and very touching for someone to simply say, "I'm so sorry, that sucks." That's brilliant. Just simply say, "I'm so sorry. That really sucks." It's a lovely expression of condolence.

CHAD

Absolutely. Carrie, thank you. Just to remove myself entirely from this conversational equation, this is now your microphone completely. And assuming that the only person here in this podcast is you and the listener. And imagining that this listener is someone who says, "God, Carrie's story sounds a lot like mine." What would you say to someone who is also a survivor of suicide loss if you had just this moment to relay anything? It's all yours.

CARRIE

I will start by saying that sucks. It really sucks. And I am so sorry that you are part of this unwanted, unwelcome club of suicide loss. And it's gonna suck for a long time. Grief doesn't get better. It doesn't go away. It's not something that you get over. You're going to carry this for, from now until your own departure from this mortal coil. But you get better at carrying it. You get stronger at lugging it around. You learn the boundaries of it. You grow around the hole that is now left in your life. And you kind of come to a place where you figure out that there's no answer, at least for me. There's no answer that's going to satisfy the question of why, because the only answer would be for Ben to be alive. And so getting comfortable with the unknown and the unanswerable was the key for me to start to make progress moving forward, and figuring out how to write that next chapter, that volume two of my own life. And eventually, you figure out that grief and joy can coexist at the same time, sometimes in the same breath, in the same moment. And that you can feel more of one or the other, but you can feel them both. And it doesn't mean that your last one is any less lost, or that you love them any less. It just means that the loss is there, but also life is there. And so, getting to that point where you can feel those feelings again, it does come. Better days come. The light finds you at the bottom of the cliff, if you can just be there, and you know, it'll find you. You got to look for it, but it will find you.

[music playing]

CHAD

We want to extend our thanks to Carrie for finding the time and space to share her experience and wisdom with us and all of you. Carrie, your insight into grief, healing, and the need for suicide prevention is something we admire. As you continue your quest, we hope to amplify your voice and the voices of others who are with you in solidarity. And we feel immense gratitude for the opportunity to hear about and celebrate how Ben lived through you. Thank you.

And to the person listening, we hope this conversation provided you with something valuable, as well. Perhaps the encouragement to reach out for help or the bravery to ask a friend how they're *really* doing, or maybe it offered you the permission to feel your grief wholly with joy and sadness co-existing.

We hope you know that when we say we want another day with you, it does indeed mean *you* and all that you entail.

And again, we want to invite you to visit twloha.com/wspd to learn everything and anything about the campaign. And if you're in the US or Canada, you can text WSPD to **321-204-0578** to stay informed! Thank you for being a part of this movement. We do this work for you, because of you, and with you. We're glad you're here.

CHAD

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

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

If you're in the US or Canada and need to talk to someone right now, you can always text our friends at Crisis Text Line. Simply text the word TWLOHA—again, that's T W L O H A—to 741741, and you'll be connected to a crisis counselor. It's free, confidential, and available 24/7.

For a list of crisis support resources for listeners living outside of the United States, please visit twloha.com and click on the International Resources tab.

Finally, if you've enjoyed this episode and you want to hear more, we really hope that you'll subscribe 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.

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