

## Temporalities of mental distress

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## **Temporalities of Mental Distress: Digital Immediacy and the Meaning of 'Crisis' in Online Support**

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### **Abstract:**

The internet is increasingly used to seek support by those suffering with mental distress (Bauman & Rivers, 2015). Drawing on research on a major online peer support forum we analyse discussions around acute distress, self-harm and suicide. The paper argues that new temporalities of mental health 'crisis' are emerging through the intersection of the immediacy of online support, the chronicity of underlying distress, and the punctuated nature of professional support. Online support adds a layer of temporal immediacy that does not traditionally feature in other forms of support (e.g. professional in-person services). This shifts the meaning of a mental health 'crisis' from acute to processual, and can lead to definitions of 'crisis' being used when not desired nor necessarily accurate. By attending to the layering of temporalities at the intersections of professional in-person, and online support, we demonstrate how parameters of crisis support are set – by whom, for whom and in relation to whose bodies. This has implications for professional clinical practice internationally in relation to the increased digitisation of support and the meanings of 'crisis' that emerge.

## **Main Text**

### **Introduction**

Since its advent, the internet has become increasingly medicalised (Miah and Rich, 2008; Ferguson, 1996), and it now offers many opportunities to seek information, care and support for mental ill-health (e.g. specialist online forums, conversational chat bots, health information, access to clinical services, 'therapeutic' mobile apps) (Bauman & Rivers, 2015; Lupton, 2018). The unpredictable nature of living with mental health problems means that support is often required outside of the availability of professional services (Tucker & Smith, 2014), which can make the availability of digital support appealing (Trnka, 2016). Coupled with funding pressures causing reduced provision of mental health services, people may find themselves seeking help online (Naslund et al, 2016; Tucker & Goodings, 2017). Using digital forms of support can involve moving across boundaries between professional and more 'informal' support, e.g. from in-person contact with mental health services to accessing online forums that operate outside of mainstream services. This is not to suggest a simplistic distinction between formal - informal, and online – offline. There are multiple ways in which these overlap and intersect in health care practices and help seeking (Lupton, 2018).

In the current paper, the analysis focuses on support sought online and the temporalities and meanings of 'crisis' that such online support creates and questions. The specific online forum under focus operates outside of mental health services and does not link, nor provide access to, in-person services. It is an online forum designed to facilitate peer support. As we will show, people's use of online forums often operates outside of professional services and usually against a backdrop of engagement with professional in-person services. For instance, support may be sought through an online forum at a time when in-person support is not available (e.g. overnight) or to discuss or query something that has happened during a contact with professional services. Indeed, it is often reported that online support is being increasingly relied upon because of the limited availability of professional in-person services (Tucker & Goodings, 2018). The content of online support does not necessarily follow clinical parameters and can run counter to clinical advice or even illness categories, whilst also being valued and becoming embedded in everyday life (Lavis 2016).

Attempts are being made to provide digital support within professional services, with the National Health Service (NHS) in the UK increasingly looking to develop digital services (its Beta NHS Health Apps site currently has eighteen apps, although none has yet been fully endorsed with the 'NHS Approved' badge). Regulatory requirements can lead to commissioning being a slow process, particularly given the perceived need for randomized controlled trials as the gold standard of evidence-based interventions (Slade & Priebe, 2012). Consequently, digital health technologies often operate outside of professional services (Lupton, 2018). One key area to do so is online forums, with their 24/7 availability making them important sites for support when professional in-person services are unavailable.

Online peer support can involve any aspect of life, from managing day to day tasks, discussing formal support, through to sharing experiences of various treatments (Repper & Carter, 2011). Existing research has identified the ways that online forums have been used by people with long term health conditions (e.g. Diabetes, Chronic Fatigue Syndrome), in terms of the benefits of connecting with others who have similar experiences (Allen et al, 2016). In an analysis of young people's use of online forums, Prescott et al. (2017) point to the power of sharing similar experiences (what they refer to as 'non-directional' support), which internet forums make possible in ways in-person settings do not. Online forums have also been reported to facilitate empathic support through the creation of online communities of people with similar experiences who are prepared to share their stories. The anonymity of forums is seen as creating disinhibition effects, which help users to open up and share their experiences, in what they perceive to be a safe space. Trust develops through engaging with others with similar experiences and perspectives as yourself (Wang et al, 2008). Existing literature has identified some of the complexities of online and offline communication and support. To date though, there has not been a specific focus on how 'crisis' features in communication in online forums, and therefore how online spaces may be shifting accepted meanings.

Online forums are not designed to be part of crisis intervention (beyond suggesting users contact their mental health teams if feeling acutely distressed), and yet their availability means that people can use them at times of acute distress, or perceived crisis (Tucker & Goodings, 2017). While clinical definitions of crisis exist, in online forums operating outside of formal services, there is not a unified sense of what a mental health crisis is, how it should be identified, and what forms of support can help (Winness et al., 2010). Against this background, in this paper we explore the mechanisms through which 'crises' come to be labelled as such, and how this

may impact on the community and user. Online forums lack the clinical oversight through which crises are commonly defined, and as such can define these in forum-specific ways that are reflective of users' lives. As the current paper will argue, this can lead to uncertainty as to what constitutes a 'crisis' and who gets to define this: Is it the person them self, the wider community, forum moderator, or new, perhaps transient, meanings that emerge through interactions amongst these actors?

Distress takes many different forms and intensities; what one person experiences as a crisis another may not. Specific behavior can be perceived as a sign of crisis (e.g. self-harm, suicide), and/or it may be one element of a more long-term mode of being or (lack of) coping. Its embeddedness in the everyday points to the need to reflect on whether crisis is a 'one moment event' or something more processual, that ebbs and flows across online/offline boundaries.

## **Digital Immediacy**

This paper's focus is the temporality of both crisis and support, as these emerge online. Digital technologies are claimed to have the potential to transform temporal and spatial practices of healthcare (Trnka, 2016), particularly in relation to their 'always-on' and 'always-there' operation. This makes them an immediate source of potential support at times of need, particularly when in-person services are unavailable. Immediacy though is only one temporality of the experience of using online forums. We explore how crisis and support operate simultaneously in relation to lived corporeality as well as the online interactions of individuals and the community. This analysis thereby also poses a challenge to prevalent assumptions regarding digital immediacy as a one-directional speeding up of life through increasingly networked worlds, with information, connections and media always available through the tap of a keyboard or the swipe of a screen (Sprenger, 2014).

More nuanced accounts have emerged that provide scope to consider ways in which the digital may slow life down, to stabilize and calm (Wajcman, 2015; Duclos et al, 2017; Reading, 2012). These are important points in relation to analyzing the meanings of 'crisis' that emerge through the immediacy of online support. They help to elucidate complexities around role expectations and responsibilities, such as the closeness of seeking and/or providing support in a digital context in which others can feel quite distant, or vice versa. By exploring crises as both ephemeral snapshots of distress felt and embodied 'elsewhere' and yet also tangibly experienced (and/or re-experienced) within the 'real time' of digital interaction, we demonstrate how participants experience and define responsibilities of support online. Paying attention to temporality thereby offers a way to critically scope the boundaries of crisis moments, as these are shaped by the specific operation of digital platforms, individuals' experiences of distress, and the wider online community.

This analysis intends to draw forth the potential clinical implications of the impact of online forums in relation to seeking and providing 'crisis support'. Addressing the temporal multiplicities of experiences of distress and online forums highlights how the 'present' intersects with dimensions of past and future, both in terms of the interactional operation of the platform, and the fluctuating reality of users' underlying distress. Experiences of distress can have particular relationships to the past through a rootedness in traumatic life events, the effects of which may ebb and flow in the present and also impact on decisions made about the future (Brown & Reavey, 2015). Considerable literature supports the idea that past and future life experience can bear heavily on present levels of distress, and that living with ongoing mental health problems can often involve remaining connected to past life events, and concerns and anxieties about what the future may hold (McWade, 2015; Read et al, 2018; van der Kolk, 1987). Analytically connecting the already-

overlapping temporalities of distress with immediacy of online forums is key to revealing how crisis moments come to be labelled, supported and experienced online.

Digital immediacy can operate in multiple ways and intersect with the temporal practices that constitute other parts of life (e.g. engagement with professional in-person services). As such, in this paper, we are focused on analyzing digital immediacy in relation to support for ongoing mental ill-health, and the challenges that arise in relation to meanings of crisis. For instance, seeking support at a time outside of the availability of professional services may gain responses that categorise an individual's distress as 'inherently' a form of crisis, even if the person does not consider it to be. To unravel these challenges, an approach is required that highlights the impact of the intersections of the multiple temporalities of chronic distress, professional in-person support, past trauma and the immediacy of digital communication. Tracking these resonances and their impact provides important insight regarding how we should support people at times of significant need both within and beyond the clinic.

## **Elefriends**

The forum under focus in this paper is Elefriends ([www.elefriends.org.uk](http://www.elefriends.org.uk)), a specialist online community designed and run by the UK mental health charity Mind to facilitate peer support for people experiencing ongoing mental distress. It is not designed to provide clinical guidance or information, but to utilise the power of social media to connect people to other 'experts by experience' (McLaughlin, 2009), thereby facilitating peer support. Elefriends is similar to other social media platforms, e.g. Facebook, as people create a profile, can post comments, upload visual images and videos, private messages as well as press 'thinking of you', 'I like this', and 'I



hear you' buttons (similar to the 'like' button in Facebook). Elefriends is a major online community in the UK, with registered users numbering in the tens of thousands at the time of writing.

The data drawn upon in this paper come from a broader project analysing the impact of online forums on peer support practices (Tucker & Goodings, 2016; 2017). Ethical approval was gained from the University of East London's Research Ethics Committee, after which an online post was placed on [www.elefriends.org.uk](http://www.elefriends.org.uk) inviting participants to take part in the study. An online recruitment process was used, in which interested users could 'click through' a series of screens with all the participant information and consent information. Online posts and comments of participants were collected over a three-month period (March-May 2014), with all participant information subsequently anonymized. As a specialist mental health forum, support on Elefriends typically involves discussions about interventions, formal care, periods of acute distress and more general discussion of a range of issues in relation to living with ongoing mental health problems. No visual data were collected, and neither were private messages.

### **Analytic Approach**

The digital research approach developed in this paper involves analysing how experiences of crisis are shaped by the specifics of the online platform. We are wary of avoiding the ambiguity that can arise with digital platform-based research, namely whether it is a social phenomenon, or the platform itself, which is being researched (Marres, 2017). Attention will therefore be paid to the temporal shaping enacted by the forum as a digital technology, namely by recognising that digital temporalities are not homogenous, nor necessarily linear, but can fluctuate through different rhythms and speeds (Reading, 2012). In terms of 'crisis support', we are focusing on how

online forums like Elefriends, as digital technologies, have "occasioned potentially complex changes in its associated practices and forms" (Marres, 2017: 25). This analysis will consequently focus on how crises are constituted or disrupted in and through the complexities of fluctuating digital temporalities and the layered multiplicities of the *lived presents* of times when crisis is labelled, reacted to, supported and experienced in and through an online forum.

This was not an online ethnography in 'real time', as data were only accessible once collected. The online posts and comments were originally subject to a systematic familiarization and coding stage, which followed the principles of thematic analysis (Braun & Clarke, 2006). A theme development stage followed, which included several stages of checking emergent theme, in advance of a final set of themes being confirmed. This process identified 'crisis support' as an important part of peer support in Elefriends. However, the theme of 'crisis' was not fully analysed in previous publications that focused on other themes (Tucker & Goodings, 2017; 2018; Tucker, in press). Given the importance of 'crisis', and the meanings associated with it, a dedicated analysis was identified as needed. The analysis in this paper signifies a secondary thematic analysis of the data, undertaken by the two authors, which focused specifically on the meaning of 'crisis'. This analytic process demonstrated the need to attend to temporality in order to understand how crisis moments emerged online, as well as their individual and collective impact. Online forums do not operate through a universal temporality, and therefore our analysis tracks and traces multiple temporalities in relation to online communication. This is grounded in a concomitant recognition of the reality of living with ongoing mental distress as involving fluctuations in terms of acuteness and chronicity.

### **Online Temporalities of 'Crisis'**

This section focuses on the ways that crises come to be defined and responded to by forum users and the wider Elefriends community. This begins to illustrate the paper's central argument that paying attention to temporality reveals how crisis, support, and participants' ongoing experiences of distress overlap, drawing the past into the present and shaping future interactions and experiences. Temporality, therefore, emerges not as a singularity, but rather as multiple, with crises unfolding across these multiple temporalities. Crucially, temporalities are not viewed as separate to support and distress, but rather are argued to be the forms they take, i.e. time is not an external shaping force; support, crisis and distress *are* temporal. We begin this discussion by exploring how the temporalities of professional in-person support intersect with online support in relation to episodes of acute distress.

### ***Waiting Online: Filling temporal gaps in formal care***

The immediacy of online support means people can seek support in relation to concerns they have about the support they receive through professional in-person services. Elefriends is present at times when this in-person support is not, and as such interaction online operates in relation to the different temporal configurations of in-person and online support:

Extract 1:

*Bridget (POST) Went to see my doctor. Seen a new one, and he seemed really good, im not normally good with male doctors but he seemed ok. And I told him about what happened on Sunday where I self harmed. And I asked for a crisis team number, so he rang up my CPN. And turns out she's nothing to do with me anymore! So the doctor said ill speak to her and see what to do, and he's made me a app to see him tomorrow. Feeling very lost and stressed*

*now. Don't know what's happening. Feeling suicidal and lost and alone do you know what i can do?*

*Sue (COMMENT) Big hugs to you Bridget. Please try and keep safe in the meantime. It looks like you've got a good GP there and pleased that he made an appointment for you to see him again tomorrow.*

*(COMMENT) The Elephant is sorry to hear you feel like that Bridget - is there an appointment today then? If so can you talk to your GP about how this is making you feel? Hugs x*

For Bridget, online support provides a momentary stop gap between access to the in-person support provided by her mental health team. Bridget is in need of support in the present moment, she is feeling “very lost and stressed now”, and without Elefriends she faces waiting until the following day’s appointment with her doctor. The immediacy offered by Elefriends can respond to this need, in terms of facilitating support when it is needed, providing Bridget with a temporal closeness to support, rather than the feeling of distance caused by waiting between doctor appointments. Moving between the contrasting temporalities of in-person and online support can impact on individuals' experience of distress. The professional support provided by her doctor (General Practitioner in the UK) is marked out as the main source of support, but unavailable at this time. The online support through Elefriends is more empathically focused because it is immediate, and as such responds to Sue’s distress in the present, as it is experienced. A challenge can arise through this inter-connection, when the forms of support shift between online and in-person domains.

Bridget's expression of suicidal feelings is not something the immediacy of Elefriends offers support for in a clinical sense. Both Sue and the 'Ele' (the collective name used by moderators) offer words of reassurance that the GP appointment will provide support, rather than engaging in more detailed support, e.g. in terms of exploring possible ways of helping Bridget deal with her suicidal feelings. This is despite Bridget's cry for help of asking whether anyone in the Elefriends community can offer specific guidance as to what she can do to overcome the perceived failings of the support through her mental health team. Bridget's GP is presented as proactively trying to organise support from the community mental health team. As such, Sue and the Ele encourage Bridget to hold tight and await the following day's appointment. At this time Elefriends does not substitute for professional in-person support but can help participants to endure the gaps between mainstream provision. This is important as such gaps can become filled with ongoing distress; a heightening of which can lead to crisis that can be attributed to the wait itself. The immediacy of Elefriends can help here. However, during periods of acute distress users can feel they are not providing sufficient support to others (a central tenet of peer support), which itself adds to the overall experience of distress.

Extract 2:

*Kirstie (POST) Haven't been on here in a while; had a really bad week and to be honest have been considering S. Haven't felt that bad in a long time, but I think I'm slowly coming out of it now. Though, I'm still feeling depressed and anxious, I don't want to end up being sectioned again. Trying to resist curling up forever in this black hole I seem to be in is really hard. I've cried so much this week. Waiting on another letter with an appointment with my psychologist sometime soon, I really hope I can get one. I can't carry on*

*with this burden on my own any more. I feel bad for being such a bad elefriend (If I can even call myself one anymore) I haven't provided anyone any support recently, but I've felt I was simply unable to, because of how bad I was feeling myself. I'm sorry.*

Temporality is central to Kirstie's post, in which she describes not having used Elefriends in a 'while' due to having experienced a period of increased distress that involved suicidal thoughts. Kirstie's return to Elefriends is described temporally in terms of 'slowly' coming out of the period of crisis. She is faced with gaps between appointments with her psychologist, which are 'filled' by seeking support through Elefriends. In a sense Elefriends acts like a 'digital waiting room', in which peer support can be sought and provided for people during the periods between access to professional services.

Kirstie's post refers to the responsibility to provide as well as seek support. This give and take aspect of peer support will shift according to levels of distress but can lead to users feeling as if they are not fulfilling their responsibility, primarily in terms of taking and not giving enough support to others. In the above extract Kirstie presents an identity of a "bad elefriend" through claiming that she has not been providing enough peer support to others recently. This is an additional layer to online support. Its immediacy can fill the gaps between in-person care, but it comes with felt responsibilities to reciprocate, to engage with the peer support made possible by Elefriends. This requirement to support others is not usually part of the support provided by professional services (unless they include a peer support element). The felt need to reciprocate in the potentially 'acute' present moment, however, contrasts to the issue that what may look like a moment of crisis requiring immediate response can in fact be a space away from one's distress, to reflect on it, as Kirstie's return to

Elefriends *after* a crisis suggest. Elefriends can thereby provide the opportunity for supporting oneself by gaining a moment of stillness, or temporal halting through the narrating of experience. Although this is not about supporting others, but rather about a space that is immediately at hand that allows for a 'positioning' of experience, it can leave others not knowing how to respond as multiple temporalities and diverging interpretations of crisis come together:

Extract 3:

*Anth (post) I don't really need a reply to this. I just need to write it and somewhere to post it. It's just a therapy thing, self soothing, writing it out to help me process my emotions.*

Anth's words suggest that not only is the temporality of the digital slow rather than fast here, but also that this halting slowness has a particular relationship with other parts of Anth's life away from Elefriends. Narrating experience allows Anth to strategically 'post' it somewhere else, which positions online as distant, and thereby separate from, 'crisis' moments. This would seem to set up a binary between offline and online, in which crisis moments take place 'elsewhere'. Turning to explore self-harm support on Elefriends demonstrates this sense of a crisis as processual and lived rather than an event, and yet it also cautions against binary interpretations, by elucidating how crises may be experienced online and offline, in the virtual and corporeal, simultaneously as two elements of experience rather than fundamentally distinct realities.

### ***"The rush stops but the thoughts don't" - Temporalities of Self Harm***

With Elefriends, online support is not infrequently sought in relation to moments of self-harm, which are often discussed through the abbreviation s/h or SH. Content

around self-harm can involve descriptions of specific acts just completed, in process or planned, as well as of the ongoing distress of which self-harm may be a part. Often such posts are signposted with 'trigger warnings', to identify them as potentially anxiety provoking for others with experiences (past or present) of self-harm. Here an additional temporal layer to crisis emerges, in terms of the injured body, and how this is discussed and negotiated online:

Extract 4:

*Olivia (POST) Feeling weak right now - I just can't stop it - why can't I just live without SH - why do I have to go so deep - why can't my mind just stop the thoughts - I so hate me*

.....

*Olivia (COMMENT) I wish they would pass but they never seem to .... I still need to do more but I know I already need stitches ..... My head is so screwed up*

.....

*Olivia (COMMENT) Still so there - i need stitches but it will wait - i can't go and leave my son - i dont have anybody - can't risk him being put in care xx*

*Julia (COMMENT) Do you need medical attention friend. The rush stops after while but the thoughts don't. so sorry my friend. If you are bleeding profusely, hold a piece of clean material like a tea towel or shirt over the wound and hold firmly, and call for help. Keep in touch yeah. xxxx*

Self-harm can be presented as a compulsion, in terms of being the focus of an enduring pressure to engage. It can operate as the physical manifestation of



underlying distress, something users wish would end. It can also be framed as a temporal relief, in terms of offering a moment of intensity that halts, albeit briefly, underlying distress. In the above extract Julia states “the rush stops after a while but the thoughts don’t”. Multiple temporalities work here to denote the boundaries between crisis and support; firstly, the enduring underlying distress (the non-stop thoughts). Secondly, the short intensive rush of physical pain. And thirdly, the potential permanency of the scars left behind. These temporalities of self-harm itself, moreover, are overlaid by the temporalities of narrating the short-term and long-term pain online as well as the future act of reading this post on the part of others. Whilst it may be tempting to assume that the act of self-cutting that Julia describes is *the* crisis, the coming together of these many temporalities questions that.

Furthermore, the support of other forum users is fragmented across this temporal multiplicity. Priority is often given to the physical impact of harm, with support focusing on seeking medical assistance or tending to the wound in the present moment. The immediacy of this particular form of online support therefore focuses on the ‘here and now’ concerns at play, in this case Olivia’s physical injuries. The underlying distress is not discussed. At this moment, it is the wounds that need to be attended to, which is what Julia’s support focuses on. Yet, across Elefriends, it can be seen that once wounds are dealt with, support is refocused elsewhere, as crisis moments emerge within the ebb and flow of ongoing distress.

Temporalities of self-harm also relate to periods during which service users manage to avoid self-harm. These can take a temporal significance, even if they concern seemingly small periods of time in relation to the durations of underlying distress (e.g. which can span weeks, months and years); as such they deconstruct crisis, positioning this as ‘elsewhere’, absented by an, albeit perhaps transient, lack of self-harm.

Extract 5:

*Emily (COMMENT) The ridiculous thing is that I've not hurt myself in almost 3 weeks which is a MASSIVE achievement for me with how things have been....*

Extract 6:

*Sophie (POST) I resisted for two whole weeks but old friend sh has visited. I guess I can be glad I made it so far and can do again. Truth is I wish I could do a lot more but my compromise is to do a little. To stay safe. Night night eles. I am tucking myself up now. xxx*

*.....*

*....*

*Chloe (COMMENT) Awwwww hunni....i know how difficult it is to stop s/h...i often beat myself up over it....but it's our way of coping my darling when things feel so impossibly difficult...u will stop,when u are ready and when you aren't hurting so much inside... don't be too hard on yourself.... you don't deserve it. We don't judge u my lovely, we just take u as the lovely person you are...Stay safe....Night xxxx*

The above extracts feature descriptions of time without self-harm (three and two weeks, respectively). These periods are presented as significant. Achieving such periods can be positive, providing confidence, and a potential sense of control over injurious behaviour. In so doing, they construct crisis through its opposition to self-harm. Extract 6 draws this polarity out in terms of presenting a necessity to self-harm; after two weeks “the old friend is back”. Yet, Sophie also shows an ambiguity of crisis as we cannot assume a crisis moment to simply be one in which self-harm

occurs. Rather, Sophie expresses a minor episode as a positive compromise, something to help her “stay safe”, and thereby avoid crisis. This formulation is maintained by a response from Chloe, whose support works to present self-harm as a coping strategy set *against* crisis, something that echoes existing accounts of self-harm (Favazza & Favazza, 1987). In professional services, on the other hand, such an episode may well be defined as a crisis, and elicit certain response (e.g. engagement with crisis team, admission for in patient care). Online support does not necessarily define self-harm as a crisis and can instead seek to reassure that such activity is part of coping with underlying distress and the haunting of the present by difficult pasts, and as such should not be viewed as a sign of not coping by those who self-harm.

### ***Re-living Difficult Pasts in the Present: Across Times and Spaces***

The need to address the impact of difficult pasts on current distress has been made (see Brown & Reavey, 2015). Doing so in an online forum presents new challenges. On the one hand, utilising the power of social media technology in the form of an online community provides participants with multiple opportunities to connect with others to seek and provide peer support. On the other hand, becoming part of an online community can be constraining in terms of managing one’s difficult past, e.g. the awareness that one’s online activity is visible to the whole community shapes the expression of life and distress in the present:

Extract 7:

*Hannah (COMMENT) I wish things were better for you as well Chloe, are there things you could makes steps towards changing when your feeling a bit stronger? Xxx*

*Chloe (COMMENT) i can't say on here...too triggering...but i want so much for things to change...but i've been hurt so badly,i'm struggling to get passed it all...i tried to move forward...i try....in my head i think i'm ready..in my heart,i'm not,i can't. too painful. too scared. xx*

*Hannah (COMMENT) Sorry Chloe, didn't mean to delve, it sounds as if you have been through a lot, I really hope that given time you will heal and find a way to move forward, keep taking baby steps Chloe, you will come out the other side of this stronger than you are now xxx*

*Chloe (COMMENT) you don't need to apologise ...it's ok hun.... i really need to talk...but instead i s/h. i'm just hurting so much xxx*

*Hannah (COMMENT) we all find our own way of dealing with stuff Chloe , be it s/h alcohol or otherwise, they are all coping mechanisms, maybe at this time your not ready to talk about things, you'll get there xxx*

Extract 8:

*Chloe (POST) A few tears escaping...i have all this emotion tangled up inside,i'm trying desperately to unravel it,everyday i'm fighting to keep it at bay and it always wins one way or another...the pain and anxiety inside,feels like a heavy weight on my chest and i try and choke back the tears...swallow them back. All i'm doing is pushing the pain deeper inside,so no one can touch it,feel it or see it....cos if they do,then i need to face it and i can't.*

The online community of Elefriends provides multiple opportunities to connect with the similar experiences of other users, which can lead to discussions of one's own needs in relation to managing distress. Underlying distress can be referred to as being "deep inside", and something very difficult to open up about. This relates to the sheer difficulty of expressing underlying trauma. But it also points to the fact that online forums may not only facilitate a narrating of trauma but also a re-experiencing of it through that narration. Crisis moments coincide and become enfolded as they are re-lived across multiple temporalities.

This crisis-as-multiplicity may also be disseminated across spaces, as well as times. In extract 8 Chloe articulates this: A few tears are a visual embodied articulation of the pain 'inside', which takes a material form in terms of feeling like 'a heavy weight on my chest', as well as through the words on the screen. Expressions of the underlying distress emerge, but it is difficult to move beyond these in terms of trying to address the deep-seated issues. The statement of "pushing the pain deeper inside" sounds spatial, the idea that distress can be buried or submerged deep within. This suggests the underlying distress can be hidden from view, but is ever present. We can think of this as the pressing of the past on Chloe's life. Bergson framed this overlapping as the past constantly 'gnawing' into the present (he uses his famous cone diagram to illustrate this) (1988). The idea being that as life persists the present is a plane at the tip of an ever-increasing past, any of which is available to the present. This renders short and long term equal. An event from many years ago is no 'further' away from the present than an event that occurred last week. For Chloe, it is the incessant pressure of her 'traumatic past' that she is trying to suppress and keep control of. The challenges of trying not to express the presence of the past can lead to a temporal stickiness. Chloe talks about wanting to move forward/passed her present difficulties but struggles to do so.

The 'living present' is consequently shorn of its past and future elements. And yet, it is the past and future elements of the living present that can feature in the emergence of crisis. The feeling that one cannot cope anymore with chronic underlying distress. Crisis tends to manifest in relation to present concerns, which is not, in itself, surprising. It cannot manifest in any other temporal form. However, without expression of past and future elements, the present online can become a 'narrow' temporality, a bounded present cut away from the past and present. This goes against the common views that being online, by definition, expands connections. Chloe's struggles are presented as the slowing down of time, creating a fixed present full of distress without a sense of time passing, and with it a reduction in distress. Support is focused on restoring a sense of time for Chloe, that her current acute distress is temporally specific, it will pass. Its severity though makes it difficult for Chloe to feel it as temporary. Hannah does not encourage Chloe to avoid self-harming, which is not a direction typically taken by formal mental health services. The self-harm is not deemed to be the problem. It is a symptom of temporal stickiness; if support can be provided to help Chloe regain a sense that things can (and will) improve, then the desire to self-harm may diminish. Other members of the community can see (and potentially feel) the signs of underlying distress, which shape their responses.

Living through such crisis moments online poses a further difficulty to participants as they widely recognise the possibility that their own discussion of traumatic histories can trigger distress in others. Hannah's post expresses a need to release the pain inside, but that she "can't face it", and that it would be "too triggering". The reality of the potential to trigger distress in other members of the community shapes the support in the above extracts. Periods of acute distress can provoke an immediacy to support in others that renders the present as potentially

manageable, and a sense that care and support is 'on tap'. However, this instantaneity also means that crises can potentially spread through online communities.

### ***Contagious Crisis and Temporal Overlaps: Fear of Triggering Others***

The challenge of seeking support for underlying distress relating to traumatic past can operate across individual and collective temporalities. Chloe's extracts above demonstrated a challenge at an individual level to express the underlying distress in its entirety. To do so would be to attempt to flood the present with the past, which feels too overwhelming; it has too much *potential* for crisis. Even if Chloe were able to discuss her underlying distress in terms of its traumatic history, she fears spreading distress through the community, and thereby triggering 'crises' elsewhere.

Extract 9:

*Chloe (POST) i feel like no one believes me....no one believes this pain inside and how it can last so long,these feelings of worthlessness. If i could share what i'd been through they'd understand...but i can't....the silence is killing me.*

Extract 10:

*Vicky (POST) Apology time, I'm really sorry if I triggered or upset anyone earlier by what I posted (ele has taken it off). I guess I was in such a bad place I didn't think, and that was wrong. I'll try and be more careful in future.*  
*Natalie (COMMENT) I don't know what it was Vicky, but \*hugs\* xxx*

Extract 11:

*Ellie (POST) "Avoiding this site for a bit. Whilst I appreciate that there are times when people may feel the need to want to end their lives at the moment, it is too much for me. This Sunday marks the 14th mothers day where I haven't been able to give my mother a mother's day card, and also I am planning a wedding, again without my mum who should be here as my best friend and my mum. She committed suicide 14 years ago and it breaks my heart to hear other people say that's how they feel. I don't know whether it's sheer luck or the fact I have lost my mum to suicide but I have never felt like that, probably because I know first hand the pain it causes, it still hurts/angers/scares me/sickens me even after all these years, and that's before you even account for the grief. So I'm sorry guys, but I'm just going to give this site a wide berth for now because it's a little bit too much"*

Support provided through online forums relies on connecting with the body of collective lived experience, rather than expert knowledge through mental health services. These extracts illustrate a widely held fear amongst users of Elefriends of the potential of individual distress to be transmitted to others; through its narration it becomes concrete and therefore uncontained - or uncontainable. As such, we see how a crisis - in oneself or others - may be produced through the narrating of another, or an other's, crisis. The concern not to trigger contagion through the community can also emerge following an intervention by a moderator, which can act as an external signifier of crisis possibility. For instance, Vicky's post is an apology for posting something a moderator deemed potentially triggering, which had subsequently been removed. This is a formal marker of acceptability of post content, something that Vicky has now learned, and states she will try to avoid falling foul of in the future.



Ellie's post highlights the issue of contagion from the side of a receiver. She posted at a time when lots of other community members were discussing upcoming Mother's Day. Online discussion can exacerbate the distress of other members, particularly if it relates to a significant issue in relation to their own distress (e.g. the fact Ellie's mother took her own life). Elefriends facilitates this emotional contagion, which can involve the spread of positive support, e.g. coalescing around a specific topic (e.g. medication), but can also lead to raising levels of distress in others, as we see for Ellie.

It is this entangling of emotion, as participants are drawn close to others' crises, that poses a challenge to prevalent understandings of the digital as facilitating connection. Here the instantaneity of re-living a crisis can give rise to disconnections as well as connections; people can leave forums when others' distress becomes "too much" as Ellie puts it. This sense of contagion can therefore lead to members of the group taking time away from the site. This can be seen as a form of resilience, of being self-aware enough to recognise when to move away from online support if it starts to negatively impact one's own distress. This does not need to be permanent, just until such time a member feels able to re-engage. However, users' lives online are indelibly integrated, and as such when a user departs Elefriends, it can create anxiety amongst those left behind. The memory of crisis remains online, and a new collective crisis focused on the absent participant can emerge. If a person in crisis leaves, the community can be left not knowing what has happened, with the 'crisis' both enduring in the community and potentially in the individual user's body elsewhere.

Thus, the temporality of online life with Elefriends can lead to users reaching a point of feeling they need to move away from the site, which suggests that life with Elefriends, while providing multiple benefits, can come to feel too restricted. The idea

that being online is not a 'full life' is not new, and yet with Elefriends this is not a spatial concern. The narrowing is temporal, through the pressure to render past and future absent on the site, despite their clear influence in the living present of distress. Chloe and Vicky's extracts present two instances of this at work. For Chloe, it is a difficulty of expressing her past. A potential solution is offered ("if I could share what I've been through they'd understand"), but the online support is not seen as a way to facilitate the solution ("the silence is killing me"). This introduces an additional temporal layer, or seeking support in the present for not being able to express the force of the traumatic past.

On Elefriends, thus, past and future do not feature as distinct temporal categories, but as dimensions of what constitutes present experience. A non-chronological sensing of time emerges, in which time is not experienced in a linear way, as the one-way movement from past, through present, to future, but as a temporal experience of varying configurations of past-present-future, in singular form. The past and future are never disconnected from the present. Rather, they are thought of as dimensions of the present. They are not successive instants that can be divided according to the quantitative logic of chronological 'clock time'; the passing of temporally consistent units of time (e.g. seconds, hours, days). Instead, time is thought of as a *qualitative multiplicity* (Bergson, 1988) made up of elements of past, present and future. The specific configuration of their dimensionality depends on the material structure at the time under focus. This breaks the chronological idea of succession, and in doing so, recruits past and future as constant features of what Deleuze (2004) calls the 'living present'. As such, crisis moments do not take place in a singular slice of chronological time, but across an enfolded mixture of what may be traditionally thought of as different temporal elements. This sense of temporal co-existence, rather than successive chronology,

elucidates that participants are never disconnected from previous life events, which do not gain quantifiable distance with the passing of time. Indeed, present distress involves living in direct connection with past and future, they are dimensions of the present. In relation to mental distress, what this approach does is to recognize that past experiences are always-already 'carried' with the present. Levels of distress can then be thought to relate to *duration*, the ways that present experience involves memories of the past and anticipations of the future. At times, these may be relatively passive, and distress deemed manageable, at other times, distress may increase due to the active nature of the past and/or the future in the 'living present'.

### **Concluding Remarks**

The temporal approach taken by this paper has highlighted how issues of crisis, support and distress unfold online at the intersection of multiple temporalities, including the immediacy of the forum as a digital platform, the chronicity of participants' underlying distress, the interaction with the community, as well as the past and future as agents in the present. This is not to suggest these are all distinct temporal entities, but rather dimensions of the temporal operation of the platform, and users' interactions with it. The reality of increases in distress often arising during periods when people feel overwhelmed by past experiences and/or anticipations as to what the future may hold means that traumatic past experiences can weigh heavily on the present (Read et al, 2005). Indeed, it can be at these moments that support is sought. These periods are not necessarily predictable, and as such the immediacy of digital forums can be welcome, particularly if distress rises at times when contact with professional services is not possible (e.g. overnight). The immediacy of online support is a new part of the experience of living with ongoing mental ill-health and provides additional temporalities of support.

What comes to be felt or interpreted as a 'crisis' is not fixed; instead, experiences of distress, including periods of acute ill health, arise through the intersections of the different temporalities of in-person professional and the online support that operate outside of mainstream services. Whilst this does illustrate the need to reflect on mental health crises as processual rather than, necessarily, acute events, it is not to suggest a clear distinction between online and offline support. Rather, the temporal layers that emerge through intersections with new forms of online support and the immediacy it facilitates suggest the need to reflect on the meaning of crisis more widely, offline as well as online. Elefriends operates outside of formal (NHS) services, and without clinical oversight, so the support on the platform does not fit the parameters of professional health care (e.g. clear programmes of treatment, specific appointment times). The punctuated temporality of professional support can leave service users seeking additional support through the immediacy of online forums such as Elefriends. Whilst we have argued that these support gaps, such as overnight, might be crisis triggers, the support given on Elefriends has highlighted how such moments may be a worsening of an ongoing existing crisis. It is important, thus, to consider how crises may be processual as experiences of distress, and associated difficulties, may unfold through multiple temporalities, which are not always predictable or stable. Additional temporal layers can emerge in relation to behaviours that are often used as signs of crisis, e.g. self-harm. Here, the harmed body introduces immediate concerns in terms of attending to wounds, which then feature as a more long-term presence in the form of scars.

The power of online support to connect people is significant, and brings many benefits. One important consideration though is what constitutes a 'trigger' online. While posts disclosing self-harm behavior and suicidal thoughts often feature trigger warnings, the definition of them as provoking 'crises' does not always come from the

individual them self, but from the community and/or moderator. However, the tendency for online support to focus on the present, means that underlying issues that can contribute to the development of instances of acute distress, or crisis, e.g. living with traumatic pasts, are rarely supported in the forum, as to do so would be a risk to the wider community. People are fearful of expressing underlying distress for fear of triggering others. Our contention is that a temporality that facilitates such expression, perhaps in a less 'immediate' forum, would be beneficial. This could result in fewer 'times of crisis' being labelled, as others would come to see spikes in distress as part of the fluctuating expression of living with ongoing mental health problems. The past needs to feature in a meaningful way in the present. Without this, the problem is not just a temporal one, it is an experienced one in which the living present feels too narrow, too focused on the manifestation of underlying distress in the present.

The use of digital technologies for support is likely to increase, and with it, new forms of support will emerge. Such technologies are not just tools for providing support but come to shape the experience of distress of those who engage with, and connect through, them. Digital technologies offer significant power to seek a range of support, largely due to the immediacies they offer. There are clear benefits to accessible support, and digital options such as online forums can provide an immediacy often not found in formal in-person services, particularly given the increased rates of access to digital devices. Understanding what is at stake temporally is valuable in terms of highlighting what support may be needed, and how best to provide it. For instance, identifying that self-harm is not necessarily a crisis in the present, but as a complex phenomenon linked to traumatic past experience. Online support can be useful for recognising this but can be limited in terms of helping people to discuss and try to unravel what can be very entangled and

traumatic pasts, of which self-harm is a manifestation in the present. The idea that past, present and future are not linear chronological forms, but are actually dimensions of present experience helps to shed light on what is needed from support. It can also potentially help to identify periods of acute distress (crisis), and the temporal issues at play. Online support can help here, and will no doubt become more developed. Understanding how online forums operate in terms of support and associated meanings of crisis is important for mental health service providers and stakeholders such as those who provide access to online support outside of professional services (e.g. charities such as Mind). The immediacy provided has defined benefits but can also limit support to practical issues in the present rather than enduring issues relating to the development and maintenance of distress. The digitization of mental health support is a global phenomenon, and as such the findings here have potential to inform policy and practice internationally, particularly as the digitization of mental health support continues apace.

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