FINDING A PATH TO DISCLOSURE: HOW SUICIDE ATTEMPT SURVIVORS DESCRIBE THEIR DECISION TO DISCLOSE

by

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For Sonina, Aria, Trixie, and all those facing life one day at a time.

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ABSTRACT

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This study examines how suicide attempt survivors (SASs) decide whether or not to disclose their suicide attempt to close others. The investigation is framed using the revelation risk model (RRM) of disclosure (Afifi & Steuber, 2009) with particular focus on the risk assessment and willingness to disclose components of the model. Additionally, the investigation considers the concept of stigma in an effort to expand how stigma is relevant within the decision to disclose about prior suicide attempts. The sample includes 10 participants recruited from the Live Through This project, a project dedicated to collecting and sharing stories online from suicide attempt survivors. Interviews were analyzed using thematic analysis. Data analysis showed that suicide attempt survivor disclosure generally follows the framework of the RRM. Notably, stigma was shown to be a major factor in the secret valence and risk assessment stages of the model. Additionally, the disclosure decision-making process was found to change over time. Findings have implications for both theoretical contributions and practical implications for suicide attempt survivors and medical providers. Limitations and future directions for research are addressed.

INTRODUCTION

Suicide is the tenth leading cause of death in the United States (National Center for Health Statistics, 2017, pp. 128). For every suicide completion, there are approximately 25 non-fatal suicide attempts. In 2015, the Substance Abuse and Mental Health Services Administration (SAMHSA) found that approximately 1.4 million people in the U.S. attempted and survived the suicide attempt (Piscopo et al., 2016). Furthermore, 23% of people who attempt suicide also re-attempt suicide at some point (Owens, Horrocks, & House, 2002), and approximately 7% of suicide attempters eventually die from subsequent suicide attempts. Overall, the rate of death by suicide among suicide attempt survivors is 540 times that of the national death by suicide rate (National Institute of Mental Health, 2018).

The dramatic rate of suicide has contributed to research on suicide prevention. However, less effort has been spent examining the experience of suicide attempt survivors (SASs) and their experiences following the suicide attempt. Current therapeutic protocols for SASs include cognitive behavioral therapy, family group therapy, and family skills training. Research demonstrates the power of disclosure and being able to talk about traumatic life events. For example, study participants who talked in depth about difficult life events resulted with improved physical and mental health than control group participants (Pennebaker & Beall, 1986). Despite the potential positive benefits of disclosure, sharing personal and private thoughts is not without consequence. Individuals contemplating disclosure are mindful that recipients could respond with support but could also respond negatively, damaging or ending relationships (Afifi & Guerrero, 2000). The likelihood of negative responses is increased when the information is stigmatized. Suicide is a topic of conversation avoided by most people (Chapple, Ziebland, & Hawton, 2015; Felix, 1965) and talk of suicide attempts is highly stigmatized. This stigma is likely due to the

social taboo surrounding death by suicide (Cvinar, 2005). People generally feel uncomfortable or repulsed by the idea of suicide due to religious, legal, and historical factors that extend into the modern day (Cvinar, 2005). These negative feelings about suicide may contribute to avoiding talk about suicide.

Disclosure research examines not only the consequences of disclosure, but also how individuals determine if they will disclose. For example, one model, the revelation risk model (RRM, Afifi & Stueber, 2009), describes the intricate processes of how individuals determine if they will share secret information with close others such as family members. The RRM focuses on the potential a secret has to harm the individual disclosing as well as the information recipient or their shared relationship. The theory describes that prior to disclosure, disclosers consider the information to be shared, the risk of disclosing that information, relational closeness with the recipient, and the confidence, or efficacy, in successfully sharing the information. Thus, understanding what considerations SASs weigh when deciding whether or not to disclose to a close other may be an important step in future efforts to provide therapy to those who have attempted suicide, particularly in efforts to minimize future suicide attempts.

To understand the factors leading SASs to disclosure experiences, and framed within the revelation risk model, this project will focus on how suicide attempt survivors talk about their decisions to either reveal or conceal their suicide attempt. The investigation will focus on the decision to engage in disclosure as well as the role of stigma in that experience. The following review of literature will review suicide in the United States, the importance of disclosure, and the revelation risk model.

REVIEW OF LITERATURE

Suicide in the United States

Written by Crosby, Ortega, and Melanson (2011) the Centers for Disease Control and Prevention (CDC) define suicide as, "Death caused by self-directed injurious behavior with an intent to die as a result of the behavior," and defines a suicide attempt as, "A non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior" (Crosby, Ortega, & Melanson, 2011, p. 21, 23). As stated above, suicide is the tenth leading cause of death in the United States (National Center for Health Statistics, 2017), and the number of deaths by suicide increases every year (Piscopo et al., 2016). The CDC published a list of 15 risk factors that commonly predict suicide. Among these factors are having a family history of suicide, previous suicide attempt(s), a history of mental disorders, feelings of isolation and/or hopelessness, and the unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders (CDC, 2017). In addition to risk factors listed by the CDC, much research has identified risk factors associated with particular at-risk populations (Christiansen, & Jensen, 2007; Conwell, Duberstein, & Caine, 2002; Hawton, Sutton, Haw, Sinclair, & Harriss, 2005; Remafedi, Farrow, & Deisher, 1991). Specific at-risk populations that have been studied including suicide attempt survivors, adolescents, gay and bisexual youth, individuals with bipolar disorder, older adults, and veterans. While for several of these groups, risk factors were similar to those listed by the CDC, other groups face unique risk factors. For example, Remafedi et al. (1991) discussed the risk factors associated with gay and bisexual youth. Unlike the general population, the younger they are when they have a firm realization of their sexual-orientation, the greater their risk of suicide. Additionally, one third of participants reported that their suicide attempts were related to personal

or interpersonal conflicts about their sexuality (Remafedi et al.,1991). Thus, certain groups are more at risk of attempted suicide and death as a result of suicide. Data collected by the CDC and complied in WISQARS (Web-based Injury Statistics Query and Reporting System) show that from 2006 to 2016, suicide has been the tenth leading cause of death across all demographics. For individuals aged 10 to 34, it is the second leading cause of death and the fourth leading cause of death for individuals aged 35 to 54. Additionally, this data shows over a 10 year period, that death by suicide per 100,000 people is 19.9 for men and 5.3 for women. This may lead to the assumption that men have a higher suicide attempt rate. However, according to Mościcki (1994) and Piscopo et al. (2016), suicide attempts occur primarily among women. Independent of gender and characteristics associated with increased initial suicide attempts, research strongly demonstrates individuals most at risk of death by suicide are those who have attempted once or more (Owens, Horrocks, & House, 2002).

Given that those who have attempted suicide before are at increased risk of future suicide attempts, it is important to understand what happens to individuals after a suicide attempt. One report showed that repeat attempts and deaths as a result of suicide continued to accumulate up to four decades after the initial attempt (Suominen, Isometsa, Suokas, Haukka, Achte, & Lonnqvist, 2004). This study followed 98 individuals admitted to a hospital after attempted self-poisoning for 37 years. At the 37-year mark, 13 of the individuals had committed suicide. Interestingly, the majority (8 of the 13) committed suicide after the 15-year mark of the study, demonstrating that risk of suicide does not decrease with time. However, most prevention efforts are focused immediately after a suicide attempt (e.g. Christiansen & Jensen, 2007; Kim, Park, Kweon, & Ahn, 2018). While some long-term studies do exist (e.g., Suominen et al., 2004), they are most often quantitative and there is little to no qualitative research documenting the lived experiences,

including disclosure practices, of suicide attempt survivors years after their initial attempts. Thus, little is known about the experiences of discussing suicide attempts.

Therapy to Prevent Suicide Attempts

Some research aimed at reducing future suicide attempts points to the value of communication to prevent suicide. The Suicide Prevention Resource Center provides an extensive database of evidence-based programs and practices for helping to prevent suicide. Some of these programs are directed toward helping suicide attempt survivors specifically, and these programs stress the importance of social networks. For example, in addition to stressing cognitive therapy as a technique to redirect thoughts of suicidal ideation during times of heightened suicidal thinking, one program also emphasizes the need of creating a social support network to help prevent future suicide attempts (Stanley et al., 2009). Cognitive behavior therapy for suicide prevention (CBT-SP) has several different methods that therapists use to treat SASs both individually and in family/group therapy with the SAS's social network. For example, in early treatment, therapists may encourage SASs to create a safety plan with their social network in order to have a preset plan of action if the SAS begins to experience intense suicidal ideation. Other techniques that are used include group skills trainings where SASs and their support networks are taught how to resolve conflicts between each other and how to understand each other better. Similarly, another program targeted toward adolescent suicide attempt survivors and those with high levels of suicidal ideation is the family intervention for suicide prevention. This program seeks to open a dialogue between the adolescents and their family in order to increase mutual support and coping skills with the goal of preventing future suicide attempts as a result (Asarnow, Berk, Baraff, Roberts, & Kaslow, 2009). In order to open a dialogue, the program encourages therapists to help SASs find common ground with their family members. Often times discussions about what positive attitudes

individuals have about each other are used. This strategy helps open the conversation in order to then discuss more serious risk factors that could lead to a re-attempt (Asarnow et al., 2009). These programs, along with various others (e.g. Ewing, Diamond, & Levy, 2015), stress the importance of connection with a social support network. These programs show that having support from close others is key to reducing the risk of further suicide attempts. Based on my review of these protocols, an important component to building these social support networks that is not explored in these programs is the act of disclosure.

The Importance of Disclosure

Key to opening dialogue and utilizing social support networks is the process of disclosure. Without disclosing about their suicide attempt, an SAS may be unable to connect to others to receive the needed support. However, it is important to note that disclosing private information to others is inherently risky (Afifi & Steuber, 2009) because it leads to vulnerability (Petronio, 1991). Revealing inner secrets to others could invite rejection, dismissal, and being socially ostracized (Afifi & Guerrero, 2000). In addition to personal risk, Afifi & Steuber (2009) suggest that disclosure is risky because of the potential damage it can cause in relationships. For example, in romantic relationships, many topics are considered to be taboo due to their potential to harm the relationship. One of the topics that has been found to be widely taboo are negatively-valenced self-disclosures (Baxter & Wilmot, 1985), including information about suicide attempts which is often negatively-valenced. One example of a negatively-valenced self-disclosure that has been studied to a greater extent than suicide attempt disclosure is the disclosure of rape. One study found a pattern of rape survivors being silenced by negative reactions when they chose to disclose (Ahrens, 2006). Rape is similar to suicide attempts in that blame is often assigned to the victim regardless

of circumstance, and Ahrens (2006) found that some negative reactions to rape disclosure included blaming the victim.

Despite the risks associated with disclosure, many individuals choose to disclose their secrets to others. One of the reasons this occurs is to experience potential benefits. Some of those benefits may come through catharsis. Stiles, Shuster, and Harrigan (1992) write about catharsis as one of the main reasons individuals disclose private information. Catharsis is the act of releasing and thereby finding relief from stress and anxiety that is caused by intense emotions. The potential relief of catharsis can lead individuals to deem a disclosure necessary even though there are potential negative outcomes (Stiles et al., 1992). Although revealing secrets can result in increased positive affect, if the goal of the disclosure was to vent and share negative feelings, participants experience more negative affect (Kelly, Klusas, Von Weiss, & Kenny, 2001). Another example of the dialectic nature of disclosure as beneficial yet risky include youths' disclosure of sexual orientation (Denes & Afifi, 2014). Participants reported that although those with supportive responses experienced increased psychological adjustment, those who faced rejection or a denial of their sexual identity experienced emotional difficulties. This is particularly problematic as rejection of sexual orientation in youth is associated with increases in suicidal ideation and intentions of self-harm (D'Augelli & Hershberger, 1993). Similarly, SASs face the potential of acceptance or rejection following disclosure (Wiklander et al., 2003), and a negative disclosure experience that ends in denial, shame, or rejection could have negative effects such as increased suicidal ideation.

In addition to relational outcomes, disclosure is linked to significant health benefits. For example, one study on the effects of childhood trauma shows that individuals who had not disclosed that trauma were likely to report increased health issues than individuals who had

disclosed their trauma (Pennebaker & Hoover, 1986). In contrast, a study of the effects of writing about traumatic events showed increases in short-term physiological arousal and long-term decreases in health problems (Pennebaker & Beall, 1986). Participants who wrote about their traumatic experiences reported fewer health issues than those who had not and needed to seek medical treatment less often (Pennebaker & Beall, 1986). A follow up article showed that writing or talking about traumatic experiences is linked to a variety of positive health benefits including, but not limited to: a significant drop in physician visits, increased immune function, improved mental wellness, and positive behavioral changes (e.g. improved grades in college courses, Pennebaker, 1997). The article demonstrates very strong connections between disclosing about difficult experiences and health benefits, including improved mental wellbeing. Thus despite the potential risky stakes of disclosure, given the potential benefits of both relational and health outcomes, research is needed to determine safe approaches for SASs to disclose and talk about their suicide attempts.

Stigma and Suicide

Despite research and current therapeutic practices that emphasize the need to connect with others, individuals are hesitant to discuss suicide attempts, and this may be because suicide and suicide attempts are highly stigmatized (Lester & Walker, 2006). According to Goffman stigma is "an attribute that is deeply discrediting" that leads to a person with such an attribute being reduced, "from a whole and usual person to a tainted or discounted one" (Goffman, 1963, p. 3). According to Brohan, Slade, Clement, and Thornicroft (2010) stigma is a societal level phenomenon that individuals all experience differently through the three subcategories of stigma: perceived stigma, experienced stigma, and self-stigma. Perceived stigma is what an individual thinks most people believe about their stigmatized group as a whole and about them personally. Experienced stigma

is the actual discrimination or limits to participation experienced by an individual. Self-stigma is an individual's internalized view of stigma in society (Brohan et al., 2010). These three categories were originally developed in order to examine stigma in mental illness, but they are especially apt in this context for two reasons. First, stigma surrounding suicide attempt survival is complex because society casts blame on SASs while concurrently blaming links to mental illness (Lee & An, 2016). According to Corrigan et al. (2003), stigma is linked to how society distributes responsibility. Before assigning responsibility, the factors of cause and controllability are considered and depending on how society views those two factors, responsibility is assigned. For example, some physical disabilities, like blindness, are seen as not controllable and the cause is out of an individual's hands, but some medical conditions, such as HIV, are seen as controllable and individuals' behaviors are viewed as the catalyst (Corrigan et al., 2003). Although Corrigan et al. (2003) do not mention suicide specifically, it is reasonable to suggest that cause and controllability are attributed directly to SASs as SASs made an attempt. Alternatively, if other factors like mental illness are taken into account, personal responsibility could be minimized for SASs. Second, suicide is not only stigmatized on a medical level, but also through religious, historical, and legal precedence (Cvinar, 2005). For example, in February of 2018, a man in Maryland was convicted on criminal charges of "attempted suicide." It is not illegal per se to commit suicide in Maryland; however, due to the justice system's adherence to common law, a set of legal precedents developed in England, individuals can be, and still are, convicted of things like attempted suicide (Fenton, 2018). Thus, because of the complex assignment of blame and the societal stigmatization, disclosure decisions for SASs are highly consequential. For these reasons it is important to explore how stigma effects the decision of SASs to disclose their attempts to

others. A model that lends itself to guiding this exploration is the revelation risk model (Afifi & Steuber, 2009).

Revelation Risk Model

The revelation risk model (RRM) explains the cognitive process of deciding to disclose family secrets to other family members (Afifi & Steuber, 2009). The RRM was selected as this study's guiding framework because of its focus on barriers to disclosure as well as the manner in which it delineates the factors leading to disclosure. Despite RRM's initial context of disclosing secrets to family members, the model has been applied in other contexts, such as disclosing infertility issues to social network members and disclosures to school counselors (Kam, Gasiorek, Pines, Steuber Fazio, & Kivlighan, 2018; Steuber & Solomon, 2011). Additionally, both of these contexts involve non-family member recipients. Thus, application of this theory in this context, although beyond the scope of its origination, is appropriate. What follows is a description of the key elements of the model of secret valence, risk assessment, willingness to reveal, communication efficacy, disclosure strategies, and how these concepts may be applied within SAS disclosure (please also see Figure 1).

Secret Valence

Secret valence refers to the decision the potential discloser makes concerning the evaluation of the information to be shared as negative, positive, or neutral. Within the model, this determination is an inherent precursor to assessing the risk of disclosing a secret particularly as the valence of the information may predict the recipient's response. When testing the RRM, Afifi & Steuber (2009) found that the more negative a secret, the higher the perceived risk of disclosure. However, within this specific and highly stigmatized context, evaluation of information as positive

or negative may not fully encompass information evaluation. Another disclosure theory, the disclosure decision-making model (DD-MM, Greene, 2009), describes information assessment including stigma, prognosis, symptoms, preparation, and relevance. The DD-MM was designed to predict health-related disclosure, and with the exception of stigma, four of the five information assessment variables are not relevant in this context. However, similar to the DD-MM, this investigation evaluates how participants refer to the information to be shared, and particularly if the discloser refers to their suicide attempt as stigmatized or stigmatizing. As noted above, stigma is the manner in which society judges whether something is positive or negative. In this case, self-stigma or how an individual understands and processes perceived stigma from society, may provide insight into how individuals evaluate secret valence; greater reference to stigma may be associated with reduced intention to disclose (Greene, 2009).

Risk Assessment

Risk assessment describes the consequential nature of disclosure. The model describes that prior to disclosing secret information, individuals analyze the information (secret valence), the person they are disclosing to (closeness, described below), and communication process itself by considering three risk factors: risk to the self (self protection), risk to the relationship (relationship protection), and risk to other people (other protection). Self protection is the desire to avoid ridicule, harm, judgement, and general exposure (Afifi & Steuber, 2009). For example, a suicide attempt survivor may choose not to disclose their attempt to a close other out of a fear that they will be made fun of for being weak. Alternatively, they may fear that after learning the information, the recipient could become overly concerned to the point of being overbearing. Thus in both examples, the discloser considers how sharing the information could put the self at risk for negative consequences. Relationship protection is described as the desire to preserve or maintain

the relationship with the information recipient (Afifi & Steuber, 2009). Suicide attempt survivors may worry that their close other will end the relationship because of the stigma of surrounding suicide, or they may be concerned that the relationship will change and only revolve around the fact that they attempted suicide. Other protection addresses the discloser's desire to avoid harming the recipient as well as to protect others, such as family members or friends that could experience negative consequences if the secret were to become common knowledge. Other protection is a particularly salient concern for suicide attempt survivors because often close others will blame themselves for not doing more to stop the attempted suicide (Cammarata et al., 2012).

Perceived Closeness

The model describes that perceived closeness influences how disclosers may evaluate the risk of the information to be disclosed and how willing they will be to engage in disclosure. Afifi and Steuber's (2009) model shows that the closer an individual feels to the information recipient, the lower they perceive the risk in disclosing. Additionally, tests of the model show that the closer an individual feels to the information recipient the more willingness they feel to disclose (Afifi & Steuber, 2009). An additional study found that strong feelings of closeness were positively correlated with eventual disclosure (Steuber & Solomon, 2011).

Predictors of Willingness to Reveal

As noted above, risk assessment and closeness influence willingness to reveal. The model presents three conditions under which potential disclosers may consider revealing their secrets: 1) if individuals feel the need for catharsis and believe revelation to a specific close other will provide it, 2) if individuals feel that the specific close other has a need or a right to know, 3) if individuals are asked directly about their secret and/or feels pressure from a close other to disclose their secret.

The first condition, catharsis is a powerful motivator of disclosure because of the psychological benefits of catharsis. When individuals feel large amounts of stress, potentially due to concealing a secret, a cathartic disclosure experience often reduces stress (Stiles et al., 1992). For suicide attempt survivors in particular, catharsis could be highly motivating due to the isolating nature of suicide (Cvinar, 2005). The second condition, the 'need to know' condition, arises in situations in which individuals feels that close others are rightful co-owners of that secret. For example, a suicide attempt survivor may experience the motivation of the other's needing to know condition if they are in a committed romantic relationship. The nature of the relationship may cause them to feel dishonest about not disclosing. The third condition, the 'pressure from others' condition, may be less common among suicide attempt survivors due to the taboo nature of suicide; however, Afifi and Steuber (2009) suggest that others can put pressure on the individual with only their presence. For example, if a suicide attempt survivor has an open and honest relationship with their mother than just being around her could cause them to feel pressure to disclose. These broad categories are very useful in understanding the conditions under which conditions disclosure may happen for a suicide attempt survivor.

Communication Efficacy

An additional variable in the RRM, and one that is common within disclosure models, is communication efficacy. According to the model, individuals' perceptions of their ability to effectively communicate their secrets is influenced by how much risk they associate with disclosing the secret. In turn, the perceived communication efficacy influences a person's willingness to ultimately disclose or conceal their secret. If individuals do not believe they have the communication skills necessary to disclose their secret to a close other in a way that will lead to a positive result, then they will most likely not disclose their secret. However, if an individual

believes that they have the communication skills, then this increases the likelihood, but does not guarantee, that they will engage in disclosure (Afifi & Steuber, 2009).

Disclosure Strategies

Finally, the RRM ends with a decision to disclose or conceal. Although beyond the scope of the study, the theory describes six common strategies (Afifi & Steuber, 2009). The six strategies include (1) preparation and rehearsal, (2) directness, (3) third party revelations, (4) incremental disclosures, (5) entrapment, and (6) indirect mediums (Afifi & Steuber, 2009). Preparation and rehearsal involves practicing the disclosure with someone before approaching the information recipient. Directness includes bringing up the disclosure topic in a face-to-face interaction. Third party revelations occur when an individual discloses their secret to a person they know will tell the information recipient. Incremental disclosures occur over time with the individual disclosing giving bits of information in order to judge the information recipient's reactions. Entrapment is unique because it happens either when the discloser gets caught in their secret or if they reveal it in the heat of a moment. Last, indirect medium disclosure happens via email, telephone, mail, etc. These disclosure strategies can be used separately, but often occur together (Afifi & Steuber, 2009). The decision to disclose and the decision of how to disclose are influenced by communication efficacy, risk assessment, and willingness to reveal. Although the current study is not designed to access disclosure strategies, analysis may allow for the connection between how SASs talk about the factors leading to their disclosure decision and how they shared the information.

Summary

This investigation sought to understand how SASs determine to disclose about their suicide attempt(s) to others. The study is framed in the revelation risk model with special attention to how individuals describe the information as stigmatized or stigmatizing. In order to assess the disclosure decision making processes of SASs, particularly considering the role of stigma, the following research questions were posed:

RQ1: How does the revelation risk model explain the disclosure decision making of suicide attempt survivors?

RQ2: What role does stigma play in the disclosure decisions of suicide attempt survivors?

METHOD

This study sought to understand the unique barriers to and motivations behind the disclosure decisions of suicide attempt survivors. Although much research has been done on disclosure, little research has been done to understand the lived experience of suicide attempt survivors and how they conceptualize disclosure decisions. For these reasons an interview based qualitative approach was chosen for this study. Qualitative inquiry is highly useful when little is known about a particular research context and can provide the groundwork for further inquiries (Bryman, Stephens, & Campo, 1996). Interview data was analyzed following thematic analysis guidelines (Braun & Clarke, 2006). This type of thematic analysis is specifically designed for use with an apriori theoretical framework such as the RRM. First, I will describe the recruitment of participants. Then I will discuss data collection and analysis.

Participants

Study participants included 10 individuals who self-identified as suicide attempt survivors[1]. The majority of participants (n = 8, 80%) identified as female, and one identified as male, while one participant abstained. Participants ranged in age from 25 to 54 years (M = 39.2, SD = 9.5). A majority, 50% (n = 5), of participants identified as Non-Hispanic White, 20% (n = 2) identified as Native American, 10% (n = 1) identified as Latino, and 20% (n = 2) identifying as other. Forty percent (n = 4) of participants have graduate degrees, and 20% (n = 2) either have or are pursuing a doctorate degree. All other participants (n = 6) had some form of post high school education including trade/vocational training (n = 1), some college (n = 2), or an undergraduate

[1] Many participants had multiple attempts and some felt uncomfortable discussing specific times relating to their attempts.

degree (*n* = 3). Additionally, a majority of participants, 50% (*n* = 5), identified as being single and never married, 40% (*n* = 4) were divorced, and 10% (*n* = 1) were married or in a domestic partnership. Lastly, 60% (*n* = 6) of participants were either employed in a field relating to suicide prevention or mental health or heavily involved with suicide awareness activism. See Table 1.

Procedure

Before recruiting began, this study was approved by the university's IRB. Due to the sensitive nature of the interview topic and the possibility of triggering suicidal thoughts during the interview, special care was taken during recruitment to find participants mentally well enough to participate. In service of this, the research team contacted the Live Through This project at livethroughthis.org. This project was created by Dese'Rae L. Stage a writer, photographer, and suicide attempt survivor who has been collecting the stories of suicide attempt survivors since 2013. Her stated goal with the project is the following:

> To change public attitudes about suicide for the better; to reduce prejudice and discrimination against attempt survivors; to provide comfort to those experiencing suicidality by letting them know that they're not alone and tomorrow is possible; to give insight to those who have trouble understanding suicidality, and catharsis to those who have lost a loved one; and to be used as a teaching tool for clinicians in training, or anyone else who might benefit from a deeper understanding of first-person experiences with suicide. (para. 5)

Stage interviews suicide attempt survivors, posting excerpts of the interviews on the website. Interviews include details of suicide attempts and the reasons for the attempts. The posted interviews also include participants' pictures and names. Because recruited study participants had provided LTT interviews, and because those interviews are identified and publically available, the

Table 1. Participant Demographics

Participant Number	**Gender**	**Age**	**Ethnicity/ Race**	**Education**	**Marital Status**	**Mental Health Employment**
P 1	Female	45	White/Caucasian	Doctorate Degree	Married	Yes
P 2	Male	52	White/Caucasian	Bachelor's Degree	Single	Yes
P 3	Female	44	Other	Bachelor's Degree	Divorced	No
P 4	Female	36	White/Caucasian	Some College	Single	No
P 5	-	33	White/Caucasian	Master's Degree	Divorced	No
P 6	Female	39	Native American	Some College	Divorced	Yes
P 7	Female	25	White/Caucasian	Bachelor's Degree	Single	No
P 8	Female	54	Latino	Trade/ Technical Training	Divorced	Yes
P 9	Female	35	Native American	Master's Degree	Single	Yes
P 10	Female	29	Other	Master's Degree	Single	Yes

research team was confident interviews conducted for the study would pose little emotional and mental risk to any participants.

Recruitment

Stage agreed to help the team with recruitment. Stage posted IRB approved recruitment messages (see Appendix B) twice: once in March 2019 and again in April 2019 in a private social media group that she created as a support group LTT interviewees. The researcher was not privy to this private group. Potential participants indicated their interest in participating by completing a Qualtrics survey to indicate availability for interviewing. This Qualtrics survey (See Appendix C) contained three sections, including an IRB consent form, demographic questions, and a prompt requesting times and days of the week that they were available for an in-depth interview. Participants were asked to provide a preferred name and an email address or telephone number to facilitate scheduling and conducting interviews. Participants who completed the survey and detailed their availability for an in-depth interview were sent a follow-up email that thanked them for their interest and confirmed a date and time for the interview. Thirteen participants completed the interest survey. All participants were eligible to participate as all met the single prerequisite of having attempted suicide. Three of the participants did not respond to follow-up emails, resulting in 10 participants interviewed for this study. At the conclusion of the interview participants were sent a thank you email along with a $25 online gift card. Funds for the gift cards were obtained from the researcher's institutional professional development fund.

Interview Procedures

A semi-structured interview format was used for this study. Semi-structured interviews are particularly useful for exploring complex, emotional issues about which participants may be

sensitive (Barriball & While, 1994). Suicide attempt experiences are highly variable; some individuals may attempt once while others may have recurring suicide attempts over the span of many years. The semi-structured interview format allows the researcher to probe for further details unique to individual participants and is therefore key to more fully understanding the lived experience of attempt survivors. Interviews ranged in length from 22 to 69 minutes (M = 43.2, SD = 14.3). All interviews were recorded using Tape-A-Call Pro. Interviews were then transcribed, yielding a total of 125 pages of single-spaced, typed text.

Data Analysis

Interviews were conducted until no new participants responded to participant requests. All interviews were transcribed by an IRB approved transcription service, rev.com, where they were transcribed verbatim. The author additionally verified each transcription to check for accuracy. In accordance with the IRB protocol, all identifying information was removed from the transcripts, and all participants were assigned a random number from 1to10 with which they are identified in this manuscript. Transcripts were coded using the guidelines of thematic analysis (Braun & Clarke, 2006). Thematic analysis consists of data familiarization, code generation, theme development, creation of a data map, and verifying data map and refining themes.

Thematic Analysis

During this phase of the coding, the researcher read and re-read all of the transcripts in order to understand the data set as a whole. The researcher made notes of initial ideas for potential themes as they related to the theoretical framework of the RRM. After this initial phase, the researcher began systematically coding the data. Due to the theory-driven nature of this inquiry, the researcher began looking for repetitions relating to the variables in the RRM. Additionally, the

researcher searched for additional codes emerging from the data unrelated to the RRM. This initial phase of coding produced between 25 to30 unique codes. After initial coding was complete the researcher reread through the data again with the code notations, and from those code notations, the researcher found that the codes did fit the framework of the RRM. The RRM variables served as theme categories, along with stigma, with seven variables emerged as prevalent from this process: secret valence, self protection, closeness of relationship between discloser and target, catharsis, comfort as efficacy, and stigma as a barrier. Following the creation of themes, the researcher reread through the data verifying the links between various themes. This step led to a significant discovery about the data. Almost all the themes contained a significant number of codes that related to change over time, showing the way participants approached disclosure decisions shifted over time. With this concept of a changing disclosure decision making process in mind, the researcher reread the data again coding for change related language. This process led to the creation of an additional theme named absolution. This theme was further explored in what Braun and Clarke (2006) refer to as level two coding. Level two coding involves checking the themes and their connections against the data set as a whole to ensure that the connections are indeed present in the data. After verification of the connections to the theme of absolution the major themes were further defined with subcategories for each and names were finalized. The major themes largely align with the variables in the RRM and include: absolution, secret valence, risk assessment, closeness with the target, willingness to reveal, and communication efficacy.

Role of the Researcher & Ethical Concerns

Due the nature of thematic analysis, as the researcher, I am the tool through which the data is gathered and analyzed. Using the above method allowed me to parse the data in a very methodical manner, but it was still being filtered through my perceptions. As such, it is important

that I explain my perspective and background coming into this study. I am not a member of the suicide attempt survivor community. I have had two cousins die from suicide; however, they were much older than me and I had only met them once or twice. As far as I know none of my family members are sucide attempt survivors. However, during the course of this study my close friend did attempt suicide. He disclosed his attempt to me soon after the fact, and I became part of his support system for his recovery. My reason for conducting this academic study about the suicide attempt survivor community began as pure curiosity and has since developed into a desire to break down the social taboos surrounding this subject to allow for open communication about suicide and suicide attempts. This desire developed before my close friend's attempt, but has grown stronger as a result.

As a researcher it is impossible to obtain complete impartiality; however, by acknowledging my own experiences relating to the data, I am able to separate the personal from what the data says as much as possible. In order to best accomplish this I have presented exemplars from the data in the participants' own words to support each step of the results derived from this study.

RESULTS

This study seeks to understand how the revelation risk model explains the disclosure decision making of suicide attempt survivors and the role stigma plays in the disclosure decisions of those individuals. Additional insights into the unique disclosure experiences of suicide attempt survivors were also considered and incorporated as they arose. In what follows, in the description of participant experiences of absolution, I will begin a description of context that is consistent across participants and likely contributes to their current decision-making criteria. Acknowledging participant absolution creates a framework for the rest of the results. Then I examine how participant experiences align with the RRM, starting with secret valence, and then examining the variables of risk assessment, closeness with the target of disclosure, willingness to disclose, and communication efficacy.

Absolution

In order to understand the context of the participant responses, it is important to first layout a phenomenon unique to this particular data set that emerged through data analysis. As explained above, suicide attempt survivors are at a high risk of repeat suicide attempts and death from suicide. As such it was of the utmost importance to the project to ensure the emotional and mental stability of the participants prior to their interviews. Fortunately, all participants were recruited via a network sample of Live Through This participants. Thus, all participants had previously been interviewed about their suicide attempts and did not express feeling emotional distress during the interview process. All participants had experience in interview settings and appeared comfortable sharing their experiences as suicide attempt survivors. Potentially as a result of this unique sample, a phenomenon was noted in how the participants discussed their disclosure decision making

processes. Each participant reported a shift in their disclosure decision making, and this shift is important in understanding their disclosure decision-making processes. This shift can be best characterized as the participants having reached a form of absolution. In this context absolution means two things: 1) finding personal acceptance or forgiveness for having attempted suicide, and 2) feeling less vulnerable to reattempting sucide.

> Yeah I think that after my last attempt was a positive experience in the hospital and I had some groups and I learned DBT, dialectal behavioral therapy, which is an evidenced based therapy for suicide, and I was able to understand so much more of what was going on with me. It wasn't a black hole that I didn't know why I got that way and when it would happen again, and I was no longer suicidal. I think it was not until the point that I was no longer suicidal anymore that I was able to share with the ones that I hadn't shared with. When I felt like there was a resolution or a positive aspect to it, then I could go ahead and speak about it.

Participant 9 described reaching the point of absolution when being asked about what makes a successful disclosure experience for her. She said,

> I guess just feeling, being able to feel comfortable in my own skin… I think that comes down to a personal thing. It takes people being comfortable with where they've been and not worrying about what others think of it. That's where I've gotten. It took probably 20 years to get to that point.

For her the ability to feel comfortable within herself and not worry about what the person she is disclosing to will say is highly significant. Her first disclosure experience was very negative and caused her to not disclose her suicide attempts to anyone again until she was interviewed for LTT. She described,

> The first person I ever told was a friend of mine in college. I don't really remember how I felt telling her. I know I did not get the response I expected. The response I got was, "Why would you do something so stupid?" And that's kinda like the worst thing you can tell to somebody. Cause when you're in those moments, it's not... You see it as your only option. That kind of shut me down from talking to people for a long time.

That initial reaction shaped her thoughts about disclosure for over 15 years until her life experiences led her to the LTT. She was unable to disclose even to close family members due to

her fear of rejection and judgement. This experience is not unique to participant 9, as will be shown later, and many of the participants went through a time in their lives with highly negative views about their suicide attempt and what that meant about them on a personal level. However, each of the participants did reach a point of absolution that allowed them to view their suicide attempt as part of their life story.

Participants arrived at their points of absolution in various manners. As noted above, it took 20 years of experiences for participant 9 to reach that point. Other participants, like participant 10 described a single event that helped her to reach absolution. When asked about her decision to go public with her story on the LTT, she talked about her last suicide attempt that took place during her master's program.

> I had this terrible experience of sort of being forced to talk about this [the suicide attempt] and then having sort of worst case scenario of people reacting very negatively to it and it resulting in very, career impacting and personally impacting losses. And I was just so sick of that and I thought to myself, "I have lived so quietly," I had lived in my master's program without really telling anybody but maybe that close friend that I had the falling out with, but basically I kept it to myself and look how bad things still got, because I kept it to myself. And so I think I just got so sick and tired of being ashamed of myself… And so it was a way of kind of owning my own story.

Participant 10 had other shaping experiences leading to this point, but this terrible experience was the catalyst that changed her views about disclosure and what her suicide attempt meant for her. Before her point of absolution, she mentioned feeling scared and ashamed about her attempts. Now she views her suicide attempts as important learning experiences that have led her to where she is today. For other participants, like participant 7, their moment of absolution came as a result of their interview being published with the LTT.

> Yeah. And it was definitely, I was terrified right up until when the article [on LTT] got published, but then it did really feel like a huge weight off of my chest after as well. I guess because I had kind of been feeling like it was a big secret, even though

> there were people who knew. But just I was tired of having this, "Oh, some people know, but I'm keeping it a secret from other people" and just it just felt like a burden.

Participant 7 viewed having her story posted on the LTT website with her face and name being akin to telling the entire world about her attempt. Her words, “then it really did feel like a huge weight off my chest” highlight how sharing her story in a public, online format served to change how she viewed her suicide attempt to no longer being a “burden” or “big secret.”

However, reaching this point of absolution neither made a suicide attempt easy to talk about nor did it cause an increase in disclosure events among all of the participants. For example, participant 3 said, “It's a difficult conversation to have, even no matter how far you get past it, it can still be a difficult conversation,” which would be consistent across most suicide attempt survivors stories no matter their experiences. The difference in these study participants is that they all live in a world in which anyone with access to the internet has the ability to search their name and easily find the story of their suicide attempt. Even with that knowledge some participants, participants 9 and 10 in particular, have disclosed to only a handful of people close to them. Other participants consider themselves suicide attempt awareness activists, creating passion projects to raise awareness and even pursuing careers in fields related to suicide. Participant 2 is a professional storyteller who repeatedly shares his suicide attempt story on stage. Participant 1 actively helps run the LTT. Participant 3 is a professional public speaker who is paid to share her attempt story. However, even these participants who are highly involved with suicide attempt awareness do not often disclose to others in their personal life.

Although participants reached absolution in different manners, key commonalities exist across participants that will be highlighted throughout this analysis. For clarity, when speaking of this shift I will refer to pre-absolution and post-absolution. Pre-absolution will refer to the feelings, emotions, and approaches to disclosure before they reached absolution. Similarly, post-absolution

will refer to their feelings, emotions, and approaches to disclosure after achieving absolution. The next section on secret valence will demonstrate this due to the distinct shift in valences among the participants occurring from pre-absolution to post-absolution.

Secret Valence

The first predictor in the RRM is secret valence, an individual's identification of a secret as positive, negative, or neutral. Secrets perceived as negative are often not disclosed or are actively avoided, and secrets perceived as neutral or positive are more likely to be disclosed (Afifi & Steuber, 2009). Study data has a plethora of examples of negative valence. There are no examples perceived with positive valence, potentially due to the nature of suicide being inherently self-destructive and being linked to mental health conditions such as depression. Neutral valence was observed in a limited fashion and was mostly in connection with post-absolution. Additionally, data shows that stigma had a significant worsening effect on the negative valence of participants. This section will begin by examining negative valence and will conclude with an examination of a shift in personal valence from pre-absolution to post-absolution.

Negative Valence

Participants reported highly negative feelings toward suicide and their attempts soon after their attempts. Many of these negative feelings were due to self-stigma, or the internalization of societal stigma that an individual accepts as true. They talked specifically about the information as a sin or as an event that they should not have attempted. For example, participant 8 described her thoughts about sharing the information, and said, "I think that admitting that I wanted to die, maybe 'cause of my religion, and so I thought it was a sin, that God was gonna punish me for that." Participant 8 internalized the stigma toward suicide that she had been by her culture and religion.

Therefore, she felt the attempt itself was a sin and did not want to tell people for fear of intense judgement. She explains that she believes suicide is a sin punishable by God, demonstrating her evaluation of the information as negative. Additionally, participant 8 also dealt with insecurities in relation to her family members and close friends. She said,

> When it was a family member I was telling, or even a really close friend, I felt like somehow I was... I don't know if it would be that I was betraying them, or letting them down, to me, mostly letting them down, by admitting. I thought that they would judge me like I was weak, and so I think a lot of judgement feelings.

After she did disclose, these information recipients did not give her the negative responses she had anticipated, but because of how she viewed the information, she personally felt like the act of attempting suicide was an act of betrayal to them. This sense of betrayal highlights the self-stigma she felt showing that she truly believed her attempt was a tainted act that reflected on her persona and her relationships.

Other participants discussed that they gained an evaluation of the information as negative after disclosing it through experienced stigma. Experienced stigma is stigma that individuals actually confront and can take the form of judgement, and denial of opportunities. The recipients' responses shaped participants' perception of the information as negative or as more negative than they had previously evaluated the information, influencing future disclosure decisions. For example, in a quote shared above Participant 9 discussed the disclosure of her attempt to a friend, and how the friend's response shaped her perception of the information as bad. As noted above, she described,

> I did not get the response I expected. The response I got was, "Why would you do something so stupid?" And that's kinda like the worst thing you can tell to somebody. Cause when you're in those moments, it's not... You see it as your only option. That kind of shut me down from talking to people for a long time.

Prior to this experience, Participant 9 had expressed feeling neutral about the suicide attempt. However, experienced stigma then shaped her personal valence of the attempt, which led to a long period in her life of disclosure avoidance. Participant 7 also discussed how her first disclosure of her suicide attempt shaped her future disclosure practices,

> I wasn't in a place where I really wanted to answer a bunch of questions… I just really didn't want to have to give anyone an explanation. I didn't think that I owed anyone an explanation… I did briefly tell some of my friends at school and I had a very negative experience with that. And I think that also influenced my decision of how to tell people.

Before this disclosure experience, participant 7 felt overwhelmed and was unable to emotionally process her suicide attempt. This experienced stigma with her friends led to her long term avoidance of talk with anyone who did not already know about her attempt.

Changes in Secret Valence

One unexpected but pleasant finding is the evolving nature of the secret valence. Although the RRM predicts that one's perception of the secret valence at the time of disclosure is what is of interest, it is worth noting the potential shift in secret valence over time. This pattern was identified in eight of the 10 participants. Each participant expressed varying levels of negative valence soon after their attempt. They then expressed a shift to neutral valence either over an extended period of time or due to an epiphanic experience, such as reaching absolution. These perspective shifts occurred along the same timeline as the pre-absolution, post-absolution shifts described above. For example, participant 8 expressed a change in how she evaluated the information as a result of therapy. She said,

> Yeah I think that after my last attempt was a positive experience in the hospital and I had some groups and I learned DBT, dialectal behavioral therapy, which is an evidenced based therapy for suicide, and I was able to understand so much more of what was going on with me. It wasn't a black hole that I didn't know why I got that way and when it would happen again, and I was no longer suicidal. I think it was

> not until the point that I was no longer suicidal anymore that I was able to share with the ones that I hadn't shared with. When I felt like there was a resolution or a positive aspect to it, then I could go ahead and speak about it.

She refers to herself as a "black hole" and talks about how she did not understand herself. She then notes a change in perspective and a shift from no longer being suicidal because of the therapy. The therapy allows her to feel comfortable sharing with people to whom she had not previously disclosed. She was able to reevaluate her suicide attempt and view it in a more positive manner. When asked about her current view of her attempt she explained,

> Once I knew there was any positivity to that experience [suicide attempt], then I was able to share with everybody. Because I felt like now I had something positive, even though it had been something horrible and black. Now I could say yeah it was terrible but now this, its turned around and I have something good to say about it.

Her suicide attempt was no longer a negative secret to be hidden. Instead she was able to see it as a difficult life event that led eventually to positive personal change. This was a story that she actively wanted to share.

Risk Assessment

The RRM describes that secret valence predicts risk assessment (Afifi & Steuber, 2009) which includes self protection, relationship protection, and other protection. Similar to secret valence, there is a divide in the data which follows the absolution framework. When speaking about their mindset directly after their suicide attempts, participants express very intense risk assessment that is characterized as a high need for self protection. After reaching absolution the intensity of the self protection risk assessment drops markedly. The divide in the data for relationship and other protection was expressed as an absence of both post-absolution. Additionally, data shows that perceived and experienced stigma also played a significant role in the risk assessment of participants.

Self Protection

Self protection includes potential discloser's analysis of whether or not the information to be shared could cause harm to them emotionally or physically. This harm is expected to come from the target of the disclosure or from the spread of the information from the target to third parties (Afifi & Steuber, 2009). Many participants expected to be harmed because of perceived stigma. In this context perceived stigma is what an SAS believes others think about their suicide attempt and is manifest as a fear of judgement in the participants. Before reaching absolution, participants described how they decided to keep the information to themselves in order to avoid negative reactions including judgement and ridicule. For example, participant 2 described his disclosure decision-making criteria immediately following his suicide attempt and said that he had decided,

> I'm not gonna do it with people I don't feel are safe… there's a few types of people you should not be vulnerable around 'cause they're just not safe. It's pretty easy to tell who those people are. Yeah, that's basically it. It's my mental and emotional safety that has kept me. So there are some people in my family I would never talk to this about, because they're extremely judgmental and it's just not worth it. So it's my personal emotional safety based on the ... I would say the emotional maturity of the person I'm talking to.

When he perceived that someone may hold stigmatized views toward him, he avoided talking to them in order to protect his emotional wellbeing. He knew at the time that he was in a fragile state and that negative disclosure responses could harm him. Another, more intense example of this comes from participant 9 when she shared the following about the time in her life when she was in recovery from her suicide attempt,

> During that time, I had very irrational thoughts that they're gonna look at me differently, they're gonna judge me, and if I don't get the reaction I'm looking for, will that push me over the edge to actually go and do something?

Here participant 9 describes that fear of a negative response could have exacerbated her already delicate mental state. The intensity of those feelings held her back from disclosing in order to protect herself from the negative reactions that would follow her suicide attempt disclosure.

When discussing their life post-absolution, evaluations of personal risk were less severe. For example, when asked what would cause her to hold back from disclosing to someone today, participant 1 said the following,

> Sometimes people are jerks, and they say things that are hard to hear. I think when I was younger it was especially more difficult than it would be now. I know that I can cope with that now, I don't really care so much.

Here she points out that judgement from others in relation to her suicide attempt used to be much more difficult to deal with than it would be today. When she says "I can cope with that now," she demonstrates that negative reactions are not as personally risky or hurtful as they would have been prior to reaching absolution.

Even participant 9, whose quote above demonstrated a strong degree of personal risk assessment, was able to reach a point post-absolution of being able to share with others in certain situations. She said, "I feel much more confident sharing it with people who I know have been there and I can share my story and say, 'Hey, this is what's helped me, you're not alone.'" This quote demonstrates that participant 9 did not reach a point of being able to deal with judgement directly like participant 1, but the intensity of her risk assessment lowered to a point that allows her to consider telling people who have shared experience without fearing for her mental and emotional wellbeing.

Relationship Protection

Relationship protection includes potential disclosers contemplating if the to-be-shared information could harm their relationship with the recipient, and decisions to disclose are based in

part on that evaluation (Afifi & Steuber, 2009). Following the absolution framework, there is a shift in evaluation of relationship protection between pre-absolution and post-absolution. Unlike self protection, participants simply went from experiencing the need for relationship protection during pre-absolution to not having it be a concern at all in post-absolution.

When speaking about disclosing to her close friends pre-absolution, participant 7 shared the following,

> So I definitely have concerns of them seeing me differently, seeing me as a crazy person. I have concerns of them getting overly cautious around me, 'cause the reality is I don't really want anything to change from telling them that.

She was concerned that the dynamics of her relationships with her friends would change. She mentions multiple times in her interview that she did not want her suicide attempt to change things. She still felt like herself and was worried that her relationships would shift because others saw her as fragile. All pre-absolution discussions of relationship protection matched this level of intensity, demonstrating participants' concern about losing relationships or having them change.

Participants, when asked about their life post-absolution, either did not mention relationship protection or were completely unconcerned by it. Participant 10 gives an example of this when talking about her disclosures to potential romantic partners.

> Well I thought it would either, obviously hurt the relationship then we'd break up, because that would be a deal breaker. But, just because of the stage I am sort of in my recovery from that, I'm sort of unapologetic about it, so I mean there's nothing I can do about it and if that is a deal breaker for people, again I'd much rather just do that early on. And it says more about, I mean therapy is telling me it says more about them then it does me, if that's something that ends the relationship.

Participant 10 notes that she is aware her disclosure has the potential to end her relationships, but due to her post-absolution mindset, she is unconcerned about that possibility. Her attitude of "it says more about them then it does me" is indicative of the general mindset among the participants

that if a disclosure about their attempt harms a relationship, it was a relationship they did not want in the first place.

Other Protection

Other protection is the desire potential disclosers to avoid hurting either the target of the disclosure, or other individuals who may be affected by the spread of the disclosed information. Pre-absolution other protection is typified by a simple avoidance of disclosure in order to protect the emotions and mental wellbeing of others. Participants expressed a feeling of concern for their loved ones if they were to find out about their suicide attempt. Unlike the other forms of protection, other protection was only relevant for specific individuals in the lives of participants. For example, participant 2 discussed avoiding disclosure with his stepmother and his son. When asked why he avoided talking to his stepmother he said,

> Her first marriage ended in suicide. It was long before I met her, long before she married my dad. I loved her so much I did not want to put another suicide in her mind. I didn't want her to worry about me. I didn't want her to think that she was cursed. She's just a wonderful, wonderful woman. So it was probably two or three years before I told her what happened.

He did not want to cause her additional emotional harm because of something he had done. In his mind she was particularly susceptible to this emotional harm because of her husband's death by suicide. He avoided telling his son for a slightly different reason.

> My main thing was, do not put this on your son, to have him worry, "Is Dad okay?" So I would never have told him three months after I did this, because I was a wreck for a year-and-a-half… if I managed to see my ex-girlfriend in town that would send me spinning and I just... So I'd love to be a 20-year-old kid, so-something-year-old kid in this world without wondering if you're gonna wake up tomorrow with the police telling you your dad's hurt himself. So, it was his sense of emotional safety I was worried about.

Like with his stepmother, participant 2 was worried about his son's emotional wellbeing. However, it was because his son was going through emotional trials of his own and participant 2 did not want

to be a burden. Participant 2 disclosed to other people during his year and a half recovery, but he did it because he knew they were in an emotionally stable place and would be able to help him through his recovery. His son was not in that place so he avoided disclosing to him.

The shift from pre-absolution to post-absolution evaluation of other protection is typified by participants no longer feeling like they would be a burden to those that they told. This change was expressed clearly by participant 8 when she talked about what protecting others looked like to her.

> I am a person who likes to help people, not hurt them. So I was afraid when I was suicidal, I was afraid of hurting people. I was afraid that telling them that, and especially when they didn't have the answers and I didn't have the answers, and they would say, "But I love you, I don't want you to die", and cry and stuff. So it would make me even feel worse inside. Because inside I felt like I just want to die even though you love me. So I think that gave me, the fact that I was no longer that way, gave me permission to be able to talk about how I had felt.

During pre-absolution participant 8 was terrified of hurting others with her own pain. Therefore, when she reached post-absolution and was freed from the fear of reattempting she felt able to talk to people close to her about it because she was no longer transmitting that pain and would not exacerbate that pain by then attempting suicide again.

Stigma of Selfishness

One theme emerged beyond the scope of the RRM risk assessment categories. This theme appears to be unique to the SAS context, and represents a recipient response that further exacerbates risk assessment for future disclosure. This theme is largely aligned with self protection, but it has implications for relationship protection. As described above, stigma is an attribute that is viewed by society as being highly negative and leads people with this attribute to be viewed as tainted, broken, and otherwise less than other individuals. The major type of experienced stigma participants lived through was the “stigma of selfishness.” Many participants

talked about times they had disclosed and were told they had done the most selfish thing imaginable. For example, participant 6 talk about an experience she had with her brother after her attempt. She described,

> The disheartening part was hearing my own brother… telling somebody else that I should have completed my suicide. That I should should've completed my attempt because it was selfish of me of what I've done and not thinking about my children at the time or anybody else at the time.

The stigma of selfishness has important implications. Beyond hurtful name-calling, participants describe how they internalized their loved one's negative reactions to their disclosure. For example, Participant 6 describes how her brother's response damaged her sense of self and how she began to view herself as selfish and unworthy of her children. She said,

> To give me that reaction is just humiliation. I was embarrassed, especially after hearing my own sibling saying I should have completed the suicide. And I did feel selfish at that time. I did feel like, "What was wrong with me? Why did I do that?" But I mean, I knew my thought process at the time was so dark and convoluted, where I thought I was a burden. That my kids would have been better off with their dad, my family would have been better off. I wouldn't have been a burden, emotional, physical burden on anybody if I was to die.

This scenario occurred pre-absolution, potentially contributing to Participant 6's internalization of the stigma. In many cases, like participant 6, this internalization of stigma leads to an increase in self protection tendencies for future disclosure decisions. Which results in an increased reluctance to disclose in the future. Another example of a participant response to being called "selfish" included participant 10's experience when disclosing to her best friend in her Master's program. She said,

> I was telling her the whole story… we were both working in a suicide prevention lab and she used, things that we both knew that you shouldn't respond with, but she said, "You're acting very selfishly" … this was somebody I was very close to and I think I kind of put her through hell that day that I sort of went off the map. And I don't think she liked that, of course. It was just a huge stressful experience for her and she wanted to make sure I knew it. So here I was trying to, I guess be honest again about myself and everything that I was going through and I ended up getting

> kind of misunderstood or not understood in the way I wanted to and feeling kind of punished for it.

Being called selfish in this context for having attempted suicide was especially difficult for participant for several reasons. First, she had just gotten back from the hospital after attempting suicide the day before. She was mentally and emotionally stable. She was seeking catharsis with a friend and instead faced intense stigma. Second, both her and her friend worked in a suicide prevention lab together. They had been together receiving trainings about how to respond to individuals in her situation. Having her friend respond with intense negative reaction, especially knowing that her friend had been trained to act differently, hurt participant 10 deeply. This experience ended their friendship. Participant 10 has reached absolution, but because of this experience she still experiences fairly intense self protection and is reluctant to disclose to others in her personal life. Participant 2 had a similar experience with a close friend that he disclosed to soon after his attempt. He said,

> She got upset. The reason she got upset, I figured out, was that she wanted to be the reason that I stay alive. When my relationship with her, my friendship with her wasn't a good enough reason, she felt like I didn't care enough about her as she thought I did. When I realized that instead of compassion, I got this kind of indignation that she wasn't good enough for me to think, "No, I need to stay alive." Man, that was a really lonely feeling.

Participant 2’s friend viewed his suicide attempt as selfish because he was not thinking about her and the effect his suicide would have on her. This hurt him because at this point in his recovery he needed support from others and was not in a place where he could handle someone else’s hurt feelings. This response made him feel like she did not care for him at all. Eventually he was able to rebuild this friendship with her, but it took a lot of effort from both of them to overcome the stigma she had confronted him with.

Overall, participants experienced all of the types of risk assessment put forth by Afifi & Steuber (2009) with self protection being particularly prevalent and intense for suicide attempt survivors. Additionally, participant risk assessment clearly follows the absolution framework. Each type of protection changes differently from pre- to post-absolution. A degree of self protection is relevant no matter how far along in recovery participants have come. Alternatively, although relevant, relationship and other protection seem to be reduced considerations post-absolution.

Closeness with the Target

In addition to risk assessment, Afifi & Steuber (2009) describe that closeness with the intended disclosure target predicts one's willingness to disclose. The closer a discloser feels to their intended target, the more they should experience less risk and the greater willingness to reveal their secret (Afifi & Steuber, 2009). Study evidence shows a shift in accordance with the absolution framework. During the pre-absolution phase, closeness is a strong predictor of participants' willingness to disclose. During post-absolution, closeness becomes less of a factor as participants begin to disclose to a larger quantity of people. Additionally, for several participants closeness actually increased the risk factors and led to disclosure avoidance.

Closeness Pre-Absolution

Closeness with the target of disclosure was highly important during pre-absolution. In many cases risk assessment was high during this stage and without a strong sense of closeness, many participants would not disclose. For example, participant 8 discussed feeling a strong need for self protection during pre-absolution along with a desire to not harm the other's emotional well-being (i.e. other protection). However, closeness would override these risk assessments. She said,

> That was usually what precipitated that (her decision to disclose) and how close I was to the person too. Because if I was close, really close to them, I didn't take either of those considerations… just the relief of being able to talk to somebody and get that out was very cathartic to me. I didn't know it at the time, I just tell them because I felt like I loved them and I could share with them. So I think that was the main thing for me to judge whether I told somebody or not was, the main one was how close I felt to them emotionally.

This is especially significant because of the stigma participant 8 had to deal with due to her cultural identity as a Hispanic woman and her religious affiliation. When she felt extremely close to a person she "didn't take either" protection impulse into consideration at all. Closeness helped her to tell a variety of people including her two sisters who were both heavily involved in their religious group. She said,

> My sisters were all the same religion and even had some mental health issues themselves but I didn't even take any of that into consideration when I was talking to them. I just wanted to get it off my chest, and it was something that was upsetting me so I knew that the love that we had between us, somehow I guess, they would be okay with the information.

She seriously considered self protection and other protection before telling her sisters. For any person not as close to her either of these considerations would have stopped participant 8 from disclosing, but because of the closeness she felt to her sisters she chose to disclose to them. Other participants experienced similar instances of closeness overcoming identified risks. For example, participant 6 talked at length about her general disclosure avoidance and the one person she told soon after leaving the hospital after her attempt. She said,

> I felt it was difficult at the time to talk about it, I refused to talk about it because I felt like I needed to protect my children and not have it as much out in the community as it already was… When I got out, I needed to talk to somebody and she was the best fit. And I just needed to talk to her and let her know why I did it and how I did it. And just to let her know that I knew it was mistake and I just, I needed somebody to listen to me… She was the best that at the time because I did say 'cause she was my best friend and she was also going to college to become a psychiatrist, a child psychiatrist. And me and her, anytime as children we ever had hardships, we always leaned on each other. We always had this tethered connection and she was the main one that I thought I'd have to go to.

Participant 6 had serious other protection concerns for her children. She did not want them to deal with the stigma of suicide. However, the trust she had with her friend allowed her to make an exception to her other protection in this one instance. This type of closeness is not built over night, as participant 6 points out when she says, “me and her, anytime as children we ever had hardships, we always leaned on each other.” Their friendship had lasted for years and because of the continual trust she was able to disclose her attempt status.

Closeness Post-Absolution

During the post-absolution phase closeness became less important or was more easily achieved. For example, participant 10 talks about disclosing to her fiancé only a couple weeks after beginning to date him. She said,

> With him, that level of trust had been built really fast… I'm a psychology grad student and so suicide prevention is also my general focus and kind of the population I want to work with. And so this was actually online dating stuff and I hadn't been doing it for long, but he had asked about what my research interest was in and what my clinical interest was and so I didn't talk about myself whatsoever, my personal connection to it, I was just talking about the suicide research in general. And the way he was responding to that was just very, I could tell he hadn't had his own lived experience with it, but at least I just got that sense, but he also had a level of respect and sort of humility towards generally people who have been through that experience… So I thought, well that puts it kind of in my favor that he wouldn't react negatively, and that'd be a risk kind of worth taking.

During pre-absolution participant 10 disclosed to between two and four people. Now during post-absolution, she is willing to disclose to someone only weeks after meeting them. Their interaction and his attitudes toward mental health issues built all the closeness that participant 10 needed in order to overcome her level of risk. For other participants that trust building can happen even more rapidly. For example, participant 2 tells the following about his post-absolution approach to disclosure,

> I don't tell it (suicide attempt story) without a good reason. So, when I share it, it's usually when I find someone ... It's often with a stranger, who I ... How do I put this? I often end up sharing it with someone who I believe has a shared experience, shared lived experience. So maybe they're going through it, or I find out they're dealing with someone they love who attempted or succeeded. So there's usually some shared experience. I share it because I want them to know that they're not alone.

For participant 2, shared experience is often enough for him to feel close enough with someone in order to share his SAS status. This lack of need for a close relationship may be tied to the low risk experienced during post-absolution.

Closeness as a Barrier to Disclosure

Closeness did not equate to a greater willingness to disclose for all participants. In some cases, the closeness of a relationship actually increased the risk factors associated with disclosure. For example, participant 8 described her relationship with her brothers as "really close," but she chose to conceal her SAS status from them. She describes,

> I have my brothers. I was really close to them but I didn't share with them the details and I think because I didn't ... I guess it's the judgment thing again. I think I felt, even though I knew they loved me, I think that they would have, I felt like they would have judged me as a weaker person or, I don't know that I felt that they would be ashamed of me, but definitely just feel sorry for me.

Due to their close relationship participant 8 knew how they would react if she disclosed to them. She knew they held stigmatized views about suicide and was afraid those would come out if she disclosed to the. In this case the closeness of the relationship increased her need to self protect.

For other participants the closeness of a relationship increased the need for other protection. For example, in an earlier quote participant 2 did not disclose to his son for years because he did not want to burden him even though they have a very close relationship. Participant 7 also discusses this when talking about her grandparents.

> I mean I more just think about okay, what kind of details would be beneficial for this person to know. A lot of times if it's someone in my family, if it was my grandparents I was talking to or something, I just keep things very vague. I'm not comfortable going into the whole back story with them.

Her grandparents were very close to her and she did intimate that something had happened to her, but she did not share details because of the nature of their relationship. Her understanding of them made her feel that they would not be open to talking about something like a suicide attempt with her, and therefore she avoided complete disclosure rather than stress the relationship. In a similar manner participant 8 said, when talking about avoiding disclosure with her mother, "she was almost too close… my Mom never told me, 'Don't tell me about it, or I don't want to hear the details,' but I had that in me, thinking that she couldn't take it if I told her." This demonstrates once more that closeness does not equate to willingness to disclose, and sometimes closeness is actually a barrier to that disclosure.

Willingness to Reveal

The RRM presents three main reasons a person may want to disclose a secret: catharsis, the target's need or right to know, and pressure from others. Pressure from others was not mentioned by participants in this study; however, both catharsis and need to know were very prevalent. Additionally, the data also shows an increased willingness to share with individuals with shared experience.

Catharsis

Catharsis is the process of releasing and thereby finding relief from unresolved, highly emotional experiences. Disclosure to others is one of the main method of experiencing catharsis. Catharsis was a major factor in willingness to disclose pre-absolution. Many participants felt intense internal pressure from their unresolved feelings toward their suicide attempt and sought

relief in the form of disclosure. Participant 2 gave an example of this while talking about the reasons behind his first disclosure experience.

> It was almost a physical reaction. It was like, when you suddenly realize you're drowning and you start swimming really, really hard all of a sudden. You start flailing and kicking. You've gone from thinking, "Oh, I've got this, no big deal," to "Oh my God, if I don't reach that boat I'm gonna drown." It was almost a physical visceral reaction, "I need to tell Mark, because I'm in so much pain right now, keeping it a secret is just doubling the pain. The energy I'm taking to keep this secret is the energy I need to help me get better." … I was a wreck for a year-and-a-half. I was still, every day ... Well, still every day I do all the things I need to do to stay healthy, but back then was also knew like, "Am I gonna do this again?" I had medicine to take, I had panic attacks… It's like every part of me knew. If I tell one person, it's gonna be Mark, because I trust him.

He experienced a need for catharsis as an immediate and visceral necessity. He knew he had to talk to his friend about it if he was going to avoid another attempt. The idea he presents of using energy to keep his secret that he could be using to heal is of particular note because it shows a tangible benefit to disclosure that he wanted and needed.

Other participants sought catharsis soon after their attempt in an attempt to alleviate their loneliness. Participant 9 gives an example of this when describing why she disclosed to her close friend in college, the first person she disclosed to after her attempt. She said,

> I think it was just that I wanted somebody to know and be able to... It's very lonely to not be able to talk to anybody about it. Even though talking about it is terrifying, but having to keep that in, for me was very lonely feeling. I think I just wanted somebody to be able to understand. I didn't get that from her, I did later on in life, but... Yeah.

Her need to alleviate her loneliness overcame her fears of talking about her suicide attempt. She had not been able to fully process and understand her attempt herself. She went to her friend with the hope that her friend would understand and with that understanding she would be able to cope with her attempt. Sadly, she did not have a cathartic experience. Her friend judged and ridiculed her, a reaction which caused her to not disclose again for many years.

Need to Know

Another individual's need or right to know secret information is a strong motivator for disclosure. Even if the target of disclosure is unaware that a secret is being kept from them the discloser may feel they have some need to know the information, or feel that the target has a right to know as a co-owner of the information. This variable does not shift with the absolution framework. However, two distinct forms of a 'need to know' are evident in the data. With the first type participants experienced a willingness to reveal when they felt an obligation to tell someone close to them about their attempt due to depression, doctor visits, and other day-to-day details. For example, participant 3 talked about why she felt the need to disclose to her partner and her children.

> I feel like it's important for them to understand why I might suddenly get upset, or start crying, or need to leave the room, or something like that. And my daughter also struggled, she's in college now, but she also struggled with an episode of depression for a couple of years in high school, including having suicidal thoughts, no attempt, for which she had to be hospitalized briefly. And so I felt even more of an obligation to be open about the whole thing with her about it so that maybe she wouldn't go down that same path.

She felt obligated to tell them because of her role as a mother and because they had to see her dealing with her feelings on a day-to-day basis. She felt they had a right to know why she was experiencing those feelings. Other participants felt this obligation to disclose when they thought someone important to them might find out about the attempt from a third party. For example, before participant 2 began telling stories about his attempt on stage he felt his son had a right to know.

> The other person I waited a long time to tell was my son. I think he was 22 or 24 at the time, I forget. He wasn't living with me, so it's easy to hide it. But I knew once I started talking about this in public and trying to show people that, "You can recover from this. More people do this than you think." I knew that I didn't want him to hear this from anyone else, so I sat him down one night, two or three years ... a couple of years after my attempt and said, "Okay, I gotta share something with you kiddo."

He was at a point where he wanted to use his art as part of his healing process, but he felt an obligation as a father to be the one to tell his son about his attempt. He felt his son may have been hurt if he found out from a third party. So to avoid that possibility he disclosed his attempt.

The second type of 'need to know' is quite different. Instead of being willing to disclose out of a sense of obligation participants were willing to disclose because of altruistic motivations. For example, when Participant 9 explained why she was willing to disclose to her sister she said.

> Somebody she knew had died by suicide, and I guess it was when she reached out to me how to understand that, so I approached it with experience of somebody who's been there versus going at it from a therapeutic angle, which I guess was why she came to me 'cause I work in the field.

Participant 9's sister reached out to Participant 9 for support because of Participant 9's employment at a suicide crisis line, she did not know about participant 9's attempt. Instead of keeping her attempt a secret and just using her expertise participant 9 felt that her sister needed to know about her suicide attempt. Participant 9 gained no benefit from this exchange and if she had not disclosed her sister would have never known the difference. However, because she was in post-absolution she was at a point where she felt an altruistic obligation to help her sister with her personal attempt story.

Other participants ended up getting involved with suicide attempt survival activism because of these motivations. For example, participant 6 is now very active in fighting stigma and promoting suicide awareness in the Native American community. When asked about her motivations for her involvement she said the following.

> I got sick of it because after my attempt, I lost my 19-year-old niece a couple of years later. And then a month later, I lost my best friend to suicide. And it just seemed like it was coming out more and more and more. And then for it to hit right in my own backyard with my own daughter having finding out that was her fourth attempt, it angered me even more.

This anger motivated her to act. She decided to make it her goal to break down the taboos against addressing suicide in her Native American community. In order to do this most effectively she disclosed her own status as a suicide attempt survivor. She did not have to take this route, but she felt that people in her community had a legitimate need to know so she used her personal story to start helping others open up about their attempts all throughout her community.

Shared Experience

Multiple participants also discussed how liberating it was to speak to someone else who had also survived a suicide attempt. This shared experience communicated a lack of judgement and of understanding. Participant 10 had such an experience when she reached out to her cousin.

> At that time, I still didn't know anybody else who had that sort of lived experience and especially someone within my own family. So because she was (a SAS), I was further out in my recovery then she was, I just knew how isolating that felt. So it was more like, sort of mixed feelings. I was really nervous about my parents getting wind of that, but also felt like it was the right thing to do for both my reasons and hers.

The chance to speak with someone who had shared experience helped participant 10 overcome her nervousness at disclosing. This was especially significant because her family had told her not to talk to anyone about her attempt. However, she knew talking with someone with lived experience was what she needed. She viewed disclosing to her cousin as a chance for both of them to heal. Other participants also found it easier to talk to individuals with shared experience in an online format. Participant 9 shared her experience with the support group hosted by LTT. She said,

> Everybody in that group has had lived experience, so there are times when it's easier to talk to one of them than it is to talk to people who haven't experienced the same things that I have with attempting.

She finds it easier to talk to people who can understand what she is going through because they have lived the experiences she is living. Participant 9 has a well-developed support system with

friends and family, but even with this support system she still is willing to disclose to others with shared experience online in order to receive the support she gets from others with shared experience.

Willingness to disclose in the suicide attempt survivor community is very complex, but the RRM helps provide a context to understand the basic motivations behind individual decisions. Catharsis, need to know, and shared experience are the three overarching motivations given by the participants in this study for willingness to disclose.

Communication Efficacy

The RRM describes that two paths predict whether or not someone will disclose their secret. The first path predicts that risk assessment predicts willingness to reveal, both of which are influenced by degree of closeness, and willingness to reveal predicts disclosure. The second path describes that risk assessment predicts communication efficacy which then predicts disclosure. Communication efficacy is an individual's perception of how capable they are of successfully communicating in a given situation. If an individual perceives that they have high communication efficacy, they are more likely to disclose than when they perceive that they have low communication efficacy. This seems to be consistent among participants in this study. A few participants reported always having high communication efficacy; however, most participants' experiences reflect a shift from low communication efficacy pre-absolution to higher perceived communication efficacy post-absolution. Participant 3 gave a good example of this when she was asked why she did not disclose to her parents after her attempt.

> I would not have had the vocabulary to discuss it with them… At that point, still didn't really even myself understand what had happened. Articulating that would've been years later when I had regular counseling that I would be able to walk myself through it and have enough self-awareness and education to know how to talk about it. And so I think maybe that's part of the reason why we've never talked about it

> because the point at which I would've been capable of talking about it, so much time had passed.

She avoided disclosure with her parents because she lacked the ability and terms, or communication efficacy. She gained that efficacy later during counseling, self-awareness, and education

Participants also described efficacy on a continuum, noting that when disclosing, individuals should only share what they are comfortable sharing. This suggests that some parts of suicide attempt stories require more efficacy than disclosing other details. Several participants commented on the importance of personal comfort with the disclosure and limiting disclosure to the degree of information that matched a discloser's comfort level. Participant 4 gave an excellent example of this when she said,

> I think the biggest thing is to share what you feel comfortable sharing no matter what. Don't let people try to pull information out of you before you're ready, but also don't let anyone shut you up. Because I think the level of comfort, unless it's something that's severely triggering to the listener and the listener has PTSD or something, the level of comfort is more important to the person telling the story. I shouldn't have to worry about you being grossed out or uncomfortable when I'm talking about something that is important to me. So I think that everybody should speak what's important to them and not let anyone force them to talk about what they're not ready for.

In her opinion, disclosers should understand what they are comfortable sharing before the disclosure, and this recognition is essential when evaluating communication efficacy. Similarly, other participants describe efficacy as including the ability to determine which part of the attempt story one may personally be comfortable with others knowing. Although efficacy is traditionally understood as one's confidence in one's ability to share information in a method that achieves the desired result (Afifi & Weiner, 2004), study participants elaborate that efficacy includes selecting which pieces of information to share to achieve the goal of disclosure. For example, Participant 3 said,

> It's a difficult conversation to have, even no matter how far you get past it, it can still be a difficult conversation. So I think if you are planning to disclose, then ahead of time you need to know… you need to know what details, circumstances you're going to share with that person ahead of time. Because then I think the danger is they don't disclose enough or you, probably more likely, disclose too much, or the conversation just kind of rambles. So I would say know what you want to tell someone. Know the what of it, what you want to tell them, and then why you're telling them or what is it that you're hoping to get from that person by telling them.

This quote highlights the importance of selecting specific pieces of information to share. For Participant 3, it is important to a successful disclosure experience to have a story to tell and to stick to it. Additionally, she shares the importance of understanding your own motivations for the disclosure. Knowing which specifics to share are also important for protecting oneself. In regard to this idea participant 8 shared this sentiment,

> I think just be really careful about what you do share until you are comfortable, and until you know, and sometimes you don't know until you do it, and don't share anything that you don't want out there.

This discussion of selecting pieces of information when disclosing connects to the prior concept of protection. Participants did not explicitly make the connection between the need for only sharing information they are comfortable with others knowing and risk assessment, but they alluded to the need for personal safety when disclosing. Efficacy plays a role in selecting the information and communicating it in a way that aims to minimize risk. Disclosure about the suicide attempt can be highly emotional, and it is important to limit disclosure to topics that will not trigger suicidal thoughts. Participant 9 provides an explicit example of this. When asked about her interview with LTT, she said the following,

> At the time that I first met with Des, one of the events that had led to a suicide attempt was a brutal rape that I went through. And at the time, because I had not dealt with that in a therapeutic setting, I was not comfortable talking about it then. But since then, I have gone through therapy for that, and I'm okay with saying that that's what happened… at that time, I didn't want anybody else to know because people knowing made it more real, and it triggered a lot of problems for me that would lead to suicidal thoughts.

Participant 9 recognized that it was not safe for her to share certain details about her suicide attempt because it could trigger additional attempts. This aspect of communication efficacy, the ability to select which pieces of information to share, is an essential component of efficacy.

For some participants an important tactic for ensuring proper selection of details is to rehearse their story beforehand. For example, participant 2 talks extensively about how he has created a story from his experience that he shares over and over again. Participant 3 expressed a similar sentiment when she was asked how she approaches disclosure experiences,

> If I had lined up all of the people who I have disclosed my attempt to over the years, they probably could all tell you a similar story that I shared with them. Does that make sense?... I think if you are planning to disclose, then ahead of time you need to know what you want to say.

Having a consistent story helps her be prepared for her disclosure event and to avoid uncomfortable topics. This practice helps these participants to pick and choose the details shared in their disclosure experiences thereby increasing their communication efficacy.

Table 2. Results Frequency Table

	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
Negative Valence	1	3	3	1	1	2	3	10	4	2
Change in Valence	2	3	3	2	2	4	5	5	6	3
Self Protection	2	4	3	2	6	2	3	5	6	3
Relationship Protection	0	0	0	0	0	0	1	1	1	2
Other Protection	0	5	2	0	1	2	1	4	1	0
Stigma of Selfishness	3	1	1	1	0	2	0	0	0	2
Closeness	1	3	2	1	5	1	2	4	1	5
Closeness as a Barrier	0	2	0	0	0	0	0	2	0	1
Catharsis	1	3	0	1	0	0	1	0	1	2
Need to Know	4	6	2	1	0	3	3	3	1	3
Shared Experience	0	2	1	0	1	0	2	3	2	2
Comfortability as Efficacy	0	1	1	1	0	0	3	5	1	0

DISCUSSION

This study was conducted to explore the application of the revelation risk model (Afifi & Steuber, 2009) to a previously unexplored context as well as to further understanding the role of stigma within disclosure decisions of suicide attempt survivors. In addition to accomplishing both of those objectives, the study also sought to understand the unique experiences of suicide attempt survivors. One unexpected and fruitful finding includes the uncovering of a shift in how SASs approach disclosure decisions across their recovery trajectory, namely pre and post absolution. In what follows, I will detail theoretical contributions to RRM as well as two practical applications, as provided from participants. Overall, this study contributes more contextualized understandings to the RRM (Afifi & Steuber, 2009), adds to a fledgling body of literature surrounding the disclosure experiences of suicide attempt survivors, and proposes practical suggestions to help suicide attempt survivors in finding their paths to disclosure.

Theoretical Contributions

This research contributes to and extends the revelation risk model (Afifi & Steuber, 2009) by demonstrating the presence of stigma as a significant part of disclosers risk assessment. Additionally, the study illustrates the changing nature of disclosure over an extended period of time and highlights the need to extend disclosure theory to incorporate this phenomenon.

Stigma

Here I will discuss connections made between stigma and Afifi and Steuber's (2009) model. The concept of stigma is not mentioned in the description of the RRM, however, it does form part of the information assessment phase of the DD-MM (Greene, 2009). As explained in the

rationale, the DD-MM was not used in this study due to the lack of contextual fit of several other variables. Comparison of the two theories demonstrates that both describe disclosure decision processes as initiating, in part, with evaluation of the information to be revealed. The DD-MM refers to the evaluation of the information as information assessment and includes stigma; the RRM refers to it as secret valence. Because of the parallel concepts, it was assumed that if stigma were to play a role in the disclosure decisions of suicide attempt survivors, it would be in that initial phase. This assumption appears to be correct; however, due to the varied nature of stigma only self-stigma and experienced stigma, two of the three stigma categorizations outlined by Brohan et al. (2010), were noted in relation to secret valence. The last stigma categorization, perceived stigma, was observed in relation to the risk assessment stage of the RRM. In what follows I will explain the relevance of stigma in relation to secret valence and risk assessment.

Evidence from this study shows negative valence toward suicide is caused in part due to stigma, especially stigma perpetuated through religious and cultural beliefs, otherwise known as self-stigma. Self-stigma occurs when the stigmatizing attitudes of society are internalized and accepted as truth by an individual (Brohan et al., 2010). Several participants referred to themselves as sinners or being guilty of being disobedient to God's commandments because they had attempted suicide. This caused their view of the suicide attempt to be skewed as negative. Additionally, two participants identified as members of the Native American community, and both mentioned the lack of acceptance of mental illness as a medical fact in their community. This lack of acknowledgement caused both to feel that their attempts were selfish and wrong. These participants along with those dealing with religiously based stigma experienced self-stigma. These participants truly believed they had been sinners, tainted, and selfish because of the consistent messages they received from society about suicide attempts.

Experienced stigma, actual discrimination faced by an individual, also played a role in shaping how participants valenced their suicide attempts. Two participants expressed feelings of neutrality toward their suicide attempts directly after they happened. They viewed it as an event that happened to them that was neither good nor bad. All of these participants experienced stigma from others at some point once they chose to disclose. For most this experienced stigma led to a reevaluation of valence which resulted in a shift from neutral to negative valence. A shift that in some cases caused participants to not disclose again for many years.

Unexpectedly, perceived stigma played a significant role in the risk assessment stage for many participants. Perceived stigma is what an individual believes society as a whole, as well as specific individuals, believes about actions they have taken (Brohan et al., 2010). When approaching a decision to disclose, participants except participant 4 mentioned worries about being judged for their status as a suicide attempt survivor. For various participants this worry was a result of experienced stigma, but even participants who had not experienced any significant stigma worried about facing judgement for their actions. This fear of judgement stopped nine of the 10 participants from disclosing at least once. Most participants reported it as one of the main reasons they have only disclosed to a few people. One participant who has been running a suicide attempt outreach campaign for years in her community only recently disclosed to her community that she is an attempt survivor due to her sense of perceived stigma.

To the best knowledge of this author, stigma is not generally evaluated as variable influencing various stages of the disclosure decision making process other than assessing the information to be shared. The pervasiveness of stigma in the experiences of participants suggests that stigma may be a significant factor in multiple stages of disclosure decisions. Future research

is needed to examine other disclosure contexts for evidence of stigma as relevant across the disclosure decision-making process.

Disclosure Decisions Over a Lifetime

Disclosure is often studied as a one-time event as though individuals consider if and how to share their information and then the decision is made. However, some studies demonstrate that this is not the case. For example, research in sexual orientation disclosure discusses the continual and repeated nature of disclosure or coming out about the same information (Manning, 2015). However, very little research provides examples of how the disclosure process may change. Although this study did not begin with the intention of examining changing disclosure decision making processes, participants discussed a shift in how they decided to disclose or conceal their information. All of the participants expressed distinct differences in their disclosure decision making processes during different periods of their recovery. Participants unwittingly identified two distinct time frames. The first time frame describes how they often felt shame or regret when considering their suicide attempt. They were very reluctant to disclose and engaged in intense self protection. Participants also dealt with heightened levels of suicidality during this time. This period lasted from their first suicide attempt until they reached the second period. In the second time frame they expressed acceptance of their suicide attempt, little to no suicidality, and a desire to help other suicide attempt survivors. Within the results, these two time frames have been referred to as pre-absolution and post-absolution.

The way in which absolution is used in this work is similar to the stage of acceptance from the Kübler-Ross (1970) model of the five stages of grief. This model is specifically used for individuals with terminal illnesses, but it does provide context for this research. The model's stages are as follows: denial, anger, bargaining, depression and acceptance. The first four stages in this

model are beyond the scope of this study. It is unlikely that SASs go through the same stages as an individual with a terminally ill condition, but they may undergo similar stages during their process of reaching absolution. The final stage of Kübler-Ross's (1970) model is very similar to absolution. This stage does not suggest that an individual is perfectly okay with their impending death. Rather acceptance is marked by the stabilization of emotions and the ability to live in the new reality created by the terminal diagnosis (Kübler-Ross, 1970). Part of absolution includes those same sentiments of accepting that the suicide attempt happened and that it changed reality. Further research into the process of reaching absolution is needed in order to discover what stages SASs go through before reaching that point.

With the current data understanding participants' experiences managing each variable of the RRM varied by their position in pre-absolution or post-absolution stages. In pre-absolution, participants negatively valenced their attempts. Risk assessment was very high especially in regards to self protection. Participants were only willing to reveal when they felt a strong need for catharsis or were faced with an individual with a compelling need or right to know. They also felt little to no communication efficacy during this time. Much of the disclosure that occurred during pre-absolution were forced disclosures, usually as a requirement of hospital treatment.

Alternatively, participants described disclosure decisions in the post-absolution period very differently. Most participants viewed their suicide attempt with more neutral than negative valence. Self protection was still evident when engaging in risk assessment; however, the intensity was far lower and participants discussed less relationship and other protection. Participants most often felt willing to reveal when they felt they could help others by revealing, especially to other suicide attempt survivors or those experiencing suicide loss. Heightened communication efficacy was marked by increased knowledge about mental health conditions and suicide, along with a

sense of being comfortable sharing different levels of detail about their attempts with others. These changes did make it more likely that participants would disclose, and actual disclosure events did increase; however, disclosure decisions remained difficult to make and the actual disclosure events were still difficult for participants.

The specifics of the changes in the disclosure decision making process expressed by participants may be unique to suicide attempt survivors. It may even be a factor of this participant pool as those from a population who have disclosed publicly. However, because of the prevalence and similarity of the shifts across all participants, further research is merited in order to further define these changes and to expand the field of knowledge surrounding disclosure. Research on trauma disclosure suggests similarities in pre-absolution disclosure decision making among suicide attempt survivors, individuals with PTSD, sexual abuse survivors, and other individuals with traumatic experiences (i.e., Bedard-Gilligan, Jaeger, Echiverri-Cohen, & Zoellner, 2012; Marriot, Lewis, & Gobin, 2016; Stein, Lahav, & Solomon, 2017). As with other studies, these only focused on disclosures happening in one moment and no data is shown to suggest a shift similar to the one observed in this study. While there is no guarantee that individuals in these other contexts will experience a shift similar to that of post-absolution, it does suggest a potential for shifts to occur during the recovery processes. Further research into these contexts could provide invaluable knowledge in discovering ways to help individuals reach a shifting point that would help them cope with their trauma as well as expand their social support networks through disclosure.

Practical Implications for Suicide Attempt Survivors

Participants were asked about what advice they would give to other suicide attempt survivors who considered disclosure but found the prospect too risky. Two suggestions were

particularly prevalent and of significant practical use. Although they were noted in the results, they are further elaborated here. They include (1) finding others with shared experience, and (2) only share details that you are comfortable with others knowing. These suggestions have practical implications for suicide attempt survivors as well as the medical community.

The first suggestion is to seek out other suicide attempt survivors to whom you can disclose. Participants felt disclosing to other SASs was safe, judgement free, and mutually beneficial. When disclosing to a person with shared experience, there was reduced fear of being judged or facing stigmatized ideas about suicide. Particularly helpful to the participants was the sense of understanding and acceptance they felt when talking with other suicide attempt survivors. Because of societal stigma, suicide attempts can be very isolating. SASs feel they are the only ones who have attempted and because of that they feel there is something wrong with them. Talking with another SAS helps normalize the experience for them and ameliorate the feelings they are managing. For many participants discussing their attempt with another SAS helped them to reach absolution. Several participants also mentioned the comfort they have found in the online support group with Live Through This. The group helped them to feel a sense of community that had been lacking in their lives. Other research on online support groups have fond them to be an excellent source of emotional support (Costello, 2014; van Uden-Kraan et al., 2008; Vilhauer, 2009). One study focusing on metastatic breast cancer (MBC) support groups found that participants benefitted from the support group because they were able to connect with other women dealing with MBC. They were able to gain a level of intimacy with the other participants not possible with other by talking about issues only other MBC patients would understand (Vilhauer, 2009).

Participants' second suggestion was to only share the information you are comfortable sharing. Participants gave two reasons for this suggestion. First, suicide attempts are often

traumatic and reliving them can often be dangerous to the mental health of SASs. Additionally, reliving the events that resulted in the attempt can also cause increases in suicidality. Second, and described more below, it is impossible to control the spread of information once even one person knows it (Petronio, 1991).

Reliving traumatic experiences can be detrimental when done outside of therapy, especially when an individual is mentally unstable (Stein, Lahav, & Solomon, 2017). Therefore, the suggestion to avoid doing so until a sense of stability is reached is reasonable. Participants did not advocate for a complete moratorium on disclosure, in actuality they were pro-disclosure at any stage. The suggestion was to specifically avoid traumatic details and to use generalized language instead. The advice to only share what is relevant at the moment, and not increased details, has also been reported in other studies about disclosing difficult information (e.g., Venetis et al, 2017). For example, when disclosing sexual orientation to a medical provider, participants recommended only sharing what information the provider needed for medical diagnosis and no additional information.

In this study participants were particularly adamant about not allowing the target of disclosure to force the disclosure of additional detail. In order to avoid being forced into additional disclosure participants suggested rehearsing the exact details of the disclosure beforehand (see Afifi & Steuber, 2009 and Venetis et al., 2017 about preparation and rehearsal). These suggestions allow SASs to actively take control of their story and claim ownership over which information others can know. This type of systematic approach to disclosure may be part of the process of reaching absolution.

Individuals are unable to fully control the spread of private information once it has been disclosed (CPM; Petronio, 1991). Due to the stigma faced by SASs, privacy management is

extremely important. Several participants had severely damaging experiences (emotional hardship, lost job opportunities, etc.) that occurred when the wrong person learned about their attempt. Therefore, participants' suggested to only disclose specific information to carefully selected people, and then only if a SAS is sure they will be emotionally safe if others find out. Further research into the communication privacy management practices of SASs would be beneficial in understanding the unique challenges faced by them due to the sensational and serious nature of a suicide attempt.

One method suggested by participants to ensure proper information selection was to develop a specific narrative to tell others during a disclosure event. Several participants are professional storytellers, public speakers, and activists who are accustomed to putting their personal experiences into a narrative framework that they share over and over again with little variation. These participants stressed that this skill helped them to avoid sharing extraneous details. The narratives they created also helped them to be more comfortable in disclosure situation because they had previously rehearsed their stories.

Additionally, creating narratives from traumatic situations has been shown to help in a variety of other ways. Specifically, White and Dobson (1990) pioneered the concept of narrative therapy showing that the creation of a narrative from traumatic situations helps individuals to understand and cope more fully with the aftermath of that situation. Further research into narrative creation by SASs could show these additional effects suggested by narrative therapy and could provide further practical methods for SASs to address their fears of disclosure (White & Dobson, 1990).

Limitations & Future Directions of Research

Although a variety of theoretical and practical implications are outlined above, it is important to discuss the limitations of this study and future directions for this research. First, this study uses a small sample size and therefore may not be representative of the experiences of all suicide attempt survivors. Participants in this study provided valuable information, but various conclusion may not be representative with a larger sample or trends that may emerge from evaluation of more voices may have been missed. A future study using an increased sample size and mixed methods research may allow for verification of the results from this study. Second, the sample used for this study was drawn from a single online support group consisting of individuals who had disclosed their SAS status publicly with LTT. This homogeneity among the sample may have influenced certain portions of the findings. Specifically, the findings regarding the absolution framework. All participants had reached a point in their lives in which they were comfortable sharing their SAS status in a highly public manner. Other SASs may never reach a point of absolution or if they do it may look very different from the absolution reached by the participants in this study. A future study pulling from a much larger pool of suicide attempt survivors would serve to verify the findings of the absolution framework. This may be difficult due to the nature of the context, but could be possible by networking with a variety of national and community organizations. Third, all participants except one were female. Research shows that suicide attempts occur primarily among women (Mościcki, 1994; Piscopo et al., 2016), however the ratio is less than nine to one. The information gathered from the one male participant did match with the other participants; however, this may indicate an outlier rather than a generalizable result. Studying the disclosure decision making of male SASs may uncover additional insights into the role of stigma in suicide attempt disclosure. Research shows that men face heightened levels of stigma related to

suicide attempts compared to women, and they are less likely to seek help for depression and other mental health issues (Oliffe et al., 2016). Fourth, all participants in this study had some form of post-secondary education. Education level can affect income, employment status, and a variety of other factors that help determine access to mental health resources (Torpey, 2018). As such, a study including a wider range of individual education levels may find differing experiences with disclosure due to access to care and mental health information. Fifth, six of the 10 participants were either employed in suicide prevention or mental health or heavily involved with suicide awareness activism. This suggests a level of knowledge and awareness about sucide attempt survival uncommon in the general population of SASs. Sixth, this study was interested in analyzing disclosure experiences of SASs along with their lived experience; therefore, no dyadic data was collected during this study. Dyadic data would provide valuable insight into target responses to suicide attempt disclosure. Participants in this study dealt with emotionally intense responses to their disclosure which cause, at times, long lasting harm. A dyadic study would help in the development of disclosure strategies for SASs to help minimize intense negative responses to their disclosure.

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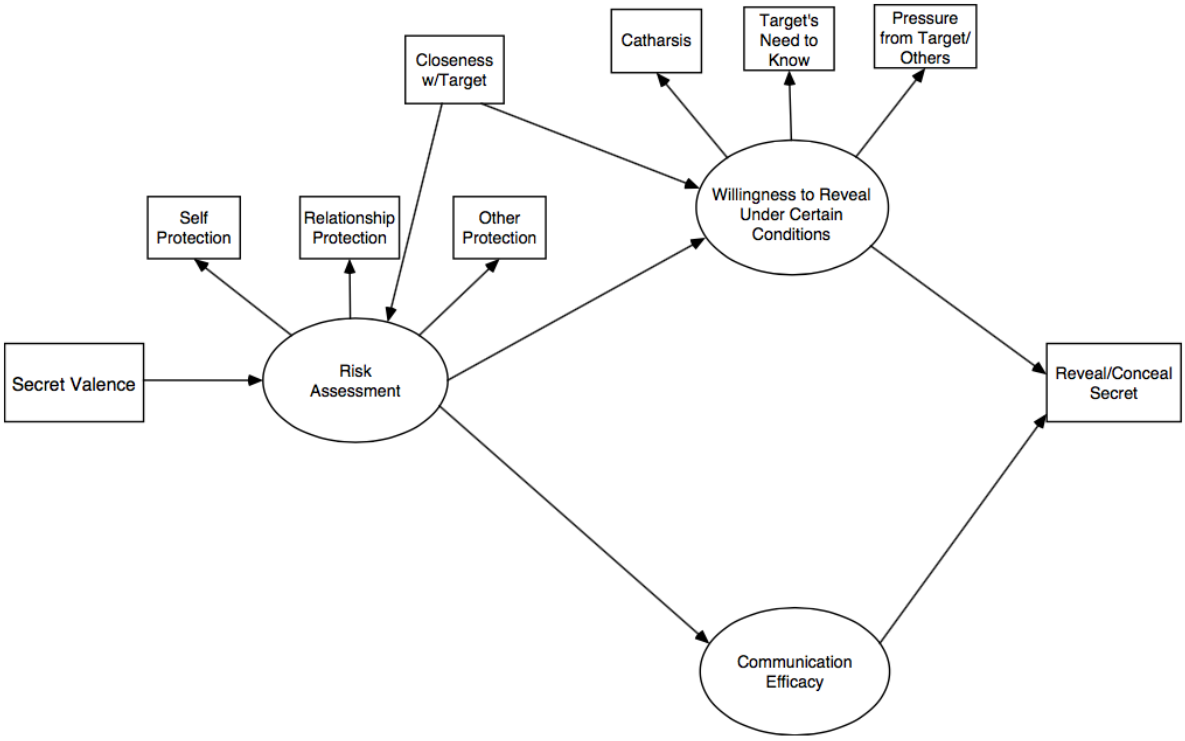
APPENDIX A: MODEL

Revelation Risk Model from Afifi & Steuber (2009)



APPENDIX B: SOCIAL MEDIA RECRUITMENT MESSAGE

Social Media Post:
Research Participants Needed

My name is Daniel Mikkelsen, a graduate student at the Brian Lamb School of Communication at Purdue University. I am currently working on a project seeking to understand how suicide attempt survivors approach and talk to people close to them about their attempt.

I am looking for attempt survivors who would be willing to be interviewed. I will be asking about what it is like deciding to share information about your attempt with others. Interviews will last approximately 60 minutes. Participation is confidential. Participants will receive a $25 Amazon gift card as compensation for their participation.

If you are interested in participating in this research, please go to the following link to complete a consent form and provide information to set up the interview: [[enter link here]]. If you have any questions for me before or after following the link, feel free to contact me at dmikkel@purdue.edu

Thank you for your consideration.

Daniel Mikkelsen
Graduate Student – Brian Lamb School of Communication

Dr. Maria Venetis
Associate Professor – Brian Lamb School of Communication – Purdue University

APPENDIX C: QUALTRICS SURVEY

[[Page 1]]

Finding a path to disclosure: How suicide attempt survivors describe their decision to disclose

Dear potential participant,

Thank you for your interest in this project that examines how individuals talk to people close to them about their suicide attempts. At this time, a consent form will be provided for your review along with some basic demographic questions. At the end of the survey you will be asked to provide contact information if you wish to continue with the study.

[[Next button]]

[[Page 2]]

RESEARCH PARTICIPANT CONSENT FORM

Finding a path to disclosure: How suicide attempt survivors describe their decision to disclose

Maria K Venetis and Daniel Mikkelsen

Brian Lamb School of Communication

Purdue University

Key Information

Please take time to review this information carefully. This is a research study. Your participation in this study is voluntary which means that you may choose not to participate at any time without penalty or loss of benefits to which you are otherwise entitled. You may ask questions to the researchers about the study whenever you would like. If you decide to take part in the study, you will be asked to sign this form, be sure you understand what you will do and any possible risks or benefits.

This study is seeking to understand how and under what circumstances suicide attempt survivors decide talk to people close to them about their attempt. Additionally, we hope to understand why attempt survivors tell some individuals close to them about their attempt and not others. If you

decide to participate you will be contacted to set up an interview time. The interview itself should take no longer than 1 hour.

What is the purpose of this study?

The purpose of this study is learn about how suicide attempt survivors talk to people close to them about their attempt and why they may decide not to tell particular people. You are being asked to participate in this study due to your status as a suicide attempt survivor and can therefore provide invaluable insight on this issue. We hope to enroll 7 – 10 individuals in this study.

What will I do if I choose to be in this study?

If you choose to be in this study, after you read this page (called a consent form) you must click "yes, I agree to participate." If you click "no" then the survey will close and nothing further will happen. If you click "yes, I agree to participate" then you will answer a few confidential questions about yourself. These questions will help the researchers to determine if you are eligible to participate in the study. If you are eligible, we will contact you by telephone or email about setting up an interview. The interview can be conducted either over the telephone and will be recorded. It will last approximately 1 hour. After the interview your participation is complete.

How long will I be in the study?

The time between completing the online questions and having the interview could be a few days or up to a week. The interview itself should take no longer than 1 hour.

What are the possible risks or discomforts?

We do not anticipate any risks or discomforts. However, it is possible that talking about your conversations with people close to you could cause some discomfort. If you are uncomfortable, you can stop at any time.

Breach of confidentiality is always a risk with data, but we will take precautions to minimize this risk as described in the confidentiality section.

Are there any potential benefits?

There are no direct benefits of participation.

Will I receive payment or other incentive?

You will receive an electronic $25 Amazon gift card that will be emailed to you for participating in this study.

Will information about me and my participation be kept confidential?

The project's research records may be reviewed by the US DHHS Office for Human Research Protections, and by departments at Purdue University responsible for regulatory and research oversight. All collected information will be stored on a password-protected computer program and accessed on a password-protected computer. Once your interview is complete and gift card emailed to you, your name and contact information will be destroyed. The project's research records may be reviewed by departments at Purdue University responsible for regulatory and research oversight.

What are my rights if I take part in this study?

Your participation in this study is voluntary. You may choose not to participate or, if you agree to participate, you can withdraw your participation at any time without penalty or loss of benefits to which you are otherwise entitled.

Who can I contact if I have questions about the study?

If you have questions, comments or concerns about this research project, you can talk to one of the researchers. Please contact Daniel Mikkelsen at 435-229-5976, dmikkel@purdue.edu

If you have questions about your rights while taking part in the study or have concerns about the treatment of research participants, please call the Human Research Protection Program at (765) 494-5942, email (irb@purdue.edu)or write to: Human Research Protection Program – Purdue

University Ernest C. Young Hall, Room 1032 155 S. Grant St., West Lafayette, IN 47907-2114. To report anonymously via Purdue's Hotline see www.purdue.edu/hotline.

Documentation of Informed Consent

I have had the opportunity to read this consent form and have the research study explained. I have had the opportunity to ask questions about the research study, and my questions have been answered. I am prepared to participate in the research study described above.

A copy of this consent form will be emailed to the email address you provide if you participate in this study.

Please select one of the following:

- ❍ Yes, I agree to participate in this study. (1)
- ❍ No, I do not want to proceed. (2)

[[Here participants click either 'yes, I agree to participate' or 'No, I do not want to proceed.' If they click 'yes' then they proceed to next page/questions]].

[[Page 3]]

Your name: (you can provide only a first name or an alias (fake name) if you prefer)

What is your gender?

- ❍ Male (1)
- ❍ Female (2)

What is your age:

What is your ethnicity/race?

- ❍ Non-Hispanic White or Euro-American (1)
- ❍ Black, Afro-Caribbean, or African American (2)
- ❍ Latino or Hispanic American (3)
- ❍ East Asian or Asian American (4)
- ❍ South Asian or Indian American (5)
- ❍ Middle Eastern or Arab American (6)
- ❍ Native American or Alaskan Native (7)
- ❍ Other (8)

What is your highest educational attainment?

- ❍ Did not attend school (1)
- ❍ Some High School (2)
- ❍ Graduated from high school or GED (3)
- ❍ Some College (4)
- ❍ Trade/technical/vocational training (5)
- ❍ Associate degree (6)
- ❍ Bachelor's degree (7)
- ❍ Master's degree (8)
- ❍ Professional degree (9)
- ❍ Doctorate degree (10)

What is your marital status?

- ❍ Single, never married (1)
- ❍ Married or domestic partnership (2)
- ❍ Widowed (3)
- ❍ Divorced (4)
- ❍ Separated (5)

Your preferred method of contact:

- ❍ Telephone (1)
- ❍ Email (2)

If telephone is your preferred method of contact, please provide your telephone number:

Please provide your email address. We will use this to send you a copy of the consent you completed. We will also use this if you select that email if your preferred method of contact.

Is there a preferred day of the week or time of day for us to contact you to schedule an interview?

APPENDIX D: INTERVIEW GUIDE

Standard Introduction: Thank you so much for taking the time to talk with me today. As explained in the pre-interview consent form, at any time during the interview you may request that we end the interview without any issues. Also, if during or after you wish to talk to a counseling specialist I will provide you with contact information for the National Suicide Prevention lifeline. Also, let us take a minute and look at the online consent form you filled out (Review consent form). Knowing all of this do you consent to continue with the interview as outlined?

As you know, I am interested in how individuals decide to talk to close others about their suicide attempt. Sometimes people think about sharing information and go ahead and share it. Other times they consider sharing the information, and then don't share it.

1. First, can you tell me about a time when you tried to decide if you should tell another person about your attempt and then did tell that person?
    a. Who was this person to you?
    b. What did you consider when trying to decide to tell them?
    c. Prompts:
        i. How did your relationship influence this decision? Why?
        ii. How did you think that sharing this information could influence your relationship?
        iii. How did you think that sharing this information could affect you personally?
        iv. Did something happen that made you want to tell that person?
        v. How did you know when the time was right to tell them?
        vi. How did you share the information?
    d. After talking with that person about your attempt did you feel unable to broach the topic again?
    e. Is there anything I should know about what may make this type of conversation more successful? Is there anything you would do differently?
2. Now, can you tell me about a time when you tried to decide if you should tell another person about your attempt and then did not tell that person?
    a. Who was this person to you?
    b. What did you consider when trying to decide to tell them?
    c. Prompts:
        i. How did your relationship influence this decision? Why?
        ii. How did you think that sharing this information could influence your relationship?
        iii. How did you think that sharing this information could affect you personally?
        iv. Did something happen that made you want to tell that person?

    d. What are/were your reasons for not telling that individual?
    e. What are some things that would make it easier/less intimidating to tell that individual?
3. What advice would you offer suicide attempt survivors about talking about their attempt?
4. What other information should I know that I didn't ask about talking about a suicide attempt?