Title:

Stepping back from crisis points: The provision and acknowledgement of support in an online suicide discussion forum

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Abstract:

Suicide is a global health concern, though little is known about the social practices that might support those who are contemplating suicide. Online forums provide a unique insight into the anonymous discussion of suicide, including sociocultural norms about suicide and the delicate management of online interaction. This article examines the provision and acknowledgement of support in an online discussion forum about suicide, using discursive psychology to analyse the textual interaction. The analysis illustrates how forum threads function as case studies, and enable members to gain support on numerous occasions. In this way, members can gain help at crisis points as and when these occur, while still maintaining authenticity as a valid forum member. The analysis also provides additional evidence for models of suicide which highlight the fluid nature of suicidality and contributes to the preventative work on suicide by demonstrating how support can be provided at crisis points.

Suicidal behaviours represent a global public health concern and substantial research effort has gone into identifying specific risk and protective factors (e.g., O'Connor & Nock, 2014). The rise of technology provides a unique opportunity to examine suicidal issues in online spaces (Mishara & Kerkhof, 2013), yet research to date has focused mainly on the motivations and individual characteristics of those using the internet for this purpose, rather than on the social practices in the online spaces themselves. Following Horne and Wiggins (2009) and Paulus and Varga (2015), this article focuses on the provision and acknowledgement of support in an online suicide discussion forum. Specifically, the aim of this article is to explicate the interactional features of support in the suicide forums, and of the potential for members to be supported by others by being metaphorically talked back from the 'edge'; i.e., representing a shift from being at a crisis point to a stance that might still be troubled but is not immediately suicidal. As such, the article provides additional empirical support for discursive accounts of managing health identities online as well as demonstrating the potential of qualitative analyses to contribute to preventative work on suicide.

Suicide and online interaction

As a sensitive and extremely personal health issue, there have been concerns that the internet may be potentially harmful for those at risk of suicide or self-harm (Klein, 2001; Lewis, et al., 2012). To date, however, there has been little evidence to support either an overly positive or negative influence of the internet in relation to suicide and self-harm, particularly on young people (Daine, et al., 2013; Dunlop, More, & Romer, 2011; Durkee, et al., 2011). Some researchers have argued, for instance, that news media may overemphasise the role played by online technology in either enabling or preventing suicide (Thom et al., 2011), or that pro-suicide websites might be understood as a critique of dominant social norms about

suicide (Westerlund, 2011, 2013) rather than a damaging influence. Perhaps most notably, Barak (2007) found preliminary evidence that the provision of emotional support or a reassuring message was enough to make many of the suicidal posters rethink the acting out of potentially damaging behaviours. The use of 'online rescue operations' such as this have brought great interest in the potential of online suicide platforms as preventative mechanisms, though there is a need for further development in understanding these specific interactional points (Mishara & Kerkhof, 2013).

What is clear, however, is that as an issue that can be difficult to talk about in face-to-face settings, the technological developments that enable people to discuss suicide in various online spaces provide unique opportunities for support and interaction (Mishara & Kerkhof, 2013). To date, research into suicide issues on the internet has primarily focused on the motivations and characteristics of individuals who use suicide forums (Baker & Fortune, 2008; Harris, McLean, & Sheffield, 2009a,b, 2014; Sueki & Eichenberg, 2012) and the impact of online interaction on suicidal thoughts (Baume, Cantor, & Rolfe, 1997; Harris, et al., 2009a; Van Spijker, Straten, & Kerkhof, 2014). The limited work on the content of suicide forums typically takes an individualistic approach, focusing on the assumed intentions or motivations of those who use the forums (Harris, et al., 2010; Thoër, 2013), or a content analysis approach to identify the types of issues discussed online (Eichenberg, 2008; Gilat, Tobin, & Shahar, 2012; Greidanus & Everall, 2010; Ikunaga, Nath, & Skinner, 2013). It has been argued, for example, that online suicidal discourse is likely to be characterised by particular writing styles, and that these indicate individual forum users' psychological states (Barak & Miron, 2005; Desmet & Hoste, 2013). The focus on suicide forum interaction *as interaction* has, in contrast to work on individual motivation factors, been very limited (e.g.

Horne & Wiggins, 2009; Kupferberg & Gilat, 2012). It is to the potential of interactional research in online health settings that we turn next.

Analysing online health discourse

Taking a discursive and interactional approach to online interaction has already provided important insights into how health issues are discussed and negotiated in online spaces (e.g., Mudry & Strong, 2012; Vayreda & Antaki, 2009), and there is an emerging field of qualitative research into online interaction that focuses on these spaces as primarily social and interactional (Giles, et al., 2015). Research in this area has illustrated, for example, the importance of attending to one's legitimacy as a new member of that particular online community in their opening posts in order to be accepted as a newcomer (Antaki, et al., 2005; Giles & Newbold, 2011; Osvaldsson, 2011; Stommel & Koole, 2010; Varga & Paulus, 2013). This can be particularly important for forums dealing with mental health issues, where members are often working against medical definitions and establishing their own group norms (Giles & Newbold, 2011; Stommel & Koole, 2010). Forum members might also have to deal with dilemmas of being taken seriously: of being both distressed enough to warrant seeking help or support online, but also being rational or capable enough to maintain credibility as a 'normal' person who deserves help (Lamerichs, 2004; Lamerichs & te Molder, 2003; Gradin Franzen & Gottzén, 2011; Rodham, Gavin & Miles, 2007; Smithson et al., 2011a). In validating other members' identities as authentic, forum members are also providing support and maintaining the boundaries of acceptable behaviour in the forums (Horne & Wiggins, 2009; Mudry & Strong, 2012; Smithson et al., 2011b; Yeshua-Katz, 2015), even if this means that the seriousness of the issues being discussed may not be fully addressed (Rodham, et al., 2007; Smithson, et al., 2011a).

The issue of having one's identity validated in online forums is particularly pertinent for those discussing suicide. While identity can be theorised in many ways – for example, as primarily experientially, cognitively or discursively based – identity is often theorised discursively in online interactional studies. That is, identities are considered to be spoken or written characterisations of an individual that are situated (within discourse and interaction), action-oriented (i.e., perform a function) and present a particular version (or category) of person (McKinlay & McVittie, 2011). The focus is therefore on the social and interactional consequences of identities, rather than on individual or internal states (Benwell & Stokoe, 2006). In a previous study of online suicidal forums, Horne and Wiggins (2009) demonstrated the dilemma of identity that forum members can be faced with in terms of presenting themselves as suicidal enough to be taken seriously, but not so suicidal that they will be held accountable if they do not follow through with their plans. That study examined the initial posts on suicide forums, as well as some of the responses, and demonstrated how forum members worked up their identity as authentically (or genuinely) suicidal through reference to being close to carrying out the suicidal act, being rational about their situation, and not asking directly for help. Where forum members did not adhere to these interactional expectations, this tended to be damaging towards the authentic construction of their suicide, and negatively impacted the response they received from other forum members (i.e. ignored threads, or questioning the legitimacy of their claims).

The concern in the current article is to build on this earlier research and to examine the ways in which forum members' provide support in the forums and how the support is acknowledged in subsequent posts within the forum threads. In other words, what happens in a discussion thread when a member adds a post and then returns later in the same thread: what kind of support is provided, and how is this responded to? Having established oneself

as suicidal, how do members maintain their authenticity as suicidal while also acknowledging the support that has been provided? This issue is important if we are to understand how members can gain support or help from others at crisis points or at different times of need, and to maintain an authentic membership of the forum even when they may have been active on the forum over a period of months or even years.

The aim of this article is therefore to examine the interaction between members within threads (the discussion between members' posts) on a suicide discussion forum, with a particular focus on how members return to a thread. In doing so, it contributes to the literatures on the management of health issues in online spaces and on identities in social interaction. Moreover, it offers a tentative contribution to the development of theoretical models of suicide, which are focused on identifying the mechanisms through which risk factors are translated into suicidal behaviour and can therefore provide the framework for the development of intervention strategies. For example, the Integrated Motivational-Volitional (IMV) Model of Suicide (O'Connor, 2011; O'Connor, Rasmussen & Hawton, 2012) is a particularly comprehensive model and recognises the role of biological, social and psychological factors in the development of suicidal thinking and behaviours. Many theoretical models such as this rely heavily on quantitative data, however, and qualitative analyses offer a unique opportunity to examine the spaces in which these 'social factors' might be developed in more detail, as well as providing a radically different perspective on concepts of identity and behaviour. The IMV model also notes how people may move through stages of suicidality, though there is little evidence as yet to show how and when these stages occur. By examining interaction in an online forum, we may gain a different understanding on reported behaviours prior to suicide, and on how suicidal issues are managed collectively in an online discussion context.

METHODS

Data collection procedure

An internet forum dedicated to discussions on suicide was identified through a web-browser search engine using the search terms 'suicide', 'discussion' and 'forum' and chosen as one of the highest ranking forums in this search. It was also the most active and was publicly open; i.e., no login details or password were required to view the discussions. The particular discussion forum chosen from this website was one which focused specifically on suicide, rather than suicide prevention or grief from suicide. At the time of data collection, the suicide discussion forum had over 6000 threads and over 72000 posts. The guidelines for this forum stated that members should not detail explicit suicide methods or 'goodbye' posts; the aim of this forum was therefore to provide a space for people to discuss their experiences related to suicide without direct fear of being triggered or threatened.

The data collection procedure involved the selection of all threads within a single calendar month; these were copied into a word document to gain an overview of the types of posts and discussions within a one-month period and to familiarise the researchers with the content of the forum. Following this, a subsequent set of data were collected which included only those threads where the first poster returned later in the thread, i.e. where a forum member initiated the thread and also responded to other replies to their first post later in the thread. This data corpus then allowed us to examine what went on in the threads following an initial post; what support was provided, and how was this acknowledged in the thread? Further threads that involved a 'returning first-post member' were then identified and copied into a new word document; all threads which fitted this criterion were selected over a four-month period, in

order to obtain a substantial body of data from which patterns in discourses could be identified. This resulted in a final data corpus of 80 threads and 607 individual posts. For the sake of brevity and clarity, the abbreviation RFM will be used throughout to refer to the 'returning first-post member'; the member in each thread who began the thread, and who returned later in the thread with further posts. It should be noted that no assumptions are being made about the personal characteristics of those writing the posts; it is entirely possible that posts might be written by different individuals or that those writing are not in the psychological state that they claim to be. From an interactional perspective, however, what is important is how members orient to the posts *in the discussion forum context*; it is the content and consequences of the interaction that is relevant here, as an aspect of social interaction in itself.

Ethical considerations

Ethical permission to collect data was obtained from a departmental ethics board at the University of Strathclyde, though ethical considerations about this study involve more than simply seeking approval from a university board. It is argued that the distinction between public and private spaces, particularly on the internet, can be understood as a continuum rather than a binary distinction (McKee & Porter, 2009; Mishara & Côté, 2013; Rodham & Gavin, 2006). While the discussion forums were public in the sense that they were accessible without a password, they also involved sensitive and personal information, and the forum members were not made aware of the discussion being used for research in this way. The decision was made, therefore, not to disclose the name of the website nor the thread titles. When replicating some of the discussion posts in the results section, personal details were removed (including dates of posts, images and locations) to protect the anonymity of forum members as much as possible.

As researchers, we also recognise the ethical issue of the potential harm that may be caused by this research if readers are suicidal themselves, or recognise themselves in the extracts used in this article. Our concern throughout, therefore, is to ensure that the focus is always on understanding the role of discourse, rather than assumptions about personal characteristics of individuals. The aim of this research is to better understand the social norms of discussing suicidal intention and of the processes of support that occur in a discussion forum. In this way, we hope that the research has a positive function and offers both theoretical and practical value. Given the seriousness of the topic, we believe that it is worthy of attention and research as a means of developing a more informed understanding of suicidal issues, and in considering the use of these suicide forums as a potentially vital online interactional platform for vulnerable individuals who may feel disconnected from face-to-face interaction.

Analytical procedure

The final corpus of 80 threads and 607 posts was first analysed individually by Robert McQuade and Sally Wiggins using a discursive psychological approach (Edwards & Potter, 1992; Wiggins & Potter, 2008; Wood & Kroger, 2000). Discursive psychology is a social constructionist approach to discourse and interaction that focuses on how psychological constructs, such as identity and accountability, are worked up and managed in interaction, and the consequences of this for our understanding of both the interaction being studied (online discussions of suicide) and the topic itself (i.e., suicide). This approach was chosen as it provides an analytic focus on the turn-by-turn detail of interaction, and of the management of psychological business (such as mental or emotional states and suicidality). In the case of online discussion forums, we examined both how forum posts are constructed, and how they were responded to (i.e., the post is always understood within a social context,

rather than as a linguistic statement), and in this sense it is similar to the use of conversation analysis to analyse online interaction (Giles, et al., 2015). What is distinctive about discursive psychology is that it pays particular attention to the psychological 'business' that is at stake in the interaction. In this case, how forum members manage their responsibility not only for the situation they find themselves in, but how other forum members attend to this accountability and offer support or otherwise respond to the initial posts.

The analysis therefore involved reading through the full data corpus and focusing first on the words and phrases used, and where they were positioned within the sequence of both the post and the thread. Particular features were then noted as and where these occurred in the posts, such as the use of personal pronouns (e.g., 'I', 'we') or person categories (e.g., 'everybody', 'loser'), narrative structure of the posts, rhetorical constructions and descriptions. These were examined in terms of how they constructed the member's identity and accountability in a particular way (e.g., as someone who has been trapped in a situation by events outside of their control), as well as how other forum members oriented to these constructions (i.e., treated these as factual or offered alternative formulations). At all times, the analysis of features of the talk was data-driven, i.e., identifying and examining the components of each post and what discursive resources these used. Following the initial individual analysis, all the authors discussed the emerging analyses and ensured that there was consistency between each analyst. These meetings and further analysis then refined the analytical focus and enabled selection of the extracts for inclusion in the analysis section.

Data have been presented as the text from the online posts, including the time-stamp of the post, its position within the thread and an indication of the day of posting with respect to other posts. The extracts used in the analysis section provide the number assigned to the

member from the final data corpus, the date they joined the forum, the number of posts they had posted at the point of data collection, and the number/total number of posts in the current thread.

Analysis

The analysis focuses on the discussion and interaction in an online suicide forum and of the way in which support is provided for, and acknowledged by, RFMs in a thread. In analysing threads as social interaction, a pattern was identified that illustrates the collaborative construction of support by both the RFM and other forum members who respond in the thread. This pattern has three key elements:

1. Thread as case study: Each thread was treated as being owned by the RFM and the first post defined the appropriate topic of discussion for this thread. Each thread might then be considered a case study for one person, at a particular point in time; a crisis point in terms of their situation and/or psychological state.

2. Providing support: Responses to the RFM typically followed a common structure, first displaying empathy/alignment, offering advice/support and often ending with a plea to 'hang on'/'keep going', or to try think positively beyond this specific traumatic point. In this way, forum members oriented to the first post as someone in need of support or empathy, thus confirming their position as potentially being at a crisis point.

3. Acknowledging support: In the majority of the threads (68/80), the RFM directly engaged with other members by answering questions or responding directly to other posts in the thread. Saying 'thanks' in a thread, particularly if this was placed at the end (rather than the start) of a post, often worked to close down a thread. By attending

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directly to the previous post, it constructed the RFM as having received support or help of some kind, and as such dealt with the immediate concerns of the case study and the crisis point; the RFM accepted the provision of support from other users, which demonstrated some level of resolution to the urgency and problematic nature of their first post. For the remainder of the threads (12/80), the RFM returned with further details about, or reiterations of, their first post, without engaging with the other forum members. In those cases, the support was not visibly acknowledged and the case study and crisis point remained unresolved.

These three elements of the pattern will be discussed in detail, in turn, with extracts to illustrate the ways in which support was provided and acknowledged in the forum discussions.

1. The thread as a case study

Replies to first posts typically focused exclusively on the content of the first post, on the issues raised by the RFM. When other members discussed their own situation or raised new issues, this was typically short, and as a means of showing the RFM that they were not alone. The norm, then, appeared to be to treat each thread as a case study of the RFM: as dealing with their specific situation, at that point in time, and as a complete and contained unit. This norm is explicitly attended to in line 10 in extract 1 below. Prior to this post, the thread had included a series of responses to the first post (including responses by the RFM), offering support and requesting further detail about the situation being discussed.

Extract 1

1. **05:51pm. Day 13.**

2. **Member 131. Join date Jan 2014. Posts: 15. 8/8 in thread.**

3. *((1 line removed))*

4. I believe no matter how bad a situation, there is a way out. And

5. the common theme is, the person in it never sees it as a

6. solvable situation. It always feels like you have the worst

7. problem in the world and there is no way out. I'm here to say

8. there is a way out, you just don't see it yet. I myself is in an

9. unimaginably bad situation as well. Lost all the things you have

10. lost. Plus more actually, but this is your thread so lets keep

11. it at it.

12. *((17 lines removed))*

Toward the end of this post, member 131 aligns with the RFM by indicating a similar experience (lines 8-9); this pattern was seen consistently across the data corpus and here provides support for member 131's claim that "there is a way out" (line 4 and 8). In doing so, the member sets up a contrast between what it "always feels like" (line 6) and what is true (even if, in this case, this truth is prefaced by a tentative "I believe", line 4). This construction of suicidal feelings preventing people seeing the 'reality' of events was noted throughout the data corpus, and relates to Gradin Franzen and Gottzen's (2011) research which noted that people who self-harm often positioned themselves as knowing the world 'as it really is' and as having a more realistic view of the world than 'ordinary' people. In the example shown here, it enables member 131 to offer their own experience as proof of this case: that even in an "unimaginably bad situation" (line 9), they still believe in a way out. Note, however, how member 131 provides very little elaboration, and where this is done, it is

in reference to the original post (lines 9-10). In this way, member 131 suggests a shared understanding, while remaining focused on the thread being "your thread" (line 10).

Orienting to each thread as an individual case study may be a way of enabling the forum members to deal with one issue (or crisis point) at a time, but also to return to the forum multiple times and to have numerous opportunities to elicit support. The use of the forum in this way might provide evidence for theoretical models of suicide, such as the IMV (O'Connor et al, 2011) which suggest that people move through stages of suicidality; here, we can understand the forums as providing support for people as they move in and out of crisis points. For instance, it allows forum members to engage in multiple threads, and to return at a later date and begin a new thread of their own; each thread, then, is treated as a current problem *of one member* to be resolved. Furthermore, the case study orientation provides for an interactional framework in which each first post can be responded to afresh, even if the member who posts first in a thread has joined many months or years ago, and had many previous posts. Each thread, then, is treated as a complete and separate unit, and allows for new members to join in without having to first introduce themselves to the forum and gain acceptance first (cf. Stommel & Koole, 2010). This provides opportunities for ongoing support for people at crisis points – as and when these occur – while also maintaining their authenticity as a valid (i.e. genuinely suicidal) forum member (cf. Horne & Wiggins, 2009).

2. Providing support

Responses to posts - particularly the first response (i.e. the second post in a thread) - typically included one or more of the following features, in this order:

- An acknowledgement of the situation, e.g., 'I'm sorry to hear that'

- A brief alignment or display of empathy, e.g., 'I know how you feel', or 'I'm going through something similar'

- Advice or suggestions to resolve the situation, e.g., 'Have you tried...?'

- A request to find out more information or encourage interaction with the first poster, e.g., 'can you tell us more?'

- Words of encouragement, e.g., 'hang in there', 'it will get better'.

The following extract illustrates the response to an RFM, which highlights many of the features above:

Extract 2

1. **09:05pm (Day 5)**
2. **Member 15. Join date June 2006. Posts: 5,927. 3/4 in thread**
3. I am sorry you are going through that. I know how alone that can
4. make you feel. Perhaps you could find a club to belong to? Check
5. out stuff to do at recreation center in your area? keep talking
6. here....others will help too

In just four short lines, this post empathises (line 3), aligns (lines 3-4), makes a suggestion (line 4), offers advice (lines 4-5) and encourages (lines 5-6) the RFM. The detail of the response also illustrates how the accountability of the RFM for their situation is being managed. Note, for instance, how the response does not simply say 'I am sorry', but 'I am sorry you are going through that'. In doing so, it co-constructs the RFM's identity as having to deal with a situation that is potentially outside of their control. Referring to the situation obliquely ('that'; used twice on line 3) also avoids making assumptions about the details of

the situation, or its truthfulness. The alignment seen in the next line ("I know how alone that can make you feel") with the first post is common to other online mental health forums (Giles & Newbold, 2011; Smithson, et al., 2011b), and positions the member's identity as similar to that of the first. Doing so also validates the first member's account, that is, it treats the first as being genuine. Support is thus provided here in a series of steps, through the removal of blame and the focus on situational features rather than personal characteristics of the RFM.

Given that each thread is treated as a case study, the responses to the RFM provide an interactional space where the RFM can discuss their concerns and experiences in more detail. In doing so, it provides an opportunity for them to attend to specific issues - such as suggestions or advice - while also maintaining authenticity and receiving support from the forum. The pattern is similar to that seen in the responses to grief support forums (Paulus & Varga, 2015), where empathy and advice is offered, alongside encouragement to return to the forum and keep interacting with other forum members. In some cases in the suicide forum, the RFM will engage directly with these responses without demonstrating any direct resolution of the crisis point. Extract 3 below provides an example of this; in this thread, member 13 is the RFM.

Extract 3

1. **12.03 am. Day 1**

2. **Member 13. Join date: Sept 2012. Posts: 212. 1/3 in thread**

3. Stress and depression got to me so bad that I'm starting to think about suicide

4. in a different way than I did before... Suddenly it just doesn't seem like a

5. bad way to go after all. All my fears about the afterlife, eternity in hell,

6. family, people who'd miss me, things I might be missing on just don't

7. seem to matter anymore..

8. I just feel stuck, with no way out.

9.

10. **04:04am. Day 1.**

11. **Member 1. Join date: Oct 2010. Posts: 974. 2/3 in thread.**

12. *((quotes first post here))*

13. i have felt this way many times it sucks! and i hate it!

14. and i dont know how to deal with it! idk what pulls me through

15. most of the time to be honest and yeah i know how u feel!

16.

17. **09:03 am. Day 1.**

18. **Member 13. Join date: Sept 2012. Posts: 212. 3/3 in thread.**

19.Exactly.. I just don't know what I'm sticking around for anymore.

20.Every single day is a struggle, and I don't even want to get help,

21.I don't want to. I know I want to be functional and happy

22.but I just don't see it happening.

In this example, the only response received (lines 11-15), though just few hours after the initial post, aligns with the RFM (member 13) but does not offer any advice or words of encouragement. Despite this, the RFM returns soon after and elaborates a little further. While there is no explicit evidence that the RFM feels less (or more) suicidal, the inclusion of the word "exactly" (line 19) at the start of the post suggests an engagement with the other forum member and a sharing of 'troubles telling' (Jefferson & Lee, 1981). There is, however, a glimmer of hope here: the member states that they "know I want to be functional and happy" (line 21) even if the solution to their trouble has not yet been found. When forum members

engage with each other in this way, it is possible for support to continue for many months; the case study may never 'close' as the support is not fully acknowledged. In the data corpus, for example, one thread continued in this manner with 107 responses over five months.

3. Acknowledging support

In the majority of the threads, RFMs engaged directly with other forum members by answering questions, providing further details, and in some cases, stating that the responses had helped them to feel better. There were numerous ways in which the RFMs might respond, but for the most part (in 68/80 threads), the engagement with the earlier responses worked to acknowledge the support provided. In this way, the RFMs displayed an orientation to having received support, and thus having shifted away from the crisis point. Extract 4 is an example of a thread in which the RFM not only engages with the responses, but also displays a shift in their stance between the first post and the later posts. Member 83 is the RFM in this thread.

Extract 4:

1. **12:54 am (Day 1)**

2. **Member 83. Join date: Oct 2013. Posts: 58. 1/8 in thread.**

3. People think there's something wrong with me

4. I wonder how they'd view me if they knew I can't remember

5. a day where I didn't think about suicide? I have no friends,

6. I've pushed my family away since I was a child, and I spend all

7. my time alone. Anybody remember the Pigeon Man from Hey Arnold?

8. That's me.

9.

10. **8:52pm. (Day 1)**

11. **Member 3. Join date Nov 2013. Posts: 766. 2/8 in thread**

12. Time to do something different.

13.

14. *(2 posts missing from other forum members)*

15.

16. **10:47pm (Day 2)**

17. **Member 83. Join date Oct 2013. Posts: 58. 5/8 in thread.**

18. Member 3, you're right. Change was the theme of this summer. I

19. need to get my own place; living at home is killing me

20. emotionally. I need to start a whole new chapter in my life. I

21. also believe moving out will enable me to be more social. I'm

22. young and still figuring out who I am and being independent will

23. give my confidence a huge boost.

24.

25. *(2 posts missing from other forum members)*

26.

27. **3:41am (Day 6)**

28. **Member 83. Join date Oct 2013. Posts: 58. 8/8 in thread**

29. I'm beginning to understand that I have the power to change much

30. of what I don't like about life. But internal change doesn't

31. seem as simple.

32. As reluctant as I am to admit, things are beginning to point

33. towards mediation and therapy.

The first post in this thread is similar to many others, providing a brief account with no explicit requests for help, nor direct orientation to specific forum members and with scripted formulations (Edwards, 1994) that suggest a normative, routine character to the behaviours described. The first response (line 12) is very brief, with none of the patterns noted in the earlier section. It offers advice without any prefacing (such as, 'have you thought about..?') or a follow-up account. Despite this and other brief responses, on lines 18-33 member 83 immediately orients to member 3 as being 'right'; i.e. that suicidal thoughts may 'distort' perceptions, and that the 'reality' is quite different to this (see line 32: 'as reluctant as I am to admit'). This example illustrates how support can be acknowledged even when there is only minimal response provided. Member 83 displays a shift in stance that suggests the crisis point has been partially resolved: from 'can't remember a day where I didn't think about suicide' (lines 4-5) to 'things are beginning to point towards mediation and therapy' (lines 32-33). The member's identity as 'suicidal' is still genuine - there is 'reluctance' (line 32) and this is just the 'beginning' (lines 29, 32) - so they have retained a valid presence in the forum, while also responding to, and engaging with, the support they receive from other forum members.

The shift in stance within this thread is subtle and does not assume any changes in the individual's perceptions or cognitive state. By focusing purely on the discursive and interactional elements of the suicide forum, however, we can examine how norms and patterns of interaction in the forum can allow members to re-position themselves as having moved away from a 'crisis point' or state of complete desperation, to one where hope and a positive outcome can be acknowledged and supported through further discussion if needed. That the forum discussion allows them to do this is itself a significant achievement, when we

consider the challenges to being 'accepted' as a legitimate member of a particular forum (Mudry & Strong, 2012; Paulus & Varga, 2012).

The final two extracts illustrate how the inclusion of the words 'thanks' or 'thank you' at either the start or the end of a post can indicate engagement with the other forum members and directly demonstrate the acknowledgement of support; in some cases this suggests that the crisis point has been resolved even if the broader problems still exist. In extract 5, the 'thanks' is included in the final post in this thread, though at the start of the member's post. Member 132 initiated this thread with a narrative style post and received two responses the same day. This final post seven days later then acknowledges these earlier responses but hints that they do not solve the problem:

Extract 5
1. **02:58 am. Day 8**
2. **Member 132. Join date Jan 2014. 4/4 in thread**
3. Thanks for the replies. My boyfriend isn't bio dad of my kids.
4. And yes i have tried getting help pills never seem to work.
5. And too busy to see a counselor.

Each part of this post attends to issues or potential solutions that were raised by the other posts in this thread. As was seen throughout the data corpus, forum members frequently offer each other advice, suggestions and support, such as taking medication or seeking counselling. In extract 5, for example, factors such as social support from the father of the member's children (line 3), medication (line 4) and counselling (line 5) have been raised by other members and are here addressed in turn by member 132. What the 'thanks' achieves,

however, is to acknowledge the support and suggestions from the other forum members. This in itself functions to position the member as having received 'help' of some kind, and thus as *in need of, and able to acknowledge, that help*. This is a subtle but important stance to take for forum members. Not only does it enable a forum member to acknowledge their need for help, but it also constructs the other forum members (i.e., those who respond to the RFM) as being *able to help and provide support*. The potential benefits of the forum, therefore, may not only be in supporting those who ask for help, but providing people with a space in which they can help others. Bearing in mind that most forum members refer to themselves as being suicidal, offering support to other forum members may also enable them to re-position themselves as strong enough to do so.

In extract 6 below, the 'thanks' is placed in the final line of the final post. This short thread (only 3 posts) consisted of the RFM's initial post, then one reply the same day, then this response from the RFM.

Extract 6

1. **11:47am. Day 1.**

2. **Member 139. Join date: Feb 2014. Posts: 6. 3/3 in thread.**

3. *((quotes previous post))*

4. Thank you. It means a lot to me that you care about me,

5. even though you don't know me in person. It really feels comforting.

6. And this video is very inspirational. Thank you.

The inclusion of 'thanks' or 'thank you' at the end of a post serves a different purpose to when it is located at the start of a post. Placed at the start, it functions as a way of

acknowledging the contributions of the other forum members (as seen in extract 5 and 6), but without necessarily showing that the particular problems have been solved. Placed at the end, however, and it works as a closing device, potentially putting a stop to any further posts in this thread, as if having 'the last word' for this case study. The presence of 'thanks' at the end of a post does not preclude other members continuing to post in the thread though, and in this sense it functions as a norm rather than a rule. In other words, the use of 'thanks' at the end of a post presents the RFM's identity as having been 'helped' and as shifting away from the crisis point. This does not mean that the member no longer claims to be suicidal, but it displays a shift from being at a crisis point, to being in a safer, less critical place. By effectively closing down communication in that thread - even though any member could post again in the thread - that particular case study is 'solved' and the members can move onto the next thread and any new issues.

Discussion

This article provides preliminary evidence of the ways in which forum members provide and acknowledge support from one another without losing authenticity; how they can be metaphorically moved away from crisis points in subtle but important ways. As such, forum members can still gain support – and return to the forum repeatedly, for as long as required – without losing face with other forum members. The orientation to each thread as a separate case study for one forum member, for example, enabled new members to join in existing discussions and for forum members to seek support on numerous occasions as their situation changed. This is valuable information; it demonstrates the flexibility of such online forums for dealing with recurring issues and for the ebb-and-flow of suicidal support needs. This is particularly pertinent for understanding the processes through which individuals or

counselling services might deal with crisis points (their own, or those of other forum members) in a responsive and supportive manner. As such, the analysis here provides further support for the work of Barak (2007) and Mishara and Kerkhof (2013) and the possibilities of supportive messages acting as online rescue operations to support people through crisis points.

The present analysis also demonstrates the role of social support as an important factor in theoretical models of suicide, and of the importance of providing support at crisis points as and when these occur. This may be notable through a more qualitative consideration of the IMV model (O'Connor, 2011), for instance, where forum members shift in how they position themselves in relation to suicidality through interaction with others, thus potentially moving away from a volitional suicidal state and crisis points (the latter phases of the IMV model). Although this has not been the focal point of investigation here, a combination of interactional and online research alongside more clinically based theoretical models may well be a meaningful and highly informative area of future exploration.

By using a discursive psychological approach to analyse the detail of online suicidal forum interaction, this article has also demonstrated the potential of qualitative approaches to suicide research. Qualitative approaches can provide a unique insight into the environmental aspects of suicide: how and where people talk about suicide, and how patterns in talk or specific constructions of suicide can illuminate suicide theory. For example, the members of this particular forum did not regularly mention the word 'suicide' directly; more often it was inferred through talking about having 'had enough' or being unable to 'deal with it anymore'. A more detailed understanding of these discursive patterns could help those dealing directly with people at risk to use appropriate or normative phrases.

While there may be concerns about the 'romanticising' of suicide on the internet (Tam, Tang, & Fernando, 2007), and of the risks of promoting suicidal behaviours in those at risk (Klein, 2001; Lewis, et al., 2012), this research has shown how the discussion forums can be a positive and supportive environment for those dealing with suicidal ideation (Barak, 2007). The forums provide a space where individuals can discuss their experiences and feelings with others who may be in a similar situation; coming into contact with similar others in the offline world is much less likely to occur. The forum members may gain validation of their experiences in the discussion forums (cf. Horne & Wiggins, 2009; Paulus & Varga, 2015; Varga & Paulus, 2014) and this may be the first stepping-stone toward a more positive state.

There are two main implications of this study. First, it provides a unique insight into discussions around suicide, as they occur in real-time, in a way that is often difficult to access in face-to-face interaction. These interactions provide an understanding of the different stages of suicidal support-seeking and how these are dealt with by the forum members. While this study cannot provide any concrete support to evidence either the beneficial or harmful effects of online suicide discourse, certainly it has been seen that the forums provide a space in which people can engage in anonymous and open peer discussion (Barak, 2007; Harris, et al., 2009a,b) without any immediate obstacles to seeking help and support.

Second, the study contributes to research into suicide prevention. It has shown how forum members may turn to the online discussions when they report being at a crisis point. While an international forum, posts could be seen at all times of the day or night; so the forums provide round-the-clock access to peer discussion when it is needed. It is this immediacy, both of the forum availability, and the potential support from other members, that is of value. The forums

may not necessarily stop people from feeling suicidal, nor does it need to replace face-to-face support (Greidanus & Everall, 2010), but it might provide that immediate support and distraction to help people through crisis points.

Although this research has analysed a large quantity of textual data, there are limitations to the breadth that a qualitative study can provide. Caution must also be taken in terms of generalising the results of this study. Only one website and suicide forum was examined, and it was one which explicitly called for no 'goodbye' posts or explicit information about the tools of suicide. The pattern identified in this forum may be unique to this particular website. The discursive patterns seen in other websites are likely to vary, and more needs to be done to understand the implications of forums which are less supportive or where members are more explicit in their descriptions. Further research in this area may also examine the 'progressivity' of posts on suicidal discussion forums: how the thread progresses over time (minutes, hours, weeks, months), and how this relates to members' interactions with each other and shifting identities. This is particularly important for assisting people at crisis points. There is also a large area of work developing internet therapies (e.g., Andersson, et al., 2005; Ghoncheh, Kerkhof, & Koot, 2014; Hatcher, 2013), and research in these areas might benefit from being merged with research into interaction in online spaces (Giles et al., 2015).

In conclusion, it is hoped that this study will contribute to further developments in the combination of qualitative and quantitative approaches to suicide research, and of a greater understanding of the value of examining online discussion forum interaction.

Acknowledgements

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