What Do the Bereaved by Suicide Communicate in Online Support Groups?

A Content Analysis

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Abstract. *Background:* Every year, more than six million people lose a loved one through suicide. These *bereaved by suicide* are at relatively high risk for mental illnesses including suicide. The social stigma attached to suicide often makes it difficult to talk about grief. Participating in online forums may be beneficial for the bereaved by suicide, but it is unknown what they communicate in these forums. *Aims:* What do the bereaved by suicide communicate in online forums? We examined which self-help mechanisms, grief reactions, and experiences with health-care services they shared online. *Method:* We conducted a content analysis of 1,250 messages from 165 members of two Dutch language forums for the bereaved by suicide. *Results:* We found that sharing personal experiences featured most prominently in the messages, often with emotional expressions of grief. Other frequently used self-help mechanisms were expressions of support or empathy, providing advice, and universality (recognition), while experiences with health-care services featured only occasionally. Compared with previous studies about online forums for somatic illnesses, the bereaved by suicide communicated more personal experiences and engaged much less in chitchat. *Conclusion:* Online forums appear to have relevant additional value as a platform for talking about grief and finding support.

Keywords: bereavement, grief, suicide, online, forum, social support

Every year, almost one million people die by suicide worldwide (World Health Organization, 2011) – over 100,000 of these in Europe (World Health Organization Europe, 2011). Each suicide directly affects about six to 14 family members and friends (Clark & Goldney, 2000; Jordan & McIntosh, 2011a). In this article, we refer to these people who have lost a loved one to suicide as *the bereaved by suicide*. They are especially at risk for complicated grief, posttraumatic stress, depression, and suicidality (Callahan, 2000; Clark, 2001; de Groot, De Keijser, & Neeleman, 2006; Mitchell, Kim, Prigerson, & Mortimer-Stephens, 2004). This can be explained by the fact that feelings of rejection, shame, blame, guilt, anger, and anxiety occur more often after a suicide than following bereavement after illnesses or accidents (Clark, 2001; Clark & Goldney, 1995; Jordan & McIntosh, 2011b; Sveen & Walby, 2008). An additional explanation is the stigma attached to suicide (Cvinar, 2005; Hawton & Simkin, 2003), which can cause the bereaved by suicide to feel rejected, alone, and misunderstood by their social network and work environment (Hollander, 2001).

Support Groups

In support groups, individuals can find recognition and share feelings and experiences concerning a variety of diseases, disorders, and issues, including grief. Sharing is a useful source of coping with grief and can even stimulate personal growth (Feigelman, Jordan, & Gorman, 2009). Sharing experiences with bereaved individuals (not specifically after suicide) may lead to a more realistic understanding of death and its consequences (Feigelman et al., 2009; Pennebaker, Zech, & Rimé, 2007). Although both talking and writing seem beneficial (Feigelman et al., 2009; Pennebaker et al., 2007), in current mental health care the emphasis is on verbal communication.

Online Support Groups

With the emergence of the Internet, there are now additional possibilities for sharing experiences, for example, through participating in Internet forums. For the bereaved by suicide this can be particularly beneficial because they may have difficulty finding a face-to-face support group in their own community and at the time they are in need. To date, little research has been conducted on online peer support for this group (McDaid, Trowman, Golder, Hawton, & Sowden, 2008). It is not yet clear what the bereaved by suicide communicate, whereas this has been explored for various somatic and mental illnesses (Coursaris & Liu, 2009; Eichhorn, 2008; Finn, 1999; Malik & Coulson, 2010; Mo & Coulson, 2008; Swartwood, McCarthy Veach, Kuhne, Lee, & Ji, 2011; van Uden-Kraan et al., 2008; Vayreda & Antaki, 2009).

The few studies examining online support for the bereaved by suicide showed that offering help, sharing experiences, and discussing taboo topics seem to be the most important features of these groups (Chapple & Ziebland, 2011; Feigelman, Gorman, Beal, & Jordan, 2008; Hollander, 2001). However, it is unknown which so-called self-help mechanisms (e.g., empathy, gratitude, providing advice) are used by the bereaved by suicide in online forums. These mechanisms facilitate the development of supportive relationships between individuals in a group (Malik & Coulson, 2010; Perron, 2002) and therefore seem necessary for beneficial effects of online support. Similarly, we do not know if the bereaved by suicide express grief reactions online, as this is a common aspect of sharing in face-to-face support groups (Clark & Goldney, 1995; Mitchell et al., 2004). Additionally, the bereaved by suicide often utilize multiple types of support including health-care services and face-to-face support groups (Chapple & Ziebland, 2011; Gaffney & Hannigan, 2010; Feigelman et al., 2008). Experiences with these types of support could be a popular topic in online forums, as specific services for the bereaved by suicide are often hard to find (McDaid et al., 2008).

The aim of our study was to determine what is communicated by participants in online support groups for the bereaved by suicide. More specifically, we examined which self-help mechanisms, grief reactions, and experiences with health-care services are communicated, and with what frequency. Our study provides insight into the value of online support groups and discusses practical implications for health-care services.

Method

We conducted a content analysis of a large sample of messages in two online forums for the bereaved by suicide – one in Belgium (Flemish) and one in the Netherlands. The online support group in Belgium is offered by a website that focuses mainly on the bereaved by suicide and also provides information, an online chat group, and a link to a memorial website. In the Netherlands, the online support group for the bereaved by suicide is part of a suicide prevention and information website targeting mainly people who are suicidal. Both online forums are similar in terms of layout, structure, and most topics, but the Belgian forum was founded 4 years earlier (2006) than the Dutch forum (2010). Participants can access both forums directly after registering with a username and password. The forums are moderated by volunteers, who have a team of professionals behind them. A few subforums have been developed by the website owners to give structure to newcomers. Each subforum consists of one or more threads of messages. A thread is the first message (original post) from a member with all the response messages posted within this thread.

Data Collection

In June 2011, the Dutch forum had 1,064 registered members and the Belgian forum had 958 members. We do not know how many of these members only read messages (so-called lurkers). We do know that there were 1,039 messages on the Dutch forum since February 2010, and 5,281 messages on the Belgian forum since March 2006. Therefore, our study focused on members who posted one or more messages (so-called posters). The Belgian forum had more subforums than the Dutch forum. For our study we selected subforums that were on both websites. First we selected the two most frequently used subforums for analysis. These were "Your story" and "Feelings," which contained 65% and 78% of all the posted messages in the Belgian and the Dutch forum, respectively. Secondly, we added the two subforums "Can you talk about your feelings?" and "What is helping you" to our analysis because we expected that messages posted in these subforums would contain grief reactions and information about health-care services. We retrieved all the messages on the four selected subforums that were posted between September 2010 and May 2011. Messages from moderators, accidentally double-posted messages, and one thread (four messages) from a member who was suicidal were removed. This yielded 1,250 messages for content analysis originating from 165 individual members. Of the 1,250 messages, 143 (11%) were original posts and most of the messages were posted between 6:00 p.m. and 12:00 a.m. (37%) and between 12:00 p.m. and 6:00 p.m. (33%).

Participants

Demographic characteristics presented in every message were registered during coding (see Table 1), but these characteristics were not always reported. Although nationality was mostly unknown, 164 of the 165 participants in our study were probably Dutch or Belgian because they all posted their message(s) in the Dutch language. It is known that some Dutch members participated (also) in the Belgian support group and vice versa. One participant was living in the Netherlands but posted messages in English.

Table 1. Characteristics of the bereaved by suicide participating in online support groups between September 2010 and May 2011 ($N = 165$)

	Belgium ($n = 91$)	The Netherlands ($n = 74$)	Total ($n = 165$)
Gender *n* (%)			
Female	70 (77)	45 (61)	115 (70)
Male	10 (11)	4 (5)	14 (8)
Unknown	11 (12)	25 (34)	36 (22)
Age in years			
Mean (SD)	29 (12.0)	33 (13.2)	32 (12.7)
Minimum	14	14	14
Maximum	52	63	63
Unknown *n* (%)	73 (80.0)	46 (62.0)	119 (72.0)
Lost to suicide *n* (%)			
Parent (M/F)	9/7 (10/8)	17/7 (23/9)	26/14 (16/8)
Child (M/F)	7/2 (8/2)	6/0 (8/0)	13/2 (8/1)
Sibling (M/F)	14/3 (15/3)	10/3 (14/4)	24/6 (15/4)
Partner (M/F)	22/7 (24/8)	6/0 (8/0)	28/7 (17/4)
Friend (M/F)	3/3 (3/3)	3/1 (4/1)	6/4 (4/2)
Other (M/F)	4/3(4/3)	7/3 (9/4)	11/6 (7/4)
More than one person[a]	3 (3)	6 (8)	9 (5)
Unknown	4 (4)	5 (7)	9 (5)
Time since suicide[b] *n* (%)			
0–3 months	24 (26)	13 (17)	37 (22)
3–6 months	11 (12)	11 (15)	22 (13)
6–12 months	15 (16)	5 (7)	20 (12)
1–5 years	23 (25)	19 (25)	42 (25)
> 5 years	13 (14)	20 (26)	33 (20)
Unknown	6 (7)	8 (11)	14 (8)
Method of suicide[c] *n* (%)			
Hanging	34 (37)	14 (19)	48 (29)
Train	10 (11)	7 (9)	17 (10)
Drowning	3 (3)	1 (1)	4 (2)
Gunshot/knife	9 (10)	0 (0)	9 (5)
Medicine overdose	4 (4)	1 (1)	5 (3)
Other	0	2 (3)	2 (1)
Unknown	33 (35)	49 (66)	82 (49)
Left a suicide note *n* (%)			
Yes[d]	17 (19)	6 (8)	23 (14)
No	11 (12)	6 (8)	17 (10)
Unknown	63 (69)	62 (84)	125 (76)

Notes: M = male. F = female.
[a] Two persons mentioned were female, 22 persons mentioned were male. [b] Six participants who lost more than one person to suicide reported time since suicide of two persons. [c] Two participants who lost more than one person to suicide reported the method of suicide of two persons. [d] One person left a suicide video.

Participants were mostly women (70%; 22% unknown). Mean age was 32 years (range = 14–63 years), although age could be identified in only 46 members. Remarkably, 5% of participants had lost multiple persons (two to five individuals) to suicide, most of them relatives.

Selection, Evaluation, and Development of Coding Frame

We first selected existing coding frames from the literature with a focus on self-help mechanisms, mostly based on the social support categories of Cutrona and Suhr (1992), or the coding frame developed by Finn (1999). We obtained a random sample of 10% of the messages ($n = 126$) and concluded that the types of self-help mechanisms identified were mostly consistent with the coding frame developed by Malik and Coulson (2010) – see Table 2 for a description. For coding grief reactions and experiences with health-care services, we found only one coding frame in the literature about "disadvantages related to the use and evaluation of health care services" (van Uden-Kraan et al., 2008). Most categories were not found in our random sample of messages (i.e., name of health-care professional, comments on medical institutions), so we developed a second coding frame based on our random sample, which is presented in Table 3.

Procedure

We divided the original posts (143 of the 1,250 messages) into four parts for the analysis. For each part, the first two authors independently coded half of the selected messages and all the reaction messages belonging to the original post using MaxQda (Version 2007), a qualitative data analysis tool for text-coding. After each part, 10% of the messages were randomly selected and coded by both researchers to calculate intercoder reliability. Differences were discussed before the next round to maximize reliability and interrater agreement. Most of the calculations of intercoder reliability (Cohen's κ) ranged from .79 (searching for professional help or peer support) to .96 (negative experience with professional help or peer support), indicating almost perfect agreement (Landis & Koch, 1977). Only the self-help mechanism *friendship* yielded moderate reliability with a Cohen's κ of .56.

Ethical Considerations

Organizations behind the websites gave approval for content analysis of the online support groups. Although you have to register to read or post messages on these online forums, registration is open to all. It is therefore regarded as a public domain, and informed consent was not considered necessary (Eysenbach & Till, 2001). To ensure confidentiality and anonymity, we do not report any names or identifying characteristics of messages, and all quotations

Table 2. Description and frequency of self-help mechanisms in messages (n = 1,250) posted on two online support groups for the bereaved by suicide

Categories	Description[a]	Example[b]	Frequency[c] n (%)
Sharing personal experience	Messages sharing personal experiences and thoughts or messages expressing emotions and feelings.	"I go to the cemetery regularly to light a candle, then we are with them in our thoughts, because they will always be in our mind."	958 (77)
Support or empathy	Messages that provide statements of understanding, acceptance and encouragement or contain comforting words.	"Again with tears in my eyes I read your message, you are so good in putting it all into words, the missing of your wife must be huge. A lot of strength."	505 (40)
Providing information or advice	Messages providing other participants with factual information, guidance, or advice for dealing with an issue or solving a particular problem.	"Try to talk or write about it, eh. Do not keep it to yourself."	296 (24)
Universality	Messages expressing the idea that members are "not alone" and that people have or are experiencing the same of similar feelings and situations.	"I read the stories of others and realize that I am not the only one in a similar situation."	218 (17)
Gratitude	Messages that thank other participants for their help and support.	"How kind your words are! That helps me."	115 (9)
Requesting information or advice	Messages asking if others can provide factual information, guidance, or advice for dealing with an issue or solving a particular problem.	"How do you have to live with all the pain and sorrow, without any grip on something? Is this what you also feel, or wonder regularly?"	89 (7)
Creative expression	Messages expressing thoughts and feelings through creative means, for example, the use of poetry, prayer, art, or prose.	"One second and everything changes. One second and life becomes death. One second a smile becomes a tear (…) We really wanted to skip that second."	62 (5)
Friendship	Messages containing statements that recognize other members as friends or messages containing discussions of making friends or interacting outside the group environment.	"I would like to talk to you more often."	28 (2)
Chitchat	Messages containing general everyday conversation between group members not necessarily related to bereavement after suicide.	"I now have to quickly get the children ready to go to school."	5 (0)

Notes: [a] Descriptions are cited from Malik & Coulson (2010). [b] Examples are from the participants of the two online support groups for the bereaved by suicide of our study. [c] Each message could contain more than one category, leading to a total percentage of more than 100%.

are translated into English (Flicker, Haans, & Skinner, 2004).

Results

Self-Help Mechanisms

Self-help mechanisms according to Malik and Coulson (2010) comprise sharing personal experiences, support or empathy, chitchat, providing information or advice, requesting information or advice, universality (recognition), gratitude, creative expression, and friendship. Table 2 presents the definition of these mechanisms and the frequencies found in our study. In the following sections, we present the findings in order of most to least frequently used self-help mechanism.

Sharing Personal Experiences

In 77% of the messages, participants shared personal experiences. Some share personal experiences in almost all of their messages (original messages and responses). Others do not share personal experiences if they give a response to someone else's message. Personal experiences refer not only to the person they lost and when they lost their loved one, but also to the method of suicide, how they felt and still feel, and details about the day it happened. Some participants tell their stories repeatedly. These participants are mostly very active on the website; they post numerous messages, give updates, and offer support to others.

Support or Empathy

The bereaved by suicide express condolences – wishing others strength, courage, and support or just saying that they sympathize with them – in 40% of the messages. Expressions of support or empathy are aimed at the individual, for example, in response to a personal life story, but also at the wider community, like "everybody" or people in the online support group. Support or empathy is often part of a message in which other self-help mechanisms also occur, mostly sharing personal experiences, providing advice and/or universality.

> Good girl. Same here – sometimes you feel this way and other times you feel different. You are choosing to live your life and that's good. Keep searching for support from the people around you, especially in the dark days. Take care.

Table 3. Description and frequency of shared positive and negative grief reactions and experiences with health-care services in messages posted from the bereaved by suicide (n = 1,250)

Categories	Description	Example[a]	Frequency[b] n (%)
Grief reactions			
Negative grief reactions	Messages in which "negatively stated" emotions or behavioral reactions are displayed in relation to the suicide of a loved one. These grief reactions could be beneficial or harmful to the grieving process. Examples are missing, crying, guilt, and sadness.	"It hurts and it keeps on hurting."	559 (45)
Positive grief reactions	Messages containing "positively stated" emotions or behavioral reactions which are most likely to contribute to recovery or resilience. Examples are peacefulness, relief, and willpower.	"I feel very fortunate at some moments."	177 (14)
Professional help and peer support			
Positive experiences/ satisfaction	Messages containing positive experiences or satisfaction about professional health care, face-to-face peer support, medication, or alternative medicine.	"The trauma therapy is now ended and it helped me more than I had hoped for."	90 (7)
Negative experiences/ dissatisfaction	Messages containing negative experiences or dissatisfaction about professional health care, face-to-face peer support, medication, or alternative medicine.	"Once I went to a psychologist but I was done with it very soon after."	62 (5)
Searching	Messages in which someone is (actively) searching for professional health care, face-to-face peer support, medication, or alternative medicine.	"I was thinking about going to a spiritual medium, but I am not sure were to find a good one."	47 (4)
Neutral experience	Messages containing an experience with professional health care, face-to-face peer support, medication, or alternative medicine but does not make it clear if it was positive or negative.	"Yesterday I went to the psychiatrist."	41 (3)
Online support group			
Positive about online support	Messages containing positive experiences or information about the online forum for the bereaved by suicide.	"I am also very happy that I can read other people's experiences on this forum."	113 (9)
Negative about online support	Messages containing negative experiences or information about the online forum for the bereaved by suicide.	"I am not often on this forum, I'm afraid it all gets to me too much."	6 (1)

Notes: [a] Examples are from the participants of the two online support groups for the bereaved by suicide of our study. [b] Each message could contain more than one category, leading to a total percentage of more than 100%.

Providing Information or Advice

In this category, offering advice predominates giving information. One of four messages consisted of this self-help category, with words like *try*, *maybe*, and *help* frequently used. "Take care of yourself," "take time to grieve," "talk to a professional/friend," and "keep writing" are frequently expressed statements. If information is given, it is usually practical information about self-help materials (e.g., books, music, websites) or where to find (good) professional help. Sometimes providing information or advice follows a direct request, but more often it is given after a personal experience has been shared.

> Original message: (. . .) I just wanted to say this. Tomorrow would have been my girlfriend's birthday. Then I've had them all: The first Christmas without her, the first New Year's Eve and tomorrow the first birthday.
>
> Response message: Try to find something that brings you peace, something that distracts you. Mourning is exhausting and takes a lot out of you. Breathing exercises help me, and listening to music. Try to keep up your social contacts even though you don't feel like it. And try to get an appointment.

Universality

The 17% of messages with universality often included the words *also/too*, *recognize*, and *alone*. Universality is used in responses to members who are feeling lonely or are in doubt about their feelings, but also when a story, feeling, or experience is very recognizable for the participant. "The fear that you are feeling, I felt it too after my nephew died."

Gratitude

In almost all messages in this category (9%), the word *thank* is directed at other members. Participants say that they are grateful for others' response, advice, (kind) words, or support. Some also thank other members in advance for reading their story that they just wrote. "Thank you for

your response, it helps if you just write, even without giving me advice, but it shows a lot of understanding."

Requesting Information or Advice

In 7% of the messages, participants ask questions about other people's experiences – if anyone recognizes their story and wants to connect – and how they manage to get on with their lives. Some ask questions about the medical history of the deceased or about experiences of health-care services and spiritual intermediaries. Although an answer is not always provided when a participant requests information or advice, they mostly receive at least one response containing advice, a personal experience, or empathy.

Creative Expression

Poetry was the only direct expression of creativity in the messages. Participants also mentioned that drawing or painting, listening to certain music, writing a book, or writing letters to the deceased helps them in their grieving process. "It helps me to listen to good music and just be sad, but also to write letters to my husband. I write my anger, worries, love, and sorrow to him." Creative expression was mentioned in 5% of the messages.

Friendship

The messages show that friendships can develop. Participants engaged in conversations for many weeks and asked each other how they were doing. In the category Friendship, however, we only coded messages containing information about writing or speaking to members (or the wish to do so), that were unknown to the participants before entering the group. "If you want to talk about it, then I can and want to help you." This was the case in 2% of the messages.

Chitchat

There were only five messages containing chitchat – mostly sharing details about a traditional feast day and New Year's Eve. The main subject of every message was the suicide, the deceased, or coping with grief.

Grief Reactions

There was great variation in the grief reactions exhibited. As we did not ask questions of the participants, it is difficult to interpret emotional statements in relation to the grieving process. Intense feelings of pain and sadness as well as crying, for example, are normal following the death of a loved one. But they can become problematic when they are characteristics of a prolonged grieving process. On the other hand, we also read messages with words like *happiness*, *comfort*, and *willpower*. These grief reactions are probably signs of recovery or have at least no negative impact on the grieving process. Despite these limitations, we coded a grief reaction as a "negative" grief reaction or "positive" grief reaction. Table 3 shows the definition and frequency of these two categories.

Negative Grief Reactions

Far more negative grief reactions (45%) were disclosed in the online support groups than positive grief reactions (14%). Missing the deceased was frequently shared by the participants in several of their messages. Participants also often expressed (intense) feelings of sadness, disbelief, pain, difficulty, loneliness, guilt, regret, anger, anxiety, restlessness, disappointment, and powerlessness. They also said that they cry, sleep badly, have nightmares, and are very tired. A few participants referred to their diagnoses of depression or posttraumatic stress disorder.

Most of the time, participants do not understand why their loved one committed suicide, which leaves them with more questions than answers. It seems that for most participants, severe negative feelings fade slightly as time goes by. There are individual differences, and some participants say that the bereaved by suicide are sentenced for life.

> I blame myself. Her mother called me and told me the news. I was crying, screaming. I felt dizzy and could not stand up. For days after I felt stunned. I did not believe it, why didn't she call me, I feel like I'm on a rollercoaster. Now almost 1 year later it still feels like that. The silence, terrifying, the missing gets worse, the distress gets bigger. Sometimes I cannot find peace and I cannot let it go.

Positive Grief Reactions

If positive grief reactions were expressed, most of the time the same message also contained negative grief reactions. A will to live was mostly expressed, for example, that they want to live or "must live" for their lost loved one or their (remaining) children, parent, or other significant person. Willpower is also reflected in expressions of hope, fighting spirit, a strong attitude, undertaking positive activities, and looking to the future. Expressions of happiness, courage, pride, reassurance, and comfort were also exchanged. Some participants mentioned that they are "fortunately doing a little better," feel really happy at times, have found more peace, or have fewer negative feelings. Others appreciate the small things in life more than before, sometimes in combination with the feeling that the suicide and grief have made them into who they have become.

> Fortunately, I can get to sleep reasonably well, although this is because I feel enormously tired. I would rather not be here anymore but I think there are many connections that keep me here and sometimes I can also really enjoy the beautiful weather, a song, a smile.

Health-Care Services

Experiences with health-care services (e.g., services offered by general practices and mental health institutions, alternative medicine, and medication) were sometimes mentioned in the forums. The same applies to comments on face-to-face support groups and the online support groups being studied. Table 3 presents an overview of the categories including definitions and frequencies found in our study.

Searching for and Neutral Experiences With Health-Care Services

Health-care services did not seem to be a much discussed subject. In 4% of the messages, participants stated that they had made an appointment or were searching for a general practitioner, psychologist, spiritual intermediary, or face-to-face support group. We coded neutral experiences (3%) when the participant went to these professionals without mentioning anything else. There is some overlap between searching and the self-help mechanism of requesting information or advice on where to find health-care services.

Positive and Negative Experiences With Health-Care Services

Only 7% of the messages contained positive experiences about health-care services. Participants regarded these types of support as helpful, supportive, desirable, or advisable. Participants expressed greater satisfaction with (online) support groups, specialized psychologists (e.g., victim care or a bereavement counselor), and spiritual intermediaries than with general psychologists and general practitioners. Slightly fewer messages contained negative experiences about health-care services (5%). Some participants mentioned that they were skeptical about these services, sometimes due to earlier experiences that their lost loved one had with therapists. Other negative experiences had to do with judicial authorities, rejected health-care services, or professionals who did not understand their situation or betrayed their confidence. "The health-care service and social worker neglected us completely in the first year after my dad's suicide, so I am reluctant to seek help anymore."

It is interesting to note here that we found some differences between the Dutch and Belgian online support group with regard to health-care services. Participants in the Belgian support group were more often positive (8%) about health-care services as compared to the Dutch support group (5%). In Belgium, victim care is offered (free of charge) for the bereaved by suicide, which seems highly valued by the participants in our study. However, this service is not available for the bereaved by suicide in the Netherlands. In the Dutch forum we more often found messages containing negative experiences or expressions of dissatisfaction with health-care services (7%) than in Belgium (4%), mostly because the participants could not use victim care or because they were disappointed by non-specialized health-care services. There were also participants in the Dutch forum who said that face-to-face support groups were not available in their community.

Discussion

Although online support groups are becoming increasingly popular around the world and as a subject for scientific research, only a few researchers have investigated online support for the bereaved by suicide. The aim of this article was to examine self-help mechanisms, grief reactions, and experiences with health-care services communicated in online forums for the bereaved by suicide. Our findings suggest that the bereaved by suicide use an online forum to share their personal (grief) experiences, find support and empathy, and subsequently try to help others with advice.

Consistent with previous studies, we found that sharing personal experiences, also known as self-disclosure, was the most frequently used self-help mechanism (Finn, 1999; Malik & Coulson, 2010; Perron, 2002; van Uden-Kraan et al., 2008). Although the frequencies of this mechanism differ greatly between these studies (21–51%), this is probably due to the method used. We found more messages that involved sharing personal experiences (77%) than were found in online forums for infertility (45%; Malik & Coulson, 2010), somatic illnesses (51%; van Uden-Kraan et al., 2008), and online grief communities (66%; Swartwood et al., 2011). Together with the fact that we found only five messages containing chitchat, compared to 42% chitchat in online somatic illness support groups (van Uden-Kraan et al., 2008), we conclude that the suicide of a loved one and (coping with) grief is the main subject communicated in the online forums for the bereaved by suicide under review. A possible explanation for this finding is that the bereaved by suicide often experience social stigma (Cvinar, 2005; Hawton & Simkin, 2003; Sveen & Walby, 2008). Therefore, it could be difficult to share experiences in their own social network. An online forum specifically developed for the bereaved by suicide could be the only place where they can tell and re-tell their stories without feeling judged or ignored. A few participants in our study mentioned that "they finally found a place to share their experiences." It could be that the participants in our study show their grief mainly on the online forums, or that the online forums attract the bereaved by suicide suffering from severe grief. It seems that chitchat does not fit well in a forum on such a sensitive issue as suicide.

In accordance with previous studies using observations of face-to-face support groups, questionnaires, or interviews with the bereaved by suicide, we found more negative stated grief reactions than positive stated grief reactions (Clark & Coldney, 1995; Gaffney & Hannigan, 2010; Sveen & Walby, 2008). Although some participants frequently posted messages containing severe negative grief reactions for more than 6 months, we cannot draw any firm conclusions about their risk for complicated grief

or mental illnesses. Quantitative and longitudinal research is necessary to investigate the severity of the grief reactions expressed by forum participants.

An interesting finding was that the bereaved by suicide tended not to share their experiences of health-care services or a need for these services. It could be that the participants had no experience of health-care services, or that they did not find it of interest to share their experiences with others. Remarkably, we found slightly more negative statements about health-care services (5%) than is found in online support groups for somatic illnesses (2%; van Uden-Kraan et al., 2008). It is also striking that specialized health-care services are more positively evaluated by the Belgian forum participants than by the Dutch forum participants. However, these minor differences are likely to be within the range of sampling error variability. Based on the information from the participants who posted on this topic, our study indicates that specialized and free-of-charge health-care services such as victim care and online forums can be meaningful in bereavement for at least a significant subgroup of the bereaved by suicide. Participants were more satisfied with bereavement counselors than general practitioners, for example, and there were almost no negative messages about the online forums.

Limitations

The messages in our sample were posted by relatively few participants, which is in line with previous research (van Uden-Kraan et al., 2008). It is unknown whether specific characteristics of online forum participants biased our results as compared to the bereaved by suicide not using online forums or not having access to a computer. Moreover, our results are based on the bereaved by suicide who actively posted messages. It can be expected that lurkers differ in their self-help mechanisms, grief reactions, and experiences about health-care services. A recent study analyzing online grief communities found that approximately 2% of the members who read a message actually posted a response (Swartwoord et al., 2011).

Practical Implications and Future Research

Online support groups are a low-cost intervention reaching many bereaved by suicide simultaneously. We recommend that health-care professionals consider promoting online support for these mourners. Online support could be indicated alongside conventional health-care services, for example, as a waiting-list intervention, a supplement to therapy, or a follow-up intervention. Online support groups could be vital for those bereaved by suicide who could otherwise not share their experiences in their own social network.

Our results suggest that the bereaved by suicide in our study feel a strong need to share their personal experiences with peers in a secure online environment. It seems that they use the online forum constructively, as previous research indicates that sharing personal experiences is an effective mechanism for coping with grief (Feigelman et al., 2009), although more research is needed to determine the severity of their expressed grief. Future research is also needed to establish the effects of online support above and beyond professional and informal support as well as which subgroups benefit from (combinations of) these forms of support.

References

Callahan, J. (2000). Predictors and correlates of bereavement in suicide support group participants. *Suicide and Life-Threatening Behavior, 30,* 104–124.

Chapple, A., & Ziebland, S. (2011). How the Internet is changing the experience of bereavement by suicide: A qualitative study in the UK. *Health, 15,* 173–187.

Clark, S. E. (2001). Bereavement after suicide – how far have we come and where do we go from here? *Crisis, 23,* 102–108.

Clark, S. E., & Goldney, R. D. (1995). Grief reactions and recovery in a support group for people bereaved by suicide. *Crisis, 16,* 27–33.

Clark, S. E., & Goldney, R. D. (2000). The impact of suicide on relatives and friends. In K. Hawton & K. van Heeringen (Eds.), *International handbook of suicide and attempted suicide* (pp. 467–484). Chichester, UK: Wiley & Sons.

Coursaris, C. K., & Liu, M. (2009). An analysis of social support exchanges in online HIV/AIDS self-help groups. *Computers in Human Behavior, 25,* 911–918.

Cutrona, C. E., & Suhr, J. (1992). Controllability of stressful events and satisfaction with spouse support behaviors. *Communication Research, 19,* 154–174.

Cvinar, J. G. (2005). Do suicide survivors suffer social stigma: A review of the literature. *Perspectives in Psychiatric Care, 41,* 14–21.

de Groot, M. H., de Keijser, J., & Neeleman, J. (2006). Grief shortly after suicide and natural death: A comparative study among spouses and first-degree relatives. *Suicide and Life-Threatening Behavior, 36,* 418–432.

Eichhorn, K. C. (2008). Soliciting and providing social support over the Internet: An investigation of online eating disorder support groups. *Journal of Computer-Mediated Communication, 14,* 67–78.

Eysenbach, G., & Till, J. E. (2001). Ethical issues in qualitative research on Internet communities. *British Medical Journal, 323*, 1103–1105.

Feigelman, W., Gorman, B. S., Beal, K. C., & Jordan, J. R. (2008). Internet support groups for suicide survivors: A new mode for gaining bereavement assistance. *OMEGA, 57,* 217–243.

Feigelman, W., Jordan, J. R., & Gorman, B. S. (2009). Personal growth after a suicide loss: Cross-sectional findings suggest growth after loss may be associated with better mental health among survivors. *OMEGA, 59,* 181–202.

Finn, J. (1999). An exploration of helping processes in an online self-help group focusing on issues of disability. *Health & Social Work, 24,* 220–231.

Flicker, S., Haans, D., & Skinner, H. (2004). Ethical dilemmas in research on Internet communities. *Qualitative Health Research, 14,* 124–134.

Gaffney, M., & Hannigan, B. (2010). Suicide bereavement and coping: A descriptive and interpretative analysis of the coping process. *Procedia Social and Behavioral Sciences, 5,* 526–535.

Hawton, K., & Simkin, S. (2003). Helping people bereaved by suicide. Their needs may require special attention. *British Journal of Medicine, 327,* 177–178.

Hollander, E. M. (2001). Cyber community in the valley of the shadow of death. *Journal of Loss and Trauma, 6,* 135–146.

Jordan, J. R., & McIntosh, J. L. (2011a). Suicide bereavement: Why study survivors of suicide loss? In J. R. Jordan & J. L. McIntosh (Eds.), *Grief after suicide. Understanding the consequences and caring for the survivors* (pp. 3–17). New York, NY: Taylor and Francis.

Jordan, J. R., & McIntosh, J. L. (2011b). Is suicide bereavement different? A framework for rethinking the question. In J. R. Jordan & J. L. McIntosh (Eds.), *Grief after suicide. Understanding the consequences and caring for the survivors* (pp. 19–42). New York, NY: Taylor and Francis.

Landis, J. R., & Koch, G. G. (1977). The measurement of observer agreement for categorical data. *Biometrics, 33*, 159–174.

Malik, S. H., & Coulson, N. S. (2010). Coping with infertility online: An examination of self-help mechanisms in an online infertility support group. *Patient Education and Counseling, 81,* 315–318.

MaxQda. (2007). Software for qualitative data analysis (VERBI Software). Berlin, Germany: Spezialforschung GmbH.

McDaid, C., Trowman, R., Golder, S., Hawton, K., & Sowden, A. (2008). Interventions for people bereaved through suicide: systematic review. *The British Journal of Psychiatry, 193,* 438–443.

Mitchell, A. M., Kim, Y., Prigerson, H. G., & Mortimer-Stephens, M. (2004). Complicated grief in survivors of suicide. *Crisis, 25,* 12–18.

Mo, P. K. H., & Coulson, N. S. (2008). Exploring the communication of social support within virtual communities: A content analysis of messages posted to an online HIV/AIDS support group. *CyberPsychology & Behavior, 11,* 371–374.

Pennebaker, J. W., Zech, E., & Rimé, B. (2007). Disclosing and sharing emotions: Psychological, social and health consequences. In M. S. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement research* (pp. 517–543). Washington, DC: American Psychological Association.

Perron, B. (2002). Online support for caregivers of people with a mental illness. *Psychiatric Rehabilitation Journal, 26,* 70–77.

Sveen, C. A., & Walby, F. A. (2008). Suicide survivors' mental health and grief reactions: A systematic review of controlled studies. *Suicide and Life-Threatening Behavior, 38,* 13–29.

Swartwood, R. M., McCarthy Veach, P., Kuhne, J., Lee, H. K., & Ji, K. (2011). Surviving grief: An analysis of the exchange of hope in online grief communities. *OMEGA, 63,* 161–181.

van Uden-Kraan, C. F., Drossaert, C. H. C., Taal, E., Lebrun, C. E. I., Drossaers-Bakker, K. W., Smit, W. M., ... van de Laar, M. A. F. J. (2008). Coping with somatic illnesses in online support groups: Do the feared disadvantages actually occur? *Computers in Human Behavior, 24,* 309–324.

Vayreda, A., & Antaki, C. (2009). Social support and unsolicited advice in a bipolar disorder online forum. *Qualitative Health Research, 19*, 931–942.

World Health Organization. (2011). *Suicide prevention (SUPRE).* Retrieved from http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/

World Health Organization, Europe. (2011). *Mental health. Facts and figures.* Retrieved from http://www.euro.who.int/en/what-we-do/health-topics/noncommunicable-diseases/mental-health/facts-and-figures

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