TO SHARE OR NOT TO SHARE?
Where, When, To Whom and If…. Talking About a Suicide Attempt

MANUAL

FOR PROGRAM FACILITATORS

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PREFACE

This is the companion manual to the To Share or Not to Share program workbook. The program is meant to be flexible and can be done in different formats. Sections that are highlighted in gray indicate portions of the manual that are for facilitators only.

- To Share might be completed as a daylong seminar of about nine to ten hours with a three-hour booster about one month later.
- It can be done as four, 2-3 hour sessions which includes the booster one month later. Each session corresponds with one of the three lessons and the booster.
- To Share can be administered in as nine, 1 hour sessions corresponding with the tasks under each lesson (as outlined in the Table of Contents on the previous page.) This approach would include a three-session booster one month later with each booster session corresponding to the follow-ups outlined in the table of contents.

Facilitators should decide among these options based on needed accommodations of program participants.

In this manual, lessons/tasks are laid out with learning points, discussion questions, and group exercises. Individual lessons directly correspond with sections of the program manual. This program is best run with four to eight participants. One or two people should facilitate, preferably people with the lived experience of a suicide attempt. All that is needed to run this program is a private room, manuals for the facilitators, and paper copies of the workbook for each participant. All materials in this manual and in the program workbook can be downloaded for free on the program website. (www.hopprogram.org).

Our Name

The title of this curriculum is inspired by a phrase from the Hamlet soliloquy, “To be or not to be: that is the question.” Suicide attempt survivors ask a similar question: “To share or not to share?” Meaning, do you tell others about surviving suicide? 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 suicide attempt survivors sort through these questions, and many more.

To be, or not to be: that is the question:
Whether 'tis nobler in the mind to suffer
The slings and arrows of outrageous fortune,
Or to take arms against a sea of troubles,
And by opposing end them? To die: to sleep;
No more; and by a sleep to say we end
The heart-ache and the thousand natural shocks
That flesh is heir to, 'tis a consummation
Devoutly to be wish'd. To die, to sleep;
To sleep: perchance to dream: ay, there's the rub;
For in that sleep of death what dreams may come
When we have shuffled off this mortal coil,
Must give us pause: there's the respect
That makes calamity of so long life;
For who would bear the whips and scorns of time,
The oppressor's wrong, the proud man's contumely,
The pangs of despised love, the law's delay,
The insolence of office and the spurns
That patient merit of the unworthy takes,
When he himself might his quietus make
With a bare bodkin? who would fardels bear,
To grunt and sweat under a weary life,
But that the dread of something after death,
The undiscover'd country from whose bourn
No traveller returns, puzzles the will
And makes us rather bear those ills we have
Than fly to others that we know not of?
Thus conscience does make cowards of us all;
And thus the native hue of resolution
Is sicklied o'er with the pale cast of thought,
And enterprises of great pith and moment
With this regard their currents turn awry,
And lose the name of action.—Soft you now!
The fair Ophelia! Nymph, in thy orisons
Be all my sins remember'd.

---From William Shakespeare’s Hamlet
To Share or Not to Share?

A Little Bit of History

The To Share or Not to Share program was adapted from the Honest, Open, Proud (HOP) program. HOP, started as a chapter on disclosure in Patrick Corrigan and Robert Lundin’s. Don’t Call Me Nuts: Coping with the Stigma of Mental Illness (DCMN; published by Recovery Press, Tinley Park, IL, 2001). To adapt the program for suicide attempt survivors, a group of suicide attempt survivors, researchers, and advocates reviewed the HOP curriculum for relevance to people who survived a suicide attempt. We also conducted focus groups and interviews with suicide attempt survivors to learn more about the experience of disclosing a suicide attempt. While our group recognized the considerable overlap between disclosing mental illness and disclosing a suicide attempt, our personal experience and research identified the unique aspects of suicide that may make disclosure more challenging.

Two Rules for Deciding About Disclosure

We propose two overall rules to guide any consideration of strategies for disclosing suicide. Rule 1 suggests caution. To paraphrase an American Supreme Court Judge, “It is hard to quiet the clanging bell.” The truth can be glaring. Once you have disclosed, it is very difficult to retract the news. According to the Rule of Minimal Risks with Little Information, disclosing and then recanting is much harder than being conservative and letting people know slowly. Consider this example.

“I told some people at the club about my suicide attempt. And then that suicidal airline pilot crashed that plane, taking everyone down with him. Now, all my buddies are looking at me suspiciously.”

Some might think this man would not be in this predicament if he had waited to tell. Rule 1 counsels overall caution in disclosing such private information.

On the other hand, Rule 2, Delayed Decision is Lost Opportunity, suggests caution leads to unnecessary delay. There will always be hostile and ignorant people who will chastise you for attempting suicide. Don’t let them keep you from telling people who are caring and supportive.
“To think, all this time I was afraid of telling my drama group that I attempted suicide. They were amazingly supportive. I'm glad I finally got it out because now we're much more in tune.”

Although these rules represent wise advice to guide this tough decision, they obviously contradict each other. That's because there is no clear answer to the question about disclosure. Only you can know for sure what the right decision is for you. You must weigh all of the costs and benefits and decide for yourself what to do.

**About Language**

This manual is written directly for suicide attempt survivors. Hence, instead of the third person language that typifies most programs and manuals, we write the document in first (I and me) and second person (you) language, hereafter. Disclosure is a personal decision. Thus, this manual is written in like fashion. We do not mean to suggest, however, that the ideas herein are irrelevant to those who have not attempted suicide. Anyone who seeks to help others struggling with coming out will benefit from this manual. Family members, service providers, or well-meaning friends might adopt principles and practices in this manual to assist others in decisions about whether or not to and how to disclose. Just remember: in the end, the ultimate decision lies with the individual, himself or herself.

**Workbook**

A workbook has been written as a companion to this manual (*To Share or Not to Share*– *Workbook*). The workbook briefly summarizes the key points of each lesson, and also provides useful exercises that help participants to make decisions as well as implement actions surrounding/related to disclosure. The workbook (as well as this manual) will be available for free at [www.hopprogram.org](http://www.hopprogram.org).
Acknowledgements

The ideas herein are a draft in progress and are the responsibility of its authors. Many thanks, however, to those who have participated in focus groups or individual interviews and those who have given us feedback on drafts, especially Silvia Nunez-Serrano.

About the Authors

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Before You Begin: Informed Consent and Risk Management

Potential participants should understand the purpose of the program, including the risks and benefits, before participating. This is called informed consent. The facilitators should explain the program to each participant who intends to enroll, answer any questions, and ensure that the person understands the potential risks, benefits, and guidelines (below). The facilitators should also cover this same material during the first session.

Risks

- It can be emotionally difficult or triggering to talk about suicide or hear others talk about suicide.
- While we (the facilitators) pledge to protect your confidentiality and we ask other group members to do the same, we cannot guarantee with absolute certainty that other group members will comply.
- Facilitators might need to break confidentiality if there is a serious risk of harm (See more information on this below).

Benefits

- 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.

Managing Risks

There are several strategies you can take to ensure that program participants have the best experience possible. If the program is held in a community setting, it is recommended that participants have had at least six months since their most recent attempt, have access to mental health care during the training, and verbally express readiness to discuss the topic. At the beginning of the first session, facilitators should:
• Encourage all participants (regardless of time since last attempt) to gain access to a mental health provider as needed during the training so that they can safely process emotional reactions they might have.

• Provide participants with a list of local mental health resources and crisis line numbers.

• Make clear that the To Share program is NOT a therapy group and the facilitators are not trained therapists or counselors.

• Remind participants that group activities will focus on disclosure of a past suicide attempt, rather than details of the attempt itself. Participants should be cautioned not to share specific details of a suicide attempt as this can be triggering for other participants. For example, a participant could say that they took pills, without going into further elaboration (how many, what kind, the effect the pills had, etc.).

• Explain that while the group will be open to discussing suicide and will respect confidentiality, there are limits. If a group member is in immediate danger (i.e. is intending to act on thoughts of suicide) facilitators will get help for that person.

Facilitators might need to check in with group members individually to make sure they are safe. If a participant talks or writes about feeling hopeless, being a burden, or wanting/planning to die, facilitators should have a private conversation with that person to further assess their risk for suicide (see protocol below). Facilitators should also debrief with the group at the end of each session by saying something like “It can be emotionally challenging to talk about suicide, and I commend you all for your participation today. Please get help and support from friends, family or health professionals as needed between now and the next session. I will be around a few minutes after the session if anyone needs to talk or needs help finding a referral to a health provider.
**Protocol for Assessing for Imminent Risk***

This protocol should be used when you are concerned about a program participants’ safety. The facilitator should **not** take on the role of a therapist or feel responsible for solving the person’s current problems. Rather, the goal here is to determine the level of risk and make sure the person can get professional help if needed. It is important to be open and direct in your conversation. Understand that the person might be used to others either under-reacting (not taking suicidal ideation seriously) or over-reacting (immediately wanting to hospitalize them against their will). Try not to either under-react or over-react. Follow the steps below and actively listen to the person by paying attention to both their words and body language.

1) **Show that you care**

   a. Take the person aside and explain to them exactly why you are concerned.

      • “Earlier today in the group you said that you might be better off dead. The way you said that worried me, and I just wanted to check in with you and make sure you are safe.”

2) **Ask the questions**

   a. Ask directly about suicidal thoughts and plans. Familiarize yourself with these questions and practice so that you can do this conversationally. If the person denies having current thoughts of suicide, let them know that you are open to talking about it if thoughts come up in the future and make sure they know resources they can access. If they do reveal current thoughts, proceed through the line of questioning below to get a better idea of the risk level.

      • Have you been having thoughts about hurting yourself or killing yourself?
      • Since when have you had the thoughts? How often?
      • How intense are the thoughts?
• Do you have a plan in mind for hurting or killing yourself? What is the plan?
• What preparations have you made?
• Do you have access to weapons or means to hurt yourself?
• How likely are you to act on the plan?
• What has stopped you from acting on suicidal thoughts?
• What supports do you have in place (friends, family, mental health treatment)?

3) Connect to care

There are different ways to connect the person with care, depending on their current needs. Make sure the person remains safe until they can get connected to care. Sometimes this means you will need to stay with them until a health care professional takes over. You should involve the person as much as possible in deciding the best action steps. For example, you can ask, “What can I do that will help you stay safe?” However, if there is a clear risk, you do not need the person’s permission to call for emergency assistance. Here are some actions you can take.

- Provide information on local providers, helpline numbers, or websites.
- Help the person connect with their current mental health provider.
- Sit down with the person and call a hotline, such as the Suicide Prevention Lifeline (1-800-273-8255) to get help with further assessment or referral.
- Take the person to a hospital.

- **If the person has a plan and may be in immediate danger you should call emergency services – 911.**


[www.cumbria.gov.uk/eLibrary/view.asp?ID=62152]
Starting Each Lesson

The first thing we want to do at the beginning of each lesson is set the tone. To do this, we start by having facilitators provide their names and any other introductory information they would like to share with the group. Facilitators should then go around the room and ask each participant to share their first name (last names and titles are not necessary unless the person chooses to share this information with the group). After introductions, facilitators should state the overall purpose of the *To Share or Not to Share* program:

“Our goal here is to consider what the costs and benefits are of disclosing one’s experiences with suicide to other people. We also seek to discuss strategies for talking openly should you decide to do so.”

Facilitators should also establish some general ground rules with the group:

- Confidentiality- what is said in the room stays in the room,
- Everyone’s opinion counts, and
- We respect each other, and
- Take turns speaking.

The facilitators should also discuss with the group whether other ground rules might be helpful. Consensus should be sought if extra rules are proposed. Introductions and ground rules should be repeated prior to all subsequent lessons. Participants should feel free to ask for breaks should they need them. The goal is to create an open environment where people feel comfortable sharing their opinions and feelings should they choose to do so.
LESSON 1
Considering the Pros and Cons of Disclosing

LESSON OVERVIEW
Talking about suicide is the right decision for some people, but not for everyone. This section is a guide to help people decide what the right decision is for them. We approach the decision in two parts:

Task 1 We discuss how you think about yourself and your suicide experiences.
Task 2 We help you weigh the costs and benefits of talking openly so that you can decide whether or not to disclose.

Task 1. Do You Identify Yourself as a Suicide Attempt Survivor?

LEARNING OBJECTIVES

- Some people do not want to view themselves as suicide attempt survivors while others do. This section helps people understand how they identify themselves.
- Words are central to stigma. Participants may choose different ways to label their own experiences, but should understand that how you label yourself could lead to stigma.
- Some people agree with stigma and suffer as a result. Program participants might want to consider Appendix 1 -- Challenging Personally Hurtful Self-Stigma -- when in this situation.
Here we consider three different ways in which a person might respond to this question:

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 an attempt survivor.

What do you think about Mike, Cara, and Maria’s decisions? What are the pros and cons of Maria’s disclosure choices? What is good and bad about Mike’s disclosure choices? What are the pros and cons of Cara’s disclosure choices? Are any of these disclosure choices the “right” choice?

Hand out Worksheet 1.1 and give participants 10 minutes to complete Section I. Then, the facilitator will lead a discussion based on participant responses to the questions.

The focus of the question here is not whether people that identify as suicide attempt survivors should publicly label themselves as suicide attempt survivors. Openly disclosing one's experiences with suicide is a complex decision that each person needs to make for him or herself. The purpose of the To Share or Not to Share program is to provide strategies that will help people make decisions about disclosure and telling their story. The point for discussion here is how the individual responds to the question of self-identification: “Yes or no! Do I view myself as a suicide attempt survivor?” In our example, three people with the same experiences view themselves and their suicide experience differently. Cara thinks it is a significant part of her identity. Maria denies that mental illness is central to her core and does not identify as an attempt survivor. Mike wonders whether he should have been open about his challenge earlier in his life. Let's take a closer look at each of these responses. Section 1 of Worksheet 1.1 helps participants consider these options.

**Self-Identification is Not a Yes-No Question**

We may have erroneously given you the idea that identifying one's self as mentally ill or a suicide attempt survivor is a simple, black and white decision: you either group yourself with others who have mental illness or suicide experience, or you don't. Actually, the decision is a bit more gray. On some issues, people may identify with
mental illness or suicide entirely (e.g., the haunting impact of depression, and/or dealing with the side effects of medication), while on other issues, they do not (e.g. anger with a restrictive mental health system). Moreover, ways in which we identify ourselves with mental illness or suicide can change over time. Mental illness or suicide experience may have different significance to us depending on whether symptoms are still present, or whether a person has recently experienced the stigma of mental illness or suicide.

What’s in a Name?

Words can hurt and some people do not like to identify themselves as a person with mental illness or as a suicide attempt survivor. Hence, the second part of Worksheet 1.1 helps people consider terms that work for them, how they wish to be identified in terms of their experience with stigma. Section 2 of Worksheet 1.1 directs participants through these issues. Words, like identification, are not a one-time decision. People might change their mind about how they wish to be referred to, which is fine.

Addressing One’s Own Self-Stigma

To Share or Not to Share is based on assertions that stereotypes and prejudice are not only false but unjust.

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

Stereotypes like these are in the same immoral class as racist, sexist, and ageist comments. Unfortunately, some suicide attempt survivors may agree with stigmatizing beliefs like these and internalize them.

- I attempted suicide so I must be **irrational** and **attention-seeking**.
- I attempted suicide so I **selfishly choose** to end my life.
- I attempted suicide so I must be emotionally and morally **weak**.

Appendix 1 includes a strategy that helps people control self-stigma, learning to replace false beliefs about danger or incompetence with affirming attitudes of recovery and self-determination.
The last part of Worksheet 1.1 includes a brief assessment so participants can determine whether they might benefit from or participate in the self-stigma control strategies in Appendix 1. Facilitators and participants might want to consider an extra, 90-minute session for people scoring above 20 on the scale. Please keep in mind; the scale is meant to encourage discussion. In NO WAY must a participant complete Appendix 1 if they choose not to, regardless of their score.

A Note on the Language of Suicide:

The words you use to describe suicide can greatly influence how you think about suicide and how others view it. Consider using the following guidelines for vocabulary.

- “Committed suicide implies that suicide is crime—instead use “died by suicide, “completed suicide,” or “killed himself/herself”
- Suicide Loss Survivor usually refers to a family member who has lost a loved one to suicide
- Instead of saying “successful suicide” say “completed suicide”
- Instead of “failed attempt” or “unsuccessful attempt” say “survived an attempt.”
Task 2. Considering the Pros and Cons of Disclosing

LEARNING OBJECTIVES

- There are both benefits and costs of talking openly about suicide.
- Only you can weigh them to decide whether it is worth disclosing.
- Costs and benefits differ depending on the setting; for example, at work versus among your neighbors.

IN THE WORKBOOK:

Worksheet 1.2, “Some Reasons Why People Decided to Disclose Their Suicide Attempt” gives several example reasons why people might disclose and provides space to write in your own reasons.

Tables are provided to list the costs and benefits of disclosing and of not disclosing your suicide attempt (see Table 1.1 and Table 1.2).

See a completed table (Table 1.3) that shows the short- and long-term costs and benefits of disclosing for Alan.

Table 1.4 considers a list of advantages and disadvantages for additional ideas about costs and benefits.

Worksheet 1.3, “The Costs and Benefits Worksheet for Disclosing My Suicide Attempt” provides a way to lay out the short- and long-term costs and benefits of disclosing in different settings and to different people. This worksheet is designed to help you make a decision about how you would like to move forward with the issue of disclosure.

Some Costs and Benefits of Disclosure

There are a variety of reasons why you might choose not to disclose your experience with suicide. These could be considered costs, or reasons why you may regret disclosing. On the other hand, benefits are reasons why disclosure will help you.

Worksheet 1.2 gives examples of benefits, reasons people decided to disclose their suicide experience. After going through the examples, your own reasons for wanting to disclose should be considered and written in the empty spaces. Several more examples of both costs and benefits are summarized in Table 1.1. These costs and benefits were identified through interviews and focus groups with suicide attempt survivors. Let us
consider the benefits first, the reasons why letting other people know about your suicide attempt may help you.

**Table 1.1: Some Costs and Benefits of Disclosing Suicide**

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Costs</th>
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<tr>
<td>You can find others who will support you.</td>
<td>You might be stigmatized or discriminated against.</td>
</tr>
<tr>
<td>You can help other people who are going through a similar experience.</td>
<td>Others might overreact.</td>
</tr>
<tr>
<td>You may feel more hopeful and empowered.</td>
<td>You might be pressured to get treatment when you don't want to.</td>
</tr>
<tr>
<td>You could get professional treatment for ongoing struggles.</td>
<td>Family or friends might not listen or be supportive.</td>
</tr>
<tr>
<td>It might strengthen your relationship with the person who you tell.</td>
<td>People just won't understand or “get it.”</td>
</tr>
<tr>
<td>It might allow you to reflect on your experiences and gain a new perspective.</td>
<td>Loved ones may worry about you or you may feel like a burden to them.</td>
</tr>
<tr>
<td>You could find peers who’ve gone through something similar and really understand.</td>
<td>Future relapses may be more stressful because everyone will be watching.</td>
</tr>
<tr>
<td>You don't have to keep a secret anymore.</td>
<td>Talking about suicide can bring up negative feelings or can be traumatic.</td>
</tr>
<tr>
<td>You can challenge stigmatizing attitudes.</td>
<td>You lose your privacy and can't take it back.</td>
</tr>
<tr>
<td>It will be easier to get help in the future if you have suicidal thoughts again.</td>
<td>Talking about suicide could make others (especially youth) more vulnerable to attempt suicide themselves.</td>
</tr>
<tr>
<td>You can educate yourself and others about suicide.</td>
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**The advantages of disclosing.** The fear is that when others find out, they will disapprove or humiliate you. On the contrary, a pleasant benefit of disclosure might be that you can find others who will support you. For example:

> “Oh my gosh, Carolyn. I didn't know you struggled with suicide. I'm really impressed with how well you manage.”

Most people are coping with some kind of personal trial or tribulation, even if it is not mental illness or a suicide attempt. They may be impressed by your ability to cope and they may respect you for it.

Another advantage to telling others is that you can help other people who are
**going through a similar experience.** Your story can provide hope for a person who has recently attempted suicide or for someone who has current thoughts of suicide. You might provide understanding, support, or coping strategies for a person who is struggling.

As a result of disclosing a suicide attempt, you may feel more hopeful and empowered. As we will discuss later, a feeling of personal power is the opposite of being victimized by shame.

“I was surprised when I told the book group about my experiences with suicide. I didn’t feel like the meek lamb anymore. I had something to say, I looked them in the eyes, and I said it.”

This sense of power over your life is a major step towards dealing with stigma. Some suicide attempt survivors say that once they were able to speak more openly about suicide they felt more hopeful and positive about recovery.

Talking about a suicide attempt could allow you to get professional treatment for ongoing struggles. Disclosing a suicide attempt can also be the first step to accessing mental health treatment. However, sometimes even suicide attempt survivors who are in treatment don’t share their attempt with mental health providers. It is helpful for a therapist or counselor to know about your suicide attempt history, in order to plan for potential future mental health crises and help you reach personal goals.

Disclosing a suicide attempt might strengthen your relationship with the person who you tell. When you discuss such a personal topic with others, it may increase the trust and intimacy in the relationship:

“Eric was actually flattered that I trusted him enough to talk about my suicide attempt and it’s really brought us closer.”

Telling your secret actually challenges many of the stigmatizing attitudes others have about suicide. You are a living testimony against many of the said and unsaid myths about suicide.

“It was such an education working next to Darius. I thought suicidal
people were just looking for attention. But now I understand how much toughness and bravery he has.”

**It might allow you to reflect on your experiences and gain a new perspective.** “When I started telling my story, I started to see my life through a different lens. I was able to see how some parts of my life were more positive than they used to seem.” In addition, you **could find peers who’ve gone through something similar and really understand.** As a result of disclosing, you may build friendships with those who have similar problems. These friends can then be available to help you in the future.

“Eva told me she gets depressed sometimes, too. That really helped. Next time I was feeling a little sad at work, I dropped by Eva's desk and we talked. She was able to say the kind of things that would get me through the day.”

Disclosing your experiences with suicide is often the first step to finding an entire support network of people with like problems. Self-help groups provide a place where you can let your secrets out. There are places where people with suicide experiences can find kindred spirits, not worry about disclosure, and get support. Alternatively, finding a small group of friends with whom you can share your problems can be equally liberating.

**You don’t have to keep a secret anymore.** Keeping a secret about suicide fosters a feeling of shame. The minute others know, the secret is gone. It frees the person of the fear related to keeping secrets as well as of the resentment that stems from having to hide a part of yourself.

Once others know about your suicide attempt, **it will be easier to get help in the future if you have suicidal thoughts again.** You won’t have to go through a lengthy explanation in order to get help you need in the moment, and you can prepare others for how to best help you. A final benefit of disclosure it that it allows you to **educate yourself and others about suicide.** Your story may spur loved ones and strangers alike to learn about warning signs and prevention strategies that can help them in the future.

**The costs of disclosing.**
Although there are several benefits to disclosing your experiences, you need to consider the costs as well—these are the reasons why you are not currently telling people about your experience. Costs are also reviewed in Table 1.1 and must be carefully considered so that divulging your secret does not end up harming you.

**You might be stigmatized or discriminated against.** People may have ignorant views about suicide. Gossip is the bane of offices and neighborhoods. Telling people about your experiences with suicide may provide juicy material for the gossip line. Some people might shun you at social gatherings when they hear your story. Some people may actually exclude you from work, housing, or educational opportunities. A supervisor might doubt your capabilities, for example: “I'm not having her on my team.” You might also worry about how others will treat your friends and family because of your disclosure.

**Others might overreact.** People may assume that just because you’ve attempted suicide in the past that you are in immediate danger now. It might seem like people are always asking you how you are feeling or trying to shelter you from bad news. Or, an employer might become overly protective: “I was going to promote him to the day shift but I don't think he can handle it.”

Similarly, you could find yourself **pressed to get treatment when you don’t want to.** Others might insist that you go to a hospital or see a therapist when you would rather not have professional treatment. You also run the risk that **family or friends might not listen or be supportive** when you decide to be open with them. They can say things that are outright hurtful: “I always knew you were crazy” or “It’s always all about you, isn’t it.” These negative responses can be particularly harmful coming from close family and friends.

While some people may react in a supportive way, often **people just won’t understand or “get it.”** “But Taylor, you always seem so happy—I just don’t know how you could get to that point.” Most people who don’t have personal experiences with suicide have difficulty understanding suicide and are caught off guard by a disclosure. They are uncomfortable talking about suicide and don’t know what to say or what to do.
A risk of disclosure is how your story might negatively impact other people. *Loved ones may worry about you or you may feel like a burden to them.* They may feel an obligation to help you, but might not be emotionally prepared to do so. You may worry about how others will react - will they feel like your suicide attempt was their fault? Will they constantly worry about you? These are important considerations for deciding who to tell.

*Future relapses may be more stressful because everyone will be watching.* Rather than attending to your needs, you may worry what co-workers, neighbors, or friends are thinking. Furthermore, *talking about suicide can bring up negative feelings or can be traumatic.* When you tell your story, you may re-experience the feelings of sadness and despair that you felt at the time of your suicide attempt. Some attempt survivors find that they first need to tell their story with a counselor or therapist, to get support in managing those feelings. They say that as they tell their story again and again, the negative feelings can become less intense.

Once you decide to disclose, *you lose your privacy and can’t take it back.* Family or friends may (maliciously or non-maliciously) spread the information about your suicide attempt to others in their social groups. You risk being permanently labeled. Finally, *talking about suicide could make others (especially youth) more vulnerable to attempt suicide themselves.* Especially talking in detail about the methods of a suicide attempt could be triggering to those already vulnerable to suicidal thoughts.

*The impact of disclosing in large cities versus in small towns.* The size of your community needs to be considered when deciding to disclose your experience. It is fairly easy to be anonymous in a large city. There is truth to the stereotype of neighbors not knowing neighbors or citizens not caring about other's business in huge metropolitan areas. Conversely, information seems to spread quickly through small towns and rural areas. These communities typically have a small network and a long history with one another. Hence, new information about someone tends to have a big impact on the network and to quickly spread to all points. Telling your story in a place like London will have a more limited impact than sharing your experiences in Small Town, Australia.
You need to consider how information might spread to others when deciding whether or not to disclose.

This effect is not limited to urban and rural communities. Even if you work in a large city, information will quickly spread through a work place, a church, or any small social group where members are familiar with each other. Just like comparing Small Town to London, information about your suicide attempt can spread much faster in a small business, like the “Corner Restaurant,” than in a large factory or package delivery company. Consider Ruth, who works for a telephone manufacturing plant, which employs 2,000. As long as her quotas are met and her absences are kept within permissible levels, her personal health problems are not of concern to management.

Janice, on the other hand, works as a waitress in a small eatery. With no more than 12 employees, Janice's behavior is readily scrutinized, and her co-workers and the boss note her mood shifts and frequent absences.

Weighing the Costs and Benefits of Disclosing

Only you can judge what the various costs and benefits mean for your decision about disclosure. The Costs and Benefits Worksheet for Disclosing My Suicide Attempt (Worksheet 1.3) in the workbook is provided as a way to help you make this decision. But first, we want you to consider other issues associated with weighing the costs and benefits of disclosure.

The impact of costs and benefits are sometimes relatively immediate; at other times, the impact is delayed. For example, in Table 1.3 on the next page, Alan identified short-term costs (“If I tell my cousins they might avoid me.”) and short-term benefits (“Perhaps family members will actually understand.”) related to telling his family. He also identified long-term costs (“If I tell my family, they may constantly worry about me.”) and benefits (“If I tell, I might have more people who support me.”). Generally, people tend to be more influenced by short-term costs and benefits because they happen sooner. However, long-term costs and benefits frequently have greater implications for the future. So, make sure you carefully consider those as well.
Sometimes people censor themselves as they list costs and benefits. For example:

“I'm worried that people won't have lunch with me if I tell... Nah, that's a dumb idea. I'm going to take that off the list.”

**Don’t dismiss any cost or benefit no matter how silly it may seem.** Put them all on the list so that you can consider all advantages and disadvantages together. Sometimes the items that you want to censor are actually important; you may just be embarrassed about the issue. Know that, if the item is really irrelevant, you'll ignore it in the final analysis.

After listing all the costs and benefits, put a star next to one or two that seem to be particularly important. Two benefits stood out for Alan. First, he thinks that family members might understand him better and he might increase his social support network. He also starred one cost: Alan was concerned that family members would talk about him behind his back.

<table>
<thead>
<tr>
<th><strong>Table 1.3: Example for Alan</strong></th>
<th><strong>Setting:</strong> with extended family.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Short-Term Benefits</strong></td>
<td><strong>Short-Term Costs</strong></td>
</tr>
<tr>
<td>- Family members will understand me.*</td>
<td>- Family members will avoid me.</td>
</tr>
<tr>
<td>- Don’t have to keep it hidden.</td>
<td>- Worry about others talking about me.</td>
</tr>
<tr>
<td>- May identify family members with similar problems.</td>
<td>- Get left out of family events.</td>
</tr>
<tr>
<td><strong>Long-Term Benefits</strong></td>
<td><strong>Long-Term Costs</strong></td>
</tr>
<tr>
<td>- I have a large support network.*</td>
<td>- Family is always worried I'm going to attempt suicide again.</td>
</tr>
<tr>
<td></td>
<td>- Family gossips about me.*</td>
</tr>
<tr>
<td></td>
<td>- I feel embarrassed.</td>
</tr>
</tbody>
</table>

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 hope (“Maybe if I tell my friend, she’ll understand why I wear long-sleeved shirts to cover my scars.”). Some people consider the list of advantages and disadvantages in Table 1.4 for additional ideas about possible costs and benefits. However, don’t limit yourself to these options. Frequently, you will come up with a cost or benefit that is not in the list, but that is especially relevant to you.

**Your decision depends on the setting.** Costs and benefits of disclosing your experience vary by the situation that you are in. The example for Alan was telling his extended family. Telling people your history with suicide is a lot different at work than with your family, in your neighborhood or with your rugby teammates. You could conceivably decide to tell people at work, but not in your neighborhood. Or, to tell your close friends, but not to your son's teacher. Hence, you need to list costs and benefits of disclosing your suicide experiences separately for each setting that is important to you. You can do this by using the extra copies of the Costs and Benefits Worksheet 1.3 and enter the name of each setting and the person to whom you might disclose on the first line at the top of the worksheet: work (your co-worker), neighborhood (your next-door neighbor), social groups (your good friend), synagogue (your rabbi), or family (your cousin). Then, write down the costs and benefits of disclosing to that people in each setting.

Actually, costs and benefits of disclosure might differ within a setting. A supervisor may react differently to your disclosure than would members of the construction team. Hence, you may have to define the setting even further. Look at the different settings Edwina considered in making her decision about disclosure:

“There's four different groups of people to consider at church. My pastor (1) is a very dynamic woman and clearly a moral leader. She’ll respond differently than people in the choir (2), especially the choir master. And I know people in my bible group (3) really well. We’ve been meeting weekly for the past year. Finally, I don’t know what to expect if I stand up and give witness to the congregation (4) during service on Sunday.”

**What is your decision?** The purpose of Worksheet 1.3 is to yield a decision about
whether to disclose your suicide attempt. 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 attempt.

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 Worksheet 1.3. 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 disclosure after reviewing costs and benefits; you may need to decide to postpone the decision. You may choose to use this additional time to gather more information about disclosure.

**What is your goal in disclosing?** After weighing the costs and benefits you listed, review what you found to be important in Worksheet 1.2 (*Some Reasons People Decided to Disclose Their Suicide*). These reasons may have changed as you considered more costs and benefits of disclosing. When you talk about suicide, what do you want? List your goal in the box—*What is your GOAL in disclosing?*—at the bottom of Worksheet 1.3.

**If you disclose, what do you expect?** People who decide to disclose have hopes and desires about the impact of their disclosure. These are among the benefits of coming out listed in Worksheet 1.3. One or two of these benefits are especially likely to drive your decision to disclose to someone. List these in the last box—*What Do You Expect Will Happen After Disclosing?*—at the bottom of Worksheet 1.3. These are such important questions that we think you should highlight them separately from the overall consideration of costs and benefits. In what positive ways are you expecting people to react? By the way, the answers to these questions will help guide the personal evaluation of how well coming out worked for you, in the next lesson.
Note that this consideration only matters IF you decide to come out. For some people, the decision to disclose is not right for them and, hence, disclosing should not be pursued at this time. Each disclosure decision will depend on the person you might disclose to and the situation.

**Can someone help you with the decision?** Disclosing a suicide attempt is a difficult decision to make alone. Since there are so many emotionally charged factors to take into consideration, it is hard for a person to calmly and rationally weigh all of the pluses and minuses. You may want to consider the judgment and advice of others before you plunge into disclosing. Remember, though, that if you decide to seek counsel, you are going to have to disclose your suicide attempt to the people from whom you seek advice.

Family members may be good sources of advice. That being said, don't forget that your decision may impact them and their standing in the community as well as yours. They may try to protect you from the potential pain and consequences of disclosure. Some families may not be supportive. Others, however, will understand the benefits of disclosure and will understand your right to disclose; they may encourage you. Your family members may give you great emotional and personal support just when you need it. Counselors are also a good source for advice on your decision to disclose or not. Experienced counselors have advised many people who have attempted suicide, and they have seen the successes and problems of disclosure.

Peers who have experience with a suicide attempt, especially those who have disclosed, may offer positive advice or a warning, depending upon their own experience disclosing a suicide attempt. Those who are advocates and have succeeded in disclosing will likely advise you to tell. Those who have suffered negative consequences as a result of disclosure, such as loss of a job or failure of a broken marriage, might tell you to keep your lips sealed.

**Disclosure is a journey.** Disclosure is not a one-time decision. Depending on life circumstances, your interests in disclosing are going to change over time. You may decide today not to disclose, but change your mind in a month.
“You know, after I heard that Christina talk about her experiences disclosing her suicide attempt, I decided I wanted to let other people know.”

Conversely, you may decide to disclose today, but pull back later.

“I let my supervisor and immediate co-workers know at my old office. But, I’m starting a new job next week. I don’t know whether I can trust them.”

Disclosing your experiences with a suicide attempt is a journey, just like any important life decision. You must constantly decide how much energy to spend on your friends, family, work, and faith-based community. Sometimes, you are invested in work and ignore recreation. Other times, you focus on family and hobbies. You must do the same with disclosure.

**Consider how disclosure affects 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?

**HOMEWORK**

Hence, another copy of *Worksheet 1.3* is given to you to do as homework. To complete the homework you want to think of someplace or someone currently important to you whom you might disclose to. This homework is given to you for the purpose of gaining practice with disclosure, you are not expected to turn it in or share it with anyone. You may find yourself filling out the *Costs and Benefits Worksheet* several times in your life and coming up with different conclusions each time; Appendix 4 of the workbook has blank copies of *Worksheet 1.3* for you to complete in the future.
LEsson 2
There Are Different Ways to Disclose

Lesson Overview

It might seem obvious, but there are different ways to disclose.

Task 1. We describe five ways here, and then guide you through considering the costs and benefits associated with each strategy.

Task 2. We guide you through the process of selecting a person to whom you are considering disclosing.

Task 3. We then consider how others might respond to your disclosure.

Task 1. Different Ways to Disclose

Learning Objectives

- People might disclose their experiences with suicide and corresponding treatments in different ways.
- Understand the costs and benefits of disclosing in the five different ways.
- Remember, you will perceive different costs and benefits associated with each of the five ways. The costs and benefits you identify may vary by setting.

In the Workbook:

Table 2.1 “Five Types of Disclosure” summarizes the five ways people might disclose their experiences with suicide.

Worksheet 2.1, “Costs and Benefits of the Five Ways to Disclose” provides a way to lay out the costs and benefits of the five ways of disclosure for Allison Miller and Worksheet 2.2, “Costs and Benefits of the Five Ways to Disclose” provides a way to lay out the costs and benefits of the five ways of disclosure.

Worksheet 2.3 “Social Media Disclosure” allows you to think about disclosure specific to social media.

Worksheet 2.4 “Disclosure at Work or School” will help you make the decision for those settings.
Depending on your decision, there are a variety of ways in which you might disclose, or not disclose, your experience with suicide; see Table 2.1 for a short list. You will likely select from the approaches listed in Table 2.1, depending on the situation. Some people may choose to selectively disclose in certain situations (e.g., tell my church group and immediate work supervisor), keep it a secret in other situations (e.g., not tell any of my co-workers), and avoid a third set of situations (e.g., not go to bars after work—some of those people would make fun of me if they found out).

### Table 2.1: Five Types of Disclosure

1. **COERCED DISCLOSURE:** In certain situations, you might be forced to disclose your experiences with suicide, for example when brought to the hospital after a suicide attempt.

   **Benefit:** You get help.  
   **Cost:** Some people might hurt you with the information, and you might be hospitalized against your will.

2. **SECRECY:** Participating in work and community situations, but keeping your experiences with suicide a secret.

   **Benefit:** You might avoid prejudice and discrimination from others.  
   **Cost:** Some people feel guilty about keeping secrets. You may also receive less support.

3. **SELECTIVE DISCLOSURE:** Disclosing your experiences with suicide to selected individuals, like co-workers or neighbors, but not to everyone.

   **Benefit:** You find a small group of people who will understand your experiences and provide support. You can help and support others who have experiences with suicide.  
   **Cost:** You may disclose to some people who then hurt you with the information. You may have difficulty keeping track of who knows and who doesn’t.

4. **OPEN DISCLOSURE:** Making the decision to no longer conceal your experiences with suicide; this does not mean, however, that you are telling everyone your story.

   **Benefit:** You don’t worry who knows about your experiences. You are more likely to find people who will be supportive.  
   **Cost:** You may tell people who then hurt you with the information.

5. **BROADCAST YOUR EXPERIENCE:** Actively seeking out and educating people about your experience with suicide.
**Benefit:** You don’t have to worry who knows about your experiences with suicide. You may feel empowered. You are striking a blow against stigma.

**Cost:** You are going to encounter people who may try to hurt you with this information. You are also going to meet people who disapprove of your political statement.

### 1. Coerced Disclosure

Sometimes you might be faced with situations in which you feel obliged to tell. For example, when you go to a new doctor, or mental health provider, they might ask you directly whether you have attempted suicide. Perhaps one family member finds out about your suicide attempt and you feel forced to tell other family members so that they can hear it from you, rather than from someone else. This type of disclosure might sometimes seem like it is out of your control.

### 2. Secrecy

There is no need to avoid work or community situations in order to keep your experiences with suicide private. Many people choose to enter these worlds, but to not share their experiences with others. Jose was a popular employee at a large food store for six years and never told co-workers he had been hospitalized for attempting suicide. Cynthia car pooled her kids with neighbors for 18 months and never let them know about her depression. Fariq went to mosque weekly and never let others know his history. It wasn't too hard to hide.

**But can't they tell I'm struggling?** Sometimes, it seems like everyone can tell that you are going through challenges. The reality, however, is that your experience with suicide can be hidden. Keeping one’s experiences with suicide a secret is much easier than hiding one's gender, ethnic background, or physical disability.

**How do I keep it private?** There are two parts to keeping your experiences with mental illness and/or suicide a secret. The first part seems easy: *don't tell anyone*. Don't share your history of hospitalizations, doctors, medications, and symptoms.

“I'd been playing in this poker group for seven years. We'd talk about work, wives, our kids, hobbies, our college years. But whenever we touched on the time after college—those few years when I attempted...
suicide three times—I clammed up. Or better yet, I asked my buddy a question about his days in the Army. I could always count on Sol taking off on a topic.”

For some people, not talking leads to big gaps in their life story. For example, work resumes have blank years when you were in the hospital.

There are costs to not talking about your experiences. You may find it difficult to always be vigilant about what you say about yourself. This kind of vigilance may lead to resentment. “I've done nothing wrong. How come I have to be so careful all the time?” Nevertheless, this simple act of keeping parts of your experience to yourself may greatly open up work settings and communities. “I could go to the job and not worry about people thinking I was crazy.”

The first strategy for keeping your experiences secret is an act of omission; the second is an act of commission. You may need to fill in some gaps in your past and current experience. For example, many people wrestle with holes in their work history. Consider Tamiko's experience; she had two years between discharge from the Navy (she was in computer operations) and her 26th birthday, when she was in and out of hospitals for attempting suicide. Instead of leaving these years blank on her resume, she wrote, “Advanced training in computers.” When asked during job interviews what this training meant, she truthfully discussed the adult education courses she completed in systems management. She did not, however, talk about how these courses were interspersed with hospitalizations.

You also must decide how to discuss current experiences related to your mental illness or suicide attempt. Plan your responses to the following types of questions:

- “Why do you leave early to see a doctor every month? What are those medicines you take at lunch for?”

- “How come you never drink alcohol at company parties?”

Without answers, these current gaps may stick out for some co-workers or neighbors. Friends and family members who are familiar with your experiences may need to be included in the secret. At a minimum, you cannot permit your parents to tell co-workers or neighbors your history if you are trying to maintain your privacy. In addition, you
may want them to join you in your subterfuge.

“Dad, I told everyone at the office that I take you to the doctor once a month, rather than telling them that I go to my psychiatrist. I need you to back me up when Pedro from work comes to the party tonight.”

For some, these acts of commission are a disadvantage of secrecy: “Why do I have to lie?” It can be even harder for some when they ask family members or friends to participate in the secret. As a result, many people choose to forego this aspect of secrecy. Others, however, see filling in the gaps less as a lie and more as a process of telling one's life experiences in a manner that is palatable to others. Recall Tamiko's work resume. She did not lie about her time in the psychiatric hospital. Rather, she focused on something positive from that time: the coursework that she completed related to computers. In other words, it’s a matter of refocusing your story on information that will not lead to stigmatizing responses from others.

3. Selective disclosure

When you keep your experiences with suicide or mental illness a secret, you are not able to avail the support and resources of others. To rectify this problem, some people take a chance and disclose their experiences to selected co-workers or neighbors. These people are taking a risk, however, as those who find out may shun them.

- “I don't want to work next to her.”
- “I don't want someone who had to be locked up in my bible study group.”
- “I'm pulling my kid out of the car pool. Who knows what she will do.”

With the risk comes opportunity. People who disclose may find people who are supportive. “Now that I told Maria about my depression, I can talk to her about the side effects to my medications.” Moreover, you won't have to worry about keeping a secret from those to whom you've disclosed. “Once Annette knew, it was such a freeing feeling to open up to her.

4. Indiscriminant Disclosure

Selective disclosure means that there is a group of people with whom you are sharing your suicide experiences, AND a group from whom you are keeping the
information secret. More than likely, the group who is not in on the secret is much larger than those with whom you have shared the information. This means there are still a large number of people who you have to be wary of, individuals who you don't want to find out about your experiences. Moreover, this means that there is still a secret that could represent a source of shame.

“Even though I told my boss, guys on my work team, and my best friend, most people don't know. Every time I meet someone, it seems like there is this big secret between us. I have to be careful about what I say.”

People who choose indiscriminant disclosure abandon this secrecy. They choose to disregard any of the potential negative consequences of people finding out about their experiences with suicide.

“I got tired of wondering who knew and who didn’t. I finally got to the point where I didn’t care. I stopped trying to keep my past a secret. I stopped concealing my meds and doctors’ appointments.”

The decision to no longer conceal your experiences with suicide is not the same as telling everyone your story. Not keeping a secret means that you are no longer trying to hide it. The person is relieved of the burden posed by the secret.

If you choose indiscriminant disclosure, you must still identify people to seek out and with whom to actively share your experience. Not everyone will respond to your message well. Hence, the three reasons why you might disclose (see Table 2.4) are still relevant for selecting people to tell. The difference is that you no longer worry about hiding your history from the world.

**Reframe your experience.** Most people have to change the way they view their experiences with suicide if they are to opt for indiscriminant disclosure. This may mean adjusting a lifelong attitude about the place of suicide or mental illness in society. In the past, you probably viewed suicide as something that is disparaged by others and, therefore, should be kept secret. The desire to keep mental illness and suicide a secret needs to change radically for you to partake in indiscriminant disclosure.

This redefinition may require accepting mental illness and your experiences with suicide as part of who you are.
Mental illness is not a bad part of you that needs to be rejected; neither are your experiences with suicide. It is one of many qualities that describe you: right-handed, brown haired, skilled in math, fair-skinned, blue-eyed, tall, or poor at sports. We do not mean to make light of your experiences with suicide or mental health challenges; these clearly affect your life and your life goals. But, they are still only a small part of what defines who you are and what your future portends. If your suicide attempt or were all that mattered, then all people who have attempted suicide would be alike (Not true! People who have attempted suicide are as diverse a group as Africans, artists, and Anglicans), and your other qualities would have no relevance (which is wrong; your ability to cope greatly affects the course of your disability).

You have successfully changed your attitude about disclosure when talking about suicide no longer evokes a sense of hesitancy or shame. It should lead to the same kind of matter-of-fact feelings as a discussion of your childhood home, your physical health, or your hair color. It’s not bad or good; it just IS. People who have accomplished this kind of reframe say things like:

- “I'm more than a bag of symptoms.”
- “I don't care what others think.”
- “Take me as I am.”

Can you handle disclosure? Disclosure, specifically the indiscriminant type, requires a hardy personality. Many more people are going to find out and react negatively to your mental illness. Hence, you need to be able to cope with the disapproval that results from bigoted reactions. One way to tell whether or not you are up to this is to role-play bigoted situations, like the one in Worksheet 2.4.

5. Broadcast Your Experience

Indiscriminant disclosure means no longer trying to hide your experiences. On the other hand, you are not likely to go out of your way to inform people about it. Broadcasting your experience means educating people about suicide. It's similar to coming out of the closet in the gay community; the goal is to actively let people know your experience with suicide. This kind of disclosure is much more than dropping your guard and throwing away any notion of secrecy. Your goal is to seek out many people...
with whom to share your past history and current experiences with suicide.

Broadcasting your experience has the same benefits as indiscriminant disclosure. You no longer need to worry about keeping a secret. You will also find people who may provide understanding, support, and assistance to you because of your message. However, people who choose to broadcast their experience seem to derive an additional benefit. Namely, it seems to foster their sense of power over the experience of suicide and stigma. No longer must they cower because of feelings of inferiority.

“*I'm equal to everyone else. I have nothing to hide.*”

This kind of consciousness-raising may help you to understand that your problems with suicide are not solely a function of biological limitations. Society's reactions are equally to blame. Shouting this out relieves you of community oppression. In fact, many people who choose to broadcast their experience wish to surpass the limited goal of talking about their suicide attempt. They also express their dissatisfaction with the way they have been treated because they have attempted suicide.

“*I'm angry; every time I’m feeling hopeless, my doctor thinks I’m on the verge of attempting suicide and puts me back in the hospital. I'm not able to be a partner in my own treatment.*”

This discontent is also aimed at society: anger at being viewed differently, losing opportunities, and having to keep secrets.

“*I've done nothing wrong. I'm no criminal. Don't steal my chances from me because I have been hospitalized.*”

**Be prepared for anger and distancing.** Broadcasting your experiences will yield hostile responses, just like indiscriminate disclosure, and more. Citizens who hear someone’s story about suicide frequently battle the message and the messenger. Like the person choosing indiscriminate disclosure, broadcasters get hostile reactions to their messages.

“*Why do I have to live next to a crazy guy like you? You're dangerous to my family. I'll be keeping an eye on you.*”

Broadcasters also get angry responses to the message.

“*I don't want to hear this stuff. I'm not a bigot. I give money to charities to
Civil rights leaders have experienced similar reactions for decades. Challenging messages from racial groups about economic equality and political injustice upset the status quo. People in power don't want to hear this. In a similar manner, talking about your experiences with suicide and your displeasure with society's reactions is disquieting. Citizens may rebel against the messenger with angry denials.

“You're making things out to be a lot worse than they are. Life isn’t that bad.”

Once again, you need to make sure you are up for this kind of reaction. You may wish to complete the role-play exercise in Worksheet 2.5 to find out. Determine whether your emotional response is excessive.

2a. Social Media Disclosure

If you decide to disclose, the different methods of disclosing can be applied to either in person disclosure or disclosure over social media. Worksheet 2.3 describes the three different categories of social media that can be used to disclose and some examples of costs and benefits of each. With online video chat you can talk to someone face-to-face without being in person while, with private and public messages, you can write out what you want to say and decide who you want to say it to.
## Social Media Disclosure

Examples of common media used to disclose and their costs and benefits

<table>
<thead>
<tr>
<th>Media</th>
<th>Costs</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Online Video Chat:</strong></td>
<td>- Not as personal as in person</td>
<td>- What is said cannot be shared with others</td>
</tr>
<tr>
<td>- Skype</td>
<td>- Speaking in the moment (off the cuff)</td>
<td>- Can show emotion</td>
</tr>
<tr>
<td>- FaceTime</td>
<td></td>
<td>- Recipient gives immediate response</td>
</tr>
<tr>
<td>- ooVoo</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Private Messages:</strong></td>
<td>- No emotion conveyed</td>
<td>- Less intimidating</td>
</tr>
<tr>
<td>- Email</td>
<td>- Confidentiality issues (messages can be shared by recipient)</td>
<td>- Carefully planned out what is written</td>
</tr>
<tr>
<td>- Phone Text Message</td>
<td></td>
<td>- Less stressful</td>
</tr>
<tr>
<td>- Private Facebook Message</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. Public Messages:</strong></td>
<td>- No emotion conveyed</td>
<td>- Educate the public</td>
</tr>
<tr>
<td>- Twitter</td>
<td>- Everyone can see/comment</td>
<td>- Can tell everyone at once and be “out”</td>
</tr>
<tr>
<td>- Instagram</td>
<td>- People might not take it seriously</td>
<td>- Carefully planned out what is written</td>
</tr>
<tr>
<td>- Tumblr</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Public Facebook Post</td>
<td></td>
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</tr>
<tr>
<td>- Blog</td>
<td></td>
<td></td>
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<tr>
<td><strong>4. Others?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Snapchat</td>
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<td></td>
</tr>
</tbody>
</table>
Now think of which social media you use the most and write it in Worksheet 2.3. Now split up into pairs and discuss costs and benefits of using the media you listed above as your medium of disclosure. Develop your costs and benefits based on which kind of disclosure you would prefer to use (selective disclosure versus broadcasting your experience).
2b. Disclosure at Work or School

Disclosing a suicide attempt in professional settings can be a very difficult decision. Here we review some considerations for disclosing at work or school.

At Work

Although 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), the law is complicated and not all employers will understand it or know how to react if you do disclose. The ADA protects workers with disabilities from discrimination during the hiring process, for promotions, and all aspects of employment. 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 an employer.** 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. Also of note: The ADA only applies for companies with 15 or more employees. 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, 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 a suicide attempt, but may require disclosure and documentation. Employee assistance programs (EAPs) may be available through your

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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.

At School

This section focuses on potential issues of disclosure in higher education. 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 banished 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 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 must keep information about a suicide attempt confidential; however, sometimes after a suicide attempt (e.g. student rescued from dorm room by paramedics) there is forced disclosure which spreads to others via gossip.

Now have everyone split up into pairs and discuss costs and benefits of disclosure at work or school in Worksheet 2.4. Think about benefits in terms of possible accommodations.
Task 2. To Whom Might You Disclose?

LEARNING OBJECTIVES

- Some people are better to disclose to than others.
- Learn how to identify a good person to whom you might disclose.
- Understand the procedure for “testing out” the person before disclosing.

IN THE WORKBOOK:

Table 2.2, “Types of Relationships & Important Characteristics of a Good Person to Disclose to” groups people into categories to summarize the several reasons why you might pick a specific person to disclose to.

Worksheet 2.5, “Testing a Person For Disclosure” provides a way to test whether a person might be a good person to disclose to.

In the previous section, we showed that people might disclose their experience with suicide in different ways. If you are considering selective disclosure, this section helps you to identify a possible person for disclosure. Two things are considered:

1. How might you identify a good person to disclose to?
2. We propose a way in which you might “test out” the person before fully disclosing.

Who is a good person to disclose to? Selective disclosure does not mean sharing your experiences with everyone. You need to identify people who are likely to respond positively to your message. There are several reasons why you might pick a specific person for disclose to. Table 2.2 on the next page groups these into three types of relationships. The functional relationship represents an association with some person in which your suicide attempt serves as a conduit for establishing that relationship. Your relationship with a psychiatrist is an example of this type of relationship. He or she sees you in order to diagnose and treat your mental illness. Thus, addressing the suicide
attempt is the grounds for developing the relationship. The same type of relationship might be true with your family doctor, a minister, a teacher, or even your supervisor at work.

You might consider disclosing to a person with whom you have developed a supportive relationship. You can be fairly certain that the friendly and kind person will support you when they find out about your experience. You may identify supportive people by their pleasantness, concern for others, and open-mindedness. When someone takes an interest in you and seems to want to know more about you other than your name and hometown, they may be a good candidate for a supportive relationship.

Then there are others who empathize with you. Often they've lived closely to people with similar experiences, or have attempted suicide themselves.

“I know what the humiliation is,” they might say. “I've attempted suicide, too.”

Look for people who seem to be willing to listen, to understand, and who have a look of recognition when they hear talk about suicide.
### Table 2.2: Types of Relationships & Characteristics of Disclosure Targets

1. **FUNCTIONAL RELATIONSHIP:** The person provides some function to you where knowing your experiences with suicide might help accomplish a variety of functions.

   For example, telling your employer about your experiences with suicide might be helpful when asking for certain accommodations, like getting time off for treatment.

   People from your list which you think fall into this category:
   -
   -

2. **SUPPORTIVE RELATIONSHIP:** The person seems to be friendly and will provide support and approval to you when they find out about your experience.

   Characteristics of this kind of person might include:
   - pleasantness
   - concern for others
   - trustworthiness
   - open-mindedness
   - loyalty
   - helpfulness

   People from your list which you think fall into this category:
   -
   -
   -

3. **EMPATHIC RELATIONSHIP:** Some people to whom you might disclose have had similar, though perhaps less painful experiences: “I know what it’s like to think about suicide.” These kinds of people can provide an empathic relationship.

   Their characteristics include:
   - willingness to listen
   - kindness
   - an understanding nature
   - honesty

   People from your list who you think fall into this category:
   -
   -
   -
OTHER:

Their characteristics include:

- 
- 
- 

Person from your list which you think fall into this category:

- 
- 

Testing a Person for Disclosure. There is a nice and unobtrusive way to test whether or not a person might be a good person for disclosure. This method is summarized in Worksheet 2.3. As an example, consider a friend to whom you might disclose. After entering the name of the person to whom you might disclose in the worksheet, write down an example about someone who experienced suicidality 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 2.3 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 responses 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.”
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how might your ratings be different? Some might view this reaction as less sensitive and, hence, Mary might not be a good candidate for disclosure.

**What will you disclose?** A decision to disclose to someone does not mean you must disclose everything. Choosing to disclose does not mean giving up all your privacy. Rather, you are sharing information to break the secret, get some help, and enjoy some interpersonal closeness. Hence, just as you decided to whom you might disclose, so you must decide what you will and will not share. You need to determine which experiences in your past you wish to discuss, and what current experiences you want to keep private. The purpose of disclosing your past is to give people some knowledge of your experiences with suicide. The goal is not confession. Don't feel compelled to share things that you are embarrassed about. Everyone has skeletons in their closet; you do not have to air these skeletons in order to get others to understand that you have recovered from a suicide attempt. Specific issues you may wish to share include: your diagnosis, symptoms, history of hospitalizations, and medications.

“I have a serious mental illness called major depression. As a result, I have experienced periods of constant hopelessness, lack of motivation, and weight loss. I was hospitalized four times in two years because of this. My psychiatrist and I have tried several different medications. Right now, my symptoms are managed well by a drug called Prozac”

Remember! Don't share past experiences that make you feel embarrassed or ashamed.

The purpose of sharing current experiences with suicide is twofold. First, you may want to impress upon the person that the suicide attempt of long ago has much less impact on you now; and you want to let the person know that you can control small problems that occur in your life.

“No, I'm not still a threat to myself in the sense that I need to be hospitalized. Sometimes I get a little depressed. But I can handle it.”

The message here is that your experiences with suicide may not go away entirely. However, you are still able to work, raise a family, and be a responsible member of society.
The second goal of sharing current experiences is to alert the person that you may have troubles in the future and need some assistance. Some people may respond with empathy: “I know what it’s like to have problems with depression and I’m here for you.” Others may offer support: “What can I do for you when you're feeling helpless?”

Disclosing is a process, not a one-time act. Hence, as you get to know the person with whom you shared information, you may decide to provide more detail.

“As I got to know Miguel, I told him more and more about my hospitalization. He had never been hospitalized but he still knew what I was talking about. He was in the Army and felt pushed around, told what to do there.”

Conversely, you may decide to withdraw from people who disappoint you after you disclose to them. Deciding to share information doesn't prevent you from deciding to stop later.

“I made a mistake with Rayette. I thought she was open-minded. But it didn’t seem like she could handle it. So I decided to stop sitting with her at lunch and sharing my experiences with suicide. I was cordial but became a bit more distant.”

**Why I wanted you to know?** It may not be enough to tell your private history. You also need to tell people what you want for letting them in on your secret, “Why do I want you to know?” Knowing the answer to this question will enable you to judge whether or not telling your story was successful by comparing the person's response to your hopes.

“I was scared about letting my sister know that I had attempted suicide. I wanted her to understand what I had been going through and why I hadn’t been in touch with her lately. Her reaction was a pleasant surprise. She has sought me out since then to discuss my struggles and she even told me that she’s had bouts of depression herself. I feel less alone now.”

This means you need to carefully consider your reasons for telling others about your suicide experiences. You may have touched on these reasons when you listed the
benefits of disclosure (Worksheet 1.3). These reasons need to be translated into requests. Other common reasons and requests for telling peers are summarized in Table 2.5.

Many people with suicide experiences are moved to disclose their experience as a way to disperse the secret. They don't like to keep the secret of having a suicide attempt to themselves. They feel relieved to have the secret off of their shoulders. Others disclose with the hope that others will better understand them as a result. They want friends to comprehend their challenges and, in doing so, understand them. A person with suicide experience hopes that he or she might tap into a vein of empathy, where someone else might disclose to them that they too have a suicide experience.

<table>
<thead>
<tr>
<th>Table 2.5: Some Reasons People Disclose</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>To tell the secret</strong></td>
</tr>
<tr>
<td>“I just wanted someone else to know that I was hospitalized for my suicide attempt.” “I don’t want to have to feel like I’m sneaking around with a secret.”</td>
</tr>
<tr>
<td>“I felt bad for having to keep a secret. I don’t want to feel bad anymore.”</td>
</tr>
<tr>
<td><strong>Understanding</strong></td>
</tr>
<tr>
<td>“I’m hoping others will understand not only my suicide experience, but the difficulty trying to keep it a secret.”</td>
</tr>
<tr>
<td>“I’d like someone to say to me, ‘I’ve had those thoughts too.’”</td>
</tr>
<tr>
<td><strong>Support and Assistance</strong></td>
</tr>
<tr>
<td>“Sometimes I get sad. I’m looking for friends who can be supportive.”</td>
</tr>
<tr>
<td>“Can I get a ride to the doctor.”</td>
</tr>
<tr>
<td>“Sometimes, I just need someone to talk to.”</td>
</tr>
<tr>
<td><strong>Reasonable Accommodation</strong></td>
</tr>
<tr>
<td>“It’s a law. When I ask for sensible help at work, you need to give it to me.”</td>
</tr>
<tr>
<td>“Can I come in a half hour late this week? I’m feeling a little down. I’ll make it up next week.”</td>
</tr>
</tbody>
</table>

A person with suicide experience might hope for support and assistance when disclosing a suicide attempt. This might be in the form of direct assistance, and as simple as asking for a ride to the community center. It might be emotional assistance, such as gaining someone to talk with about his or her experience.

Finally, there can be legal reasons for disclosing a mental illness or suicide experience. The Americans with Disabilities Act, for example, says that businesses
must give reasonable accommodation to people with disabilities if they request it. Before reasonable accommodation can be requested, an employee with a debilitating mental illness needs to disclose the condition to their employer.
Task 3. How Might Others Respond to Your Disclosure

LEARNING OBJECTIVES

- Disclosure will impact the people around you.
- People may respond in different ways to your disclosure.
- Consider the different ways that people will react to your disclosure.

IN THE WORKBOOK:

Table 2.3, “How People Might Respond to Your Disclosure” lists a variety of reactions to disclosure that are sorted into groups by positive versus negative emotional response.

Worksheet 2.6, “Are You Able to Cope With Disclosure?” provides a format for role-playing people’s negative reactions to your disclosure as well a place to rate your feelings in response to these statements.

Worksheet 2.7, “Helping Others Be Comfortable with Disclosure” helps you think about how you can get what you need from others by making them more comfortable.

Be certain of one thing: disclosure will impact the people around you. Whether you choose selective disclosure (where information is cautiously shared with a carefully chosen person) or broadcasting (where you announce your experiences to as many people as possible), those who discover the facts are likely to react strongly. You need to consider the varied ways in which people may respond, and plan your reactions accordingly. Table 2.3 on the next page lists a variety of reactions to disclosure, which are sorted into groups by positive versus negative emotional response.
### Table 2.3: How People Might Respond to Your Disclosure

<table>
<thead>
<tr>
<th>EMOTIONAL RESPONSE</th>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding</td>
<td>“It must be hard living with your experiences and the secret.”</td>
<td>“I don’t want some dangerous loony like you around.”</td>
</tr>
<tr>
<td>Interpersonal Support</td>
<td>“I’m here for you if you need someone to talk to.”</td>
<td>“I’m not giving you any special breaks because of your experiences.”</td>
</tr>
<tr>
<td>Assistance</td>
<td>“How can I help you right now, or when you feel suicidal?”</td>
<td>“I’ll get you fired. I don’t have to work next to a crazy guy like you.”</td>
</tr>
<tr>
<td>Disrespect</td>
<td></td>
<td>“You’re dangerous. I’m staying away.”</td>
</tr>
<tr>
<td>Denial</td>
<td></td>
<td>“You have the same kind of problems as Gayle but I don’t go around and blab about it.”</td>
</tr>
</tbody>
</table>

### Positive Experiences

Citizens hearing your disclosure can respond positively in a variety of ways. Three of these involve reaching out to you. They may express **understanding** of or empathize with your experiences.
“Dealing with a suicide experience must be very tough. I'm impressed with how well you handle it.”

Along with understanding, they may provide **interpersonal support**. Support may include explicit commitments to be available to you if you need them. Interpersonal support might also include **assistance**.

“Let me know if I can provide you a lift to the drug store or if you'd like to come and hang out some time when you're feeling blue.”

Oddly, another positive experience might take the form of someone **pulling away** from you. Someone with similar problems with suicide and stigma might let you know that they understand. However, they may also let you know that they do not currently share your resolve to disclose and, hence, wish to keep their experiences a secret. This might mean occasionally backing away on interactions so that they are not discovered.

“I really am impressed with the guts you show for letting other guys in the shop know about your problems. I got them, too. But I'm worried how people will respond. So, I might back away if you're talking about a doctor's visit at the lunch table. I don't want anyone turning to me and asking questions.”

**Negative Experiences**

Unfortunately, hearing your story of self-disclosure will lead to negative responses too. Some of these responses may occur when citizens seek you out in order to share their reactions. This includes **disrespect** ("People like you are all loony."), **denial** ("You're just looking for sympathy. You don't have any problems."), and **retribution** ("I'll make sure the other guys in the poker club hear about this. You're out pal."). Negative experiences also occur as a result of pulling away. People may **fear** you ("You're dangerous, you tried to kill yourself.") and **avoid** you as a result. Even though they avoid you, you may become the butt of **gossip** ("Did you hear about Sophie? She has tried to kill herself!"). People may **blame** you for your decision to disclose ("Why
Worksheet 2.4 allows you to practice hearing negative responses and rate the reaction you had to hearing these hurtful sentences.

Like all other points we have made about disclosure in this manual, coming out has its costs and its benefits. Only you can decide whether disclosing to others is worth pursuing.

**Helping Others Be Comfortable with Disclosure**

Sometimes you will get negative reactions (e.g. avoidance, silence) from people who you talk with about suicide, but these negative reactions are not necessarily because the person is judging you for your suicide attempt. 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 the story at a time to see how well they can emotionally handle it.

- Tell them up front what you expect from them: “You don’t need to do or say anything—just listen to what I have to say and be there for me.”

- Acknowledge the discomfort: “I know this is uncomfortable for you—it is for me too.”

- Emphasize your distance from the event or your current support system: “I want to let you know that I’m now in treatment for my depression.”

**In your own words, in Worksheet 2.7 what could you say to make others more comfortable**
during the disclosure? List these below, then discuss your ideas with a partner.
LESSON OVERVIEW

As a result of Lessons 1 and 2, you might have decided that you want to disclose. Hence, this last lesson has several goals.

- Task 1: Learn a way to tell your story in a personally meaningful way.
- Task 2: Identify peers who might help you with the disclosure process.
- Task 3: Review how telling your story felt.
- Task 4: Put together all you’ve learned in order to move forward.

Task 1. How to Tell Your Story

LEARNING OBJECTIVES

- Read through one example of how to tell a story of one’s experience with suicide.
- Use the provided guide to construct your story of experience with suicide.
- Understand the values and issues related to public speaking.

IN THE WORKBOOK:

Table 3.1, “Kelley Clink’s Story” an illustrated example by Kelley Clink from A Different Kind of Same

Worksheet 3.1, “A Guide to Setting Up a Story About Your Experiences With Suicide” provides a template for constructing your story about your experiences with suicide and mental illness.

Worksheet 3.2, “Quality of Experience” provides an opportunity to evaluate the quality of your experience telling your story about your experiences with suicide.
Many people who have come out decide to tell their story by publicly speaking to groups about their experiences. This active decision helps a person to promote a sense of his or her own personal empowerment. Furthermore, speaking publicly helps to tear down the public stigma that harms people with the label. The goal of this lesson as well as the next lesson is to consider strategies that make the coming out experience as effective as possible.

Telling your story to a group works best when you are clear on that group's agenda. You do not want to be added to a program as an afterthought. In a typical presentation of this kind, you might be given an hour's time. Thirty minutes could be used to present your story, followed by 30 minutes for questions and answers as well as general discussion with the audience.

As an example, we include a story developed and presented by Kelley Clink in the workbook (see Table 3.1 on the next page). Kelley has struggled with depression during her adolescence and is a suicide attempt survivor. She is the author of A Different Kind of Same.

Elements of a powerful story. Kelley's story illustrates some of the essential elements of stigma-busting presentations that are likely to change public attitudes. First, your story needs to be personal. It needs to reflect your experiences and impressions. This is accomplished by using first person words like “me”, “I”, and “my”. Don't talk about your experience in the third person or steep it in formal language, for example: “The experiences of people like yours truly, the speaker, are comparable to those exigencies unfavorably put upon all alienated out-groups.”

Bring it home by telling good stories illustrated with concrete experiences. Note how Kelley did this: she illustrates her story with specific people, places, and times. People learn much better by explicit example (“Sometimes I would get so depressed that...”)
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"I would lie in my bed and cry for three days or more.")], as opposed to heady abstraction ("Depression is like a dark cloth causing utter sadness."). Listeners can clearly imagine being in bed for 72 hours, whereas the dark cloth metaphor is vague and more difficult to make sense of.

**Table 3.1: Kelley Clink’s 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—but 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 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.
At the same time, *don't avoid professional terms when they illustrate a point.* It may provide an opportunity to inform listeners about an important issue related to mental illness or suicide. Kelley uses her story as an opportunity to educate the listener on the experience of depression and being a suicide attempt survivor. This communicates to the audience that people have expertise worth learning from.

Presentations need to be truthful; don't try to embellish them. **You shouldn't tell your story in an overly positive light:** “Depression isn't that bad. I survived my three suicide attempts easily.” Listeners might get the idea that your experience was not really challenging or that you did not have a “real” problem. **Nor should you try to paint too bad a picture:** “Being in a psych hospital is like living in a rat-infested slum.” Although it is true that losing the liberty to come and go from an inpatient ward is demoralizing, some people are likely to think that you have a political agenda and are misrepresenting experiences when you use extreme examples. Moreover, when you stray from the facts, you are likely to say something that is not truthful—“*Were you really in restraints and not fed for an entire week?*”—and lose your credibility as a result. Be reassured that your story of struggles is compelling enough to get most listeners’ attention.

There may be some aspects of suicide that you are still struggling with and do not want to talk about publicly. **Don't feel that you have to discuss everything.**

Respect your own sense of privacy. Only share those concerns that you have already resolved in your life. Don't get pushed into telling your story in public until you are ready. Talking to citizens about suicide can be an empowering activity, but it can also be risky. Don't expose yourself to these extra challenges unless you feel that you will benefit from the experience.

Kelley's story included several areas in which the speaker might want to provide specific examples. **List some events in your youth that are typical of most peoples’ lives and/or that might reflect the beginnings of your challenges.** Kelley, for example, noted...
that she had loving parents and was not traumatized as a child. This kind of message challenges the notion that suicide and mental illness always results from bad parents and stunted development. *Share your feelings about the sudden impact of your suicide attempt.* This discussion elicits empathy from listeners. Everyone understands the terror of a successful life grinding to a halt because of the sudden intrusion of a suicide experience. *Talk about how the impact of your suicide attempt included a time of struggle.* Listeners need to hear that this is not just another short-lived emotional crisis. You were struggling with an experience that derailed life goals.

“This experience was disastrous to my life. I had never been a quitter. I had never failed at anything I put my mind to. But things were very different.”

*You might also describe how your experiences with suicide affected the family.* Speakers may relate to how parents, siblings, or spouses are frequently overwhelmed by their suicide attempt. Family members may progress through a variety of reactions that include anger at the person for his or her suicide attempt, sadness at the interloping symptoms, and acceptance. This kind of message opens the door to a discussion of the stigma experienced by families.

The take-home message in Kelley's story comes next; this should be a climactic moment in your presentation. *Despite the challenges of mental illness and your suicide experience, you have come to grips with your challenges, and are now achieving your life goals.* Kelley talks about the meaning of sharing her story.

“I know now that sharing my story has transformed the way I see my illness and attempt. Its cut doors and windows into the walls I built around myself. I also know that recovery isn’t what I 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 you trying to change them.”
This point directly challenges the myth that mental illness is insurmountable. This can be overcome and you can live a fruitful life.

The story cannot end here, however. **You need to also tell listeners how stigma worsened your experiences of suicide.** Kelley said,

“After my attempt, I felt like a 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.”

You need to punch the audience with this point; a stigmatizing public only makes the already tough course of a suicide attempt that much worse. These assertions lead to the moral of your story: **I, like all suicide attempt survivors, contribute, live, and play just like you! So please treat me the same. Do not view me or respond to me based on any unfair stereotypes.** People with a suicide experience are capable and can accomplish life goals. You look for no special favors. With appropriate support, all you need are the same opportunities granted to all citizens.

**Let’s try it out.** Using Worksheet 3.1 as your guide, take a few minutes to write down your story. When you are done, partner with someone and tell them your story. Complete Quality of Experience in Worksheet 3.2 to rate your experience.
Additional Tips for Telling Your Story

- Avoid reinforcing negative stereotypes about suicide (e.g. suicide cannot be prevented, people who attempt suicide are seeking attention, selfish, immoral or weak).

- Focus on positive and specific actions that the listener can take, either to help you or to help others.

- Avoid describing the suicide attempt 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 and 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
Task 2. How Did It Go?

LEARNING OBJECTIVES

- Learn how to evaluate a specific instance of disclosure.

IN THE WORKBOOK:

Worksheet 3.3, “Details of Your Disclosure- How Did it Go?” provides a format for evaluating a specific act of disclosure.

This section provides guidance on how to evaluate a specific instance of disclosure. Worksheet 3.3 on the next page, lays out the steps to assess whether an interaction in which you disclosed to another was positive or negative. To complete Worksheet 3.3, first indicate to whom you disclosed, the date the conversation took place, and the location. This will be helpful for keeping track of successful or unsuccessful characteristics of the disclosure, and may help you to alter your strategy the next time you decide to disclose.

Next, consider what your goals were for disclosing to this person. In the next box, note what you said to the person; remember to be specific! Again, this will help you keep track of key words that were successful or unsuccessful at getting your point across. In the box in the middle of the page, write down how the person reacted to your disclosure. It might also be important for you to note the tone of their voice and their body language, especially if it does not seem to match with verbal content. Finally, rate how satisfied you were with the exchange, and how positive you thought the exchange was on the seven-point scale provided. Add up the two ratings into a total score. Totals greater than 10 suggest that the experience was a success and worth doing again. Totals less than 6 mean that it did not go so well and you might want to further evaluate what happened. Scores in between 6 and
10 mean that more information may be needed before going forward. If the final number does not seem right to you, go with your feelings—how do you think it went?

**Task 3. Peer Support**

**LEARNING OBJECTIVES**

- There are many types and characteristics of peer services.

---

**IN THE WORKBOOK:**

Worksheet 3.4, “Where do I find peer support?” provides an opportunity for participants to generate a master list of programs they can join.

---

**Peer Run Programs**

Peer-led programs have been likened to communities with life long histories or grassroots information and support systems, as opposed to the medical model. A suicide attempt may be the common experience that draws people to peer-operated services. But, unlike traditional clinical treatment, this is not where the impact of peer-operated services ends. Talking about suicide can be easier when a person decided to join together with others for support. These services provide a caring and sharing community where the person can find the necessary understanding and recognition that society at large is not able to give. Nor is there a hierarchy of roles in peer-led programs; all members are peers who benefit from interactions with equals. There are no limits placed on the amount of time a person can be involved in a program. Depending on personal needs, some members come and go while others may stay connected throughout their lifetime.

There is a fundamental distinction between self-help groups and mutual assistance programs. **Self-help** programs are developed by peers to help them help themselves. As
such, benefits from these groups result from learning coping skills and obtaining support from others. Self-help suggests an ethos of rugged individualism where the person takes coping ideas and support from others in order to make it on their own. Mutual-help recognizes an important element provided by these groups: people benefit from helping each other. This kind of assistance extends beyond sharing information about coping skills or ways to manage the mental health system. The experience of both giving and receiving help enhances the person's sense of belonging in the community, as well as their overall well-being. “I had been taking from others for so long that I forgot I had something to give. I can't tell you how important it was for me to realize that my advice can be useful to others. Just last week for example, I helped Sammy with her babysitting problems. It was the best pill for depression I could have taken.”

Peers have also distinguished between mutual help groups and mutual help organizations. Groups are somewhat limited in scope. Members attend regular meetings where individuals benefit from the process, support, and exchange of information. Organizations have a similar structure of meetings and processes. However, the mutual help organization is augmented by regular social events for members. Many mutual help organizations also provide residential, vocational, food and legal assistance, transportation, and temporary housing services so that members can address appropriate role functioning needs.

Peer support programs often use novel approaches. Some programs use different forms of art: acting, singing, dance, drawing, or sculpture. Story telling is often important here as are writing groups. Others are spiritual with some rooted in Christian traditions while others might reflect Asian or Native American perspectives. Some are wedded to advocacy, organizing to impact the mental health service agenda in their area.

Where do I Find Peer Groups?

A great place to start is a discussion among course participants; Worksheet 3.4 is meant to facilitate this discussion. After completing the worksheet, have participants pair
off and discuss their lists. Then come together as a whole and make a master list.

Peer programs are slowly emerging around the world. Moreover, there are not many peer support groups specifically for people who have attempted suicide. However, there 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.

You might also want 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

Also, note that peer support is not helpful for every person, all of the time. Think about whether or not peer support might work for you, now or in the future.

**Online Communities 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/
Task 4. Putting it All Together

LEARNING OBJECTIVES

- Summarize insights from the worksheets provided in this workbook.
- Decide how you would like to move forward with the issue of disclosure.

IN THE WORKBOOK:

Worksheet 3.5, “Insights and Future Directions” provides discussion questions to encourage reflection on what you have learned from the program.

We end the program with a pause for insight and direction. In Worksheet 3.5, questions are provided so that participants can summarize insights and decide on future directions. These questions are summarized in Table 3.4, below. Complete these and then share your responses with a partner. After finishing your discussion with a partner, come back to the group as a whole and discuss one or two decisions that you have made about coming out in going forward.

<table>
<thead>
<tr>
<th>Table 3.4: Insights and Future Directions</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ What did you learn about stigma and coming out from this program?</td>
</tr>
<tr>
<td>▪ What are the costs and benefits of disclosing? Might you come out in some places? Where? (Worksheet 1.3)</td>
</tr>
<tr>
<td>▪ What ways might work for you in terms of disclosing? (Worksheet 2.2)</td>
</tr>
<tr>
<td>▪ To whom might you disclose? (Worksheet 2.3)</td>
</tr>
<tr>
<td>▪ How do you feel about stigmatizing responses from others? (Worksheet 2.4)</td>
</tr>
<tr>
<td>▪ What do you think of your story? How might you improve it? (Worksheets 3.1 and 3.2)</td>
</tr>
<tr>
<td>▪ Are there peer-operated programs that might work for you? (Worksheet 3.4)</td>
</tr>
<tr>
<td>▪ What obligations might you be creating through your disclosure to friends, health providers, etc?</td>
</tr>
<tr>
<td>▪ List three things you might do in terms of coming out in the future.</td>
</tr>
</tbody>
</table>
BOOSTER

Follow-Up 1. The Decision to Disclose

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Task 2 How will you tell your story now? ..................... 72
FOLLOW-UP 1
The Decision to Disclose

FOLLOW-UP OVERVIEW

Disclosure is the right decision for some people, but not for everyone. This section is designed to review your decision to disclose since completing the To Share or Not to Share baseline program about one month ago. We approach this follow-up in two parts:

Task 1. We review previous intentions to disclose your suicide experiences, including to whom, when, and where you decided to disclose as well as what you expected from the disclosure.

Task 2. We discuss whether you disclosed and help you evaluate how the experience went and how it may affect future disclosures.

Task 1. Did You Intend to Disclose?

FOLLOW-UP OBJECTIVES:

- Review your intentions to disclose after you completed the To Share or Not to Share baseline program.

IN THE WORKBOOK:

Worksheet 1.1 helps participants to review their “Intention to disclose: Who? When? Where? What?”

One month ago, we identified people that might be suitable for disclosure. The three main types of relationships included: functional (e.g., psychiatrist or supervisor), supportive (e.g., someone who is trustworthy), and empathic (e.g., someone who is understanding). Use
Worksheet 1.1 to review intentions you had for disclosure after you completed the To Share or Not to Share baseline program.

**FACILITATOR INSTRUCTIONS:**
When everyone is finished, have participants pair up to discuss their intentions for disclosure or lack thereof. Those who did not have any intentions to disclose should try to pair up with a peer who did.

**Worksheet 1.1**

**Intension to Disclose- Who? When? Where? What?**

When you completed the *To Share or Not to Share* baseline program about one month ago, did you intend to disclose?

☐ Yes  ☐ No

If yes, please fill out this table.

<table>
<thead>
<tr>
<th>Who did you decide to disclose to?</th>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>When did you plan on disclosing?</th>
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</table>

<table>
<thead>
<tr>
<th>Where did you plan on disclosing?</th>
</tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>What did you expect from the disclosure?</th>
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</tbody>
</table>

If no, why did you decide against it?
Task 2. How Did Disclosure Go?

FOLLOW-UP OBJECTIVES:

- If you disclosed, describe how it went and rate the quality of the exchange.
- Explain how the experience changed your mind about disclosing.

IN THE WORKBOOK:

Worksheet 1.2, “Did You Disclose? How Did It Go?” provides a format for evaluating a specific act of disclosure and gives participants space to discuss whether the experience has changed their mind about disclosing in the future.

During the baseline program, we learned how to evaluate a specific instance of disclosure. Worksheet 1.2 is the same one you completed before. It lays out steps to assess whether interactions in which you disclosed to others were positive or negative. You may have disclosed. If so, discuss how it went here. If not, how did you feel about your decision not to disclose? What were the consequences?

Worksheet 1.2 is adapted from Worksheet 3.5 in the To Share or Not to Share baseline program. First indicate to whom you disclosed, the date the conversation took place, and the location. This will help track successful or unsuccessful elements of disclosure, and may help you to alter your strategy the next time you decide to disclose. Second, consider what your goals were for disclosing to this person and note what you said to the person; remember to be specific! Next, write down how the person reacted to your disclosure. It might also be important for you to note the tone of their voice and their body language, especially if it does not seem to match their verbal content. Finally, rate how satisfied you were with the exchange and how positive you thought the exchange was on the seven-point scale provided. Add up the two ratings into a total score. Totals greater than 10 suggest that the experience was a success and worth doing again. Totals less than 6 mean that it did not go so well and you might want to further evaluate what happened. Scores in between 6 and 10 mean that more information may be needed before going forward.
FACILITATOR INSTRUCTIONS:
When everyone is finished, please have those who actually disclosed pair up with a participant who did not so that they may share their thoughts. Participants who did not disclose should use this opportunity to understand what disclosure might mean for them in the future.
Worksheet 1.2

Did You Disclose? How Did it Go?

Please fill out this page about a disclosure from the past month.

Name of the person to whom you disclosed: __________________________________________

Date of disclosure: ___________ Place of disclosure ____________________________

<table>
<thead>
<tr>
<th>Your Goal(s)</th>
<th>What you said</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Person’s Reaction:

How satisfied were you with the exchange?

<table>
<thead>
<tr>
<th>not at all satisfied</th>
<th>neither</th>
<th>very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
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<td>4</td>
<td>5</td>
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<tr>
<td></td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

How positive was the exchange?

<table>
<thead>
<tr>
<th>not at all positive</th>
<th>neither</th>
<th>very positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>5</td>
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<td></td>
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<td>7</td>
</tr>
</tbody>
</table>

TOTAL SCORE

MORE THAN 10: Good experience; worth doing again.

LESS THAN 6: Not so good; what went wrong?

BETWEEN 6 AND 10: Need more information for the future.
Has your experience changed your mind about whether or not you will disclose in the future?

☐ Yes  ☐ No

How has it changed?
FOLLOW-UP 2
Peer Support Programs

FOLLOW-UP OVERVIEW

Some people find it helpful to seek a peer support group to share experiences and struggles of suicide and to overcome the fear of disclosure. As a reminder, peer support services, which can include self-help and mutual assistance programs, may make coming out easier because a person is joining together with others for support. This includes those who have already disclosed and those who are still thinking about it. This section assesses your experiences with peer support programs since completing the To Share or Not to Share baseline program.

Task 1. We discuss the meaning of peer support and identify pros and cons of peer support programs. At the same time, we help you rate the quality of your peer support experience.

Task 1. Did You Pursue Any Peer Support Programs?

FOLLOW-UP OBJECTIVES:

- Discuss what peer support means to you.
- Identify pros and cons of peer support programs.
- Evaluate your peer support experience and discuss the future of peer support in your life.

IN THE WORKBOOK:

Worksheet 2.1, “Did You Pursue Any Peer Support Programs?” helps participants to list the pros and cons of peer support programs and provides them with a format to rate any programs that they may have attended.
One month ago, everyone in the group brainstormed a list of peer support programs they might attend. In Section I of Worksheet 2.1, write down what peer support means to you and make a list of the pros and cons of attending a peer support program. Section II will help you to evaluate any peer support experience you may have had since completing the baseline program. When you are finished filling out Section I, please discuss your ideas with the group before moving on to Section II.

**FACILITATOR INSTRUCTIONS:**
Lead participants in a group discussion of the meaning of peer support and its advantages and disadvantages before they rate any peer support programs they may have attended. When they are finished rating their peer support experiences, ask if anyone would like to share their experience with the group.
Worksheet 2.1

Did You Pursue Any Peer Support Programs?

SECTION I.

Please provide a brief description of what peer support means to you.

---

Use the table below to list the pros and cons of attending a peer support program.

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

SECTION II. Since completing the TO SHARE OR NOT TO SHARE baseline program, did you attend a peer support program?

☐ Yes  ☐ No

If yes, what was the program called? ________________________________

When was the meeting? ________________________________

Where was the meeting? ________________________________
Please complete the following scales about the peer support program you attended.

**I liked the peer support program.**

<table>
<thead>
<tr>
<th>Disagree greatly</th>
<th>Neither agree nor disagree</th>
<th>Agree greatly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**I will go back to the peer support program.**

<table>
<thead>
<tr>
<th>Disagree Greatly</th>
<th>Neither agree nor disagree</th>
<th>Agree greatly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>4</td>
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<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**I would recommend this peer support program to others.**

<table>
<thead>
<tr>
<th>Disagree greatly</th>
<th>Neither agree nor disagree</th>
<th>Agree greatly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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</tr>
</tbody>
</table>

**Will you return to this peer support program? Why or why not?**

**Will you find another peer support program? Why or why not?**
FOLLOW-UP 3
What Has Changed?

FOLLOW-UP OVERVIEW

Experiences since completing the To Share or Not to Share baseline program may have reshaped your thoughts about coming out. In this section we:

Task 1. Reassess the costs and benefits for disclosure and compare them to what you brainstormed one month ago.

Task 2. Evaluate what worked and did not work when telling your story and decide how you might change the story.

Task 1. Revisiting the Costs and Benefits of Disclosure

FOLLOW-UP OBJECTIVES:

- List the costs and benefits of disclosure as you see them now.
- Compare them to costs and benefits you brainstormed before.

IN THE WORKBOOK:

Worksheet 3.1, “Revisiting the Costs and Benefits of Disclosing” helps participants to brainstorm the costs and benefits of disclosure for the second time and compare them to what they listed before.

In Worksheet 3.1 we provide you a table to list the short-term and long-term costs and benefits to disclosing that you can think of now. Note that we do NOT want you to list only the new costs and benefits that you have. Rather, we want you to include EVERYTHING that you can think of, even if you remember that you included it before. As a reminder, benefits represent why you would disclose, or what you expect to happen
that is positive as a result of disclosing to others. Costs are why you wouldn’t do it, or
the negatives or harm that could result from disclosing.

**Just like before, don't dismiss any costs or benefits no matter how silly they may seem.** Put them on the list so that you can consider all advantages and
disadvantages together. Sometimes the items that you want to censor are actually
important; you may just be embarrassed about it. After listing all the costs and benefits,
put a star (*) next to one or two that are especially important. When you are finished,
you will be given your old cost and benefits worksheet to compare and answer the
follow-up questions.

**FACILITATOR INSTRUCTIONS:**

When participants are finished filling out the costs and benefits table at the beginning
of Worksheet 3.1, please hand back Worksheet 1.3 from the To Share or Not to Share
workbook at baseline—The Costs and Benefits Worksheet of Disclosing— so that
they can make comparisons and answer the questions on the second half of the
worksheet. When everyone is finished, participants can volunteer to share any new
costs and benefits with the group.
Worksheet 3.1

Revisiting the Costs and Benefits of Disclosing

Setting: ______________________ To Whom: ______________________

Since completing the To Share or Not to Share baseline program:

☐ I have decided to disclose my suicide experiences.
☐ I have decided NOT to disclose my suicide experiences.
☐ I have decided to put off my decision.

Please use the tables below to list the costs and benefits of disclosure that you have now, about one month after completing the To Share or Not to Share baseline program.

Just like before, don’t censor any ideas. Write them all down.

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

Make sure to specify the setting and audience to which each cost and benefit applies (e.g., work, family, etc.), if more than one is included.

<table>
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<th>Short-Term Benefits</th>
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Please review your copy of *Worksheet 1.3* from the *To Share or Not to Share* workbook at baseline—*The Costs and Benefits Worksheet of Disclosing my Suicide Experiences*—and put a circle around items that are the same in both worksheets. When you are finished, please answer the following questions:

**Were there any differences in starred items on the two worksheets?**

**Did you star any of the NEW ITEMS as especially important? If so, which ones?**

**Why do you think you made these changes, if any?**
Task 2. How Will You Tell Your Story Now?

FOLLOW-UP OBJECTIVES:

- Describe what worked and what did not work when telling your story.
- Brainstorm things to add and things to eliminate from your story.
- Receive feedback from peers.
- Determine whether goals in disclosing have changed.
- Rewrite your story and review how you felt telling it.

IN THE WORKBOOK:
This section includes three worksheets. Worksheet 3.2 “How Has Your Story Changed?” helps participants to evaluate their coming out story and decide on any changes. Next, Worksheet 3.3 provides them with “a guide to setting up a story about [their] experiences with suicide.” Finally, Worksheet 3.4 allows them to rate the “quality of experience” after telling their story.

One month ago, you were provided with a template on how you might formulate your coming out story. It included the following parts:

1. Your name and how you describe your experience (e.g. I’m a suicide attempt survivor);
2. Some events in your youth that are typical of most people’s lives and/or that might reflect the beginnings of your challenges;
3. Ways in which your challenges emerged, and the age that this occurred;
4. How your life changes after your suicide attempt and some of the struggles that you experienced;
5. Your achievements and accomplishments despite your experiences;
6. The purpose of your story and struggles with stigma;
7. And the moral of your story:

I, LIKE ALL SUICIDE ATTEMPT SURVIVORS, LIVE, CONTRIBUTE, AND PLAY JUST LIKE YOU.
SO PLEASE TREAT ME THE SAME. DO NOT VIEW ME OR RESPOND TO ME BASED ON ANY UNFAIR STEREOTYPES.
You will be given the story template that you completed one month ago, and you will have the opportunity to use it in order to complete the next worksheet. *Worksheet 3.2* has two parts. **Section I** should only be completed if you have already disclosed. This will give you the opportunity to reflect on parts of your story that did and did not work. **Section II** will then ask you to determine whether there are things that you would like to add or eliminate in your story. If you have not yet disclosed, you should only complete **Section II**. When you are finished brainstorming, please pair up and discuss your ideas with a peer. The last part of the worksheet will ask you to explain whether or not your goal in disclosing has changed as a result of rewriting your story. Once you have finished, *Worksheet 3.3* serves as a fresh copy of the story template so that you can apply any changes that you decided to make in *Worksheet 3.2*.

**FACILITATOR INSTRUCTIONS:**
Before participants start *Worksheet 3.2*, hand back *Worksheet 3.1* from the *To Share or Not to Share* Workbook at baseline—A Guide to Setting Up a Story About Your Experiences With Suicide—so that participants can decide what they might change about their story. *Worksheet 3.3* in the booster workbook serves as a fresh copy of the story template so that they can rewrite their story and apply any changes that they decided to make in *Worksheet 3.2*. 
Worksheet 3.2

How Has Your Story Changed?

Please review your copy of Worksheet 3.1 from the To Share or Not to Share Workbook at baseline, A Guide to Setting Up a Story About Your Experiences With Suicide. Pay attention to all of the items that you listed, including the items that you crossed out.

SECTION I. If you disclosed, please use the table below to list the items that worked or did not work when you were sharing your story. If you have not yet disclosed, please move on to section II of this worksheet.

<table>
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<th>What Worked</th>
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SECTION II. Please use the table below to list any items that you wish to add to your story (including items that may have been previously crossed out). Also, please write down any items that you wish to take out of your story.

<table>
<thead>
<tr>
<th>Things to Add</th>
<th>Things to Eliminate</th>
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</table>
Worksheet 3.3

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

Hi, my name is ________________________________
and I have a mental illness called ____________________________.

Let me tell you about my childhood.
List some events in your youth that are typical of most people’s lives and/or that might reflect the beginnings of your mental illness.

1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________

My mental illness started when I was about __________ years old.
List some of the difficult things that happened to you when you first noticed your mental illness beginning.

1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________

Unfortunately, my mental illness did not go away quickly.
List some of the things that you have struggled with the past several years due to your mental illness.

1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________

I have found my path of recovery living with my illness. What has worked (works) for me includes:

1. ________________________________
2. ________________________________
Along the way, I have experienced some stigma and unfair responses to my illness. List some of the unfair experiences and harsh reactions you have experienced from society.

1. 

2. 

3. 

4. 

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.

1. 

2. 

3. 

4. 

I want to end with these two key points:

1. **I, like all people with mental illness, live, work, and play just like you.**

2. **So, please treat me the same. Do not view me based on any unfair stereotypes.**

**WHAT DO YOU WANT TO SAY?**

You probably do not want to communicate **EVERYTHING** in the worksheet. Remember your **GOAL** (from Worksheet 3.2).

1. **CIRCLE** the information in the sheet you think is important for the person to hear.

2. **PUT A LINE** through any information:
   a. you believe is too personal (I was assaulted when I was six years old) or
   b. the person might not understand (Sometimes I hear God’s voice).
LET’S TRY IT OUT

Writing your story and saying it out loud are two very different experiences. Now you have a chance to say your rewritten story out loud. First review the points you made in Worksheet 3.3. This is going to be your new story. Take five minutes, find a quiet space and one through it in your head. Maybe you want to write out the story on a separate sheet of paper. Now is a time to do so.

Then find a partner and say your story to him or her. When done, complete Worksheet 3.4, Quality of the Experience. Try to write in the box anything not captured in the four questions. When done, listen to the story of your partner. Then join the group and share the experience.

FACILITATOR INSTRUCTIONS:
When participants are finished rating the quality of their story-telling experience, invite them to communicate any overall questions, comments, or concerns. Ask how they thought the follow-ups went and thank them for their contribution to the booster. Then proceed with a final discussion about disclosure with the group. Allow participants to voice their thoughts and fears and discuss the possibilities of disclosure in the future. Remind participants of contact information in case they feel distressed.
### Quality of Experience

Use the following 7-point scales to rate the quality of your experience telling your story about mental illness. 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, even if you think others may think they are silly; these are important in developing your strategy for disclosure.

**How empowered do you feel after telling your story?**

<table>
<thead>
<tr>
<th>not at all empowered</th>
<th>moderately empowered</th>
<th>very empowered</th>
</tr>
</thead>
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<tr>
<td>1</td>
<td>2</td>
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</table>

**Was it therapeutic to tell your story?**

<table>
<thead>
<tr>
<th>not at all therapeutic</th>
<th>moderately therapeutic</th>
<th>very therapeutic</th>
</tr>
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<td>1</td>
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</table>

**How anxious did you feel while telling your story?**

<table>
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<tr>
<th>not at all anxious</th>
<th>moderately anxious</th>
<th>very anxious</th>
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<td>1</td>
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</table>

**How positive was your experience telling your story?**

<table>
<thead>
<tr>
<th>not at all positive</th>
<th>moderately positive</th>
<th>very positive</th>
</tr>
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<td>1</td>
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Please note anything else not already discussed about the quality of your experience telling your story.
Appendices

Appendix 1. Challenging Personally Hurtful Self Stigma .......... 87
Appendix 2. Protections Against Unwanted Disclosure .......... 89
Appendix 3. Did This Program Help? ............................... 93
Appendix 1. Challenging Personally Hurtful Self-Stigma

LEARNING OBJECTIVES

- Some people internalize stigma and feel shame as a result.
- This lesson teaches ways to manage thoughts related to internalized or self-stigma.

IN THE WORKBOOK:

Table A.1: Change Our Attitudes Exercise gives Alan’s example to completing Worksheet A.1

Worksheet A.1 provides a way to challenge stigmatizing attitudes in the “Change Our Attitudes Exercise.”

List some of the hurtful attitudes you hold about your experience with mental illness.

- Stigmas are hurtful attitudes about people.
- People who attempt suicide are **irrational** and **seeking attention**.
- They **selfishly chose** to end their lives.
- They are emotionally and morally **weak**.

Some people with mental illness may agree with stigmatizing beliefs like these and internalize them.

- I attempted suicide so I must be **irrational** and **just looking for attention**.
- I attempted suicide so I must be **selfish**.
- I attempted suicide so I must be **weak**.

There are five steps for changing personal hurtful attitudes like these.

**Step 1.** Begin with a clear statement of the hurtful attitude using the formula:

\[ I \text{ must be } \underline{\text{_______}} \text{ because } \underline{\text{_______}}. \]

“I must be a bad person because I am weak due to my suicide attempt.”
Step 2. If you further define this negative attitude, two key assumptions seem to account for the bad feelings associated with keeping your mental illness a secret:

1. **believing that “normal” people never feel weak due to life challenges** and
2. **it is shameful to attempt suicide**.

Step 3 and Step 4. To challenge these two assumptions you want to first ask others whether or not they believe them to be true. You will likely give up hurtful attitudes when you discover that their underlying assumptions are actually false. So, let’s start by challenging the first assumption: **believing that “normal” people never feel weak due to life challenges**. To do this, seek out a circle of trusted people for feedback; for example, a bible study group. In this example, you might also decide to check with your pastor, who you think is reliable and a “straight shooter.” From your bible study group you learn that six out of seven people admitted to “feeling weak” at times. Then, your pastor tells you that she is sometimes overwhelmed by church work and feels weak. Both your pastor and the people in the bible group said there are many reasons why people feel weak. After speaking with them, you understand that your hurtful belief (that “normal” people never feel weak due to life challenges) is not true.

Step 5. The final step is to translate your findings into an attitude that counters the hurtful belief. For example:

“I'm not bad for feeling weak. Everyone does.”

You may wish to write the counter down on a card so that you remember it better. Then, the next time that you’re questioning your integrity for keeping a secret, pull out the card. Remind yourself that everyone keeps secrets and that there is nothing wrong with it, as long as you aren’t keeping your secret based on assumptions that might actually be false. Use the workbook, specifically Worksheet A.1 and the example provided by Alan (Table A.1) to see how the second assumption: **it is shameful to attempt suicide**, was challenged and countered.

To Share or Not to Share? - MANUAL
Now that we have addressed the first assumption, let’s challenge the second one: that it is shameful to have attempted suicide. To do this, we will use an example from Alan to see the process he went through to challenge assumptions and change hurtful beliefs. You can see Alan’s completed worksheet on the next page.

Alan believed he was a weak person because of his suicide attempt. By completing the worksheet, he turned this belief into true-false assumptions by changing the statement from a personal “I” belief, to a statement that includes “all people like me.”

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

The truth of “I” statements is not always clear; however, change it to a general statement about everyone, and its falseness becomes evident.

Alan decided to challenge these assumptions by asking others whether or not they believe the two attitudes are true. Alan sought out a circle of trusted people for feedback, in this case a group from After Hours, an adult social club that he attends weekly. Alan also decided to check with his older sister Connie, who is highly respected in her neighborhood and someone in whom he has confidence. Alan was surprised by the response from people at After Hours. Not only did they disagree with the statement that “Strong people don't attempt suicide,” but some shared their own experiences. One friend, in fact, had been hospitalized like Alan. Members of After Hours also took exception with the second assumption that struggling with personal
problems meant that a person is bad. Alan was especially moved by what Connie said:
Here is Alan’s completed worksheet.

**Table A.1: Change Our Attitudes Exercise**

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1. **State the hurtful belief.**
   I MUST BE a weak person BECAUSE I have attempted suicide.

2. **Define the True-False Assumptions:**
   - Strong people don’t attempt suicide.
   - Weak means bad. All people who have problems are bad.

3. **Challenge the assumptions by checking them out with whom?**
   - I’ll ask people in my After Hours social group. They have been my friends for a while and will give an honest answer.
   - My older sister. She is smart and always tells me the truth.

4. **Collect evidence that challenge the assumptions.**
   - Some of my friends in the social club said they’ve had problems, like mild depression or anxiety, but they don’t believe they’re weak.
   - They said attempting suicide and being bad are clearly two different things.
   - My sister said that dealing with suicidal thoughts is a sure sign of strength, not weakness.

5. **Restate the attitude so that it doesn’t injure you. This is a COUNTER.**
   I’m not weak or bad because I have attempted suicide.
   In fact, I must be a hero for moving forward with my life.

   “Are you weak because you’ve attempted suicide? No way Alan! If anything, what you’ve overcome means you’re a hero.
   Few people can contend with the symptoms, the hospitals, the side effects and get back on their feet as well as you.”
Not only was Connie's feedback supportive, but it countered his belief about being weak.

As the final step, Alan sought to translate findings from Table A.1 into a **counter**. Even though Alan benefitted greatly from feedback from his friends and sister, he's likely to struggle with these self-stigmatizing beliefs again. Alan put together the various things people said about not being weak into a counter statement that he could use in the future against that stigmatizing belief.

“I'm not weak or bad. *In fact, I'm a hero for moving on.*”

Alan actually wrote this counter on the back of the calendar listing his monthly After Hours meetings. When he was alone and feeling ashamed, he’d pull out the card and read this message to himself.

Let’s use *Worksheet A.1* on the next page to change a hurtful attitude you hold about your experience with mental illness. What are some of these hurtful attitudes? List them here.

- 
  - 
  - 
  - 
  -

For the purpose of this exercise, use other group members to challenge and collect evidence against the assumptions. But, please consider whom you might ask outside the group at a later date. If you decide to follow through with this exercise outside of this group session, you need to make sure to go to someone who will prove these hurtful statements to be **false**.
Worksheet A.1

Change Our Attitudes Exercise

Complete all five steps.

1. State the hurtful belief:
I MUST BE________________________BECAUSE__________________________.

2. Define the True-False Assumptions:
________________________________________________________________________
________________________________________________________________________

3. Challenge the assumptions by checking them out with whom?
________________________________________________________________________
________________________________________________________________________

4. Collect evidence against the assumptions:
________________________________________________________________________
________________________________________________________________________

5. Restate the attitude so that it does not injure you. This is a COUNTER.
________________________________________________________________________
Appendix 2. Protections Against Unwanted Disclosure

In making decisions about disclosing your experiences with a suicide attempt, you first need to consider how your right to privacy is protected. Most governmental bodies have passed laws guaranteeing that interactions with mental health professionals remain confidential. **A major exception to this is if you are seen as a danger to yourself or others.** Keep in mind that laws vary by area and are constantly changing. A fact sheet summarizing the key points of these laws is provided in Table A.2.

<table>
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<th>Table A.2: A Fact Sheet About Confidentiality Laws</th>
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<td>All states in the Union have legislation that requires mental health workers to NOT disclose any information about you without your permission. Depending on the State, this generally means the following for adults.</td>
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- Every interaction you have with a mental health organization is considered confidential and may not be disclosed without your permission.

  This includes obvious issues like individual and group psychotherapy, meetings with a psychiatrist, participation in community meetings, and medical examinations by a nurse practitioner.

  Moreover, this literally means every interaction. Talking to the receptionist, waiting in the lounge, riding on the agency van, bumping into the janitor are all interactions that are confidential. No one has a right to know about anything you do in a mental health organization without your prior written permission.

  In fact, no one has the right to know that you ATTEND a mental health organization without your permission.

- Confidentiality laws also apply to all mental health-related records: written charts, videotapes, or computer files. They may not be disclosed without your permission.

- Confidentiality applies to everyone who works for an organization: from the medical director to the gardener to even volunteers.

- No one - including your employer, landlord, or family members - may obtain confidential information about you without your written permission.

- Your confidentiality is protected forever, even after you die. Employees of a mental health organization have to respect your confidentiality forever, even after they leave the organization.

Table A.2 continues on the next page.
You may choose to disclose any part of your record or interactions with a mental health organization. You can only do this when you sign a written release of information that specifies what materials are to be released (John Doe’s history in the Opportunities Vocational Program from October 1 to December 1, 1998) and where they are being sent (to Dr. Jones at Blackhawk Mental Health Center).

The only authority that can order a mental health professional to violate your confidentiality is a judge in a court of law when you are involved in civil or criminal proceedings.

Confidentiality Laws

Very few governmental bodies allow mental health professionals to disclose information about your history without your permission. This includes clinical interactions with the mental health system such as psychotherapy, group therapy, and participation in community meetings. But, it usually also means every interaction you have in a mental health setting, such as a conversation with a receptionist or while riding in the hospital van to an outing. No one has the right to know that you have ever been in a hospital or attended a community mental health center, without your prior written permission.

After you leave a hospital or community program, confidentiality applies to all of your records. These records cannot be released without your explicit permission. These include written charts, videotapes, and computer files. Similarly, anyone seeking your medical charts will be rebuffed unless they have your permission, such as landlords, your employer, or even your family members. Your records are kept from everyone, even after you die. You may release your records to another mental health organization or person, but only with a prior, written release. Consider the two stipulations here. First, permission must be obtained prior to the release of information; it is rarely legal to do so after information has been shared. Mental health agencies cannot ask you to sign a release when they have already given material about you to someone else. In addition, this permission must be written and must specify what information is to be released,
where it is being sent, who will receive it, and when the release will no longer apply. By the way, you are entitled to a copy of that release and may revoke it later if you change your mind. Also, an agency cannot pressure you in any way to sign a release of information.

A judge presiding over a civil or criminal case in which you are involved is the only person who may override this system of confidentiality, in some situations. He or she can order your mental health agency to provide information about you in matters before the court. You can decide to appeal this decision (usually with the help of an attorney representing your interest). Nevertheless, the final decision in these cases usually lies with the court.

**Who the laws do and don't apply to.** Confidentiality laws clearly apply to psychiatrists, psychologists, social workers, nurses, and other staff providing mental health services. In fact, these laws apply to all paid employees of an agency including receptionists, bus drivers, food service workers, and housekeeping staff. In addition, these laws apply to unpaid workers associated with the mental health program: recreation volunteers, therapy students, outside advocates, and members of the board of directors. Note, however, that laws do not apply to one group of people who you regularly encounter at a mental health program: the other people receiving services. Confidentiality laws do not apply to fellow consumers who you meet in a psychiatric unit of a hospital, or who you meet in group therapy at a community program. Nor must family members attending therapy sessions protect your confidentiality. It is certainly the case that staff will request that fellow group members respect your confidentiality -- they probably wish the same protections for themselves -- but there are no laws requiring that be so.

Other government laws may protect your privacy outside of mental health institutions. Defamation, slander, and libel are statutes that prevent falsehoods about you from being published or otherwise disseminated. For example, Title 18 of the U.S. Code prevents people from learning about you by reading your mail. Hence, correspondence from your psychiatrist, for example, is protected by law.
There are clearly many legal protections to ensure your privacy. Unfortunately, these protections are not absolute; gossip may always spread. For example, there are no laws that prevent co-workers from telling stories, and neighbors and friends may pass out information about you in a spiteful manner. Hence, you will need to make an explicit decision about whether or not you wish to disclose your experiences with mental illness and suicide.
Appendix 3. Did This Program Help?

IN THE WORKBOOK:

Worksheet A.2, “Personal Empowerment Self-Assessment Scale,” provides a way to evaluate your sense of personal and community empowerment from BEFORE and AFTER participating in the program.

Worksheet A.3, “Comparing Your Scores on Self and Community Empowerment—Did Your Scores Improve?” provides a way to visually compare your scores.

One way we believe the To Share or Not to Share program might be shown to help is by increasing a person’s sense of personal empowerment. In this last lesson, we provide a scale for assessing personal empowerment, a measure that might be used to assess program impact. The scale is thoroughly described in the workbook, as well as at the end of this lesson. First, however, we briefly define personal empowerment.

Personal empowerment is the opposite of self-stigma. People who feel positively about themselves and stand up to their community are not victimized by self-stigma. Hence, one way of defining empowerment is the absence of self-stigma. Unfortunately, this kind of definition suggests that personal empowerment represents the absence of pathology. Personal empowerment is much more than the absence of self-stigma. Personal empowerment is also a positive approach to one's life and to his or her community. Consistent with the discussion in the Personal Empowerment Self-Assessment Scale, we describe empowerment in two positive ways: the affirmative way in which individuals view themselves, and the affirmative way in which people interact with their community.

**Empowerment and One’s Sense of Self**

People who have a strong sense of personal empowerment have good self-esteem. They view themselves positively; self-statements include beliefs that they are dependable individuals.
“I am a good person. Sure, I have attempted suicides. But, I'm also a son; a brother; a husband, friend, and lover; a student, a co-worker, a member of a church congregation. These things together add up to an important person in this world who has much to offer.”

This perspective exceeds the absence-of-disease view of self-esteem.

“I'm not all bad even though I have attempted suicides.”

Empowered people also deny negative self-statements about themselves. But, more importantly, empowered people recognize their countless positive attributes rather than obsessing over their flaws. They affirm why they are an important person in the world. Sure, they recognize the occasional errors that haunt us all. But, they acknowledge these mistakes and still value their role in the world.

People with a sense of personal power have confidence in their ability to be successful. Psychologists call this self-efficacy. They believe that they can competently attain their goals and deal with problems that may arise in the future.

“I used to think that because I attempted suicide I couldn't handle real work. Why bother trying for the good job? I'm not up to an employer's demands. But now I realize that I have the same mix of strengths and weaknesses as everyone. I can call on these strengths to help me excel at my new job as a billing clerk.”

This kind of perspective helps people gain control over their future. Rather than being a victim, they are able to make decisions about how to attain personal goals. People who are self-empowered are optimistic. Instead of being overwhelmed by their symptoms, they believe that they will be successful.
Self-empowerment does not mean hiding. People with optimism and a sense of control over their life do not deny that they have suffered in the past. Nor do they think that they will never experience symptoms in the future. Instead, these people replace being overwhelmed with acceptance.

With acceptance also comes the realization that the person is more than just a diagnosis. Much more! Self-empowered people accept their problems. But, they also recognize that “who they are” goes beyond a set of symptoms. The total of one's sense of self includes the various roles and goals that make up life. Self-empowerment and positive self-esteem represent the appreciation of the breadth and depth of these goals and roles.

**Empowerment and One's Community**

People with a sense of personal empowerment are not intimidated by a sometimes hostile society. Rather, they are confident that they can fight the ignorance of their community and beat stigma.

> “Other groups have done it. The civil rights actions of the 50’s and 60’s turned around attitudes about race. We can do the same thing with suicide.”

People who are empowered may feel righteous anger: anger towards the disrespectful images of suicide on TV, in magazines and on the internet; towards landlords and employers who won't hire them because they have been hospitalized; and towards mental health professionals who said they will never make it beyond the walls of an institution.

Empowered people have given up their sense of powerlessness in the face of an oppressive majority. In its place, they face the stigmatizing ways in which society responds to suicide attempt survivors.

Empowered people are not overcome by anger. Instead, they are able to channel this anger into activities that diminish stigma, and further opportunities. Empowered people may affect change by becoming active in anti-stigma programs that protest hurtful images of suicide, by joining mutual-help programs that foster empowerment among peers, or by
earning the appropriate credentials and trying to change the mental health system from
within as a provider. The point here is that righteous anger can energize people, enabling
them to take control of their lives rather than be victimized by stigma and discrimination.

**The Personal Empowerment Self-Assessment Scale**

One way to assess empowerment is to complete the Personal Empowerment Self-Assessment Scale in *Table A.3*. Readers should answer the questions in this scale in order to
determine if they beat themselves up with stigma, or if they have some sense of personal
empowerment. Alternatively, readers might share this test with peers who have questions
about their level of empowerment. The key for the scale as well as the interpretation
guidelines can be found at the bottom of the next page. Complete the scale fully before
reviewing the key.

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**Table A.3: Personal Empowerment Self-Assessment Scale**
Rate how much you agree with the following statements using this scale:

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

_____ 1. I am able to accomplish my personal goals.
_____ 2. I want to change my community’s view of suicide.
_____ 3. I have control over my treatment.
_____ 4. It is okay for me to get mad at people who stigmatize suicide.
_____ 5. I am not a bad person because of my suicide attempt.
_____ 6. We can beat stigma if we work together.
_____ 7. Things will work out in my future.
_____ 8. I’m going to make waves about stigma.
_____ 9. I am okay even if I have attempted suicide.
_____ 10. I get mad at the way suicide is portrayed on TV.

Scoring:

Add up the scores of all the ODD numbered items and enter the total in Box 1. Then add up all the EVEN numbered items and enter the total in Box 2.

**KEY & INTERPRETATION GUIDELINES TO TABLE A.1**

The total in Box 1 represents views about empowerment towards yourself: self-esteem, future optimism, and self-effectiveness. Scores in Box 1 that are less than 8 suggest that you do not have much empowerment towards yourself. In this case, you will benefit from many of the suggestions to improve empowerment that are listed in this lesson.

The total in Box 2 represents views about empowerment towards your community: righteous anger and willingness to take action. Scores in Box 2 that are less than 8 suggest that you are unsure about challenging your community and its stigmatizing ways. You will benefit from the empowerment strategies as well as the anti-stigma approaches reviewed in this lesson.
The Self-Assessment Scale provides two scores for people who complete the test: self-empowerment and community-empowerment. They represent the two ways in which empowerment impacts suicide attempt survivors. People who feel empowered have good self-esteem, believe they are effective in life, and are optimistic about their future. Low scores on this scale (below 8) suggest that the person does not feel empowered about him or herself. Alternatively, empowerment can affect a person's view of his or her community. Empowered people may show righteous anger against prejudice and actually participate in civil actions that target stigma. Low scores on this scale (below 8) mean that the person is intimidated by public stigma and does little to counter it.

The Personal Empowerment Self-Assessment Scale is provided to help the person understand him or herself better. Sometimes, both test-takers and professionals make the “grand error of truth” in using assessment information. They assume that, if a test says so, then it must be true.

“I didn't think I had low empowerment. But I scored less than 8 so I must disapprove of myself.”

Information in these tests is meant to help people consider issues of self-stigma and empowerment. The final gauge of whether test information is right or wrong is the person taking the test. If the information makes sense or helps the person to stop and think over an issue, then it is probably useful feedback that the person may wish to heed. But, if test results seem to come out of left field and do not reflect the person's experience, then the information may be incorrect. Some tests just don't work right for some people. In these cases, it may be best to ignore the test findings/results altogether.

Program Evaluation

The Personal Empowerment Self-Assessment Scale can also be used to evaluate the effectiveness of a specific trial of the To Share or Not to Share program. To do this, all participants in the program should complete the scale twice: before starting any part of the program (called the baseline), and upon completion (called the post-test). Baseline is usually
administered at the same time as the first meeting and Lesson 1, immediately before starting any aspect of the program. All program participants are given paper copies of the measure and asked to complete it. Post-test is given upon completion of the last meeting, Lesson 3. Group facilitators should then determine the group average of pre-test scores separately for Box 1 [Empowerment and One’s Self] and Box 2 [Empowerment and One’s Community]. These should then be plotted on a simple bar graph such as the graph shown below:

As can be seen in this example, empowerment for one’s self has increased from about 12 to more than 22 from baseline to post-test. Empowerment for one’s community has grown from 15 to 24 from baseline to post-test. Researchers and statisticians struggle to understand how much of an increase represents a significant, or meaningful, increase, a debate that is beyond the scope of this manual. Simply put, we propose any increase of five points might be considered a success.