

TO SHARE OR NOT TO SHARE?

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



Toolkit For Program Participants

AUTHORS

Lindsay Sheehan

Mike Bushman

Fred Friedman

LaToya Glover

Stanley A. Lewy

Nathalie Oexle

Matt Perry

Sai Snigdha Talluri

Acknowledgment: A special thanks to Chris White, of the Scottish Mental Health Foundation, for reviewing the curriculum and helping incorporate the idea of “empowered non-disclosure” throughout.

Photos courtesy of the BeVocal Collection (<http://www.bevocalspeakup.com/mental-health-stories-and-photos.html>)

This curriculum is a program of Honest, Open, Proud (HOP) and was adapted from HOP with funding from the American Psychological Foundation and from the Suicide Prevention Association. For information, contact Lindsay Sheehan (lsheehan@iit.edu) or visit the website at www.hopprogram.org

Version:

TABLE OF CONTENTS

PREFACE

This manual is designed as a tool for people who have had personal experiences with suicide and want to think more about disclosing their experience to others.

Personal experiences with suicide may include a history of suicide attempt or having thoughts of hurting/harming yourself. This program is not meant either to pressure you to disclose or to discourage you from disclosing; rather it is meant to help guide you through the decision making process, challenge any embarrassment you might be imposing on yourself, and allow you to hear the stories of others who have had personal experiences with suicide.

Our Name

The title of this toolkit is inspired by a phrase from the Hamlet soliloquy, “To be or not to be: that is the question” (see next page). Suicide attempt survivors or people who have had suicidal thoughts ask a similar question: “To share or not to share?” Meaning, do you tell others about your personal experiences with 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 people with personal experiences with suicide 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;
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

GETTING STARTED

Purpose of the Program

Our goal is for you to consider the risks and benefits of telling others about your personal experiences with suicide and reduce the shame that surrounds them. If you decide to talk about your experiences, we will discuss strategies for starting that conversation. If you decide not to share your story, we will support that as well, and will help you feel empowered to make that decision.

Possible Benefits of the Program

- You can learn strategies for telling your story
- You may feel more comfortable, confident, and/or feel better about yourself

Possible Risks of the Program

- It can be emotionally difficult or triggering to talk about your personal experiences with suicide or hear others talk about their experiences.
- This program is not therapy, individuals are encouraged to seek and maintain professional treatment (e.g. therapist, counselor) or other support to manage emotions or memories that might come up while completing the program. You will find a list of resources at the end of this toolkit.

SESSION 1

The Pros and Cons of Disclosing

Session Overview

Talking about your personal experiences with suicide is the right decision for some people, but not for everyone. This section is a guide to help individuals decide what the right decision is for them. Through this session, we help you think about how self-stigma impacts you, we help you weigh the costs and benefits of talking openly so that you can decide whether or not to disclose and finally, we talk about empowered non-disclosure. If you would like to do the activities from this session, worksheets can be found on pages x-y in the worksheet book.

Activity 1: Challenging Personally Hurtful Self-Stigma

Learning Objectives

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

In The Workbook

Worksheet 1: “Changing Our Attitudes Exercise” gives steps to change a hurtful attitude you may hold about your personal experiences with suicide
Page xx in the workbook shows an example.

Stereotypes and prejudice are false and unfair, but some of your family and friends, or others in the community may believe these misleading stereotypes:

- People who attempt suicide or have thoughts of suicide are **irrational** and **seeking attention**.
- They **selfishly chose** to end their lives.
- They are emotionally and morally **weak**.

Unfortunately, some individuals who have had personal experiences with suicide may agree with stigmatizing beliefs like these and internalize them:

- I attempted suicide or I have thoughts of harming myself, so I must have been **just looking for attention.**
- I attempted suicide or I have thoughts of harming myself, so I must be **selfish.**
- I attempted suicide or I have thoughts of harming myself, so I must be **weak.**

Reflection Questions
Have you ever felt ashamed about your personal experiences with suicide?
What are some other hurtful attitudes you might feel about yourself?



Changing Self-Stigma

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

Step 1: Begin with a clear statement of your hurtful attitude using the sentence:

I must be _____ ***because*** _____

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

Step 2: Recognize that there are two assumptions that lead to these attitudes

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

Step 3 and Step 4: To challenge these two assumptions, you can **ask others** whether or not they believe them to be true. To do this, seek out trusted people for feedback; for example, close friends. From your friends, you learn that many of them admitted to “feeling weak” at times. After speaking with them, you understand that your hurtful belief (that “normal” people never feel weak) is not true. Think about what other evidence you have that these assumptions are not true. Have people told you in the past how strong you were? Can you think of times or situations where you have showed strength (as opposed to weakness?)

Step 5: The final step is to develop counters that challenge the hurtful belief for example: “I am not bad for feeling weak. Everyone does.” You might want to write down your counters and review them often.

A Note on the Language of Suicide

The words you use to describe your personal experiences with 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 “took his/her/their/ own life.”
- Suicide loss survivor usually refers to a family member who has lost a loved one to suicide. Suicide attempt survivors refers to someone who has attempted suicide and survived the attempt.
- Instead of saying “successful suicide” say “completed suicide”
- Instead of “failed attempt” or “unsuccessful attempt” say “survived an attempt.”



Activity 2: Consider the Pros and Cons of Disclosing Personal Experiences with Suicide

Learning Objectives

- There are both benefits and costs to 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 2: “Weighing the Costs and Benefits of Disclosing” provides a way to lay out the costs and benefits of disclosing. This worksheet is designed to help you make a decisions about how you would like to move forward with the issue of disclosure



Read the stories about Mike, Cara and Maria

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

Cara is 35 years old and a multiple suicide attempt survivor. Cara's first attempt occurred in high school, an attempt she didn't count because she decided that she should have known her chosen methodology would not work. In her late 20s, Cara made a second suicide attempt, one she felt compelled to disclose when it required hospitalization. Her detail-limited disclosure led to some family and friends avoiding contact with Cara, fearing they might trigger a negative reaction. Not long after the second attempt, Cara made a third attempt. Following the third attempt, Cara decided to more aggressively communicate the causes and impacts of her mental illness, as well as inform each person she told what she needed from them to succeed in her efforts to achieve mental health. Cara recently took a new job offering substantial career potential. Cara and her wife worry that disclosing her mental illness or prior suicide attempts to this employer could harm her career prospects. Cara identifies herself as a suicide attempt survivor, but only with select audiences.

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

Reflection Questions

In what ways do you identify with Mike, Cara or Maria?
What do you think about their disclosure decisions?

Make a list of all the costs and benefits of talking openly about your experiences with suicide. Benefits represent why you would do it and what you expect to happen that is positive as a result of disclosing to others. Costs are why you wouldn't do it and the negatives or harm that could result from disclosing. Use **Worksheet 2** on page x of the workbook to help you with your decisions.

Who might you tell?

Telling people about your history with suicide is a lot different at work than with your family, in your neighborhood or with your rugby teammates. Think about who you might talk with (e.g. friend, therapist, online friend, stranger, another person in group) and write that in the worksheet.

What is reason or goal for disclosing?

Think about your reason or goal for talking with that person about your experiences with suicide (e.g. to get it off my chest, to help others who are struggling). Your reason or goal will likely be on the list of benefits of disclosing.

Write down all the costs and benefits for you. Put a star next to one or two that seem to be particularly important. Important items are the ones you spend a lot of time thinking about. You may want to star (*) the items that make you nervous when you think about them ("If I tell my buddies about my suicide attempt, they'll walk on eggshells around me."). Or, you may mark items that suggest a lot of hope ("Maybe if I tell my friend, she'll understand why I wear long-sleeved shirts to cover my scars.").

How will your disclosure affect others?

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

What is your decision?

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

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

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

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

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

Activity 3: Empowered Non-Disclosure

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

Learning Objectives

- Some people may choose not to disclose some or all of their suicide experiences. They may be concerned about stigma, or upsetting family members, or after completing Worksheet 2 they decide that the risks/costs outweigh the benefits of talking about their experiences with thoughts of hurting themselves
- This lesson helps you recognize that non-disclosure (choosing not to tell others) can be a good decision for you.

In The Workbook

Worksheet 3: "Deciding Not to Disclose" provides a way to think about situations where disclosure might be difficult.

There are some people who might judge you if you talk about your personal experiences with suicide. You might also be discriminated against (e.g. you might get fired from your job). Sometimes talking about your experiences with suicide is irrelevant or distracting.

Remember that only you can make the decision. If you've weighed the pros and cons of disclosing, then we encourage you to feel empowered in your decision! If you decide not to disclose now, you can always change your mind later.



SESSION 2

There are Different Ways to Disclose

Session Overview

It might seem obvious, but there are different ways to disclose. In this session, we describe five different ways of disclosing and the costs and benefits associated with each strategy are discussed. We also provide strategies on selecting a person you might disclose to and consider how he/she/they might respond to your disclosure.

Activity 1: Difference Ways to Disclose

Learning Objectives

- People might disclose their experience with suicide and suicidal thoughts 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.
- Discuss using social media to disclose to someone versus disclosing face to face.

Table 1 on the next page summarizes five ways people might disclose their experiences with suicide.

Table 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.	
Costs? You may feel vulnerable because disclosure doesn't feel like a choice.	Benefits?
2. Secrecy: Participating in work and community situations, but keeping your experiences with suicide a secret.	
Costs? Some people feel remorseful about keeping secrets. You may not receive support from others because they are unaware of your experiences with suicide. You might have an unintended disclosure where someone finds out about your experiences.	Benefits? You withhold information from others. But you don't avoid important settings like work opportunities or other activities that will enhance your quality of life
3. Selective Disclosure: Disclosing your experiences with suicide to selected individuals, like co-workers or neighbors, but not to everyone.	
Costs? You may tell people who tell others. Others may judge you or discriminate against you.	Benefits? You might find people who will understand your situation and provide support.

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.

Costs? You may tell people who tell others. Others may judge you or discriminate against you.

Benefits? You don't worry who knows about your problems and you are likely to find people who will be supportive.

5. Broadcast Your Experience: Actively seeking out and educating people about your experience with suicide.

Costs? You might meet people who disapprove of your openness and advocacy. You might be judged or discriminated against.

Benefits? You don't worry who knows about your experiences with suicide. You are promoting a personal sense of empowerment in yourself. You are striking a blow against stigma and empowering others.

What are some ways people disclose, besides face-to-face?

- Comedy routine
- Book
- Letter
- Email
- Text
- Online Group (anonymously)

The possible costs and benefits of social media disclosure are discussed below.

Social Media Disclosure

Table 2: Examples of common media used to disclose and their costs and benefits

Media	Costs	Benefits
Online Video Chat: - Skype - FaceTime - ooVoo	- Not as personal as in person - Speaking in the moment (off the cuff)	- What is said cannot be easily shared with others like an email - Can show emotion - Recipient gives immediate response
Private Messages: - Email - Phone Text Message - Private Facebook Message	- No emotion conveyed - Confidentiality issues (messages can be shared by recipient)	- Less intimidating - Carefully planned out what is written - Less stressful
Public Messages - Twitter - Instagram - Tumblr - Public Facebook Post - Blog	- No emotion conveyed - Everyone can see/comment - People might not take it seriously	- Educate the public - Can tell everyone at once and be "out" - Carefully planned out what is written
Others? - Snapchat - Reddit		

Reflection Questions

Social Media Disclosure

1. What social media do you use most frequently? Is disclosure on social media an option for you?
2. What challenges do you face with disclosure on social media?
3. What safeguards can be taken to ensure that individuals who

There are situations in which disclosure might be more complicated, such as work and school.

Disclosure at Work

The Americans with Disabilities Act (ADA) is designed to protect you from being fired because of a serious ongoing illness or injury (including mental illness) however, the law is complicated and not all employers will understand or know how to react if you do disclose. Under the ADA, an employer must provide you a “reasonable accommodation” if you have a disability (such as

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

The ADA only applies for companies with 15 or more employees

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

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, there are a few actions you can take:

- You can file a claim with the Equal Employment Opportunity Commission (EEOC) <https://www.eeoc.gov/>.
- The Family Medical Leave Act (FMLA) and disability insurance plans may allow for time off work after suicide attempt,

Reflection Questions Disclosure at Work

1. What challenges do you face with regards to disclosing at a workplace?
2. What are some workplace accommodations that individuals with personal experiences with suicide might need? How might one go about requesting accommodations?
3. How much information should individuals provide while making the disclosure?

Disclosure at School

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

Most colleges and universities have a disability services department, which coordinates classroom accommodations. The disability services office may also help advocate for you if a leave of absence becomes

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

Reflection Questions Disclosure at School

1. Do college students have to disclose their disability at the time of admissions or starting school?
2. When might disclosure be necessary at school?
3. What are some measures that can be taken at school to ensure that students feel comfortable in discussing thoughts about suicide?

Activity 2: To Whom Might You Disclose?

Learning Objectives

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

If you are considering selective disclosure, this section helps you identify a possible person for disclosure. Two things are considered:

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

Who is a Good Person to Disclose to?

There are several reasons why you might pick a specific person to disclose to. These might not only be your friends and family, but also your co-workers, therapist and any other person you interact with.

Selective disclosure does not mean sharing your experiences with everyone. You need to identify people who are likely to respond positively to your message. There are several reasons why you might pick a specific person for disclose to. Table 3 on page 26 groups these into four types of relationships.

In The Workbook

Worksheet 4: “Testing a Person For Disclosure” provides a way to test whether a person might be a good person to disclose to.

Table 3: Types of Relationships for Disclosure

Type	Description
Functional Relationship	The person provides some function to you where knowing your experiences with suicide might help accomplish the function. Functional relationships include work supervisors, coworkers, teachers and team members
Supportive Relationship	The person seems to be friendly and will provide support and approval to you when they find out about your experience. These may include coworkers, neighbors, friends, faith leader, or family. Characteristics of a supportive person include pleasantness, open-mindedness, concern for others, loyalty, trustworthiness, and helpfulness.
Empathic Relationship	An empathic relationship is different than a supportive relationship. People with an empathic relationship have had some kind of similar experience and can really connect to what you are feeling: “I know what it’s like to have suicidal thoughts.” Their characteristics include: <ul style="list-style-type: none"> • personal experience with their own thoughts of suicide or with a friend or family members • willingness to listen • an understanding nature • kindness
Healthcare Relationship	Healthcare providers include doctors, nurses, therapists, or others who can provide you with treatment and support.

Testing a Person for Disclosure

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

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

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

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

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

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

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

Activity 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

Be certain of one thing: disclosure will impact people around you. You need to consider the various ways in which people may respond and plan your reactions accordingly. Table 4 below lists a variety of reactions to disclosure that are sorted into groups by positive versus negative emotional response

Table 4: Examples of reactions to disclosure	
Positive Responses	Negative responses
Understanding: <i>"It must be hard living with that."</i>	Disrespect: <i>"It's not that big a deal - it's not like you're losing your job or something."</i>
Interpersonal Support: <i>"I'm here for you if you need someone to talk to."</i>	Denial: <i>"I'm not sure you can handle this project."</i>
Assistance: <i>"Let me know how I can help."</i>	Gossip: <i>"Hey, did you hear about Joe? He tried to kill himself."</i>
Neutral: <i>"Okay."</i>	

Helping Others Be Comfortable With Disclosure

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

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

- Tell the person that there's nothing they've done wrong, but this is an important part of your life that you want to share with them.
- Tell them pieces of the story at a time to see how well they can emotionally handle it.
- Tell them up front what you expect from them.
- Acknowledge the discomfort.
- Emphasize your distance from the event, your recovery, or your current support system.

In The Workbook

Worksheet 5: "Helping Others Be Comfortable with Disclosure" provides a list of things you can say to help others be comfortable during the disclosure.

Worksheet 6: "How Will I React to Negative Disclosure Experiences?" helps to evaluate how you might react if you experienced one of the negative responses listed in Table XY.

SESSION 3

Telling Your Story

Session Overview

As a result of Sessions 1 and 2, you might have decided that you want to disclose. In this session you will learn a way to tell your story in a personally meaningful way and review how it made you feel. You will learn to identify peers who might help you with the disclosure process and finally, you will learn how to put together all you've learned in order to move forward.

Activity 1: How To Tell Your Story

Learning Objectives

- Read through one example of how to tell the story of one's experience with thoughts about harming themselves
- Use the provided guide to construct your own story of experience with suicidal thoughts
- Understand the values and issues related to public speaking

We provide an example of one way that you might tell your story in a personal and meaningful way. We illustrate it with an example by Kelley Clink, author of the book, *A Different Kind of Same*.

In The Workbook

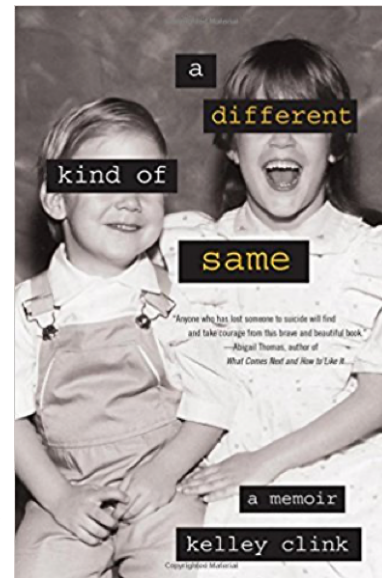
Worksheet 7: "A Guide To Setting Up a Story About Your Experiences with Suicide." provides a template for constructing your story about your experiences with suicide.

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

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

It seems like the onset of depression should be gradual, a state a person sinks into, and I can see now that mine was. But it happened so slowly that I was scarcely aware of it. I thought—after the initial shock of realizing that my status as a “Yankee” in Alabama made me more of an outsider than a curiosity, after realizing that either my expectations or I would have to change in order to survive— that I was managing, coping, functioning at least. And then one bright, sunny morning in June 1995, a few weeks before my sixteenth birthday and nearly a year after our move, I woke to find myself fully submerged in depression.

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



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

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

After my attempt, I felt like the handful of people who knew what happened—my doctors, my teachers, my family—were watching me, waiting for me to fall apart again. There was fear behind the concern in their eyes, and I hated it. So I closed up and pushed everyone away. I created a new persona, a “well” persona. Throughout the rest of my teens and into my early twenties, I rarely mentioned being on medication. If I did, I made it into a joke. I never talked about suicide. I started dating someone. After two years, we got married. He knew I took medication for depression, but that was all I told him. My husband didn't learn about the extent of my depression or my attempt until I wrote about it in a book—seven years into our marriage. Likewise, none of the friends I'd made in college or young adulthood knew about my attempt until they read the book. Some didn't even know about my depression.

What I discovered after I finally began sharing my story, is that telling people where you are and what you're going through usually results in cheerleaders on the sidelines, and even a few people who will run alongside you as far and as often as they can. It wasn't until the walls started coming

down that I realized how ashamed I was of my past, how much I thought of my depression and suicide attempt as character flaws that I was somehow responsible for. And when I examined the shame more closely, I saw it was rooted in fear—fear that others would feel the same way about my illness that I did. When I began speaking about my struggles more openly, I found out that some of them did. But then I realized that it didn't matter. That, in fact, they may have been taking their cues from me. If I looked at myself with kindness and compassion, if I looked at my depression and attempt as facets of my humanity, maybe others would do the same.

I know now that sharing my story has transformed the way I see my illness and attempt. It's cut doors and windows into the walls I built around myself.

I also know now that recovery isn't what I'd thought it would be. Recovery doesn't mean the absence of negative feelings—it means cultivating the ability to acknowledge and honor them, to let them exist without trying to change them.

Recovery doesn't mean I'll never face another obstacle in life—it means that I will approach the next obstacle with open eyes and an open heart, no matter how painful. As I read what I have just written, I think, okay, this sounds way too easy. It isn't. While it does get easier, it never stops being work. Sometimes it's awful. Sometimes I cry. There are many days when, overwhelmed, I quit. The difference is that when those days happen now, I know they are not failures. I am not a failure.

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

Reflection Questions A Different Kind of Same

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

Worksheet 7 on page XX of the workbook provides a template to fill out and develop a story that might work for you. Your story will vary depending on where you tell it. For this exercise, let's assume you are telling it to a support group, friend or family member. Remember, this is only one way to tell your story.

To complete the exercise, do the following:

- Enter your purpose, expectations, and name.
- List some events in your life that are typical or unique.
- List ways in which your challenges emerged. As with all exercises in the program, do not say anything here that makes you feel uncomfortable. You only need to discuss those things that you feel okay sharing.
- Share how your life changed after your suicide attempt. List some of the things you struggled with due to your experiences. Listeners need to understand what you were feeling, that your attempt was not an attention-seeking or mean-spirited decision.
- Now, the important part. List your achievements and accomplishments, things that demonstrate improvement. Let's remember that improvement does not always mean a college degree, full time job, big income, or four-bedroom house. We all seek different goals depending on who we are and where we are currently at in life. Share those!

- And now for the purpose of your story. Specify how stigma has thrown up hurdles on the path to your accomplishments. List some of the unfair experiences and harsh reactions that you have experienced from society.
-which leads to the conclusion of your story:

My purpose for telling you this story is _____ and what I hope/need/expect from you is _____.

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 suicidal thoughts in detail. Research suggests that this can be triggering for others, especially youth. Briefly mentioning the method (e.g. pills) is sufficient for others to understand the story.
- Be prepared for follow-up questions after telling your story. Remember that you can politely say that you are not comfortable discussing parts of your story or answering specific questions.
- If you are speaking in the media, consult the most recent guidelines on the Suicide Prevention Resource Center (SPRC) website (<http://www.sprc.org/>). Specific guides for blogs and social media disclosures are also available at SPRC.

Let's Try It Out

Now you have a chance to practice. First review the points you made in Worksheet 7. This is going to be your story. Take five minutes, find a quiet space and run through it in your head. Maybe you want to write out the story on a separate sheet of paper.

In The Workbook

Worksheet 8: "Quality of Experience" provides a format for evaluating your disclosure experience.

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



Activity 2: Peer Support

Learning Objectives

- There are many types and characteristics of peer services.

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

Where do I find peer support groups? There are not many peer support groups specifically for people who have attempted suicide or have suicidal thoughts. 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. A great place to start is Worksheet ABC on page XYZ of the worksheet booklet where participants are to list all the programs they can think of. After doing so, have the group generate a master list.

You may also wish to consider starting your own support group. See the guide to starting your own group at: <http://www.sprc.org/resources-programs/manual-support-groups-suicide-attempt-survivors>

Note: Peer support is not helpful for every person, all of the time. Think about whether or not peer support might work for you, either now or in the future.

In The Workbook

Worksheet 9: “Where do I go to find peer support” provides an opportunity for you to generate a master list of programs that you can join.

Activity 3: Putting It All Together

Learning Objectives

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

We end the program with a pause for insight and direction.

In The Workbook

Worksheet 10: “Insights and Future Directions” provides questions so that you can summarize insights and decide on future directions.



RESOURCES

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

American Association of Suicidology

www.suicidology.org

American Foundation for Suicide Prevention

www.afsp.org

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

www.suicidepreventionlifeline.org

Suicide Awareness/Voices of Education

www.save.org

Suicide Prevention Resource Center

www.sprc.org

Didi Hirsch

www.didihirsch.org/spc

Guides for Reporting Suicide in the Media

The Suicide Prevention Resource Center's Safe and Effective Messaging for Suicide Prevention

www.sprc.org/library/SafeMessagingfinal.pdf

Media Recommendations from Reporting on Suicide

<http://reportingonsuicide.org>

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

CONCLUSION

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

We hope that the technique put forth in this toolkit will help you, no matter what challenges you face going forward. Use the worksheet in Appendix A in the workbook to rate how the disclosure or non-disclosure went.

