

Choosing to Live: What the Science of Suicide Teaches Us About Hope, Connection, and Staying

09/22/2026

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Perhaps one of the most difficult subjects to speak about is suicide. Throughout my career as both a professor and a clinical chaplain, I have spent time around the subject, either supporting individuals in crisis, caring for families after loss, or trying to understand better how pain, hope, connection and the will to keep living all fit together. However, no matter how much training or experience we have, suicide is never an easy subject.

When I first became a clinical chaplain in the U.S. Army, a close friend of mine died by suicide. His tragic death affected me deeply. For a long time, I questioned my training, my understanding of people, and even some of the things I believed I understood about life itself. I wondered what I had missed. I wondered what could have been different. And most of all, I wondered what had brought my friend to a place where living no longer seemed possible.

There is, of course, no simple answer to any of those questions, as I have discovered. Suicide is rarely the result of one event, one struggle, or one decision. But over the years, through both my experience and research, I have come to believe that understanding a few important ideas about pain, hopelessness, connection, and the reasons we find for staying can help us better care for one another and perhaps help us make one of the most important decisions we ever make: choose to live.

What Does It Mean to Choose to Live?

I begin with a question that has driven much of my work and research in this field: **What does it mean to choose to live?** At first, the phrase can sound too simple, a kind of reduction, as if we are telling someone experiencing suicidal thoughts just to think more positively, try harder, stop feeling pain, or simply change their mind and choose life. However, that is not what I mean.

Research shows that severe emotional pain, especially when combined with hopelessness, can lead a person into a state of mind where life begins to feel unbearable, and the future feels closed off and impossible. The internal message we may tell ourselves is: I cannot keep living this way, and I cannot imagine that anything will ever change. In that moment, the problem is not simply a lack of positive thinking. It is that pain and hopelessness have made other possibilities difficult if not impossible to see (Ribeiro et al., 2018).

When Pain Narrows the Future

One way researchers have tried to understand this experience is through the Three-Step Theory of Suicide. Klonsky and colleagues (2021) believe that suicidal desire emerges when psychological pain combines with hopelessness. Experiencing pain is one thing; believing that the pain will never end is another. The theory also identifies connection to other people, to purpose, or to life itself, as an important factor that can help counter the pain and despair.

Perhaps even more important is the growing research showing that suicidal thoughts are not always fixed. In studies that asked people to report their thoughts and emotions several times throughout the day, Kleiman and colleagues (2017) found that suicidal thinking, as well as factors such as hopelessness, loneliness, and feeling like a burden, could change considerably over periods of only a few hours. What feels certain and permanent in one moment may not feel the same several hours later.

This is an important distinction when we talk about choosing to live. We are not asking someone in tremendous pain to suddenly believe that everything will be fine. We may simply be asking them to create enough time and space for something to change.

Reasons for living are very important too. In a study of people at high risk for suicide, Tsypes and colleagues (2022) found that when people felt more reasons to

live, they had fewer suicidal thoughts. Kleiman and Liu (2013) studied two large national samples and found that people with more social support were less likely to attempt suicide.

Perhaps, then, choosing to live begins by recognizing that a painful moment, even an unbearable one, does not necessarily tell us what the next moment will hold, and we should seek ways of being with others and develop reasons for living.

Choosing the Next Step

If suicidal thoughts can change, then one of the most important things we can do during a crisis is create enough time and safety for that change to occur. Choosing to live does not require us to solve everything that is hurting. Sometimes it simply means choosing the next safe step.

One evidence-based approach is called a safety plan. Developed by Barbara Stanley and Gregory Brown, safety planning helps a person identify warning signs that a crisis may be building and decide ahead of time what they can do when those signs appear. The plan includes coping strategies, people and places that can provide connection or distraction, trusted individuals who can help during a crisis, professional resources, and ways to make the environment safer. In a large study of emergency room patients, use of a Safety Plan with follow-up calls led to fewer suicidal behaviors and more people staying in treatment, compared to usual care (Stanley et al., 2018).

Create time.

When pain feels unbearable, we do not have to make decisions in that moment. Put some distance between the thought and the action. Move to another place. Stay with someone. Give the moment time to change.

Tell someone.

Suicidal thoughts often grow in isolation. Choosing to live may begin with saying something as simple as, "I am not doing well," or "I am afraid of what I might do." We do not need to have the right words. We need to let someone else into the experience.

Make the moment safer.

During periods of suicidal crisis, reducing access to things that could be used to cause serious harm can create valuable time between an impulse and an action. This may mean asking someone we trust to help make our

surroundings safer until the crisis passes. The Centers for Disease Control and Prevention (CDC, 2024) identifies reduced access to lethal means as an important protective strategy in suicide prevention.

Remember what connects you to tomorrow.

Reasons for living can be large or remarkably ordinary. A spouse. A child. A friend. A pet. Work that still matters. A place we want to return to. A conversation we have not yet had. Something we want to see, create, repair, or understand. We do not need a hundred reasons. Sometimes one is enough to help us reach the next moment.

Ask for help.

Choosing to live does not mean choosing to struggle alone. Mental health professionals, physicians, trusted friends, family members, clergy, and crisis counselors can all become part of the circle that helps someone remain safe.

Choose to Live

Years after losing my friend, I no longer believe the question is why someone did or did not choose life. Suicide is more complicated than that. Pain can become overwhelming. Hopelessness can convince us that nothing will change. The future can become difficult to see.

However, that is precisely why I continue to return to these three words: **choose to live**.

Choose to live because this moment is not necessarily the next moment.

Choose to live long enough to tell someone.

Choose to live long enough to let someone sit beside you.

Choose to live long enough for the intensity of the pain to change.

Choose to live long enough to rediscover a reason for tomorrow.

Sometimes choosing life means choosing another year. Sometimes it means another day. And sometimes, in our darkest moments, it means choosing only the next few minutes.

That choice matters.

IF YOU OR SOMEONE YOU KNOW NEEDS HELP NOW

988 Suicide & Crisis Lifeline: Call or text **988** for 24/7 crisis support, or use the online chat at 988lifeline.org.

Veterans Crisis Line: Veterans, service members, and those concerned about them can call **988, then press 1**; text **838255**; or chat at [VeteransCrisisLine.net](https://www.veteranscrisisline.net). You do not have to be enrolled in VA benefits or health care to connect.

Immediate danger: Call 911 or go to the nearest emergency department.

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