



helping your friends
who sometimes wanna die
maybe not die.

I'm carly, i wrote it.

i'm a queer and genderqueer witch and a white settler who started doing suicide intervention in seventh grade when my friends started telling me they wanted to die. i'm 35 now, and i'm a therapist and facilitator and tarot reader and sometimes my friends still tell me they want to die. me too- i have spent time wanting to die, or rather, being real scared that i didn't know how to keep living. i got some training in peer support for suicide as a volunteer at the student run sexual assault center at McGill in Montreal during my undergrad (in the early oughts), a little more (but really not much) while i was in social work school, and a little more through ASIST in 2015. it struck me that the more formalized the training, the less attention gets paid to power and privilege. i strongly believe that oppression (misogyny, racism, transphobia, homophobia, ableism, colonialism) play a huge role not only in who is at risk of wanting to die or dying by suicide, but also who gets access to support and services around suicidal risk. i wanted to have conversations with folks who didn't want to call the cops on their pals, or were supporting people who had already had really awful or harmful experiences in emergency rooms and psych wards, about how we show up for our loved ones and communities when people are thinking about leaving this world.



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hello!

thanks for picking up this zine! In it you will find a bunch of questions, ideas, and strategies for supporting folks who might be suicidal.

in january 2016, i developed a workshop called *suicide intervention for weirdos, freaks, and queers* to gather with other people who do suicide support in their communities and families to talk about how we do it and what scares us and what makes us feel okay. i had a few ideas to contribute, but mostly i had a lot of questions, and a willingness to hold space with other people who might have experiences like mine. my agenda was primarily about these three things:

1. i wanted to break isolation (mine and others!) around supporting suicidal folks in informal ways. it's really tough to know who is safe to talk to about this kind of support, and there is something deeply healing and magical about being able to look into the faces and hear the voices of other folks who have, could, or might do this work.

2. in my communities, support labour like this tends to fall on certain sorts of folks. femmes, especially femmes of colour and disabled femmes are doing WILD amounts of care work and while those babes are geniuses with a lot of skill to share, i think it would be rad to spread that work around a little more. these are skills that can be learned, so even if they don't come "naturally" to you, you can still show up for this kind of work.

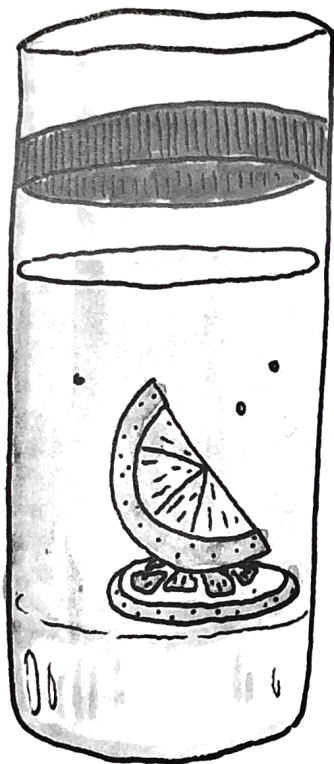
3. thinking and talking about suicide can make people feel pretty panicky. our nervous systems get all riled up like it's time to run from a tiger, and that's a state that's hard to be present and calm in. my hope was that these workshops could give folks the embodied experience of a conversation about suicide that is not an emergency, and that we can carry that feeling forward into future conversations where we are offering support around suicide.

It gave me hope

i was shocked by the size of the hunger for this workshop, and have spent the last three years sitting in fifty or so circles with over a thousand folks, mostly in southern ontario, but also in a bunch of other scattered cities on Turtle Island, talking about the tools and strategies we use to care for our loved ones and ourselves, and those conversations have been both the water that fed the seeds i planted, as well as the flowers that are growing from them; a network of folks who believe in autonomy and compassion and gentleness and resisting state intervention and incarceration. we are interconnected and we are numerous and we are powerful. we are willing to break a pervasive silence around suicide. you too are full of genius and skill. i hope this zine can help you name the skills you're using already, and maybe give you an idea of one or two other things to try.

we can't do everything but we can do something.

here is the bad news; there is no secret recipe, no magic spell, that will guarantee that all the people you love who struggle with suicide will stick around. i don't think there is one right way to do this work, or one way that will work for everyone. this is a collection of tips, ideas, resources, questions, and tools, and you are invited to take what works for you and leave the rest. the big idea in here is that the biggest and best we can do as supporters of folks who are suicidal is to build our own comfort with conversations about suicide, and de-escalate our fear responses, so that we can stay present with someone who is struggling. isolation, stigma, and silence are lethal forces when folks are deeply suffering, so the focus of these skills and strategies is on staying present, on empathetic witnessing, and on authentically connecting with folks having a rough time. read on for a lot more about *how* some folks have done this.



please be gentle with yourself as you read this.

i felt nervous about publishing this zine, as opposed to holding workshop space for complex conversations. part of that is because this shit is *heavy* and i can't extend emotional care to all of you who might be flipping through this, so i just want to take a sec to ask you to check in with yourself! are you feeling sturdy? do you have a sense of what kinds of feelings, past experiences, and body sensations might come up for you as you engage in thinking about suicide intervention? is there anything you can do in advance (right now!) to care for yourself while you read this zine? do you want to read it with a friend nearby? you can read it out loud to each other and talk about it as you go. do you want to let someone who loves you know that you're reading it and might want to debrief later? have you had some good rest in the last little while? Is your belly empty or full? do you want a hot tea or a cool fizzy beverage? how's your breathing? the illustrations in this zine are meant to be tiny reminders to check in with yourself, so when you come across one, take a minute and see if you would benefit from a break, a snuggle from a pet, a chat with a friend, a snack, or a shower. be gentle with yourself!

part one: common beliefs/ myths/ these ideas don't help us, but they sure are popular.

it seems to me that the five ideas below take up a lot of space in our consciousness around suicide and suicide intervention, even if we don't exactly believe them! like pretty much all ideas, they might be sorta true some of the time, but they certainly aren't true for everyone, or true all the time. i have come to believe that all these ideas, and especially all these ideas circulating together, help create and reinforce a bunch of really damaging ideas and behaviours! In a workshop, we talk about these in turn, thinking through these three questions: *how true is this? who believes it and why? what would happen if nearly everyone believed this?*

below each myth there are some ideas that tend to come up when we talk about that belief, including some of the harms that widespread belief of the idea could or does cause.

a. bringing up suicide with someone who is having a hard time might make them want to do it.

- *this idea doesn't seem entirely logical to a lot of folks, and yet, when someone we care about is saying things that make little flags go up in our brains, it doesn't feel easy to ask someone directly if they're thinking about suicide- maybe we have internalized this message even if we don't exactly believe it?*
- *to me it feels like the risk in *not* bringing it up is way scarier than the risk of saying "hey buddy, are you thinking about suicide?" it's hard to know what someone's relationship to the idea of suicide is if we don't actually *talk* about it.*
- *asking that question isn't coercive! you are not forcing someone to talk about suicide if they don't wish to. they can say no, they can lie if they want to! by bringing it up, you're letting someone know that you're willing to talk about it. It's an offer. they might take you up on that offer when you ask, or they might file the info that you're comfy talking about suicide*

- *for a moment (days, months, even years later) when they really *do* need to talk.*
- *we can fall into believing that folks who are suicidal are very very delicate, that we could break them with one wrong move, one wrong word. this is not true or fair. people who struggle with suicidal feelings or urges, especially in an ongoing or recurring way are literally *geniuses* at staying alive. they do it all the time. don't discredit the skills, resilience, power, and agency of the folks you are supporting!*
- *reminds me of the way folks sometimes talk about youth and sex- like if we don't talk about it (or only talk about it as a terrible thing no one should do), youth won't know that sex is something they can have. humans have been figuring out how to fuck and how to die as long as there have been humans. silence increases stigma and shame.*
- *when we are scared that talking out loud about suicide could cause a crisis, we don't have chats with folks when they are *not* in crisis, about what kind of support they might want or consent to in future moments when they might be. making safety plans is WAY harder when someone *is* in crisis. It can be wildly helpful to debrief with your suicidal pals after a crisis so you can have more ideas and tools for next time (if there's a next time).*

b. it is possible to predict which people who have suicidal feelings will try to end their lives

- *clinical risk assessment checklists (questions like: do you have a plan? the means to enact that plan? a timeframe? etc) serve two major purposes: 1. gatekeeping-- there aren't enough services for everyone, so only folks who present in a way that formal services understand and see as valid (which itself is racist, ableist, and classist) can access them; and 2. avoiding litigation-- doctors and therapists don't want to be sued if people they treat die by suicide, so they need something to point to and be like "i did the thing i was supposed to do"*

- that said-- any tool can be used for healing or harm, depending on who is holding it and how it's being used. it's totally possible to use those checklisty questions and formal assessments as a skeleton for a genuinely caring conversation about what is happening for someone. it's ok to want to have some structure to rely on, a few questions to ask to get the talking going. just try not to get caught up in thinking that those questions are magic and their answers tell you the *real deal* about what is happening for someone.
- lots of suicide attempts are impulsive, so can't really be caught by tools like this. for other people, suicide is something they think about and plan for so often that such thoughts and plans are not necessarily indicators of increased risk.
- we do know some things about the sorts of events, forces, and circumstances that can make life feel unliveable! when someone you love is in the aftermath of trauma, dealing with a big change, in deep grief, feeling very worn down by the oppressive forces that act upon their lives, it makes a lot of sense to check in with them about how they're feeling, and to explicitly ask about suicidal feelings.
- sometimes we make some guesses about risk based on population dynamics or things we have learned (ie. Indigenous youth, queer and trans youth are more likely to attempt and die by suicide than other sorts of folks); and this can lead us to disbelieve what those folks tell us about their experiences, feelings, and needs (especially if we are not part of those groups ourselves). this can lead to dismissing the feelings of someone we don't think is at risk because of stereotypes we have heard about groups they are a part of, or to unduly panic about feelings someone is having. sometimes stats like those make us think we know better than someone knows themselves, and that's not fair or true! always believe the human person you are talking to more than you believe a stat about the kind of person they are.
- what would it look like to trust our guts and our relationships more than we trust a checklist based on

- decades old research that was mostly carried out on straight white middle class cisgender men?
- i have come to believe that the best risk assessment tools we have are our relationships, so my advice to you is to believe the folks you are supporting about their level of risk and what they need, and also to believe yourself if you have a gut feeling about someone being in danger or not in a given moment.



c. if you struggle with suicidal feelings, you can't support someone else who is suicidal.

- *is there a vast gulf between healers and folks who need healing? (spoiler-- NOPE) we are all busted up and broken and capable of connection and full of possibility.*
- *we don't hold this kind of belief for other sorts of skills. Imagine the sort-of-kind-of equivalent statement: only people who have never played basketball are equipped to coach basketball teams. uh, what??*
- *knowing that someone else has been through or is going through something that kind of resembles your own experience can break some of the shame and isolation that often comes with feeling hopeless.*
- *some folks choose to do support work for others as a survival strategy-- offering support might make them feel connected, like they have a purpose or an impact, like they matter.*
- *this idea presumes that social workers, suicide hotline workers, paramedics, psychiatrists, ER docs, and a whole host of other humans, have not been, are not, and cannot be suicidal. their jobs may be in jeopardy if they admit to personal experience with suicide.*
- *some folks who are struggling or have struggled might not have the desire or capacity to support others some of the time or all of the time- and that is *totally okay*. you are the only person who determines if you feel able and willing to offer someone else support, or not, and your desire and capacity can be different on different days or under different circumstances.*

d. there are experts who are trained to handle suicidal people, and they know best.

- *help in hospitals and with doctors and psych wards can be really helpful for some folks, some of the time! i want those things to keep existing. but what if those systems are violent*

- *towards you? not accessible to you? not safe? if formal support is the only kind that can be accessed, we're leaving a lot of humans unsupported, especially those who aren't seen or valued by the systems of power we have in place.*
- *there is something appealing about this idea- when we feel overwhelmed or like we are out of our comfort zone, we feel reassured by the idea that *someone* knows what to do. but if we truly believe that different folks need different things, and that the western medical system can be deeply violent towards folks who are marginalized, we can't just rely on the *experts*. we can sink into the knowledge of our own expertise- what we know about ourselves, our relationships, our needs, our boundaries, what helps us feel better or safer or just a little less fucked up. you are an expert on yourself. the folks you support are experts on themselves.*
- *white settler culture and capitalism do not know how to handle folks who are too much: too sick, too old, in too much pain, too poor, too crazy, too risky, too scary. we send those people "away" to be taken care of by "experts" and we ignore them while they're gone (in prison, in the psych ward, in nursing homes, in foster homes). how do we learn (or relearn) how to keep our people close? what would happen if we didn't send people out of community when they were struggling? what would we need to be able to support people having a really hard time?*

e. you should always do whatever is necessary to save a life, no matter what.

- *this idea functions a bit like a pro-choice narrative- folks feel a strong desire to protect a fetus, but don't necessarily put a lot of energy towards making that fetus' transition into babyhood and personhood free of violence, poverty, food insecurity, isolation, etc. keeping our people alive isn't just about having them continue to breathe, we have to think about the circumstances that led to the kind of pain and hopelessness they experience.*

- when folks talk about “saving a life” they mostly mean “keep the person’s physical body around and functioning”- we aren’t talking about things like- supportive family, safe community, friendships, stable work, adequate housing, food security, access to spirituality and ritual, education, etc. what makes a life worth living, and who gets to decide?
- when do we feel okay about overruling someone’s body autonomy? do we think that suicide is a reasonable choice? for whom and why?
- whose lives do we think are valuable? whose lives are consistently prioritized? which bodies do we protect, and which do we treat as disposable? think about race, ability, sexuality, addiction, homelessness, poverty, Indigeneity.
- who are the folks in communities who are often left with the work everyone else is scared to do? who are the folks who are expected to take on unlimited emotional labour and always be okay? are they femmes? especially femmes of colour? femmes of colour who are disabled and have their own crazy to manage too?
- this idea really positions supporters as powerful, and people seeking support as powerless, which isn’t an accurate picture! this stuff is messy and complicated.
- what does death mean to you? what about to the folks you are supporting? are you on the same page, or are you imposing your beliefs? do you share a religious or cultural understanding of life/death/afterlife/transition?
- it’s super not my place (or anyone’s!) to tell you what to believe about life and death, or the ethics of suicide! your beliefs belong to you. The reason i bring this up is because those beliefs are showing up in your conversations about suicide whether you mean them to or not, so i think it’s responsible to know what your beliefs are, what your boundaries are, and to be honest about those with the folks you are supporting.

all of these beliefs try to silence and squash conversations about suicide, unless they’re in prescribed settings with folks in institutionally powerful positions. this reinforces shame and stigma, which are literally lethal forces in our world.



part two: nuts and bolts- tools and strategies for doing suicide support.

a. guiding principles for supportive conversations

we will get to concrete strategies in a minute, but first, a metaphor and two rules, which for me, frame a lot of how i think about being in hard conversations with people i care about.

1. if the conversation is a road trip, try to stay in the passenger seat.

the person seeking support gets to set the pace, and the direction. they can go in circles or take a route that makes no sense to you. you're in the car too, so you get to have feelings about where it goes, especially if it goes somewhere that's not safe for you. under what conditions would you need to grab the wheel from someone? think about what "grabbing the wheel" looks like in a conversation- jumping in with advice or suggestions, asking a lot of questions, not leaving space for silence, trying to get someone to "look on the bright side".

2. hoffman's rule: don't panic, do nothing

(dr hoffman was the first person to train me on suicide intervention, as the faculty advisor to the student-run sexual assault center where i volunteered. he was also my first psychiatrist, because dual relationships are inescapable when you're a homo and also maybe kind of ok sometimes? in his workshop about supporting suicidal folks, he would start by saying this: when you find yourself talking to someone who is considering suicide, don't panic, and do nothing)

the "do nothing" part of this doesn't mean stop interacting, stop being supporting, stop being close- it means continuing to do similar kinds of loving and supporting that you would do if the conversation was about something other than suicide; try not to let your fears about the idea of losing this person stop you from

*staying close. the idea of someone we love dying can make our nervous systems freak out! that makes sense- and also, it doesn't help. so your conversation has become about suicide; it isn't radically different than all other conversations you have ever had before with this person. you don't need to be radically different in it than you are in other kinds of conversations. stay present, be yourself, rely on your guts, your intuition, and your relationship with the person you're talking to. keep breathing, and keep listening. resist the urge to switch into your *support mode* (if you have one of those- it can look like changes to your tone of voice, body posture, and general vibe). this often puts more distance between you and the person you are supporting, which is antithetical to the project of staying close and witnessing.*

3. baker's rule: do something

(mr baker is a fictional math teacher from a YA novel i like called The Basic Eight by Daniel Handler. when his students are stuck on a question on a math test and they ask him what to do, he tells them something like this: try something! it's ok not to know; with trying you might get part of the answer, or learn something in the trying process)

you can pause. you can take a breath. you can tell the person you're talking to that you need a minute to think about what they're saying. you might not say the perfect thing, and that's okay. you might say something that lands badly or upsets the person you're talking to. you can apologize and try something else. fail more, fail better, fail together. all the time you spend giving imperfect flawed support to someone actively suicidal is time they spend not ending their life. you don't need to be perfect; just be present.

b. unhelpful tools (try to avoid these)

1. jumping to advice/fixing.

this is a way we grab the wheel away from someone. if they are asking for your advice, and you have some, go for it! if you're interrupting them talking about their pain and hopelessness to offer solutions, you could be doing any or all of these things: assuming that they haven't already thought of or tried the thing you are suggesting; telling them that you aren't able to hold space for their pain; taking on an expert position that invalidates them; trying to make yourself feel better by making their problems seem manageable. if you think you might have a really useful suggestion, check in before you offer it; "hey, i know of a resource that might help, do you want to hear about it?" and accept a no if you get a no.

2. detective work/investigative journalism

this is a way we grab the wheel. before you ask a question, take a breath and consider why you are asking it. is this information you need? are you trying to get all the facts so that you can offer the perfect piece of advice? are you taking them away from the subject they're discussing? you don't need to be assembling a plan in the back of your brain- bring as much of your consciousness as you can into the conversation you are actually having.

3. forgetting that you're a human

this is a long game so we need lots of players. you can't drop your entire life every time someone you love is hurting. your rent still has to get paid and your boss is probably expecting you to show up sometimes. you also have emotional needs, boundaries, triggers. you probably need sleep sometimes, and meals. more on finding, setting, and holding boundaries as a supporter later.

c. helpful tools

1. holding space, validation, being present.

holding space is about being close (emotionally or physically or both) to someone who is having a hard time. the idea is not to radically alter their circumstances *or* their feelings (very likely you don't have this kind of power), but rather to be present, be close, witness them in what they are experiencing, and stay connected. this can look like conversations about hard stuff and hard feelings, but it can also look like baking a pie, or watching a netflix show while you skype. it can look like leaving soup on someone's doorstep, sending postcards or emoji, watching kitten videos on youtube, playing video games, playing basketball, cuddling, telling jokes, sitting in silence, or whatever sorts of things you do together. **just being close to someone struggling and not trying to change what's happening for them is a radical act of care.**

every human has different needs and preferences and ways they want to be supported- no phrase is gonna always work, and some phrases might make someone sad or even angry! the most important rules of affirmations and validations is this: **only say things you truly believe, and use words that feel authentic to you.** the list on the next page is here in case you feel stuck or overwhelmed or you don't know where to start.



here is a list of affirmations/validations that might be helpful in a conversation with someone who is feeling suicidal

i love you
i care about you
thanks for trusting me with this
i believe you
that sounds really hard
it's so fucked up that you have to deal with that
if there are ways i can have your back, i want to
you are not a burden
you matter to me
you're easy to love
i love you at your worst
i see you
i'm here
i signed up for this
thank you for naming that
that's so real
that sucks
it makes sense that you're upset
oof, ouch
that's brutal
i see how much you're managing



2. asking explicitly about suicide.

bringing up suicide can feel scary! we also know that silence and stigma and shame are even riskier. in a workshop, i give folks a few ways of phrasing a question that asks openly about suicide, and we go around the circle asking this question to a stuffed sloth or a plastic shark. it can be helpful to try having a question like this in your mouth, so that when a moment comes where you want to ask it, it doesn't feel as strange and difficult. it can feel awkward, icky, scary, inappropriate, or invasive to ask this question. i encourage you to push against the social norms that try to keep this subject under deep deep wraps, and ask it anyways. below are some ideas about ways to phrase the question, but you can use whatever language makes sense to you and the person you're talking to- so long as you both know what you're talking about! there's some new research that indicates that these questions feel best to hear when they come along with an expression of care. again/always, use the language that feels most comfortable to you, but also know that it makes a lot of sense to feel some discomfort breaking this huge taboo, especially if you don't have a lot of practice (yet), talking openly about suicide.

- i'm feeling pretty concerned about you, friend. are you thinking about ending your life?
- hey buddy, i wanna ask you, are we talking about suicide?
- i'm just sitting with the heavy stuff you're going through, and i care about you so much. i'm wondering, do you mean you are considering killing yourself?
- you know, i feel worried about you today, and i want to support you the best i can. that's making me want to ask you- are you feeling like you need to leave this world?
- sometimes, when i've heard other people say some of the things you're saying, those folks have been thinking about suicide, is that coming up for you? i know sometimes you feel like dying, is that how you feel now?

(questions to be careful with because they aren't the same question)

- are you thinking about hurting yourself?
- are you thinking about harming yourself?

(questions to be careful with because they assume an answer or let the person know what answer you want to hear)

- you're not thinking about suicide, are you?
- is suicide something i need to worry about with you?

if you haven't asked questions like these before, see if you can find a low stakes environment (in the shower, to your mirror, to a pet or a plant) to say one (or a few) of these out loud. even in the absence of a human you're talking to about their real life, it can feel heavy, so also please honor the feelings that come up for you in practice, and take care of yourself and/or ask for the care you need. if you don't know where to start with care, a glass of water or tea, conscious breathing (not trying to change or control your breath, but just to pay attention to it), a hug, a snack, or a shower might be some things to try.

all of the forces that make it hard as supporters to ask this question clearly and explicitly are *also* acting on folks who are actively suicidal, telling them not to bring it up or ask for support (unless it's from a fancy mental health professional who could lock them up for saying it out loud). i think of this question as a way of taking that one for the team-- pushing through that stigma and silence so the other person doesn't have to. just acknowledging the feeling, and having someone else see it and not panic or bolt can be a massive opportunity for connection-- a release valve for suffering that's been forcibly silenced. offering to talk with someone about suicide is a super powerful, super generous intervention.

some folks worry that asking someone if they are thinking about suicide is a coercive question, and that it isn't ok to force

someone to talk to you about suicide. i agree with the second part, but not the first part! a question is not a command, and if the person you are asking doesn't want to talk to you about their suicidal feelings, they can say that, or they can lie and say they aren't feeling suicidal! the question can feel intense, and sometimes people are surprised to hear it asked openly, because most people are super scared to acknowledge the possibility.

it has happened to me (and lots of others) pretty often that the first time you ask someone this question, they say no right away, whether or not that's actually the case. but from that moment forward, that person knows that you are someone who is not too scared to engage in a conversation about suicide, and that seed is planted for a later time when they might need support again, or want support from you in particular.

if it's the first time i'm asking someone if they're thinking about suicide, and either they say no really quick, or their no just like, sits with me in a funny way, i sometimes follow up that question with a brief-as-possible statement about how i think about suicide intervention, so that person can make an informed decision about whether i'm the right person to support them, in that moment or sometime in the future. for me, that statement goes something like this: "just so you know, if that's something you ever are feeling and want to talk about, i'm never gonna call the cops on you." that sentence might not be the same one you want to use-- your boundaries and limits and values might be different than mine, and that's totally okay-- but it can be useful to see if you can come up with a one-or-two-liner that says something about your values and approach so the folks in your life know where you stand.

3. talking about safety/ moving through a crisis moment

when someone is in crisis, you are likely not going to be able to address the root causes of their suffering, make big changes to the things that have led them to this moment, or make a long term plan to improve things. the idea is just to survive a really awful moment.

most people's bodies can only sustain a highly reactive, crisis-panic state for about 20 minutes, so crisis management tactics are mainly twofold:

- see if you can turn down the volume on the suffering just a little bit, and/or
- pass enough time that the volume turns down on it's own

if we are thinking in the road trip metaphor, crises are sometimes moments where driving the car is hard, and the person in crisis might appreciate you taking the wheel for a hot minute. do your best to stay calm, and focus on the road right ahead of you.

the *best* time to make a crisis plan is when someone isn't actively in crisis, so this is something i super recommend working with people you love on when things are a little more steady. one of the impacts of the idea that talking about suicide is inherently dangerous is that it stops us from planning for crises, because we get nervous that bringing up suicide might *cause* a crisis. if you are making a plan with someone *not* in a crisis moment, or making a plan for yourself- here are some questions to get you started.

- what does it look like when you're not okay?
- who do you feel okay being around when you're not okay?
- what kind of support is helpful when you're not okay?
- what kind of support is ineffective or even harmful?
- what are activities that can help pass the time during a moment of intense suffering?

- who are people who you can count on to text back quickly, answer their phones, or show up?
- do you have the names and phone numbers of important support folks (pals, family members, therapist, hotlines) somewhere you can easily find them (on your fridge? in your wallet?)

if you're trying to support someone through a crisis moment, and you don't have a plan or you don't have access to a plan even if it might exist, here are some questions to get you started.

- if you've felt this way before, what got you through it?
- who are folks you trust to talk to, ask for help, be near you?
- what is a physical space you can be in? can you/we do anything to make it feel cozier, safer, better, etc?
- are there things/people/objects/meds/environments you want to avoid? how can i help with that?
- are there basic body needs that if met, could make you feel just 1% less bad? ie- water, snacks, shower, baby-wipe bathing, warmer clothes, more blankets, a fan, deep breaths, deep breaths outside, stretching.
- have you slept lately? eaten? seen your therapist/acupuncturist/astrologer/sex worker/ whatever-sort-of-healer you see lately?



a note on “risky” coping strategies and harm reduction

sometimes a person’s best strategy to get through a really awful moment is to do something that you as a supporter might think of as dangerous (ie. self-harm, drinking alcohol, using drugs). it makes sense to worry about those risks when someone is feeling suicidal, and also, people use those strategies because they work, at least in the short term. i want us all to have a greater set of tools to choose from when deciding how to get through a crisis, but i also don’t want to take away what might be the only tools someone has because *i* think they’re too dangerous. It is also important not to convey judgement for the strategies someone needs to use to survive. shame doesn’t get people to change their behaviour. if anything, shame makes someone more likely to hide a risky strategy, and anything risky is riskier when done in isolation or in secret. i try to approach these coping strategies in a harm reduction way. here are two harm reduction strategies to try out.

delay. see if the person you are supporting can wait 5 minutes or 5 breaths before deciding if they want to use a risky coping strategy. another delay tactic can be to see if they will try two or three less risky strategies first, and then go ahead and do the thing that carries more risk if none of those work and the moment has not passed. for someone wanting to drink, i might suggest that they drink a glass of club soda or water, or take a shot of apple cider vinegar before pouring an alcoholic drink. for someone wanting to cut, i might suggest that they draw on the place they would cut with a red marker, or snap a rubber band on their skin, or pluck hairs from the area with tweezers before they cut.

reduce chances of serious harm. if someone is at the point where a risky strategy is the only thing that feels like it might reduce their suffering for the moment, see if there are ways you can make that activity just a little bit safer. for someone wanting to cut, try to ensure that they have clean sharps, sterile wipes, soap and water, and a container to safely dispose of used blades, and

ideally that they aren’t alone and are sober when cutting. for someone wanting to drink, see if they can if they can have a sober pal with them, if they would take a cab or lyft instead of driving/biking, if they would drink at home instead of somewhere out in the world, that they have a safe way home if they are going out. for someone wanting to use drugs, see if they have a naloxone kit, a sober buddy, a kit to test the substances they’re using for fentanyl, if they have a source they trust for the drugs they use, if they use injection drugs, try to ensure that they have clean gear, and/or that they can access a safer use site if there is one where they live.

4. setting boundaries

okay. knowing what our boundaries are, and what to do about them is a pretty intense learning curve, and i’m not sure it’s something that we are ever finished working on. holding boundaries can be hard in any circumstance, but it’s especially complicated when it feels like someone’s life is literally at risk. here is the thing: **it is not your job to keep someone else alive.** take a deep breath and read that again, or say it out loud. it is not your job to keep someone else alive. and sometimes you can’t. if that happens to you in the future, or if it has happened already, it is not your fault. really and truly. it is not your fault. you’re invited to say that one out loud too: it is not my fault.

i have come to believe that **the kindest and most supportive thing you can do is be as honest and realistic as you can about what you can do**, and then follow through on your commitments.

take some time to reflect on previous experiences of giving support, and think about how you felt (emotionally, but also like, what you felt in your body) when you were over capacity or past your limits. can you make a list of emotions and sensations that can let you know that you’ve hit a limit? ones that tell you that you sailed past a limit some time ago and need to get some support? i have a hope that over time we can know what it feels like to be

getting close to but not yet at our limits so that we can also do the boundary setting part while we are still pretty okay and have access to our skills and resources. We are able to set boundaries more kindly and skillfully when we do it before we have left the state of being okay.

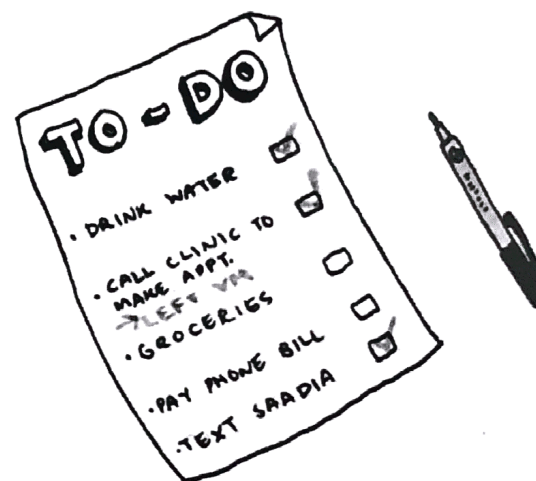
for me- my number one flag is resentment. if i notice myself resenting someone (who i obviously care deeply for if i am investing in their support), that means that i am over capacity and need to find a way to get more support. do you know what your flags are? can you commit to learning more about them over time and trying your best to honour what you need? it might feel easy to agree in the abstract that boundaries are good and healthy and we want them, but in moments where we feel overwhelmed or in too deep, we might need extra encouragement and fortitude to state and hold our boundaries. my case for honouring our boundaries as supporters is twofold:

two arguments in favour of supporters having and holding sturdy boundaries:

- the support we offer is better when we are operating inside our capacity. when we are only doing what feels possible and okay (not necessarily easy or fun!), our support comes across as loving, genuine, sincere, and generous. when we are over our limits, the support we try to offer anyways might come across as resentful, obligated, grudging, or just less helpful. having and keeping our boundaries is in service of the support work and the people we support.
- establishing boundaries is a trust-building exercise. put another way, hearing a “no” from you can make your “yes” more believable. some folks who feel suicidal worry that they are asking too much, or being too much. if they believe that you will say no to something that isn’t okay for you, they are way, way more free to actually tell you what would be helpful for them. another thing that i’ve seen happen a lot is that supporters overcommit because they are worried about someone, and then when they realize they can’t follow

- through, they get stuck in a shame-spiral and either ghost, or lash out at the people they are supporting. it’s actually okay to take back a commitment that you can’t follow through on (you have to acknowledge it, and if you can, help make a new plan to meet the need), but it’s better to notice when you’re hitting a limit or know that you will, and only agree to what feels possible and ok for you.

an example of a boundary i hold now that i didn’t when i had less experience doing suicide support (and that i recommend other folks find ways to hold too) is this: i will not be the only one who knows someone is suicidal. my dream scenario is for there to be a team of folks who can all be in touch with each other, support one another, take breaks, share information and strategies, etc. but it’s also ok with me if someone else is offering support and i am not connected to them, or even if the second “person” on the list is a suicide hotline. but i need to know that if i am unreachable (for example, because i’m sleeping, working, having tea with someone, engaged in a ritual or ceremony), that the person needing support has someone else they can (and would!) reach out to.



two strategies for setting boundaries in support situations:

- proactive: make multiple choice offers! consider your relationship with the person you are supporting, your skills, the kinds of things you do together, and your capacity/energy at this time, and offer three things you are willing and able to do (ie. i can show up at your place with a roast chicken, you can come sleep at my house tonight, i can make those scary administrative phone calls for you so you can get an appointment with a therapist. would any of those feel helpful?) for someone in distress, it can be easier to accept a specific offer rather than trying to come up with an answer to a question like "what do you need?" or "how can i help?" they can still ask you for something different than what you have offered, but the offers give them an idea of the kinds of things you are able and willing to do.
- reactive: if someone asks for something that you can't do or don't feel okay about doing, answer with "no, BUT" rather than just no. no but let's find someone else who can do that for you or with you; no but i could do this other thing; no but i totally get why you want that, can we find another way?



part three- more reading/watching/listening

articles/blog posts:

(on queerness, trauma, and how abuse can show up in our own behaviour)

<http://www.cuntext.com/2015/hurt-people-hurt-people/>

(tips on supporting someone with depression, references this workshop)

<https://etgh.wordpress.com/2016/05/11/how-to-show-love-to-someone-with-depression/>

(on passive suicidal ideation and the importance of talking about it)

<https://theoutline.com/post/7267/living-with-passive-suicidal-ideation>

(on how power/oppression - especially transmisogyny- plays into whose lives we value and who we "allow" to die by suicide)

<http://sintrayda.tumblr.com/post/152630841778/stop-letting-trans-girls-kill-ourselves-not-a>

(on risk assessment and race)

<https://www.teenvogue.com/story/test-used-treat-depression-made-for-white-people>

(on colonization and ongoing colonialism as causes of Indigenous suicide in Canada)

<https://www.counterpunch.org/2018/10/16/indigenous-suicide-in-canada/>

(video- basically an animated representation of Hoffman's rule)

<http://www.refugeingrief.com/2018/07/19/help-a-friend-video/>

(podcast)

<https://www.apmpodcasts.org/ttfa/2018/09/what-do-you-say-about-suicide-part-1/>

<https://www.apmpodcasts.org/ttfa/2018/09/what-do-you-say-about-suicide-part-2/>

(workshop offering- on femmes and suicide)

<http://brownstargirl.org/2-or-3-things-i-know-about-femmes-and-suicide-a-love-letter-and-a-skillshare/>

books:

Care Work by Leah Lakshmi Piepzna-Samarasinha

<https://arsenalpulp.com/Books/C/Care-Work>

Dying to Please You: Indigenous Suicide in Contemporary Canada by Roland Chrisjohn and Shaunessy McKay

<http://www.theytus.com/Book-List/Dying-to-Please-You-INDIGENOUS-SUICIDE-IN-CONTEMPORARY-CANADA>

resources:

(literal card deck)

<http://teenhealthsource.com/blog/resource-affirmations-deck/>

(printable crisis toolkit)

<http://theicarusproject.net/welcome-to-the-crisis-toolkit/>

(interactive website for basic body needs)

http://philome.la/jace_harr/you-feel-like-shit-an-interactive-self-care-guide/play

(app to deal with urges to self harm)

<http://calmharm.co.uk/>

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this zine and kinda everything i do rests on what i've learned about body autonomy, consent, integrity, and working within systems while also fucking those systems up, and these lessons came from leatherdykes, from disabled queer femmes, from trans women, and from sex workers. i owe you everything.



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