

TO SHARE OR NOT TO SHARE?

Where, When, To Whom and If... Talking About a
Suicide Attempt



PARTICIPANT WORKBOOK



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PREFACE

This program (To Share or Not to Share; 2Share) is designed for people who have had personal experiences with suicide and think they might want to talk about those experiences with others. Personal experiences with suicide may include either a suicide attempt or thoughts about suicide. The program is conducted in small groups by a peer facilitator (a person who has personally experienced thoughts of suicide or a suicide attempt). In this program, we use the word “disclosure,” which means sharing your personal experiences with other people.

This program is not meant either to pressure you to disclose or to discourage you from disclosing; rather it is meant to help guide you through the decision-making process, challenge any stigma you might be imposing on yourself, allow you to hear the stories of others, and, if you wish, to develop your own disclosure story.

Program Name: To Share or Not to Share?

The title of this program is inspired by a phrase from the Hamlet soliloquy, “To be or not to be: that is the question?” People who have experiences with suicide ask a similar question: “To share or not to share?” Meaning, do you tell others about your suicidal thoughts? This is also a tremendous question. How do suicide survivors talk about suicide with their world? Who do they tell about surviving suicide, and in what situations? How do they prepare for it, and how do they manage their personal, social, and work lives afterwards? This curriculum is designed to help you sort through these questions, and many more.

SESSION 1

Session Overview

In this session, we introduce you to the program and fellow group participants, help you think about how stigma impacts you, and how you can lessen the impact of stigma.

Getting Started

Purpose of the Program

Our goal is for you to consider the risks and benefits of telling others about your personal experiences with suicide and reduce the shame that surrounds them. If you decide to talk about your experiences, we will talk about the reasons you may have for disclosing and how to start the conversation. If you decide not to share your story, we will support that as well, and will help you feel empowered in that decision.

Am I Ready for This?

Before we get started, we will review the possible benefits and risks of participating in the group. Only you can decide what is best for you; you can always change your mind later and decide to leave the group.

Possible Benefits of the Program

- You can learn strategies for telling your story
- You may gain support from other group members
- You may feel more comfortable, confident, and/or feel better about yourself

Possible Risks of the Program

- It can be emotionally difficult or triggering to talk about or think about your personal experiences with suicide.
- This program is not therapy. Individuals who participate in this program are encouraged to seek out professional treatment (e.g. therapist, counselor) or other support to manage emotions that might come up while completing the program.
- The facilitators pledge to protect your confidentiality and will ask other group members to do the same. While we ask and hope that other group members will

keep what you share private, we cannot guarantee that this will be the case. If you are unsure whether you want to share something in the group, you have the option to speak with the facilitator outside of the group.

- Facilitators might need to break confidentiality if there is a serious risk that you might harm yourself or another person. They will take action to save your life if you talk about having a current intention and plan to take your life.

If you are currently thinking about suicide, please reach out to someone for support or call the National Suicide Prevention Lifeline, 1-800-273-TALK (8255). You can find a list of other suicide-related resources at the end of the workbook.



Introductions

This program will be facilitated by at least one person with lived experience of suicidal thoughts or a suicide attempt. Your facilitator(s) will introduce themselves and tell you about their lived experience. They will ask you to introduce yourselves, but will not ask you to share your suicide story at this time. We want you to get further through the program first.

Comforts

We will also establish some general ground rules with the group. The goal is to create an open environment where people feel comfortable sharing their opinions and feelings should they choose to do so.

- Confidentiality- what is said in the room stays in the room
- Everyone's opinion counts
- We respect each other
- Take turns speaking
- Avoid talking about things that might be upsetting to others (especially details of a suicide attempt)

Additional Comforts for Virtual Groups

- Remove distractions in your camera background or use a virtual background.
- Join the virtual meeting from a private space so that other group members can keep

their privacy.

- Give your full attention to the group (avoid checking email, texting, etc. during the group).

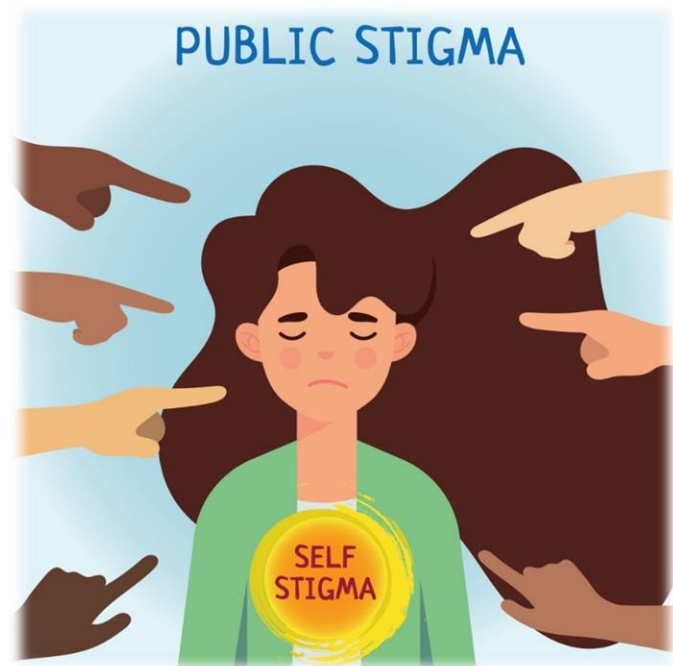
Recognizing Self-Stigma

One kind of stigma, **public stigma**, includes the stereotypes, prejudices and discriminations that society directs towards a group of people. Stereotypes are overgeneralizations about the group.

Some examples of stereotypes include:

- People who attempt suicide are **irrational and seeking attention**.
- They **selfishly choose** to end their lives.
- They are emotionally and morally **weak**.

Stereotypes are false and unfair, but some of your family, friends, or others in the community may believe these misleading stereotypes and feel prejudice towards you or others as a result. You might even face discrimination such as loss of relationships, being passed over for a promotion at work, or being forced into mental health treatment that you do not want. When you disclose your experiences with suicide, you risk being stigmatized in these ways.



A second type of stigma, **self-stigma**, happens when we internalize society's negative stereotypes. Self-stigma can cause us to feel shame, low self-esteem and depression. Examples of self-stigma include thoughts such as:

- I attempted suicide, so I must have been just looking for attention.

- I am so selfish for even thinking about killing myself.
- My suicide attempt just proves what a weak person I am.

While not everyone is hurt by self-stigma, it is a fairly common experience, and many of us have internalized stigma without even realizing it. Some people feel less shame when they talk with others about their experiences.

Reflection Questions

1. Have you ever felt ashamed about your suicide attempt or your suicidal thoughts?
2. What are some other hurtful attitudes you might feel about yourself?

A Note on the Language of Suicide

Stigma is sometimes reflected in language. The words you use to describe your personal experiences with suicide can influence how you think about suicide and how others view it. Consider the following guidelines for emphasizing survival and strength:

- “Committed suicide” implies that suicide is a crime. Instead consider using “died by suicide”, “completed suicide” or “took his/her/their/ own life.”
- Use “suicide attempt survivor” or “person who survived a suicide attempt” instead of “person who tried to commit suicide” or “person who had a failed/unsuccessful attempt.”

Now use the steps on the next page to identify and challenge hurtful beliefs.

Challenging Self-Stigma

There are five steps for changing hurtful attitudes about suicide.



STEP 1

Begin with a clear statement of your hurtful attitude using the sentence:

I must be _____ because _____

Example: “I must be weak because I tried to hurt myself.”



STEP 2

Recognize that there are two beliefs that lead to these attitudes

- Believing that “normal” people never feel weak due to life’s challenges and
- It is shameful to attempt suicide



STEP 3

To challenge these beliefs, you can ask others whether or not they believe them to be true.

To do this make a list of trusted people who can provide feedback; for example, close friends.



STEP 4

Collect evidence against these beliefs.

From your friends, you learn that many of them admitted to “feeling weak” at times. After speaking with them, you understand that your hurtful belief (that “normal” people never feel weak) is not true. Think about what other proof you have that these beliefs are not true. Have people told you in the past how strong you were? Can you think of times or situations where you have showed strength (as opposed to weakness)?



STEP 5

The final step is to develop statements that challenge the hurtful belief.

For example: “I am not bad for feeling weak. Everyone does.”

Use *Worksheet 1* on the next page to challenge a hurtful attitude (self-stigma) that you hold. *Table 1* in the appendix shows an example of how you could use these steps to challenge self-stigma.

You may wish to write your stigma-challenging statements down on a card or a post-it so that you remember them better. Then, the next time that you're feeling bad, pull out the card or post-it. Remind yourself that everyone feels weak once in a while and that there is nothing wrong with it.



WORKSHEET 1

Challenging my Self-Stigma

1. State the hurtful attitude:

I must be _____ because _____

2. Define the beliefs:

3. Challenge the beliefs by checking them out with another person

4. Collect evidence against the beliefs

5. Restate the belief so that it does not hurt you.

HOMEWORK

Use Worksheet 1 at least twice during the week to practice challenging self-stigmatizing beliefs.

Session 2

Session Overview

Telling other people about your personal experiences with suicide is the right decision for some people, but not for everyone. In this session, we help you weigh the costs and benefits of talking openly so that you can decide whether or not to disclose. We also talk about empowered non-disclosure.

Considering the Pros and Cons of Disclosing

Read the stories about Mike, Cara and Maria



Mike is 52 years old and has struggled with depression since his early teens. While the worst years in his struggle came as a teenager, leading to suicide ideation and planning, Mike has since developed the coping skills to lead a productive, successful life. Through most of his adult life, he hid his disease from all around him. Mike particularly feared that professional opportunities would bypass him if coworkers or managers knew he had a mental health challenge. After his early retirement, Mike began disclosing his suicide ideation past and discovered that a substantial number of friends, family and colleagues had either struggled with mental illness or suffered suicide loss. He now wonders whether he should have been open about his challenge earlier in his life.



Cara is 35 years old and a multiple suicide attempt survivor. Cara's first attempt occurred in high school, an attempt she didn't count because she decided that she should have known her chosen methodology would not work. In her late 20s, Cara made a second suicide attempt, one she felt compelled to disclose when it required hospitalization. Her detail-limited disclosure led to some family and friends avoiding contact with Cara, fearing they might trigger a negative reaction. Not long after the second attempt, Cara made a third attempt.

Following the third attempt, Cara decided to more aggressively communicate the causes and impacts of her mental illness, as well as inform each person she told what she needed from them to succeed in her efforts to achieve mental health. Cara recently took a new job offering substantial career potential. Cara and her wife worry that disclosing her mental illness or prior suicide attempts to this employer could harm her career prospects. Cara identifies herself as a suicide attempt survivor, but only with select audiences.



Maria is 35 years old and the mother of two grade-school girls. An immigrant from Mexico, she faces numerous cultural issues including a U.S. native husband who isn't sure he believes in mental illness. Last year, after a suicide attempt, she was diagnosed with bipolar disorder, a diagnosis she says at least helps her understand her experience. Maria has disclosed her illness to only close family and friends and her suicide attempt to only her husband (who found her) and one other friend. She is terrified at the impact that further disclosure could have on her daughters if it reaches them. "When I have control of my mind, I feel like I have so much to give and so much to accomplish. I don't want my mental illness or suicide attempt to be how everyone sees me." Maria does not typically identify herself publicly as having a mental illness or as a suicide attempt survivor.

Reflection Questions

1. In what ways do you identify with Mike, Cara and Maria?
2. What do you think about their disclosure decisions?

Now we will use Worksheet 2 to make a list of all the costs and benefits of talking about your experiences with suicide.

Who might you tell?

Telling people about your history with suicide is a lot different at work than with your family, in your neighborhood or with your rugby teammates. Think about who you might

talk with (e.g., friend, therapist, online friend, stranger, another person in group) and write that on the worksheet.

What is your reason or goal for disclosing?

Think about your reason or goal for talking with that person about your experiences with suicide (e.g., to get it off my chest, to help others who are struggling). Your reason or goal will likely be on the list of benefits of disclosing. Write down all the costs and benefits for you. Put a star next to one or two that seem to be particularly important. Important items are the ones you spend a lot of time thinking about. You may want to star (*) the items that make you nervous when you think about them (“If I tell my buddies about my suicide attempt, they’ll walk on eggshells around me.”). Or, you may mark items that suggest a lot of hope (“Maybe if I tell my friend, she’ll understand why I wear long-sleeved shirts to cover my scars.”).

What are the costs and benefits?

Costs/risks are why you wouldn’t disclose and the negatives or harm that could result from disclosing. Benefits represent why you would disclose and what you expect to happen that is positive as a result of disclosing to others. If you have trouble thinking of costs or benefits, you will find a list of possible costs/benefits in Tables 2 and 3 in the appendix of this workbook. Put a star (*) next to costs and benefits you think are especially important.

How will your disclosure affect others?

Almost no one makes decisions based only on what’s good for them. Consider the impact on others and how disclosure can minimize harm to others and maximize benefits for you. “How will talking about my experiences affect others?”

What is your decision?

The purpose of *Worksheet 2* is to provide a decision about whether or not to talk about your experiences with suicide. Two decisions are straightforward:

- Yes, I want to let some people know about my experiences with suicide.
- No, I don't want people to know about my suicide.

Although the options are clear, there is no easy way to add up the costs and benefits and come up with a decision. Good decisions are more than the sum of the right and left columns in the worksheet. Clearly, some advantages or disadvantages will be more important and, therefore, should weigh far more heavily in the decision—these are the items you starred in the list.

“Even though I came up with three benefits and nine costs, I can't get past the hope that I'll find other people who have similar problems. So, I've decided to talk more openly about my suicide attempt!”

Some people may not be able to make a decision about disclosing after reviewing costs and benefits; you may decide to postpone your decision. You may choose to use this additional time to gather more information about disclosure.



WORKSHEET 2

Weighing the Costs and Benefits of Disclosing

Who are you considering disclosing or talking to? _____

What is your reason or goal for disclosing? What do you want or expect from the person you talk to? _____

Risks/Costs	Benefits
<i>Ex: Others may exclude me from social gatherings, work & other opportunities</i>	<i>Ex: Others may have similar experiences</i>

Put a star (*) next to costs and benefits you think are especially important.

How might your disclosure affect the person who you are disclosing to?

Given these costs and benefits:

- I will probably NOT talk about thoughts about hurting myself in this situation.
- I will probably talk about my suicide attempt in this situation.
- I have decided to put off my decision. I'm just not sure.

Empowered Non-Disclosure

Deciding Not to Talk about Your Experiences with Suicide and Feeling Good About Your Decision

There are many good reasons that people decide not to talk about their experiences with suicide. You might just want your privacy, or maybe you just don't feel emotionally ready to talk about it. Perhaps you want to know the person better before you bring up the subject. Of course, there are also some people who might judge you if you talk about your personal experiences with suicide. You might even be discriminated against. Use the worksheet below to reflect on decisions not to disclose.





WORKSHEET 3

Deciding Not to Disclose

What are some situations in which you would avoid telling people about your experiences with suicide?

How do you feel about the decision not to disclose?

Reflect on any negative feelings (guilt, shame, etc.) that come up for you. What might you do to feel more confident in your decision not to disclose?

If you continue to experience shame and self-stigma, consider reviewing this session, or speak with a mental health professional or trusted friend. Remember that only you can make the decision. If you've weighed the pros and cons of disclosing, then we encourage you to feel empowered in your decision! If you decide not to disclose now, you can always change your mind later.

HOMework

Think about a past situation in which you had an opportunity to disclose but decided not to. In what ways are you satisfied or dissatisfied with that decision?

SESSION 3

Session Overview

It might seem obvious, but there are different types of disclosure and different ways to disclose. In this session, we describe five types of disclosure and possible costs and benefits of each. We also provide strategies for selecting a person you might disclose to.

Types of Disclosure

Worksheet 4 on the next page summarizes five types of disclosure. Think about the costs and benefits of each type.



WORKSHEET 4

Costs and Benefits of 5 Types of Disclosure		
	Costs	Benefits
<p>COERCED DISCLOSURE: Sometimes you might be forced or coerced to disclose; for example, when you are brought to the hospital after a suicide attempt.</p>		
<p>NON-DISCLOSURE: You participate in work and community situations, but do not disclose to anyone.</p>		
<p>SELECTIVE DISCLOSURE: You disclose to selected individuals like a therapist, but not to everyone.</p>		
<p>OPEN DISCLOSURE: You are open to talking about it with anyone, but only when it comes up naturally or when the time seems right.</p>		
<p>PUBLIC DISCLOSURE: You actively talk about your experiences and educate others about suicide.</p>		

Ways to Disclose

Many people decide to disclose in a face-to-face conversation, but this is not the only way. Each way to disclose will have costs and benefits, which will depend on your comfort level, your purpose for disclosing, and also the person or people you are disclosing to. Here are some ways that people decided to disclose:

- Book
- Letter
- Email
- Storytelling event
- Third-party
- Text
- Online group
- Phone or video call

Disclosure on social media has become increasingly common. In Table 4 below, we will outline some costs and benefits of disclosing through social media and other electronic communication methods.

Table 4: Social Media Disclosure

Media	Costs	Benefits
Online Video Chat: <ul style="list-style-type: none"> • Skype • FaceTime • Zoom 		
Private Messages: <ul style="list-style-type: none"> • Email • Phone Text Message • Facebook Messenger • Facebook Groups 		
Public Messages <ul style="list-style-type: none"> • Twitter • Instagram • Tumblr • Public Facebook Post • Blog 		
Others? <ul style="list-style-type: none"> • Snapchat, Reddit, Tiktok 		

Reflection Questions

- Which of the ways to disclose (listed above) would you consider using?
- What is the biggest challenge you foresee with disclosure on social media?

There are also situations in which disclosure might be more complicated, such as work and school. We discuss each of these in detail. If you are considering disclosing at work or school, it may be helpful to complete *Worksheet 1* again after carefully reading this section. You may want to consult further with a counselor, advocate, and/or healthcare provider before making the decision.

Disclosure at Work

The Americans with Disabilities Act (ADA) is designed to protect you from being fired because of a serious ongoing illness or injury (including mental illness) however, the law is complicated and not all employers will understand or know how to react if you do disclose. Under the ADA, an employer must provide you a “reasonable accommodation” if you have a disability (such as severe anxiety or depression). An accommodation is an allowance that helps you do your job, despite the disability. Examples of accommodations are leaving work early to meet with a therapist or wearing headphones to listen to calming music.

The employer will decide whether an accommodation is “reasonable” based on the kind of business they operate. In order to receive an accommodation, you MUST disclose and document your disability to your company’s Human Resource department. A past suicide attempt does not necessarily mean that you will meet the definition of disability under the ADA, so you may need to consult with a health professional or advocate about whether the ADA will apply in your case.

The ADA protects workers with disabilities from discrimination during the hiring process, for promotions and all aspects of employment.

If the employee presents a direct risk or threat to themselves or others while on the job, they might not be covered by the ADA. Workers in certain fields (e.g., law enforcement) put great risk to their career by disclosing a suicide attempt. If you believe you have been discriminated against at work because of mental illness, suicide attempt, or disability, or need extra support, there are a few actions you can take:

The ADA only applies for companies with 15 or more employees.

- You can file a claim with the Equal Employment Opportunity Commission (EEOC) <https://www.eeoc.gov/>.
- The Family Medical Leave Act (FMLA) and disability insurance plans may allow for time off work after suicide attempt, but may require disclosure and documentation.
- Employee assistance programs (EAPs) may be available through your employer to provide confidential short-term counseling and guidance.

Keep in mind that discrimination is hard to prove and despite laws that protect you, you might still experience unfair treatment if you disclose.

Reflection Questions

- What are some workplace accommodations that individuals with experiences with suicide might need? How might you go about requesting accommodations?
- What challenges do you foresee with regards to disclosing at a workplace?
- How much information would you provide while making a disclosure at work?

Disclosure at School

Some college students have reported unjust treatment from their university when they disclose, including being forced to take a leave of absence from their program of study, being fired from their on-campus job, or being removed from campus housing. The Americans with Disabilities Act (ADA) and the Rehabilitation Act of 1973 provide protections for people with disabilities in higher education. This includes reasonable accommodations for students with disabilities to succeed in college.

Most colleges and universities have a disability services department, which coordinates classroom accommodations. The disability services office may also help advocate for you if a leave of absence becomes necessary. The office will need documentation of your disability (e.g., letter from a doctor) to approve an accommodation (e.g., extra time on exams). The office will keep your specific disability confidential, while ensuring that your instructors provide the needed accommodation. However, you could choose to disclose to instructors or classmates if you felt this would be helpful for you. Protections for people with disabilities may not always apply or may not be enforced for students who attempt suicide. We encourage you to find out about any formal or informal university policies related to suicide attempts. Campus counseling centers are required to keep information about a suicide attempt confidential; however, sometimes after a suicide attempt (e.g. student removed from dorm room by paramedics) there is forced disclosure, which spreads to others via gossip.

Reflection Questions

- When might disclosure be necessary at school?
- Who might you disclose to in a school setting?

Who Should I Tell?

There are several reasons why you might pick a specific person to disclose to. These might not only be your friends and family, but also your co-workers, therapist and any other person you interact with. Selective disclosure does not mean sharing your experiences with everyone. You need to identify people who are likely to respond positively to your message. *Table 5* groups people into three types of relationships.

Table 5: Types of Relationships & Important Characteristics of a Good Person to Disclose to

FUNCTIONAL RELATIONSHIP	SUPPORTIVE RELATIONSHIP	EMPATHETIC RELATIONSHIP
<p>The person provides some function for you where knowing your experiences with a mental health condition might help accomplish the function.</p> <p>Sample functional relationships include:</p> <ul style="list-style-type: none"> • psychiatrist • supervisor • doctor • co-workers • teacher • team member 	<p>The person seems to be friendly and will provide support and approval to you when they find out about your experience.</p> <p>Characteristics of this kind of person include:</p> <ul style="list-style-type: none"> • open-mindedness • concern for others • loyalty • trustworthiness • helpfulness 	<p>Some people to whom you might disclose have had similar experiences:</p> <p>“I know what it’s like to be depressed.” These kinds of people can provide an empathetic relationship.</p> <p>Their characteristics include:</p> <ul style="list-style-type: none"> • willingness to listen • an understanding nature • lived experience with suicide

Reflection Questions

- Who do you have a functional relationship with? Who do you have a supportive relationship with? Who do you have an empathic relationship with?

Session 4

Session Overview

If you are considering selective disclosure, this section helps you “test out” the person before fully disclosing to them, reflect on how others might respond to your disclosure, and set limits on disclosure.

Testing a Person for Disclosure

There is a nice way to test whether or not someone might be a good person for disclosure. This method is summarized in *Worksheet 5* on the next page. As an example, consider a friend to whom you might disclose. After entering the name of the person in the worksheet, write down an example about someone who had experience with suicide from recent news stories, magazine articles, TV shows, or movies. Consider this example:

“Hey Mary. I watched this documentary about Martin Luther King yesterday. Did you know he attempted suicide when he was a young boy? I really liked the way they reported about that, you know, in a fair way. What do you think? Do you know someone with similar experiences?”

Then, stop and listen to Mary’s response. How might you rate her answers to the follow-up questions in *Worksheet 5* if she said,

“Yeah... I saw that. I actually have an uncle who attempted suicide last year. Documentaries like the one about Martin Luther King really help me to understand him better.”

Some might rate her response as high on being sensitive and kind and, thus, as a person to whom you might disclose. If Mary had said,

“You know, I am sick and tired of these kinds of reports. In the end, people who attempt suicide just want attention.”

How might your ratings be different? Some might view this reaction as less sensitive and thus, Mary might not be a good candidate for disclosure.

Use the top part of *Worksheet 5* on the next page to consider how you might approach disclosure with different people in your life. Role play possible responses with a partner and fill out the bottom of *Worksheet 5* after the roll play.





WORKSHEET 5

Testing a Person for Disclosure

Name of Person: _____

Name and describe the show/movie/book/story about suicide or mental health that you will use to “test” the person.

List the questions you will ask the person so that you can observe their response.

Examples:

- What do you think of stories (shows, movies) like these?
- What do you think of people like this in the story (show, movie)?
- Do you know anyone like this?

Now try it out with a partner. Describe the book/ movie/current event and ask them what they think about it. Summarize their response here.

Now, use the following scale to rate the person's response on the seven-point agreement scale below.

The person's responses were sensitive.

strongly disagree								strongly agree
1	2	3	4	5	6	7		

Was there anything else to note about their response? If so, please write it here.

Based on their response, would you want to share your personal experience with them? Why or why not?

How Might Others Respond to My Disclosure?

Be certain of one thing: disclosure will impact people around you. You need to consider the various ways in which people may respond and plan your reactions accordingly. Remember that when people around you aren't responsive to your disclosure, it's not always personal. *Table 6* on the next page lists a variety of reactions to disclosure that are sorted into groups by positive versus negative emotional response.

Table 6: Examples of Reactions to Disclosure

Positive Responses	Negative responses
Understanding “It must be hard living with thoughts of suicide.”	Disrespect “It’s not that big a deal - it’s not like you’re losing your job or something.”
Interpersonal Support “I’m here for you if you need someone to talk to.”	Denial “I’m not sure you can handle this project.”
Assistance “Let me know how I can help.”	Gossip “Hey, did you hear about Joe? He tried to kill himself.”

Which of the responses listed above have you experienced? Are there other responses that you have experienced or that you fear might happen to you? List them here.

How Will I Feel About Disclosure?

It’s also wise to consider how you might react if the person who you disclose to does not respond in the way that you hoped or expected. It takes courage to disclose. When someone reacts negatively to your disclosure, you might internalize their responses and start feeling bad as a result. If this happens to you, you can try going back to *Worksheet 1* again to challenge your self-stigma. Others have helped themselves feel better by doing relaxation exercises, expressing feelings through art or writing or distracting themselves by doing an activity they enjoy. You might also process your feelings with a therapist, counselor, trusted friend, or religious leader.

Use *Worksheet 6* consider how you would feel if someone responds in a negative way.

WORKSHEET 6

How Will I React to Negative Disclosure Experiences?

Not at all ashamed

Very ashamed

1 2 3 4 5 6 7

Not at all nervous

Very nervous

1 2 3 4 5 6 7

Not at all sad

Very sad

1 2 3 4 5 6 7

Not at all angry

Very angry

1 2 3 4 5 6 7

Are there other feelings or reactions you might have if the person responded negatively?

What is your plan for coping with a negative response?

Helping Others Be Comfortable with Disclosure

Sometimes you will get negative reactions (e.g., avoidance, silence) from people who you talk with about your suicidal thoughts, but these negative reactions are not necessarily because the person is judging you for your suicidal thoughts. Remember that many people feel uncomfortable talking about suicide. The person that you disclose to may have conflicting feelings and not know how to respond. They might feel shocked by the news, guilty that they didn't help earlier, or angry that you kept the secret from them. They might be burdened by the disclosure because they feel they have to take immediate action, protect you, or give the "right" response.

In order to get what you need from others it can be helpful to know how to make them comfortable when you tell your story. Here are some suggestions from other suicide attempt survivors on how to do this:

- Tell the person that there's nothing they've done wrong, but this is an important part of your life that you want to share with them.
- Tell them pieces of your story at a time to see how well they can emotionally handle it.
- Tell them up front what you expect from them. For example, tell them you just want someone who will listen without giving solutions or judgment.
- Tell them that you know it's uncomfortable and it's okay that they feel uncomfortable or don't have the "right" answer.
- Emphasize your distance from the suicide attempt, your recovery, or your current support system.
- Make sure you allow enough time and the setting is free from distractions.
- Use *Worksheet 6* to think about how you would react to a negative disclosure experience and what you could do to cope or get support.

Reflection Questions

1. What could you say to make others more comfortable when you are telling them your story?
2. What will be the right time to approach the person who you want to talk with?
3. How can you limit the distractions that might occur during the conversation?

HOMEWORK

Read the section below "Setting Limits on Disclosure" and complete Worksheet 7 for discussion in the next session.

Read the sample disclosure story at the beginning of Session 5.

Setting Limits on Disclosure

Just because you told your friend about your suicide attempt, it doesn't mean that you now want to talk about it all the time or that you want to talk about all the details. You might not want your friend to tell other friends about your suicide attempt. Sometimes when you open up to someone about your experiences with suicidal thoughts or a suicide attempt, they will say "me too." Someone who you tell may later seek your advice about suicide or ask you to help someone who is currently feeling suicidal. To be better prepared for these situations, consider the questions in *Worksheet 7*.



WORKSHEET 7

Setting Limits on Disclosure

What will you say if the person who you disclose to asks you questions that you aren't comfortable answering?

Are you okay if the person you talk to tells other people about your suicide attempt? If no, how will you communicate that to them?

What will you do if the person you talk to is so concerned about you that your relationship becomes all about your mental health?

What will you do if the person you tell says "me too" and asks you for help with their own thoughts of suicide?

What if telling your story publicly leads to many people reaching out to you for help? How will you respond?

SESSION 5

Session Overview

In this session you will read sample disclosure stories and think about how you might want to tell your story.

There are many different ways to tell your story. We provide an example that was written by Kelley Clink, author of the book, *A Different Kind of Same*. Keep in mind that everyone will choose to disclose in their own way, and most disclosures will be much shorter than this example.

Sample Disclosure Story

I was born and raised in suburban Detroit. Both of my parents and all of my extended family are from Detroit, so I grew up surrounded by relatives. When I was a sophomore in high school my dad got a job in Tuscaloosa, Alabama. It was 1994, so there was no Internet to speak of. No mobile phones. We moved across the country and I lost touch with everyone I'd ever known.

Moving from a liberal, urban area to a rural, conservative area caused serious culture shock. I struggled to connect with people. I was grieving the loss of my friends and family back in Michigan, I was angry at my parents, and I quickly became depressed.

It seems like the onset of depression should be gradual, a state a person sinks into, and I can see now that mine was. But it happened so slowly that I was scarcely aware of it. I thought—after the initial shock of realizing that my status as a “Yankee” in Alabama made me more of an outsider than a curiosity, after realizing that either my expectations or I would have to change in order to survive—that I was managing, coping, functioning at least. And then one bright, sunny morning in



June 1995, a few weeks before my sixteenth birthday and nearly a year after our move, I woke to find myself fully submerged in depression.

At the recommendation of a family physician, my parents took me to see a psychiatrist. A quick scratch of her pen across a prescription pad, and I was introduced to Zoloft, a selective serotonin reuptake inhibitor (SSRI), and Mellaril, an antipsychotic. Within the first few weeks of starting the medication, I stopped sleeping, even though I was tired all the time. I cried constantly, screamed at my parents and my brother. I slammed doors, broke things. When school started in August, walking upstairs to my locker gave me heart palpitations. And thoughts of suicide—which had once been limited to if I killed myself, they'd all be sorry—became more about the fact that I couldn't stand the feeling of my own skin.

I shared my feelings with the psychiatrist and she changed the Zoloft to Paxil, another SSRI. She prescribed sleeping pills. Still, I felt worse and worse. I tossed and turned all night, slept through all my classes during the day. I isolated myself from the few friends I had made. Every conscious moment felt like an eternity, and I was sure I would never get better. One afternoon in October I had a fight with my mother and something inside me snapped. I didn't want to live another second. I went to the bathroom, locked the door, and took all of my medication at once.

Within a few minutes I began to throw up, and my mother, who had figured out what I'd done, called an ambulance. I went to the ER to have my stomach pumped, and then spent a week in a juvenile psychiatric ward. After I was released, I didn't talk about my attempt. Secrecy was safety. I was deeply ashamed—I was sure that my depression was a weakness, and that attempting suicide meant I was broken. I thought that if anyone knew, they would judge me. I also didn't want the people I loved most to worry about me. Because that's what they did.

After my attempt, I felt like the handful of people who knew what happened—my doctors, my teachers, my family—were watching me, waiting for me to fall apart again. There was fear behind the concern in their eyes, and I hated it. So I closed up and pushed everyone away. I created a new persona, a “well” persona. Throughout the rest of my teens and into my early twenties, I rarely mentioned being on medication. If I did, I made it into a joke. I never talked about suicide. I started dating someone. After two years, we got married. He knew I took medication for depression, but that was all I told him. My husband didn't learn about the extent of my depression or my attempt until I wrote about

it in a book—seven years into our marriage. Likewise, none of the friends I'd made in college or young adulthood knew about my attempt until they read the book. Some didn't even know about my depression.

What I discovered after I finally began sharing my story, is that telling people where you are and what you're going through usually results in cheerleaders on the sidelines, and even a few people who will run alongside you as far and as often as they can. It wasn't until the walls started coming down that I realized how ashamed I was of my past, how much I thought of my depression and suicide attempt as character flaws that I was somehow responsible for. And when I examined the shame more closely, I saw it was rooted in fear—fear that others would feel the same way about my illness that I did. When I began speaking about my struggles more openly, I found out that some of them did. But then I realized that it didn't matter. That, in fact, they may have been taking their cues from me. If I looked at myself with kindness and compassion, if I looked at my depression and attempt as facets of my humanity, maybe others would do the same.

I know now that sharing my story has transformed the way I see my illness and attempt. It's cut doors and windows into the walls I built around myself. I also know now that recovery isn't what I'd thought it would be. Recovery doesn't mean the absence of negative feelings—it means cultivating the ability to acknowledge and honor them, to let them exist without trying to change them. Recovery doesn't mean I'll never face another obstacle in life—it means that I will approach the next obstacle with open eyes and an open heart, no matter how painful. As I read what I have just written, I think, okay, this sounds way too easy. It isn't. While it does get easier, it never stops being work. Sometimes it's awful. Sometimes I cry. There are many days when, overwhelmed, I quit. The difference is that when those days happen now, I know they are not failures. I am not a failure.

You can read Kelley Clink's full story in her book, *A Different Kind of Same*.

Reflection Questions

1. What are some things you liked about Kelley Clink's story?
2. How does it reflect a story of hope?
3. What parts of it might have been hard to tell?
4. What parts might you have said differently?

How to Tell My Story

Worksheet 8 provides a template to fill out and develop a story that might work for you. Your story will vary depending on where you tell it. For this exercise, assume you are telling it to a support group, friend or family member. Remember, this is only one way to tell your story.

To complete *Worksheet 8*, do the following:

- Enter your purpose, expectations, and name.
- List some events in your life that are typical or unique.
- List ways in which your challenges emerged. As with all exercises in the program, do not say anything here that makes you feel uncomfortable. You only need to discuss those things that you feel okay sharing.
- Share how your life changed after your suicide attempt. List some of the things you struggled with due to your experiences. Listeners need to understand what you were feeling, that your attempt was not an attention-seeking or mean-spirited decision.
- Specify how stigma has thrown up hurdles on the path to your accomplishments. List some of the unfair experiences and harsh reactions that you have experienced from society.
- Now, the important part. List your achievements and accomplishments, things that demonstrate improvement. Let's remember that improvement does not always

mean a college degree, full time job, big income, or four-bedroom house. We all seek different goals depending on who we are and where we are currently at in life. Share those!

- And finally for the purpose of your story and what you want from the listener.

Additional Tips for Telling Your Story

- Avoid reinforcing negative stereotypes about suicide such as “suicide cannot be prevented” and “people who attempt suicide are only seeking attention”.
- Focus on positive and specific actions that the listener can take, either to help you or to help others.
- Avoid describing suicidal thoughts in detail. Research suggests that this can be triggering for others, especially youth. Briefly mentioning the method (e.g., pills) is sufficient for others to understand the story.
- Be prepared for follow-up questions after telling your story. Remember that you can politely say that you are not comfortable discussing parts of your story or answering specific questions.
- If you are speaking in the media, consult the most recent guidelines on the Suicide Prevention Resource Center (SPRC) website (<http://www.sprc.org/>). Specific guides for blogs and social media disclosures are also available at SPRC.

WORKSHEET 8

A Guide to Setting Up a Story About Your Experiences with Suicide

For this exercise, imagine you are telling your story to a support group, a friend or a family member. Before beginning, ask yourself a few questions:

What is my purpose in disclosing?

What do I expect other people to do in response to my story?

Now begin: **Hi, my name is** _____.

Let me tell you about my life

List some events in your life that are typical of most people's lives and some qualities that make you unique:

Then my struggles started and I experienced thoughts about hurting myself for the first time.

Please write down the challenges that finally led to your thoughts about hurting yourself. Here you can briefly describe your suicide attempt.

I have found my path to hope. What has worked (works) for me includes:

Along the way, I have experienced some stigma and unfair responses to my suicide experiences.

List any unfair experiences and harsh reactions you have experienced from society

Despite my challenges and sometimes because of them, I have achieved several accomplishments.

List some of the things that you have accomplished in terms of your work, relationships and other personal goals.

I want to end with these two key points:

My purpose for telling you this story is: _____

This is what I hope or expect from you: _____

WHAT DO YOU WANT TO SAY?

You probably do not want to communicate **EVERYTHING** in the worksheet.
Remember your **GOAL**.

1. **CIRCLE** the information in the sheet you think is important for the person to hear.
2. **PUT A LINE** through:
 1. Anything you believe is too personal or
 2. Anything the person might not understand.
 3. The method you used in your suicide attempt – too much information can be triggering

HOMEWORK

Practice your story to yourself or in front of a mirror to begin gaining confidence in speaking about your experiences.

SESSION 6

Session Overview

In this session you will practice your story and review how it made you feel. You will learn to identify peers who might help you with the disclosure process. Finally, you will learn how to put together all you've learned in order to move forward.

Telling My Story

Now you have a chance to practice. First review the points you made in *Worksheet 8*. Get with a partner to practice your story with them. If you are comfortable, you will be invited to share your story with the large group as well.

Tips for Practice

If someone already knows about your suicide attempt, you might want to practice your disclosure with them. You could also practice in front of a mirror or video record yourself. You can try changing the wording or order of your content to see what feels best. You should practice until you feel comfortable with the content, but not so much that you've memorized every word. It might be helpful to create a card with a few bullet points to make sure you cover everything. You want it to feel natural and leave room for some flexibility, depending on the listener's response. Be aware of your body language such as posture, hand gestures, tone of voice and facial expression. If you are tense, try taking some deep breathes or do some simple stretches.

How Did it Go?

Use *Worksheet 9* to rate the quality of your experience telling your story. If there were other feelings that you experienced while telling your story, please write them in at the bottom of the page. Don't discount any feelings you had; these are important in developing your strategy for disclosure.

WORKSHEET 9

How Did it Go?

Use the following 7-point scales to rate the quality of your experience telling your story.

How empowered do you feel after telling your story?

Not at all empowered

Very empowered

1 2 3 4 5 6 7

Was it therapeutic to tell your story?

Not at all therapeutic

Very therapeutic

1 2 3 4 5 6 7

How anxious did you feel while telling your story?

Not at all anxious

Very anxious

1 2 3 4 5 6 7

How positive was your experience telling your story?

Not at all positive

Very positive

1 2 3 4 5 6 7

Please note anything else not already discussed about the quality of your experience telling your story. How did others react?

Peer Support

Talking about a suicide attempt can be easier when a person decides to join together with others for support. These instances might be informal, such as joining a group of friends who have shared lived experiences. Here we talk about a more formal collection of programs, often called peer-support services. Peer-support services, which include self-help and mutual assistance programs, are perhaps the best kind of programs that promote empowerment. As the name suggests, peer-support programs were developed by peers for peers.

Where do I find peer support groups?



There are few peer support groups specifically for people who have attempted suicide. There also may be online support groups and other types of peer support groups that you might find helpful, such as Alcoholics Anonymous, Narcotics Anonymous, or Bipolar/Depression Support Groups. A great place to start is

Worksheet 10 where you are asked to list all the programs they can think of.

You may also wish to consider starting your own support group. See the guide to starting your own group at:

<http://www.sprc.org/resources-programs/manual-support-groups-suicide-attempt-survivors>

Note: Peer support may not be helpful for every person, all of the time. Think about whether or not peer support might work for you, either now or in the future. Consider spending some time researching different peer support groups to see what you might like about them.

Wrap Up

We end the program with a pause for insight and reflection. In *Worksheet 11*, questions are provided so that you can summarize insights and decide on future directions.





WORKSHEET 11

Wrap-Up and Reflection

Reflect on what you have learned during this program and answer the following questions.

1. What did you learn about stigma and disclosing from this program? (*Worksheet 1*)

2. What are the costs of disclosure for you? (*Worksheet 2*)

3. What are benefits of disclosure for you? (*Worksheet 2*)

4. What ways might work for you in terms of disclosure?

5. Are there people who you are considering disclosing to? (*Worksheet 5*)

6. How do you feel about negative responses from others? (*Worksheet 7*)

7. What do you think of your story? How might you improve it?
(*Worksheet 8*)

8. Are there peer support programs that might work for you? (*Worksheet 10*)

9. Given all of this, list three things you might do in terms of disclosing in the future.

CONCLUSION



This program was created with one primary goal in mind - to help you live a full and productive life by deciding whether you would like to disclose your experiences with suicide. In the first sessions we helped you decide if you'd like to tell others about your experiences with suicide. If you reviewed your cost and benefit list and the answer was no, for now your work is finished. If your answer was that you think you would like to be at least somewhat more open about your experiences, then the next section helped you decide who you wish to disclose to. The final part of the program helped you think through not only what you'd like to share, but also the different responses you may receive so you were thoroughly prepared for a variety of reactions to your disclosure.

We hope that the approach put forth in this program will help you, no matter what challenges you face going forward. Use the Worksheet 12 in the appendix to rate how the disclosure or non-disclosure went. We also provide some resources if you want additional information on experiences with suicide.

Appendix

Table 1. Challenging My Self-Stigma Example

1. State the hurtful attitude:

I must be weak because I have attempted suicide

2. Define the beliefs:

- Strong people don't attempt suicide.
- Weak means bad.
- All people who have problems are bad.

3. Challenge the beliefs by checking them out with another person

- I'll ask a couple of my friends – they've known me for a while
- My older sister. She is smart and I trust her.

4. Collect proof against the beliefs

- Some of my friends said they've had problems but they don't believe they're weak because of them. Everyone has problems from time to time.
- My sister said that managing suicidal thoughts is a sure sign of strength not weakness.

5. Restate the belief so that it does not hurt you.

- I'm not weak or bad because I have attempted suicide.
- In fact, I must be strong for moving forward with my life.

TIP:

Consider whom you might talk to, to collect evidence against the assumptions. Make sure you go to someone who will prove these hurtful statements to be false.

Table 2: Possible Risks/Costs of Disclosing

This list of risks/costs was created based on interviews with people who had attempted or seriously considered suicide.

Risk/ Cost	Description
Stigma	Damage or termination of relationships due to stigma, restricted opportunities, perceived stigma, internalized stigma, or fear of associative stigma
Overreactions	Others might overreact and draw unwanted attention or scrutiny
Unwanted treatment	Might be hospitalized, assessed, treated, or saved from suicide against personal wishes
Unsupportive reactions	Others might not listen or might be unsupportive
Lack of understanding	While others might try to be supportive, they might not fully understand the experience of suicide
Emotional difficulty	Talking about a suicide attempt requires a “re-experiencing” of the event and can cause feelings of sadness, anxiety, shame, regret, and vulnerability
Privacy	Prefer to handle challenges independently and keep the experience private
Futility	Talking about a suicide attempt may not result in access to appropriate/ adequate services or may not help
Burdensomeness	Discussing suicide can be challenging for others and can cause loved ones’ anxiety and worry
Contagion	Disclosure might make other people more vulnerable to a suicide attempt

From: Sheehan, L., Oexle, N., Armas, S. A., Wan, H. T., Bushman, M., Glover, L., & Lewy, S. A. (2019). Benefits and risks of suicide disclosure. *Social Science & Medicine*, 223, 16-23.

Table 3: Possible Benefits of Disclosing

This list of benefits was created based on interviews with people who had attempted or seriously considered suicide.

Benefit	Description
Get social support	Gain support from others in managing mental health and suicide struggles
Find peers who understand	Gain understanding from individuals with similar “lived experience”
Strengthen relationships	Increase the level of trust and intimacy within close relationships
Enhance coping strategies	Find others who can share their strategies for coping
Achieve personal recovery	Enhance personal hope, empowerment, recovery, and self-acceptance
Gain perspective and self-reflect	Allow for greater self-reflection and perspective on suicidal experiences
End the secrecy	Release emotions, secrecy and secrecy-related stress
Access professional treatment	Gain access to psychiatrist, therapist, counselor, or other professional, or benefit more fully from mental health treatment
Maintain personal safety	Get immediate help for psychiatric crisis
Provide peer support	Provide advice, support, and/or hope to others currently experiencing suicide ideation or attempts
Combat stigma	Challenge the idea that suicide is shameful
Promote psychoeducation	Educate others about suicide

Sheehan, L., Oexle, N., Armas, S. A., Wan, H. T., Bushman, M., Glover, L., & Lewy, S. A. (2019). Benefits and risks of suicide disclosure. *Social Science & Medicine*, 223, 16-23.

WORKSHEET 12

How Did Disclosure or Non-Disclosure Go?

- If you disclosed, describe how it went and rate the quality of the exchange. If you did not disclose, describe how that went for you.
- Explain how the experience changed your mind about disclosing.

If you disclosed in the past month, start here. If you did not disclose, skip to the next section.

Name of the person to whom you disclosed: _____

Place of disclosure: _____

Your goal for disclosure: _____

What you said:

Person's reaction: _____

How satisfied were you with the disclosure experience?

What would you do differently next time?

Have your experiences changed your mind about whether or not you will disclose in the future? Why or why not?

If you chose not to disclose, start here.

How do you feel now about your decisions not to disclose?

Are you experiencing any negative feelings or doubt about your decision? If so, how can you combat these negative feelings?

Have your experiences changed your mind about whether or not you will disclose in the future? Why or why not?

RESOURCES



Here are some resources that you may need if you want additional information about support for experiences of suicide.

National Suicide Prevention Lifeline, 1-800-273-TALK (8255):

www.suicidepreventionlifeline.org

Crisis Text Line 24/7; Text “START” to 741-741.

Trevor Project, an LGBT crisis intervention and suicide prevention hotline, 24/7 at 1-866-488-7386.

American Association of Suicidology: www.suicidology.org

American Foundation for Suicide Prevention: www.afsp.org

Suicide Awareness/Voices of Education: www.save.org

Suicide Prevention Resource Center: www.sprc.org

Didi Hirsch: www.didihirsch.org/spc

Online Communities and Resources for Suicide Attempt Survivors

Live Through This: <http://livethroughthis.org/>

Suicide Forum: <https://www.suicideforum.com/community/>

Circles of Support: <http://circlesofsupports.org/>

Project Lets, Inc.: <http://www.letserasethestigma.com/>

National Suicide Prevention Lifeline: <http://lifelineforattemptsurvivors.org/>

Didi Hirsch: <http://www.didihirsch.org/>

NoStigmas: <https://nostigmas.org/>

Suicide Anonymous: <https://suicideanonymous.net/>

Emotions Anonymous: <https://emotionsanonymous.org/>

Guides for Reporting Suicide in the Media

The Suicide Prevention Resource Center's Safe and Effective Messaging for Suicide Prevention www.sprc.org/library/SafeMessagingfinal.pdf

Media Recommendations from Reporting on Suicide

<http://reportingonsuicide.org>

The Entertainment Industries Council's Depicting Suicide Prevention and Depression in the Movies and on Television

www.eiconline.org/resources/publications/z_picturethis/Disorder.pdf