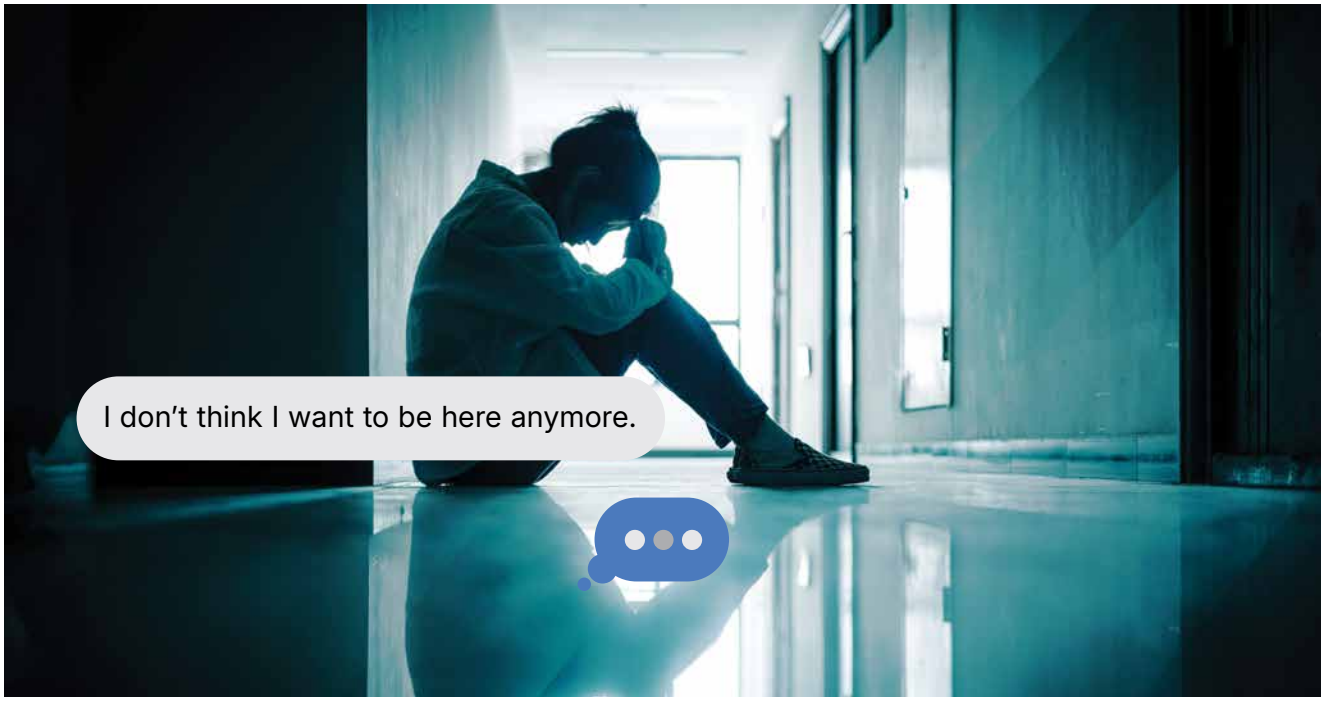
Two screens, one heart



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Every conversation begins the same way: a glowing screen, a blinking cursor, and a stranger on the other side of a text message asking not to be alone.

An athlete whose career ended with a critical injury.

A woman who had been sexually abused by a family member but found the strength to live for her sisters.

A man who could not afford his medications and wanted to die because the pain was unbearable. He had already experienced a right hip replacement, severe bone loss, and nerve damage.

A little girl afraid of thunderstorms.

They never saw my face. I never heard their voices. The only part of me they knew was my alias. Yet I know that my connection with each of these people was real.

I am a biology undergraduate student and volunteer crisis counselor for Crisis Text Line, a national mental health platform where people in emotional distress can text anonymously to connect with trained counselors in real time. Before taking my first conversation, I completed extensive training in crisis de-escalation, suicide risk assessment, reflective listening, and collaborative safety planning, all under supervision and ongoing evaluation.

When I open my laptop, I may not know who will appear on the other side of the screen, but I do know that this person's life may very well depend on my next choice of words. Tonight was no exception.

"I don't think I want to be here anymore."

I stared at the screen, the cursor blinking back at me. There was no tone in the message, no context. Just a single sentence carrying unbearable weight. Even with training, it still surprises me how much pain can be conveyed by so few words.

She told me she was so alone, that even sitting in a room full of people felt like being invisible. That she wanted to stop feeling like this. That she was a burden. Useless. The joys that life had to offer were out of reach. Her sentences were concise, as if the thought of typing just one additional word was too exhausting.

I asked if she was safe. I asked if she had harmed herself recently. I wanted to know what brought her to this precise moment because, even though she was considering the idea of ending it all, she had reached out to me. She had trusted a stranger enough to give me a reason why her life deserved another chapter. That was why I was here.

I watched the blinking cursor slowly come to life. Sometimes, I have to remind myself to breathe. Even though I am supposed to be the anchor, there are times when I feel just as vulnerable.

I waited, resisting the urge to fill the silence. I focused on staying present, letting her set the pace. She told me she had recently given birth. She was experiencing a severe episode of postpartum depression. She was an elementary school teacher who no longer recognized herself: not as a teacher, not as a partner, not even as a mother. She couldn't handle a classroom, a marriage, and a newborn all at once.

I couldn't sit next to her. I couldn't reach through the screen and tell her that she wasn't alone. All I had were my words.

So I asked her to try something with me.

I guided her through a grounding exercise I often use—the 5-4-3-2-1. Five things you can feel. Four things you can see. Three things you are grateful for. Two things you can smell. One thing you can look forward to tomorrow.

At first, there was silence. Then, slowly, she began to type. Her messages became longer. More steady. After a while, she said she felt calmer. Not better, but stronger at least. I reminded her that we are here for her 24/7 should she ever need someone to talk to again.

When the conversation was over, a familiar sense of unease washed over me. Although she left calmer, I had no way of knowing what would happen when the screen went dark. That uncertainty is one of the hardest parts of this work. In medicine, we often hope our interventions matter, but we are not always granted the privilege of knowing. Crisis counseling taught me that sometimes care is an act of faith: offering steadiness in someone's worst moment and trusting it may be enough to carry them forward.

As counselors, we sometimes receive follow-up messages after a conversation ends. I opened the platform to read a message from the past.

"You have no idea that you just potentially saved my life. Thank you again…"

I closed my laptop and sat in my own quiet, thinking about all the invisible people out there carrying unbearable weights. How fragile we all are. Yet a stranger's words can carry unexpected power.

The next day, I carried that conversation with me into the hospital, where I volunteer in intensive care units and oncology waiting rooms. There, the forms of suffering look different, but the need is often the same: to feel seen, comforted, and less alone.

In the intensive care unit, I watched nurses interpret vital signs and monitor patients fresh from surgery. In oncology waiting rooms, I played my violin and watched the corners of people's eyes crinkle when a comforting melody was played. Through my research on music and cognitive impairment, I analyze thousands of studies searching for patterns that might ease the pain of patients and their caregivers as their memories and bodies irreversibly fade.

It is in these moments—on a hospital floor, behind a glowing screen, through the strings of a violin—where the meaning of medicine becomes real.

I used to believe that medicine was about fixing what was broken. Now I know that it is also about staying with someone in their darkest moments and choosing, again and again, to listen.

I don't know what happened after that conversation ended. I don't know if the person on the other side of the screen is safe. What I do know is that, for a moment, we were both there.

Sometimes, that has to be enough.

In learning to serve those who suffer—whether through a screen, a melody, or at a bedside—I have begun to understand that healing does not always mean curing. Sometimes it means bearing witness, staying present, and refusing to let someone suffer alone.