Internet Message Boards for Suicidal People: A Typology of Users

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ABSTRACT
Clinical psychological discourse contains a varied array of evaluations of the risks and/or benefits of Internet message boards where people can discuss their suicidal thoughts. Public opinion contends they are harmful. To assess this assumption, an online questionnaire (N = 164) survey was conducted on a German message board for suicidal people. Three user types were identified with differing motives for visiting the forum and different usage effects of the message board. The results contradict the assumptions that suicide message boards are generally a source of potential harm and that they foster suicidal tendencies and point instead to their predominantly constructive or even suicide-preventive functions.

INTRODUCTION
From a clinical perspective, issues dealing with pathological Internet use are related to Internet addiction, deviant online sexuality, and nonconsensual or violence-related online behavior (e.g., cyber-stalking, depictions of violence, and violent games). Following first media reports of isolated incidents of group suicides planned online, the Internet became one more relevant topic in clinical psychological research. In particular, interest turned toward the existence of so-called "suicide forums," virtual discussion platforms where the people participating are primarily those with suicidal thoughts. Thousands of such forums exist around the world. The general potential of the Internet to allow people access to self-help information on various disorders and problems, as well as the opportunities for suicide prevention through this medium, are in sum considered positive, but assessments of the dangers and advantages of these suicide forums are mixed (see Table 1), and voices of alarm clearly have prevailed.

At present, few systematic studies exist that deal with this subject empirically. Fekete was able to identify divergent communication patterns in forums with different orientations (depression, fear, and suicidal tendencies) in a study using content analysis. Miller and Gerge analyzed all of the postings on the AOL Suicide Bulletin Board over 11 months and concluded that most contributions contained positive and empathetic, supportive postings. Schmidtke et al. investigated whether there is an evident increased frequency of suicide or suicidal attempts associated with those forums within a specific period of time. Their hypothesis states that an episodic, greater-than-chance accumulation of arrangements for suicidal behavior increases an imitative effect. Their results point in this direction—postings where people are looking for suicide part-
ers do occur more frequently in specific time periods, but this does not prove imitative behavior within a forum, since other factors (such as seasonal effects or reports in other media) may have caused this increased frequency. Using a multimethod study, Winkel was able to demonstrate that the users of such forums experience a great deal of social support and only a small amount of social strain.

Following the transactional advantage and reward model by McLeod and Becker, it was the goal of this study to clarify the relationship between the users’ motives for participating in suicide forums and the specific effects on the suicidality of these users.

**METHOD**

**Data collection**

An online survey was carried out on the most-frequented German-language forum (www.selbstmordforum.de). This method of data collection provided the easiest access to the sample group. The study utilized professional questionnaire software (www.globalpark.de) with an array of features that addressed problems specific to online surveys and improved the quality of the data (e.g., filter management, a plausibility check, and control for multiple entries by the same participant).

A questionnaire consisting of 29 items was constructed for the survey. Due to the lack of research in the area being investigated, no standardized scales have yet been developed that could have been employed. The questionnaire consisted of three subject areas: (1) *user characteristics*, including sociodemographic data, user’s suicidal history, and the extent of the person’s suicidal thoughts; (2) *usage habits and reasons for use*, including motives for participating in the forum, the content of the user’s own postings, and other users’ reactions to them; and (3) *effects of the forum*, a self-evaluation of how participating in the forum had changed the suicidal problem situation. It was first pretested in other comparable forums regarding its practicability, comprehensibility, and completeness of item formulation ($N = 30$) and revised on the basis of the feedback received. The invitation to participate in the main study was placed on the portal’s start page, and participation was approved by the webmaster. The data collection period lasted 4 weeks (April 2003), and 164 questionnaires were filled out completely.

**Description of sample**

The sample consisted of 164 people (50% male). Most participants were adolescents (59% under 21 years of age; 88% 30 years or younger). The group consisting of users with a short history of suicidal thoughts ($<1$ year) was relatively small (14%); 29% of the users showed a history of suicidal tendency of 1 to 3 years; and 34% had been having thoughts of suicide for more than 5 years.

Those who stated that they had never experienced suicidal thoughts (12%) were excluded from answering the additional items collecting data about suicidal experience. Of those participants

<table>
<thead>
<tr>
<th>Endangering effects</th>
<th>Suicide-preventative effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Further emotional labilization in particular of youth and mentally ill persons</td>
<td>Removing or reducing the taboos associated with this strongly stigmatized issue in society</td>
</tr>
<tr>
<td>Spreading of suicide methods</td>
<td>Release of the tension to commit suicide through discussion about suicide methods</td>
</tr>
<tr>
<td>Contagion and imitation (“Werther effect”)</td>
<td>Anonymous and uncensored exchange with other affected people, which provides social support</td>
</tr>
<tr>
<td>Lowering the threshold in the sense of peer or group pressure possibly removing any</td>
<td>Enabling professionals to contact suicidal people who otherwise would not have been reached</td>
</tr>
<tr>
<td>Change in attitudes toward suicide</td>
<td>Easier access to professional crisis counselling</td>
</tr>
</tbody>
</table>

**Table 1. Potential Risks and Benefits of Suicide Forums**

- **Endangering effects**
  - Further emotional labilization in particular of youth and mentally ill persons
  - Spreading of suicide methods
  - Contagion and imitation (“Werther effect”)
  - Lowering the threshold in the sense of peer or group pressure possibly removing any ambivalence a person might have
  - Change in attitudes toward suicide

- **Suicide-preventative effects**
  - Removing or reducing the taboos associated with this strongly stigmatized issue in society
  - Release of the tension to commit suicide through discussion about suicide methods
  - Anonymous and uncensored exchange with other affected people, which provides social support
  - Enabling professionals to contact suicidal people who otherwise would not have been reached
  - Easier access to professional crisis counselling

**Conclusion:** official government measures to censor relevant Internet material and to close forums
who experienced suicidal thoughts \((N = 145)\), over half had made at least one suicide attempt \((55\%)\); 19\% stated that they had attempted to take their lives two to three times.

**RESULTS**

*Use of the forum*

Seventy-eight percent of the respondents used the Web site Selbstmordforum.de exclusively. Although the number of those users whose suicidal issues had begun recently was small, there was a distinct group of people who had only recently started frequenting this Web site: 29\% had been using it for less than a month, 22\% for less than 6 months, and 15\% for less than 12 months, while 34\% had been participating in the forum for longer than 1 year. The intensity with which users frequented this message board was high: nearly half of the sample \((45\%)\) visited the Web site on average at least once per day, whereas occasional visitors \((less than once per month)\) were also clearly represented \((17\%)\).

**Motives for visiting the forum**

Users were asked to rate possible reasons on a 5-point scale \((0, \text{does not apply at all, to 4, applies completely})\) regarding how well each reason applied to them \((see Table 2)\). More than four-fifths, 81\% of the participants, claimed to frequent the forum because they wanted to meet people with similar problems; 62\% of the visitors stated the desire to share their own problems with others. While the motives to obtain information about receiving professional help and to find a partner with whom to commit suicide were less relevant, for 77\% and 81\% of the users respectively, these reasons applied little or not at all. Using factor analysis \((main component analysis) followed by a varimax rotation on the motives for participating in the forum, three orthogonal factors were extracted that explained 58.3\% of the total variance \((compare Table 2)\).

We discovered that the more constructive motives for visiting the forum \((Factor 1)\), those that were essentially of a help-seeking nature, were independent of the destructive motives \((Factor 2)\), such as finding a partner or new methods to commit suicide. After splitting the sample into two

<table>
<thead>
<tr>
<th>Motive</th>
<th>M</th>
<th>SD</th>
<th>Constructive</th>
<th>Destructive</th>
<th>Unspecified</th>
</tr>
</thead>
<tbody>
<tr>
<td>In order to meet people with similar problems and thoughts</td>
<td>2.5</td>
<td>1.3</td>
<td>0.68</td>
<td>-0.20</td>
<td>-0.01</td>
</tr>
<tr>
<td>In order to share the problems behind my suicidal thoughts</td>
<td>2.0</td>
<td>1.5</td>
<td>0.76</td>
<td>-0.15</td>
<td>-0.21</td>
</tr>
<tr>
<td>In order to find a person to contact in an acute suicidal crisis</td>
<td>1.7</td>
<td>1.5</td>
<td>0.75</td>
<td>-0.02</td>
<td>-0.19</td>
</tr>
<tr>
<td>Curiosity</td>
<td>1.7</td>
<td>1.5</td>
<td>-0.20</td>
<td>0.34</td>
<td>0.43</td>
</tr>
<tr>
<td>In order to help others</td>
<td>1.7</td>
<td>1.3</td>
<td>0.53</td>
<td>0.11</td>
<td>0.52</td>
</tr>
<tr>
<td>In order to get rid of my suicidal thoughts</td>
<td>1.4</td>
<td>1.3</td>
<td>0.66</td>
<td>-0.11</td>
<td>-0.13</td>
</tr>
<tr>
<td>In order to overcome the crisis together with people with similar problems</td>
<td>1.4</td>
<td>1.2</td>
<td>0.74</td>
<td>-0.20</td>
<td>0.24</td>
</tr>
<tr>
<td>In order to receive details on effective suicide methods</td>
<td>1.3</td>
<td>1.6</td>
<td>0.22</td>
<td>0.81</td>
<td>-0.32</td>
</tr>
<tr>
<td>In order to obtain information about professional help</td>
<td>0.8</td>
<td>1.1</td>
<td>0.62</td>
<td>0.03</td>
<td>0.14</td>
</tr>
<tr>
<td>In order to find someone to commit suicide with</td>
<td>0.6</td>
<td>1.2</td>
<td>0.33</td>
<td>0.78</td>
<td>-0.23</td>
</tr>
<tr>
<td>In order to receive information on how to deal with people with suicidal thoughts</td>
<td>0.5</td>
<td>1.2</td>
<td>0.13</td>
<td>0.29</td>
<td>0.75</td>
</tr>
<tr>
<td>Sum of squared factors for extraction</td>
<td>3.47</td>
<td>1.59</td>
<td>1.34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of the variance</td>
<td>31.58</td>
<td>14.47</td>
<td>12.26</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*On a 5-point rating scale \((0, \text{does not apply at all, to 4, applies entirely})\) \((mean and standard deviation)\)

**(N = 164).**
groups at random, the same factor structure was still evident in the two subgroups (exact results can be obtained from the author on request). The factor analysis of the whole sample resulted in three factors, explaining 31.58% (Factor 1, constructive), 14.47% (Factor 2, destructive), and 12.26% (Factor 3, unspecific) of variance respectively (compare Table 2). In the two subsamples, each of the factor analyses again yielded three factors in the same order, explaining 30.78%, 14.75%, and 13.19% of variance in subsample A and 31.43%, 15.82%, and 12.51% of variance in subsample B. The allocation of the items to the factors was almost the same. Only one item, (“in order to help others”), which could not be attributed to any factor in the overall sample, is attributed to different factors in the two subgroups.

Six items were summarized into the scale constructive motives by calculating the mean. For these items, there was an inner consistency of Cronbach’s α = 0.77. Two other items were used to construct the scale destructive motives in the same way, where Cronbach’s α = 0.75. The reliability of these scales can be considered sufficient for group comparison.21

The content of entries in the forum

As many as one-third (34%) of the survey’s respondents indicated they were entirely passive users—that is, they did not post any entries themselves. Regarding the main contents of the postings, two factors were identified that explained 59.8% of the total variance: entries with a focus on oneself (e.g., “I express my suicidal thoughts”) or entries with content focus on others (e.g., “I respond to the suicidal thoughts of others”) (compare to Table 3).

It was possible to replicate the factor structure using the split-half verification (exact results can be obtained from the author on request). As in the factor analysis using the whole sample, the verifications using the split sample identified two factors: 33.30% (other-focused) and 25.38% (self-focused) of variance in subsample A and 40.02% (other-focused) and 22.89% (self-focused) of variance in subsample B. In both subsamples, all items were attributed to the same factors, as they were in the whole sample.

By averaging the items that extract onto each factor, we created the scales self-focused content and other-focused content. The internal consistency of the scales was α = 0.68 for self-focused content but α = 0.84 for other-focused content. These values show that the latter scale has high reliability, while the former scale has questionable reliability (compare George and Mallery21). This simply means that forum visitors can post highly varying self-focused content. The distinction between self-focused and other-focused is not rendered any less appropriate, however, and was confirmed clearly in the factor analyses with different parts of the sample.

User types

A cluster analysis with 164 cases with 10 iterations was calculated for motives behind visiting the forum. An acceptable classification of three types resulted. The number of cases included in the clusters were 35 (Type 1), 51 (Type 2), and 78 (Type 3) respectively. In an ANOVA, all three types differed from one another at greater than chance levels in terms of the constructive motives ($F[2, 161] = 120.23; p < 0.01$) as well as in terms of the destructive motives ($F[2, 161] = 235.49; p < 0.01$) (see Figure 1a).

<table>
<thead>
<tr>
<th>Item</th>
<th>Other-focused</th>
<th>Self-focused</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am trying to dissuade others from their suicidal thoughts.</td>
<td>0.89</td>
<td>−0.05</td>
</tr>
<tr>
<td>I am trying to solve other people’s problems that lead to suicidal thoughts.</td>
<td>0.88</td>
<td>0.05</td>
</tr>
<tr>
<td>I ask others about their suicidal thoughts.</td>
<td>0.80</td>
<td>0.13</td>
</tr>
<tr>
<td>I share with others how I overcame my suicidal thoughts.</td>
<td>0.66</td>
<td>0.19</td>
</tr>
<tr>
<td>I simply chat with the other participants: the subject of “suicide” is irrelevant.</td>
<td>0.37</td>
<td>−0.31</td>
</tr>
<tr>
<td>I express my suicidal thoughts.</td>
<td>−0.11</td>
<td>0.83</td>
</tr>
<tr>
<td>I describe the problems that lead to my suicidal thoughts.</td>
<td>0.09</td>
<td>0.78</td>
</tr>
<tr>
<td>I ask for help.</td>
<td>0.28</td>
<td>0.67</td>
</tr>
<tr>
<td>Rotated sum of the squared contents</td>
<td>2.88</td>
<td>1.89</td>
</tr>
<tr>
<td>Percentage of the variance</td>
<td>36.06</td>
<td>23.73</td>
</tr>
</tbody>
</table>

TABLE 3. Rotated Factor Matrix of the Content in One’s Own Postings (N = 108)
Additionally, in terms of the self-focused content \( F[2, 105] = 23.28; p < 0.01 \) and the other-focused content \( F[2, 105] = 7.42; p < 0.01 \) of the participants’ own entries, there were significant differences between the three user types (see Figure 1b).

To elucidate the nature of these differences, post-hoc tests (Scheffé) were performed. The most notable results are included in the description of the user types (complete results can be obtained from the author on request).

**Type 1** (21% of the users) users seem to be the actual problematic users, given that they state the highest level of destructive motives (mean difference to Type 2 \( 2.55, p < 0.001 \), and mean difference to Type 3 \( 2.57, p < 0.001 \)). However, this user type also shows a strong tendency to participate in this forum for constructive reasons—more than Type 2 with mean difference of 1.35, \( p < 0.001 \). The user could therefore adequately be called the ambivalent help-seeking type. Almost two-thirds, 66%, of users of this type also participate actively in the forum, contributing more self-focused content and hardly any other-focused content.

**Type 2** (31% of the users) stands out as having significantly low-level distinctness in almost every motive for visiting the forum. Users of this type have neither strong constructive nor strong destructive motives: it appears that they frequent the forum neither to relieve their suffering, nor to receive help or to receive support in actually committing suicide. As a result, we call this user the unspecifically motivated type. Although 53% of these users posted entries, their postings do not show a strong focus on themselves or on others in connection with suicidal problems.

**Type 3** (48% of the users) can be described as those with the strongest constructive motives (mean difference to Type 1 = 0.32, \( p < 0.05 \) and mean difference to Type 2 = 1.67, \( p < 0.001 \)) in the sense of sharing problems and communicating with other people who share similar thoughts and feelings. In contrast to Type 1, destructive motives are hardly present in Type 3. Because of this pattern of motives, we call this type of user the constructive help-seeker type. Finally, Type 3 also appears to be the most active user type in the forum: 74% of these users participate by writing entries, with equal tendencies to write self- and other-focused content.

**Effects of using the suicide forum**

The survey participants were asked to assess the extent of their suicidal thoughts on a 7-level scale (0, absolutely no suicidal thoughts, to 6, very strong suicidal thoughts) for the time directly before their first forum visit and at the time of the survey. We found a significant reduction in the extent of suicidal thoughts from the time period before using the forum, at 4.32 (\( SD = 1.55 \)), to the time of the enquiry, at 3.08 (\( SD = 1.90 \)), with an effect size of \( d = 0.72 \) (\( t[144] = 9.2; p < 0.01 \)). We cannot conclude definitively from these data that the decrease in suicidal thoughts was a direct result of participating in the suicide forum, but the results do warrant a closer investigation of this issue.

If we compare the three user types regarding the extent of their suicidal thoughts before the initial visit to the forum \( F[2, 142] = 14.59; p < 0.01 \) and at present \( F[2, 142] = 26.85; p < 0.01 \), then we can see that the ambivalently seeking help user (Type 1) shows the
highest extent of suicidal tendency in the post-hoc test (Scheffé), and this can be seen both before the first visit to the forums (the mean difference to Type 2 = 1.85; p < .01; the mean difference to Type 3 = 1.13; p < .01) and at the time of the survey (the mean difference to Type 2 = 2.08; p < .01; the mean difference to Type 3 = 2.45; p < .01). These strong motives, to obtain information about suicide methods and to find contacts with whom to commit mutual suicide, might be the result of a particularly high degree of suffering found in this type. At the same time, these motives are only shared by a fraction of the forum’s participants (21%), so that the communication of aggressive aspects likely receives little resonance or is even negatively sanctioned by forum participants’ convictions, and therefore these users do not obtain any sort of relief. A comparison of the improvement (i.e., decrease) of suicidal thoughts showed significant differences between the three types (F[2, 142] = 11.58; p < .01). In the surveyed time span, the strongest decrease in the extent of suicidal thoughts was found in the constructively seeking help type (mean difference to Type 1 = 1.32, p < .001 and mean difference to Type 2 = 1.09, p = .003). One possible explanation could be that people who are mainly constructively looking for help benefit more from participating in these forums than those whose motives are unspecific (Type 2) or ambivalent (Type 1).

When the users were asked directly to assess the effect that participating in the forum had on changing their thoughts of suicide, the vast majority (62%) responded that they did not attribute the changes to the forum. For those who saw a relationship between the change in their suicidal thoughts and their participation in the forum, 30% reported a decrease and a mere 8% reported an increase. The three user types differed significantly in the distribution of their assessments: 43% of the constructively seeking help types reported that their suicidal thoughts had decreased because of the forum, in contrast to only 23% of the unspecifically motivated types. Among the ambivalently seeking help users, only 9% reported a decrease (F[2, 142] = 7.40; p < .01).

**DISCUSSION**

The data presented here do not allow us to draw a representative conclusion regarding the general culture of the “suicidal scene” on the Internet because of methodological limitations (e.g., the participants were recruited from just one suicide forum, problems of self-selection processes in Web-based surveys, accompanying sample distortions [compare to Bandilla22]). Nevertheless, the data obtained in this study can be used to deflate some of the prevailing ascriptions of danger that exist in the public view, as well as in part in expert circles (compare to Table 1). The greatest number of users on the forum studied seem to be seeking constructive help in the form of communication with people whom they feel understand them, while they see themselves in a situation out of which they see no exit. Although a subgroup of users was identified who are highly motivated to find methods by which and partners with whom to commit suicide, proportionally the fraction of such users is rather small. This subgroup shows a comparatively greater extent of suicidal tendency, which could explain the intensity of the superficially ostensible “destructive” urge to communicate. On the other hand, discussions of methods for committing suicide cannot be generally considered dysfunctional, since they can also function as a way to reduce the pressure to take suicidal action.14 The claim that previously nonsuicidal people, particularly adolescents and young adults, were “made suicidal” by participating in suicide forums23 is cast into strong doubt by the results of this study: first, very few of the people in the sample (predominantly adolescents) had no previous history of suicidal thoughts; second, there was a significant reduction in the extent of suicidal thoughts from before the users started participating in the forum to the time the survey was carried out. Although we cannot necessarily assume that participating in the forum caused this reduction, it does, however, provide evidence against the trend toward “Werther effects.”

In sum, the results presented here support the position that “suicide forums” on the Internet should not be entirely demonized, since they differ in their orientation:24 lumping all of them into the same negative category prevents the formation of a nuanced view. In addition, no epidemiological data exists at present in Germany that could shed light on the suspicions that an increased suicide rate is connected to (increased) use of the Internet. Above all in this issue, we should focus our attention on ways to network the self-help activities of suicidal Internet users with sufficient professional help (on and off the Internet) in order to take advantage of the possibilities the Internet provides for preventing suicide as effectively as possible.

**REFERENCES**


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