

**Reading Between the (On)Lines: A Discursive Analysis of Self-Harming, Suicidal and
Helper Subjectivities**

by

Aubrey Baldock

Bachelor of Arts, University of Victoria, 2008

A Thesis Submitted in Partial Fulfillment
of the Requirements for the Degree of

MASTER OF ARTS

in the School of Child and Youth Care

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Supervisory Committee

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Abstract

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Suicide is the second leading cause of death for youth in Canada and it is estimated that anywhere between 2-47% of North American youth among community and clinical populations have engaged in self-harming behaviours. As people turn to online communities to engage in conversations about self-harm and suicide, researchers and practitioners are curious about the implications for youth who engage in support-oriented Internet chat rooms and forum boards. The focus of most literature to date has been concerned with identifying the potential benefits and harms of online support for vulnerable individuals, and these studies have typically sought to measure outcomes rather than processes. The purpose of this thesis is to expand upon emerging poststructural queries about the implications of mainstream ideas about self-harm and suicide in order to invite alternate ways of responding to these issues. This study analyzed the discourses that made self-harm and suicide intelligible on an online support forum, examined how these discourses informed performances of helping, and reflected upon the subjectivities that became available to young people and trained helpers through these conversations. Excerpts from an inactive, public support-oriented Internet forum served as the site of analysis. The use of discourse analysis helped to illustrate several key findings that highlight limitations about current approaches to prevention and intervention with self-harm and suicide; namely, that psychological, pathological and professionalized discourses about self-harm and suicide locate the site of intervention within the distressed individual and conceal the sociopolitical and

historical contexts that influence self-destructive behaviours.

Keywords: youth suicide, youth self-harm, identity, subjectivity, Internet, online, discourse analysis

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Acknowledgments

The completion of this thesis has been a (very, very) long time coming, and it would not have been possible without the unwavering love, support and encouragement from my “community of solidarity”. To Jennifer and Marie – my appreciation for your commitment to me cannot be measured. You advised me to tell “guilt” to take a hike, and patiently waited when I took time to clear my proverbial plate. Your belief in my abilities kept me going in the darkest of times. It’s finally time to retire your pom-poms! To Carys and Kristy – my pseudo-supervisors! Two of the brightest, wisest, wittiest women I know. To the Fevans – I love you so, *so* much. To my friends, family and colleagues, past and present – thank you for your comfort, curiosity, patience, trust and hope. To the youth whose journeys have intersected with mine – thank you for allowing me to be in your space, showing me when you need it, and teaching me about who you are. To Vikki, Shannon and Kelly – you don’t know it, but I bring you everywhere. To my parents, Susan and Brent – it’s safe to say that I would not be here without you (!), but you’ve done so much more than just put me on the planet. Words can’t begin to express what you have done for me, but everyone needs to know that *you* have made me who I am today: a super cool person, obviously.

Dedication

This thesis is dedicated to the staff and volunteers of the former NEED Crisis and Information Line. Your commitment to “the fine art of listening” and treating people as autonomous, dignified individuals was revered, and you taught me everything I know about how to “be” with people. I love and miss you all.

Chapter 1: Introduction

A critique does not consist in saying that things aren't good the way they are. It consists in seeing on just what type of assumptions, of familiar notions, of established and unexamined ways of thinking the accepted practices are based...To do criticism is to make harder those acts which are now too easy (Michel Foucault, as cited in Madigan, 2011, p.11).

The Internet has become an international hub for all kinds of human engagement, from online shopping and personal interest blogging, to streaming newscasts and entertainment gaming. It is commonly known that the Internet is a readily available and frequently used tool for information gathering, social networking and communication. An intimate, perhaps vulnerable, side to the Internet can also be found; specifically, a side that reveals the personal details about the lives of people struggling with a number of social, economic, health and identity issues. The use of online support groups have been on the rise since the Internet became accessible to the mainstream public in the 1990's (Barak, Boniel-Nissim & Suler, 2008). Support groups exist on nearly every distress topic possible, and are hosted by a range of professional and non-professional administrators (Barak et al, 2008). Of all the ways that the Internet is utilized for support, I am particularly interested in the conversations that young people are having online with peers and trained helpers about their engagement with self-harming and suicidal behaviours.

The need for exploration into expressions of self-harming and suicidal behaviour on the Internet is supported from multiple viewpoints. First and foremost, suicide is the second leading cause of death for young people across Canada (Statistics Canada, 2009). As well, studies suggest that anywhere from 2-47% of North American youth among community and clinical

populations have engaged with self-harming behaviours (Nixon & Heath, 2008; Stanford & Jones, 2010; Whitlock & Knox, 2007). Nearly one fifth of American adolescents surveyed reported they had accessed the Internet to seek help for emotional problems (Rodham, Psychol, Gavin & Miles, 2007), and simple Internet searches about the topics of self-harm and suicide provide a vast array of information that span from options for seeking support to information about methods of ending one's life. Given the continued magnitude of this social issue, the need for multiple and diverse theories and practices are justified in order to better respond to individual needs, and ultimately, prevent self-inflicted harm.

The issue of therapeutic response to self-harming and suicidal behaviours has been at the forefront of my professional career for many years, and ultimately inspired this research pursuit. From 2006-2010, I worked as a volunteer trainer, supervisor and community educator at a non-profit agency. The agency's primary medium for service delivery was a 24 hour crisis line where volunteers provided emotional support, crisis response and resource information to people in the community. In conjunction with the 24 hour crisis line, the agency provided a peer-to-peer crisis line for local youth in the evenings. While the youth line received a number of calls, its volume was far below that of the 24 hour line. With a buzz emerging in the crisis line community about online service delivery, the agency decided to expand their reach to young people by creating a website, a supportive community, where youth could seek solace from their experiences of distress.

In 2008, I took over the role of program coordination for Youthspace.ca. In this role I co-developed curriculum for volunteer training, trained and supervised volunteers, and supported youth online through the public forum board and private chat. I was excited to contribute to an innovative wave of service delivery, and was inspired by the meaningful connections that the

volunteers and I made with young people in crisis. Through this work, I cultivated a particular interest in self-harm and suicide – both in the experiences of people who engage with self-harm and suicide, and what it means to respond to this distress in helpful ways. A short while later, driven by my desire to reflect further on this topic in a more thoughtful way, I enrolled in the Master of Arts program in the School of Child and Youth Care at the University of Victoria. At the same time that I was attempting to better meet the needs of young people through my work at Youthspace, I was being challenged at graduate school to critique the assumptions that I held about my practice. Studying poststructural ideas that troubled the truth status of dominant discourses and highlighted the politics of child and youth care destabilized the ground upon which my practice stood. I began to question the conversations that I was having with young people – what were the implications of these ways of ‘helping’? How did it come to be that I felt limited to helping in particular ways? These curiosities became the point of departure that inspired the purpose of this research.

I tell the story of how my research topic developed because it is important for me to locate myself – not as an expert on engaging with youth online, but as a non-neutral participant in this research based on my experience engaging with ideas about self-harm and suicide in theoretical and practical ways. I do not wish to label particular kinds of helping as good or bad, or the practitioners who employ the strategies that are revealed through these data as good or bad. I, too, have utilized ideas and practices about responding to self-harm and suicide that I wish to critique, and I view my attempt to analyze dominant ideas about my practice with young people as a necessary measure of reflexive and ethical practice. I intend to show how dominant ideas that are held about self-harm and suicide contribute to how helping is performed, and that there are implications for subjectivity based on these influential discourses. My motivation for

doing this is based on the belief that “the majority of our psychological practice ideas [are] not truths but taken-for-granted ideas produced through the institution’s knowledge/power practices and consequently reproduced by the citizenry (e.g., of psychology)” (Madigan, 2011, p.18). Furthermore, taken-for-granted ideas are precarious, as “harm is devolved from the power of ethically unexamined expertise” (Prilleltensky, Rossiter & Walsh-Bowers, 1996, p.190). It is important to step “‘outside the box’ to get a better understanding of [our] relationship with the problem” of youth engagement with self-harming and suicidal behaviours in order to respond in more relational, contextual and socially just ways (Madigan, 2011, p.8). The idea of creating space between people and problems comes from narrative therapy, where the belief that separation from dominant stories that shape selves and relationships leads to a repositioning of selves to problems; this is enacted through the use of language to re-story problems, and subsequently, identities (Madigan, 2011). Moreover, the multiplicity of historical discourses about self-harm and suicide suggest that they are complex concepts, and it may therefore be favourable to respond with multiple, complex approaches (Petrov, 2013). A discursive analysis that explicates the context of knowledge and power in order to render ideas about self-harm and suicide less inherent is critical in order to invite new ways of responding to young people experiencing distress.

The purpose of this study is to better understand three phenomena: how young people and trained helpers make sense of self-harm and suicide within an online support community; how helping is practiced based on the available discourses; and what subjectivities are made intelligible, for both young people and trained helpers, through these conversations. A discourse analytic approach is used to illuminate meaning-making processes in conversations between young people and trained helpers on an online public support forum board.

Key Concepts

Self-harm and suicide. I wish to be clear about my intent to include the concepts of both self-harm and suicide in this study. I begin with a brief account of prevailing ideas about each concept before I offer my thoughts on the need to set aside rigid distinctions between self-harm and suicide for the purpose of this study. While many descriptions of self-harm exist, a common and influential definition is offered by Walsh (2006): “Self-injury is intentional, non life-threatening, self-effected bodily harm or disfigurement of a socially unacceptable nature, performed to reduce psychological distress” (p.4). Though concise, such a definition may serve to limit the possibilities of meaning made from self-harming behaviours by the people who engage with its many forms. For instance, Stanford and Jones (2010) reveal that while a professionally developed model of self-harm does not consider starvation or inhalation to be self-harming behaviours, adolescents surveyed coded these as self-harm. This suggests that meaning may be personally attributed to varying behaviours and a fixed understanding of self-harm is not able to represent the experiences of all who engage with self-harm.

Joiner (2007) offers one of the simplest definitions of suicide: “the act of killing oneself intentionally” (p.27). However, as Joiner (2007) continues, it is clear that the complexities of intention, circumstance, action and cultural context leave suicide near impossible to definitively describe. Furthermore, while Walsh (2006) differentiates suicidal and self-harming behaviours based on factors such as intent, method, level of harm and frequency, it is not argued that suicide and self-harm are mutually exclusive. In other words, one might engage solely in self-harm or have thoughts of suicide exclusively, and it is also possible that one engages in self-harm while simultaneously considering and/or planning for suicide. Whitlock and Knox (2007) suggest that self-injury and suicide may exist both separately and co-occur, or rather, are relationally linked

by their uses within a context of distress reduction. My experience in practice suggests that the categories of self-harming and suicidal behaviours are often used by various health and counselling professionals to differentiate beliefs about a person's (internalized) experience, as well as to determine as an appropriate response. I choose not to make a distinction between self-harm and suicide for my study based on pre-established definitions, and instead prefer to understand how these ideas are being understood and enacted in a specific online context. I do not offer these definitions as truths by which the analysis of my research is based, but instead use this as an initial point of reference in order to establish the context through which self-harming and suicidal behaviours are understood within a predominantly psychologized discourse.

Youth. I also wish to be clear about my intended use of the framing of “youth” for this study. There are varying ideas about which ages mark the developmental stage of youth (anywhere from 15-35), but it is more generally understood as “a period of transition from the dependence of childhood to adulthood's independence” (United Nations Educational, Scientific and Cultural Organization, 2016). By virtue of the fact that I am analyzing online data, identity markers, like chronological age, are not easily made visible. Rather, I am relying on the fact that the website from which my data was taken advertised itself as a service for youth and promoted the belief that “youth is more a state of mind than an age range...the choice is yours, not ours”. I am not actually interested in whether or not the people who engaged with this site *were* youth, in the ‘objective’ sense of the word. My analysis is not based on “the truth” of my subjects being youth, but rather on how the category and presumption of “youth” might influence what and how conversations about self-harm and suicide take place.

Discourse and subjectivity. The concept of discourse is at the heart of my research questions as they are centrally concerned with meaning-making and subject production.

Discourse is commonly referenced as “language” and the dialogic exchange between speakers (Bevir, 2007). A poststructural conceptualization of discourse refers to a system of knowledge or ideas that have meaning in a particular context (Bevir, 2007). While language is concerned with theoretical structures or processes, or in other words the technologies of communication, discourse places emphasis on meaning and actions that are derived from discursive practices (Anderson, 1990; Madigan & Law, 1992). More specifically, discourse encompasses all aspects of historical, political, cultural and social practices (language, beliefs, customs) through which the world is constructed and understandable.

Madigan (2011) turns to influential French philosopher Michel Foucault for an interpretation of the lived impact of discourse:

Michel Foucault [1984b] suggested that *discourse* refers not only to the actual words and statements themselves but to their connection with the complexities of social and power relations, which prevail in any given context and constrain what is said. Discourse spoken in this manner refers to both what can be said and thought, as well as who can speak and with what authority (Madigan, 2011, p.54, italics in original).

Davies (2005) further asserts that discursive practices are all the ways in which people actively produce (and reproduce) social and psychological realities. Moreover, “...the constitutive force of each discursive practice lies in its provision of subject positions” (Davies, 2005, p.89). Subject positions, or the processes of subjectification, are such that identity is shaped through the choices that exist within available discourses. This means that “an individual emerges through the processes of social interaction, not as a relatively fixed end product, but as one who is constituted and reconstituted through the various discursive practices in which he or she participates” (Davies, 2005, p.89). The process of subjectification is performative in that “...people monitor

and conduct themselves according to their interpretation of set cultural norms...” (Madigan, 2011, p.43), thereby shaping and reinforcing their subject position(s) based on available, or dominant, discourses. The ways in which discourse, and the practices that sustain it, construct subjectivities in relationship to self-harm and suicide is what I hope to better understand through this research. While identity, subjectivity, and the self can be understood through differing theoretical lenses, I choose to use the concept of subjectivity with the consideration that I am specifically concerned with understanding how young people and trained helpers are situated in relation to discourse. For the purpose of this study, identity is not understood to be fixed or stable, but is instead conceptualized as a presentation, position or experience based on relationally constructed ideas about how people come to know themselves through their engagement with self-harm and suicide. The use of subject theory (Davies, 2005; Madigan, 2011), rather than fixed notions of identity, is therefore more appropriate for this study.

Organization of Thesis

This chapter has provided an introduction to this research, the significance of the study, and some of the concepts that are important to define in order to contextualize my research.

In Chapter II I provide a review of the literature that spans the varied concepts guiding this study, from existing concepts about self-harm and suicide to the establishment of crisis centres, to the use of online communities and the types of talk about self-harm and suicide, to online identity development and discursive framings of self-harm and suicide. The in-depth review of a number of representative studies serves to highlight a gap in the literature that informs the purpose for my study.

In Chapter III I present the analytic approach to my study. I delineate how my chosen methodology represents congruence between my theoretical orientation and approach to analysis.

This is followed by an outline of the theoretical underpinnings that inform my analysis. I lean heavily on poststructural ideas (Marsh, 2010; Rose, 1989; 1998a; 1998b) that seek to understand how systems are organized, how power is enacted, and challenge the truth status of their outcomes. For the purpose of this study, I am particularly interested in analyzing how the disciplines of psychology and psychiatry (psy discourse) have developed to shape knowledge about self-harm and suicide. These disciplines have strongly influenced professional practice within the broader crisis centre movement. I close this chapter with a description of the methods used in my study, outlining the consideration of research ethics, and the process of data collection and analysis.

In Chapter IV I provide my findings, which include excerpts from the exchanges between users, peers and trained helpers from an online support forum. I attempt to understand how common discourses about self-harm and suicide inform help-oriented behaviours enable or constrain various subject positions. The results from my analysis suggest that the use of particular psychological discourses produce internalized and pathologized subjectivities for young people engaging with self-harm and suicide. Youth accessing the site were often positioned as weak or helpless. These disordered subjectivities further served to create and maintain distance between service users and peers or trained helpers who were otherwise distinguished as possessing the power to help.

Finally, in Chapter V I discuss the implications of my analysis, prompting inspiration for further inquiry. I also highlight the incongruence between the implications of this study and the values of child and youth care practice, and how I intend to integrate this knowledge into my own practice with young people.

Chapter II: Review of the Literature

The focus of most literature to date has been concerned with identifying the potential benefits and harms of online support for vulnerable individuals. These studies have typically sought to measure outcomes rather than processes. Few articles seek to understand the sociopolitical meanings of self-harm and suicide.

In my search for literature related to this study, I encountered a surplus of articles related to self-harm, suicide, youth and the Internet. To narrow down the search results, I used combinations of the following terms to find articles that more closely matched my topic: *self-harm, self-injury, suicide, youth, adolescent, online, Internet, support, helping, discourse, identity* and *subjectivity*. I utilized Google Scholar, Summon (a search engine used for the University of Victoria's library database), and databases including Academic Search Complete, ERIC, Health Source: Nursing/Academic Edition, MEDLINE, PsycARTICLES, PsycINFO, and Social Work Abstracts.

Much of the existing research regarding exchanges about self-harm and suicide online describes themes of conversational processes and topics and highlights the potential for risk to vulnerable individuals. For the purpose of this literature review, I will begin by providing a brief introduction to the prevailing conceptualizations of self-harm and suicide and the evolution of the crisis centre movement. Next, I will describe studies that analyze support groups and therapeutic exchanges in online communities. Then, I will review studies that explore the experience of identity online before moving on to highlight studies that approach the topic of young persons' conversations about self-harming and suicidal behaviours in online communities from a variety of angles. Finally, I will review studies that seek to better understand discursive constructions of self-harming and suicidal behaviours. After each section of the literature I will

discuss the relevance of existing studies and potential for additional exploration as it relates to my research. While each does not necessarily provide insight into all elements of my research topic, woven together they outline the gap in existing research that my study ventures to fill; namely, the ways in which subjectivities related to self-harming and suicidal behaviours are relationally constructed.

Conceptualizations of Self-harm and Suicide

I do not intend to fully account for the historical tracing of ideas about self-harming and suicidal behaviour as Marsh (2010) already offers a thoughtful and comprehensive review. What I do wish to do is provide a brief introduction to the ways that ideas about self-harm and suicide have been produced, disseminated and sustained over time and inform current discursive practices.

For hundreds of years, scholars around the globe have sought to make sense of and respond to the phenomena of suicide. Historically, suicide has been discursively formulated as a moral, theological and criminal issue, and at different times it was seen as a social issue rather than an exclusively individual problem (Marsh, 2010). However, in the past three centuries, a shift occurred so that suicide has come to be understood as an internal and medical issue, and more specifically, as evidence of psychopathology.

For much of the twentieth and on into the twenty-first century, thinking about suicide in the West has been normatively monolithic: suicide has come to be seen by the public and particularly by health professionals as primarily a matter of mental illness, perhaps compounded by biochemical factors and social stressors, the sad result of depression or other often treatable disease – a tragedy to be prevented (Pabst Battin, as cited in Marsh, 2010, p25).

The “insane” were once housed in criminal institutions but moved to special institutions, known as “asylums”, towards the end of the eighteenth century, where it became possible for “the emergence of a professional group of physicians specializing in the management of the insane” (Marsh, 2010, p.94). In this setting, patients were viewed as objects of scientific knowledge subject to surveillance and examination by physicians in order to produce knowledge about these people that justified disciplinary, or reforming, practices (Marsh, 2010). While suicidality was once understood through the observation, classification and control of asylum patients, the emergence of psychoanalysis in the early twentieth century marked a shift in studying self-destructive behaviour as the patient’s statements were considered useful in uncovering the reasons for suicidal thoughts, desires and actions (Marsh, 2010). Shneidman, considered to be one of the founding fathers of the field of suicidology, asserted that “it is the words that suicidal people say – about their psychological pain and their frustrated psychological needs – that make up the essential vocabulary of suicide” (p.viii). Suicidal behaviour was thus reconceptualized as a problem originating in the “psyche”, and psychotherapeutic interventions developed as a means of exploring the patient’s mental state and treating abnormal thoughts, feelings and desires.

Many contemporary suicide intervention practices have developed from an understanding that suicide is a response to psychological pain, or “psychache”, which stemmed from thwarted psychological needs (Shneidman, 1996).

Even though I know that each suicidal death is a multi-faceted event – that biological, biochemical, interpersonal, intrapsychic, logical, philosophical, conscious, and unconscious elements are always present – I retain the belief that, in the proper distillation of the event, its essential nature is *psychological*. That is, each suicidal drama occurs in the *mind* of a unique individual (Shneidman, 1996, p5, italics in original).

Reduced to a psychological essence, death by suicide is seen as an escape from emotional pain and the sense that one's life is worthless and burdensome.

Like suicide, self-harm has also been accounted for as a historically documented phenomenon, though it has been less well traced, defined and conceptualized (Messer & Fremouw, 2008). Messer and Fremouw (2008) provide a brief introduction to its ancient roots, but note that “while ambiguity still exists regarding how to define an individual's lethality, motivation and pattern of behaviour”, self-harm is largely represented in mainstream clinical literature as an exclusively psychologically motivated behaviour (p.164). For example, Walsh (2006) asserts that self-harm “...is performed to reduce psychological distress” (p.4) and he further suggests that people who engage with self-harm do so in order to relieve too much or too little emotion or states of dissociation. Walsh (2006) conceptualizes self-harm as a biopsychosocial phenomenon whereby emphasis is placed on how self-harm, as a mechanism for coping, is based on the internalization of distress. Walsh (2006) further asserts that self-harm emerges as a means of coping with distress via distorted and dysfunctional processes of self-regulation. Whitlock and Knox (2007) suggest that individuals engaging with self-injury may be at heightened risk for suicide when psychological distress overwhelms their ability to cope, and while there are differing ideas about the relationship between self-harm and suicide, they propose that there may be a qualitative relationship between self-injury and suicide as context-dependent mitigators of distress. While Messer and Fremouw (2008) attempt to provide a review of explanatory models of self-harm, the range of models are psychological in nature as they link psychological conditions, disorders and traits to youth and adults who engage with self-harm. The implication, for both self-harm and suicide, is that self-destructive behaviours are viewed as maladaptive, even pathological, responses to overwhelming affect.

Framing self-harm and suicide as psychologically motivated has resulted in a variety of interventions aimed at “categorizing, managing, controlling and preventing” the phenomena (Marsh, 2010, p30). More specifically, given the belief that self-harming and suicidal behaviours originate from internalized mental states, the establishment of cognitive and dialectical-behavioural therapies that engage the individual to challenge, reframe, accept and tolerate dysfunctional and irrational thoughts, feelings and behaviours have gained particular therapeutic popularity (Brent, Poling & Goldstein, 2011; Joiner, 2007; Maris, Berman & Silverman, 2000; Rudd, Joiner & Rajab, 2004; Walsh, 2006). Appropriate ways of responding to psychological distress have been professionalized and, to a large extent, are assigned to the therapeutic community of mental health professionals (Marsh, 2010).

The evolution of psychology as a dominant discourse for understanding self-harm and suicide ran parallel to the burgeoning influence of psychiatry. The medical knowledge produced and circulated during the time of the imprisonment of the “insane” has been maintained, particularly in relation to the control and management of suicidal individuals (Marsh, 2010). While interventions targeting the treatment of cognitive and affective states emerged in the form of talk therapies, psychiatry influenced the way that individuals were to be managed while being treated. Psychiatry, born from the medical field, focused on the classification and control of mental illness. Classifying and treating mental illness was predicated on the notion that illness is a disease state manufactured by the body, and that particular patterns of thought, emotion and behaviour represented mental disease (Greenberg, 2013; Rose, 2003; Szasz, 2008). One form of treatment, or management, was the introduction of pharmacology due to the neuroscientific belief that drugs could target and alter “specific moods, desires and affect” (Rose, 2003, p.55).

Another technique that has developed to improve the management of psychological disease is the *Diagnostic and Statistical Manual of Mental Disorders* (DSM).

Foucault saw scientific classification as the practice of making the body a thing through, for example, the use of psychiatric diagnostic testing. *DSM* technology (among others) is utilized as a means for classification, and this action emerges from discourses that are produced and given the status of ‘science’ (Madigan, 2011, p.42).

The first edition of the DSM was published by the American Psychiatric Association (APA) in 1952 (Szasz, 2008). There are now five editions, with the latest having been released in May 2013 (APA, 2013). In the current edition, Nonsuicidal Self-Injury and Suicidal Behavior Disorder have been identified as conditions requiring further study (APA, 2013). Up until now, self-harming and suicidal behaviours have been viewed as symptoms of mood disorders, but the classification of these behaviours as independent conditions may result in new techniques of understanding and responding to the individuals engaging with these behaviours.

Regardless of the psychiatric conditions that self-harm and suicide are currently linked to, the most widely used technique for identifying and managing these behaviours is a risk assessment. Over the past five decades, the notion of risk has evolved as a way to scientifically calculate and communicate dangerousness in order to reduce the number of people involuntarily institutionalized due to mental disorder (Joiner, 2007; Rose, 1998a; Shea, 2002). It is presumed that in order to appropriately respond to psychological disorder, it must be rigorously and accurately assessed by professionals who possess the ‘skill’ (Rose, 1998a). The results of assessment are “zones” of risk that determine appropriate techniques of management, ranging from psychotherapy and medication to hospitalization and institutionalization, voluntarily or otherwise (Rose, 1998a). Because of this, the practice of care for the mentally ill person has been

linked with control, not only for the improvement of treatments for psychological ailments as a means to prevent further risk to the self or society, but also as a way to manage the liability to professionals involved in service delivery (Fox, 1995; Rose, 1998a).

Crisis Centres

Leenaars, Boldt, Connors, Harnisch, Harrington, Kiddey, Krawll, Letofsky, Osborg, Ramsay, Sakinofsky and Winch (1998) report that the first organized suicide prevention response came from the crisis centre movement, beginning in Berlin in 1948 during the airlift following World War II as the city had been cut off from resources and depression was common. The movement gained momentum when The Los Angeles Suicide Prevention Centre opened in 1958. Author Bernd Osborg became involved in suicide prevention efforts in Canada in 1962 when he became a member of the Order of St Luke, an Anglican order dedicated to spiritual healing as well as to social efforts like suicide prevention (Leenaars et al, 1998). The first known Canadian crisis line opened in Sudbury in 1965 and, according to Leenaars et al (1998), volunteers at this centre were answering an estimated 800,000 calls per year in 2000. Over the years, research findings have been used to help develop, monitor and modify training delivered to the volunteers providing telephone intervention to improve the quality of service effectiveness. Early evaluation by Bleach and Claiborn (1974) supported volunteer training that emphasized role-playing situations, training in listening skills and continued monthly training in “clinical skills”. Additionally, this study indicated that counseling styles emphasizing genuineness, warmth and empathy were most helpful to callers in distress (Bleach & Claiborn, 1974). Years later, a study by Mishara and Daigle (1997) reinforced the notion that positive call outcomes (the reduction of depressive symptoms) are more likely when the helper expresses empathy and respect for the callers. Furthermore, non-directive Rogerian techniques were deemed most effective (Mishara &

Daigle, 1997). Mishara, Chagnon, Daigle, Balan, Raymond, Marcoux, Bardon, Campbell and Berman (2007) later echoed these findings and added that, where necessary to assess risk and utilize additional supports, directive approaches that are collaborative in nature are most useful. Subsequently, Internet support sites have been launched using similar conceptualizations of helping but with modifications to suit the needs of computer-mediated conversation (Barak, 2008; Barak & Bloch, 2006; Gilat & Shahrar, 2009; Mehlum, 2000).

A nonjudgmental, genuine and empathic approach to providing emotional support comes from person-centered, or Rogerian, therapy, and this is the model of helping that has been most influential in the training of volunteers and the delivery of crisis line support. Carl Rogers' person-centered therapy is based on the assumption that people are capable of resolving their own problems without direct intervention on the therapist's part (Corey, 2001). Rogers challenged the validity of commonly accepted therapeutic practices of advice-giving, suggestion, direction, persuasion, diagnosis and interpretation and believed that, through a supportive and understanding relationship, people find empowerment for personal growth (Corey, 2001). Corey (2001) asserts that person-centred therapy may be particularly applicable when working with individuals in crisis as sensitive listening and understanding can go a long way to helping people work through and resolve their crisis.

Of further interest to this study is the delegation of responsibility of managing self-harm and suicide to crisis line workers. The Canadian Association for Suicide Prevention (2016) explicitly encourages Canadian crisis centres to explore becoming accredited through the American Association for Suicidology's Crisis Centre Accreditation and Crisis Worker Certification processes. The purpose of accreditation is to support crisis centres to refine their services according to exemplary standards of practice in suicide prevention (American

Association of Suicidology, 2016). The concept of standardizing practice for crisis lines has emerged through studies like Mishara et al's (2007) that promote evidence-based practice and ongoing supervision and evaluation.

Online Support

Barak et al (2008) and Miller and Gergen (1998) both examine processes of communication in online support groups. The literature review by Barak et al (2008) addresses the ways in which the Internet allows for alternate experiences of communication that contribute to positive exchanges between individuals seeking emotional support. Miller and Gergen (1998) similarly review the exchanges between members of a suicide bulletin board that offered validation, sympathy, acceptance and encouragement. While both articles suggest that forum boards offer useful support for individuals experiencing similar situations, the processes of subjectivity production through these exchanges of support are not addressed.

Hanley (2006) and Webb, Burns and Collin's (2008) explorations of providing mental health counselling and support to youth online offer insight into opportunities for connecting with young people in ways that are meaningful to them. Hanley (2006) created a website to host an online focus group among counsellors to discuss the development of online counselling services for young people in the UK. Using a grounded theory approach, Hanley (2006) identified five key themes from the discussions, each pivoting around the central category of regulation: regulation issues, training issues, type of service, uncertainty, and organizations presently offering online services. Despite the concern posed by participants regarding efficacy and ethical issues, Hanley (2006) reports that the counsellors generally felt optimistic about the potential for youth friendly services online. Webb et al's (2008) review of the Reach Out! Online Community Forum provides a useful look into an alternative way of reaching young people

experiencing distress. The Forum was established as a source of mental health advice and support for young people with the goal of increasing mental health literacy, reducing stigma and promoting help-seeking through principles of cognitive behavioural therapy and positive psychology. Webb et al (2008) emphatically advocate for an innovative approach to supporting young people experiencing social and mental health difficulties and respond to the Australian government's recent attempt to improve mental health services across the country.

The full potential of this initiative will only be realized if alongside systemic change we see a reduction in the stigma surrounding mental health difficulties, an increase in help-seeking, an improvement in compliance to treatment and continuity of care for young people. This shift can only occur if we move beyond the confines of traditional clinical care and recognize the potential of reaching and interacting with young people through the Internet (Webb et al, 2008, p.112).

While Hanley (2006) and Webb et al's (2008) studies offer support for the use of the Internet for emotional support, neither study looks into how the exchanges that occur on these sites might suggest therapeutic benefit.

Online Identities

Maczewski's (2002) study materialized shortly after Internet access became mainstream and readily accessed by young people for communication and information seeking purposes. In particular, the author was fascinated by youth perceptions of growing up with increased immersion in digital information and communication technologies. Maczewski's (2002) study offers a unique youth-oriented perspective of the ways in which young people are making sense of their experiences online. Of particular interest to my research is that Maczewski (2002) highlighted that youth are making sense of their online and offline identities and perceiving them

as fluid elements of their selves rather than distinct or contradictory lived experiences. As well, youth in her study reported feeling as though their online and offline realities influenced one another as different forms of realities which have multiple meanings within their contexts.

Wynn and Katz (1997) detail a series of arguments that contest the notion that Internet communication provides alternate realities for people to abandon their grounded identities and explore virtual subjectivity, and that this is actually a preferred cultural trend. The authors argue that the premise of social identity construction is maintained online and that electronic media is simply another tool used for general social purposes. This article concludes that co-constructed self-presentation is a social process that evolves with the ongoing development of social conventions.

Lamerichs and Te Molder (2003) further support the notion that identities are social practices rather than reflections of individual and cognitive experiences, and that computer-mediated communication is a meaningful avenue for identity work. This analysis takes a look at how identities are managed in discussing depression on an online forum as a way to understand how conversational practices evolve and what purposes they achieve. Rather than conceptualizing identities as pre-determined and defined by personal and social characteristics, the authors argue that "...identities are actively constructed for particular occasions" (p.457) and are re-negotiated based on context and purpose.

Maczewski (2002), Wynn and Katz (1997) and Lamerichs and Te Molder (2003) have made important contributions to the discussion about online identity development, particularly to support the notion that the Internet does not aid or create fragmented subjectivities, but is instead another venue through which relational subjectivity is explored. My hope is to further explore

how online conversations about self-harming and suicidal behaviours have implications for how subjectivities, for all engaged persons, are co-constructed.

Self-Harm Online

Adler and Adler (2008) and Whitlock et al (2007) explore the ways in which individuals engaging with self-harm participate in social and supportive interactions in online communities. The review of the literature provided by Whitlock et al (2007) is a basic overview for practitioners wishing to become more familiar with the use of online communities to support people engaging with self-harm. The social constructionist perspective of the Internet offered by Adler and Adler (2008) is useful in conceptualizing virtual communities and relationships in relation to multiplicities of identity and the self. However, I note that Adler and Adler (2008) have used the terms “deviants” and “loners” to classify people who engage with self-harm as a totalized population. I will refrain from using generalized and pathological terms in my own research. Instead, as part of my study, I will be paying attention to the language used by the youth and others to identify themselves.

Rodham et al (2007) and Whitlock et al (2006) focus on the content of online exchanges about self-harm in each of their studies and ponder the implications of these conversations on offline behaviours. More specifically, Rodham et al (2007) draws attention to the ways in which members create a community of care in which nonjudgmental support is offered and received, while Whitlock et al (2006) highlights that the details of how support is provided online are heavily influenced by the level of moderation occurring on individual sites. Both articles assert the need for future research in order to better understand how Internet use affects self-harming behaviours offline. The content and quantitative analyses used in these studies leaves a gap in understanding how the conversations highlighted are relationally produced and taken up as either

acceptable or not. As well, the implicit assumption is that online and offline subjectivities actually exist as a singular construct in which online behaviour has a resulting affect (or lack thereof) on offline behaviour.

Sutherland, Breen and Lewis (2013) contribute to this discussion by situating online narratives about self-harm in social dynamics. Rather than approaching narratives as informative of internal cognitive and psychological processes, the authors' analysis of online autobiographical accounts of self-harm reflected on the relational nature of storytelling and how participants shape the reader's understanding of their experience through discursive practices. The focus of this analysis is on how stories are told, and the emphasis on relational meaning-making is maintained as the authors consider how the differences between talk and text may alter how stories are told and experienced.

Suicide Online

Becker, Mayer, Nagenborg, El-Faddagh and Schmidt (2004) conducted a case study assessing the potential risk of websites discussing suicide in triggering suicidal behaviour in a predisposed youth. Noted in their literature review is the impact of social environment factors on suicide, as well as the high rates of stressful circumstances and psychopathology in adolescence in particular. Additionally, strong evidence suggests that suicide contagion is a genuine phenomenon, whereby rates of suicide have been known to increase following newspaper and television coverage, and appears to be strongest among youth. These authors used a case study to illustrate how the Internet can have a negative effect on an adolescent who was vulnerable to suicide based on her previous history of a suicide attempt, having multiple psychosocial stressors and a recurring low mood. It is suggested that "this often precarious balance between a chosen life and a chosen death may tip in the direction of either life or death in response to any of the

variety of stimuli” (Becker et al, 2004, p.113). It is not recommended that all sites related to suicide be prohibited; rather, a comprehensive approach to monitoring the content and use of Internet sites is endorsed.

Curious about the claims of people who feel suicidal being seen as “crying for help”, Horne and Wiggins (2009) examine how users of an Internet forum for ‘suicidal thoughts’ work up their suicidal authenticity and how, in turn, other participants respond to their opening posts.

There is thus a dilemma to be faced by those who claim to be suicidal: presenting oneself as not suicidal enough and you may be treated as ‘just’ depressed; ‘too’ suicidal and it may be challenged if you do not carry through your actions (p.170).

In response to contemporary arguments in psychological research on suicide as a result of faulty cognitive reasoning, the authors designed their study to explore the discursive construction of suicidal identities. The authors conclude that a forum is not necessarily a place used to ask for help, but one where members achieve validation of their authentic suicidal status.

The study by Horne and Wiggins (2009) aimed at better understanding the discursive production of suicidal identities in online forums closely reflects the aims of my intended research. The authors propose that the ways in which receiving and validating identities can be important: “It is important to treat a person who constructs a suicidal identity as one with individual problems – and not to try and generalize or minimize, but reconstruct identities with alternative rationalities where possible” (p.182). By better understanding the way that subjectivities related to self-harming and suicidal behaviour are constructed for and by youth online, it may be similarly possible to open spaces for alternate subjectivities to be recognized and validated.

Discursive Constructions of Self-Harm and Suicide

The following studies most closely resemble the goal of my research; namely, to better understand the discursive processes through which self-harm and suicide are made intelligible and the resulting implications for helping practices and co-constructed subjectivities. These studies present a contrast to the mainstream literature about self-harm, suicide and online engagement because they use postmodern qualitative approaches that aim to disrupt dominant discursive frameworks. These articles have supported my own research by creating space for further exploration into discursive processes that challenge dominant assumptions about self-harming and help-serving behaviours.

Bennett, Coggan and Adams (2003) present a discursive analysis of young people's perceptions of the relationship between depression and suicidal behaviours. The authors noted that mainstream literature proposes a cause-and-effect relationship between mental health issues and suicidal behaviour, and tends to exclude the voices of young people. Bennett et al (2003) became curious about "...the ways in which young people negotiate and renegotiate relationships with dominant constructions of mental ill-health which combine youth, suicidal behaviours, deviance and psychopathology" (p.291) and chose to interview participants who had made attempts to end their lives. These conversations revealed the perceptual links between depression, suicidality, morality and failure, and highlighted the fear of stigma when one identifies with suicidal thoughts.

Scourfield, Roen and McDermott (2011) were similarly curious about young people's talk of self-harm, though their participant group was not limited to people who engaged with self-harming behaviours. The key theme that emerged from these interviews is that self-harm was discursively constructed in two ways based on a public or private presentation. If kept

private, self-harm was construed as an indication of serious psychological distress, whereas public displays of self-harm undermined its credibility and was viewed by peers as attention-seeking. Bennett et al (2003) and Scourfield et al's (2011) studies both highlighted how these discursive constructions of self-harming and suicidal behaviours influence what actions are made available in order to preserve dignity and maintain legitimacy.

Kokaliari and Berzoff (2008) present a qualitative analysis of self-harm among nonclinical college women through the sociopolitical perspective of Michel Foucault. The authors note that Foucault's reflections on the body are particularly useful counterpoints to the predominantly psychological constructions of self-harm.

Foucault would assert that women in modern societies internalize forces of discipline and punishment. These now-internalized systems of social control become self-regulatory and extreme. When people are treated as objects they see themselves as objects and tend to torture their bodies and desires to fit instructions and specifications (Kokaliari & Berzoff, 2008, p.266).

Through this lens, self-harm can be de-medicalized and de-pathologized and viewed as a technique of social control, a "representation of women's oppression that has become self-imposed" (Kokaliari & Berzoff, 2008, p.267). Given my interest in non-psychological discursive constructions of self-harm and suicide, this study raises an important issue regarding the implications of how particular discourses impact conceptualizations of and responses to these social issues.

Similar to Kokaliari and Berzoff (2008), Staples and Widger (2012) seek a broader understanding of suicide, moving beyond sociological and psychological notions of it being a pathological act of self-destruction, by reviewing ethnographic approaches to understanding self-

harm and self-inflicted death. Staples and Widger (2012) view suicide as constitutive in that “...the close relational and social structural contexts and conditions within and under which suicidal behaviours arise and meanings grow” (p.186) are more informative of how people come to understand themselves and one another than compared with culturally bound ideologies about suicide. My study seeks to take this ethnographic approach one step further; namely, to consider the implications of particular constructions of self-harming and suicidal behaviour.

Another study explored the perceptions of young people who engaged in self-harming and suicidal behaviours and used websites to seek support. Baker and Fortune (2008) found that users constructed these sites as empathic communities that served as methods of coping with social and psychological distress. The authors focused on disrupting the power of traditional mental health services and perspectives of practitioners that tend to cast online resources as troublesome. They encouraged practitioners to better understand what users gain from their engagement in online communities.

Meanwhile, Fullagar (2003) conducted a study on the metaphors through which youth suicide comes to be known. This study highlights the social, political and economic discourses that inform how suicide is managed. Suicide comes to be known as shameful and wasteful, and these discourses have concrete implications for the subjectivities that young people are able to access. Fullagar’s study is focused on the social dynamics of shame as constructed by the accounts of young people whose lives were impacted by suicide (whether by their own thoughts and attempts, or by knowing of the thoughts, attempts or deaths of others in the community) and highlights how existing psychological and pathological discourses about youth suicide prevention conceal neoliberal cultural imperatives to be a rational, autonomous and successful self. This has a significant impact on how young people relate to themselves and others.

Chapter Summary

An abundance of research regarding online conversations that focus on self-harm and suicide has emerged, and much controversy regarding the potential risks and benefits exists. Some studies contend that online support groups found in chat rooms and forum boards foster empowerment, a sense of control, improved self-confidence, self-efficacy and a therapeutic release of pent up thoughts and feelings (Barak et al, 2008; Miller & Gergen, 1998; Webb et al, 2008). At the same time, practitioner views of these groups raise concerns regarding regulation/moderation, training issues, and the nature of service delivered (Hanley, 2006). Additionally, Lester (2008) addresses specific concerns regarding the delivery of counselling online related to counsellor anxiety, transference and countertransference, modification of skills, and the nature of the counselling relationship. Ethical concerns about both private (one-on-one chat, phone, email) and public (chat rooms, forum boards) conversations about self-harm and suicide have also been raised. For example, community members appear to be maintaining their self-harming or suicidal status via these conversations and when users explicitly seek and provide information and support for planning and acting on self-harm and suicide, either individually or in small groups, there are concerns about contagion effects (Adler & Adler, 2008; Becker et al, 2004; Mishara & Weisstub, 2007).

I began this review of the literature with a brief tracing of the context for practices aimed at responding to self-harm and suicide in order to provide a foundation for contemporary notions about responding to these social issues. It was then necessary to include examples of the types of studies that reflect common concerns of practitioners seeking to respond to self-harm and suicide through a predominantly psychological lens. These are the studies I leaned heavily on to guide my practice when I worked in online crisis service delivery, and the ideas that obstructed my

vision from considering alternate opportunities for meaningful engagement with young people. These studies provide valuable information about online communities, though neglect to reflect on the discursive properties of the conversations that take place in these spaces. The latter part of this literature review turns attention towards studies that explicitly focus on the discursive constructions of self-harm and suicide. These theoretical shifts in examining the phenomenon of youth self-harm and suicide are allies in my attempt to offer similar contributions to the existing knowledge base.

Chapter III: Approach to Inquiry

From the literature reviewed, it seems that there is a gap in analyzing the complex relationships of self-harm and suicide from a perspective that examines the processes of relational subject production online, particularly with an emphasis on the discourses at work. While there are studies that examine therapeutic exchanges in online communities, subject production online, the relationship between self-harm and suicide, and the use of support groups for individuals engaging with self-harm and communications regarding suicidal intent, there has yet to be a study that explores the relational construction of self-harming and suicidal subjectivities among young people online. My intent with this research is to better understand the ways in which young people accessing online support forums co-construct subjectivities through available discourses about self-harming and suicidal behaviour. Rather than cast aside the knowledge currently produced and disseminated about this intersection of topics, this research seeks to contribute to the conversation by offering another theoretical take on “what might be going on here?”. My belief is that this kind of analysis is helpful in order to identify opportunities to open spaces for subordinate storylines to emerge (Madigan, 2011) and expand conversations regarding the possibilities for making sense of youth engagement with self-harm and suicide. As this chapter unfolds I will clearly detail my methodology, as transparency in the development of this research topic, and how I arrived at an approach to this research, is ethically important because “...the way we write about suicidal behaviour and persons as researchers is considered both a moral and political act” (Fitzpatrick, 2011, p.29).

Davies and Gannon (2006) propose that the intention of the research question is not to determine whether or not truth is uncovered, but rather to uncover multiple truths and the ways in which they are produced. The research questions that guide this study are:

- What discourses shape collective understanding of self-harming and suicidal behaviours?
- How is helping performed?
- Based on available discourses and performances of helping, what subjectivities are accessible to service users and helpers?

Arriving at a Methodology

It is likely clear by now that I do not seek to evaluate whether or not the conversations taking place online regarding relationships to self-harm and suicide are positive/negative, effective/ineffective, or helpful/unhelpful. Instead, I am curious about how these online conversations work to make self-harm and suicide intelligible, how young people experiencing distress are responded to based on these understandings, and how these conversations contribute to subject production. It is imperative that my chosen methodology is congruent with my purpose and intent: to expose and critique taken-for-granted beliefs about youth suicide and self-harm, rather than to offer new “truths”. However, in my initial outline of this research, it was not immediately clear to me which type of methodology would best fit my theoretical orientation and answer the types of questions that I had about the practice of helping in an online space provided for young people engaging with self-harm and suicide. I had hunches as to the direction I needed, but it took some time to sit with ideas and readings in order to feel confident about a methodological “fit”.

In searching for a methodology that would help me to answer the questions that I posed, I was initially drawn to Sparkes and Smith (2007)’s account of narrative constructionist inquiry. The authors argue that “...narratives have emerged as both a *way* of telling about our lives and a *method* or *means* of knowing...” (p.295, italics in original), which seems to suggest that narratives are not only a way of using language to communicate experience, but are also a

medium through which meaning is created and experienced. Furthermore, and of importance to my study, Sparkes and Smith (2007) emphasize that selves and subjectivities are both constructed and performed in and through narratives. In turn, a narrative constructionist lens does not view narratives as embedded within the individual, but rather views narratives as constructed in relational spaces: “They are ongoing social practices that people *perform* and *do* in relation to others as opposed to something they *have* (Sparkes & Smith, 2007, p.299, italics in original). The focus of narrative constructionist inquiry, therefore, is on the relational spaces through which narratives are constructed and acted upon.

A narrative constructionist approach to inquiry suits my curiosity about how subject production is made possible through conversation in online spaces. I was drawn to this particular approach for its focus on meaning-making as a social practice that in turn generates action on that meaning. While this type of inquiry seeks to highlight the performative nature of language, including a narrative construction of reality, particularly within the context of interaction, it does not necessarily address the influential context of social, political and historical discourses. Additionally, a narrative constructionist approach used on its own does not always take into account the subjective processes through which individuals are positioned, and position themselves, within social and political systems. This is particularly relevant to my curiosity about how and what discourses shape particular kinds of subjectivities in relationship to self-harm and suicide. A discursive analysis that is informed by narrative and constructionist theories, as well as by poststructural notions of discourse and subjectivity, would be better suited for the type of analysis my research questions require.

Discourse analysis has many varying definitions, uses and purposes. Furthermore, there is no scripted method for performing discourse analysis; my research questions embody the

lens(es) through which my method is accomplished. Taylor (2001) provides a flexible definition of discourse analytic research as “...the close study of language in use” and suggests that it “...is best understood as a field of research rather than a single practice...” (p.6). Another description of discourse analysis offered by Potter and Hepburn (2007) further specifies that this approach to analysis focuses on discourse as both texts and talk as elements of social practice whereby action is emphasized over linguistic structure. Additionally, and of importance to my study, discursive analytic research is concerned with how discourse is built as factual and how discourse accomplishes actions (Potter & Hepburn, 2007).

As a novice researcher, the fluidity and flexibility of discourse analysis is appealing and terrifying for both the opportunity to work with ideas that are rich in meaning for my practice, and for the risk of getting lost in complication. While my research questions provide significant guidance for the analysis, further support is needed to guide the analytical process. Taylor (2001) introduced me to four interrelated approaches to discourse analysis that can assist me in answering my research questions.

First, the imperfection of language as a system, is the focus of analysis where language is studied for its variation among different social situations, environments, and persons. This lens has use for my analysis for the emphasis on the language utilized by young persons identifying themselves in relationship (or not) to self-harm or suicide, as well as how peers and trained helpers use language to respond. The second approach to discourse analysis focuses on the movement of language use rather than the language itself: “Here the analyst studies language use as a process, investigating the to-and-fro of interactions (usually talk) between at least two parties and looking for patterns in what the language users (speakers) do” (Taylor, 2001, p.7). So,

not only am I interested in the language being used, but as well in what happens conversationally between all the users based on how they are utilizing language (discourse).

The third and fourth approaches to discourse analysis are more significant for this research as they focus on local and broad discourses and the opportunity for action made available by these discourses. With the third approach, I am looking for patterns in the language associated with a particular topic. The topics in question for this research are self-harm, suicide, and “helping” as it is performed relationally. This approach emphasizes “...language as situated, but within a particular social and cultural context rather than a particular interaction (as in the second approach)” (Taylor, 2001, p.8). This blurs into the fourth approach’s study of power and resistance which aligns with my curiosity about how persons take up or resist particular subjectivities in relation with others and to the discourses made available. Taylor (2001) states that “the basic assumption here is that the language available to people enables and constrains not only their expression of certain ideas but also what they do” (p.9).

One of the passages that leapt at me when deciding to use a discursive analysis for this study spoke to the reason why I became so curious about this topic; the very practice I had been performing under elusive and unnameable tension.

On the one hand, discourse is constructed in the sense that it is assembled from a range of different resources with different degrees of structural organization. Most fundamentally, these are words and grammatical structures, but also broader elements such as categories, metaphors, idioms, rhetorical commonplaces, and interpretive repertoire. For example, how is a description manufactured in a way that presents as something that has been done as orderly and unproblematic? People are extremely skilled builders of descriptions; they have spent a lifetime learning how to do it. Part of the analytic art of DC [discursive

constructionism] is to reveal the complex and delicate work that goes into this seemingly effortless building (Potter & Hepburn, 2007, p.277, *italics in original*).

After reading this passage, I was fascinated by the idea that I have maintained and reproduced particular ways of responding to young persons in distress without being conscious of the intricacies of meaning that are projected by both myself and the youth I engage with through mutually understood discourse. These taken-for-granted subtleties in everyday action are in turn what I seek to analyze with this study and bring to the forefront of consciousness in my own practice as I consider how I engage in meaning-making and helping practices and what impact this has on the young people with whom I am in relationship. This practice of exposing taken-for-granted quality of language became my largest initial hurdle when applying a discursive lens to my data. I have been so deeply entrenched in certain (and I mean certain both as “particular” and “sure”) ways of knowing and conversing that it became difficult for me to stand within such a familiar discourse and attempt to be an unknowing outsider. To be clear, my intent to trouble the taken-for-granted is not to devalue existing knowledge about self-harm or suicide, but to open space for multiple ways of knowing and, in turn, engaging young people experiencing distress.

(Web)Site of Analysis

The rationale for my chosen site of discursive analysis is multi-layered. My intrigue regarding the nature of conversations taking place online originated during my time working with a program whose purpose was to provide a safe space online for young people to engage in therapeutic conversations about their relationships to, among other things, self-harm and suicide. It was here that I first became curious about not only the conversations taking place, but also about the purpose behind these conversations taking place in a virtual community where, among

other things, many “identity” markers are invisible (unless purposefully made “visible”, figuratively speaking). As my theoretical education expanded, I further wondered about the politics of the Internet as a space rather than simply media.

So, it became clear to me that I wanted to undertake a discursive analysis within an online space. As I started reading literature on the use of virtual communities as supportive and therapeutic spaces, I was struck by the amount of research that was taking place on sites internationally. While Western ideas of health, pathology and therapeutic intervention are readily exported across the globe so that communities of discourse are broader than ever before, I still believe it is important to make sense of local discursive influences before we consider how they are taken up elsewhere. Thus, my decision to choose a site hosted in Canada was obvious.

To be even more specific, I decided to choose a website hosted in Canada that was moderated by professionals trained in crisis response and online helping. There are many websites available offering interaction through private messaging functions and public forum boards – some are moderated for content and others are not, and some are offered with the intent to decrease risk while others are not. I am not only intrigued by how meaning is made relationally, but also how it is constructed through particular discourses and performances of helping. Due to the concern expressed by professional groups regarding the role and ethics of online helping, there are few helping websites managed by professionals; many of these websites are operated by non-profit and crisis line agencies which are predominantly staffed by volunteers. Given my involvement in the online community of helping, I was aware of a few helping websites operating in Canada, and one in particular whose public forum board was no longer active. The purpose of its inactivity will be made clear in a discussion of research ethics soon following.

Before further detailing my analytic process, I wish to make explicit what the notion of a professionally operated and moderated public forum board actually means in the context of this website, and in turn, how this becomes an important element of the discursive analysis. For the purpose of this study, I consider a website to be professionally operated if it is endorsed by an individual or agency that has undergone training, licensing and/or accreditation qualifying the legitimacy of their experience and ability to provide a helping service. However, while the idea of offering online services in order to provide support to young people experiencing distress is gaining interest, both major accreditation bodies for suicide prevention in North America (the Canadian Association for Suicide Prevention and the American Association of Suicidology) do not yet have certification programs for online services. Instead, given my background in crisis line services and interest in “non-counselling” service delivery, I considered that crisis line accreditation would be a sufficient marker of professional service delivery when choosing a site for analysis. The site of analysis was operated by an accredited crisis line in Canada, listed with the Canadian Association for Suicide Prevention, and advertised their use of volunteers to support the services provided. The agency moderated their forum board to the extent that they made edits and deletions to some posts deemed to be offensive due to language or unsafe due to explicit or graphic content; users registering to post on this forum board were informed of the same. In my analysis, I am curious about how professional knowledge is constructed in this online context. To be clear, I am not seeking to evaluate the moderators, but rather am analyzing their responses as a way to make performances of ‘professional helping’ visible.

Data Collection

The Internet is a space where information is not lost forever. In computer engineering, a cache is a component that stores information so that future requests for data can be retrieved

more efficiently. Search engines (such as Google, Yahoo and Bing) have software that “crawls” the Internet to create caches for webpages so that they may be produced more efficiently according to site content and keywords. In my search to find evidence of the inactive forum boards, I came across a website called Wayback Machine, whose purpose is to locate caches, or archives, of inactive web addresses. Wayback Machine has made it possible for me to locate complete threads from the public forum boards as far back as 2005.

The forum board from my site of study was divided into themed sections (ie Relationships, School, Support). For the purpose of this research, I chose posts from the section titled “Suicide”. Since the purpose of my research is to look at the ways in which meaning is relationally constructed, I have chosen threads that contain enough posts to garner conversational significance – between 5 and 15 posts. There is no formula or practiced theory that informed this decision. Rather, my rationale for this decision is based on my experience that online conversations seem to develop flow after a handful of back-and-forth exchanges and create rich opportunities for exploration. While an in-depth conversation taking place over more than 15 exchanges is likely to provide equally rich discursive content, it would be an overwhelming undertaking to take on multiple lengthy threads as I am not only looking to analyze individual threads, but to also see what kinds of discursive patterns are evident across threads. Therefore, I extracted the first 12 threads I came across between the limits of 5 and 15 posts. These 12 conversational threads contain a total of 128 posts. Throughout my analysis, I have chosen the terms *user* (person who initiated a post), *peer* (anyone other than the identified user or trained helper), or *trained helper* (member of the crisis line support team) to distinguish the author of the post within each particular thread. I have not edited any of the data excerpts for spelling or grammatical errors.

Ethical Considerations

The proposal for my research passed review by the University of Victoria's Human Research Ethics Board. I recognize that while there are many general principles of ethics to uphold when undertaking research, there are elements of my research that require additional and unique deliberation as I move forward with ethical care. What I wish to explicate are a couple of ethical challenges that, while I have done my best to address them in the process of this research, are still important to acknowledge, particularly in the spirit of making myself and my analytic process transparent along the way.

Informed consent - Public vs. private? One of the more contentious issues regarding Internet research is whether it constitutes human subject research, requiring adherence to particular ethical standards, including informed consent. Stern (2004) asserts that for researchers who interact in some way with the people in the online context, the study unmistakably constitutes human subjects research. However, there continues to be debate over “public” versus “private” information, especially when the researcher's purpose is to study the communications of Internet users rather than the users themselves (Mann & Stewart, 2000; Stern, 2004). People on one side of the controversy consider information that is publicly accessible to be “public”, whereas others argue that simply because communications are publically accessible does not mean their authors considered the extent to which their communications could be accessed by others (Stern, 2004). Stern (2004) continues with the reasoning that many recent scholars are considering the issue in more fluid terms where “...the more that information is intentionally public (e.g., intended for a limitless audience, rather than a narrowly defined or conceived audience), the less that research should be considered as “human-subjects” research...” (p.276).

The forum board on my study site was considered publicly accessible. That is, users did not require a membership login and password in order to read forum posts; anyone surfing the web could come across these threads. However, users were required to create a membership in order to post on the forum board, which included mandatory agreement with the host agency's Terms of Use disclaimer in order to sign up. This disclaimer was also posted on a separate webpage for users seeking information about the host agency and their intent for the website. While the disclaimer did not state that the website could be used for research purposes, neither did it explicitly ban research from taking place. Additionally, users were reminded not to post personal and identifying information, as the website was considered public and accessible to anyone, and that the moderators would edit users' posts to remove identifying information should it be posted. Given these parameters, it can be surmised that the information found on the forum boards for this website can be considered publicly accessible. Furthermore, informed consent is not required given that these forum posts are publically accessible. Nonetheless, to further protect anonymity, I am anonymizing all usernames and the name of the study site so that the community is not publically recognizable.

Disclosures of risk. Given the nature of the topic I am exploring, I assumed that I would be encountering disclosures by forum users that would indicate potential risk of harm to self. As a child and youth care practitioner in positions of counselling and social work, the limits of confidentiality require me to inform the appropriate authorities regarding imminent risk to self or others; on its own, the code of ethics for Child and Youth Care Professionals does not explicitly detail the limits of confidentiality (Mattingly, 1995). In addition, I am bound by legislative authority in the province of British Columbia through the Child, Family and Community Service Act that requires me to report suspicion of child maltreatment to child protective services

(Ministry of Children and Family Development, 2016). In my role as a researcher, I am informed by the codes of ethics through the University of Victoria's Human Research Ethics Board and the national Tri-Council Policy Statement of Ethical Conduct for Research Involving Humans; however, neither provide specific guidance for handling historical disclosures of risk in online research.

Stern (2003) addresses issues that researchers encounter when coming across distressing information online, including whether the principle of beneficence extends an affirmative duty. In spite of the absence of ethical absolutes, Stern offers a list of ethical guidelines for researchers to consider when deciding whether or not to act on disclosures of risk. Importantly, Stern suggests that researchers consider the context of the disclosure (for example, where on the Internet was the disclosure found). The disclosures that I encountered were made on a site that was dedicated to providing support to young persons experiencing distress, so the expectation was that these disclosures would have been responded to, particularly because the site's Terms of Use informed users that the moderators would contact local authorities to initiate tracing capabilities should they be concerned for the safety of one of the users. Furthermore, the threads I extracted for analysis took place between 2005-2006, and the website is no longer active. It can be surmised that all posts suggesting the need for intervention would have been responded to, and there are no posts that would suggest a user is currently experiencing risk. As these conversations took place in the past, and it can be assumed that the site moderators intervened where they deemed necessary, there is no further ethical action possible or required for my research.

A Focus on ‘Psy’ Discourses

In the introduction, I introduced the concepts of discourse and subjectivity as they are central to my analysis. Though there is much to be said about these topics, my focus for this research is on examining the role of psy discourses in producing particular knowledge, and subsequent subjectivities, about self-harm, suicide and professional helping.

There is an incredible diversity of thought within the poststructural community and it is beyond the scope of this study to delve deeply into the full range of writings. However, one scholar’s ideas have particular relevance to the focus of this study and require further exploration as they inform the way I approach my analysis. Nikolas Rose has written extensively on the production of the self through the governing technologies of psychology. To be clear, he suggests that “psychological ideas should, perhaps, be seen less as ‘ways of thinking’ than as ‘intellectual techniques’, ways of making the world thinkable and practicable in certain ways” (1998, p.83). He reflects on the modern “ethic of the free, autonomous self” as a tracing of the ways in which people have to come “understand, experience, and evaluate themselves” (Rose, 1998b, p.1). Rose argues that subjectification, or the process of identifying a self, occurs through the discourse of psychology, and attempts to reveal the unified self as a construction based on the language of individual, interior, and psychological attributes (Rose, 2008). Furthermore, these discursive practices are linked to sociopolitical and historical contexts. He writes, “The growth of the intellectual and practical technologies of psychology in Europe and North America over the period since the late nineteenth century is intrinsically linked with transformations in the exercise of political power in contemporary liberal democracies” (Rose, 1998b, p.11). True to poststructural thought, this raises the question of “where, how, and by whom are aspects of the

human being rendered problematic, according to what systems of judgment and in relation to what concerns?” (Rose, 1998b, p.25).

Rose refers to the ways of thinking and acting brought into existence by the disciplines of psychology and psychiatry as ‘psy’.

...Not because they form a monolithic or coherent bloc...but because they have brought into existence a variety of new ways in which human beings have come to understand themselves and do things to themselves. I argue...that psy has played a key role in constituting our current regime of the self... (Rose, 1998b, p.2).

Aligned with the philosophical and political shift towards social order and productivity, psychology took shape as “an array of knowledge claims about persons, individually and collectively, that would enable them to be better managed” (Rose, 2008, p.448). One of the ways this was accomplished was through the technology of “tests” whereby the gaze became focused on an interior space (Rose, 2008). Rose (2008) notes that “difference is no longer written on the surface of the body but recedes into an interior realm, and the psychological test as a way of rendering the invisible visible, calculable and manageable” (p.451). These “devices for the assessment of the psyche” began to develop in nineteenth century England and France with the psychological test for intelligence, applied to school-aged children as a means to establish the difference between ‘normalcy’ and pathology (Rose, 1989, p.x; 1998b). The objectives of government further trespassed into the private sphere by linking child care practices to social disorder, and psychology played a key role in “establishing norms of desirable childhood development and behaviour” in the 1920s (Rose, 1989, p.xii; 1998b). Later, in the context of war-time, the “visualization and inscription of human difference” served to more accurately develop processes for recruitment, promotion and policy (Rose, 1998b, p.108; 1989). Processes

of thinking about and acting on people further developed during post-war labour productivity, and employment has since become internalized as a necessary marker of individual psychological health (Rose, 1989).

At the root of the relationship between politics, psychology and personhood is the process of subjectivity, whereby techniques of social order and self-surveillance result in certain outcomes that benefit the status quo (Rose, 1989; 1998b). The interiority of persons (thoughts, desires, attributes) are realized through decisions, and it is expected that those decisions fall in line with social norms. Rose (1989) suggests that, “Individuals are expected to construe the course of their life as the outcome of such choices, and to account for their lives in terms of the reasons for those choices” (p.227). The technique of psychotherapy developed with the goal to restore individuals to autonomous, moral, productive and normal beings through the status of an individual deemed capable of choosing (Rose, 1989; Skott-Myhre, 2009). The concept of free, choosing subjects suggests that the choice to pursue psychotherapy is purely individual, rather than being informed by obligation to social order, and identification as a contributing member of society. And, for those individuals seemingly lacking in the capability to choose, the choice is made for them, by individuals granted professional status, to engage in rehabilitative practices (Marsh, 2010; Rose, 1989; Skott-Myhre, 2009). Rose further argues the need to rethink the relationship between knowledge and subjectivity, noting that “we tend to think of knowledge as a rationalized, sober, public domain, regulated by norms of objectivity, universality, and impartiality”, thereby believing that the private, subjective self is something that can be made visible and acted upon in objective terms (1998b, p.99). Instead, subjectivity would be better understood through its relationship to the development of understanding and acting upon persons (Rose, 1998b).

In my analysis, I will draw on Rose's construction of psy discourse to show how understandings of self-harm and suicide have become overwhelmingly territorialized by psy disciplines. These ideas will again show up in the ways that peers and trained helpers respond to users experiencing distress, as what constitutes helping behaviour is directly informed by how self-harm and suicide are conceptualized. I will then attempt to make sense of how the psy disciplines have permeated processes of subjectification, or available ways of knowing the self, in relationship to self-harm and suicide.

Approach to Data Analysis

Approaching my data with a curious eye was more difficult than I originally anticipated. My research questions invited consideration about what discourses were being utilized in helping conversations about self-harm and suicide, yet being professionally socialized in the very conversations I sought to be curious about meant that I felt particularly challenged to look beyond what I had previously assumed to be true.

The researcher is looking for patterns in the data but is not entirely sure what these will look like or what their significance will be. She or he must therefore approach the data with a certain blind faith, with a confidence that there is something there but no certainty about what (Taylor, 2001, p.38).

To further add to my confusion, many discourse analytic approaches lack formalized routines for coding, as the categorization of language patterns depends greatly on the analytic concepts involved, which are derived from the theoretical tradition and research questions (Taylor, 2001). In essence, the road map for my analytic approach lay with my own research questions.

My analytic approach did not lead me to a place of closure; it would be naïve for me to think that I could reach a point where I exhaust the information that these data have to offer. I

could continue to ask questions of my data and the journey would continue. However, for the purpose of this thesis, I asked a specific set of questions that would help me to explore my curiosities about what discourses are being utilized about self-harm and suicide and how they inform helping practices and subject production. The first thing I did, before returning to my research questions, was to read through the threaded posts without any analytic strategy in mind. What felt like a discouraging exercise at the time (“do I even have anything to work with here?”) was, in retrospect, fascinating insight into how deeply involved I am in ideas about how to respond to young people experiencing distress. I initially felt stuck, not knowing where to start looking with a purposefully curious eye, so I again read through the threads, this time asking “what is being said?”. This opened the door for follow-up questions like “what isn’t being said?” and “what is being accomplished?”, which then invited me to dig deeper for answers to my research questions.

The first research question that I identified for this study, “what discourses shape collective understanding of self-harming and suicidal behaviours?”, is imperative as it sets the stage to better understand how subjectivities are co-constructed based on dominant discourses. To answer this question, I looked for the ways users, peers and trained helpers were talking about self-harm and suicide. What *are* self-harm and suicide? What did they think were the causes? What did they think were the solutions? What, if any, relationship did they see it having with the individual and with their environment? Were suicide and self-harm even named by the users in the conversation, and did they need to be in order for peers and trained helpers to respond? Additionally, it was just as important to pay attention to what was *not* being said. In other words, was the status quo of understanding maintained by the absence of alternate ideas? Was space

made linguistically for alternate ideas or conversational directions to be considered? What knowledge about self-harm or suicide was not being shared?

The second research question, “how is helping performed?”, seeks to examine the practices of helping, both by peers and trained helpers, and how helping contributes to the process of subjectification. I am operating under the assumption that since the forum board existed for the purpose of providing emotional support (as made explicit by the Terms of Use), peers and trained helpers responding to users experiencing distress posted with the intent to offer support or assistance. My study is based on what discourse does rather than what it *is*; hence my decision to analyze the performance of helping rather than the outcome of helping. In my analytic review of the threads, I looked for ways in which support was conveyed. Of particular interest to me during this process was the reaction I noticed in myself as I considered whether a response could be categorized as “supportive”; it was important to enter my analysis without a pre-defined notion of what “helping” *is*, and instead consider that all posts were created with the intention to be supportive. It was also important to consider how helping was performed across threads as well as within threads; I was curious to notice whether particular discourses of helping prevailed across threads and among both peers and trained helpers. The mutually accepted discourses of self-harm and suicide combined with preferred discourses of helping acted together to facilitate the shaping of subject positions.

My third research question, “what subject positions are made available to service users and helpers?”, seeks to put the prevailing discourses about self-harm and suicide into lived context by considering the impact of language and power on persons. This question required me to consider how the discourses used in these online conversations to make sense of self-harm and suicide could be translated into subject positions. Reading through the threads from this

analytical approach called for an appreciation for how the discourses in use acted upon user autonomy and the ways in which users, peers and trained helpers were allowed to engage one another. I use the term “allow” to reflect the limited availability of choice for action within the discourses being used: “The words that become one’s own, the positions that these words make it possible to take up, form a base from which individual persons speak *and* the world that is spoken about” (Davies, 2000, p.61, italics in original). In other words, the subject positions that were taken up in these online exchanges were derived from what was and was not being said, and who spoke with authority.

My three research questions served as the lens through which I identified discursive patterns, both within and across threads. My intent for reading within threads was to notice how individual conversations evolved, and the purpose for reading across threads was to consider how themes that emerged within individual conversations were utilized (or not) in other forum discussions. I read each thread (in isolation, and with the others) multiple times and made notes in the margins that I later read to analyze themes. To analyze my data, I drew on the work of Rose (1989; 1998a; 1998b; 2003; 2008), Marsh (2010) and other poststructural scholars to help illustrate the relationship between the data and ideas about psy discipline and discourse.

Chapter Summary

This chapter moves from the previous chapter’s discussion of existing literature related to conversations about self-harm and suicide on the Internet to identifying how my research aims to build upon that knowledge through the lens of discourse analysis. Throughout this chapter, I made clear my arrival at this particular methodology based on its congruence with the type of knowledge my research questions seek to illuminate. As well, I outlined the ethical considerations that impact this particular study, and illustrated the process of analytical approach

I devised to make meaning of my data. In the following chapter, I highlight the discursive themes that emerged in the data from my research questions and discuss their relationship to theory.

Chapter IV – Exploring the Discursive Constructions of Self-Harm, Suicide and Helping

In this chapter, I will present a series of excerpts from 12 transcripts of online conversations that occurred on a public support forum hosted by a Canadian crisis centre. This site is no longer active; as previously mentioned, I used an Internet archive called Wayback Machine to retrieve historical, inactive conversations. The excerpts I have chosen help to illuminate the discursive constructions that inform collective understandings of self-harm and suicide among “lay” people. These conversations will also illustrate which forms of helping are made available based on prevailing discourses of self-harm and suicide. I have chosen to highlight extended excerpts to demonstrate the relational nature of discursive productions of subjectivities in the context of self-harm and suicide, and offer a discussion of these interpretations at the end of this chapter.

What Discourses Shape Collective Understanding of Self-Harming and Suicidal Behaviours?

My first research question seeks to understand what discourses are utilized in order to make sense of self-harm and suicide. Based on my analysis, multiple, and at times contradictory, ways of making sense of suicide were evident. For the most part however, suicide and self-harm were primarily understood through discourses of psychology, individual pathology and professional expertise. I relied heavily on the work of Rose (1989; 1998a; 1998b; 2003; 2008) and Marsh (2010) to interpret the data through a discursive lens that locates an understanding of suicide in sociopolitical and historical processes. The discourses of psychology, individual pathology and professional expertise do not function in isolation, so I will use the following data to demonstrate their connectivity before analyzing each discourse in further detail.

The excerpt provided below offers a useful starting point for unpacking the dominant constructions of self-harm and suicide and showing the multiple discourses at play. It begins with a user's introductory post and is followed by responses from two peers and a trained helper. This excerpt is an example of how conversations that took place on this forum commonly developed in the initial stages of interaction.

User: I have been really depressed for quite a while now. I used to do really good in school and now I'm barely passing. I can't concentrate in school, or in anything else. I now have to see a councillor and I have to take anti-depressants. About a year ago I started cutting my wrists and still am, now I find myself thinking about suicide. I try not to, but I'll just be sitting there, and then I end up thinking about suicide. Just what's the point, I feel so bad all the time. I just want the pain to go away. More and more it really seems like the only way out is suicide. I don't know what to do anymore.

Peer1: Do you have any distractions, things that can stop you from thinking? Have you tried going out and just trying to keep active? I find it can help. As for the cutting, do you know why you cut? Is there any way you know of to prevent it? Things like snapping an elastic band round your wrist, holding ice, going out for a run...Suicide may seem like the easy way out right now, but honestly ride it out and it will get better.

Its good your seeing a counsellor, they can really help. Do you find it helpful? As for school, just take it easy for now. It may be an idea to let teachers know your finding it hard and they might be able to help and at least remove some of the pressure.

The pain is hard to cope with but your still here and that shows real strength and courage. I think your brave for getting help and your doing the right things. It will get easier. You just got to be strong. Let me know how your doing. Love [name] xxx

Trained Helper: Hi [user] Sounds like you are really going through a tough time right now...We are really concerned about your suicidal thoughts...Have you thought about how you will take your life?

How are things going with the counsellor? Have you discussed possible causes of your depression? You mentioned that you just want the pain to stop, and this can be very common in people who are feeling suicidal – often there is an internal struggle between wanting to live or die, however it is not about death, but about wanting the pain to stop. We're really glad you posted [user], and hope to hear from you soon...Be strong.

Peer2: [user], Thanks for sharing your story with us, it takes a great deal of maturity and strength to open up like you did, and it's a step in the right direction.

You are clearly a very intelligent, talented person, and the best thing is that you were once really on top of things before...so that means that you CAN do it again ☺ It's always tough to find yourself not doing as well as you once were, but don't blame yourself for it. And most definitely, cutting and suicide are not the solution! If you've been prescribed with antidepressants, then maybe the doctor thinks you might have some sort of clinical condition. Again, that only further suggests that none of this is your fault.

Sometimes life deals us a tough hand, and it sounds like that's what has happened to you. But you're a very smart and capable person, so I have NO DOUBT that you will be able to pull through! If you don't think your medications are working, remember you can always talk to your doctor about it to try something that might work better for you. Good luck and take care, let us know how things go!

Self-harm and suicide are known here in a number of different, sometimes contradictory, ways, "...revealing [their] flexible, socially constructed character" (White, 2012, p.44). To start, cutting is interpreted by the user as a precursor to suicidal thoughts, as though the self-harming behaviour is a failed attempt to manage a distressing experience, which prompts the move to suicidal thoughts: "I have been really depressed for quite a while...I started cutting...now I find myself thinking about suicide". Suicide is simultaneously characterized as a solution to "pain", as the "easy", yet "only", "way out". Here, self-harm and suicide are linked to psychological constructs of thought, emotion and rational choice; they are implied to be reasonable, justifiable actions based on the need to resolve an emotional problem. In contrast, another peer asserts that "cutting and suicide are not the solution", and implies that "antidepressants" may indeed be the solution to a "clinical condition". This is legitimized by the notion that a "doctor", believed to have professional expertise and the authority to prescribe medication, has identified the true cause of distress. The cause of distress, an illness-like state resulting in self-harming and suicidal behaviour, is located in the interior of the user's mind. While identified as an internal experience, suicide is simultaneously viewed as a phenomenon outside of one's control when a peer states that the user shouldn't "blame themselves" for "not doing as well as they once were", and that the presence of a clinical condition "further suggests that none of this is your fault". However, it

is also implied that the user ‘should’ have personal responsibility for managing their distress as they are asked “...do you know why you cut? Is there any way you know of to prevent it?”

This conversational excerpt demonstrates the complexity of how self-harm and suicide are made intelligible. In the sections below, I will further tease out the ways that psychological, pathological and professionalized discourses dominate what truths are made available to users, peers and trained helpers about self-harm and suicide.

Self-harm and suicide as psychological pain. The excerpt above introduced self-harm and suicide via, among other things, psychological discourse. Across threads, users, peers and trained helpers commonly linked self-harm and suicide to thought and emotion, concepts that are readily located within the individual mind (Joiner, 2007; Marsh, 2010; Rose, 1989; Shneidman, 1996). More specifically, self-harm and suicide are viewed as methods of coping with emotional/psychological pain, or “psychache”, which is believed to be caused by frustrated psychological needs (Shneidman, 1996, p.4).

Obviously, a critical segment of our behavior is based on our fundamental biological needs – for oxygen, for food, for water, and for a livable temperature. But once these are met, our actions are motivated by our needs to reduce inner tensions by satisfying an array of psychological needs. These include the intangible needs to achieve, to affiliate, to dominate, to avoid harm, to be autonomous, to be loved and succored, to understand what is going on – among others (Shneidman, 1996, p.18).

The difference between the constructions of self-harm and suicide is that self-harm tends to be understood as a method to moderate psychological pain without the intent to die, whereas suicide is often seen as a last resort action with the intent to die when no other means alleviate the experience of “psycheache” (Messer & Fremouw, 2008; Shneidman, 1996). When suicide was

viewed exclusively as a problem that resulted from unmet psychological needs, one of the most prevalent solutions seemed to be to redefine suicidal desire through the lens of expert information about psychological pain in an effort to contextualize its relationship to suicide. “Pain” was referenced explicitly by users, peers and trained helpers in what seemed to be an all-encompassing way of describing an emotional experience in relation to self-harming and suicidal thoughts and behaviour.

Excerpt 1:

Trained helper: Hi [User], Wow, there's a lot going on in your life right now. Given what your father did, and the fact that your family and best friends live in a different country, it makes sense that you'd be feeling alone right now.

You said you had made a previous suicide attempt, have thoughts of attempting suicide be coming up for you lately, and if so, have you thought of either a plan or timeframe in doing it?

Also, what happened after you attempted on your birthday? Were you able to find some support afterwards.

A lot of people who have thoughts about suicide feel as if they are alone, and sometimes that it makes it all the more difficult to reach out or identify people who can offer you support. In other words, when you're feeling alone, it can be difficult to reach out to people or see reaching out as an option. The fact that you identified your mother as someone who wants to help says a lot for your ability to others as sources of support and there's strength in that.

When people are thinking about suicide, there is often a struggle, a struggle involving life or death, which has more to do with wanting the pain to end, rather than life, can you relate to that idea [User]?

We hope to hear more from you [User], keep posting.

[Trained helper]

User: Hi again and thanks for the help.

On the suicide attempt on my birthday none knew about it.

When I started to cut my wrists I felt too much of a coward to keep on going, so I stopped.

I have no plans on killing myself in the future, I'm too scared, but I would really appreciate for a car to run me over.

As you said, I am urging for the pain to go away...but I don't know what the heck is going on, I'm too scared and too alone.

Excerpt 2:

User: I asked my common law husband to leave as he is an alcoholic/addict and i cant deal with this anymore. im very lonely right now spending xmas alone. all my family and friends are out of town. i have suicidal thoughts but dont want to act out on them. im praying to god to get through this horrible pain. i don't want to care about this i dont want to feel hurt anymore

Trained helper: You mentioned that you have suicidal thoughts, do you have a plan for how you would kill yourself? Do you know when you would want to commit suicide? It sounds like there is an enormous amount of pain that you are experiencing right now and we are concerned about you. It makes sense that you don't want to feel hurt anymore. If you could take away all of the pain, would you still want to die?

Going through a lot of life changes and feeling like there is no one there for you can be overwhelming and I am really glad you are able to reach out through the forums. Keep posting, I hope everything works out for you.

User: the reason for my suicidal thoughts is the pain im going through. if it would be removed i would love to live. i think the thoughts are more of a cry for help. as i have told hubby of these thoughts he seems not to care, so i think what if i attempted and he found me? but then what if no one found me? i just want someone to care.

Excerpt 3:

Trained helper: Hi [User], Because you have encountered some people in your life who have thought about or attempted suicide in the past, it is natural that you would have a lot of questions concerning suicide.

You're right, there isn't a single answer as to why people commit suicide, but the decision to take one's life usually involves a thought process over a period of time. And it is often true that it is an accumulation of crisis-like events that lead a person to thoughts of suicide.

It is definitely okay to talk to other friends when a person is thinking about suicide. It is important that a person has the support from others, whether from friends, family or professionals. It is common for people who are thinking about suicide to feel completely isolated from everyone so it is a good sign when they are willing to reach out to others to talk about it. It's hard to know exactly what a person is thinking when they decide to commit suicide. A lot of times when a person is thinking about suicide, they may be feeling ambivalent. This is when they are experiencing a mental tug-of-war between wanting to live and wanting to die, but the main thing is that it is not so much that they want to end their lives, but it is more that they want to end all the pain they are experiencing in their lives.

Hope this info was helpful.

Emotional experiences of being “alone”, “scared”, “hurt”, and “overwhelm”[ed] were all interpreted through the lens of psychological pain as *the* primary motivation for wanting to end life. Experiences of a social nature, like isolation (“family and friends live in a different country” and “all my family and friends are out of town”), “crisis-like events”, and coping with loved ones’ distress (“my common law husband...is an alcoholic/addict”) were also interpreted through the lens of psychological pain. In effect, unique expressions of experience were reduced to a homogenized metaphor of pain. It is not a coincidence that the metaphor of pain has roots in the medical field of pathology; this will be addressed in the following section. Trained helpers affirmed this metaphor by speaking directly to psychological pain as a totalizing emotional experience, and further interpreted, with authority, the desire to end life as the desire to end pain (“the main thing is...not...that they want to end their lives, but...that they want to end all the pain they are experiencing in their lives”). One user explicitly agreed, while the other passively agreed that they wanted their pain to end. The actions that followed the framing of emotional distress as psychological pain were based on this very linguistic conceptualization (Lakoff & Johnson, 2003); the metaphor of pain was so widely used that it seemed to limit the opportunity to reframe suicide as a response to anything else than an individualized, medicalized experience. Given the authority with which trained helpers spoke about suicidal desire resulting from the need to bring an end to psychological pain, it did not appear to leave room for users or peers to offer another interpretation of their experience. As a result, conversations on the forum appeared to be limited to superficial exchanges about alternate ways that users might cope with their thwarted psychological needs, rather than exploring the full range of experiences that brought the user to the forum in the first place. What *exactly* were they thinking and feeling? What

circumstances in their lives were fueling their distress? What were the ways that users demonstrated resilience and resisted the impact that distress had on their lives? The implication of constructing all distressing experiences as psychological pain is that pain becomes “privatized” and excludes the social, institutional and structural practices that enable and maintain distress (Reynolds, 2012, p.13). I have briefly touched upon the metaphor of pain and the idea of how speaking from a place of authority confirmed the psychological nature of self-harming and suicidal behaviour; further analysis of the pathological production of psychological experience and how authority informed helping behaviour will be covered later in this chapter.

Prevailing discourses about suicide also suggest that psychological pain results in an experience of “suffering”, and that there are somewhat elusive, “various thresholds” of endurance (Shneidman, 1996, p.13). In the excerpts below, it seems as though peers and trained helpers did not know what this threshold might be, but they have the sense that users were living at their limit by their persistence to “get through”, “deal with”, and “still” be here.

Excerpt 1:

User: I'm praying to god to get through this horrible pain.

Excerpt 2:

Peer: The pain is hard to cope with but your still here and that shows real strength and courage. I think your brave for geting help and your doing the right things. It will get easier. You just got to be strong.

Excerpt 3:

User: if i was to end my life I wouldn't have to worry about trying to graduate or get a good job and i wouldnt have to deal with all this crap anymore...sometimes I feel like this and sometimes im fine and think suicide is dumb I dunno :(

Peer: [User], Having to tackle the world is definitely something that can be very overwhelming sometimes, and I think a lot of youth (myself included) sometimes feel like it would just be easier to give up and stop trying. But as you said, suicide isn't exactly the best thing to do, and these

feelings come and go. Remember that the strongest individuals are the ones who will keep trying and keep fighting against all odds, not the ones who just take the easier way out :)

Excerpt 4:

Trained helper: You said that it used to be about stopping the pain, but now you don't feel anything. It sounds like you were ambivalent; before it wasn't necessarily about wanting to die or choosing to live, but ultimately about ending the pain. [User], it sounds like you are starting to end up on one side of that tug-of-war, what was it that kept you choosing life before?

The endurance of psychological pain is represented above as a “choice” to continue with life, and across multiple threads, both peers and trained helpers used the phrase “stay strong” as apparent encouragement to persist through the psychological pain. Furthermore, alternative sources of suffering and distress are not mentioned by users, or inquired about by peers or trained helpers. It is suggested that this “choice” to persist is moral, or perhaps rational, in nature when a peer asserts that suicide isn't the “best thing”, and that people who kill themselves are “just tak[ing] the easier way out”. Psychological discourse promotes the value that suffering is to be mastered by the autonomous self, as the maintenance of suffering threatens the “imperatives of the enterprising self” (Rose, 1998b, p.159).

Grief, frustration, disappointment and death pose dangers to the regime of the autonomous self, for they strike at the very images of sovereignty, self-possession, omnipotent powers, secular fulfillment, and joy through life-style to which it is welded...Suffering is not to be endured but to be reframed by expertise, to be managed as a challenge and a stimulus to the powers of the self. In transcending despair through counseling or therapy, the self can be restored to its conviction that it is a master of its own existence (Rose, 1998b, p.159).

In other words, suffering is intended to inspire personal growth, and relief is achievable through discipline. However, as Rose argues further, the consequence of this is that our subjective

experience is forever tied to “the powers of expertise”, whereby autonomy is restricted by the obligation of government of the self (1998b, p.160). The pathologization and individualization of suffering and the implications of characterizing individuals as strong, brave and courageous will be addressed later in this chapter.

The idea that self-harm and suicide are predominantly psychological phenomena remained unchallenged throughout conversations on the forum. Of particular interest is, as briefly mentioned above, the fact that the social circumstances of users were largely unexplored, though users sometimes made explicit references to presumably distressing, likely traumatic, experiences like family discord, and emotional and sexual abuse. When this occurred, responses from peers and trained helpers were varied.

Excerpt 1:

User: hi i am really new at this so like i am scared to tell ppl about me wantin to kill my self so my friend told me i should go here so yeah i am here so i came here...

but like my rents(parents) are always fightin and then i get in the middle and i usually get hit and getting beat up, so i usually cut my self 3 times a night, which is pretty bad and i want to stop but i dont know how so can u plz help me or anyone?

Peer: [User], Thanks for coming here, we'll do our best to help you out. It definitely sounds like you are living in an abusive atmosphere, and you need to contact the police. It's not right for your parents to get you involved in their arguments, and it's most DEFINITELY not right for them to become violent.

As for cutting, it's a difficult habit to break, but please try your best to maybe take out your frustrations in more constructive ways. What about writing in a journal, or drawing pictures? Or maybe even hitting your pillow? Some people also find that holding onto an ice cube helps, or snapping an elastic around their wrist. And don't forget, you can always come on [site] and post here :)

Stay strong and take care, let us know how things go.

Trained helper: Hi [User], You're a courageous person for deciding to post your issue and reaching out for help. It's normal to be scared when discussing such a personal issue with others.

It is NOT right for your parents to hit you. No one deserves that, and it's not your fault. Your parents always have a choice to not hit you. It sounds like an unsafe household to be living in, and in the end, we want to make sure you are safe. How comfortable would you feel calling the police?

As for cutting yourself 3 times a night, what usually triggers these actions? And you mentioned that you are scared to tell people that you want to kill yourself – are you thinking about committing suicide?

Thanks for posting, [User], and we hope to hear from you soon.

Excerpt 2:

User: I really want to die today. I feel like whats the pint of livng when I feel so unsafe at home and when my express ym emotions I get in crap. I think I have been emotionally abused but not to sure. I have tried suicide because of tihngs they have said at home such as beign claied a bitch and I w feel worthless. I geel i have no one to tlak to because my parents get mad I tlak to thme and say I am a pest. I met a teacher who I love but am scared to ask to tlak to her because I cnat see my thrapst evry day. I wnat out I want to die please help

Peer: Do you have anyone else you can talk to? Like friends or somewhere online that you can go that is like a happy place to get your mind off all the bad things? Why are you scared to talk to your teacher? Usually they are very understanding and might have some ideas that may help. It doesn't sound like you like where you are living, can you change that maybe? It's ok to express your emotions, everyone needs to do that. Please don't think that suicide is your only option. Just because people call you something doesn't mean that you are that at all. You could also use this as your place to talk about it and your emotions, since the people here are very helpful.

I hope this helps somewhat.

User: Thanks for all the suport. I do see a therapsit out of school and she is great. I do not like the counsellors at my school too much thye do not keep things confidnetial. It is ahrd ot tlka to ym frineds because I do not wnat to hurt them. I am scared of getting caught at the kids help phone by my parents.

thanks

Peer: Could you phone the kids help phone from somewhere other than your house, like a pay phone or something?

About talking to your friends, I know with me and some of the things I've gone through, I really didn't want to talk to them about, but I did and it helped me and made me realize that I had someone to go to besides counsellors and stuff. They will feel bad, but they'll be strong for you as well and help you deal with it.

Maybe your hurting them more right now by not expressing your feelings with them and if something did happen to you, they'd most likely feel bad that you never went to them for help in the first place. Good friends will understanding what you are going through and try to help you, even if it is just through listening to you and being a sound board.

Excerpt 3:

User: Why the hell would I stop cutting/burning? It is when I have the strength that I do it. One of the guys made me orgasm. He stank. Like rum and a shower-free lifestyle. Oh happy moment. I want aamnesia. That would be my 'ideal life'. I would have to cause major trauma to the skull to et that. It is the people and just how I feel. I don't know how to enjoy things. I don't have the energy to faake it. I wish I had killed myself long ago. I have no loved ones. My dad. Ha. My dad and his friends lloved me until I left. He's probably still trying to find me. One of my little sisters was prenant when I left so they probably stilll have someone to play with. My brrother. I have no idea. He was so young. See, I'm selfish. You shouldn't care. Iam disgusting. i deserve to suffer, I deserve to die. I ran away from my purpose and now I will finaly die. I don't care. a

Peer: It sounds like you had a life with at least some love in it before you ran away...what's stopping you from going back to your family and to your purpose? You say that your father is probably still looking for you...can you imagine how sad he must be not knowing where his daughter is? I don't think this is a dead end for you...rather, I think this is just a test that you have in your power to either fail or pass :) I know it's hard to be positive once you've gotten yourself so used to seeing things in a hopeless way, but you will never experience how wonderful life can be if you don't at least try. Don't be afraid of failure, the worst thing you can do is try again if you don't succeed the first time. Take care and keep talking to us :)

Trained helper: [User], so far in our posts we have talked to you about ambivalence and the fact that it seems as though you are losing the tug of war. The fact that you are still posting on here suggests that you still have a little strength left...that you still have the strength to reach out. It sounds like you have endured immense pain in your life...and continue to do so. It sounds like those you have loved and trusted in your life are those that have hurt you the most. You have survived a great deal so far...

So far you've talked a lot about the people in your life that have let you down...is there anyone in your life at any time that made a positive difference for you? Anyone that has ever brought a little sunshine into your day?

While some responses by peers and trained helpers admonish the occurrence of abuse noted by users ("it is NOT right for your parents to hit you"), others appear to minimize its effects by referring to it as "bad things" or "people that have let you down". While acknowledging the existence of abuse, some responses imply that the user is still responsible for mitigating the impact of harm by moving straight onto questions about what resources the user might employ

(“what about writing in a journal, or drawing pictures?” and “could you phone the kids help phone from somewhere other than your house...?”). The burden is on the user to “at least try” to “be positive”, despite their traumatic circumstance, and that they may be responsible for their father (perpetrator)’s sadness. Another peer places responsibility, even blame, with the user by suggesting that the user might even be “hurting them [friends] more” by not reaching out for help. In effect, not only is the user responsible for coping better, but they are also deemed responsible for the negative experience that someone in their life might have due to their (the user’s) distress. The conversational excerpts above lack a critical orientation that takes into account the social conditions that enable interpersonal violence (Coates & Wade, 2007). Coates and Wade (2007) stress the importance of a critical analysis of language as “it can be used to conceal violence, obscure and mitigate offenders’ responsibility, conceal victims’ resistance, and blame and pathologize victims” (p.513), all of which appeared to take place in the data. “The very systematicity that allows us to comprehend one aspect of a concept in terms of another...will necessarily hide other aspects of the concept” (Lakoff & Johnson, 2003, p.10). In other words, the implications of linking psychological pain to self-harm and suicide are that the social conditions (like domestic violence and emotional, physical and sexual abuse; as named by users, peers *and* trained helpers) that give rise to individualized experiences of pain and suffering are obscured from context.

Self-Harm and suicide as pathological. Building on the analysis that self-harm and suicide are understood through psychological discourse is the notion that the related emotional and cognitive processes are abnormal, dysfunctional or pathological in nature. It is important to note that the conceptualization of pathology, as it relates to self-harm and suicide, has shifted over time. To be clear, the domain of pathology itself is associated with medical science as it

relates to examining the body in order to locate disorder or disease, and the word is in part derived from the Greek root for suffering (Online Etymology Dictionary, 2016). Following the era of rendering suicide as a transgression of morality, it was newly discovered as a medical phenomenon in the nineteenth century when it was assumed that markers of underlying pathology, evidence of interior abnormalities, were inscribed on the physical body (Marsh, 2010). Drawing upon established medical language and practices, suicide became known through concepts like symptoms, causes, acute, chronic and treatments (Marsh, 2010). When the body proved limited in its ability to provide a scientifically plausible account for the cause of suicidal behaviour, as in “the action of diseased organs”, the discipline of medicine turned to the mind in an attempt to locate internal forces at work (Marsh, 2010, p.131). In turn, insanity, identifiable through faulty thoughts, passions, desires and emotions, became the primary theory behind the cause of suicidal acts. Psychiatry, as a medical discipline of the mind, was born at this time.

Self-harm and suicide show up in the data as pathological in nature due to users, peers and trained helpers commonly linking them to notions of internal, often neurochemical, conditions. More specifically, it is implied that the suicidal experience originates from an illness state.

Excerpt 1:

User: I'm bipolar and my anti-depressants make my mood swings worse and now I'm really scared because...well I've thought a lot about in the past week and the last time my depression got this bad I popped a bunch of pills and tried to kill myself. I to say it but I'm honestly terrified and I'm already on so much medicine because I have high anxiety and high depression. I know it'll go away in a week or so but it just hurts to feel like this inside and play it off around everyone else. What should I do? – [user]

Peer: [User] Thanks for posting, we'll do our best to help you out :) I'm sorry to hear that you're going through difficult times right now...but kudos to you for having battled for so long, and for not giving up!

You mentioned that you don't think your anti-depressants are effective, and may even be making you feel worse. Have you spoken to your doctor or psychiatrist about this? Doctors rely on our feedback as patients as to how effective drugs are...so if the medications you have right now are not working or even making you feel worse, then you DEFINITELY need to tell your doctor so he/she can change the dosage or even try something completely new. Don't worry, it's actually quite a common problem that patients find their medications ineffective. Just hang in there, everything will work out! Take care and keep posting!

Excerpt 2:

Peer: [User], Thanks for posting with us; we'll try our best to help you out.

What sort of fears do you have, specifically? You said you're afraid of going out and meeting people...is that because you're afraid of being awkward, or of embarrassing yourself, or people trying to hurt you, etc? Have you ever seen a medical professional about your fears? Having irrational fears that interfere with your life constitutes having a clinical condition, and if that's the case, then you can get medications or seek therapies that can help you :)

I believe that you have what it takes to MAKE your fears go away. Don't wait for them to just disappear on their own :) Take control of your own life and your own future. By posting in this forum and sharing yourself with us, you clearly show that there's something inside you that doesn't want to just stand by while you feel more and more upset. Just give it a try, and perhaps you'll be pleasantly surprised by the results.

Take care and keep posting!

Excerpt 3:

User: I have been really depressed for quite a while now. I used to do really good in school and now i'm barely passing. I can't concentrate in school, or in anything else. I now have to see a councillor and i have to take anti-depressants. About a year ago i started cutting my wrists and still am, now i find myself thinking about suicide. I try not to, but i'll just be sitting there, and then i end up thinking about suicide. Just whats the point, i feel so bad all the time, i just want the pain to go away. More and more it really seems like the only way out is suicide. I don't know what to do anymore.

Trainer helper: Hi [User], Sounds like you are really going through a tough time right now...We are really concerned about your suicidal thoughts...Have you thought about how you will take your life?

How are things going with the counsellor? Have you discussed possible causes of your depression? You mentioned that you just want the pain to stop, and this can be very common in people who are feeling suicidal – often there is an internal struggle between wanting to live or die, however it is not about death, but about wanting the pain to stop.

We're really glad you posted [User], and hope to hear from you soon...Be strong.

Excerpt 4:

User: my life is getting to the point of having absolutely nothing good left in it. i'm sick with depression and anxiety, i can't focus, i can't even read and retain information.

i want to die. simple as that. i've been on meds for almost 2 years, i see a counsellor and soon i'll be seeing a psychiatrist (for suicidal behavior), but nothing helps. i still make plans and more plans and plans b and c and d.

Excerpt 5:

User: yes, that's when I tired to kill myself I was only supposed to take one a day and I had already went off of that med. Yes I thought about myself and I thought about how although a lot of times it felt like I wasn't in control and it was something or somebody else that had control over my mind and body. Like I could watch everything but I couldn't stop anything from happening. –[user]

The repeated presence of suffering, symptoms of disorder and psychopharmacological intervention in the data legitimizes the notion that thoughts, plans and actions towards suicide are the result of pathology. Users identified conditions like “bipolar disorder”, “depression” and “anxiety” as reasons for “thinking about suicide”. It is further implied that self-harming behaviour is a pre-cursor to suicidal thought, suggesting that there is a relationship between the two on a spectrum of severity of pathology, as one user confesses that they began “cutting” a year ago, “still [are]”, and “now [find themselves] thinking about suicide”. Reference to being “sick”, experiencing an “internal struggle”, and a lack of knowing what to do in the face of suicidal urges further locates pathology in an interior, even uncontrollable, space.

The patient's ‘psyche’ seems to be represented as a site of battle and conflict over which he has little or no insight or control. The internal, destructive impulses impel him to act in ways he can neither understand nor effectively restrain. (Marsh, 2010, p.179).

One peer emphasized their belief in a user's ability to make their own fears dissipate, implying that it is their responsibility to “[not] wait” to improve their well-being. However, the prompt to

take control of one's life suggested that the user had little agency based on their supposed "clinical condition". Some users alluded to a lack of insight or control by asking "what should I do?" and stating "I don't know what to do anymore", relinquishing their own wisdom and judgment in favour of the advice of peers and trained helpers. Another user explicitly described the feeling of being out of control while attempting to end their life; even during an act requiring some element of agency, they still felt powerless: "Yes I thought about myself and I thought about how although a lot of times it felt like I wasn't in control and it was something or somebody else that had control over my mind and body. Like I could watch everything but I couldn't stop anything from happening". Again, this affirmed the notion that the pathological nature of suicidal behaviour is beyond the capacity of individual autonomy. As noted in the previous section of analysis, the discursive construction of suicide as immoral still exists; however, the historical shift towards constructing suicide as pathological was intended to relieve the individual of moral judgement based on their suicidal actions (Marsh, 2010). Nevertheless, pathology was still a more prevalent discourse in the data than morality; by locating suicide in an interior illness state or "condition", rather than in rational, wilful behaviour (as noted by the concept of "choice" in the previous section's analytical discussion), it absolved the individual of responsibility for their actions.

Due to a perceived lack of agency in regulating suicidal desire, as noted predominantly by users, peers and trained helpers responded with the belief that it is the responsibility of medical and/or mental health professionals to provide therapeutic intervention. They reinforced the notion that suicidal despair, resulting from psychiatric disorders, is best moderated by talking to the users' "doctor", "psychiatrist", "medical professional" or "counsellor" about "possible causes" of their "clinical condition(s)". This aligns with the historical pathologization of suicide

in that “the removal of notions of agency and responsibility from those deemed alienated from their true nature” meant that it became “the duty of the asylum doctor to ensure they do not act in an irresponsible way and the domination of the patient becomes a medical necessity, one undertaken in the best interests of both the patient and society” (Marsh, 2010, p.106). It was also suggested that medical intervention, specifically through the introduction or modification of medication, was required in order to moderate distress: “if the medications you have right now are not working or even making you feel worse, then you DEFINITELY need to tell your doctor so he/she can change the dosage or even try something completely new”. The cause-and-effect relations between pathology and suicide, rendering the individual helpless in the face of their illness state, have been mapped onto the brain in the form of biochemical imbalances requiring psychopharmacological intervention (Rose, 2003; Skott-Myhre, 2009). However, users challenged the belief that both medical and psychiatric intervention are helpful solutions by stating that their “anti-depressants make [their] mood swings worse” and that, despite ‘taking meds for 2 years’ and seeing a counsellor, “nothing helps”.

The implication of locating “psycheache”, suffering and destructive urges within the interior of the individual is the presumption that the individual herself is inherently pathological (Marsh, 2010). Over time, there has been a divide between the body and the mind in regards to the belief about where pathology resides, but reducing suicide to a medical problem means that both the body and the mind have been acted upon in order to discipline human difference (Rose, 1998b). Whether it be fixing the problem of suicide on the exterior of the body, or chemically treating a suicidal-inducing disease on the interior (like depression, anxiety and bipolar disorder, as referenced in the excerpts above), the goal of psy discipline has been “...to restore the body to a normative baseline of function premised on an essentialized ‘normal’ body” (Skott-Myhre,

2009, p.62). However, “the body does not simply comprise an inside and outside space upon which the codex of society can be produced and resisted” (Skott-Myhre, 2009, p.72).

Discussions of agency beyond seeking professional intervention were largely absent from the data. This reduction of the individual to a pathological body limits the ways that self-harm and suicide can be interpreted. Pathology contains the individual, or subject, within the body, governed by authority, rather than interpreting the subject “through its ability to creatively produce itself” (Skott-Myhre, 2009, p.4). In other words, the lens of pathology renders self-harm and suicide as *only* knowable through psy discourse – alternate interpretations are thus obscured.

Self-harm and suicide as the domain of professionals and experts. Rose (1989) asserts that the discipline of psychology gained momentum because there was a need to make the individual “visible and legible to the trained eye” in order to regulate the “political values of consumption, profitability, efficiency, and social order” (p.135; p.10). The mind was previously conceptualized as an interior, subjective space, but became objectively knowable through the techniques of ‘psy’ discourse. By rendering suicide as visible on the body, it became possible to assert that the markers of pathology required interpretation by specialist knowledge (Marsh, 2010). With the introduction of insanity and the asylum as a means to understand, manage and treat suicide came the institution of professional authority over the suicidal individual (Marsh, 2010).

Across multiple threads, suicide came to be known as something that adults, and more specifically, professionals, like “*teachers*”, “*counsellors*”, “*doctors*”, “*police*” and crisis line workers should respond to. These professionals were noted in the excerpts used in the previous section, as well as below.

Excerpt 1:

Trained helper: Usually if you talk to a teacher about things, they're pretty understanding. Are there any counselors or psychologists at your school? They can be good to talk to as well. One of the best things you can do for yourself is to get another adult's advice or help, whether it's at the kid's help phone, a teacher, or a counselor. What do you think of that?

User: Thanks for all the support. I do see a therapist out of school and she is great. I do not like the counsellors at my school too much thye do not keep things confidnetial. It is ahrd ot tlka to ym frineds because I do not wnat to hurt them. I am scared of getting caught at the kids help phone by my parents. Thanks

Peer: Could you phone the kids help phone from somewhere other than your house, like a pay phone or something?

About talking to your friends, I know with me and some of the things I've gone through, I really didn't want to talk to them about it, but I did and it helped me and made me realize that I had someone to go to besides counsellors and stuff. They will feel bad, but they'll be strong for you as well and help you deal with it...

Peer: You're welcome to have support :) [Peer] had a good question...you could call the kid's help phone from a payphone too, or some other phone other than the one at home.

Also, do you have things in life that you enjoy? Like sports, movies, writing in a journal like [peer] brought up? Anything like that? And do you have certain people you feel may be comforting to talk to, that you haven't thought of yet? It's great that you have a therapist outside of school that you like so much. Thinking up these things before hand...(people to talk to, or things to do to cheer you up) can help if you're really feeling down. Sometimes when you're down you just can't think of anything...so if you've thought them up before hand, it can help. Take care.

Trained helper: Hi [User], How are you doing? Sounds like you're in a tough spot the last couple of days. Can you tell us what you've been able to focus on that's helped you get through it?

You've talked about the pain you're experiencing, but at the same time have been able to reach out to other people for help. Do you feel like inside you there's a battle going on between wanting the pain to end and wanting to live?

You also mentioned having attempted suicide before. What was going on in your life at the time that drove you to that point?

Are you still thinking about hurting yourself today? If you are, had you thought about how you would do it?

I think it's great that you've been able to post here and be able to tell us what's happening for you. It also takes a lot of courage to recognize an abusive situation and to want to change it. How would you like things to be different for you? Take care.

Excerpt 2:

Trained helper: Hey [User], Sounds like you are pretty concerned about your sister. I'm glad she has you in her life – it sounds like you really care for her.

How are you feeling about all of this? This can be a lot to deal with! How much are you willing to help your sister – do you have a limit as to how much you are able to help her?

One thing that might be very helpful for you is the [crisis line]. They can talk to you about your sister's thoughts of suicide and teach you more about how to help someone who is suicidal. Another option is to have your sister call the [crisis line] directly. How do you feel about this? Keep in mind that the line is totally confidential and anonymous. The number is {number}.

Take care and stay strong. I hope you and your sister get the support you need!

Excerpt 3:

User: I just want to say goodbye. It's almost 12:30 in the morning, and I'm a f-ing waste. I can't do this anymore. No one freaking cares. I don't want to fight. I just want someone out there to know that I'm sorry.

Peer: [User], Don't give up just yet, we are here for you. Can you tell me what's been bothering you lately? Nothing is ever so bad that it can't be solved. If you're feeling desperate, make sure you call the police and let them know, they will be able to help you. Take care and best wishes.

Trained helper: Dear [User], It takes a lot of guts to come onto the forums and post about your personal life, thank-you for reaching out. You must be going through a very difficult time, and it has taken a lot of strength to come this far; Stay strong. I know there are often time lapses between responses on the forums, but if you need to speak to someone immediately there are crisis centres near you. There is a link on the home page that helps you to locate a centre; a 24hr. distress line should be available to you. These calls are completely confidential and there are people who care. Can you tell us a bit about what is going on for you? Have you thought about how you will kill yourself? Remember you come first, we believe in you.

Across threads, referrals to professional sources of help (i.e. not peers or caregivers) were offered regardless of whether a user asked for one, and they most frequently occurred within the first responses from a peer or trained helper. Trained helpers also reminded users of their own crisis line resources (telephone, private chat) multiple times in a thread across multiple threads.

This gave the impression that professional sources of help, even beyond the crisis line's own forum, were more legitimate ("best") resources for providing "understanding", "help" and "care". Furthermore, the implication of deferring to professionals for help is that only a specific type of adult is qualified to respond; namely, one that has training, or expert knowledge, in dealing with young people in relationship with self-harm and suicide. This is, in part, predicated on the prioritization of expert knowledge over "insider knowledge" that is learned through lived experience with a problem (Madigan, 2011, p.92). It is also based on the belief that youth, by virtue of not being adult, are lacking in knowledge and "in need of adult supervision and regulation...as such, the process of youth-adult relations is intimately tied to issues of power and resistance" (Burman, 2008; Skott-Myhre, 2009, p.141 & 145). On one occasion, a trained helper appeared to be transferring power to a young person by stating that the crisis line could "teach [them] more about how to help someone who is suicidal", though the notion of teaching implies the one-way transfer of knowledge: from adult to young person. The emphasis on referring to professionals in response to expressions of self-harming and suicidal desires and behaviours elevates the power and authority of some people, while limiting the opportunity for meaningful relationships with others. If it stands true that self-harm and suicide are psychological and pathological in nature, then it follows that the appropriate response is to treat these problems with specialized expertise. If these problems are also *individual* in nature, then it follows that the individual subject is the appropriate site of intervention; more specifically, by an adult with expert, professional knowledge. These constructions of self-harm and suicide limit the possibility that they can be construed as relational and in need of intervention at the social and political level.

How is Helping Performed?

The establishment of self-harm and suicide as psychological, pathological and the domain of professional intervention lead to particular methods of performing “helping”. There were marginal differences in the ways that peers and trained helpers responded to users in distress; generally, performances of helping were linked to professionalized discourses.

Managing ‘risky’ individuals.

In the shift of problematization from pathology to risk, normality itself is rendered as the fragile outcome of the successful if inadvertent averting of risk. And a new role is opened for experts – that of identifying, recording, assessing risk factors in order to predict future pathology and take action to prevent it (Rose, 1998b, p.94).

One of the most prevalent performances of helping on this forum was the use of risk assessment techniques as a way to measure “dangerousness” and manage the “potentially risky person” (Rose, 1998a). The data was saturated with the discourse of risk assessment as an appropriate response to users in distress.

Excerpt 1:

User: i've been thinking and im kinda sick of being here...

if i was to end my life I wouldnt have to worry about trying to graduate or get a good job and i wouldnt have to deal with all this crap anymore....sometimes I feel like this and sometimes im fine and think suicide is dumb I dunno :(

Trained helper: Hi [User], It sounds like a part of you is questioning life right now. This can be quite normal, especially when someone is under a lot of stress. When you say you sometimes think you don't want to be here anymore or don't want to deal with the stresses in life, have you thought of a plan of how you would end your life? How do you feel about this? Have you felt this way in the past? We hope you are doing alright.

User: no Ive never thought of ways to do it but a while back I did have a dreams that I saw myself hanging which scared the living shit out of me but yeah I dont think id ever be able to i just think about it a lot lately...i really just wanna throw in the towel and give up its been like 6 years like this and i cant see it getting any better

Trainer helper: Hey [User], It sounds as though you still have a big part of you that wants to live and that is a good thing. Have you thought about how you would like your life to be ideally right now? If so, how does that compare to your life right now, and what needs to be changed in order to help you live your life the way you want to? You are stressed out about school and finding a good job, and that is completely natural. Are there any things that you can do to help get through these stressful times? For example, things that you like to do when you are relaxing. Stay strong, we are here for you.

Excerpt 2:

User: The first time I tried it was like I just took some anti-depressants that I was on before that. Actually my medicine helps me a lot but I get into moods where I just get scared because it's how I felt the last time I tried to kill myself. Last time I took six and then cried myself to sleep and I woke up the next morning and I was upset with myself and a little sad but I wasn't suicidal. Sometimes I just get depressed and feel like I'm going to do something that I know I'll regret- [user]

Peer: [User], Is it normal for you to take 6 pills at once? Perhaps it would be better if you just stuck to taking the amount that your psychiatrist/physician told you to take before. Overdosing is a very serious risk! Keep it up, I think you're doing great :)

Trainer helper: Hey [User], What do you mean by "the first time I tried" are you talking about suicide. Wwere you trying to end your life when you took 6 pills? I assure you that this is a confidential and safe place to talk about any suicidal thoughts and feelings. It's okay if you are or are not thinking of suicide. Either way we hope to chat with you more, how are you doing with your meds? How are you feeling? If you have had thoughts of suicide have you thought about how you would kill yourself?

take care

User: yes, that's when I tired to kill myself I was only supposed to take one a day and I had already off of that med. Yes I thought about myself and I thought about how although a lot of times it felt like I wasn't in control and it was something or somebody else that had control over my mind and body. Like I could watch everything but I couldn't stop anything from happening.- [User]

Trained helper: Hi [User], Thank you for being so open and honest with us. Are you thinking about suicide now? Do you have a plan or do you know when you would kill yourself?

Would you be willing to call the [crisis line] if you are ever about to attempt suicide [number]?

It seems like this has been something you have been struggling with for awhile. What kinds of things can you do for yourself that can help you cope with this?

Take Care, keep us posted as to how things are going for you.

Excerpt 3:

User: hi i am really new at this so like i am scared to tell ppl about me wantin to kill my self so my friend told me I should go here so yeah i am here so i came here...

but like my rents (parents) are always fightin and then i get in the middle and i usually get hit and gettin beat up, so i usually cut my self 3 times a night, which is pretty bad and i want to stop but i don't know how so can u plz help me or anyone?

Peer: [User], Thanks for coming here, we'll do our best to help you out. It definitely sounds like you are living in an abusive atmosphere, and you need to contact the police. It's not right for your parents to get you involved in their arguments, and it's most DEFINITELY not right for them to become violent.

As for cutting, it's a difficult habit to break, but please try your best to maybe take out your frustrations in more constructive ways. What about writing in a journal, or drawing pictures? Or maybe even hitting your pillow? Some people also find that holding onto an ice cube helps, or snapping an elastic around their wrist. And don't forget, you can always come on [forum] and post here :)

Stay strong and take care, let us know how things go.

Trained helper: Hi [User],

You're a courageous person for deciding to post your issue and reaching out for help. It's normal to be scared when discussing such a personal issue with others.

It is NOT right for your parents to hit you. No one deserves that, and it's not your fault. Your parents always have a choice to not hit you. It sounds like an unsafe household to be living in, and in the end, we want to make sure you are safe. How comfortable would you feel calling the police?

As for cutting yourself 3 times a night, what usually triggers these actions? And you mentioned that you are scared to tell people that you want to kill yourself – are you thinking about committing suicide?

Thanks for posting, [User], and we hope to hear from you soon.

In each and every thread, trained helpers asked users a number of questions in an attempt to ascertain the user's intent to end their life, or what measures they may have taken to plan a suicide attempt. In the data above, this appeared in questions like: "What do you mean by 'the first time I tried' are you talking about suicide. Wwere you trying to end your life when you took

6 pills?"; "and you mentioned that you are scared to tell people that you want to kill yourself – are you thinking about committing suicide?"; and "When you say you sometimes think you don't want to be here anymore or don't want to deal with the stresses in life, have you thought of a plan of how you would end your life?". Mainstream suicidology literature emphasizes the importance of conducting risk assessments to spot, assess and prevent suicide, despite research showing that "clinicians have little ability to predict imminent suicide" (Shea, 2002, p.7) The practice of conducting a risk assessment does not stand alone; its conclusion necessitates action, and as stated in this forum's Terms of Use, trained helpers had the means to engage local authorities if they felt a young person's level of risk required further intervention. Additionally, their Terms of Use stated their right to monitor posts for "safety" by editing content that they deemed to be inappropriate, or risky, for the community at large. The implication of this is that one post, in its entirety, appeared to be deleted and replaced by a response from a trained helper. In effect, under the guise of care for the safety of the community, the management of risk was privileged and the user's voice was silenced. This is in line with Rose's (1998a) assertion that "it is through the notion of risk, and the techniques and practices to which it is linked, that care and control have become inextricably linked in the community" (p.179).

The social consequence of a society ruled by techniques of risk management is that the professionalization of care often leads to environments saturated with surveillance, authority and control (Fox, 1995). Culturally, fear and anxiety is bred through the emphasis on assessing risk in decision-making processes (Fox, 1995). The practice of assessing risk shifts engagement from the realm of connection and relationship to the realm of "objective" science. Ranahan (2013b) affirms this by noting that the practice of "flooding the zone" with professionalized responses to suicidal youth may be experienced negatively by young people as the emphasis shifts from

relationship and connection to management and oppression. Furthermore, the scripted nature of responses (ie regularly inquiring about users' intent or plans for suicide; relaying information about the "internal struggle" resulting from psychological pain, as noted earlier in this analysis) from trained helpers on the forum due to similarly phrased questions intended to elicit information about users' level of risk indicated that users were not viewed as distinctive individuals requiring personalized responses. Given that a number of threads tapered off following replies from trained helpers, with no explicit acknowledgement of closure, it leaves me to wonder whether users stopped engaging with trained helpers if they did not experience a genuine, unique connection.

Peers as 'trained' helpers. To build on the notion of legitimacy regarding appropriate ways of responding to youth engaging in self-harming and suicidal behaviours, some peers appeared to reinforce the authority of trained helper knowledge and techniques by mimicking trained helpers.

Excerpt 1:

Trained helper: Usually if you talk to a teacher about things, they're pretty understanding. Are there any counselors or psychologists at your school? They can be good to talk to as well. One of the best things you can do for yourself is to get another adult's advice or help, whether it's at the kid's help phone, a teacher, or a counselor. What do you think of that?

Peer: Could you phone the kids help phone from somewhere other than your house, like a pay phone or something?

About talking to your friends, I know with me and some of the things I've gone through, I really didn't want to talk to them about it, but I did and it helped me and made me realize that I had someone to go to besides counsellors and stuff. They will feel bad, but they'll be strong for you as well and help you deal with it...

Peer: You're welcome to have support :) [Peer] had a good question...you could call the kid's help phone from a payphone too, or some other phone other than the one at home.

Also, do you have things in life that you enjoy? Like sports, movies, writing in a journal like [peer] brought up? Anything like that? And do you have certain people you feel may be

comforting to talk to, that you haven't thought of yet? It's great that you have a therapist outside of school that you like so much. Thinking up these things before hand...(people to talk to, or things to do to cheer you up) can help if you're really feeling down. Sometimes when you're down you just can't think of anything...so if you've thought them up before hand, it can help. Take care.

Excerpt 2:

Peer: [User], Thanks for coming here, we'll do our best to help you out. It definitely sounds like you are living in an abusive atmosphere, and you need to contact the police. It's not right for your parents to get you involved in their arguments, and it's most DEFINITELY not right for them to become violent.

As for cutting, it's a difficult habit to break, but please try your best to maybe take out your frustrations in more constructive ways. What about writing in a journal, or drawing pictures? Or maybe even hitting your pillow? Some people also find that holding onto an ice cube helps, or snapping an elastic around their wrist. And don't forget, you can always come on [forum] and post here :)

Peer: [User], Don't worry, if you call the police there will be nothing your parents can do to hurt you. You'll be taken into protective custody, probably, and then your parents will have to face the consequences of their actions. It's more important that you stand up for yourself!

As for cutting, it's a dangerous and destructive habit, and you should really try to stop. What if you threw out all the things you normally use to cut? Also, make sure you're getting medical attention for your injuries, especially if the blood loss is that severe. Take care and stay strong :)

Excerpt 3:

User: I just want to say goodbye. It's almost 12:30 in the morning, and I'm a f-ing waste. I can't do this anymore. No one freaking cares. I don't want to fight. I just want someone out there to know that I'm sorry.

Peer: [User], Don't give up just yet, we are here for you. Can you tell me what's been bothering you lately? Nothing is ever so bad that it can't be solved. If you're feeling desperate, make sure you call the police and let them know, they will be able to help you. Take care and best wishes.

Trained helper: Dear [User], It takes a lot of guts to come onto the forums and post about your personal life, thank-you for reaching out. You must be going through a very difficult time, and it has taken a lot of strength to come this far; Stay strong. I know there are often time lapses between responses on the forums, but if you need to speak to someone immediately there are crisis centres near you. There is a link on the home page that helps you to locate a centre; a 24hr. distress line should be available to you. These calls are completely confidential and there are people who care. Can you tell us a bit about what is going on for you? Have you thought about how you will kill yourself? Remember you come first, we believe in you.

Peer: [User], Don't forget that a lot of antidepressants actually don't kick in for a good 3 weeks or so. Just give it some more time and hopefully things will turn out. And if they don't, don't be afraid of going to your doctor again and telling him/her that the medication is not working for you...there are always other alternatives. Take care and keep posting!

Peer: Hey [User], I know things must seem really difficult, but don't give up now. There are definitely other ways out of this stressful period you're going through. [Peer] is right, though, that a lot of antidepressants do take a while for it to kick in, so please keep posting because we'd all love to hear from you!

As noted earlier, trained helpers emphasized the need for users to seek adult professional “advice” or “help”, and offered their own advice through the transmission of information as factual (“usually if you talk to a teacher about things, they’re pretty understanding”). Some peers did the same with assertions like “it definitely sounds like you are living in an abusive atmosphere”, “as for cutting, it’s a dangerous and destructive habit” and “don’t forget that a lot of antidepressants actually don’t kick in for a good 3 weeks or so”. These statements appear to be patronizing as they suggest that this is knowledge that the users may not have already had, or that this knowledge had been forgotten by preoccupation with self-harm or suicide. It also implies that there is an irrational nature to self-harm or suicide; that given the provision of knowledge, self-harm and suicide are no longer legitimate. Some peers encouraged users to access professional resources after they had already been suggested by trained helpers (“could you phone the kids help phone from somewhere other than your house”, and “if you’re feeling desperate, make sure you call the police”). They, too, offered advice regarding alternate methods of coping (“thinking up these things before hand [people to talk to, or things to do to cheer you up]...can help if you’re really feeling down”, and “what about writing in a journal, or drawing pictures? Or maybe even hitting your pillow?”). One peer elevated the authority of another peer by stating “[peer] is right” One peer in particular showed up in multiple excerpts from the data, taken from multiple threads; two more excerpts are as follows:

Excerpt 1:

Peer: [User], I'm glad to hear that you're at least okay for the time being. Are you in the hospital now? How can we help you? If you tell us more about what happened and maybe what sorts of feelings/thoughts you had before your attempt, maybe we can try and prevent the same thing from happening again. Take care of yourself and let us know how you're doing, okay?

Excerpt 2:

Peer: [User], It's good to hear that you're doing okay...why haven't you and your dad spoken in so long? Maybe try sending him another message. Don't let it get to you, the most important thing is that you make the effort. Relationships are never just a one-sided thing, so it's also his responsibility to try and make things work as well, especially since he's your father. Take care and keep posting!

This particular peer regularly made pronouncements (“relationships are never just a one-sided thing, so it’s also his responsibility to try and make things work as well”), like the trained helpers, and appeared to align themselves with the trained helpers in order to “try and prevent the same thing [suicide attempt] from happening again”. This suggests that this peer, like others, picked up on and performed the discourse of professional intervention by virtue of witnessing other responses from trained helpers on the forum; the implications of this subject position will be discussed later in this chapter.

In contrast, other peers attempted to demonstrate their relateability, or non-professional status, through self-disclosure (“I know with me and some of the things I’ve gone through”), and even suggested that professional sources of help were not the ‘be-all and end-all’ of support (“it...made me realize that I had someone to go to besides counsellors”). In these instances, the peers with lived experience offered knowledge that challenged the truth claims put forth by trained helpers and helper peers.

What Subjectivities Have Been Made Available?

For a long time ordinary individuality – the everyday individuality of everybody – remained below the threshold of description. To be looked at, observed, described in

detail, followed from day to day by an uninterrupted writing was a privilege...[The disciplinary methods] reversed this relation, lowered the threshold of describable individuality and made of this description a means of control and a method of domination...This turning of real lives into writing is no longer a procedure of heroization; it functions as a procedure of objectification and subjectification (Rose, 1998, p.105).

The final part of this analysis illustrates how moral, scientific and medicalized discourses that produce ways of helping leave users, peers and trained helpers with limited options for being selves. This analysis highlights how ways of knowing and performing the self are informed by the multiplicity of discourses through which the self is organized. Subjectivities will always be constituted through discourse. “The process of subjectification, then, entails a tension between simultaneously becoming a speaking, agentic subject and the corequisite for this, being subjected to the meanings inherent in the discourses through which one becomes a subject” (Davies, 2005, p.27). To clarify further, subjectification is not a linear process that concludes with a finished subject. “Subjects, I will argue, might better be seen as ‘assemblages’ that metamorphose or change their properties as they expand their connections, that ‘are’ nothing more or less than the changing connections into which they are associated” (Rose, 1998b, p.172). In other words, subjectivities are multiple and fluid based on the discourses that inform them in any given moment. For the purpose of this study, the analysis below reflects the ways in which psy discourse, and the helping behaviours informed by it, shape the ways that young people and trained helpers become particular selves.

Strength vs. weakness. Early in this analysis, I introduced the link that peers and trained helpers made between suicide and notions of strength, courage and bravery. Examples of this are revisited in the excerpts below.

Excerpt 1:

Peer: The pain is hard to cope with but your still here and that shows real strength and courage. I think your brave for geting help and your doing the right things. It will get easier. You just got to be strong.

Excerpt 2:

User: if i was to end my life I wouldn't have to worry about trying to graduate or get a good job and i wouldnt have to deal with all this crap anymore...sometimes I feel like this and sometimes im fine and think suicide is dumb I dunno :(

Peer: [User], Having to tackle the world is definitely something that can be very overwhelming sometimes, and I think a lot of youth (myself included) sometimes feel like it would just be easier to give up and stop trying. But as you said, suicide isn't exactly the best thing to do, and these feelings come and go. Remember that the strongest individuals are the ones who will keep trying and keep fighting against all odds, not the ones who just take the easier way out :)

Excerpt 3:

Trained helper: Dear [User], It takes a lot of guts to come onto the forums and post about your personal life, thank-you for reaching out. You must be going through a very difficult time, and it has taken a lot of strength to come this far; Stay strong. I know there are often time lapses between responses on the forums, but if you need to speak to someone immediately there are crisis centres near you. There is a link on the home page that helps you to locate a centre; a 24hr. distress line should be available to you. These calls are completely confidential and there are people who care. Can you tell us a bit about what is going on for you? Have you thought about how you will kill yourself? Remember you come first, we believe in you.

Excerpt 4:

User: Hi again and thanks for the help.

On the suicide attempt on my birthday none knew about it.

When I started to cut my wrists I felt too much of a coward to keep on going, so I stopped.

I have no plans on killing myself in the future, I'm too scared, but I would really appreciate for a car to ran me over.

As you said, I am urging for the pain to go away...but I don't know what the heck is going on, I'm too scared and too alone.

Trained helper: Hi [User], From what you told us about your last attempt, it was good that you decided to stop. You may feel that you didn't have courage to kill yourself, but that speaks to us that you still want to live. It's not that you want to end the life, it's just that you didn't like the pain with it. Although you started cutting your wrist, but then you chose to change your decision, which would take a lot of courage too.

Can you tell us more, during your last attempt, some of thoughts in your mind? What were you thinking when you decided to stop cutting? What happened afterwards? In the days after, how were things going and how did you feel?

We want to hear from you and hope you stay strong!

As noted earlier in this analysis, suicidal desire is referenced by peers and trained helpers as an internal struggle, something to fight against or endure. One trained helper asserts that it takes “guts” to open up about one’s distress and strength to “come this far”, as though strength is a resource that one possesses, possibly as a tool to fight the metaphorical battle against suicidal desire. However, the predominant context for linking strength to suicide in the data was not as a resource, but as an inherent trait, or subject position. One peer believed that a user was brave, another passively noted that the “strongest individuals” are ones who resist suicide, and a trained helper simply stated “stay strong”, as though this was an all-encompassing subjectivity. In contrast to the notion that choosing life requires strength, one user referred to themselves as a coward when they began cutting their wrists to attempt suicide but found themselves unable to continue, suggesting that it actually takes strength to end one’s life. Regardless of the belief about what the relationship between strength and suicide *is*, the prevailing discourse of strength as a means to explain behaviour in relationship to suicide limited users’ opportunity to view themselves and their actions through an alternate lens. By framing the relationship to suicide in terms of strength, courage and bravery, users had two apparent subject positions available to them: strong, or its contrasting (and implicit) pair, weak. According to narrative therapists David

Epston and Michael White, people often generate conclusions about their identity according to “structuralist categories of identity”, like “categories of needs, motives, attributes, traits, strengths, deficits, resources, properties, characteristics, drives, and so on” (Madigan, 2011, p.36). These types of conclusions are often based on static binaries, as noted by the examples of strength and weakness. In these forum conversations, strong and weak became the only available options for subjectivities based on a discourse of battle and endurance, and there was little room for alternate options for, let alone validation of, other ways of being in relationship to self-harm suicide. Furthermore, the subject positions of strong and weak limit the availability of action. For example, peers and trained helpers occasionally used the phrase “stay strong” as a means of signing off on their post. In this instance, the concept of staying strong on the forum is linked to staying alive, so alternate interpretations of what strength might mean and how people may act on it are not made possible. In this instance, people who have died by suicide are reduced to weak individuals because they ‘took the easy way out’. Based on this discourse, one might also argue that people who engage in self-harming practices are weak because they “flirt” with (the psychological notion of) a self-preservation instinct (Marsh, 2010). An alternate construction of strength based on honouring a person’s resistance might be to consider that self-inflicted death confronts the injustice of being subjected to violence, marginalization and oppression (Coates & Wade, 2007; Reynolds, 2012). Madigan (2011) suggests that when people have the opportunity to distance themselves from problem-focused stories about themselves (ie that they are ‘weak’), they are able to become more resourceful.

Helplessness and the role of the ‘expert’. Recognition of users’ resourcefulness was identified in terms of strength, courage and bravery, as noted above. A broader acknowledgement of resourcefulness was absent in the data; this may be because helplessness is

one of the psychological constructs that is often linked to suicide (Brent et al, 2011; Joiner, 2007; Shea, 2002; Shneidman, 1996). While helplessness is often characterized as an emotional state, the data illustrates its function as a subject position. By virtue of initiating a thread on a support forum, users positioned themselves as persons in need of help.

Excerpt 1:

User: hi i am really new at this so like i am scared to tell ppl about me wantin to kill my self so my friend told me i should go here so yeah i am here so i came here...

but like my rents(parents) are always fightin and then i get in the middle and i usually get hit and getting beat up, so i usually cut my self 3 times a night, which is pretty bad and i want to stop but i dont know how so can u plz help me or anyone?

Excerpt 2:

User: I have been really depressed for quite a while now. I used to do really good in school and now i'm barely passing. I can't concentrate in school, or in anything else. I now have to see a councillor and i have to take anti-depressants. About a year ago i started cutting my wrists and still am, now i find myself thinking about suicide. I try not to, i'll just be sitting there, and then i end up thinking about suicide. Just whats the point, i feel so bad all the time, i just want the pain to go away. More and more it really seems like the only way out is suicide. I don't know what to do anymore.

Excerpt 3:

User: HELP ME PLEASE!!!! MY TWIN SISTER IS ATTEMPTING SUICIDE BECAUSE SHE FAILED HER BIOLOGY FINAL!!!! SHE KEEPS TELLING ME THAT SHE DOESN'T WANT TO LIVE BECAUSE SHE WON'T MAKE IT THROUGH UNIVERSITY!!! I TOLD HER EVERYONE DOES BAD AND SHE WON'T LISTEN TO ME!! SHE SAYS SHE'S GOING TO DROP UNIVERSITY AND THEN KILL HERSELF!!! PLEASE HELP ME!!! SHE'S MY TWIN. I LOVE HER. I CAN'T LOSE MY TWIN SISTER. PLEASE PLEASE. SOMEBODY TRY TO HELP HER UNDERSTAND. SHE WANTS TO GO INTO MEDICINE AND BECOME A DOCTOR BUT SHE SAYS SHE CAN'T DO IT AND SHE'S GOING TO DIE BECAUSE SHE'S GOING TO FAIL FIRST YEAR AND BECAUSE SHE WILL LNEVER GO ON IN UNIVERSITY AND BECAUSE SHE'LL NEVER ACCOMPLISH HER DREAMS OF BECOMING A SPECIALIST!!! HELP ME. I'M TRYING HARD TO STOP HER EVERY TIME. HOW LONG WILL THIS GO ON?? I'M SO DISTRESSED!!! PLEASE HELP ME. HELP ME. HELP MY SISTER. SHE'S POSTED ON THIS FORUM BUT NO ONE IS REPLYING. WHAT DO I DO?

Sometimes users relinquished a sense of self-efficacy and autonomy through passive phrases like

“I don't know what to do anymore”, and other times, their request for help was made more

explicit when they said things like “can u plz help me?” and, the more emphatic, “PLEASE HELP ME!!!!”. Whether passive or explicit, expressions inviting responses from peers and trained helpers have potential implications for how users see themselves and are able to engage their agency. However, it is also important to be mindful that agency is limited by the discourses through which the users are constituted (Davies, 2005); namely, that they are psychologically deficient, pathologically ill, in need of direction from professionals, and are, essentially, powerless. While enacted through the lens of providing care, acts of helping arguably aid in positioning helpers as powerful, and receivers of help as dependent:

On one hand, care is based upon relations which value giving, concern and enabling the person who is cared-for. On the other, the codification of caring practices and the formulation of a body of knowledge creates disciplines of caring which supply the basis for the authority and power of those who practice care, and in the process construct the ‘docile bodies’ (Foucault, 1979) of the recipients of care. Care is both an activity which meets some expressed need by another person, and the activity by which practitioners can claim that they are doing something called ‘caring’, and that this is appropriate, legitimate and valuable (Fox, 1995, p.111).

The act of asking for help in and of itself does not lead to a position of dependency on care; rather, it is in the exchange between how one asks for help and how asking for help is received that helplessness is constructed. The excerpts below are the first responses by trained helpers to the requests for help from the users above:

Excerpt 1:

Trained helper: Hi [User], You’re a courageous person for deciding to post your issue and reaching out for help. It’s normal to be scared when discussing such a personal issue with others.

It is NOT right for your parents to hit you. No one deserves that, and it's not your fault. Your parents always have a choice to not hit you. It sounds like an unsafe household to be living in, and in the end, we want to make sure you are safe. How comfortable would you feel calling the police?

As for cutting yourself 3 times a night, what usually triggers these actions? And you mentioned that you are scared to tell people that you want to kill yourself – are you thinking about committing suicide?

Thanks for posting, [User], and we hope to hear from you soon.

Excerpt 2:

Trained helper: Hi [User], Sounds like you are going through a tough time right now...We are really concerned about your suicidal thoughts...Have you thought about how you will take your life?

How are things going with the counsellor? Have you discussed possible causes of your depression? You mentioned that you just want the pain to stop, and this can be very common in people who are feeling suicidal- often there is an internal struggle between wanting to live or die, however it is not about death, but about wanting the pain to stop.

We're really glad you posted [User], and hope to hear from you soon...Be strong

Excerpt 3:

Trained helper: Hey [User], Sounds like you are pretty concerned about your sister. I'm glad she has you in her life – it sounds like you really care for her.

How are you feeling about all of this? This can be a lot to deal with! How much are you willing to help your sister – do you have a limit as to how much you are able to help her?

One thing that might be very helpful for you is the [crisis line]. They can talk to you about your sister's thoughts of suicide and teach you more about how to help someone who is suicidal. Another option is to have your sister call the [crisis line] directly. How do you feel about this? Keep in mind that the line is totally confidential and anonymous. The number is [number].

Take care and stay strong. I hope you and your sister get the support you need!

In these exchanges, trained helpers respond to the notion of “reaching out for help” with risk assessment questions (“are you thinking about committing suicide?” and “have you thought about how you will take your life?”), pronouncements (“you mentioned that you just want the pain to stop, and this can be very common in people who are feeling suicidal” and “[crisis line]

can talk to you about your sister's thoughts of suicide and teach you more about how to help someone who is suicidal"), and referrals to sources of professional help ("how comfortable would you feel calling the police?" and "one thing that might be very helpful for you is the [crisis line]"). Each of these types of response maintains the authority status either of the trained helpers, or of other professionals, as appropriate givers of help. The format of these conversations conceals users' resilience in the face of distress, in part because social conditions that are generally deemed risky or adverse, potentially causing the use of self-harming or suicidal behaviours, were unexplored, and in part because self-harming and suicidal behaviours themselves are viewed as risky, non-resilient behaviours (Ungar, 2004). Dominant discourses of resilience suggest that:

Resilience may refer to either the state of well-being achieved by an at-risk individual (as in 'he or she *is resilient*') or to the characteristics and mechanisms by which that well-being is achieved (as in 'he or she *shows resilience* to a particular risk' (Ungar, 2004, p.346).

In contrast, Ungar (2004) offers a contextualized construction of resilience by suggesting that "the false dichotomy between resilient and nonresilient individuals...can be replaced with an understanding of health as residing in all individuals even when significant impairment is present" (Ungar, 2004, p.352). Rather than focusing on elements of perceived risk and helplessness, even in a brief attempt to ascertain agency ("do you have a limit as to how much you are able to help [your sister]?"), trained helpers might have instead reinforced the notion of resilience and agency by exploring the thoughts, behaviours, relationships and environments that supported users' abilities to continue living and their desires to reach out for help.

When users are positioned as helpless individuals, peers and trained helpers are free to occupy the role of expert. As demonstrated below, the trained helpers tended to speak with authority when responding to users or peers about the nature of self-harm and suicide.

Excerpt 1:

User: Hey, I'm not suicidal myself, but I've encountered a number of people who have thought about it, and have tried in the past. Some questions I had were: 1. WHY DO PEOPLE COMMIT SUICIDE??? I know there isn't a single answer for this, but its just hard to understand...2.If your friend tried to commit suicide, is it ok to tell their friends what happened? 3. Has there ever been a person who committed suicide who didn't want to live, even deep down inside, or does every person who commits suicide, deep down, wants to live? I'll have more quesitons later, but these are what I have for now. Thank you

Trained Helper: Hi [user]

Because you have encountered some people in your life who have thought about or attempted suicide in the past, it is natural that you would have a lot of questions concerning suicide.

You're right, there isn't a single answer to why people commit suicide, but the decision to take one's life usually involves a thought process over a period of time. And it is often true that it is an accumulation of crisis-like events that lead a person to thoughts of suicide.

It is definitely okay to talk to other friends when a person is thinking about suicide. It is important that a person has the support from others, whether from friends, family or professionals. It is common for people who are thinking about suicide to feel completely isolated from everyone so it is a good sign when they are willing to reach out to others to talk about it. It's hard to know exactly what a person is thinking when they decide to commit suicide. A lot of times when a person is thinking about suicide, they may be feeling ambivalent. This is when they are experiencing a mental tug-of-war between wanting to live and wanting to die, but the main thing is that it is not so much that they want to end their lives, but it is more that they want to end all the pain they are experiencing in their lives.

Hope this info was helpful.

Excerpt 2:

Trained helper: Hi [User], Wow, there's a lot going on in your life right now. Given what your father did, and the fact that your family and best friends live in a different country, it makes sense that you'd be feeling alone right now.

You said you made had a previous suicide attempt, have thoughts of attempting suicide be coming up for you lately, and if so, have you thought of either a plan or timeframe in doing it?

Also, what happened after you attempted on your birthday? Were you able to find some support afterwards.

A lot of people who have thoughts about suicide feel as if they are alone, and sometimes that makes it all the more difficult to reach out or identify people who can offer you support. In other words, when you're feeling alone, it can be difficult to reach out to people or see reaching out as an option. The fact that you identified your mother as someone who wants to help says a lot for your ability to others as sources of support and there's strength in that.

When people are thinking about suicide, there is often a struggle, a struggle involving life and death, which has more to do with wanting the pain to end, rather than life, can you relate to that idea [User]?

We hope to hear more from you [User], keep posting.

The first trained helper suggests that suicide may be a complex problem without “a single answer”, but reduces it to a “thought process” with the goal of “end[ing] all the pain” by using phrases like “usually involves”, “it is often true”, “a lot of times”, and “the main thing”. These phrases suggest certainty, and the closing statement of “hope this info was helpful” suggests that *information* is what is needed to be helpful, and it does not invite discussion about others’ beliefs. Similarly, the second trained helper used expressions of logic like “it makes sense” and “the fact that” to assert the truth of their claims. Both trained helpers spoke in the third person, which linguistically created separation from any personal connection to be made with the user in the moment and allowed them to speak authoritatively through the use of declarative, rather than tentative, knowledge. Moreover, generalizations about suicide as it relates to others’ experiences further supports truth claims about what the user in present conversation is experiencing. These truth claims serve to elevate the status of the trained helpers as “...the formulation of expert knowledge relies on imbalances of power within the therapeutic relationship itself” (Marsh, 2010, p.180). The imbalance of power within the relationship between users and trained helpers is further implied through the trained helper’s explicit role on the forum. Trained helpers, as a group, have authority status given that they belong to the crisis centre through which this forum

was operated, and as noted in their Terms of Use, have the power to edit or delete posts that they do not believe are in keeping with a supportive environment. As well, their authority is also implied given their similarity to other therapeutic relationships, like that of the client-therapist, as they are being sought for guidance by people experiencing distress: “The relation between expert and client is structured by a hierarchy of wisdom, it is held in place by the wish for truth and certainty, and it offers the disciple the promise of self-understanding and self-improvement” (Rose, 1998, p.93).

In contrast to the dominance of trained helpers as experts, one peer asserts their own expert status later in the thread from which the first excerpt in this section was taken.

Peer: some comit suicide b/c they feel liek its not worth it anymore and that there is no reson for there existence b4 i would no, also pl might have suffred a great lose such as a loved one or someone to suicide so they feel taht they have to do it to to be with taht person. next question yes it is ok to tell there friends wat happened cuz its kinda your obligation as a froend to tell them atht do u think?? and final question some plp deep down want to live but in the heat of the moment think atht its the “easy” way out so to speak but others are “dead” inside so in other words they feel no emotion for anything or anybody and feel atht without them the world wont change the the cold hard ruth is atht every death affects hundreads of ppl wether you realise it at the moment or as your on the way to the emergency room in the hospital ..some regret trying suicide as the quick fix but i bet that some ppl atht have commited suicide regret it and are kicking themselves. b/c they didnt get to live out there lives.... but yeah keep posting...(the only reason y i no all this is cuz i have been a victim of not only tryin suicide as aquick fix but i have also lost 4 friends to it so i no i must live for them as well as myself – [User]

This excerpt in particular highlights the multiplicity of available subjectivities within the forum.

The peer uses the word “no”[know], rather than ‘believe’, to make a truth claim based on their “insider knowledge” (Madigan, 2011, p.92) as a person who has had a personal relationship with suicide in multiple ways. The simultaneous positioning of this person as peer and former user is honoured within the narrative therapy community as it validates and privileges knowledge obtained from a person’s lived experience with a problem, rather than knowledge that has been produced and disseminated from structural power (Madigan, 2011). Of further narrative interest

in the excerpt above is this peer's statement that they have been a "victim" of suicide. While other excerpts used previously in this analysis have illustrated the construction of suicidal desire as beyond one's control, this peer locates suicide outside of the individual entirely by framing it as a phenomenon that has acted upon them and their friends who have died. This discursive structuring of suicide creates space for alternate subjectivities in relation to suicide; rather than locating the cause of suicide within individual pathology, the idea that there are "victim[s]", and therefore potential perpetrators of suicide, means that suicide is located in a social context. By identifying as a "victim", the user above positioned him or herself as both acted upon by an elusive suicidal force because of their own attempt to end their life, as well as a victim of grief and loss caused by the death of their friends to suicide. They go on to suggest that the positioning of "victim" lead to engaging their agency to "live for them [friends] as well as myself". It is important to be mindful that the discourse of "victim" can still be used to totalize one's subjective experience, blame and pathologize the individual, and conceal their resistance to unjust social contexts (Coates & Wade, 2007). Reynolds (2012) quotes Ani DiFranco who says "any tool is a weapon if you hold it right" (p.12). However, the discourse of "victim" also creates space to identify persons or systems who perpetrate the harm that leads to suicidal distress. The data above illustrates a prime example of how reframing subjectivities *beyond* the individual engaging with self-harm and suicide generates opportunities for young people to access resources of agency, resilience and self-efficacy in the face of distress.

Failed and wasted selves. Another subjectivity that has been made available to users in distress on this forum is that of a failed or wasted self (Fullagar, 2003). The idea of what gets to be called a worthy life, and in turn, a worthy self, showed up repeatedly in the data.

Excerpt 1:

*User: ive been thinking and im kinda sick of being here...
if i was to end my life I wouldnt have to worry about trying to graduate or get a good job and i
wouldnt have to deal with all this crap anymore....sometimes i feel like this and sometimes im fine
and think suicide is dumb I dunno :(*

Excerpt 2:

*User: my life is getting to the point of having absolutely nothing good left in it. i'm sick with
depression and anxiety, i can't focus, i can't even read and retain information*

*i want to die. simple as that. i've been on meds for almost 2 years, i see a counsellor and soon
i'll be seeing a psychiatrist (for suicidal behavior), but nothing helps. i still make plans and more
plans and plans b and c and d.*

*and i'm a relatively intelligent and reasonable person. i'm 19, college student, good grades...but
that's about it. i have no real friends, and parents who abuse drugs and alcohol. my only escape
was cutting myself but i needed a limit on that because it was getting absurd...*

i just don't know what to do anymore. i'm completely lost.

*Peer: [User], I'm sorry to hear that you're so upset, but at the same time, I think it's amazing
that you've managed to do so well for yourself given all the things you've had to deal with. Being
a college student myself, I know how important things like family support and friends are to
making it through, and the fact that you've done so well by yourself speaks VOLUMES about
how amazing you are :) You should be very proud of yourself.*

*What are your dreams and aspirations? What do you want to do with your life? Perhaps
someday you want to change the world, or help others so that they don't have to face the same
difficulties that you did? No matter what you want to, let your hopes and dreams give you the
strength to carry on. Don't worry, things will work out :)*

*User: dreams and aspirations, i don't know. i used to want to be a graphic artist. now that i'm 5
months away from achieving that, i don't want it. i don't want to sell my soul to advertising.*

i never thought about when i would do it. how is easy, i have access to a lot of pretty strong pills.

*i've spent the last 3 months carrying around complete sadness, loneliness and fear. i'm terrified,
of people, of myself, of everything. my life is a living nightmare but there's nothing bad about it
in particular.*

*User: it seems like more than uncertainty. i'm so certain that i don't want to design for a living
that it's ruining my chances at an internship for next semester. i can't even pretend to be happy,
even the interviewers see that i'm unhappy in my choices. my depression is ruining everything*

i've spent the last two and a half years working towards. it doesn't help that my marks are starting to be really bad, i have so much to do and no motivation.

Peer: [User], I know lots of university students who feel like they've "wasted" years of their life if they find themselves finishing up degrees that they're not really interested in. But if you think about it, it's not really a "waste" of time at all! Every course we take, every class we attend, no matter what the subject or how interested we are in it, teaches us something :) Likewise, every exam we study for and write, along with every assignment or paper we complete and have graded, helps us learn more.

Perhaps most importantly, going through that 2.5 years as you have (and excelling all the way, I might add!) has taught you something VERY important...it's brought you closer to realizing what you want to do with your life :) Very few of us know EXACTLY what we want to do with our lives before we start university. Life is one big learning process, and part of that learning has to come from trying things out and then deciding whether or not we like them.

Excerpt 3:

User: I just want to say goodbye. It's almost 12:30 in the morning, and I'm a f-ing waste. I can't do this anymore. No one freaking cares. I don't want to fight. I just want someone out there to know that I'm sorry.

Excerpt 4:

User: I want to die cause I am hopeless, I cannot find happiness no matter what cause my fears paralyze me from going out there and meeting people and living a normal happy life. Instead I live in solitude, lonely and sad, so death is better than a life without happiness.

yes, tell others

everyone wants to live and be happy, no one wants to live and be sad. There is always some hope that one day my fear will be gone and I can go live happily. But after one failure after another, it seems foolish to be hopeful

Excerpt 5:

User: I want to die. It used to be about stopping the pain, but I don't feel anything anymore. I've felt like I was dying inside before, not I feel nothing, why not complete what has obviously begun. I have no reason to live, nothing and nobody to live for. There is no fucking point in dragging my body around, no point in continuing to ignore what I dream of doing. I see a knife – I want to stab myself. I walk over a bridge – my spirit has long since jumped over the rail. I want it to be painful, I deserve to suffer to my last breath. And yet I find myself here, writing my anonymous suicide note and knowing that this "[trained helpers]" will respond... 'it sounds like you're going through a lot right now, like you're feeling pretty hopeless/depressed, is there anything you can do to make yourself feel better? Anyone to talk to?' No. I'm not going through a lot. I have absolutely nothing to complain about. Yes. I lost hope long ago. I don't know what it feels

like to be happy. There is nothing that will make me feel better, and drugs make me feel worse. Nobody to talk to. I don't want to talk to anyone, waste their time. I have nothing to say, there is nothing anyone can do. I don't want to be seen, I can't handle being along with my pathetically detestable self. I have no reason to live. I want only one thing: the sweet release of death. Don't waste your time responding.

Peer: Hey! I am so sorry that you feel this way, But you say that Life isnt worth living, Is it because the people around u make it feel like its Not? or is it Just the way you feel? I believe we are all put on this earth for a purpose and im sure yours isnt to die! I Think you should be thankful to be alive and try and live life to its fullest potential!, Ive been on the verges of suicide before But i dont believe in anyone taking anyones life even my own, Try and do something you like, Get out there and try to enjoy life, Theres a lot of ppl that would give anything to have one more day with a lost love one you have the gift of life so use it to its full potential!!! Cya xoxoxo Take Care

In a totalized manner, some forum users, as noted in the data throughout this analysis, linked their presumed personal failings to complete and unchallenged subjectivities: “empty”, “selfish”, “pest”, “coward”, “bitch”, “hopeless”, “worthless”, “pathetically detestable self”, and “f-ing waste”. Other users, like in the data above, appeared to be grasping at more abstract notions of agony and failure, like noting that their life was getting to the point of “having absolutely nothing left good in it”, that they had “nothing and nobody to live for”, and that “death [was] better than a life without happiness”. Expressions like “no one freaking cares” and “I don’t want to talk to anyone, waste their time...there is nothing anyone can do” suggests that users did not feel worthy of support from others; that they were, essentially, a ‘lost cause’. One peer implies that the act of suicide is a waste because life is a “gift”, that it has a “purpose”, and it is a person’s responsibility to “live life to its full potential”. Fullagar (2003) notes that worth has been constituted through the economic metaphor of life as an object that the self must maximize in value in order to accomplish the goal of becoming a “self-responsible” and “self-managing” adult (p.294). “If living is necessarily wasting our lives in the shadow of desires for success, perfection and to avoid the failure of identity, then what does suicide have to tell us about different ways of valuing, of living with oneself?” (Fullagar, 2003, p.293). The pathological

reading of suicide as avoidable and preventable means that death by suicide also represents a waste of life to the extent that it “tragically” failed to be preserved (Marsh, 2010). Furthermore, it is likely that, through the government of the self, the burden about what constitutes a worthy life or successful self is internalized based on the sociopolitical expectations for the productivity of childhood and adolescence – “the duty of each individual to improve and civilize themselves for the benefit of the social health of the community” (Rose, 1989, p.122).

The modern child has become the focus of innumerable projects that purport to safeguard it from physical, sexual, or moral danger, to ensure its ‘normal’ development, to actively promote certain capacities of attributes such as intelligence, educability, and emotional stability (Rose, 1989, p.121).

Not only was failure referenced as a phenomenon that had already occurred (“after one failure after another, it seems foolish to be hopeful”), but it was also anticipated, and suicide was perceived to be a means of avoiding potential failure: “if i was to end my life I wouldnt have to worry about trying to graduate or get a good job”, and “my fears paralyze me from going out there and meeting people and living a normal happy life”. The threat of failed or wasted life and, in turn, a failed or wasted self, was powerful enough to inform the legitimacy of self-harm and suicide as a response to (or “escape” from) shame (Fullagar, 2003, p.296).

The second excerpt from the data above is quite compelling, because the user’s reference to their “fear”, “uncertainty”, sense of being “lost” and lack of “motivation” in relation to their education and career path (“i’m so certain that i don’t want to design for a living that it’s ruining my chances at an internship for next semester”) reinforced the ideas introduced above regarding failure and waste as informed by sociopolitical productivity. This seemed particularly true because their identification as “a relatively intelligent and reasonable person” suggested that they

were not putting their self to good use. This relates to Fullagar's (2003) ideas about the internalization of shame in response to perceived failure, as "feeling overwhelmed or worried or ashamed is...something to be rid of in the quest for a coherent identity or a self that mirrors the expectations of rational self-management" (Fullagar, 2003, p.298). The user seemed to suggest that because their life was "getting to the point of having absolutely nothing good left in it", their relationship to self-harm, and ultimately suicide, was a reasonable response to this. However, the peer who responded attempted to counter dominant notions of waste and failure with questions about the user's "dreams" and "aspirations", suggesting that life has a more existentially productive, rather than industrially productive, quality. This peer argued that there is no "waste" of time or effort, because "every course we take, every class we attend, no matter what the subject or how interested we are in it, teaches us something", and "life is one big learning process". This line of thinking opens up opportunities for new, resourceful subjectivities based on what Michael White referred to as "nonstructuralist categories of identity – intentions and purposes, values and beliefs, hopes, dreams and visions, commitments to ways of living, and so on" (Madigan, 2011, p.36). It is suggested that nonstructuralist identity conclusions help to create space between people and their problems, and in this space new knowledge is generated about how to engage agency (Madigan, 2011).

Chapter Summary

In this chapter, I applied a form of discourse analysis to better understand how young people and trained helpers made sense of self-harm and suicide in an online, support-oriented forum, how helping was performed by peers and trained helpers, and what subjectivities were available to participants based on these relational exchanges. Leaning heavily on the poststructural works of Rose and Marsh, who locate discourses of the self and suicide in

sociopolitical and historical contexts, I analyzed the psy discourses that rendered self-harm and suicide knowable through notions of psychological pain, pathology, and the domain of professional expertise. Performances of helping were largely based on practices of managing risk and providing information, both of which contributed to the relational distance between the suicidal person and helper. Based on the discourses at hand, the subjectivities that were available to young people and trained helpers were based on binary categories of strength and weakness, and givers and receivers of help. As well, a discussion of worthiness was analyzed through the metaphor of failed and wasted lives, or selves. The following chapter will attempt to make meaning of the implications of this analysis, particularly as it relates to child and youth care practice.

Chapter V – Discussion and Conclusion

“It is when people can see the limits and biases inherent in the otherwise taken for granted that they are freed to consider alternatives” (Gergen & Gergen, 2008, p29).

In this study, I set out to take a closer look at how meaning within self-harm and suicide prevention practices are relationally constructed. This research was inspired by my growing concern that “best practice” beliefs about responding to self-harm and preventing suicide were based on the primary categorization of people in relationship with these behaviours as ‘mentally ill’. Essentially, I was beginning to question “the scientific status and authority of suicidology” (Fitzpatrick, 2011, p.30). After reflecting on my analysis, I am left with a tremendous sense of “spiritual pain” (Reynolds, 2011, p.28). It concerns me that practices that are intended to be helpful might actually perpetuate oppressive practices through linguistic violence that isolates and pathologizes the individual (Coates & Wade, 2007; Cragg, 2005). I do not object to the idea of better understanding the intricacies of self-harming and suicidal thought, intent and action in order to attempt to prevent harm – what I object to is the idea that there are limited ways of knowing about self-harm and suicide that locate the individual, and the individual alone, as the site of intervention.

Summary of Findings

The purpose of this study was to explore the ways that self-harm and suicide were made intelligible on a support based Internet forum, to understand how these discourses informed performances of helping, and how these kinds of conversations influenced the subjectivities that were available to young people and trained helpers. My use of discourse analysis helped to

illustrate several key findings that highlight limitations about current approaches to prevention and intervention with self-harm and suicide. Within the context of this particular online support forum, self-harm and suicide were primarily understood through psychological discourse that located and pathologized distress within the interior of the individual. Establishing these issues in such a way also lead to the professionalization of responses to self-harm and suicide as they were viewed as problems requiring expert intervention. Based on these collective understandings, helping was limited to efforts that seemed to contain the issue of self-harm or suicide through the use of risk management and the dissemination of expert information. These types of responses appeared to be static and predictable, and users were not responded to as though they were distinct beings; instead, their uniqueness, and the relationship between them and others on the forum was disappeared by the use of one-size-fits-all techniques to manage and contain risk. The implications of this are that users, viewed as individuals, were the locus of intervention, and all efforts to offer words of encouragement or advice were directed towards the user's sense of autonomy. In turn, the subjectivities available to users, peers and trained helpers were limited based on categories of givers and receivers of help which differentiated givers as expert from receivers as helpless. Users' subjectivities were also limited to dichotomous positions of strength and weakness, which may have contributed to the notion of what constitutes a failed or wasted self.

Implications of Findings

The findings from this study align with emerging critiques about the ways that self-harming and suicidal subjects are produced as pathological beings in dominant prevention and intervention literature and practices (Marsh, 2010; Scourfield, et al, 2011; Staples & Widger, 2012; White 2012). The idea behind research that utilizes a discourse analytic approach is not to

frame our suicide prevention practices based on notions of right and wrong, effective or ineffective. Instead, it is intended to broaden our current understandings about the topics of self-harm and suicide and invite alternate ways of responding to people in relationship with these ideas – particularly ways that prioritize an “ethical stance of justice-doing” by centering issues of power, oppression and marginalization (Reynolds, 2012, p.18). For example, take the notion of self-harm and suicide as an expression of suffering due to an internal illness state – what if they were discursively produced instead as respite and relief responses to suffering located in the sociopolitical environment? The irrationality of self-harm and suicide due to their pathological nature can instead be constructed as rational responses to the suffering of social injustices like sexism, racism, homophobia and colonization. The term “suicide” in and of itself places blame and shame on the individual and obscures their resistance to injustice (Reynolds, 2012).

This isn’t something that happens to one person, and it’s not something that one person does. Nobody kills themselves – these things do not happen in isolation. But always, things are in a context and because we live in a society that has not delivered on the promises of social justice, which we are well qualified and able to deliver, we always have to structure into our analysis of a person’s death, the context of social injustice in which they lived (Reynolds, 2012, p.2).

Certain marginalized populations in Canada, like Indigenous and sexual-minority youth, experience disproportionately high rates of suicidal ideation and behaviour; these rates are further contextualized by issues of cultural continuity in Indigenous communities, and the lack of systemic documentation of sexual orientation at death given the stigma of being identifying as non-heterosexual (White, 2014). Contextualized ideas about self-harm and suicide requires a transfer of power from psy discipline professionals and experts to individuals with lived

experience. It also requires a discursive production of individuals as autonomous, rather than powerless at the mercy of their supposed pathology.

Discourses of worth and shame are particularly harmful to subject development because it is difficult to recover a hopeful sense of agency from the conclusive, finite notion of failure. The discourse of failure is also a risk to the greater social context in that “when we use the language of suicide we can construct not only that individuals are failed, but that their cultures are failed, their families are failed” (Reynolds, 2012, p.5). This can be particularly stigmatizing when, for example, the sociopolitical conditions that give rise to higher percentages of death by suicide in certain populations of young people (like non-heterosexual and Indigenous youth) are concealed. The implication of this is that certain populations of people are deemed to be failed. White (2011) poses a number of questions that draw attention to the socio-politically embedded nature of productivity and worth, and these questions invite the opportunity to reflect more deeply on dominant constructions of life: “What does it mean to live a worthwhile life? Who gets to decide? Whose version of human flourishing should prevail? What do we mean by dignity? How can we support its emergence within diverse social, cultural and historical contexts?” (p.47).

In regards to the practices of assessing risk and disseminating truths about suicide as a way of containing knowledge and helpless subject positions, it could be transformative to shift our thinking about suicide prevention from “administering life” to “producing life” (Kouri & White, 2014, p.199). “Active and creative forces produce life, expression and positive affect; whereas death is synonymous with forces of containment, control, restriction, and reactivity” (Kouri & White, 2014, p.199). Research by Chandler (2008) notes that people who self-harm tend to describe the behaviour as life-preserving and healing, which is in contrast to dominant

discourses of self-harm as identified previously in this paper. Instead of organizing professional domains around the containment of self-harm and suicide at the individual level, what might it look like if efforts were focused on stimulating love, connection, equality and empowerment at the community level? If policies and practices were evaluated based on their ability to reduce oppression and support the economic, social and spiritual well-being of citizens?

The most exciting development from this analysis is to see the opportunities for insider knowledge to emerge when peers are invited into supportive conversations with young people. Traditional therapeutic relationships occur between clients and helpers, and sometimes caregivers, but online spaces offer unique potential for alternative therapeutic exchanges between young people and trained helpers given the construction of community-oriented websites. Peers reinforced the truth claims put forth by trained helpers more often than they challenged them; this highlights the importance of understanding the production and dissemination of discursive constructions of self-harm and suicide, as they are not only utilized within professional communities, but within layperson communities as well. The encouragement and inclusion of peers' insider knowledge within online communities of support could be an innovative way of establishing "communities of concern" where separation from people and problems occurs, and "problem identities" are transformed into "consultant identities" (Madigan, 2011, p.156).

This study is an important contribution to the development of critically informed and ethically reflexive child and youth care practice. The field of child and youth care "has emerged as a distinct helping profession that has often positioned itself *in opposition to* models of helping that privilege expert-driven, deficit-oriented, narrowly specialized approaches" (White, 2011, p.33). Child and youth care professionals are well positioned to respond to self-harm and suicide "by virtue of their proximity to potentially vulnerable youth across a wide array of settings"

(White, 1997, p.48). This study is one example of how alternate spaces, like Internet-based communities, are utilized to provide support to young people experiencing distress. This analysis of prevailing discourses of self-harm and suicide as psychological, pathological and in need of professional response illustrates that these discourses limit the ways that help is performed. A strengths-based, relationally-focused and socio-politically contextualized approach to intervention would allow for more innovative ways of supporting young people experiencing distress. Ranahan (2013a) advocates for the practice of ‘being with’ young people who are in relationship with suicide to be a cornerstone of mental health literacy. Such an approach requires child and youth care professionals to prioritize the relationship between practitioner and client as a means of caring for the youth’s needs beyond their suicidal desire. Given the strengths-based, relational nature of child and youth care practice, and its emphasis on engaging with young people within their social contexts (Ranahan, 2013a; White, 2011), the Internet is a space that is ripe for exploration by child and youth care practitioners wishing to develop meaningful relationships with young people in order to support their holistic health and well-being.

Future Research Possibilities

The use of discourse analysis as a methodological approach to these data is by no means neutral; it is impossible to, metaphorically, step outside of the discursive context within which I practice in order to analyze the impact of language from a supposed objective perspective. As well, this analysis is not intended to replicate the production and dissemination of particular truths about self-harm and suicide or helping behaviour; I recognize that there are politics inherent in the privilege of conducting research. Pillow (2003) highlights the issues of power, legitimacy and validity in qualitative research with straightforward questions: “Who benefits from our representations? Are our representations valid? Do they matter? Who can research

whom, when and how?" (p. 175). This study does not seek to elevate the status of particular truth claims because of its meta-reflective properties, therefore perpetuating the cycle of what gets to be named dominant discourse. Instead, for the purpose of this study, the use of discourse analysis is intended to disrupt the consumption of knowledge as "truth" and render it less inherent, thereby creating space for critique and inviting alternate reflections on issues of self-harm, suicide and helping practices.

It is tempting to ask how this information can be applicable to other practice settings, particularly given the unique intersection of topics and the space from which the data was extracted. This study is not intended to represent a truth about the meaning that can be derived from all online forum exchanges, nor is it intended to make generalizations about the outcomes of support-oriented conversations about self-harm and suicide. Instead, it is intended to demonstrate how prevailing psy discourses have influence over the way that these types of conversations unfold, and the subjectivities that can be made available within these discursive contexts. Given that these data are 10 years old and taken from a time when online support sites were novel and informed by emerging research, it would be interesting to analyze more recent online content that has had the opportunity to develop from more current inquiries.

- Are there websites that currently operate using poststructural ideas from narrative therapy or collaborative helping to inform the way that self-harm and suicide are constructed and helping is performed? What subjectivities are accessible to young people through these exchanges?
- What is motivating young people's use of the Internet as a medium for support-based communication about relationships with self-harm and suicide? What implications might this have for the meaning that is made from offline support-oriented interactions?

- How do psy discourses show up in other helping contexts, and what implications for subjectivities arise within these particular contexts?
- How do young people experience the inclusion of peers within support-oriented communities?
- What might prevention efforts look like if they were informed by discourses other than the internalization, pathologization, risk management and expert treatment of self-harm and suicide?
- In the spirit of privileging youth voices and insider knowledge, how do users actually experience services that are based on discourses of psychology, pathology and professionalization?

Concluding Remarks

I am reminded of a time three years ago when I, in collaboration with the young person that I worked with, attempted to restory her relationship with self-harm and suicide to the adults and professionals in her life in order to provide a richer account of how these behaviours functioned in her life. By 16, she had spent nearly half her life in relationship to self-harming behaviours and had made attempts to end her life. Because of this, she was typically labeled as “ambivalent” and “resistant to treatment”, which then lead to whispers of the more pathologically burdened label of having “borderline personality traits”. At one point near the end of our time together, I reflected to her that, despite her expressions of wanting to learn how to cope with her distress in more healthful ways, she seemed to be fearful of what a life without those coping mechanisms would actually look like. Self-harming and suicidal behaviours had become so familiar to her over the years, and she had been ‘seen’ and ‘treated’ through the gaze of pathology because of them, to the point that she only knew of herself through a sick person

subjectivity. Furthermore, life experiences, compounded by her experiences in the mental health system, lead her to believe that this sick subjectivity was not worthy of love and belonging, and so she had little hope for the reconstruction of a different subjective experience without the existence of harmful behaviours. In her mind, she wasn't worthy of love and belonging, so why would that change just because her behaviours did? And why would she abandon the very behaviours that were helping her to manage and communicate her feelings of being unlovable and unworthy? While the adults and professionals in her life had storied these behaviours as manipulative and resistant, she and I tried to articulate that she didn't know how to extricate herself from them, because they had become a part of who she believed was – a disordered person. And it was terrifying for her to even conceive of abandoning this person for an entirely new way of being in the world.

I tell this story because it was one of the most humbling experiences that I have had thus far in my journey of exploring discursive explanations for relationships with self-harm and suicide beyond the typical constructions of psychology, pathology and risk. I was disheartened to learn that this young person still received diagnoses based on the pathologization of her behaviours, but I felt empowered because, most importantly, she walked away with a more progressive experience of herself, her relationship with self-harming and suicidal behaviours, and of mental health professionals than she ever had before based on our collaborative restorying of her subjectivity. Through this experience, I learned to reframe self-harming and suicidal behaviours as “things that people are in relationship with” instead of “things that dictate how I am in relationship with people”.

Conducting this research has offered me new opportunities to enrich the way that I engage with young people. Although my physical site of practice has changed since I began this

research journey, I continue to encounter young people who find themselves in relationship with self-harm and suicide, and my role has been to help make sense of this relationship. I have attempted to contextualize self-harming and suicidal practices and de-centre them from individual pathology by responding to the following questions: What storylines run counter to notions of dysfunction and pathology? What sociocultural experiences give rise to these behaviours? What relational purpose do these behaviours serve? How do these behaviours serve as resistance to experiences of injustice? How have these behaviours contributed to the young person's sense of self? This line of questioning gives rise to a broader understanding of a young person's experience in relationship to self-harm and suicide as compared to simply checking off a list of symptoms and measuring indicators of risk. The goal of contemporary suicide intervention efforts should be "...to generate richly layered descriptions of the problem, create possibilities for new understandings, mobilize resistance to stigmatizing identities or 'thin descriptions' of youth, and invite multiple, creative responses for addressing youth suicide" (White, 2012, p.49). I believe that people who work or volunteer in capacities to prevent death by suicide are good-hearted, well-intentioned people who want to create space for others to belong in this world. This moves me to trust in the potential for traditional, potentially oppressive, practices of supporting young people in relationship with self-harm and suicide to shift in order to respond to people in distress in more socially just ways.

References

- Adler, P.A. & Adler, P. (2008). The cyber worlds of self-injurers: Deviant communities, relationships and selves. *Society for the Study of Symbolic Interaction*, 31(1), 33-56.
- American Association of Suicidology (AAS). (2016). Retrieved on February 13, 2016 from <http://www.suicidology.org>.
- American Psychological Association (APA). (2013). Retrieved on February 25, 2016 from [file:///C:/Users/User/Downloads/APA_DSM-5-Contents%20\(1\).pdf](file:///C:/Users/User/Downloads/APA_DSM-5-Contents%20(1).pdf).
- Anderson, W. (1990). *Reality isn't what it used to be*. San Francisco, CA: Harper & Row.
- Baker, D. & Fortune, S. (2008). Understanding self-harm and suicide websites: A qualitative interview study of young adult website users. *The Journal of Crisis Intervention and Suicide Prevention*, 29(3), 118-122.
- Barak, A., Boniel-Nissim, M. & Suler, J. (2008). Fostering empowerment in online support groups. *Computers in Human Behaviour*, 24, 1867-1883.
- Barak, A. & Bloch, N. (2006). Factors related to perceived helpfulness in supporting highly distressed individuals through an online support chat. *CyberPsychology & Behavior*, 9(1), 60-68.
- Bennett, S., Coggan, C. & Adams, P. (2003). Problematising depression: Young people, mental health and suicidal behaviours. *Social Science and Medicine*, 57, 289-299.
- Bevir, M. (2007). Discourse. In *Encyclopedia of Governance* (pp.231-232). Thousand Oaks, CA: Sage Publications.
- Bleach, G. & Claiborn, W. (1974). Initial evaluation of hot-line telephone crisis centers. *Community Mental Health Journal*, 10(4), p.387-394.
- Brent, D.A., Poling, K.D. & Goldstein, T.R. (2011). *Treating depressed and suicidal*

- adolescents: A clinician's guide*. New York, NY: The Guilford Press.
- Burman, E. (2008) *Deconstructing developmental psychology*. New York, NY: Routledge.
- Canadian Association for Suicide Prevention (CASP). (2012) Retrieved on February 25, 2016 from www.suicideprevention.ca
- Chandler, A. (2008). 'Just' a cry for help? Exploring the communicative aspects of self-harm and suicidal behaviour. Paper at Ethnographies of Suicide conference, Brunel University, 2-3 July.
- Coates, L. & Wade, A. (2007). Language and violence: Analysis of four discursive operations. *Journal of Family Violence*, 22, p.511-522.
- Corey (2001). *Theory and practice of counseling and psychotherapy*. Belmont, CA: Wadsworth/Thomson Learning.
- Cragg, C. (2005). *Constructing a life after death: Writing my younger experiences of grief and loss*. Unpublished master's thesis, University of Victoria, Victoria, Canada.
- Davies, B. (2005). *A body of writing: 1990-1999*. Walnut Creek, CA: AltaMira Press.
- Davies, B. & Gannon, S. (2006). *Doing collective biography: Investigating the production of subjectivity*. New York, NY: Open University Press.
- Fitzpatrick, S. (2011). Looking beyond the qualitative and quantitative divide: Narrative, ethics and representation in suicidology. *Suicidology Online*, 2, 29-37.
- Fox, N. (1995). Postmodern perspectives on care: The vigil and the gift. *Critical Social Policy*, 15(44/45), 107-125.
- Fullagar, S. (2003). Wasted lives: The social dynamics of shame and youth suicide. *Journal of Sociology*, 39(3), 291-307.

- Gergen, K.J. & Gergen, M. (2008). *Social construction: Entering the dialogue*. Chagrin Falls, OH: Taos Institute Publications.
- Gilat, I. & Shahar, G. (2009). Emotional first aid for a suicide crisis: Comparison between telephonic hotline and internet. *Psychiatry*, 70(1), 12-18.
- Greenberg, G. (2013). *The book of woe: The DSM and the unmaking of psychiatry*. New York, NY: Blue Rider Press.
- Hanley, T. (2006). Developing youth-friendly online counselling services in the United Kingdom: A small scale investigation into the views of practitioners. *Counselling and Psychotherapy Research*, 6(3), 182-185.
- Horne, J. & Wiggins, S. (2009). Doing being 'on the edge': Managing the dilemma of being authentically suicidal in an online forum. *Sociology of Health & Illness*, 31(2), 170-184.
- Joiner, T. (2007). *Why people die by suicide*. Cambridge, MA: Harvard University Press.
- Kokaliari, E. & Berzoff, J. (2008). Nonsuicidal self-injury among nonclinical college women: Lessons from Foucault. *Affilia*, 23(3), 259-269.
- Kouri, S. & White, J. (2014). Thinking the other side of youth suicide: Engagements with life. *International Journal of Child, Youth and Family Studies*, 1, 180-203.
- Lakoff, G. & Johnson, M. (2003). *Metaphors we live by*. Chicago, IL: The University of Chicago Press.
- Lamerichs, J. & Te Molder, H.F.M. (2003). Computer-mediated communication: From a cognitive to a discursive model. *New Media Society*, 5, 451-471).
- Leenaars, A.A., Boldt, M., Connors, E.A., Harnisch, P., Harrington, G.G., Kiddey, K.G., Krawll, M.B., Letofsky, K., Osborg, B., Ramsay, R.F., Sakinofsky, I. & Winch, G. (1998). History: Vignettes of the development in suicide prevention. In

- A.A. Leenaars, S. Wenckstern, I. Sakinofsky, R.J. Dyck, M.J. Kral & R.C. Bland, (Eds.), *Suicide in Canada* (3-34). Toronto, ON: University of Toronto Press Incorporated.
- Lester, D. (2008). The use of the internet for counseling the suicidal individual: possibilities and drawbacks. *OMEGA*, 58(3), 233-250.
- Maczewski, M. (2002). Exploring identities through the internet: Youth experiences online. *Child & Youth Care Forum*, 31(2), 111-129.
- Madigan, S., & Law, I. (1992). Discourse not language: The shift from a modernist view of language to the post-modern analysis of discourse in family therapy (Cheryl White, Ed.). *International Journal of Narrative Therapy and Community Work*, 1, 31-36.
- Madigan, S. (2011). *Narrative therapy*. Washington, DC: American Psychological Association.
- Mann, C. & Stewart, F. (2000). An ethical framework. In C. Mann & F. Stewart (Eds.), *Internet Communication and Qualitative Research* (pp.39-63). Thousand Oaks, CA: Sage Publications Inc.
- Maris, R.W., Berman, A.L., & Silverman, M.M. (2000). *Comprehensive textbook of suicidology*. New York, NY: Guilford Publications Inc.
- Marsh, I. (2010). *Suicide: Foucault, history and truth*. Cambridge, MA: Cambridge University Press.
- Mattingly, M. (1995). Ethics of child and youth care professionals. Retrieved on March 10, 2016 from <http://www.pitt.edu/~mattgly/CYCethics.html>.
- Mehlum, L. (2000). The internet, suicide, and suicide prevention. *Crisis*, 21(4), 186-188.
- Messer, J.M. & Fremouw, W.J. (2008). A critical review of explanatory models for self-

- mutilating behaviors in adolescents. *Clinical Psychology*, 28, 162-178.
- Miller, J.K. & Gergen, K.J. (1998). Life on the line: The therapeutic potentials of computer-mediated conversation. *Journal of Marital and Family Therapy*, 24(2), 189-202.
- Ministry of Children and Family Development. (2001). Protecting children. Retrieved January 3, 2016, from http://www.mcf.gov.bc.ca/child_protection/.
- Mishara, B.L., Chagnon, F., Daigle, M., Balan, B., Raymond, S., Marcoux, I., Bardon, C., Campbell, J.K. & Berman, A. (2007). Which helper behaviors and intervention styles are related to better short-term outcomes in telephone crisis intervention? Results from a silent monitoring study of calls to the U.S. 1-800-SUICIDE network. *Suicide and Life-Threatening Behavior*, 37(3), 308-321.
- Mishara, B.L. & Daigle, M.S. (1997). Effects of different telephone intervention styles with suicidal callers at two suicide prevention centers: An empirical investigation. *American Journal of Community Psychology*, 25(6), 861-885.
- Mishara, B.L. & Weisstub, D.N. (2007). Ethical, legal, and practical issues in the control and regulation of suicide promotion and assistance over the internet. *Suicide and Life-Threatening Behavior*, 37(1), 58-65).
- Nixon, M.K., Cloutier, P., & Jansson, M. (2008). Nonsuicidal self-harm in youth: A population-based survey. *Canadian Medical Association Journal*, 178(3), 306-312).
- Nixon, M.K. & Heath, N.L. (2008). *Self-injury in youth: The essential guide to assessment and treatment*. New York, NY: Routledge.
- Pathology. (n.d.). *Online Etymology Dictionary*. Retrieved February 13, 2016 from

- <http://dictionary.reference.com/browse/pathology>.
- Petrov, K. (2013). The art of dying as an art of living: Historical contemplations on the paradoxes of suicide and the possibilities of reflexive suicide prevention. *Journal of Medical Humanities*, 34, 347-368.
- Pillow, W. (2003). Confession, catharsis or cure? Rethinking the uses of reflexivity as methodological power in qualitative research. *Qualitative Studies in Education*, 16(2), 175-196.
- Potter, J. & Hepburn, A. (2007). Discursive constructionism. In *Handbook of Constructionist Research*. New York, NY: The Guilford Press.
- Prilleltensky, I., Rossiter, A. & Walsh-Bowers, R. (1996). Preventing harm and promoting ethical discourse in the helping professions: Conceptual, research, analytical and action frameworks. *Ethics & Behavior*, 6(4), 287-306.
- Ranahan, P. (2013a). Being with: Child and youth care professionals' practice with suicidal adolescents. *Relational Child and Youth Care Practice*, 26(1), 6-17.
- Ranahan, P. (2013b). "Why did you call for them?" Child and youth care professionals' practice of flooding the zone during encounters with suicidal adolescents. *Child Care in Practice*, 19(2), 138-161.
- Reynolds, V. (2011). Resisting burnout with justice-doing. *The International Journal of Narrative Therapy and Community Work*, (4), p.27-45).
- Reynolds, V. (2012). Hate kills: A social justice response to "suicide". Retrieved on October 23, 2013, from <http://discoursesofprevention.com/post-symposium-activities/>.
- Reynolds, V. & polanco, m. (2012). An ethical stance for justice-doing in community work and therapy. *Journal of Systemic Therapies*, 31(4), 18-33.

- Rodham, K., Psychol, C., Gavin, J. & Miles, M.(2007). I hear, I listen, I care: A qualitative investigation into the function of a self-harm message board. *Suicide and Life-Threatening Behavior*, 37(4), 422-430.
- Rose, N. (1989). *Governing the soul: The shaping of the private self*. London, UK: Routledge.
- Rose, N. (1998a). Governing risky individuals: The role of psychiatry in new regimes of control. *Psychiatry, Psychology and Law*, 5(2), 177-195.
- Rose, N. (1998b). *Inventing our selves: Psychology, power and personhood*. Cambridge, UK: Cambridge University Press.
- Rose, N. (2003). Neurochemical selves. *Society*, 46-59.
- Rose, N. (2008). Psychology as a social science. *Subjectivity*, 25, 446-462.
- Rudd, D.M., Joiner, T.E. & Rajab, M.H. (2004). *Treating suicidal behavior: An effective, time-limited approach*. New York, NY: The Guilford Press.
- Scourfield, J., Roen, K. & McDermott, E. (2011). The non-display of authentic distress: Public-private dualism in young people's discursive construction of self-harm. *Sociology of Health & Illness*, 33(5), 777-791.
- Shea, S.C. (2002). *The practical art of suicide assessment: A guide for mental health professionals and substance abuse counsellors*. Hoboken, New Jersey: John Wiley & Sons, Inc.
- Shneidman, E. (1996). *The suicidal mind*. New York, NY: Oxford University Press.
- Skott-Myhre, H.A. (2009). *Youth and subculture as creative force: Creating new spaces for radical youth work*. Toronto, ON: University of Toronto Press.
- Sparkes, A.C. & Smith, B. (2007). Narrative Constructionist Inquiry. In J.A. Holstein & J.F.

- Gubrium (Eds.), *Handbook of constructionist research* (295-311). New York, NY: The Guilford Press.
- Stanford, S. & Jones, M.P. (2010). How much detail needs to be elucidated in self-harm research? *Journal of Youth and Adolescence*, 39(5), 504-513.
- Staples, J. & Widger, T. (2012). Situating suicide as an anthropological problem: Ethnographic approaches to understanding self-harm and self-inflicted death. *Culture, Medicine and Psychiatry*, 36, 183-203.
- Statistics Canada. (2009). Health at a Glance. Retrieved on May 5, 2016 from <http://www.statcan.gc.ca/pub/82-624-x/2012001/article/11696-eng.htm>.
- Stern, S. (2003). Encountering distressing information in online research: A consideration of legal and ethical responsibilities. *New Media & Society*, 5(2), 249-266.
- Stern, S. (2004). Studying adolescents online: A consideration of ethical issues. In E.A. Buchanon (Ed.) *Reading in Virtual Research Ethics: Issues and Controversies* (pp.274-287). Hershey, PA: Idea Group, Inc.
- Sutherland, O., Breen, A.V. & Lewis, S.P. (2013). Discursive narrative analysis: A study of online autobiographical accounts of self-injury. *The Qualitative Report*, 18(95), 1-17.
- Szasz, T. (2008). *Psychiatry: The science of lies*. New York, NY: Syracuse University Press.
- Taylor, S. (2001). Locating and conducting discourse analytic research. In *Discourse as data: A guide for analysis*. London, UK: Sage Publications Ltd.
- Ungar, M. (2004). A constructionist discourse on resilience: Multiple contexts, multiple realities among at-risk children and youth. *Youth Society*, 35, 341-365.
- United Nations Educational, Scientific and Cultural Organization. (2016). What do we mean by

“youth”? Retrieved on March 2, 2016, from <http://www.unesco.org/new/en/social-and-human-sciences/themes/youth/youth-definition/>.

- Walsh, B. (2006). *Treating self-injury: A practical guide*. New York, NY: Guilford Publications Inc.
- White, J. (2011). Re-stor(y)ing professional ethics in child and youth care. In A. Pence, & J. White (Eds.), *Child and youth care: Critical perspectives on pedagogy, practice, and policy* (pp.33-51).
- White, J. (2012). Youth suicide as a “wild” problem: Implications for prevention practice. *Suicidology Online*, 3, 42-50.
- White, J. (2014). Expanding and democratizing the agenda for preventing youth suicide: Youth participation, cultural responsiveness, and social transformation. *Canadian Journal of Community Mental Health*, 33(1), 1-13.
- White, M. & Epston, D. (1990). *Narrative means to therapeutic ends*. New York, NY: W. W. Norton & Company.
- Whitlock, J. & Knox, K.L. (2007). The relationship between self-injurious behavior and suicide in a young adult population. *Archives of Pediatrics and Adolescent Medicine*, 161(7), 634-640.
- Whitlock, J.L., Powers, J.L. & Eckenrode, J. (2006). The virtual cutting edge: The internet and adolescent self-injury. *Developmental Psychology*, 42(3), 407-417.
- Wynn, E. & Katz, J.E. (1997). Hyperbole over cyberspace: Self-presentation and social boundaries in internet home pages and discourse. *The Information Society*, 13, 297-327.