

*Ursula Whiteside:* There's ten million people who seriously consider suicide on a given year, and that's a travesty, and I would also say on the other hand, that means the vast, vast, vast, vast, vast majority of people who consider suicide never go on to harm themselves. We are surviving, and we need as many examples as possible of how people do that.

*Lily Cornell Silver:* I'm Lily Cornell Silver, and welcome to *Mind Wide Open*, my mental-health-focused interview series. In honor of September being Suicide Prevention Awareness Month, today I am talking to Seattle-based clinical psychologist and suicide researcher Ursula Whiteside. She specializes in dialectical behavioral therapy, or DBT, and talks openly about her own experiences with suicidal ideation. She also started a non-profit called Now Matters Now, which seeks to end the stigma around talking about suicide and provide free resources at NowMattersNow.org. Thank you so much for watching, and I hope you enjoy. Hi, Ursula.

*Ursula Whiteside:* Hi.

*Lily Cornell Silver:* Thank you so much for being here. Thank you for joining me.

*Ursula Whiteside:* Thank you for creating this sense of community that you're doing with this – with the work that you're doing. I appreciate it.

*Lily Cornell Silver:* Thank you. Thank you so much. I have intentionally been really, really open about my own experiences with mental health and with suicidal ideation specifically, and you're one of the first psychologists to talk openly in your studies and in your lectures about your own experiences with suicidal ideation, so I'd love to start just by talking to you about what has your experience been with suicidal ideation, and how has that led to where you are now in your career?

*Ursula Whiteside:* Well the first I really remember having suicidal thoughts I was in college, and I remember thinking – crossing the road and thinking, “Oh, if that bus hit me I wouldn't be so upset.” And then I remember secondarily thinking, “Whoa. I just had that thought.” I think a lot of times when people have suicidal thoughts they think that they wanna die, right? And I think-

*Lily Cornell Silver:* Right, right, right.

*Ursula Whiteside:* Yeah, and if you don't have a lot of information about how the brain works and how suicide works, you don't realize it's actually that you want things to be different. The suicide is actually a giant leap. Really what's happening is you don't like what's going on and you want things to be different. When I started to think about it, it's like, "Oh, I just don't wanna feel this way anymore." That opened the door to a whole number of other possibilities, so we can talk more about that, too.

*Lily Cornell Silver:* Totally. No, thank you so much for sharing that, and I appreciate your openness and honesty so much, especially as a psychologist, 'cause I think that level of personability – or personalness can be missing when it comes to studying mental health in an academic setting, so I think that that's so, so, so important. And just in my experience with suicide, suicidal ideation, something that I focus on in this series a lot is mental health as a whole is stigmatized, but I'm really interested in what parts of it are more stigmatized. Under this umbrella, where is it that people are more comfortable talking about it and less comfortable talking about it? And what I've found is that suicide is one of the most stigmatized aspects of mental health. So where do you think that comes from?

*Ursula Whiteside:* What's interesting is all the time in really good movies and really good books they talk about suicide. Our culture, it comes back to suicide all the time, but when you take it out of that context, people just get freaked out and don't understand. And I think it's partly because there haven't been as many people talking about it until really more recently about this experience of it. It's been this really socially stigmatized thing, and partly because people didn't understand it. They didn't have many words to put around it, because they didn't understand it, and we're starting to understand a lot better about what's going on, what drives suicidal thoughts, and what we can do to manage them.

*Lily Cornell Silver:* And I'm curious too – have you had any experiences where when you realized you were experiencing suicidal ideation, were you open about it with the people in your inner circle or the people in your life, and if so, how did they respond?

*Ursula Whiteside:* Oh, that is such a good question. So despite my talking about this publicly, it's also been hard for me to talk about it one-on-one with the people I really care about.

*Lily Cornell Silver:* In my experience that can almost be harder than talking about it publicly.

*Ursula Whiteside:* High five. Yeah. Agreed. I think partly because I feel like I do have it figured out and I know when to ask for help. I don't do a ton of that. I'll talk to my therapist about it, but since I shifted to, "Oh, it's not that I wanna die. It's that I wanna feel different, and I need to figure out how to do that," it's not so much I'm having suicidal thoughts as I'm having really intense pain. My skin is burning. I'm on fire emotionally. That still happens. But yes, I think if you're gonna talk to somebody, choose somebody that you feel like has your back. They're somebody who they know how to not panic. And I think this is really key, and a lot of us don't have that person, but that who isn't gonna panic, who'll actually listen, and who you think you trust their opinion enough that they might give you some hope. So I think those are some things to consider when you're thinking about sharing this with somebody. There's always Crisis Text Line, which is awesome, which is 741741. Text any word. You can start a conversation with somebody who's super-trained in how to have conversations about this. And maybe that's good practice. I don't know. I think, too, attempt that if you're gonna talk to somebody you really trust is to tell them what would be helpful. People generally wanna be helpful, and so if you say, "Hey, I wanna tell you this thing. I'm gonna talk to you about suicidal thoughts, and do you know that they're really common? And what would be most helpful is if you would just listen. I can call the crisis line if I need to, the Suicide Prevention Lifeline and the Crisis Text Line. I have those in my phone. You don't need to panic. I just need to talk about it, and if you listen that would be the most helpful thing." Or for other people it might be maybe you want some help problem-solving, but ask – tell that person what you want, and then they know what to do.

*Lily Cornell Silver:* Totally. Totally. Asking for what you need. That's a huge – I talk about that in therapy a lot, that idea of asking for what you need. And you referenced this briefly just a minute ago, but wanted to come back to that idea of emotional fires, 'cause you were the first person that I ever heard talk about that, and it resonated super deeply with me, so I would love to hear from you what that looks like and how to deal with it.

*Ursula Whiteside:* I did this super interesting research study where I interviewed a bunch of people who nearly died by suicide, and I actually still get

– I’m getting goose bumps thinking about it. And I interviewed what happened leading up to it in the day of it, and what I was really surprised by was the fact that they hadn’t made a plan. They’d had suicidal thoughts, but they weren’t – they weren’t going into that day saying, “This is the day I’m gonna die.” And what we know from other research is this actually does represent probably a good chunk of people who attempt and die by suicide, that they didn’t have this plan, but the way they described it was this overwhelming, intense emotional pain that felt like they were on fire emotionally and that they would do anything to escape it, because it felt so, so painful and intense. And if you don’t know that’s a possibility that you might feel that way, if you don’t know that it’s a thing to be on fire emotionally, you’re not prepared, and so-

*Lily Cornell Silver:* Right. It can be really scary, yeah.

*Ursula Whiteside:* It can be really scary, and you think it’s real. You think, “This is the end. I cannot tolerate this. It will never end,” and the research says that that’s not the case. But fortunately, these folks survived, so I could understand their stories, and then out of that what we did was we helped come up with what to do in that case, because the emotional fire is – honestly it’s a lot like a physical fire. If you think about physical fires, there’s being in a fire, but then there’s being on fire, and being on fire is – it’s a whole new world. It’s the intensity of it compared to if your house is on fire, so different. So I polled a bunch of people who are experts. I talked to people who have what we call lived experience, which means essentially you had some experience around suicide personally or you’ve lost a family member, friend, or you’ve loved somebody who’s really struggled. I asked a bunch of researchers in suicide and researchers in emotion and also crisis response workers, “What would be the stop, drop, and roll for an emotional fire, for being on fire emotionally?” And so right now this crowd source expert-based guidance is three steps, and the first is to put out the fire with water. So you know a little bit about Dialectical Behavior Therapy and DBT scales, but one of the strategies from that treatment is cold, cold water – putting out the fire, taking the oxygen out of the emotion.

*Lily Cornell Silver:* Right.

*Ursula Whiteside:* Yeah, 'cause there's something called the vagul nerve or the vagus nerve that runs throughout your body, and it's sort of really like a temperature for how disregulated or unregulated you are emotionally, and all that is to say is you can use cold water, putting your face in cold water for thirty seconds at a time, doing that on repeat, thirty seconds in cold water, out, for three minutes. I'd recommend five. There's something about that that changes your physiology. It's like when your computer's not working they say shut it down and restart it. Cold, which is so fascinating, is a way of shutting down your emotions, the physiology that's happening that's out of whack in your body, and resetting it.

*Lily Cornell Silver:* Yeah, amazing.

*Ursula Whiteside:* So that's the first step. The second step is a very practical step, and we should be learning – well, actually we should be learning all of these in Kindergarten, but it's really make no important decisions for 24 to 48 hours. If you're topped out, you're at 100 out of 100 in terms of your stress, you should not make any important decisions. I can always do this – I can always kill myself later, for example, right? Or for substance-

*Lily Cornell Silver:* Right. But honestly yeah, it's not something that can be – a study I read is one of the most impactful things you can say to somebody who is saying that they wanna hurt themselves or kill themselves is to say, "What are you doing tomorrow?" and then it kind of takes them out of that, so I totally hear what you're saying.

*Ursula Whiteside:* I'm glad you pointed that out, too, because there is this focus. It's almost like a super-focused lens where the rest of the world doesn't exist for a while. When you're really, really upset you get this – I call it myopic focus on – and for many people it's on suicide. Sometimes for others it's on substances. That's the only thing that they see, and they need really powerful things to drag them out, so that's the third element, is to make eye contact with somebody, and that can actually be a pet. Something – eye contact is one of the most powerful stimuli we know of. It drags people out of whatever experience they're in, and so if you can find someone to make eye contact with that can pull you away, even if for a moment, from that thinking about suicide and wanting to die and being so focused on it. So it's the cold, it's the making no decisions, and it's the finding someone and making eye contact. Those are the stop, drop, and roll.

*Lily Cornell Silver:* And that's – it's crazy to hear you say that, because in all the therapy I've been in, in all the DBT I've been in, in my own experiences with suicidal ideation, I've never – I haven't heard any of those. I have not heard any of those practices, so I'm in full agreement with you that these are things that need to be taught from a very, very young age. I know that you specialize in DBT, so I wanted to talk a little bit more about what that is, how that's helped you personally, and how it can help other people.

*Ursula Whiteside:* Yeah, so DBT is Dialectical Behavior Therapy, and the word “dialectical” is such a cool word, and it's a world inside of (unintelligible). It's like this idea that the opposite of one great truth is also another great truth. In Dialectical Behavior Therapy – let me give you an example – the opposites are acceptance of yourself and the situation that you're in and where you're at is necessary, but also change and moving on with your life and doing things differently is necessary. Both of those are necessary to build a life worth living. You need both of these things. They don't have to necessarily be in equal balance, but they're both necessary. If you're interested in trying to find someone who has some training, you can go on Psychology Today and you can look for DBT and you can find some people who have had at least some training in it. But it involves a group. It involves individual therapy, and it involves phone coaching, and the therapists get therapy too. They have a team. Yeah, so I've been doing that since 1999. I worked with the woman who developed for – since 1999 'til 2008, and then after that she worked for me. It's a huge part of my life, but it's really focused on emotion and how to understand, learn, and manage and harness emotions. Then there's these DBT scales, and I'd love to hear a little bit more about DBT scales from your perspective, but they're really – these are specific strategies, and it's taught in the form of a class. These are specific strategies that you can use to manage, harness, tolerate intense emotions, this intense stress, when you're on fire emotionally or when you're in the fire emotionally.

*Lily Cornell Silver:* No, and that's something that I work with in therapy a lot, is that emotional dysregulation, and I'm somebody who runs emotionally hot and can get to that place pretty quickly and easily, so DBT has been huge in, as you said, helping to acknowledge that when it's happening and not let myself get completely dysregulated. Just for a second I wanted to take it back to your personal experience.

What was the shift for you from that fear of, “Whoa, I just had a suicidal thought,” to, “Okay, I know what this is. I know I don’t really wanna die. I just want to be out of the pain, or I want something to change”? What happened for you that shifted that idea?

*Ursula Whiteside:* Well I was really lucky. I heard about a woman named Marsha Linehan, who developed Dialectical Behavior Therapy, and a really good mentor said, “You need to go work with her. You’re so interested in emotions,” and this is really in line with what Marsha says. I think the second thing was that I started to understand myself and many other people as someone who runs hotter. Some of us, just based on our biology, how we came out of the womb, but also our history growing up, the traumas that we faced, and then current life circumstances, we run emotionally hotter, and if you run emotionally hotter, oh boy that’s a beautiful thing, ‘cause so many wonderful things come out of that. Art comes out of that. Literature comes out of that. Creativity. But also it can be really painful, and other people can’t tell just by looking at you that you run hotter and that inside you’re at a 70 out of 100 in terms of your stress when they’re at a 30. You look the same. I was just watching a video I made of myself when I went through a breakup, and I was trying to make something out of the breakup. I think this is what you’re doing too. It’s like you’re trying to make something out of pain. You’re trying to help others out of pain. One of the things I noticed about watching a video of myself is that I could not tell that I was in so much pain, and I think if you’re somebody who struggles, you should check in with yourself, because you may think it’s really obvious, but people might have no idea, ‘cause you may not be showing it on the outside. It’s oftentimes not obvious.

*Lily Cornell Silver:* That’s definitely been my experience, and when I think about the first time I – similar to your bus story, the first time I realized I was experiencing suicidal ideation it came out of nowhere. I had already been kind of anxious that day, but I was getting ready for bed and all of a sudden just had a total flood of panic and then that feeling of, “I wanna die, and I’m afraid that I’m gonna kill myself, or I’m afraid” – the reality of it was, “I’m afraid that the only way to feel better is to die, is to take my own life,” and that – what you said about losing that – having that tunnel vision, losing that idea of that there is life outside of this, ‘cause when you’re in that moment, you feel like that’s how you’ve always felt. That was my

experience. When I was in that moment I was like, “I have never been happy. I have never felt good,” and intellectually I know that’s not true, but when your chemicals imbalance in that way, you can’t necessarily logically and rationally convince yourself that that’s not true, ‘cause you’re on emotional fire.

*Ursula Whiteside:* Yeah, that’s what we know about brains. If they reach a certain level of stress, they just don’t make a lot of sense sometimes, but we don’t – like you said, you don’t know that that’s what going on. You’re like, “Oh, yeah. This is me thinking rationally,” or, “This is me thinking clearly.”

*Lily Cornell Silver:* Right. And that’s where I think teaching that stop, drop, and roll is so vital. Knowledge is power, and in my anxiety and in my suicidal ideation and in my depression, something that’s been the most helpful is accumulating as much knowledge about it as possible so that, as exactly what you said, I can point to it and say, “I know I’m feeling really awful, but intellectually I know what’s happening and I know that it’s not permanent.” And I think for me, too, I’ve talked about this a lot in this series, but I lost one of my best friends to suicide and then about a year later lost my dad and then lost Chester Bennington to suicide, so I think having – and I didn’t experience suicidal ideation until after all that had happened, so I think also growing – in a very formative time in my life having experienced people that I really loved committing suicide, it kind of was like, “Is that the option? Is that what I’m supposed to do? Is that what I have to do in order to feel better?” So I appreciate you opening this conversation so much, ‘cause even in those experiences in having lost so many people to suicide it was still something that wasn’t really talked about.

*Ursula Whiteside:* Yeah, that’s why what you’re doing – one of the reasons why what you’re doing is so important. We learn by seeing and watching others, and to your point, if this seems like a viable solution because people that you love or respect have considered it, then it becomes something you really consider. But the more you see examples of me and you talking about this and Eddie Vedder talking about getting through hard times, it’s like we need to focus on the ways that people have gotten through this, ‘cause we know there’s ten million people who seriously considered suicide in a given year, and that’s a travesty, and I would also say on the other hand that means the vast, vast, vast, vast majority of people who consider suicide never go on to harm themselves. We are



surviving, and we need as many examples as possible of how people do that.

*Lily Cornell Silver:* And what is the statistic for people that do attempt or end up committing suicide?

*Ursula Whiteside:* Yeah, it's around a million people who attempt suicide per year, and then it's 37,000 people who die by suicide ever year.

*Lily Cornell Silver:* Okay, wow.

*Ursula Whiteside:* So compared to ten million, we're – we never want anyone to die, and it's way too many people, but most people are surviving this.

*Lily Cornell Silver:* You have talked about what pain and hurt and trauma going unacknowledged can end up manifesting as and how deeply rooted that can become, and you mentioned this briefly earlier but wanna tie it back to societal pain and societal trauma, especially what we're witnessing right now amongst black indigenous people of color and many other marginalized communities and how for generations their trauma and pain have not only gone unacknowledged but have been denied by their government or by the people around them, so I wanted to talk a little bit more about what that pain going unacknowledged can manifest as.

*Ursula Whiteside:* Absolutely. So countries like Australia and Canada, when there's a major event, the MC of the event acknowledges at the beginning, "We are on tribal lands. We are on native lands. We respect." And does that solve the problem? Does that fix anything? No. But does it say, "This happened, and this is real, and we see you"? Yes. And it's so important. And that's-

*Lily Cornell Silver:* That's interesting. Sorry to interrupt, but I just wanna say that that's something I haven't – 'cause in Seattle it's very – there's a lot of Native American history here, and growing up here it's something we kind of learned about in school, but in the last couple months I've been to many, many Black Lives Matter protests and almost all of the leaders and speakers will start their speeches by saying, "We are on stolen Duwamish land. We're starting this by acknowledging." So I totally appreciate that.

*Ursula Whiteside:* I'm so glad they're doing it. It's-

*Lily Cornell Silver:* No, it's amazing.

*Ursula Whiteside:* When we think about the enormity of the trauma that's happened in our country for First Americans or Native Americans and Black Americans, you just can't even – you can't fathom it. You can't hold that, because it's impossible to imagine. And on top of that, the idea that it wasn't treated like it was a thing. It, in a way, acknowledges a hand wave. My understanding and my experience is that when something traumatic happens, that's one thing. But when it goes ignored, unacknowledged, or you're told it didn't even happen or you shouldn't be upset about it, well that's a whole 'nother type of trauma, and for some people that's worse than the original trauma in the first place. And so when we hear things like, "Black Lives Matter is a terrorist group," that is creating more trauma, and when we say, "Black Lives Matter, and we're behind you, and we're gonna show up," that is showing that you are seeing something that has happened. And so I think sometimes we forget that we have an opportunity every day to acknowledge, "This thing happened. We see you. We care. We're gonna keep going." There's something about that specifically that prevents further trauma.

*Lily Cornell Silver:* And one of the things that I've been hearing a lot – Rachel Cargle speaks about this a lot. She has an organization called The Great Unlearn, where, as white Americans, one of the number one things we can do to help aid some of that trauma or prevent further trauma is to unlearn what we were taught societally and the subconscious messages that we've engrained living in a supremacist country, in a white supremacist country, so that's – yeah.

*Ursula Whiteside:* Yeah, being very conscious of the why we act and react the way that we do. People are literally saying, "I am hurting. This hurts so much," and some of us are saying, "Shut up," or, "It doesn't matter. That's not important." I'm like I just can't fathom-

*Lily Cornell Silver:* Our president is saying this is not real.

*Ursula Whiteside:* Yeah, I can't fathom it, and it's just such a missed opportunity for things to be different.

*Lily Cornell Silver:* I just wanna tie it back. This is super interesting, 'cause I – one of my recent interviews was with Dr. Robin Stern, who wrote *The*

*Gaslight Effect*, and something that she writes about and speaks about is the governmental gaslighting that we're seeing and the societal gaslighting that we're seeing, and I think that is a prime example of so many communities being told – having their pain not only ignored, but being told that their pain is not valid or not real. That is such a vital conversation, so I'm really glad that we're able to shed some light on that. So one of my recent episodes was with a panel of my friends and peers, and we talk about the disproportionate generational trauma that we've been through as Generation Z and young millennials and, as you said, how much has fallen on us and how much pressure there is, so I've definitely – I've had a lot of friends feel kind of hardened and cynical but also experience suicidal ideation, because it's like, "What is the hope? Where am I gonna go? What's the point of trying to make an impact or feel good personally if the rest of the world is going to shit?" so I think that's a huge part of what many of us are feeling. And I wanted to touch on as well the idea of loneliness and how that can lead to suicide and suicidal ideation, and especially now in the pandemic when isolation is necessary what is your – what are your ideas around that?

*Ursula Whiteside:* Yeah, okay so there's this thing, and it actually has a lot of research behind it, but there's something called caring contacts or caring messages, and this research study was with people who were in a psychiatric hospital for suicide-related reasons, and they left the hospital, and then half of them got follow-up messages, like very short, simple messages mailed to them, like, "We're thinking of you. Drop us a line if you'd like to. We'd love to hear from you," sent over time, and they reduced the risk of suicide by fifty percent.

*Lily Cornell Silver:* Wow. Oh my god.

*Ursula Whiteside:* So for your friends who are having suicidal thoughts, your messages matter. I send caring messages, so when I am feeling really disconnected I'll send these caring messages to other people, and they are – you don't ask for something. You're not asking, "Are you okay?" You're not asking, "Have you been going to therapy?" It's just like, "I'm thinking of you, and I miss you," and something personal. But I'll send those, and I feel different after I send them. I try to send them to people I might think might be going through a hard time or just that I miss. I remember going

through a breakup, and I had idealized this person, and looking back I'm like I don't really – I don't get it.

*Lily Cornell Silver:* We've all been there. Sure.

*Ursula Whiteside:* Like what? I don't know. Thank you. I appreciate it. Yeah, I don't know. Who knows what was going on? But I just remember feeling so much pain that I didn't know how to articulate it, and it was almost like I was paralyzed. I didn't – I couldn't function, and sometimes what it felt like was my brain was being – I was being whisked away. I was being sucked into darkness. Maybe it was my brain's way of coping with the pain or something, but that was definitely a lonely time, and it was – yeah, maybe you can describe your experience too, but it was almost like everything was black around me. It was covered in black, and when you're not feeling that way, it's super hard to remember even-

*Lily Cornell Silver:* Totally. No, totally. Yeah.

*Ursula Whiteside:* Yeah, what it feels like.

*Lily Cornell Silver:* I think for me my suicidal ideation came in the wake of a lot of grief and a lot of trauma and I was definitely experiencing PTSD and didn't know it. But for me, very similar, where it felt like I was being involuntarily pulled into that place, and for me it came with a lot of dissociation and a lot of depersonalization, which I know now is my body trying to protect itself, but it literally felt like I was on drugs all the time or in a dream all the time, and that's kind of where it got to the point where I was like, "I can't live like this, and I don't know if it's gonna end. I don't know when it's gonna end," so that was pretty similarly involuntarily being pulled into that feeling.

*Ursula Whiteside:* And you – and it was like you were in that moment and painful things were happening, but it was the string of painful things that had happened before that. With this breakup that I'm talking about, it wasn't just a breakup. It was 20 other – losing a job, all these other things that had happened too that you don't realize are still there, that are – that you're running hotter. Still you're running hotter because of what's happened recently and that you're more vulnerable.

*Lily Cornell Silver:* Right.

*Ursula Whiteside:* And sometimes you can't – or maybe all the time you can't predict when it's gonna happen, and that's why it's so important to know ahead of time, "When that happens or if it happens, here's what I'm gonna do. This is what I'm gonna do. Not make any decisions."

*Lily Cornell Silver:* Totally. You created a non-profit and a website called NowMattersNow.org. I think it's so amazing. Would love to hear more about that from the creator's perspective.

*Ursula Whiteside:* It's a website that is many things. It was built to create a sense of community. It was built to hack stigma, crack stigma. It was built to make DBT skills more accessible to people. And again, when I say DBT skills I'm talking about these coping strategies that people use. DBT has a whole long list of them. So it's this website that has real people talking about how they've used DBT skills in their own life and is video-based, so you can learn the stuff that you might otherwise have to go to a therapist to get, but you can learn about these different coping strategies. People have fewer suicidal thoughts and negative emotions just when they visit the website. We wanted to know why, and they said it was 'cause they learned something, but even more touching is that they felt less alone, so visiting a website and seeing real people who've been through it talk about it made them feel less alone, and I feel really proud that we could do that.

*Lily Cornell Silver:* That's incredible, which I so appreciate, 'cause the key word – I've said this a million times, but the key word for this series for me is accessibility, 'cause there are so many marginalized groups and just people who struggled socioeconomically who just do not have access to therapy and psychiatry, and so wanting to create as many platforms as possible where there is accessible information, and Now Matters Now is a shining star example of that, creating a community and watching people, probably someone that they can find themselves relating to, tell their stories of recovery or coping that I think is so, so, so important.

*Ursula Whiteside:* It's open at 3:00 a.m., unlike most places.

*Lily Cornell Silver:* Right, right, right, yeah, exactly, that 24 hours a day. I really appreciate being able to have a platform where I talk about – I don't like the notion that, "Oh, I'm fixed," somehow like that I've

fixed myself, like I don't have anxiety anymore, I don't have depression anymore. The reality for me is that I still struggle with these things on a daily basis. I still take medication. I do DBT skills. I meditate. I whatever, and I think the most important thing about what you're doing and something that is really near to my heart and what I'm doing is saying, "I still struggle with these things every day, and I'm happy for the most part, and this is how I get through these things and how I've integrated them into my life and how I live with it," and so that kind of shows people and can inspire people to be like, "Okay, I can live alongside these things I struggle with, and they aren't me. They're just things that I deal with, and they can be dealt with. It's not impossible."

*Ursula Whiteside:* Yeah, I'm really glad you said, because I think there is – you go see a therapist if you're lucky enough to be able to go see a therapist. You look at them, and they look like they have their life altogether, but we're all frickin' human, and I'm with you Lily. I struggle, and I'm also happy. It's like, "Okay, this day's hard. All right. What am I gonna do? Okay, I'll do these things to manage it. I'll use these strategies from DBT on the Now Matters Now website," and sometimes life becomes more meaningful and more rich because of the struggle and because of the getting through the struggle.

*Lily Cornell Silver:* What is something that is giving you hope right now?

*Ursula Whiteside:* I'm really excited right now because I'm creating – and Lily, I've told you about this, but I'm creating a group of ambassadors for Now Matters Now who are my young ambassadors who they're gonna talk about how they got through hard times and what they did to cope and what their advice is for other people to help them get through it. I'm just excited to add those voices to the website. That's one thing that brings me joy right now.

*Lily Cornell Silver:* Amazing. That's awesome. Well thank you so much for being here, Ursula. What you are doing is something that I really aspire to do and opening that conversation and making it accessible, so thank you so much for being here. It truly means so much to me.

*Ursula Whiteside:* Yeah, well likewise. It's been a real pleasure, and thank you for having me.

*Lily Cornell Silver:* Of course.

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