"IT'S DIFFICULT, DON'T TALK ABOUT IT, COMPLICATED AND A CHORE "

A comparison on the occurrence of death taboo between online forums for bereavement after suicide or loss of a partner

Thesis Linguistics and Communication Sciences

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0.0 Abstract

The present paper integrated concepts and methods from death studies, discursive psychology, and communication sciences to provide an interdisciplinary perspective on the matter of online mourning. Previous research on online communities in mourning found that these were not that different from offline communities, in the sense that both help form communal bonds. In the case of online mourning after suicide specifically, studies show contradictions and inconsistencies, however. Combining concepts and methods from death studies, discursive psychology, and communication sciences, two descriptive analysis were conducted on a social media forum for grieving after suicide and for grieving after the loss of a partner. A top-down analysis, based on identified topics by Malik and Coulson (2010) and Pawelzyk (2013), showed that users interact differently on both forums. These differences may be explained by the different cause of death, the relationship to the deceased, and the introduction at the top of the forum. A bottom-up analysis, unbiased by prior categories but influenced by notions from discursive psychology, complemented the top-down analysis to disambiguate problematic categorisations, such as dividing the broad notion 'requesting information or advice' into separate the question categories 'asking to relate', 'request for empathy', 'how are you?', and 'request for information', and to define utterances that did not fit in any pre-existing category, such as describing negative traits of the deceased.

1.0 Introduction

Society's perspective on death has changed over the years. Aries (1981) described how a death affected a whole community during the late nineteenth and first half of the twentieth century and was banished from the community at the beginning of World War 1. Religion and belief in an afterlife, which often helped people to face death, made way for the medicalisation of death. Doctors felt they had failed if a patient died and death itself became a taboo. In the 1960s, sociologists, psychologists, psychiatrist, and journalists started to defy this taboo by talking about it. Aries argued, however, that even though intellectuals talked about death, the subject was still taboo in the rest of society. In the late twentieth century, the understanding of death in a medical way became replaced by a psychological understanding (Walter, 1991; 1994). Bereaved people were encouraged to talk to counsellors and therapists, which 'conveniently' kept grief and death out of everyday life. At the same time, death became increasingly shaped by the dying and bereaved themselves, suggesting they feel freer to talk about the subject. Lee (2008) argues research into death and dying as well as public discussions about the subjects has grown in this time due to the emergence of parapsychology

and New Age emphasis on reincarnation, making death no longer meaningless and more accepted to openly discuss. He even goes as far as to say death taboo has been attenuated or even nullified.

People still write about the death taboo, however, such as Crampton in *The Times* (2012): "for most of us the prospect of death is ameliorated neither by familiarity nor by religion". He argues it is quite rational to avoid talking about death, a view that is in line with research on Terror Management Theory which proposes that people have a self-preservation instinct while they also realise that death is inevitable; a conflict producing terror leading them to try to repress any thoughts of death. All in all, even though death is discussed in both academic and popular media, the topic may still be taboo to a large extent.

The present research therefore aims to explore one possible reason why academic perspectives on death taboo may differ. Specifically, it explores how the bereaved deal with the death of a loved one by suicide versus non-suicide, such as due to illness, on social media platforms. In order to answer the central question – "To what extent does the occurrence of death taboo on online forums for mourning depend on the cause of death?" – concepts and methods from various lines of research are combined, such as death studies and communication sciences. This way, a more complete perspective of online communicative practices on the matter of online mourning can be given than has been in previous research. First, terminology will be clarified. Second, a general overview of online support groups will be given, which ends with how the bereaved use these groups. Third, differences in mourning after a loss due to various 'causes of death' will be examined with a focus on suicide bereavement. Fourth, the specific method used in the current research will be described, after which a support forum for the bereaved will be analysed utilising two different methods.

1.1 Terminological clarification

Grief, grieving, and mourning are terms related to loss that are often used interchangeably. For the purpose of clarity, this paragraph explains these terms in more depth based on the research domains of death studies and clinical psychology. First, grief is defined as a "deep and poignant distress caused by or as if by bereavement" (Merriam-Webster, 2020). This means that grief is a feeling of intense distress after some sort of loss without a loved one necessarily having to pass away. For the purpose of this paper, I will focus on grief as a response to bereavement. Grief thus entails a feeling of intense sorrow and embodied pain, but at the same time it can also be used as a verb: to grieve. As a verb it can both mean "to cause to suffer" and "to feel or show grief over" (Merriam-Webster, 2020). In academic

research, grieving mostly refers to the process of recovering from loss. Grief is experienced as a crisis, it marks the limit of our relations with others and can be experienced as the onset of a process in which the sufferer is faced "with the irrevocable dissolution of one's meaningful life bonds with the other, the dissolution of the everyday and, fundamentally, the loss of self" (Giaxoglou, 2014b: p. 11). So, grief is the feeling of sorrow one feels after the loss of a loved one and sets a process in motion called grieving.

Mourning is often used synonymous with grieving (Merriam-Webster, 2020), but can also be seen as the social expression of grief (Hensley & Clayton, 2008). In this definition, mourning encompasses all the public activities related to grief, such as crying, talking, memorialising, and symbolic acts such as holding a funeral. The goal is not per say to 'let the deceased go', but to fit this loss in one's life again. Continuing a relationship with the deceased can still be a part of this (see: Klass, Silverman & Nickman (1996) on 'continuing bonds'). These practices are heavily socially and culturally influenced. In Western society, as we have already seen above, death and grief has changed from something one could publicly express to something private. In the past, and in numerous local traditions in tightly knit communities, the death of someone breaking the fabric of the community required extensive public rituals of mourning to hold it together and to restore the social order. Presently in western society, characterised by its radical individuality, death does not disrupt communities anymore, but individuals instead. Mourning has thus become more private, or in the words of Walter et al. (2011: p. 289): "premodern societies tended to produce a bereaved community, modern societies tend to produce bereaved individuals". However, the rise of the internet has unlocked opportunities to bring death and mourning back into everyday life. It allows bereaved to share personal stories of grief and about their loved ones, and to exchange information on coping and emotional support (Pawelczyk, 2013). These online spaces for mourning may be creating communities for bereaved in which mourning is a group experience again, leading to a wider group of grieving people being allowed to mourn semi-publicly: not out in the open, but within a wider community, nonetheless.

In short, grief refers to the feeling of sorrow after losing a loved one and grieving refers to the process of healing after this loss. In contrast, mourning refers to the public actions a grieving person takes. These actions can be offline, such as crying, and online, such as sharing their story in online memorial websites. The focus of the present paper is on mourning, as it analyses the ways in which people communicate on an online support group for the bereaved instead of on the feeling of grief itself. As the current paper is on

communication on online support groups, it is important to become acquainted with theories about online support groups from the domain of communication science first.

1.2 Support groups

Death is not only a physical process; it also exists in a social context: dying disrupts social networks and bereavement entails restructuring social engagement. In other words, the bereaved have to incorporate the death of their loved one into their ongoing narrative to cope with their loss (Giddens, 1991). The internet has changed the possibilities to do this. Van der Houwen et al. (2010) estimated that more than half of all bereaved people make use of the internet to help them cope with their grief. The digital resources are diverse, including static information websites on how to manage loss, active memorial websites, interactive online support groups, and online counselling (Krysinka & Andriessen, 2013).

Hardy (1999) suggests that the anonymity of the internet is largely responsible for facilitating authentic contact between different people; it enables them to freely talk about their feelings. They seem to feel comfortable disclosing traumas and experience understanding from others online, leading to an online community on the foundation of mutual support (Hyde, 2006). Other factors that play a role in creating this community of support are perceived similarity with other users of the website, removal of physical (and emotional) barriers, and the availability and accessibility of the internet (Jodlowski et al., 2007). This online support can become of great importance to people who are suffering from illness or, considering this paper, loss of a loved one. As Pawelczyk (2013) explains, online support groups can reduce feelings of isolation and loneliness when sharing stories with others who are able to recognize these feelings. Moreover, the absence of barriers and the anonymity leads to greater intimacy and emotional expression, while offline contexts do not facilitate this expression of suffering as these contexts are more focused on pleasure-seeking and prosperity.

Before delving deeper in how the bereaved use the internet to cope with their loss, I take a closer look at the vast research on online support groups for people with health-related problems such as cancer, chronic illnesses or a stigmatized condition such as mental health problems (Chapple & Ziebland, 2011). In moments of insecurity, such as being ill, people like to maintain a sense of normalcy, seeking the opinions of others on how to think or feel. The offline community in which an ill person resides often cannot relate to how it feels to be ill or to facing death even, however. So, even though family and offline friends might support them, the ill person still likes to feel like they belong in a group of similar others. They will

thus do this by seeking peers in similar situations online (Batenburg, 2015). This way, an online community around a specific illness is born in which 'online community' can be defined as 'online social networks in which people with common interests, goals, or practices interact to share information and knowledge, and engage in social interactions' (Chiu, Hsu, & Wang, 2006). They are often designed as bulletin boards, such as forums (hence referred to as forums). These forums 1) provide a-synchronous communication and 2) can be labelled as pull media. The first notion entails that even though interaction is structured into turns, users are not required to be online at the same time and are able to respond at their own pace. The second notion entails that users of the forum can choose the messages they are interested in to read instead of being sent a message without requesting it (Kollock & Smith, 1999). This also means that users of such forums can decide to simply read conversations of others instead of taking part in any of the interaction.

Nowadays, people use health-related websites to find practical help, interpret symptoms, seek information about treatments, and to share experiences with others who are in the same boat. Considering the current study's purpose, the last reason is most relevant. Sharing experiences is one part of supporting each other on online forums. Before examining how users of online forums communicate about these experiences and support each other, findings on the effects of this support are highlighted by an exemplary study of Batenburg and Das (2014).

Batenburg and Das found that the answer to this question is not unequivocal. Previous research already found that types of support – emotional, network, esteem, tangible, or informational support (Cutrona & Russel, 1990) – should match the demands produced by the stressful event in question with desirability, controllability, duration, and life domain as important dimensions of these events. Batenburg and Das added individual preferences in disclosure style to this research. Their three types of disclosure styles were directing attention to the stressor and related emotions, habituation to the emotions, and cognitive reconstruction from which the first two can be fitted into the category 'emotional disclosure' and the third one into the category 'cognitive reappraisal disclosure'. The researchers found that people with a cognitive reappraisal disclosure had lower levels of negative emotions regardless of the type of support message (socio-affective support message vs cognitive reappraisal support message), indicating this disclosure type makes individuals feel better about the situation on its own but also buffers ones susceptibility to responses from others. Moreover, cognitive reappraisal responses helped individuals with an emotional disclosure interpret the situation from a different viewpoint, breaking the vicious cycle of negative emotions an individual

might experience. Socio-affective responses, however, only had a perceived effect of being more soothing, comforting, and validating without any effect on actual levels of emotional distress. In the words of the researchers themselves: "Although telling someone that 'you understand how they feel' is perceived as helpful and might increase a relational bond, it may not be the best strategy to get someone back on track following a stressful situation" (p. 16).

This paragraph provided insights in why ill individuals – or individuals otherwise alienated from their direct community, such as after the loss of a loved one – might go online and participate in online forum communities and what sort of effect these online forum communities can have on their well-being. It did not describe how people communicate on these forums, however. This is what the next paragraph focusses on, using a forum for depressed individuals for illustration.

1.2.1 Forum on depression

Lamerichs' (2003) dissertation focuses on the interaction on an online forum for depressed people, using conversation analysis and discursive psychology. This forum was peer-led, like the forum in the current paper. The userbase is also comparable as both depressed people who might think about suicide themselves (Lamerichs' paper) and the bereaved due to suicide (current paper) face stigma in Western society.

Central to discursive psychology, which Lamerichs used in her research, is the Discursive Action Model (DAM; Potter, Edwards & Wetherell, 1993). The DAM was designed to link different features of discourse together systematically, focussing on the workings of these features in social practice. The model is divided into three themes: action, fact and interest, and accountability which all hold its own subparts as can be seen in table 1.

Table 1: Discursive Action Model (Potter et al., 1993: p. 389)

Action
1. The research focus is on *action* rather than *cognition* or *behaviour*
2. As action is predominantly, and most clearly, performed through *discourse*, traditional psychological concepts (memory, attribution, categorization, etc.) are reconceptualised in discursive terms
3. Actions done in discourse are overwhelmingly situated in broader *activity sequences* of various kinds
Fact and Interest

4. In the case of many actions, there is a *dilemma of stake or interest*, which is often managed by doing attribution via factual reports and descriptions

5. Reports and descriptions are therefore constituted/displayed *as* factual by a variety of discursive devices

6. Factual versions are *rhetorically organised* to undermine alternatives

Accountability

7. Factual versions attend to agency and accountability *in the reported events*

8. Factual versions attend to agency and accountability in the current speaker's actions, including those done *in reporting*

9. Concerns 7 and 8 are often related, such that *7 is deployed for 8, and 8 is deployed for 7*

The most relevant notion in discursive psychology for both Lamerichs' and current research is the notion of membership categories. Originally, this notion is described by Sacks (1972) who referred to it as the Membership Inference-rich Representative device – or later just 'categorisation device' or 'membership device' (Sacks, 1992; Sacks, 1984). This device states that particular activities and/or behaviours can be expected based on a particular category and that "a great deal of knowledge that members of a society have about society is stored in terms of these categories" (Sacks, 1992: p. 41). Membership categories are not descriptive labels for groups or individuals, but a topic for study for the way they are attributed to others and ourselves as ascribing categories is not exclusive but entails a process of selection. Someone can describe themselves as a husband in one context, but as a teacher in another, for example. Another important part of membership categories is that these categories are not neutral. Instead, they are inference-rich, as Sacks has called them, in a way that there are expectations and conventions associated with them. In ascribing a category to someone thus not only describes that person but makes available a set of inferences as to the kind of behaviour that can be expected from that person. An important note here is that the inferences membership categories make available are not fixed but rather subjected to ongoing negotiation, however.

One way of negotiating category memberships is by describing yourself as an ordinary person, thereby downplaying the relevance of another category with (probably) negative connotations as can be seen in the study of Widdicombe and Wooffitt (1995). They studied how people made relevant their identity as a member of a sub-cultural group, specifically as a Goth. As can be seen in example 1, however, the interviewees presented themselves not so

much as Gothics, but as ordinary people and downplayed the relevance of their subcultural identity. The researchers suggested they did this to undermine the possibility that their appearance might be used for negative inferences as Goths might be seen as strange or violent.

Example 1: Fragment about a goth presenting themselves as an ordinary person (Widdicombe & Wooffitt, 1995: p. 124)

```
1 R: ah mean I know ah'm a punk know
2       but I jus: (t) (.) I just feel as thou:gh,
3       I'm the same as everyone else= I mean I dress
4       diff'rently (h) >bu(d)air<again everyone
5       dresses different to everyone _else.
6       (.5)
7       so li_ke
8 I: _yeah,
9       (.3)
10 R: when people look at me
11      As if I'm an alien, it sometimes=it gets
12      Me really annoyed because (.3) you know
13      I'm just the same as everybody else.
```

Categories are also drawn upon to make available particular entitlements, however. This means that by referencing to your membership category, you might make available the notion that you have particular rights that are linked to that category. The two relevant member categories in the context of online support-groups are those of advice-seeker and -giver. Heritage and Selfi (1992) pointed out that both asking for advice as giving it can be problematic activities as they make available several inferences. The category of advice-seeker might suggest the person lacks knowledge or competence to deal with a problem without assistance, while the advice-giver would be seen as a knowledgeable and competent party. An advice-seeker might thus not directly ask for advice, as to not lose face. One way in which one might do this is by talking about an event that constitutes some kind of trouble, a troubles-telling sequence. To illustrate this, we will look at an example by Jefferson and Lee (1992) in example 2:

Example 2: Fragment about a derailed trouble-telling sequence (Jefferson & Lee, 1992: p. 530)

```
1 John: (How are you) feeling now.
2 Marcia: Oh::? (.) pretty good I gue:ss, _hh- hh_
3 John: _Not so_hot
4       (0.8)
5 Marcia: I'm just so:rt of: waking u:p,
6       (0.2)
```

7 John: Hm:m
8   (3.6)
9 Marcia: Muh- ((hiccup)) (0.9) My: (
10 John: Huh?
11 Marcia: My: ( ) doesn't hu:rt, (0.4) My head feals (.) better,
12 John: _Uh huh_
13   (1.5)
14 Marcia: ukhhh _uh ukhh
15 John: _Well that's goo(h)d,
16   (1.4)
17 John: Take (.) you kno:w make sure you're taking (.) plenty of
18   vitamins and
19   (0.7)
20 Marcia: Ye:h?
21 John: you know drink plenty of wate:r.
22   (1.0)
23 Marcia: 't' hhhh Can't drink water when you're sleeping

Marcia, in this fragment, tells her troubles, but John does not align properly. Instead of being a 'troubles recipient', he embarks the role of advice-giver disputing the conversation. The researchers state that the advice has been given prematurely. In other words, John should have let Marcia provide a more detailed description of her trouble, this way ending her trouble-telling sequence, before introducing his advice. A second problem with offering advice during a trouble-telling sequence is that it renders the ongoing conversation a new type of talk: it is not trouble-telling anymore but rather a service encounter: the attention of the conversation shifts from the speaker who tells their troubles to the problem (and its properties) to be solved.

The category of advice-receiver may thus be problematic, but what about the category of advice-giver? In example 3 we see two peers from a study of Pudlinski (1998), one of which is a call-takers on a telephone helpline. The call-taker, in this case, does not have any expertise or authority over the caller, but still wants to give advice. In line 10 they ask whether the caller has gone to the doctor or not. This way they offer an option, advice, while 'hiding' that under a question inquiring the caller's circumstances. In this peer-based setting, the call-taker thus seems to be sensitive in how to provide advice while also being considered as an equal or peer.

Example 3: Fragment about advice-giving on a peer-based helpline (Pudlinski, 1998: p. 326-327)

1 C: Just wonderful _I feel great I got the flu but I'm feeling good
2 T: _Yeah Uhoh:
3   You got the flu
4 C: Yeah pains in my chest 'n my
5 T: Yeah
6 C: An my stomach feels queasy in the mornin an=
7 T: =Mmhm

8 C: And I've got a- a headache and I've got a sore throat and I've
9   got wr-achy joints
10 T: Did you –are you doin anything for it did you see the doctor er
11 C: No I didn't
12 T: You didn't
13 C: No I my-my landlord's wife suggested that I go to the hospital
14 T: *Yeah*
15 C: But I

Contrary to the theory above, which suggests membership categories that imply vulnerability or inferiority are problematic, Lamerichs expected that participants in a peer-based support group for depression would feel able to talk relatively straightforwardly about their feelings and problems related to their depression. The users start by offering extensive explanations for how their depression came about, however, offering a causal explanation as can be seen in example 4.

The person, Do, in example 4 describes how her depression had three causes (a consequence of working hard for college, juggling a household with children, and being unable to get a job), suggesting some sense of general applicability leading the reader to interpret that everyone who would find themselves in Do's shoes would have become depressed and the disease is not a personal flaw of Do herself. Explaining why she became depressed, Do also suggests that her illness is real rather than a product of her own imagination. Moreover, all three causes point to external factors which counters the claim Do's depression was her own fault. This sort of explanation thus does two things, says Lamerichs: it offers a causal, external, explanation for depression and it suggests the illness is real. Together, this enables the user to talk about their depression, while safeguarding personal competence. In short, users of the forum present themselves not just as a member of the category 'depressed person', but as 'depressed, yet competent, person'.

Example 4: Fragment about a user introducing herself on a forum for depression (Lamerichs, 2003: p.78)
1 Do: I am pleased to see this folder come into existence. I had
2   experienced depression brought on by working hard to get a
3   college degree, while juggling a household with three children,
4   and then being unable to get a job… That's "depression for a
5   reason" – I think there is a double-barrelled psychological
6   term for it, but I can't remember what it is.
7   That depression disappeared as soon as I did land a job!
8   Then, there is the current situation – not depression, but
9   being "at risk for".

Second, Lamerichs focussed on how users of the forum describe their own feelings and ask for support. Again, she predicted that this would be a rather easy endeavour as the forum is peer-led with all users having similar experiences. However, she found users do not see talking about their depressed feelings as trouble-free but as an accomplishment which takes courage and time. Together with orienting to their willingness to do something to enhance their situation, this description enables the users to address their feelings of depression while maintaining their competence. Moreover, they present their current state of being emotional as unusual. By presenting these feelings as not of their own choice, they thus emphasize the validity of these feelings: the circumstances unquestionably caused their emotional state. Last, they seem also aware of how their message might come across: they orient on how their negative message might make others feel and already ward of the possible negative inference that their message is just an instance of whining instead of serious problems. In short, the users address their feelings of depression while maintaining their competence and corroborate the validity of those feelings thoroughly. Still, when presented with a user implying someone might think they are bothering or whining, the user reacts as if talking about the negative feelings is a moral obligation. This is nicely illustrated by example 5: Be creates space for the first user – and herself – to talk about her feelings and puts forward a normative order in which this is required by saying that talking about your down feelings is something you must do for others rather than for yourself.

Example 5: Fragment about presenting talk about one's feelings as a moral obligation (Lamerichs, 2003: p. 131)
1 Be: Naomi, I am really upset with you. I mean it. You are one of
2   the most loving, giving people I know. Look what you started
3   this week. You can give all the credit to God that you want,
4   but without you nothing would have happened. Look at the joy
5   your actions have given not just me but so many others in this
6   holy week. I have received email after email from people
7   telling me how much pleasure they have gotten out of helping
8   me. Well, my dear, you started the ball rolling.
9   [4 lines omitted] How can we give you the TLC that you might be
10   needing if you do not let us know what is going on. Isn't it
11   just a little selfish of you to do loving things for others and
12   then not allow them to do the same for you? I have learned that
13   one of the greatest gifts that another can do for me is to let
14   me help them. This is what gives me a sense of purpose and
15   helps me feel like I am needed.
16   SHAME ON YOU NAOMI.!!! Now that I have yelled at you. Please
17   let me put my arms around you and comfort you. I love you dear
18   Naomi. You are one of God's angels.

Third, Lamerichs focussed on requesting and providing advice. First, she found many instances of request for advice which can be categorised as 'technicalities' which were first identified by Weijts (1993). These questions are asked in a direct manner and mostly related to treatment procedures, e.g. a user asking, "What remedies do you use to help you sleep?" (in Lamerichs, 2003: p. 151). Users of the forum also seemed to be aware to the attributions bound to an advice seeker category. The forum users resist being in this category, however, by presenting their accounts as instances of venting or unloading instead of requesting advice as Be explicitly states in example 6:

Example 6: Fragment about a user presenting their advice request as venting (Lamerichs, 2003: p. 156)
1 Be: Up at the top of the page it says that this is the place to
2   vent our feelings. That is what I would like to do right now.
3   [16 lines omitted, in which she describes her current difficult
4   situation] I am not asking for anyone to give advice or make
5   things different for me. I got myself into this mess and I know
6   it is up to me to change the situation if I can or accept it.

About advice giving, Lamerichs found other problems related to the category of advice giver. As giving advice is seen as inappropriate in a peer-to-peer setting, users provide their advice as a genuine concern or as the result of an inevitable need to help others. This way they can only be held partly responsible for imposing their advice. They even elaborate the uselessness of their advice by attending to alleged differences between members of the forum and refer to the practice of advice giving as unacceptable within the group. However, alleged similarities of the members are drawn upon when describing what they *can* do for each other without posing it as advice. This difference between drawing on differences versus similarities becomes very clear in example 7:

Example 7: Fragment about drawing differences versus similarities on a depression forum (Lamerichs, 2003: p. 163)
1 Na: [15 lines omitted, elaborating on how she thinks about the
2   different seasons]..Hearing all the different ways we relate to
3   seasons, depression, or our relationship with God.. It is so
4   apparent that we can never give advice to another in their own
5   living it out.. We are all so different, aren't we? So we just
6   love each other, because we are all alike too, in this human
7   experience..and support and come along beside. WE all have
8   stories, and hope our experiences will help another. It's so
9   hard for me to see other's living continually depressed. I
10   can't stand to see anyone hurting. I think we're all like
11   that.. And THANK God we are! 😊

In short, users of the depression forum present themselves as 'depressed, but competent' and show a pervasive concern with accounting for their requests for help while also stating that talking about the negative feelings is a moral obligation one has to others (on the forum). Moreover, advice giving is seen as inappropriate in general, needing an explanation such as the inevitability of not helping others, while they still negotiate whether they are entitled to give advice (based on similarities) or not (based on personal differences).

As the forum in the current study is also an online peer-led support group, it is interesting to see whether the same 'problems' arise in a group of mourners or whether they are particular to forums on mental health issues like depression – or even this forum alone. Before exploring these possible problems, a more general overview of how the bereaved use the internet will be given in the next paragraph, however.

1.2.2 Mourning online

As said before, people dealing with loss also use the internet to cope with their grief. It has even been estimated that more than half of all bereaved use digital resources (Van der Houwen et al., 2010). Since the 1990's, numerous studies have emphasised the benefits of online cemeteries, memorials, and support groups for the bereaved, especially when death was unexpected (Cable, 1996). These online spaces provide the bereaved with an increased sense of social support and therapeutic resources such as the use of writing for emotionally relocating the dead or process the loss through communication in the form of personal story sharing.

The first digital environments for dealing with death were oriented to the living and played an important role in the recovery process for grieving individuals. With social network sites emerging, content production became more dynamic and interactive which provided users the opportunity to (re)construct and sustain post-mortem relationships (Giaxoglou, 2014b). Examples of this are the interaction one can have with the online profiles of the deceased or the production of a post-mortem profile of the deceased by the bereaved. Brubaker and Hayes (2011), for instance, showed that post-mortem social networking practices on MySpace included sharing memories, posting updates, and maintaining connections with the deceased via comments for at least up to three years after the physical death.

As the first online places for mourning were memorial websites, it is important to examine how these are being used before going on to the more 'advanced' online mourning places such as forums. In a series of studies, Giaxoglou examined the practices of mourners

on a Facebook Rest In Peace group site (Giaxoglou, 2014a; Giaxoglou, 2014b; Giaxoglou, 2015a; Giaxoglou, 2015b).

In her first study, she compared two types of online memorial websites: the Facebook RIP memorial and a formal online funeral guestbook. The funeral guestbook is a formal online space for mourning and grief there becomes "socially intelligible through the solemn acceptance of the event of death expressed in adherence to convention and etiquette" (2014a: p. 164). People commenting on these memorials are not only people who knew the family of the deceased but also members of a wider community who feel compelled to express their sympathy. These comments are almost all addressed to the bereaved family and words that relate to conventional Christian funerary expressions, such as 'God' or 'praying', are predominant. Writers of Facebook posts, however, seem to break away from these conventional expressions. This RIP memorial seems to function as a semi-public diary of grief and many posts are directed to the deceased: the conventional funerary expressions appear woven through 'everyday talk' constructing an unbroken post-mortem bond with the deceased. Grief thus becomes socially intelligible through its intertwining into everyday life and relationality. Based on these findings, Giaxoglou concluded that people on the funeral guestbook site viewed grieving as a process with a set ending point when the disrupted social order is restored while people on the RIP memorial saw it as a never-ending painful process of continuing and expanding bonds with the deceased.

In the following studies, Giaxoglou elaborated on the ways in which the posts in the RIP memorial were constructed. First, she found that online mourning on this memorial website is more of a reconfigured form of mourning instead of being an entirely new form. It relies on sharing content produced in a blending of everyday talk and conventional funerary genres such as eulogies and epitaphs (2014b). This blending is dependent on situation (date in time, position in thread) and extra-textual parameters (relationship with the deceased). Second, she found that digital stories of grief documented the (tragic) event of loss, recorded individual reactions and emotions, and transformed the individual loss into a group concern by weaving it in everyday activities. What she called stories resembled the Facebook status updates in their smallness and fragmentary shape, but clustered together to form some sort of narrative continuum over time (2015a). Moreover, as these posts are posted in a semi-public domain, they are (indirectly) directed to different audiences. The sharer claims their entitlement in sharing moments of mourning, calls for exchanging support resources, and constructs a shared space for interacting with the deceased. The sharer also aligns themselves to the networked audience via the projection of different types of moral stances, for instance

to save face by demonstrating control over their emotions. This also leads to the construction of the sharer's identity as an entitled, sincere, or expert mourner (2015b). To conclude, Giaxoglou suggests that the dead become an empty vessel to whom mourners pour their preoccupations by producing routinized forms of mourning mediated by their self-presentations in the RIP memorial. An online community in mourning thus is not that different from a real-life community.

Now that we have a grasp of the way in which online memorials work, it is time to continue to the more complex world of forums. The difference mostly is that whereas online memorial websites are made especially for one deceased person, different people can share their own, unrelated, stories on a forum. Pawelczyk (2013) examined such a website and based on 220 of shared stories, she identified six themes related to grief and bereavement and analysed the discursive strategies used to express grief in the posts. The six themes were: biographical disruption, idealization of the deceased, missed goodbye, the presence of the deceased in the lives of the bereaved, fantasy sequence, and wisdom-sharing. Biographical disruption could be seen as the main theme and encompasses the experience that loss is an abrupt discontinuation of one's 'biographical narrative' that redefines their sense of self and life; in other words, things will never be the same again. With idealization of the deceased, Pawelczyk means that mourners only describe the positive traits of the deceased, referring to them as exceptional individuals. The third theme, that of missed goodbye, does not only mean that users talk about how they did not have a chance to say a proper goodbye but also as a starting point to say goodbye online. The fourth theme, which is more commonly known in literature on grieving and bereavement as 'continuing bonds', demonstrates that the deceases continues to occupy an important place in the lives of the bereaved. The theme of fantasy sequence refers to the bereaved's imaginary projection of being able to spend some more time with the deceased (e.g. 'a small part of me believes you are not really gone' or 'I long for one last chance to tell him how much I love him'). The last theme might also have been called something as 'relating' as it is based on the notion of 'us' versus 'them'. 'Us' being the people wo know the feeling of losing a loved one and 'them' being people who do not. The users thus project themselves as experts who are empowered to share their experiences and correct widespread false truths such as 'time heals all'.

The three discursive strategies Pawelczyk identified as used by the bereaved online were: account-making, painful disclosure, and reflexive questioning. Account-making was quite dominant and related to the bereaved's recollection of the circumstances around the death of their loved one, this way contextualising and personalising the loss. With painful

disclosure, Pawelczyk meant the "unrestrained expression of emotional anguish" (p. 13) and with reflexive questioning she refers to the use of existential questions regarding life and death.

This paragraph showed that online mourning practices can resemble offline life in the way that it forms communal bonds. Moreover, we have seen important themes and discursive strategies that can be used to communicate on online forums that may be useful for the current study. However, as the current study aims to compare a forum for bereaved by suicide and a forum for otherwise bereaved, we should explore how mourning after suicide might be different from mourning after death by non-suicide.

1.3 (Online) mourning after a 'different death'

At the beginning of this paper, it has been stated that taboo on death is a controversial subject: some people believe the taboo still exists, while others say it is even nullified. One factor in this discussion about whether death is taboo is the way in which people die. Chapple, Ziebland and Hawton (2015), for example, interviewed 80 people bereaved by suicide or other so-called 'traumatic deaths', such as murder. They found that even though death in general may have become a less sequestered topic in society nowadays, this change is not as apparent among people bereaved by such traumatic deaths. The bereaved's grief is even disenfranchised in some circumstances of traumatic deaths and the funeral should already be a form of closure or they are not allowed to grieve altogether. Chaple et al. (2015) explain this by suggesting that people cannot generate feelings of identification with the 'victim' in the case of suicide or other instances when death is intentional. The researchers do not explain why these feelings of identification cannot be generated, but it may be caused by human's self-preservation instinct which is, as already mentioned, on the basis of the Terror Management Theory at the beginning of this paper: people have an instinct for self-preservation and thoughts of the inevitable death causes fear. Sympathising with someone who lacks this self-preservation instinct may thus evoke feelings of fear for one's own death. This lack of identification with the 'victim' leads to a lack of sympathy/understanding for the bereaved which, in turn, leads the death to be a private trouble by this bereaved: they cannot talk about it their loss with others.

The studies about mourning after suicide show contradictions and inconsistencies in terms of understanding the differences and similarities compared to those bereaved through non-suicide deaths (Cvinar, 2005). On the one hand, Cvinar points out some research indicates no difference in the bereavement experiences. On the other hand, the bereaved by

suicide may not actually be bereaved in the sense of being in sorrow, as a suicide may bring relief after having a difficult relationship with the deceased (who already attempted suicide previously) (Jordan, 2001). This results in complex and conflicting emotions, while acceptance of the death may also be easier for the bereaved when there is a clear cause of the suicide, such as psychiatric illness. When a clear cause is not present, however, a strong desire to find answers to the 'why'-question might add to the complex process of bereavement. Moreover, suicide is deeply rooted in historical legal and religious contexts which still influence how society perceives suicide, leading the bereaved by suicide to have feelings of rejection, isolation, abandonment, and anger (Ali, 2014). Not all bereaved by suicide experience stigma, however (Andriessen, Dudly, Draper & Mitchell, 2017; Gall, Henneberry & Eyre, 2014).

It has already been stated that more than half or the bereaved use digital resources for mourning. In the specific case of bereaved by suicide, Westerlund (2018) found that users of online support groups were motivated to join these groups for multiple reasons: they want to seek and share information, to receive help coping with commemoration days, to have opportunities to communicate regardless of time of day, to share experiences and help others, to have easy accessibility, to openly discuss grief-related issues, and to meet others with similar experiences. On the effects of using these support groups, he found that there was a tendency that users of the groups improved faster with their self-perceived psychosocial health than non-users during the first three years following the suicide, but then declined slightly to the same level as that of non-users after six or more years. In other words, his results indicate an initial advantage of using online support groups after bereavement by suicide.

What bereaved by suicide communicate on such online support group has been examined by Schotanus-Dijkstra et al. (2014). They collected 1250 messages from two forums for the bereaved by suicide and fitted the messages in Malik and Coulson's (2010) nine self-help mechanisms (in: Schotanus-Dijkstra et al., 2014): sharing personal experience, support or empathy, providing information or advice, universality, gratitude, requesting information or advice, creative expression, friendship, and chitchat. These mechanisms differed in frequency of use, with the messages consisting for 77% of 'sharing personal experiences' to 0% (5 instances in absolute numbers) of 'chitchat'. For the purpose of clarity, their categories with descriptions can be seen in table 2.

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 (Schotanus-Dijkstra et al., 2014: p. 30)

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	"I now have to quickly get the children ready to go to school."	5 (0)

bereavement after
suicide.

Relating Malik and Coulson's categories (2010, in: Schotanus-Dijkstra et al., 2014) to the themes and discursive strategies of Pawelczyk (2013), we see different ways to look at the same sort of data. Most of Pawelczyk's identified themes fall within the first self-help mechanism Malik and Coulson described: sharing personal experiences. Describing how the loss of a loved one disrupted one's own biographical narrative, idealisation of the deceased, missed goodbyes, the continuous bonds with the deceased and fantasy sequences all fall within this self-help category. Wisdom-sharing, however, can fall within the category 'providing information and advice' and within the category 'universality' as this theme focusses on advice-giving and the differences between 'us' (who lost someone) and 'them' (who have not lost anyone). Two of Pawelczyk's discursive strategies are also described in the categories of sharing personal experiences by Malik and Coulson: account-making and painful disclosure (the first being the sharing of the experience and the second being the sharing messages expressing emotions and feelings). Reflexive questioning is not mentioned in these categories, however. This may be because pondering on existential questions is not a form of self-help and thus not relevant in these categories. However, chitchat is not necessarily relevant to self-help either.

On the one hand, Pawelczyk's themes and strategies provide a more thorough tool for analysing the ways in which users share personal experiences. On the other hand, Malik and Couldson's categories provide a better tool to analyse the interaction on forums for support as a whole. The current study, thus, combines these two tools to get a complete view of what people on the analysed forums communicate with each other and how they do that precisely.

1.4 Research aims
The aim of the current study is to contribute to answer the central question "to what extend depends death taboo on online forums for mourning on the cause of death?". More specifically, it examines what people communicate on a forum for bereaved by suicide and a forum for people who lost their partner and how they communicate this.

To do this, it connects various lines of research. Previous research on (online) mourning has been conducted within one discipline at a time. Integrating concepts and methods from death studies, discursive psychology, and communication sciences thus may

provide a more complete thorough perspective on the matter. In the introduction of this paper we saw ill people – or individuals otherwise alienated from their direct community, such as after the loss of a loved one – use the internet for various reasons, one of which is sharing experiences with others. It was found that types of support on online self-help forums should match the demands produced by the stressful event in question and that preferences in disclosure style also influence the effectivity of the support. Online communities in mourning have also been found not to be that different from offline communities in a way that it forms communal bonds. In the case of online mourning after suicide specifically, studies show contradictions and inconsistencies. On the one hand, Westerlund (2018), for example, found that the bereaved by suicide use online support groups to openly discuss grief-related questions. On the other hand, Lammerichs' research on another group facing societal stigma indicated open discussions about negative feelings were problematic, as were requesting or providing advice, because users still wanted to present themselves as competent individuals.

The present paper integrates these different research domains in two studies. The first study applies discourse-analytic focussed categories defined by Pawelczyk and self-help mechanisms in line with clinical psychology defined by Malik and Coulson. This first study thus explores whether the themes and discursive mechanisms previously observed in other online self-help forums are also present in the forum analysed in the current study. In the second study, the data was approached differently. Thematic analysis is conducted without the bias of prior categories. Still, the theoretical notions, such as membership categories, are taken into account. This means that I did not assume providing or receiving advice or sharing negative feelings would be unproblematic and could be done in an indirect manner, such as 'hiding' advice under a question inquiring someone's circumstances (example 3 on page 11).

2. Methods
2.1 Materials
The website on which the two analysed fora are located consists of four main areas: a blog with death- and grief-related articles, an online memorial page, a forum to ask more practical questions and a forum to share your personal story. Both the forum for the bereaved of suicide (from here on 'suicide forum') and bereaved of a partner (from here on 'partner forum') are subsets of the forum to share your personal story.

At the top of the suicide forum, the moderator suggests some topics for discussion. It reads:

> "Sometimes, people have had enough of life and decide to end it. This is a huge loss and massive blow. How do you deal with the loss due to suicide which often happens so sudden? What do you do with all the questions you have still got left? Why did they do it? Could you have done anything to prevent it? Here, you can talk with peers about it and support each other. Is this your first time here and you want to share your story? Sign up." (own translation).

The suicide forum itself consists of 86 posts, the first dating from the 23rd of June 2014 and the last from the 12th of February 2020. For analysis all posts were used (see 2.2 Selection for the criteria). The amount of responses the posts received ranged from 0 to 36 (*Median* = 2 responses per post). Posts length ranged from 9 to 1783 words (*Median* = 138 words) and responses length ranged from 0 to 3744 words (*Median* = 77 words).

At the top of the partner forum, the moderator also introduces the topic, but without explicitly suggesting topics for discussion. It reads:

> "You share a lot in your life with your partner. Losing your husband or wife thus leaves an empty feeling. Share your grief or ways in which you dealt with it here. Is this your first time here and you want to share your story? Sign up." (own translation).

The partner forum itself consists of 1125 posts, the first dating from the 22nd of May 2013 and the last from the 16th of May 2020. For analysis, 44 posts from between the 3rd of December 2019 and the 13th of February 2020 were chosen (see 2.2 Selection). The amount of responses the posts received ranged from 1 to 20 (*Median* = 7 responses per post). Posts length ranged from 33 to 858 words (*Median* = 137.5 words) and responses length ranged from 0 to 589 words (*Median* = 67 words).

2.2 Selection

The selection of the forum has been motivated by the existing contact between the research group and Monuta, a Dutch funeral insurer, as the forum is an initiative of this company. The specific suicide forum has been selected, because of my personal interest in the topic of suicide and the partner forum has been selected as a comparison forum. The choice for this partner forum as comparison has been made to check for possible differences in interaction due to the nature of the type of death: loss of one's parents, which is the natural order of

things, could lead to very different discussions, for example. Whereas in both the suicide forum as in the partner forum, the death of a loved one was more tragic for the bereaved involved.

Selecting posts within the forums asked for some selection criteria. The first criterium was that there were no ongoing conversations anymore. To ensure this, only posts that had been abandoned for at least one month were selected. At the suicide forum, this meant all 86 posts were selected for analysis. At the partner forum, however, eight posts were excluded as the discussions on these were still ongoing. The second criterium was based on the size of the suicide forum in total word count: the comparison forum should have to be around the same size. As the suicide forum consisted of 70263 words in total including copied replies, the 44 most recent (abandoned) posts in the partner forum were selected. This group of posts with its responses consisted of 69980 words in total including copied replies.

2.3 Procedure

First, all posts and its responses of the suicide forum were copied in a Word-document. During this process, I read everything to get a first impression of the data. Second, I went over the data a second time to code the main topics of conversation without being biased by theoretical knowledge. As a third step, I followed the same procedure for the partner forum in a new document. Fourth, I exported my coding into a new document and went through the data and coding a third time to make sure similar instances were coded the same and to have a closer look at deviant, or otherwise unclear, cases. At this point, the coding looked like this (example from the 38th post on the suicide forum):

Suicide.post38. Who
Suicide.post38. What
Suicide.post38. When
Suicide.post38. Why
Suicide.post38. Guilt
Suicide.post38. I am miserable
Suicide.post38. Nice goodbye
Suicide.post38. Unexpected
Suicide.post38. Loss
Suicide.post38. My coping
Suicide.post38. I am miserable

Suicide.post38. Deceased is in a better place

The next step was to derive previously identified themes and discursive strategies from theory to examine. These were Malik and Coulson's self-help mechanisms (sharing personal experience, support or empathy, providing information or advice, universality, gratitude, requesting information or advice, creative expression, friendship, and chitchat) with the first mechanism divided into Pawelczyk's (2013) five themes (biographical disruption, idealization of the deceased, missed goodbye, the presence of the deceased in the lives of the bereaved, and fantasy sequence) and two discursive strategies (account-making, painful disclosure), and Pawelczyk's other theme and discursive strategy (wisdom-sharing and reflexive questioning). In the cases of providing advice and receiving advice, special consideration the complexities of the membership categories of advice-giver and -receiver was given. The sixth step was coding the data based on these themes and strategies in a way that one message could contain multiple categories at once. In other words, someone saying 'I feel for you and this also happened to me' was coded as 'support or empathy' and 'universality'. The codebook followed for this procedure can be found in appendix A.

A second, independent, person coded 20% of the data to increase reliability of the coding/statements. Within this data sample, messages from both the suicide and the partner forum were included. The inter-rater reliability scores can be seen in table 3 below. A second way in which I increased reliability is by providing various exemplary quotes alongside my interpretations to let readers of this paper evaluate the claims themselves, as is conventional in discursive psychology research (Potter, 2003).[1]

Table 3: Inter-rater reliability per category

Category	Cohen's Kappa
Support or empathy	.83
Providing information or advice	.89
Universality	.85
Gratitude	.75
Requesting information or advice	.81
Creative expression	.66
Friendship	.70

[1] The exemplary quotes are translated into English and grammatical 'mistakes' are kept in the translation.

Chitchat	.79
Wisdom-sharing	.61
Disruption of one's biographical narrative	.68
Idealisation of the deceased	.81
Missed goodbyes	.81
Continuous bonds with the deceased	.89
Fantasy sequences	.70
Account-making	.77
Painful disclosure	.71
Reflexive questioning	.81
Rest	.12
None	1

Table 3 shows the inter-rater reliability for almost all categories was substantial to (almost) perfect (Landis & Koch, 1977). On the category 'account-making', the reliability was initially moderate (.51), however, and on the rest-category it was only slight. In the first of these categories, there was a pattern that could explain this relatively low score: one rater coded all the times a user only referred to the date of death as account-making while the other did not. Controlling for this pattern, substantially increased reliability (kappa = .77). After a discussion between the two raters and the thesis supervisor, I decided to include 'only mentioning the date of death' as 'account-making'. The low score on the rest-group can be explained by a difference in interpretation of the category. One rater only applied this category when no other categories were applicable, while the other rater applied it when only a part of the message did not fit in any of the other categories. To illustrate this difference, we can look at the message below.

> Mary, ik heb je een privébericht gestuurd. Althans, dat was de bedoeling, maar ik zie het niet terug
> (Mary, I have sent you a private message. That was my intention anyway, but I don't see it)

Whereas one rater coded this message only as 'friendship', because of the mention of sending a private message, the other rater coded this message as 'friendship' and 'rest' to also say something about the second part of the message.

2.3 Ethical considerations

The subject of the current study are posts on an online forum which is publicly available online. This means, in principle, that everyone can read the messages regardless of the audience the author had intended. The moderator of the studied forum has also pointed out to visitors by stating what they will use personal information for, e.g. academic research, in their privacy statement and by making the importance of respecting one's own – and fellow users' – privacy. They do this by prohibiting any posts containing personal information such as phone numbers in their code of conduct.

Still, users of a forum can feel like they are engaging in private conversations. For an observer, it stays unclear how a user may feel knowing their posts are analysed by researchers. This means that even though access to data is easily obtained, the access is not inherently ethical, as Walter et al. (2011) pointed out in their review article on studies on death online. The privacy statement of the studied forum is not easily found on the website, making it plausible the users are not aware their personal information may be used by others. Obtaining informed consent from all forum users – as would be best practice (Franzke et al., 2020) – is not feasible, however, because of two reasons. The first reason is that users of the forum can use any name they please without displaying their full e-mail addresses or other contact information. The second reason is that posts can be published by people who no longer use the forum. A post with an announcement of my research on the forum itself would thus not reach these past users.

I have done my best to inform the users of the research and to protect their privacy. First, I got permission from the forum moderator to use the posts for my analyses. I did not, however, inform the users themselves that I analysed their data. This, because interference in users' practices could be perceive as a form of inappropriate intrusion on the forum and could even affect the level and mode of users' participation (Giaxoglou, 2017). Second, I used pseudonyms instead of the users' (online) name, avoided mentioning any other personal information, and omitted the name of the forum out of respect for the users' privacy. This way, the analysed data cannot be traced to the individual people.

3.0 Results

Even though a bottom-up analysis was performed before analysing the data top down, the top-down analysis will be discussed first in this section. As the data-driven analysis without any biases is better to do before being acquainted with the categories, it made sense to choose this

order to analyse the data. However, in discussing the data the reversed order is more logical, because the data will first be fitted into the existing theory. This theory then will be expanded by the current data.

3.1 Top-down analysis

In this section, I present the results of the top-down analysis. First, a complete overview of occurrences of the pre-existing categories is given. Second, the significant findings are discussed using extracts from the data as illustration, which is common practice within the field of discursive psychology. The analysis thus combines quantitative and qualitative research methods.

Occurrences of the self-help mechanisms themes and discursive strategies, as developed by Malik and Coulson (in: Schotema-Dijkstra et al., 2014) and Pawelczyk's (2013), are all listed in table 4. The adjusted standardized residuals are also listed here to indicate the deviation from an equal category distribution.

Table 4: Occurrence of the category per text type per forum. The first row of a category shows the absolute value and the second row the adjusted residuals

Category	Presence	Post Suicide forum	Post Partner forum	Response Suicide forum	Response Partner forum
Support or empathy	Present	3	8	202	254
	Residuals	-2.9	2.9	-1.2	1.2
Providing information or advice	Present	3	3	102	84
	Residuals	-.9	.9	2.9	-2.9
Universality	Present	3	8	105	183
	Residuals	-2.9	2.9	-4.3	4.3
Gratitude	Present	0	2	65	78
	Residuals	-2	2	-.1	.1
Requesting information or advice	Present	21	8	34	8
	Residuals	.7	-.7	4.7	-4.7
Creative expression	Present	4	2	4	2
	Residuals	0	0	1	-1
Friendship	Present	0	1	28	8
	Residuals	-1.4	1.4	4	-4
Chitchat	Present	0	7	35	31
	Residuals	-3.8	3.8	1.2	-1.2
Wisdom-sharing	Present	13	7	22	41
	Residuals	-.2	.2	-1.8	1.8
	Present	70	35	56	147

Category		Col1	Col2	Col3	Col4
Disruption of one's biographical narrative	Residuals			-6.3	6.3
		0	0		
Idealisation of the deceased	Present	19	6	11	4
	Residuals	1.1	-1.1	2.2	-2.2
Missed goodbyes	Present	23	8	10	6
	Residuals	1	-1	1.4	-1.4
Continuous bonds with the deceased	Present	10	8	22	29
	Residuals	-1.1	1.1	-.4	.4
Fantasy sequences	Present	20	7	14	15
	Residuals	.9	-.9	.3	-.3
Account-making	Present	80	37	85	105
	Residuals	1.3	-1.3	-.3	.3
Painful disclosure	Present	70	38	79	150
	Residuals	-1	1	-4.3	4.3
Reflexive questioning	Present	18	6	4	12
	Residuals	1	-1	-1.7	1.7

For every category, a χ^2-test has been conducted separately with text type (post vs response) as a layered variable, the results of which can be found in table 5. As can be seen in this table, the categories 'support or empathy', 'universality', 'gratitude', and 'chitchat' show a significant difference between the posts and 'providing information or advice', 'universality', 'requesting information or advice', 'friendship', 'disruption of one's biographical narrative', 'idealisation of the deceased', and 'painful disclosure' show a significant difference in responses. 'Wisdom-sharing' and 'reflexive questioning' only were marginally significant between the responses.

Of the (marginally) significant categories, 'wisdom-sharing' (response), 'idealisation of the deceased' (response), 'painful disclosure' (response), and 'reflexive questioning' (response) only had a negligible effect, and 'providing information or advice' (response) 'universality' (response), 'gratitude' (post), 'requesting information or advice' (response), and 'friendship' (response) only a weak effect. The categories 'support or empathy' (post), 'universality' (post), 'chitchat' (post), and 'disruption of one's biographical narrative' (response) showed a moderate effect (interpretation of *Cramer's V* based on Lee (2016)).

Table 5: Results of the χ2-tests per category with df=1, as well as the effect size (*Cramer's V*). A significant score for χ2 in the first column means there is a difference in occurrence of that category between the forums (suicide versus partner) in the

posts and a significant score for χ2 in the third column means there is a difference in occurrence of that category between the forums (suicide versus partner) in the responses

Category	χ^2 (Post)	Cramer's V (Post)	χ^2 (Response)	Cramer's V (Response)
Support or empathy	8.40*	.26	1.42	.23
Providing information or advice	.08	.06	8.63*	.12
Universality	8.40*	.26	18.34**	.17
Gratitude	4.06*	.18	.01	<.01
Requesting information or advice	.56	.07	22.38**	.19
Creative expression	<.01	<.01	1.06	.04
Friendship	2.02	.13	15.72**	.16
Chitchat	14.80**	.34	1.55	.05
Wisdom-sharing	.03	.02	3.33	.07
Disruption of one's biographical narrative	<.01	<.01	39.65**	.25
Idealisation of the deceased	1.22	.10	4.69*	.09
Missed goodbyes	1.04	.09	1.85	.05
Continuous bonds with the deceased	1.16	.10	.16	.02
Fantasy sequences	.84	.08	.08	.01
Account-making	1.65	.11	.12	.01
Painful disclosure	1.02	.09	18.30**	.09
Reflexive questioning	.92	.09	2.86	.03

Note: Categories with one asterisk (*) are found significant on $p<.05$. Categories with two asterisks (**) are found significant on $p<.001$.

3.1.1 Findings in posts

The first category that shows a difference between the forums was 'support or empathy':

posts on the suicide forum contain less instances of this category than posts on the partner

forum. This difference shows a moderate effect (*Cramer's V* = .26). However, only few

instances on posts of both forums (three on the suicide forum and eight on the partner forum)

are present. When occurring, utterances of this category were placed at the end of a post after

a user had told their own story. An example of such utterance is found at the end of a post

from Lilly on the partner forum: "Dear fellow sufferers, lots of strength, hope, and so much

more......".

The second category that showed a difference between the forums is 'universality'.

Like 'support or empathy', posts on the suicide forum contained less instances of

'universality' than posts on the partner forum and the difference showed a moderate effect

(*Cramer's V* = .26). Occurrences of this category could not be placed on one spot of a post

only: some users referred to 'universality' after discussing an ailment of them by saying 'but I

don't have to explain that to you, of course', while others began or ended their posts with

references to universality. An example of starting a post with such reference is given by

Mariken on the suicide forum ("I recognise a lot from what I read on this forum. I've been doubting for a long time whether I should share mine but I need others who've lost a child due to suicide") and an example of ending a post with such reference is given by Ingrid on the partner forum ("I read your stories and that makes us fellow sufferers. We understand each other's sorrow").

'Gratitude' is the third category that showed a difference between posts on the forums. Again, this category was less present on the suicide forum than on the partner forum. However, the difference in 'gratitude' only showed a weak effect (*Cramer's V* = .18). There were only two instances of this category in the posts, both on the partner forum. Both users showed gratitude for opportunities of sharing the forum provides, like Hans does ("It's nice to know 'I'm being read and seen' and you, as fellow sufferers, probably experience the same").

The last category that showed a significant difference between posts on the forums is 'chitchat': the partner forum showed seven instances while the suicide forum showed none. The effect of this difference was moderate (*Cramer's V* = .34). Five out of seven instances of this category were users wishing others happy holidays and a sixth user talked about it being Valentine's day. Truus' stood out as she did not talk about a holiday all users shared. Instead, she *chitchatted* to her deceased husband about events that took place the last days ("Our daughter turned 16 yesterday and I turned 45 today, and our oldest passed her driving test!").

3.1.2 Findings in responses

The first significant difference in responses between the forums was within the category 'providing information or advice'. Users of the suicide forum provided information or advice more often than users of the partner forum, but this only had a weak effect (*Cramer's V* = .12). Within this category two types of messages were counted: providing direct advice, such as Marja gives ("Some advice (I do this too) is to talk to your son just say what you would want to say"), and providing information or explanations, such as Luuk does of which the last part is direct advice again ("It just happens, because you can't completely direct it, and this event in your life has become part of you. Just let it be").

'Universality' not only showed a significant difference in posts, but also in responses between the forums. Just like in the posts, users of the suicide forum made less references to universality in their responses than users of the partner forum. However, the effect here was only weak (*Cramer's V* = .17). On both forums, users referred to 'universality' when they expressed getting the pain of loss or difficulties of the coping strategies they tried, such as Sylvia does on the suicide forum ("Not a day goes by on which I don't cry. Never when I'm

with others, though. Crying is something personal. So I recognise that too"). On the suicide forum, users also referred to this category when saying they lost someone with whom they had the same relationship as another user, like Rosalie ("It's hard and awful, I know, I've lost my mom 1.5 years ago too"), but they do not refer to 'universality' when discussing personal ailments due to grief. Users on the partner forum did, however, as can be seen in part of a message from Mark ("Yeah, I recognise those sleeping problems too").

A category that was more often referred to on the suicide forum than on the partner forum is 'requesting information or advice'. It had a weak effect, however (*Cramer's V =* .19). On both forums, request for information were made in the form of technicalities. An example of this is Stef asking "what do you mean with ctc'?" on the suicide forum or Jennefer asking "what is fl?" on the partner forum. Users of both forums also asked for ways of coping in a general sense, such as Lucy asking "how do I go on?" on the partner forum. On the suicide forum, users also asked for specific advice on coping, however. Linda illustrates this nicely ("When would you go to a grief counsellor even though the actual loss has been some time ago?"). The users of this forum also repeatedly ask each other how they were doing/were holding up. They did not ask each other about personal ailments, however, while users of the partner forum did, such as Jennefer illustrates ("Are you able to sleep?").

'Friendship' is also significantly more often referred to on the suicide forum than on the partner forum. This category also showed a weak effect (*Cramer's V =*.16). References to this category were made by inviting someone to send a private message on the forum, like Ans does on the partner forum ("You may always send me a message, this way we support each other"), to send an e-mail, like Rosalie does on the suicide forum ("You may always ctc me via [e-mail address]. You're not bothering me, just tell your story, I'll try to be there for you"), or by accepting such invitations, such as Jeffrey does ("Mathilda, I sent you a private message"). Messages in which someone invited others to keep sharing on the forum itself, such as the one from Michael ("Feel free to express yourself here") were not coded as 'friendship'.

The fourth category that was significantly different between the responses in both forums was 'disruption of one's biographical narrative' with users of the partner forum making more references to this category than users of the suicide forum. This difference had a moderate effect (*Cramer's V =* .25). On both forums, users talked about missing their loved ones and how life is not the same anymore. For example, Sandra on the suicide forum says "Realising you will never, never, see your kid again or hug it or talk or laugh with it!" and Helen on the partner forum says "It will never be the same again". Moreover, on the suicide

forum, users also talked about the suddenness of their loved one's death, e.g. as Marco says: "I didn't see it coming". Users of both forums expressed how they fell in a "black hole" (as Miranda says) after their loss and users of the suicide forum often left it at this. Users of the partner forum also talked about finding peace with their loss, however. Jamie says, for example: "You have to give this situation a place too". They were also discussing the physical effects their grief had on them, such as already illustrated by the discussion on sleeping difficulties by Jennefer and Mark.

References to 'idealisation of the deceased' were more often made in responses on the suicide forum. This difference from the partner forum only had a negligible effect, however (*Cramer's V* = .09). An example of this category is given by Elenor on the suicide forum: "She was a lovely, happy, always singing daughter".

The last significant difference in responses between the forums was found within the category 'painful disclosure'. Users of the partner forum produced more responses containing this category than users of the suicide forum, but the effect of this difference was negligible (*Cramer's V* = .09). A striking illustration of this category is made by Lucy on the partner forum: "My sorrow is so huge, it seems to consume me :(".

The categories 'wisdom-sharing' and 'reflexive questioning' only showed a marginally significant difference ($\chi^2(1) = 3.33$, $p = .07$, *Cramer's V* = .07 and $\chi^2(1) = 2.86$, $p = .09$, *Cramer's V* = .07, respectively). Both categories tended to be referred to more often in responses on the partner forum than on the suicide forum. An example of 'wisdom-sharing' is given by Levi on the partner forum ("Everybody goes on but my world ended and then those well-meant postcards… yuck…") and an example of 'reflexive questioning' is given by Tammi on the partner forum ("the loss is awful and then I start thinking why do I keep on living").

3.2 Discussion
All in all, one can say communication on both forums seems to be different. Users interact differently on a forum specifically for people who have lost a loved one due to suicide than on a forum for people who lost their significant other due to a variety of causes (mostly illness). Significant differences in posts were found within the categories 'support or empathy', 'universality', 'gratitude', and 'chitchat' and significant differences in responses were found within the categories 'providing information or advice', 'universality', 'requesting information or advice', 'friendship', 'disruption of one's biographical narrative', 'idealisation

of the deceased', and 'painful disclosure'. The categories 'wisdom-sharing' and 'reflexive questioning' showed marginally significant differences in the responses between the forums.

3.2.1 Death taboo

That there are more instances of initiating contact outside of the forum ('friendship') on the suicide forum than on the partner forum may be due to the loved one's cause of death. As Chaple et al. (2015) showed, death in general has become more accepted in society but this change is less apparent among people bereaved by traumatic deaths such as suicide. In this case, the bereaved's grief can even be disenfranchised, leading them to feel like they have to hide their grief from the public. The online forum is in a public sphere, however. It thus may be the case the users of the suicide forum still feel this pressure not to show their grief publicly, even if it is 'just' on a forum with others in a similar situation, while users of the partner forum feel freer to openly discuss theirs.

As death is not (completely) taboo in society anymore (Aries, 1981, Walther 1991; 1993, and Lee, 2008), people develop more standardized ways of talking in this specific context (e.g. 'condolences' or 'be strong'). This might explain why users of the partner forum express more 'support or empathy' than users on the suicide forum. They are all aware the other users have lost their loved one too and feel the need to show their empathy because that is *something you are supposed to do*. Users of the suicide forum still experience a taboo on their mourning in everyday life, however (Chapple et al., 2015). This might lead them to omit these niceties of showing empathy for others in their own post.

The same explanation might hold for the category 'painful disclosure'. Users of the suicide forum might feel pressured by the stigma on suicide, even though they are around their peers, leading them to feel prevented from expressing their feelings. As we see in the next paragraph, the difference within this category may also be explained by an aspect of the forums themselves, however.

3.2.2 The forum's technicalities

The occurrence of the category 'painful disclosure' might differ between the forums due to societal stigma but the forums' introduction might have had an effect too. Users of the partner forum were encouraged to express and share their grief while users of the suicide forum were encouraged to ruminate on the cause of their loved one's death. This might lead users of the first forum to share personal ailments and users of the latter not to.

The forums' introductions might also partly explain the difference in 'idealisation of the deceased', 'providing information or advice', and 'requesting information or advice'. On the one hand, the encouragement to ruminate on the cause of their loved one's death and help each other on the suicide forum might lead users to describe more good character traits of the deceased as reasons why they did not deserve to die. On the other hand, the focus on sharing one's grief on the partner forum might lead users to express their own feelings without describing their deceased loved one. Moreover, providing and requesting advice is not a predominant part of sharing grief and personal stories, as is encouraged on the partner forum.

The difference in 'gratitude' might be explained by the amount of activity on both forums. As can be seen in the sample selection, posts on the suicide forum only received between none and 36 responses (*median* = 2 responses) while posts on the partner forum received between one and twenty (*median* = 7 responses). A larger amount of responses on a post increases a user's feeling of (the chance of) being seen on the forum. As the amount of responses per post is smaller on the suicide forum, the user's feeling of being seen probably is too. This, in turn, leads to less expressions of gratitude for being read in their initial posts.

That more instances of 'chitchat' were present on the partner forum than on the suicide forum can probably be explained by the sample taken for this study. To match the suicide forum in total word count, only 44 posts from the partner forum from between the 3rd of December 2019 and the 13th of February 2020 were selected for analysis. The sample thus only consists of posts from around the holiday season and, as explained earlier, six out of seven instances of 'chitchat' occurring were users talking about holidays (Christmas and Valentine's Day). This does not explain the complete absence of the category on the suicide forum, however, as multiple posts here were also made during the holiday seasons. The introductions at the top of the forums could be an explanatory factor for this: elaborating on the cause of death versus sharing one's grief. The introduction thus may have primed users of the suicide forum to only talk about their deceased loved ones and their (immediate) grief while users of the partner forum felt free to talk about current events and how they were affected by grief.

A difference in introduction could also explain the difference in referring to 'universality' in both posts and responses. Whereas the introduction focusses on someone's personal experiences on the suicide forum, such as what questions they still have left or what they could have done, the introduction on the partner forum focusses on sharing your grief with other users. However, the relationship a user has to the deceased could also be an explanatory factor, as can be seen in the next paragraph.

3.2.3 Relationship to the deceased

As said, the relationship one has to the deceased might explain the frequency difference in 'universality' between the two forums. The suicide forum is built around the cause of death and users do not have the relationship to the deceased in common such as on the partner forum. Here, they all miss their significant other, leaving the same metaphoric 'hole' in their life, which enables the opportunity to relate.

Sharing the same metaphoric 'hole' might also explain the difference in 'disruption of one's biographical narrative': Even though users of both forums are grieving a loss, their lives are not necessarily disrupted to the same extend. When someone's significant other passes away, they lose someone they organise their life with every day. Losing a brother you do not see every day anymore, how painful the loss may be, does not have to change anything in your life, however. Moreover, that the deceased was a good person might be seen as self-evident on the partner forum: they were the user's significant other for a reason. On the suicide forum, on which the bond to the deceased is not self-evident, the positivity of their character is not either. This way, the relationship might also explain the difference in 'idealisation of the deceased'.

The last categories to discuss are 'Providing information or advice' and 'requesting information or advice', the difference of which might be related to the perceived 'universality'. Heritage and Selfi (1992) and Pudlinski (1998) already showed how peers try to be sensitive in how to request and provide advice as they do not differ in expertise. When people feel less similar – perceive less 'universality', as is the case on the suicide forum – and might not see each other as peers, they might feel more inclined to provide or request advice. This explanation seems paradoxical with Lamerichs' (2003) findings, however, as she found that users of a peer-led support group negotiate whether they are entitled to provide advice based on similarities. Following this logic, more occurrences of 'universality' should lead to more occurrences of 'providing information or advice'. Lamerichs did not compare two groups, however. The finding that users of the suicide forum provide and request advice more often than users of the partner forum, does not mean they do this often in general.

3.2.4 Summary

To conclude, the taboo around suicide, the relationship to the deceased, and the introductions at the beginning of the support forums are possible factors in explaining the differences between the two regarding the pre-existing categories. However, these categories might have

been too broad to accurately describe the interaction on both forums. For example, the category 'support and empathy' contained generic 'condolences' as well as users saying 'they are there for you' is, even though these two convey a completely different message. Moreover, some messages could not be coded into the pre-existing categories at all, such as describing negative traits of the deceased instead of idealising them. A third shortcoming of the pre-existing categories is that they do not take any subtleties of the advice-giver and -receiver membership categories into account. As stated by Pudlinski (1998), someone without any authority over the other might provide 'hidden' advice. Users might give advice that seems to be a story about their own experiences on the surface, like Ingrid does on the partner forum ("Every day, I demand myself to do something, plus I try to go for a walk every day"). These cases of advice-giving could not be coded into the pre-existing category that only included straightforwardly given advice, such as Linda gives ("If you feel like you can't talk to anyone, I advise you to go to your GP).

This is where the bottom-up analysis comes in. As said before, I coded all the messages unbiased by pre-existing categories before doing the top-down analysis. I did this while keeping the complexities that accompany different membership categories in mind. The aim of this bottom-up analysis is to complement and enhance the existing categories to acquire a better understanding of online bereavement communication (after suicide).

3.3 Bottom-up analysis

As said in the last paragraph, I coded all messages while keeping the complexities that different membership categories bring in mind. Going unbiased through the data, multiple categories emerged. On the one hand, some of these categories could be linked to the pre-existing categories. For example, the category 'relating' is closely linked to Malik and Coulson's (2010) category 'universality'. On the other hand, these new categories are more specific than the pre-existing ones. To use the example of 'universality' versus 'relating' again: The category 'relating' takes into account the different ways in which one can relate by explicitly name subcategories 'I get it', 'I can imagine', 'based on own story', and 'you're right' besides the most basic form of saying 'I recognise what you say'. Moreover, the bottom-up analysis showed an opposite category 'not-relating', in which users emphasized the fact that they were different people with different experiences. All categories and its subcategories can be seen in table 6 below. As some categories consists of too few occurrences and there are too many outcome variables to run reliable statistical tests, no statistical tests were conducted.

Table 6: Occurrences of the self-identified categories in absolute values. The self-identified categories are listed corresponding to the pre-existing categories. Categories between brackets are subcategories of the category above. So, for example, (Reassurance) is a part of 'Empathy'. The frequency of occurrence is shown per text type per forum.

Pre-existing category	Category	Post suicide forum	Post partner forum	Response suicide forum	Response partner forum
Support or empathy	Empathy	8	14	404	479
	(Be strong and it's bad indeed)	(3)	(9)	(305)	(336)
	(I'm here for you)	(2)	(2)	(8)	(3)
	(Reassurance)	(1)	(2)	(51)	(14)
	(Condolences)	(1)	(0)	(29)	(64)
	(I'm worried)	(1)	(0)	(3)	(51)
	(Good for you!)	(0)	(0)	(6)	(9)
Providing information or advice	Advice	2	11	174	143
	(Based on own story)	(0)	(3)	(20)	(32)
	(Direct answers)	(0)	(0)	(23)	(30)
	(Explanation)	(0)	(0)	(10)	(10)
	I can't help	0	0	12	13
	Does this help?	0	0	6	1
Universality	Relating	3	6	150	216
	(I get it)	(1)	(0)	(10)	(11)
	(I can imagine)	(0)	(0)	(4)	(0)
	(Based on own story)	(0)	(0)	(67)	(110)
	(You're right)	(0)	(0)	(15)	(63)
	Not relating	0	1	20	31
Gratitude	Gratitude	0	9	73	78
	(For contact)	(0)	(4)	(63)	(73)
	(For advice)	(0)	(5)	(10)	(5)
	Excuses	3	0	6	0
	No thanks	0	0	1	0
Requesting information or advice	Question	22	12	56	14
	(To relate)	(1)	(3)	(2)	(4)
	(For empathy)	(0)	(1)	(1)	(0)
	(How are you?)	(0)	(0)	(18)	(2)
	(To explain)	(0)	(0)	(12)	(4)
	Own answer	0	0	10	2
Creative expression					
Friendship	Contact request	0	0	32	11
	(Private)	(0)	(0)	(14)	(6)
	(On forum)	(0)	(0)	(18)	(5)
	Quit forum	0	0	2	0
Chitchat	Chitchat	1	6	48	63
	(Holidays)	(1)	(6)	(1)	(19)
	(Compliment)	(0)	(0)	(10)	(3)
Wisdom-sharing	Others	29	13	15	29
	(Who don't get it)	(22)	(9)	(11)	(26)
	((Official instance))	((5))	((1))	((1))	((0))
	(Who get it)	(1)	(2)	(1)	(3)
	((Official instance))	((0))	((0))	((1))	((0))
	(Impact on others)	(1)	(2)	(3)	(0)

Disruption of one's biographical narrative	Unexpected	21	5	1	2
	(I can't believe)	(3)	(2)	(0)	(0)
	Expected	5	1	1	1
	Missing	24	27	4	17
	Lonely	14	5	2	9
	Coping	22	17	36	62
	(Good)	(12)	(10)	(28)	(39)
	(Bad)	(3)	(1)	(1)	(2)
	(Be strong and go on)	(7)	(6)	(7)	(20)
	Ailments	7	13	1	7
	(Ups-and-downs)	(1)	(3)	(0)	(7)
	I'm fine	2	7	4	3
	Hope future	8	6	18	44
	Fear future	0	3	7	29
Idealisation of deceased	Close to deceased	18	8	0	1
	(Not close)	(2)	(0)	(0)	(0)
	Introduction	18	12	9	11
	(Self)	(9)	(7)	(6)	(5)
	(Deceased)	(6)	(4)	(0)	(0)
Missed goodbye	Goodbye	11	3	3	2
	(Nice)	(5)	(2)	(1)	(0)
	(Bad)	(4)	(1)	(2)	(2)
	Talking to deceased	9	9	0	4
Continuous bonds	Afterlife	8	8	3	6
	(Continuous bond)	(3)	(6)	(2)	(3)
	(Better place)	(4)	(0)	(1)	(0)
	(Promise deceased)	(0)	(1)	(0)	(2)
	(Hope painless end deceased)	(1)	(1)	(0)	(0)
Fantasy sequence	Regrets	7	2	2	1
	(No regrets)	(0)	(0)	(0)	(1)
	Guilt and shame	20	0	7	1
	(No guilt and shame)	(0)	(0)	(1)	(0)
Account-making	Who died	62	25	2	0
	What happened	34	0	0	0
	When	75	35	2	2
	How they passed away	26	19	3	0
	(How I heard)	(9)	(2)	(0)	(0)
	(Direct impact)	(12)	(0)	(0)	(1)
	Why deceased	34	0	3	0
Painful disclosure	Painful disclosure	20	41	21	40
	(Anger)	(2)	(0)	(0)	(0)
	(Stupid holidays)	(0)	(6)	(0)	(1)
	Unrelated own story	0	0	2	7
Reflexive question	Asking why	13	0	3	0
None	Technical mistake	0	0	22	3
	No mistake	0	0	1	0
	Explicit reaction	0	0	80	141
	Opinion forum	0	1	6	1
	(Bad)	(0)	(0)	(0)	(1)

Reason forum	27	11	0	3
Openings	27	23	173	164
(Informal)	(12)	(6)	(75)	(72)
(Love)	(2)	(4)	(52)	(56)
Closings	23	30	173	246
(Informal)	(3)	(4)	(17)	(37)
(Love)	(4)	(9)	(80)	(130)
(Be strong)	(1)	(0)	(1)	(1)
Nuance	8	9	24	31
(Silver lining)	(4)	(5)	(3)	(17)
(Negative comment)	(4)	(4)	(21)	(14)
Other website	0	0	3	1

Note: Comparing the amount of category occurrences to the previous previous tables shows a larger frequency of utterences in this table. This is because the pre-existing categories were coded as present or not present (one per message) while in the bottom-up analysis a particular category could be present more times per message. For example, if someone says 'be strong' two times, in the top-down analysis is is counted once as 'empathy' and in the bottom-up analysis counted two times.

As the aim of this paragraph is to enhance the analysis based on the pre-existing categories, discussing all emerged categories in great detail is unwarranted. Especially in cases in which a category only occurred once or twice and in cases that show the similar pattern as already shown in the top-down analysis. For example, 'relating' seems to follow the same pattern as 'universality': users of the partner forum refer to this category more often than users of the suicide forum. An in-depth analysis is made of the emerged categories that do not show the same pattern as in the top-down analysis and have minimum frequency of five on one of the forums (divided by text type) to ensure it is a relevant category.

This leads to the following categories to be discussed in this paragraph: 'Support or empathy', 'providing information or advice', 'disruption of one's biographical narrative', 'idealisation of the deceased', 'missed goodbye', 'fantasy sequence', 'account-making', 'reflexive questioning', and the two new categories within 'nuance'. The first three categories are discussed on their own but the categories 'idealisation of the deceased', 'missed goodbye', 'fantasy sequence', 'account-making', and 'reflexive questioning' will be discussed together in a paragraph entitled *Losing a loved one*, as they all closely relate to each other.

3.3.1 Support or empathy
Malik and Coulman's category 'support and empathy' was a very broad category. My own categorisation divided this category 'empathy' into six subcategories: 'be strong and it's bad indeed', 'I'm here for you', 'reassurance', 'condolences', 'I'm worried', and 'good for you!'. The second and fourth subcategories are self-explanatory, but the others need extra explanation. 'Be strong and it's bad indeed' are all instances in which users tell each other 'sterkte' (*be strong*) and emphasize the horror of the users' situation, such as Marlies does

("How awful that you have to deal with this"). The subcategory 'reassurance' can vary in its specific content but is used to take the worries of another user away. For example, when one user describes their ailments, another user reassures them they are normal, like Harrie does on the suicide forum ("That's completely normal […] this is normal and decreases eventually…. How impossible that may seem to us at the moment"), or when one user feels like they cannot go on anymore, another user assures them they can, like Shadow does on the suicide forum ("You can do it…!! You're stronger than you can imagine"). The category 'I'm worried' entails users' warnings to others they are scared are going to hurt themselves. An example is given by Linda on the partner forum: "Don't do anything stupid, please, there will be beautiful moments for you in this life. Even though everything seems bleak right now !". The last category, 'good for you!', consists of utterances in which users say they are happy for another user's positive news. Brenda illustrates this category nicely on the partner forum: "How great to read you're doing well . And how cool it is you're going to sky dive".

Most subcategories seem to follow the same pattern as the pre-existing category 'support or empathy': more instances are found on the partner forum than the suicide forum. This is in line with the findings of the top-down analysis, which showed users of the partner forum use more 'support or empathy' on posts. 'Reassurance' seems to be present more often in responses on the suicide forum than the partner forum, however. It occurs 51 times on the suicide forum and fourteen times on the partner forum.

3.3.2 Providing information or advice
The pre-existing category 'providing information or advice' is closely linked to the newly emerged categories 'advice' – with subcategories 'based on own story', 'direct answer', and 'explanation' – 'I can't help', and 'does this help?'. The first category entails all directly given advice, such as we have seen Marja give ("Some advice (I do this too) is to talk to your son just say what you would want to say"). The subcategory 'based on own story' takes into account that advice is not always given straight-forwardly. An example is given by Sylvia ("I make sure to do something to survive the days") who masks her advice as telling about personal experiences. 'Direct answer' entails all answers given on specific questions of other users. For example, when Jon asks whether Julia and her children can talk about their loss, Julia answers "When they are here, we can support each other and we talk about [name loved one]". The last subcategory, 'explanation', is equal to the information-giving part of the pre-existing category. Both factual and subjective explanations are coded as such, meaning that Bertha sharing an academic paper on suicide ("I'd like to send you a document […] it helped

me. Lecture from Erik Jan de Wilde Borne, April 1ˢᵗ 2000[…]") and Bert explaining how souls work in his opinion ("GRIEF TRAVELS WITH YOU It's integrated in you,that awful moment of fate, the passing of your dearest.It's carved in your Soul.") are both coded as 'explanation'. What the closely related categories 'I can't help' and 'does this help?' mean is quite straight-forward: the first one entails all utterances of users saying they cannot give any good advice (Koen: "I'm unable to comfort you in this situation") and the second one entails users asking whether their advice was useful (Jon: "Hopefully, this article is useful to you").

The main category 'advice' mirrors the findings of the top-down analysis: users of the suicide forum provide more advice in their responses than users of the partner forum. However, when focussing on the subcategory 'based on own story', there seems to be the opposite happening in the responses. In other words, users of the partner forum seem to provide more advice masked as telling about their own experiences than users of the suicide forum.

3.3.3 Disruption of one's biographical narrative

The category 'disruption of one's biographical narrative' is closely linked to many emerged categories. The most relevant categories discussed here are 'unexpected', 'lonely', 'coping', 'ailments', and 'fear future'. The first category refers to users stating they did not expect their loved one to pass away, such as Linda does ("My dad suicided by hanging…bizarre and totally unexpected"). The second category refers to users expressing feelings of loneliness, like Henriëtte ("I wanted to grow old with you. I don't want to be alone"). 'Coping' refers to users telling how they deal with their grief, which can be in a good way (Katherin: "My husband died in 2016. After approximately half a year, I looked for help and got it from a grief counsellor"), a bad way (Stephan: "I now realise I suppressed my sorrow. I didn't show emotions but drank them away"), or just by stating they have to 'be strong and go on' (Lindsy: "We have to go on, there is no other choice"). All instances of users talking about (physical) effects their grief has on them fall under the category 'ailments', for example: the sleeping difficulties of Jennefer. 'Ups-and-downs' is its subcategory and refers to users expressing having alternating states of feeling fine and awful, like Gertrude ("Now I'm at a point where I'm sometimes able to enjoy music and stuff, even though I cry multiple times a day"). The last relevant category is 'fear future' which is most closely linked to the pre-existing category as it entails all instances in which users express their fear of life never becoming the same again and/or never being happy again, like Sandra does ("Life goes on but it lost its shine. Getting over it…. Never.").

In the top-down analysis, it is shown that users of the partner forum make more references to the 'disruption of one's biographical narrative' than users of the suicide forum. The pattern in 'fear future' in responses seems to mimic this result (29 occurrences on the partner forum and seven on the suicide forum). Interesting to see, however, is that they also seem to reference a hopeful future more often in their responses (44 times versus eighteen times on the suicide forum), like Martin ("I believe I will get better again, especially because I'm able to enjoy some things again"). Users of the partner forum also seem to refer more often to their ailments and coping in their responses (seven and 62 times respectively versus one and 36 times on the suicide forum). 'Unexpected' seems to be referred to more often in posts on the suicide forum, however (21 versus five on the partner forum). The category 'lonely' seems to be referred to more often in posts on the suicide forum than on the partner forum (fourteen versus five) but more often in responses of the partner forum than on the suicide forum (nine versus two).

3.3.4 Losing a loved one

The most relevant emerged categories on the topic of losing a loved one are 'close to the deceased', 'guilt and shame', 'who died', 'what happened', 'how they passed away', 'why deceased' and 'asking why'. The first category differs from the pre-existing category 'idealisation of the deceased' in that the new category focusses on users emphasizing they were close to the deceased (Max: "[I am] a dad who does everything in his power to keep his son alive. Who spends a couple of hours with him and has long telephone calls with him every day") while the pre-existing one focussed on users describing positive traits, as we have seen Elenor do in the top-down analysis. Whereas 'fantasy sequence' referred to users ruminating on what they could have done to prevent their loved one from passing away, 'guilt and shame' refers to users feeling guilty about the death, like Stef does ("I believe I could have prevented her death… I saw her every day…"). This category is also closely linked to 'asking why' as this category refers to asking oneself why their loved one suicided (e.g. Stephen: "What did I miss? Why?Why now?").

The pre-existing category 'account-making' is closely linked to five new categories that divide different aspects of a user's account into who the deceased was, what happened to them, how they passed away exactly, and why they were deceased. These last three categories differ from each other because the first one refers to users plainly saying their loved one died or suicided (e.g. Claudia: "My husband suicided in 2017"), the second one to users describing the cause of death (e.g. Rosanne: "She first decided to cut her wrists but those closed too

quickly, then she tried sleeping pills but they weren't strong enough, so she jumped in front of a train"), and the third one refers to users giving reasons why their loved one suicided (e.g. Rosanne: "She just wanted to be dead. Done with her depression, missing dad, her insecurities, and ailments of aging"). Moreover, the second category has two subcategories which refer to how the user heard of their loved one's passing (e.g. Kim: "We were called awake by the police in the middle of the night. They told us my dad stepped in front of a train") and the impact it had on them immediately after finding out (e.g. Brenda: "The first months, I had to organise everything […] Now everything is a bit quieter, the emotions hit me").

As can be seen in table 6, users of the suicide forum seem to refer more often to their closeness to the deceased and to saying goodbye in their posts than users of the partner forum (eighteen versus eight and eleven versus three, respectively). They also seem to refer more often to the categories 'guilt and shame', 'who died', 'what happened', 'why deceased', and 'asking why' in their posts.

3.3.5 Nuance

A completely new category that emerged was 'nuance' with its two subcategories 'silver lining' and 'negative comment'. Both nuances were utterances in which users stated something followed by 'but…'. For the subcategory 'silver lining', this meant users stating something neutral or negative with a positive twist, such as Miranda does ("It's a never-ending pain but what comforts me is that she [the deceased] is probably happy now"). For the subcategory 'negative comment' the reverse was the case: users stated something neutral or positive with a negative twist, such as Magriet does ("I try to give advice but I know it is so difficult to accept").

Table 6 shows that users of the partner forum might use slightly more nuances in their responses but more interesting to see is the distribution of the two subcategories. 'Silver lining' seems to occur more often on the partner forum than on the suicide forum (seventeen times versus three times) but 'negative comment' seems to show the opposite: 21 of the occurrences are on the suicide forum and fourteen on the partner forum.

3.4 Discussion

The aim of the bottom-up analysis was to enhance the findings of the top-down analysis. Special attention was given to the categories 'support or empathy', 'providing information or advice', 'disruption of one's biographical narrative', 'idealisation of the deceased', 'missed

goodbye', 'fantasy sequence', 'account-making', 'reflexive questioning', and the two new categories within 'nuance'. In this paragraph we focus on these categories once more.

3.4.1 Providing support and advice

In the top-down analysis it was shown that 'support or empathy' occurred more on the partner forum than on the suicide forum. The bottom-up analysis mimicked this finding except for the subcategory 'reassurance', which seems to occur more often on the suicide forum than on the partner forum. This finding underlines how users of the partner forum seem to follow some sort of script for loss, providing generic phrases of support, such as 'condolences' or 'be strong'. The reversed distribution of 'reassurance' could be explained by the difference in taboo on causes of death too. As said before, those bereaved due to suicide often experience taboo on their mourning in everyday life (Chapple, et al., 2015). They might doubt whether their feelings are normal due to not being able to discuss their grief openly with their direct community and receive 'feedback' on their feelings. Users on the suicide forum, who often have experienced such stigmatised loss, could recognise these feelings within themselves. This leads them to being able to support other users by reassuring their feelings are valid and normal rather than providing generic empathic phrases.

When looking at the category 'advice', the findings of the bottom-up analysis also seems to mirror the top-down analysis for 'providing information or advice': users of the suicide forum provide more advice than users of the partner forum. However, the subcategory 'based on own story' shows the opposite pattern. Combined with the finding that references to 'relating' seemed to occur more often on the partner forum than the suicide forum, the pattern in these subcategories provide more evidence for the theory that people who feel less similar to each other might feel more inclined to provide straight-forward advice (Pudlinski, 1998).

3.4.2 Disruption of one's biographical narrative

Users of the partner forum seem to talk more about their fear for the future than users of the suicide forum. This is in line with the findings of the top-down analysis for 'disruption of one's biographical narrative'. When someone loses a significant other with whom you organise your everyday life, one might be more inclined to feel like their life is never going to be the same again than when someone loses another relative or friend that played a smaller part in their life. However, users of the partner forum also seem to talk more about having hope for the future than users of the suicide forum. This might be related to a difference in discussed topics on the forum in general: users of the partner forum seem to talk more about

their own ailments, feelings, and coping mechanisms, while users of the suicide forum seem to talk more about the circumstances around their loved one's death. This difference could be explained by the taboo on death by suicide and by the difference in forums' introductions, as can be seen in the top-down analysis.

Two categories that did not seem to follow the same pattern as 'disruption of one's biographical narrative' were 'unexpected' and 'lonely'. The first category seemed to occur more often on the suicide forum, which might be explained by the suddenness of suicide. Previous studies on bereavement by suicide showed some bereaved might feel relief after suicide, as they had a difficult relationship with the deceased who already attempted suicide previously (Jordan, 2001). Most users of the suicide forum did not see it coming, however, as Marco already illustrated by saying "I didn't see it coming". These users felt sorrow and often had a strong desire to find an explanation for the 'why'.

The second category, 'lonely', seemed to occur more often in posts on the suicide forum than in posts on the partner forum but reversed in the responses. This might be explained by a difference in which the loneliness can refer to: loneliness due to missing one's loved one and loneliness due to being misunderstood. On the suicide forum, users refer more often to this second meaning in their posts as a reason to join the forum. Berta, for example, said: "I've got lovely people around but I still feel so alone". These utterances seem a direct reference to the feelings of rejection, isolation, and abandonment bereaved by suicide often feel due to the stigma on suicide in society (Ali, 2014). Users of the partner forum refer more to the first meaning of loneliness, however. In their responses they mention this feeling among other ailments and sorrows, such as Marja: "No, a life alone without my 'everything' will stay awful, SHE SMILES BUT SHE CRIES, this is how it is and this is how it will stay". As can be seen in this example, the reference to 'lonely' on the partner forum is part of 'painful disclosure'. So, the difference between both forums in 'lonely' could be explained the same way as 'painful disclosure': Users of the suicide forum might feel pressured by the stigma on suicide, preventing them from expressing their feelings, and/or the introduction encouraged other behaviour on both forums (ruminating on the deceased's death on the suicide forum versus expressing grief on the partner forum).

3.4.3 Losing a loved one
All categories linked to the loss of a loved one seem to be referred to more often by users of the suicide forum than users of the partner forum. The possible difference in the categories 'close' and 'who died' is probably due to the fact that the relationship between the user and

the deceased is clear on the partner forum: it is their significant other. This relationship, in itself, is evidencing the user was probably close to the deceased. On the suicide forum, however, users have to provide the evidence for their closeness to claim a right to grieve and mourn. On the suicide forum we also see two instances of 'not being close'. These are both from the same person who said she was not in touch with her loved one anymore but was planning on reconnecting just before they passed away. This way, the user still claims the right to grieve, even though she was not close to the deceased.

The possible difference within categories 'guilt and shame' and 'asking why' might relate to the cause of death. Both categories entail users ruminating about the cause and whether they could have prevented it. Someone bereaved by suicide might wonder why their loved one suicided and feel guilty, because they think they could have prevented it. In the case of disease, for example, the bereaved knows the cause of death and does not have to wonder why. Moreover, they can blame the disease instead of feeling guilty themselves.

Just like 'asking why', the categories 'what happened' and 'why deceased' only occurred on the suicide forum. This can be explained by the categorisation itself: users on the partner forum telling their significant other passed away due to a disease or traffic accident was coded as 'how they passed', just like users on the suicide forum telling how their loved one suicided. Simply mentioning that their loved one suicided was coded as 'what happened' and reasons for suiciding, such as having a mental illness, as 'why deceased'. These categories were not applicable to the partner forum.

3.4.4 Nuance

The two subcategories of 'nuance' seem to show the opposite pattern in the responses: users of the suicide forum seem to use more 'negative comments' and users of the partner forum more 'silver linings'. The difference in 'negative comments' is probably linked to the perceived 'universality'. Users on the suicide forum might have felt like they had less in common. So, when giving advice, these users might often add negative comments, such as 'but maybe this will not work for you'. That users of the partner forum seem to use more 'silver linings' might be due to the standardised script of discussing loss I talked about earlier. Suicide is perceived as a horrible, traumatic event by Western society which does not permit positive nuances (Ali, 2014; Chapple et al., 2015). When someone writes a post about how horrible their loss is, other users of the suicide forum thus response by acknowledging this. On the partner forum, users might also add positive aspects, however, as the loss of a loved one is tragic but less stigmatised: people are allowed to talk about their loss and comfort each

other by mentioning the positives. A nice example of this is Jennefer who talks about her dog: "I'm very down and sad and I wish I could be with him. Don't want to eat anymore. Luckily I still got my dog to comfort me".

3.4.5 Summary

In conclusion, the bottom-up analysis elaborated on the top-down analysis in two ways: it provided more evidence for its findings and it provided some nuance. First, it showed additional proof for the theory that the bereaved by suicide experience stigma in society and that this carries over to their online behaviour with peers. Users of the suicide forum seem more hesitant to express their sorrows than users of the partner forum and instead focus on the circumstances around the death of their loved one. Moreover, they seem to feel less like peers than users of the partner forum, leading them to give more direct advice – instead of masking it as telling their own story – while also discrediting this advice more often. Last, we see how a script seems to have been developed for talking about the loss of a loved one: when someone loses their significant other, someone is supposed to be empathic and point out the positives, but when someone loses a loved one due to suicide, one supports by reassurance of normalcy and validity of the bereaved's feelings but is not 'allowed' to bring up positive nuances. Second, the bottom-up analysis gave clearer insights in what users talked about on the forums. Whereas some the pre-existing categories were broad in definition, such as 'disruption of one's biographical narrative', the categories of the bottom-up analysis showed distinct topics of conversation, such as when a loved one passed away or how. Moreover, it provided insights in topics that could not be coded in the top-down analysis, such as describing negative traits of the deceased.

4. General conclusion

The aims of the current study were to connect various lines of research and add to our knowledge about online communication about death and mourning. The analyses thus were descriptive in nature, as they identified differences between two types of forums (suicide versus partner). For these analyses concepts from death studies, communication sciences, and methods from discursive psychology were combined to provide a nuanced and interdisciplinary perspective.

The first study of this thesis showed that users of the suicide forum and partner forum interacted differently. For the categories 'support or empathy', 'universality', 'gratitude', and 'chitchat', significant differences were found in posts and for categories 'providing

information or advice', 'universality', 'requesting information or advice', 'friendship', 'disruption of one's biographical narrative', 'idealisation of the deceased', and 'painful disclosure', significant differences were found in responses. These found differences could be explained by three factors: taboo around suicide in society that carries over to online communication with peers, the relationship to the deceased, and the introductions at the beginning of the forums.

The second study provided additional evidence that the taboo around suicide might still affect the online communication with peers: users of the suicide forum support each other by reassuring their feelings are normal, express how lonely they feel around other people, and do not express their own feelings or silver linings as often as users of the partner forum. Moreover, it provided deeper insights into the interaction on both forums. The ability to detect hidden or masked advice-giving, the possibility for distinctions of different aspects of 'disruption of one's personal narrative', and the addition of categories for previously deviant messages (such as describing the deceased's negative traits) are some examples of the added value of the second study.

In the next section, the theoretical implications of the two studies is discussed. As combining various research methods brings methodological implications for future studies, these are be discussed afterwards.

4.1 Theoretical implications

The current paper provided evidence that online mourning after suicide differs from online mourning after the loss of a significant other due to other causes. Previous research already showed that even though death in general may be more accepted in Western society, suicide is not (Chapple et al., 2015). The findings that users of the suicide forum are more reluctant to share their sorrow but initiate private contact more often than users of the partner forum corroborate this theory. The stigma on suicide leads to not being allowed to mourn publicly but this taboo even remains around peers on a semi-public forum and pressures the bereaved to share their grief privately. It would be interesting to examine whether this reluctance to share sorrow still prevails in the private sphere of direct messaging or in-person meetings, for example. This way, we can acquire a more complete picture of how taboo on suicide might affect the bereaved in their day-to-day lives.

The results of the current studies also showed evidence for the (unconscious) development of a script for peer-led bereavement support. Users of the partner forum expressed their empathy and support in a more generic way than users of the suicide forum.

As the bereaved by suicide are less able to mourn in everyday life, they might not know whether their feelings are normal (Chapple et al., 2015). Support on this forum thus looks more like reassuring each other that they are normal instead of showing empathy in the way of niceties. Moreover, users of the partner forum emphasized positive nuances more often which emphasises the idea that suicide is a horrible event which is inherently negative (Ali, 2014). Future research might explore what effect the different kinds of support have on the bereaved, such as Batenburg and Das (2014) and their predecessors did on forums about breast cancer.

The relationship one has to the deceased also seems to be an important factor in how users of the two forums interact. On the partner forum, it was evident that the deceased was the user's significant other. This also implies they were evaluated as good people, as the user would otherwise not have been in a relationship with them. Moreover, it implies the user was close to the bereaved and their loss had a big impact on their lives. Users of the suicide forum, however, had the need to describe the deceased as someone with good character traits and worthy of grief, because one has to be able to identify with the deceased to a certain extent to show support to the bereaved (Chapple et al., 2015). Moreover, they had to emphasize they were close to the deceased to claim a right to grieve themselves which is interesting because people can grieve over others they hardly knew too. It would be interesting to further examine for what sort of relationships grief and mourning is seen as acceptable. For example, is grieving your deceased classmate seen as more acceptable in Western society than grieving someone that happened to go to the same school as you?

The forums' introduction could also have influenced the behaviour of its users. The introduction at the partner forum invited users to share their grief and coping strategies, while the introduction at the suicide forum invited them to ruminate on the cause of death and help each other. These introductions might prompt users of the partner forum to share their sorrows, ailments, and ways of dealing with their loss, while it prompts users of the suicide forum to give each other advice and describe the deceased and cause of death in detail. This way, the focus of the introduction on the suicide forum might have prompted its users to focus on their own, individual, case, while users of the partner forum are prompted to share and interact. In a follow-up study, it would be interesting to see whether the introductions actually affected the users. For example: would users interact more and share more about their sorrows if one would change the introduction on the suicide forum to emphasise the importance of sharing grief?

Last, I want to mention that openings and closings of messages were also coded in the bottom-up analysis but without doing an extensive analysis on the effect of these. Still, interaction might change due to the sorts of openings or closings: When a user starts their post in an informal way, they might expect other users respond informal too and formal responses could appear cold or indifferent (Sacks, Schegloff & Jefferson, 1974). Moreover, this paper did no analysis on cause and effect in general. The studies showed an uneven category distribution between the two forums and message types, but it has not been made clear if there is a causal relationship between forum and category, for example. It is possible that another factor, such as time of posting, has a bigger effect on category distribution than the type of forum.

4.2 Methodological implications

I integrated concepts and methods from various research disciplines. So, it is important to reflect on the methodological implications this interdisciplinarity could have on future research.

One aspect of the methodology was doing a quantitative analysis based on pre-existing categories. On the one hand, this allows for statistical assumption testing, which is a broadly accepted way to generalise and validate findings. On the other hand, the analysis loses its nuances and does not automatically make the data easier to interpret. I will illustrate this by using 'disruption of one's biographical narrative' as an example. The category is defined as "Messages expressing that the loss redefines their sense of self and life" (Pawelczyk, 2013) and the top-down analysis showed users of the partner forum made more references to this category than users of the suicide forum. However, when looking at the actual messages, it becomes clear that people talk about missing the deceased, fearing their future is bleak, the suddenness of their loss, and physical symptoms their grief causes. So, while counting all instances of the category might provide a statistic that is easily compared between groups, it cannot show in what way the groups refer to this category exactly. Maybe one group might talk much about missing the deceased and the other about their physical symptoms. This does not become clear from the statistical test, however.

Another aspect of the methodology was doing a thematic, bottom-up, analysis. The advantage of this method is that the data does not have to be moulded into pre-made categories. This means the researcher is able to identify occurring phenomena in the data without the bias from preformulated ones that 'should be there' (Potter, 1997). This way, it becomes possible to describe the data more accurately. There are two downsides of this

method, however: It becomes harder to have reliable results and the analysis could stay too superficial. Reliability could be increased by having multiple, independent coders and by providing exemplary transcripts alongside the interpretations (Potter, 2003), however. To prevent doing a superficial analysis, it is important to have some background knowledge. Even in the discipline of discursive psychology, which is highly inductive in nature, researchers base their analysis on relevant previous research and check whether the phenomena are relevant and suitable for study.

One final remark I want to make on the topic of methodological implications is the importance of context. Whether a researcher decide to do a quantitative or qualitative analysis, which is based on the research aim, the context of their findings is important to keep in mind. In the current paper, one of the newly defined categories was 'lonely'. If I only looked at the coding, instead of going back to the original data, I might have missed this category had two meanings: feeling lonely due to missing the deceased and feeling lonely due to alienation from one's community. So, even though the data is categorised – and maybe quantified – it is still important to go back to the original for an accurate interpretation.

4.3 Conclusion

In conclusion, this paper showed the importance of interdisciplinary research as it was able to give a more nuanced compendium than would have been possible within one particular discipline. Without death studies, we would not have had any pre-existing categories, without communication sciences, no thorough analysis, and discursive psychology added extra nuance. Moreover, it provided evidence for the theory that stigma on bereavement by suicide might not only be present in society as a whole but also in semi-public peer-led support groups. In other words, even though users may explicitly state that they are there for each other, they still seem to conform to societal norms which Rose also described on the suicide forum itself:

> "We have a strange belief and taboo around suicide in Europe. It's difficult, don't talk about it, complicated and a chore. Don't whine, he or she wanted this. It's better this way, and more of these empty comments."

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Appendix

A: Codebook bereavement forum

Category	Description	Example
Support or empathy	Messages that provide statements or understanding, acceptance and encouragement or contain comforting words	"You are so good in putting it all into words" "A lot of strength" "Condolences"
Providing information or advice	Messages providing other participants with factual information, or advice for dealing with an issue or solving a particular problem Messages saying someone 'has to go on' or 'hopes for something' are **not** the same as advice.	"Try to talk about it" "I tried EMDR" "There is a self-help group in Tilburg" ~~"I hope you can talk to your kids about it"~~ ~~"The only choice we have is to go on with our lives"~~
Universality	Messages expressing the idea that members are not alone and that people have or are experiencing the same of similar feelings and situations	"Am I the only one?" "You are not alone" "We understand you here" "I can imagine you feel this way"
Gratitude	Messages that thank other participants for their help and support	"How kind your words are!" "Thanks" "This helps me"
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 cope with this?" "Is this what you feel?" "Does anyone have any idea how long this pain will last?"
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"
Friendship	Messages containing statements that recognise other members as friends or messages containing discussions of making friends or interacting outside the group environment	"Do you want to message me privately?" "Let's keep in touch"
Chitchat	Messages containing general everyday conversation between group members not necessarily related to bereavement	"I have to do groceries in a moment" "The weather is so nice today"
Wisdom-sharing	Messages exploiting the differences between them (people who haven't lost anyone) and us (who have lost someone), especially on the topic of well-meant advice	"They can't ever understand" "They say I should clean up, but I really can't, you understand that right?"
Disruption of one's biographical narrative	Messages expressing that the loss redefines their sense of self and life	"Things will never be the same again" "I will never truely be happy"
Idealisation of the deceased	Messages describing the deceased as an exceptional individual, only using positive traits	"Everybody loved [deceased]" "He was always so happy" "He was just great"

Missed goodbyes	Messages expressing not being able to say goodbye to the lost one and messages saying farewell to the deceased	"We never had a proper funeral" "He was gone so suddenly" "I hope you're in a better place, [deceased]" "We love you [deceased] and will always remember you"
Continuous bonds with the deceased	Messages demonstrating that the deceased continues to occupy an important place in the lives of the bereaved	"On his birthday, I felt he was actually here" "I still talk daily to [deceased]" "When I can't find the strength to get up, he is there to encourage me"
Fantasy sequences	Messages expressing the desire to be able to spend some more time with the deceased	"A small part of me doesn't believe you're really gone" "I long for one last chance to tell him I love him" "If you were still here, I would tell you how much I love you"
Account-making	Messages recollecting the circumstances around the death of their loved one, including short accounts consisting of only a date, for example	"That morning the police arrived at my door, telling me [deceased] was gone" "Because of his illness, he suffered for months before letting go of his last breath"
Painful disclosure	Messages expressing the participant's emotional anguish	"I'm devastated" "I feel like I could follow [deceased] any moment" "I am so sad all the time"
Reflexive questioning	Messages expressing existential questions regarding life and death	"Why did this happen?" "What do I do with my life?" "What did we do to deserve this?"
None	Messages without any of the categories above	[empty message]