

# Digital Cries: Understanding Suicide in Online Spaces

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# Content Advisory

This presentation will revolve heavily around the discussion of suicidal distress and may also touch on other sensitive topics (such as trauma). These discussions will be done in both non-graphic and non-stigmatizing manners. With that in mind, if needed, please feel free to step out at anytime.

# Learning Objectives



## Describe

and understand the **components** of the proposed comprehensive **Cyclical Model of Suicide** derived from online forums.



## Identify

the different **states** of the **decision-making process of suicide** seen from online forum users



## Evaluate

the major **motivational feelings and causes** commonly present in suicidal ideation shared on suicide forums in the digital era.

# Why Online Spaces Matter for Studies

- Anonymity **lowers barriers to disclose** intense, ambivalent feelings that an individual may not share in traditional mental health fields.
- Asynchronous posts capture “**in-the-moment**” states that might be viewed differently by a person later.
- Visibility invites **peer responses** that can shift current stance; these can shift current stance, either toward or away from risk.
- **Recurrence** shows across threads; **incident drivers** appear as well.



# *The Current Study*

Analyzes a public, text-based forum; posts collected/examined are all public without an account needed to view.

$N = 600$  randomly selected threads in total collected for analysis;  $N = 501$  deemed relevant for study.

Timeframe of posts collected span from December 2018 to July 2025. Only the original post in a thread was collected, no replies.

Study does not focus on individuals or outcomes and instead focuses on overall patterns observed from posts.

# *Ethics*

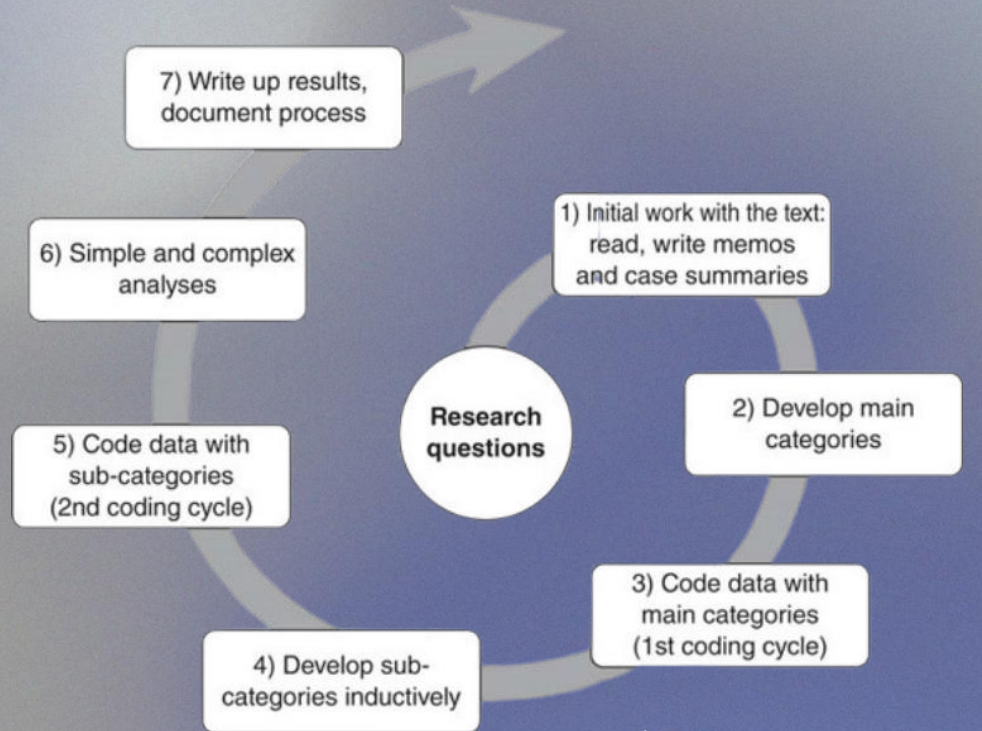
All posts are **paraphrased** and **de-identified** to reduce harm and traceability. The platform will not be identified either.

This study was **approved** by Arizona State University's Institutional Review Board (IRB) (Reference Number: STUDY00021546)

There will be no mention or discussion of specific actions or methods; non-graphic language is used in its place.

# *Methodology* of the Study (Design)

The design of the study followed that of a directed qualitative content analysis (DQCA), a deductive research method that uses an existing theory (i.e., ABS-Model) or framework to create initial coding categories for analyzing data (see next slide for a brief overview of domains)



(Kuckartz & Rädiker)

# *Methodology of the Study (Design)*

01

## Orientation States

non-suicidal distress, suicidal ideation, suicidal ambivalence, suicidal resolution, in-progress, recovery\*

02

## Contextual Flags

Cyclical process, incident driver

03

## Identified Descriptors

Feelings, causes, and disclosure reasons

04

## Mechanism of Movement

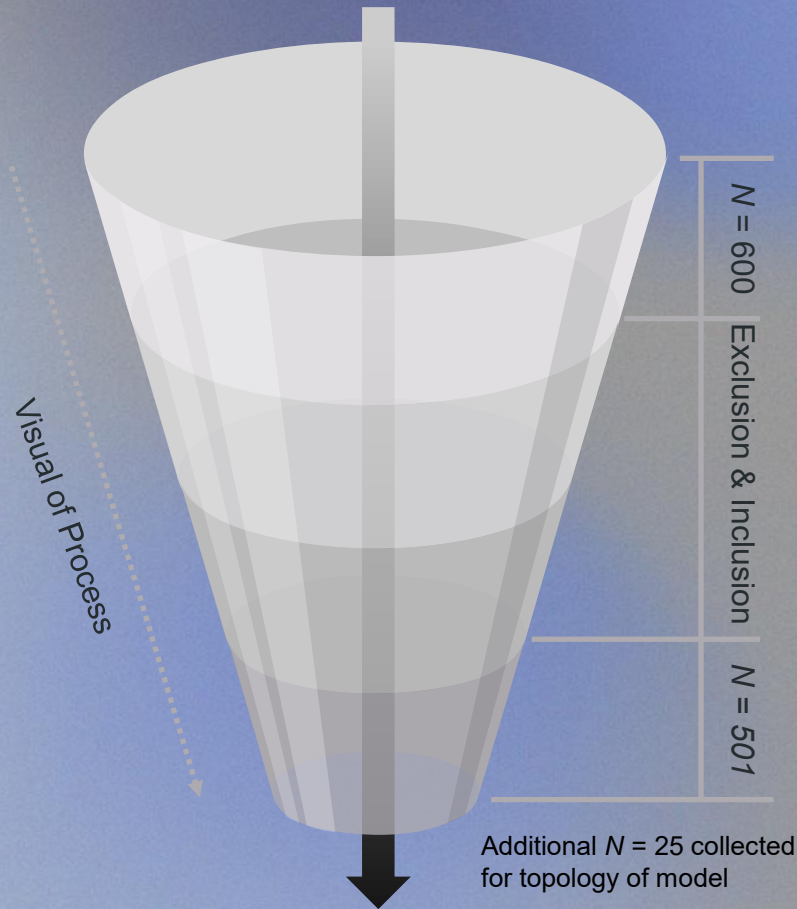
Reversal\*\* (back to a state of less risk)

## *Methodology of the Study* (Sampling)

Random index sampling of 600 threads across full archive was conducted first. The following exclusion and inclusion guidelines were then followed:

- **Inclusion:** narrative/reflection related to suicidal distress (feelings, context, decision orientation).
- **Exclusion:** (1) procedural/instructional content; (2) marketplace/technical requests; (3) content unrelated to suicide narratives.

Note: 25 threads from “Recovery” subforum were used to describe recovery; these are **not pooled** into the samples main 500 posts.



# Methodology of the Study (Sampling)

	#17  Venting CENSORED FOR SAFETY	Replies: 9	
User1		Views: 84	
	#18  Venting CENSORED FOR SAFETY	Replies: 1	
User2		Views: 46	
	#19  Help CENSORED FOR SAFETY	Replies: 0	
User3		Views: 34	
	#20  Help CENSORED FOR SAFETY	Replies: 0	
User4		Views: 28	

Step 1: Posts are assigned numbers (starting w/ 1)

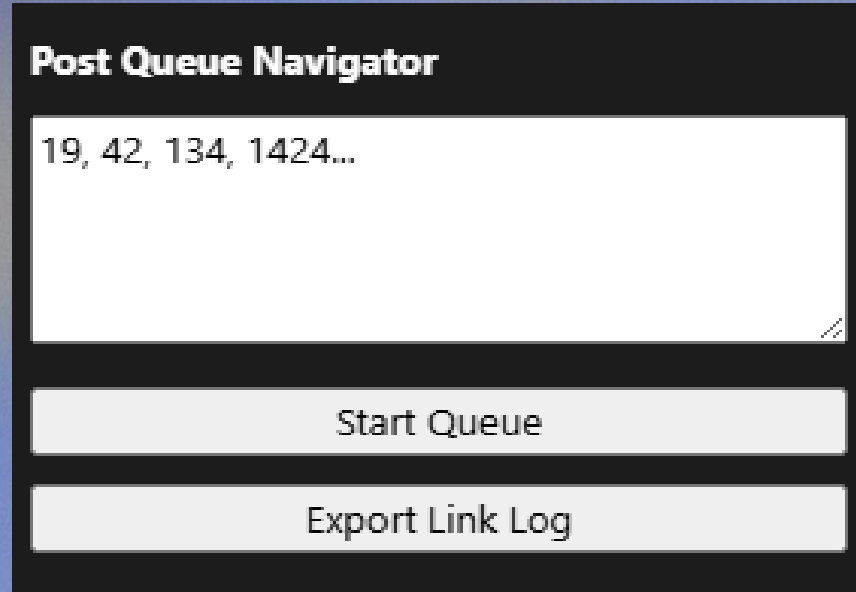
# Methodology of the Study (Sampling)



	#17  CENSORED FOR SAFETY User1	Replies: 9 Views: 84	
	#18  CENSORED FOR SAFETY User2	Replies: 1 Views: 46	
	#19  CENSORED FOR SAFETY User3	Replies: 0 Views: 34	
	#20  CENSORED FOR SAFETY User4	Replies: 0 Views: 28	

Step 2: Random numbers generated (e.g., 19)

# *Methodology of the Study (Sampling)*



**Post Queue Navigator**

19, 42, 134, 1424...

Start Queue

Export Link Log

Step 3: Random post #'s inputted into scraper

# *Methodology of the Study (Sampling)*

	A	C	D
1	Post #	User ID	Content
2	19	#001	<b>Content Censored For Safety</b>
502	42	#002	<b>Content Censored For Safety</b>
503	134	#003	<b>Content Censored For Safety</b>
504	1424	#004	<b>Content Censored For Safety</b>

Step 4: Post #, User ID, and Content exported to a spreadsheet for analysis

# *Methodology* of the Study (Dependability)

## Stability Check:

A 15% stability  
recode ( $N = 75$ )  
yielded 86.67%  
agreement at the  
post level;  
discrepancies were  
then adjudicated

## Demographics:

No demographics  
were collected to  
ensure anonymity;  
outcomes of posts  
also, cannot be  
inferred

## Limitations:

Only collected from  
a single site/forum;  
no cross sectional  
analysis was  
conducted

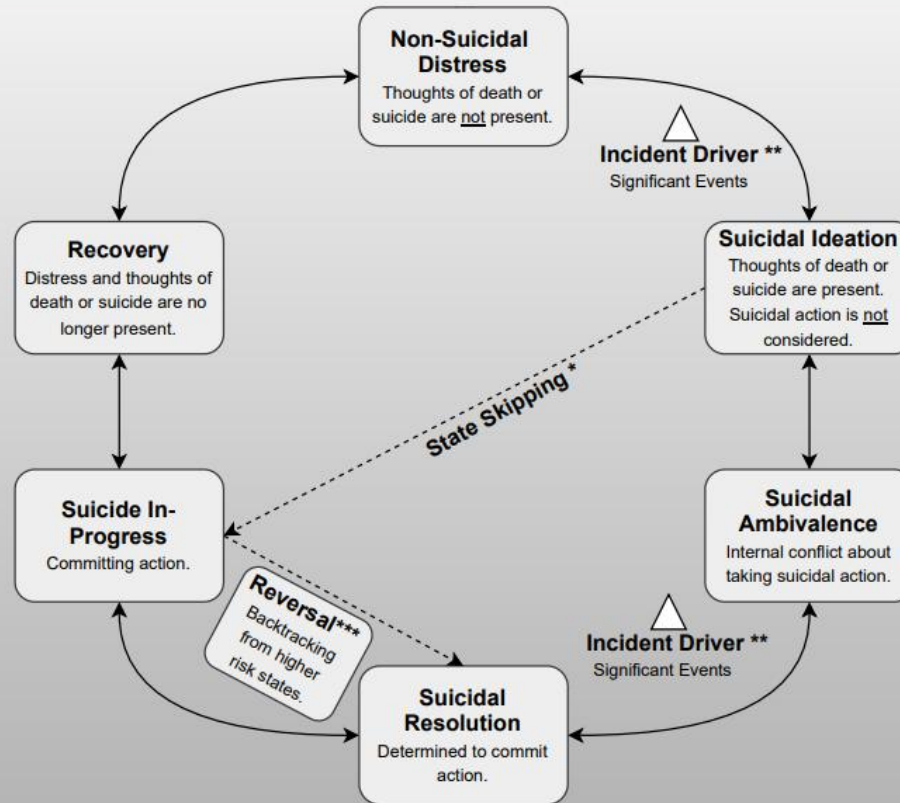
CORE  
*Findings*

# The Cyclical Model of Suicide (CMS)

The core result from the study was the creation of a new proposed model named The Cyclical Model of Suicide. It is derived from user's self-described **orientation states** while also reflecting the identified unique **reversal mechanism**. It also incorporates users mentions of so-called **incident drivers** alongside references of recurrence

The model follows a "progression" direction but stresses a nonlinear approach as is described in many user's posts. Therefore, instead of "stages," the model includes in the moment orientation states (how a person is currently positioning themselves with regarding suicide) Individuals may **skip states entirely**, and movement between states can be characterized as being **bidirectional and recurrent**.

## The Cyclical Model of Suicide



(\*) State Skipping can occur at any state

(\*\*) Incident Drivers can occur at any state

(\*\*\*) Reversal is a dynamic mechanism of movement through the model that can occur at any state

01

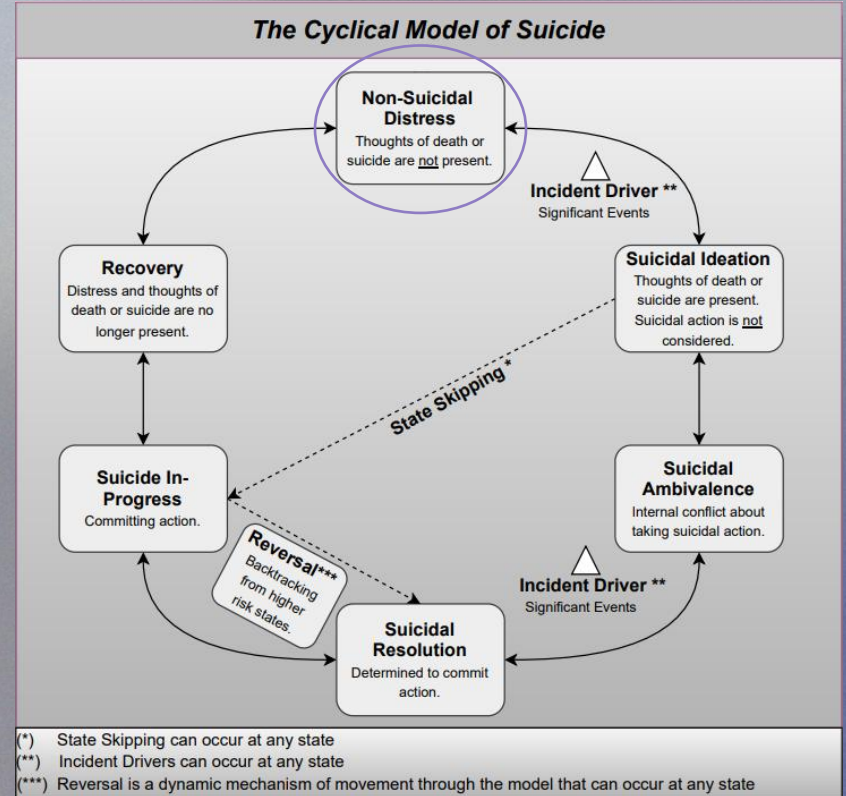
STATES of the  
Suicide Process

# Non-Suicidal Distress

In the non-suicidal distress state, 59 posts (~11.8%) showed users having intense emotional or physical distress, without mentioning suicide or the desire to die. Users in this state often expressed just wanting to vent their distress.

Example From Real Post (Paraphrased):

“I’m overwhelmed and stuck—just need a place to let it out”

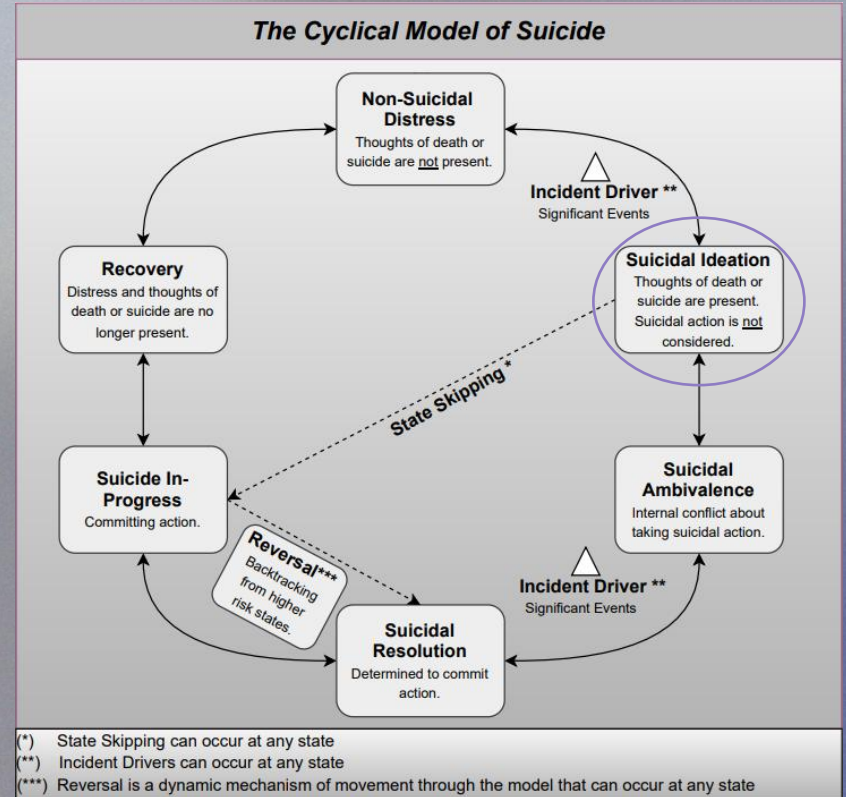


# Suicidal Ideation

The suicidal ideation state was reported for the majority of posts with  $N = 231$  (~46.1%). This state reflected users expressing some degree of suicidal ideation. That is, these users either wished for death or said that they wanted to die.

Example From Real Post (Paraphrased):

“The thoughts and urge of death keeps circling back; it scares me when it shows up”

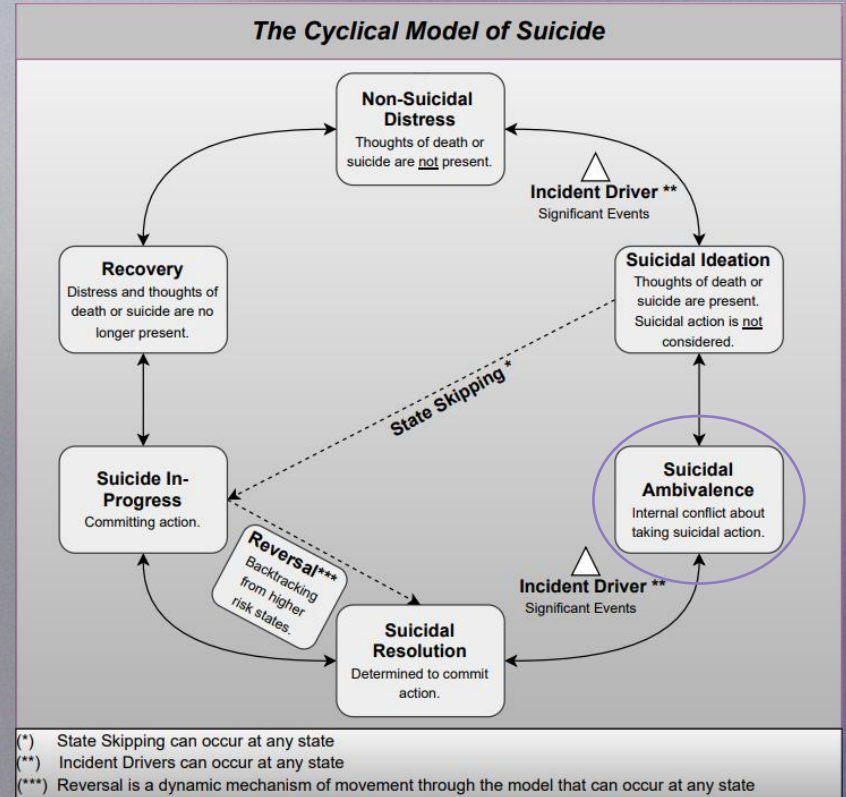


# Suicidal Ambivalence

The suicidal ambivalence state accounts for 103 posts (~20.6%) collected. This state encompasses users conflicted when it came to acting on their suicidal thoughts. This state in the model is distinct from that of the ideation state, as users with this mentality are *not debating the thoughts of suicide, but rather the behavior and action*.

Example From Real Post (Paraphrased):

“Part of me wants to give up and follow through; part of me wants to keep trying”

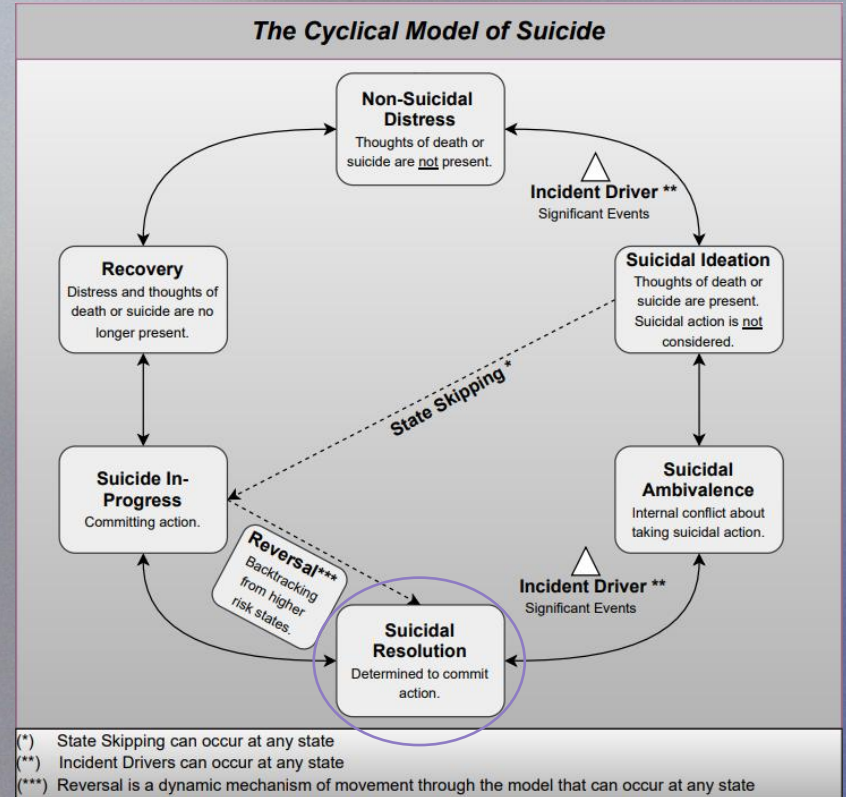


# Suicidal Resolution

Resolution accounted for 76 posts (~15.2%) and described users who had a firm and strong orientation toward attempting. These users feel confident that they will follow through with their attempted suicide and are no longer debating following through with the choice.

Example From Real Post (Paraphrased):

“I’m done trying; nothing feels like it will change”

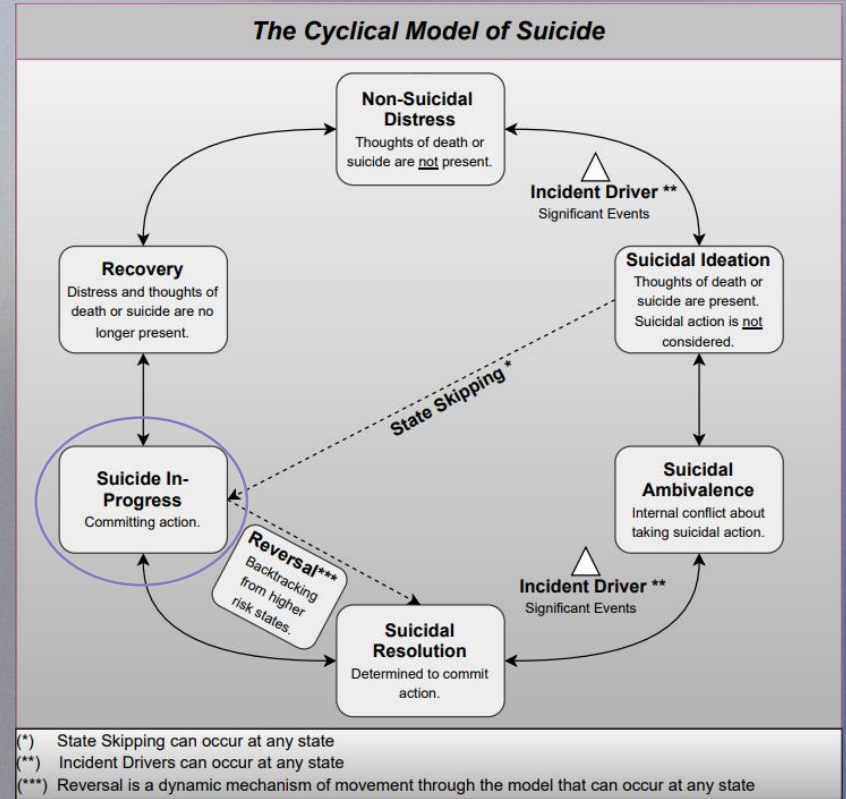


# In-Progress

Suicide in Progress is a rare state in the model, representing 4 posts (~0.8%) out of the sample. This state reflects a user describing real-time movement in terms of committing their plan.

Exemplar not provided; key aspects:

Present-tense language, crisis language, indicates immediate danger



# Recovery

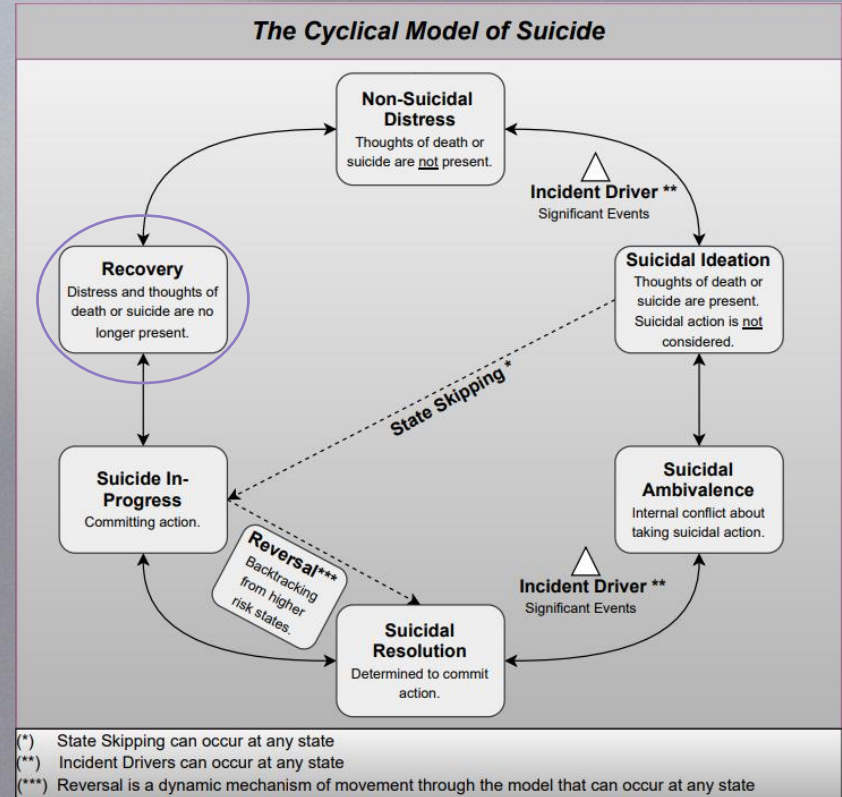
Recovery is the last state in the model that represents users turning away from suicide and beginning a journey of healing. These posts often see users leaving the forum or choosing to turn to professional help.

Example From Real Post (Paraphrased):

"I got myself an appointment to a therapist. I owe it to myself to try and live a full life"

(\*) Recovery is not an end in the model; relapse may occur at any time

(\*\*) Recovery is described from a separate subset (N = 25); not pooled into prevalence



02

# Reversal, Flags, & Other Aspects

Mechanisms of the model

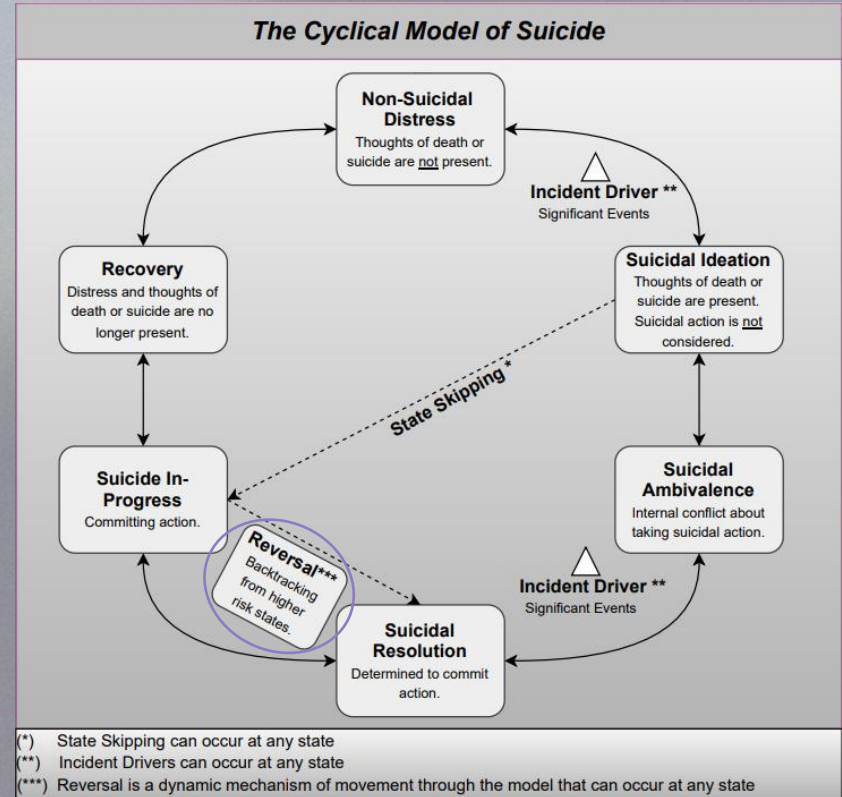
# Reversal

Reversal is a unique mechanism in the model that 28 posts (~5.6%) reflected. In this, a user is moving away from suicide and is between two states. This is not an instantaneous movement, but rather a distinct process where users will reflect on their own backtracking. This movement is most seen after a user stops an attempt, but it can also occur at any state.

Example From Real Post (Paraphrased):

“Something stopped me tonight. I feel so conflicted now”

\*Note: Recorded in the Orientation-State Field

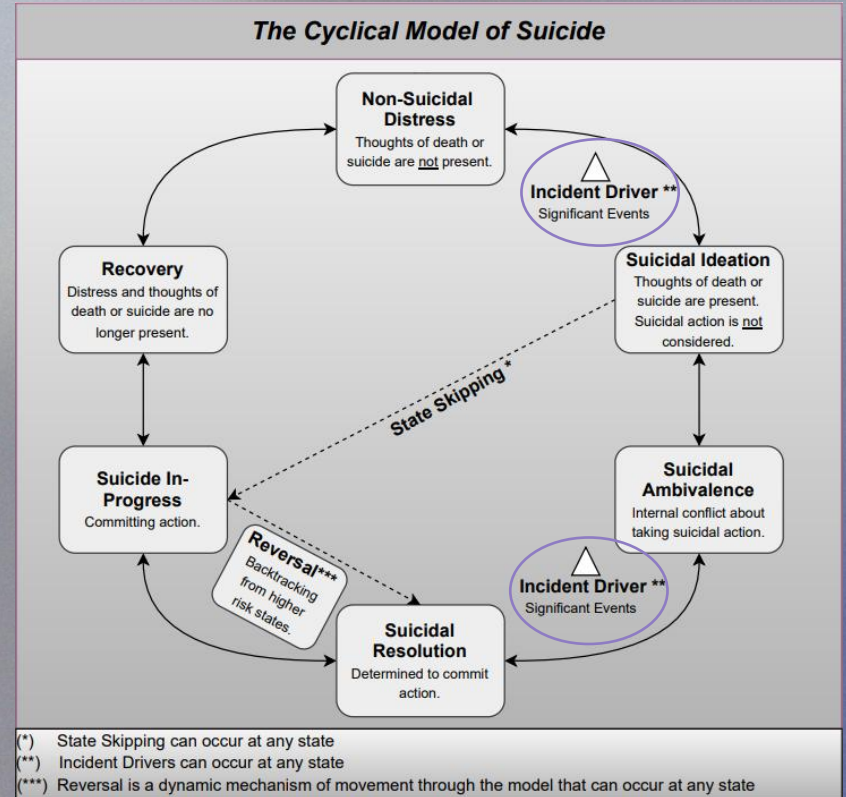


# Incident Driver

The incident driver flag was marked “yes” (present) in 198 posts (~39.5%). This is a flag that looks to see if there was a significant event that the author mentions that makes them move to a new state in the model. It contributes to state skipping in the model as well (that is described more in a few slides).

Example From Real Post (Paraphrased):

“I was doing okay, but this breakup really has me thinking about suicide again”

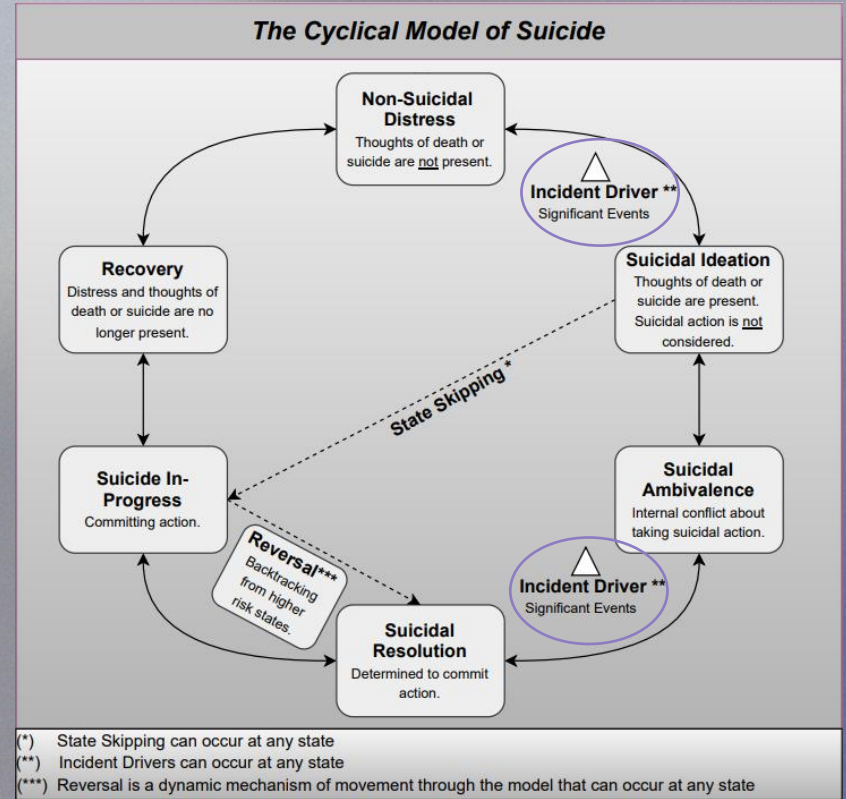


# The Cyclicity Flag

The cyclical process flag was marked “yes” (present) in 273 posts (~54.5%). This is another descriptor flag that looks to see if there is a reference to prior episodes of suicidal ideation or behavior. This marker demonstrates the back-and-forth nature of the model and adds credence to the idea of recurrence.

Example From Real Post (Paraphrased):

“This is the third time I’ve felt like this; I thought I was over it”

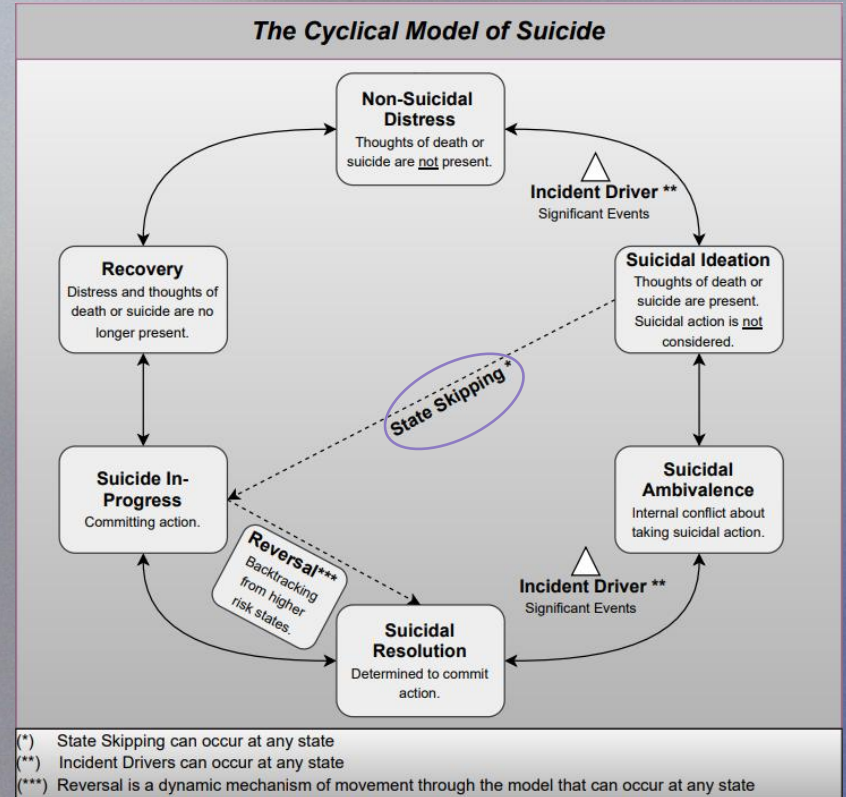


# State Skipping

State skipping represents the non-sequential movement between non-adjacent states present in the model. It stresses the fact that the model is not a staircase or linear, reflecting many of the users' own posts in the forum.

Example From Real Post (Paraphrased):

“I was upset yesterday but wasn't thinking of death, but now I am debating if I should act on these urges”

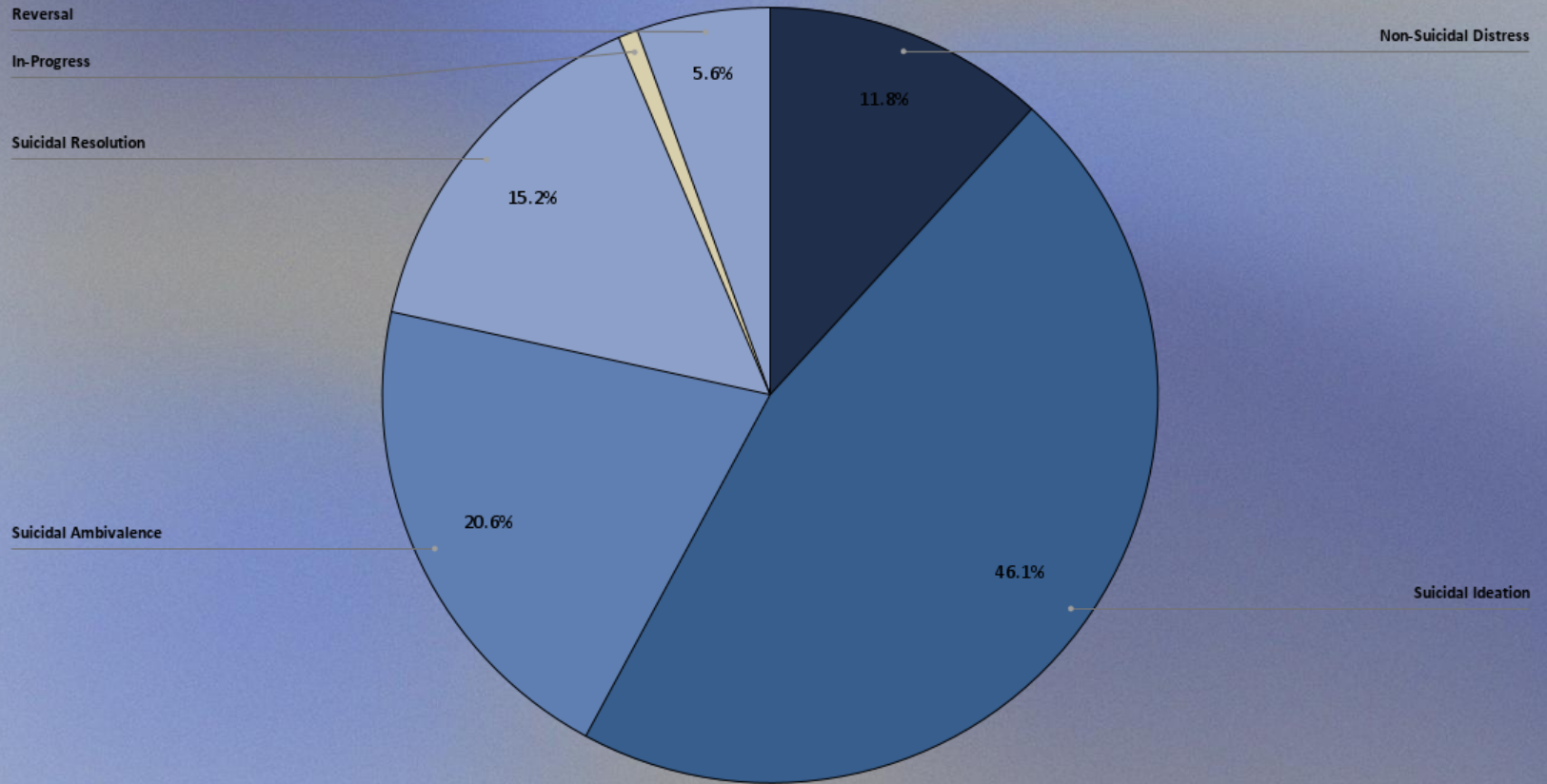


03

# Visualizing The Data

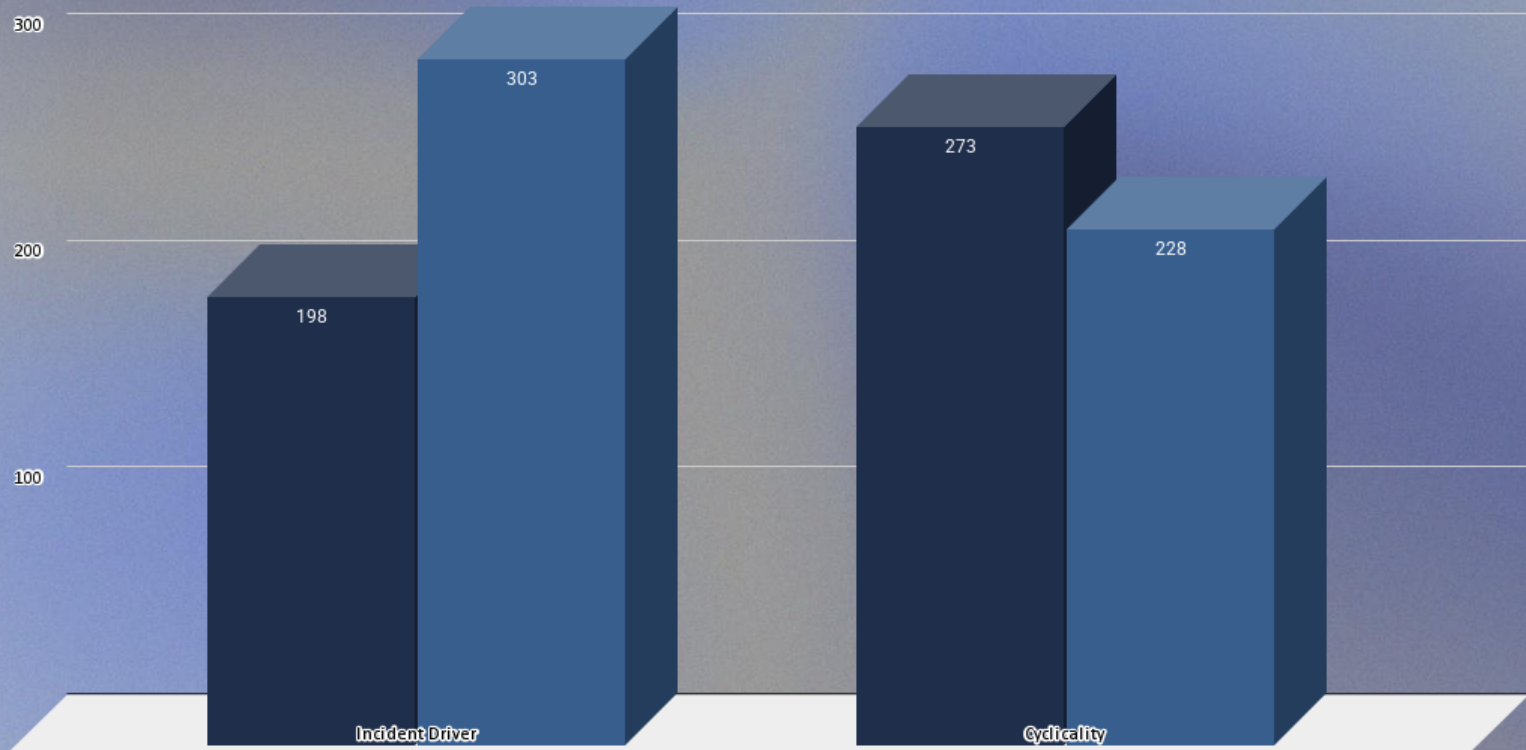
Graphs for breakdowns of states, descriptors, or flags

### State Breakdown of Sample



## Occurrence of Incident Driver & Cyclicalty Across Posts

■ Present ■ Not Present



ADDITIONAL  
*Findings*

01

# Feelings of Motivation

What feelings a person contributes towards their suicidal distress; coded for 470 posts

# Hopelessness

A total of 100 posts (~21.3%) were denoted as the user having a primary feeling of hopelessness. Users with feelings of hopelessness show a cognitive belief that the future cannot improve, and as a result, feel permanent doom

Examples From Real Post (Paraphrased):

“I can’t picture anything getting better from here”

“I really don’t believe that my life has a future at all”

# Desperation

63 posts (~13.4%) were classified as showing a primary user feeling of desperation. Users show an urgent need to escape from suffering, either emotional or physical, and posts have highly urgent tones

Examples From Real Post (Paraphrased):

“I need this feeling to stop; it is so overwhelming”

“I can no longer stand the pain any longer, it’s too much for me”

# Entrapment

54 posts (~11.5%) showed a user feeling primarily entrapped. Users report feeling stuck in a given situation, either physical or mental, leading them to believe there is no way out other than suicide.

Examples From Real Post (Paraphrased):

“My support system is leaving me. I feel like without them I don’t have a way forward. I’m stuck”

“Every path that I have is just a dead end, I don’t think I have any choices left”

# Loneliness

58 posts (~12.3%) had a user who had a primary feeling of loneliness. These users described some form of social disconnect from others or extreme isolation as part of the cause of their suicidality.

Examples From Real Post (Paraphrased):

“I have never felt so alone, I feel like my existence is inconsequential”

“No one around me understands me and what I go through”

# Self-Directed Hate

76 users' posts (~16.2%) reflected a motivation of self-directed hatred. Users have an extreme negative self-perception and disdain towards themselves that contribute to feelings of suicidality

Examples From Real Post (Paraphrased):

"I see myself as such a terrible person. I even feel sorry for anyone that must know me"

"I hate who I am right now, I want to change but I just know I can't, so what's the point?"

# Exhaustion

71 posts (~15.1%) illustrated a user who had a primary feeling of exhaustion. These users expressed severe emotional, mental, or physical fatigue as their reason for suicide.

Examples From Real Post (Paraphrased):

“I am so tired of existing. Life is like a marathon full of never-ending obstacles”

“I cannot think straight anymore, I just am so exhausted of thinking and feeling like this”

# Existentialism / Philosophical Feelings

48 posts (~10.2%) reflected a user who attributed suicide to Existentialism / Philosophical feelings. Users believe life is meaningless and may reflect on what they believe to be humanity's failures or evil nature.

Examples From Real Post (Paraphrased):

"I don't see the point in suffering; the world is evil, corrupt, and unethical"

"It all feels pointless lately, it feels as if there is no point to life"

02

# Causes of Motivation

What self-attributed contexts a person identifies as contributing towards their suicidal distress; coded for 316 posts

# Interpersonal Issues

The interpersonal issues sub-descriptor accounted for 155 posts (~49.1%). This sub-descriptor is reflective of posters who express issues in their social life, including but not limited to breakups or relationship issues, family conflict, loss of social contact, or the death of an individual close to the user

Examples From Real Post (Paraphrased):

“I don't know how to live without my grandpa... I don't think I want to continue”

“After the fight I just had with my boyfriend, I feel hopeless”

# Mental-Health/Neurodivergence

106 posts (~33.5%) were marked as the mental health/neurodivergence sub-descriptor. This sub-descriptor represents users who tie suicidality to diagnosed mental illnesses or general neurodivergence

Examples From Real Post (Paraphrased):

“I was diagnosed with BPD... the pain of life is too much and I'm not sure that I can hold on”

“Living in a neurotypical world when I am neurodivergent has been so hard, I just want to give up”

# Physical Health

Physical health accounts for 24 posts (~7.6%). This sub-descriptor represents individuals who tie their suicidality to ongoing physical ailments such as physical pain, chronic illnesses, or functional limitations

Examples From Real Post (Paraphrased):

“Before my injury I used to live life to the fullest... now I can’t... everyone tells me you can keep going but I don’t think I can”

“The chronic pain drains every ounce out of energy out of me, I am so tired”

# Situational Stress

Situational stress encompassed 19 posts (~6.0%). Users in this sub-descriptor relate instability in their life (debt, job issues, housing instability, school) as a prime driver of their suicidality.

Examples From Real Post (Paraphrased):

“I am severely in debt and don't see a way out”

“I just got an eviction notice and seriously feel like I am all out of every other option”

# Trauma

The trauma sub-descriptor represents 12 posts (~3.8%). These posters include details on trauma that have occurred during their life as a reason for their suicidal distress.

Examples From Real Post (Paraphrased):

“My childhood trauma has been resurfacing lately, and it has been making me feel so bad”

“An event occurred a few weeks ago that has forever changed my outlook on the world... I feel hopeless all the time now”

03

# Disclosure Reasons

What a user's intended purpose of posting on the forum is; coded for all 501 posts

# Venting

The venting sub-descriptor accounted for most reasons for a user's disclosure, with 384 posts (~76.7%). These users' main motivation to post on the thread had to do with verbalizing and externalizing their feelings; they do not ask for feedback or attempt dialogue with others.

Examples From Real Post (Paraphrased):

"I am just posting this to vent... please just ignore this"

"I needed to get these feelings off my chest"

# Connection & Validation

The connection & validation sub-descriptor was linked to 89 posts (~17.8%). Users who disclose for connection & validation are seeking emotional support; they wish to engage in conversation or at least get some form of validation from fellow users.

Examples From Real Post (Paraphrased):

“Loneliness feels like it will be the death of me. Does anyone relate to this?”

“I just want a friend that can talk to me; has anyone gotten through this before?”

# Weakening of Resolve

Users seeking to weaken their resolve accounted for 8 posts (~1.6%). These users do not just seek validation from other users, but instead ask for support to keep on going.

Examples From Real Post (Paraphrased):

“I don't want to leave my family behind... I'll try anything to feel better, please help.”

“I don't want to follow through with this, please give me advice”

# Reinforcement of Resolve

Users seeking reinforcement of their suicidal resolve accounted for 20 posts (~4.0%). Users disclosing for reinforcement of resolve are seeking persuasion to give up.

Examples From Real Post (Paraphrased):

“I’m convinced that nothing will change, I’m right, aren’t I?”

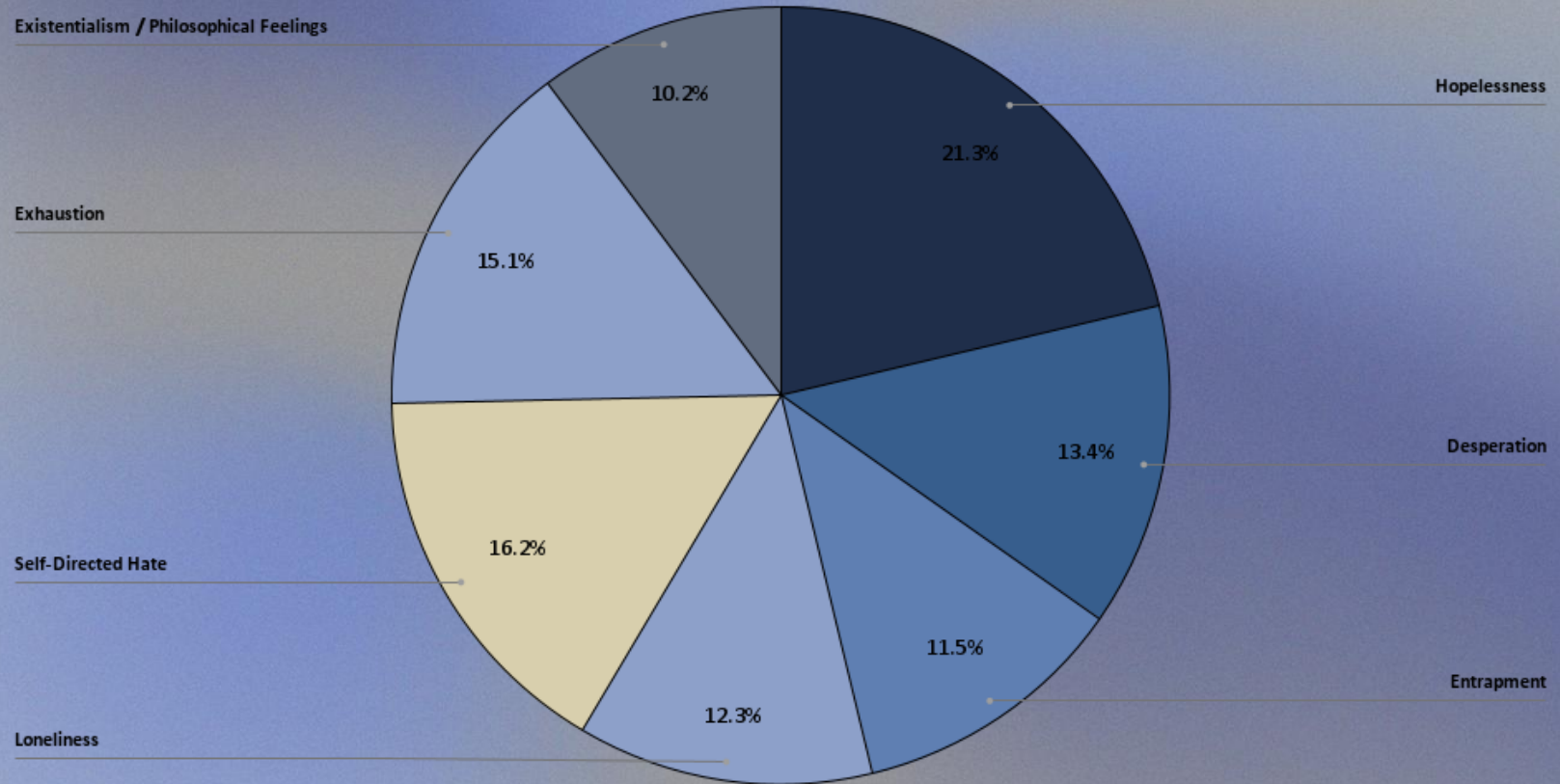
“I know nothing will change, I just need someone else to tell me it too please.”

# 04

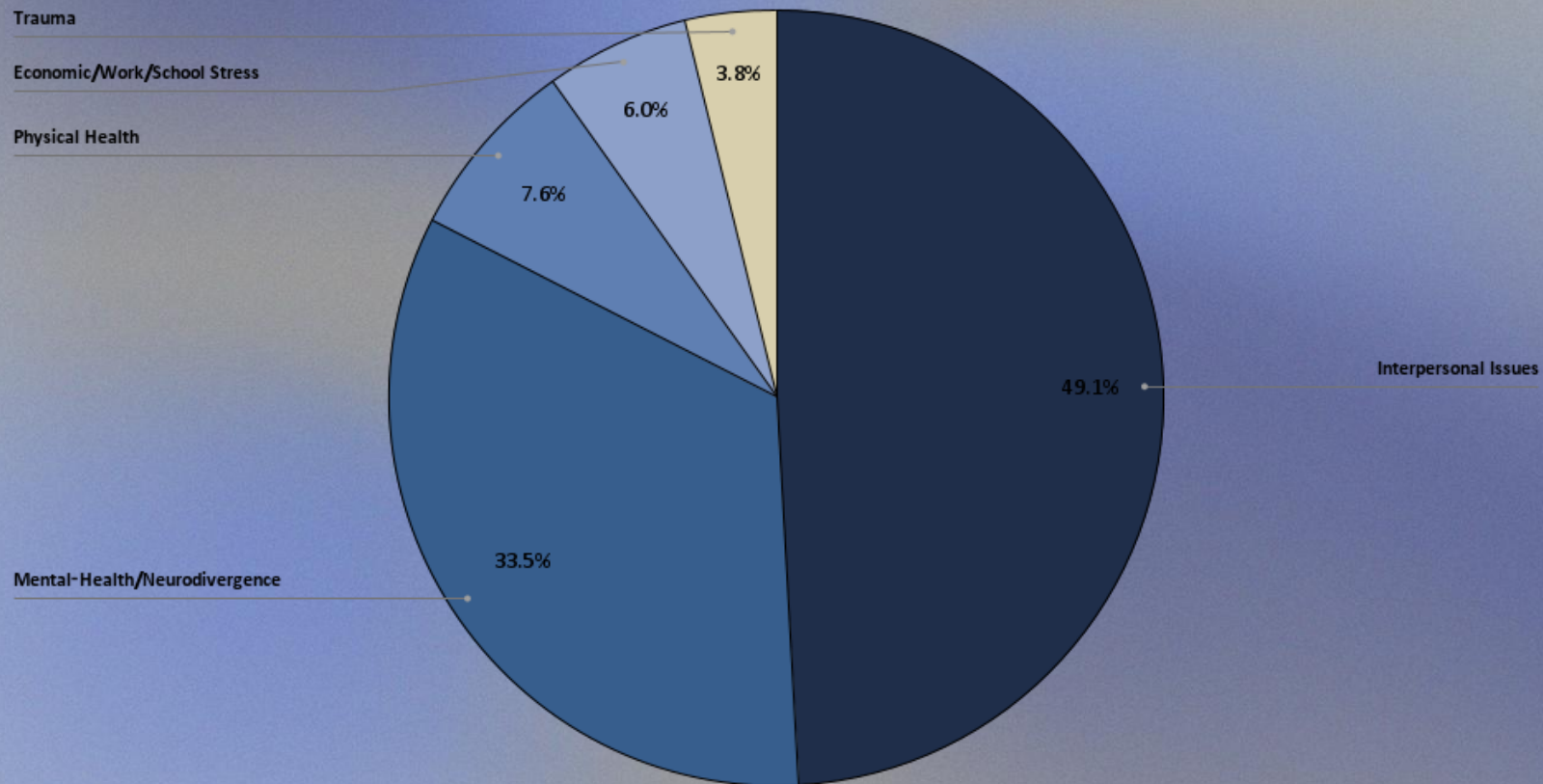
## Visualizing The Data

Graphs for breakdowns of D1, D2, and D3.

## Motivation Feelings Across Posts



## Motivation Causes Across Posts

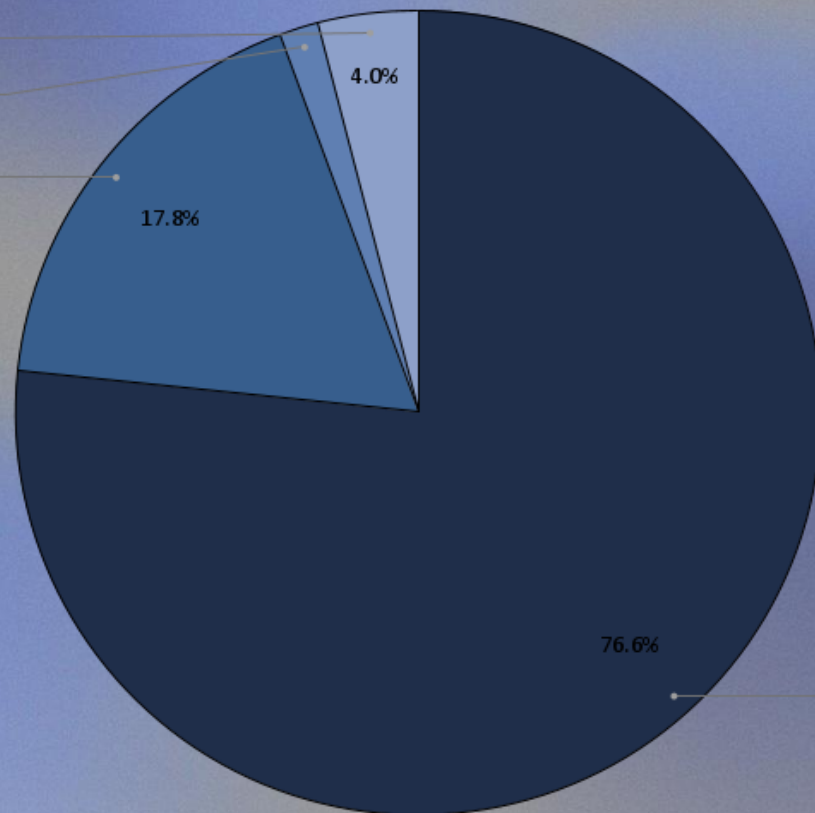


## Disclosure Reasons Across Posts

Reinforcement of Resolve

Weakening of Resolve

Connection & Validation



Venting

IMPLICATION  
*of Findings*

# Targeted Support

- **Ambivalence:**

Ambivalence in the model is a vital point to engage an individual in discussion to help them turn away from action and instead reconsider or even discover other potential options.

- **Reversal:**

Reversal could prove a vital point for clinician intervention as it represents a turn away from action. Identifying the turn, exploring what happened, and aiming to support for sustainment of the turn could prove critical.

- **Incident Driver/State Skipping:**

Incident Drivers are critical in the model as they often push individuals towards action suddenly. Being able to recognize a person in danger of an incident could therefore be important.

# The Cyclical Nature

Over half of posts collected reflected individuals who have implied **repeated** thoughts and feelings of suicidality and **recurrent** actions towards/away from it. Therefore, considering suicide as more of a cycle a person may go through more than a linear path may prove beneficial in treatment.

For example, focusing on the following things with clients with a history of suicidality might be helpful:

- What's helped even 1% before when it cycles?
- What has helped you to **reverse** from the edge before?
- Have there been other times like this? What tends to bring it back?

# Digital Practices and Findings

With concern to a public health perspective, the immense popularity of **venting as a disclosure reason** alongside the prevalence of **interpersonal issues** as contextual motivators could highlight a current gap in existing mental health support.

Individuals are turning to online suicide forums in part because they feel they cannot talk about their feelings to professionals without fear of judgment, or connect with people around them with how they are feeling. This suggests a need for the development of accessible, anonymous, and non-judgmental mental health platforms on some level.

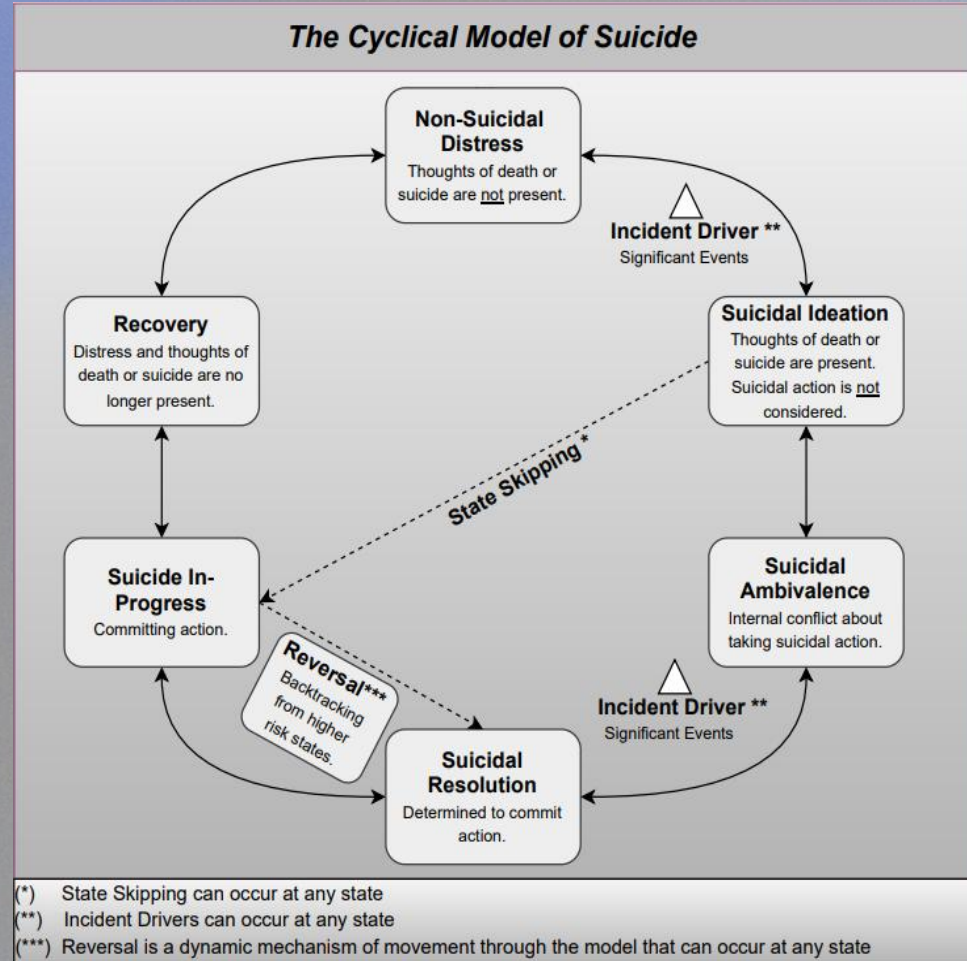
Things to consider with Digital Forums:

- Peer replies can shift a person's stance, both **toward or away** from risk
- Guidelines on how to guide discussions are crucial
- Online interactions cannot be the end all be all

# The Model Itself

The core takeaway from this research is the model itself. With it, we aimed to illustrate the lived experiences of those who are often not incorporated into current day literature. Through this, we hope to possibly provide clinicians with the following:

- A nuanced framework for suicide risk assessment that can help to pinpoint what mental state a person holds towards suicide
- A client may not follow a linear path towards suicide; treading backwards from action does not always imply an end of action
- A client's risk is not static but can shift rapidly and suddenly through state skipping or incident drivers



# Applying The *Model*

# A Case Vignette

An adult posts late at night after a job offer is withdrawn. They describe a cycle since last winter and express feelings of being stuck. They say they don't want to die but can't keep going like this. They express that they are posting to see if anyone else feels pulled between giving up and trying again.

Guiding Questions:

1. What is the user's orientational state?
2. Are the cyclical process and incident driver flags present?
3. How would you classify the user's motive feelings, causes, and disclosure reasons?

# A Case Vignette



State

Ambivalence



Incident Driver

Present



Cyclicity

Present



Feelings

Entrapment



Causes

Situational Stress



Disclosure

Connection & Validation

# Wrapping *Up*

# Future Directions

## Replication

Future research could apply the proposed Cyclical Model of Suicide in different places and environments

## Drivers & Reversal

Future work should aim at understanding reversal precursors and how to maintain said reversal

## A Digital World

Further research into digital forums and the impact they have on mental health

# Re:Learning Objectives



## Describe

Can we describe and understand the components of the proposed comprehensive Cyclical Model of Suicide derived from online forums?



## Identify

Can we identify the different states of the decision-making process of suicide seen from online forum users



## Evaluate

Can we evaluate the major motivational feelings and causes commonly present in suicidal ideation shared on suicide forums in the digital era?

*Thank you*

For Additional Questions:

Email Contact: [mapalma3@asu.edu](mailto:mapalma3@asu.edu) or [lejimene@asu.edu](mailto:lejimene@asu.edu)

Need help? Call or text 988