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How do callers construct the image of their own death in chat sessions with listeners from a suicide prevention nonprofit?

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Résumé. À travers le tchat d'une association qui lutte contre le suicide, nous proposons d'étudier, dans cette contribution la manière dont l'appelant met en mots sa propre mort en envisageant cette dernière dans son versant suicidaire. Après l'étude de certains mots pivots qui renvoient à la mort en tant qu'objet de discours, nous nous attarderons plus particulièrement sur la manière dont la *tentative de suicide* installe le topic dans l'échange et comment cette dernière s'inscrit dans le fait d'*insinuer la mort* plutôt que dans le *dire la mort*.

Abstract.

How do callers construct the image of their own death in chat sessions with listeners from a suicide prevention nonprofit?

Using the chat data of a suicide prevention nonprofit, we investigate the way in which callers put their own death into words by viewing it through a suicide act. We first examine a few pivot words that refer to death as a discursive object; then, we focus upon the way in which the *suicide attempt* positions the topic in the discussion and how this topic relates to *implying death* rather than *saying death*.

Our contribution is based upon the analysis of a corpus of chats that is part of the 10- year archives of a suicide prevention nonprofit. The interactions between callers and listeners are centered on the self-revealing speakers (Kerbrat-Orecchioni & Traverso 2007); hence, they constitute a specific discursive practice whose pragmatic purpose is for the callers to be listened to with empathy and benevolence by a volunteer member¹ of the nonprofit. Studies of the social networks where intimate revelations take the stage (Cardon, 2008; Boyd, 2009; Casilli, 2010) show that an implicit code of good manners preserving each participant gradually emerges. By talking about themselves, revealing themselves in a specific digital space (the chat), the speakers are exposing their negative face (their "territory" or their "reserves" in Goffman's sense) rather than their positive face (i.e., narcissistic).

The interactions relate to their ill-being, personal or professional difficulties, suffering, and often their wish to end their life. In this paper, we postulate that the theme of death is usually constructed as a figure inscribed in the sphere of otherness, the figure of a relative, a friend, a family member whose circumstances are related; what is put into words is an unexpected death after a traffic accident or an expected and long agony following an incurable disease or the death of a very old person, and the emotional, affective, moral, and social impact of death upon the callers. Thus, the interaction relates to bereavement and the difficulties of healing. Putting *other people's death into words* is frequent in the corpus, but in this study, we focus upon the way callers treat *their own death*. We examine our main hypothesis of the analgesic virtues of speech upon the death of those who enunciate it and the secondary hypothesis of the direct link between expressing pain and despair on the one hand and suicide as a paroxysmal act on the other. To this end, we bring answers to the following questions: How do the callers project themselves into death? Is it a purpose, a fatality, an escape, an outlet? How is it put into words? How is death as an event shown in the callers' speech? Does talking of death necessarily mean wishing to die?

1. Theoretical framework to talk about death in the forum

This study is based upon and to some degree extends recent work relating to announcing and talking about death in the media sphere (see issues 19 and 20 of *Questions de communication* in 2011 and the issue of *Que Sais-je* dealing with death in 2016). Our investigation is necessarily different because of the nature of the corpus being examined; we avoid using the semiotic and pragmatic criteria that guide the modes of representation of death in the media and social sphere and instead, we focus solely upon the way callers put death into words in this type of chat.

We first call upon the three timeframes that mark our evolving relationship to death as proposed by Vladimir Jankélévitch (1977): 1) "death before death", the death we meditate on and prepare for; 2) "death in the mortal instant",

which is an irreversible, irrevocable phenomenon by which we die; and 3) “death beyond death”, which is apprehended in an eschatological form, making way for meditation on the afterlife, with all its anxieties and its expectations. The chat interactions are located mainly in the first timeframe (in an argumentative construction designed to undermine life through expressing pain and general ill-being in order to view life as a goal to be reached) and secondly in the second timeframe (in an argumentative construction designed to explain the failed suicide attempt). We thus stand in this continuum, in a broad temporal entanglement, since the callers experiencing pain sometimes wish to end their life; they do not know when they are going to die, and whether they are going to have the courage to end their life. For some, suicide will remain a probable act, whereas for others, there will be a failed attempt since they come back to the forum. For the participants to the chat, who could be called *socially invisible* (Tomas 2010), or *weak actors* (Payet, Giuliani, Laforgue 2008), putting their own death into words contributes to modifying, shaping, and (re)constructing the event (Bertaux 2010, De Gaulejac 2013) insofar as they seek to give it meaning by inserting it into a narrative frame. Hence, these narratives are construed through the lens of the linguistic analysis of discourse in order to reveal the regularities emerging from the quantitative analysisⁱⁱ that are selected because of their exemplary nature. As Mayaffre (2007: 9) put it, “Even less so than the frequency of a word, the recurring presence of segments cannot be naively attributed to chance: either it signals a syntactic constraint, or it indicates a determination or semantic option.” In this study, we examine the way in which the words referring to the callers’ own death contribute to establishing a discursive object (section 3). Next, we focus specifically on suicide attempts as a topic, and we examine how these imply death, rather than saying it (section 4).

2. The study corpus

The entire corpus we received from the nonprofit, collected over a 10-year period (2005 to 2015), contains 36,942 conversations amounting to 2,276,973 forms. From this corpus, we first selected those conversations centered upon the callers’ own death, namely those interactions in which callers refer to their own death and those referring to their suicide attempt. Thus, we selected 2,144 conversations (i.e., 1,561,129 forms), and we further restricted our corpus (see § 4) by focusing upon those conversations in which callers refer to one or several suicide attemptsⁱⁱⁱ.

3. Beyond ill-being: Death as discursive object^{iv}

In this corpus, death is mentioned as a purpose or outcome, as the final ending of suffering, in an experiential entanglement of ill-being, suffering, and various difficulties. In this section, we analyze the figure of death in the frames of reference (section 3.1) and through the distributional analysis of five pivot words referring to death (section 3.2).

3.1. Constructing the figure of death in the frames of reference

Our first examination of the corpus using the *Tropes* software package shows the hierarchy of the frames of reference, shown in Table 1. Two main observations can be made. The first observation is closely related to the social purpose of the chat and involves the predominance of voicing affects^v, namely putting into words the feeling of ill-being (second frame of reference) with 73,245 words referring to fear, anger, suffering, despair, disappointment, lack of self-confidence, etc. The third frame is that of the family and the fourth that of health. It is also significant that the fifth frame of reference, that of life, is viewed as disqualified, negated, and unhappy.

Table 1. Distribution of the frames of reference using *Tropes*

Rang	Lexical field	Number of words	Rang	Lexical field	Number of words
1	Time	820145	11	Children	9582
2	Feeling	73245	12	Right	7567
3	Family	50697	13	Telecommunication	6578
4	Health	31682	14	Home	6541
5	Life	17701	15	Finance	5319
6	Body	14878	16	Place	4991
7	Behavior	12849	17	France	4700
8	Education	12131	18	Crisis	4542
9	Job	11789	19	Death	4220
10	Cognition	11311			

The second observation relates to the extension of this disqualified life: “I’ve always had the double misfortune of having a shitty life” (Session: 1422466015), “I’m unhappy, I’m sick and tired of this shitty life !!!!” (Session: 1284321395). It is only in the 18th place that we observe the increased tension towards depression and its disorders, and in the 19th (out of 148^{vi}) that we see words associated with death (see Appendices).

3.2. Constructing the figure of death through the distributional analysis of five pivot words

From a linguistic perspective^{vii}, we note that the callers tell their story in the first person (see Figure 1) and mention death mainly in its expected teleological state, thought to end their life. Thinking about ways of dying involves a progression, an experience that shifts towards an *abstract* possibility (the state of *mortalis*), a *probable* outcome getting nearer (*moriturus*), or an *imminent* possibility (*moribundus*). It may also involve self-reflection regarding motives or regrets when suicide attempts have occurred.

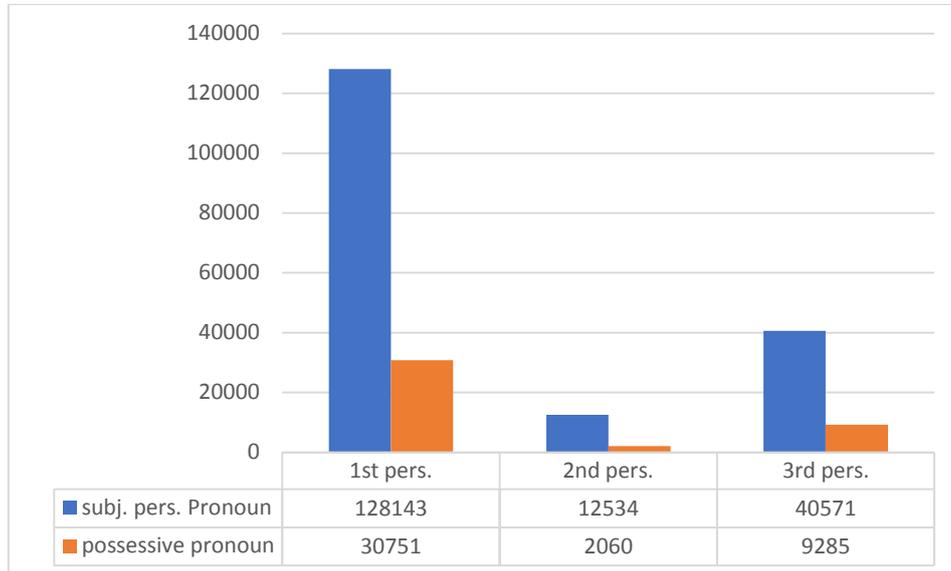


Figure 1. Distribution of personal pronouns

Two perspectives are to be distinguished in the corpus: those of callers who harbor suicidal thoughts and those of callers who mention one or several suicide attempts. Death is highlighted in the chat through well used expressions.

Callers' words for death	Frequency
commit suicide	161
suicide attempt/s	109
suicide	92
suicidal	44
dying	76
death	68
dead	6
put an end to	5
my funeral	2
assisted suicide	1
(my) euthanasia	1
last breath	1

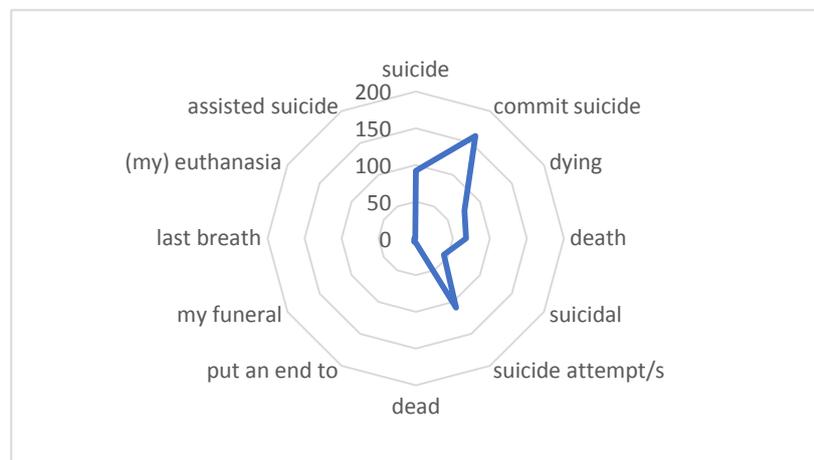


Figure 2. Callers' words for death

3.2.1. Three lemmas (*commit suicide*, *suicidal*, and *death*) refer to death as thought about, probable, possible, imminent.

These three constructs introduce the reference framework of “thinking about death”. The construct *commit suicide* is significantly present. The distributional analysis of this segment, shown in Table 3, indicates that in its left co-text, it is formed with teleological verbs (*want to* (33 occurrences), *try to* (22 occurrences), *think of* (12 occurrences), *consider* (10 occurrences)). The segment *commit suicide* involves the speaker in this project (in French, the form is pronominal and constructed with the personal pronoun *me*); the project is constructed with mainly the verb *want* to indicate

executing an action that is viewed as beneficial. In the right co-text, two constructs are highlighted: the verbal construct *commit suicide* is found at the end of the sentence and the expression of cause supports the desire.

Table 2. Distribution of *commit suicide*

left co-text		right co-text	
prepositional construction		end of sentence	39
considering	10	quantifier	10
wanting to	33	CCT	24
trying to	3	CC of cause	38
attempting to	22	CCL	10
lacking	8	Apposition	9
having the intention to	7	restriction	11
having the courage to	4	juxtaposition	12
thinking of	12	others	8
others	10	Total	161
modality			
want	34		
must	2		
fail	5		
can	3		
go (to)	8		
total	161		

Caller: I wanted to commit suicide because of him; he's in Grade 8, he is 13 years old, and I'm madly in love with him.

Caller: I screwed it up and now I'm a jerk, I want to commit suicide because I don't feel like fighting anymore.

Caller: I've tried to find a solution for 6 years now. I've opened doors that I thought could be the right ones, but I was wrong. My friends have got their own lives and no time for me, which is quite natural, I can't blame them. After those 6 years, there's only suicide left for me to end this life that, in any case, is ruined.

The verb *to die* is constructed mainly with *want* (see Table 4) indicating a deliberate act, thought about and planned (*want to*).

Table 3. Distribution of *dying*

left co-text		right co-text	
lemmas		punctuating	
wanting	47	statement end	83
going	12	nominal syntagm	
positive verbal constr.		l, me	31
wanting to	43	verbal syntagm	
being entitled	22	completive	9
being afraid	11	coord. conj.	20
others	9	various constructions	
negative verbal constr.		apposition	8
Neg constr.	19	others	12
total	163	total	163

The caller also shows his fear of *dying* for himself (ex. n°3) and for others (ex. n°4):

Example n°3

Caller: (19:17:51): When I talk to my parents, it's like talking to a wall, they don't answer me.

Chat: (19:18:53): You feel they do not understand you? When you say your parents, these are your adoptive parents?

Caller: 19:19:17): My problems: unhappy in the new school, solitude, taunting, afraid at night, afraid to die while asleep
 [...]
 Caller: (19:32:01): I'm afraid to die while asleep, I often have nightmares

Example n°4

Caller: 19:08:13): I'm afraid, always afraid. It's too long to explain . . .I'm sick
 Chat:(19:08:45): Yes, you're afraid, can you say what you're afraid of?
 Caller (19:09:26): I'm afraid to die, to suffer, to make them suffer
 Chat:(19:09:58): Make your family, close circle, suffer perhaps?
 Caller: (19:10:09): Yes, they've done so much for me and I'm incapable of making them happy or proud of me!

The distribution of *commit suicide* and *die* is found within a strong foundation of intent in the co-text^{viii} in which the caller speaks of his death. Among the three modalities involved (i.e., *wanting*, *needing*, *being able to*), the lemma indicating *volitional* modality is used significantly frequently compared to the other two (48% vs. 28% for *needing* and 24% for *being able to*).

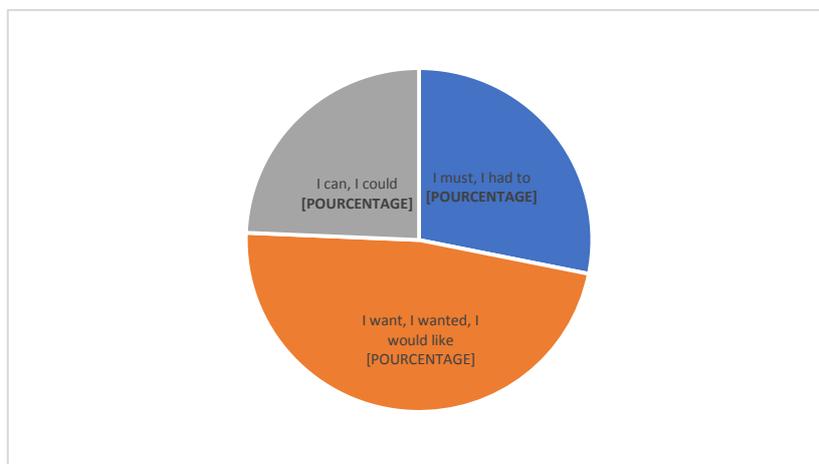


Figure 3. Distribution of the three modalities

Hence, the caller places in his statement the act he thinks will give him satisfaction (volitional modality) when he thinks about death as purpose and salvation.

"I wanted to commit suicide because I can't find my place here."
 "I'd like to die because my life is horrendous and it's the only solution I have to make everything stop."
 "I am terribly lonely and I want to die because life is so hard."

In our corpus, the adjective *suicidal* is used to qualify a pivot word that is also located in the sphere of a deliberate act (*idea*, *thought*, *desire*). It is constructed with circulating words that are part of a kind of popularized psychology (*suicidal impulse*, *suicidal crisis*, *suicidal tendency*)

Table 4. Distribution of *suicidal*

Left co-text		Right co-text	
ideas	45	punctuating	51
thoughts	38	apposition + I	40
desires	24	coord. Conj.	31
dark thoughts and	12	conj. Verb	19
impulses	12	CCT	11
to be	10	others	6
tendencies	6	total	158
acts	4		
crises	4		
others	3		
total	158		

3.2.2. The lemma *suicide attempt* refers to a time-based referential variability

This phrase puts into words a movement looking to death, or it establishes a topic that reconstructs the self-examination of life over death. The distributional analysis of *suicide attempt* shows, in its left co-text, a significant use of elements quantifying the number of suicide attempts: a number (two, three, four), indefinite forms (full of, big, numerous, several, lots of), and ordinal numbers (my first, my second). These examples show that the suicide attempt is constructed in its teleological dimension.

"I feel selfish, bad, I'm ashamed. Sometimes, I feel like making a suicide attempt, just to see people's reaction, just to see their faces."

"I self-mutilated, the problem is that I made lots of suicide attempts, and yesterday evening, I very nearly did it."

Table 5. Distribution of *suicide attempt/s*

left co-text		right co-text	
realization		punctuating	
of the	2	statement end	32
the	5	nominal syntagm	
a	46	CCT	24
pos. adj. (my)	11	verbal syntagm	
quantification		substantive	10
numeral (2,3)	25	coord. Conj.	17
indefinite	14	Various constructions	
ordinal	4	past part.	8
qualification		apposition	18
qualif. adj.	2	total	109
total	109		

In the right co-text, we find that the construction with temporal data accompanying the pivot word is by far the largest.

"I made a suicide attempt 2 years ago, and I received counselling for 6 months afterwards."

"Okay. I've already made several suicide attempts some time ago because I feel that no one really cares for me."

The *suicide attempt* is put into words as desire or wish, but it is also a reference point around which the caller's history is constructed. The *suicide attempt* represents a climactic moment in the caller's speech, one that puts forward the numerous causes that show the increasing aggravation of the caller's personal situation. This type of account in reverse chronological order is meant to minimize the causes of the suicide attempts; although they are genuine and serious enough (wrist cutting, food withdrawal), they did not result in death.

Caller (21:58:23): Truth is, I don't really know where to start, so I apologize if my message is a little confused. I'm 15 years old, and today, I screwed up my first attempt to end my life. I don't really know why I did it. In fact, I think

it's the accumulation of several things that drove me to it. I've had a bad situation at school, violence that was both physical and mental, and at home too [...]

and I started cutting my wrist and I stopped taking food for a few days. **I don't really know why, I couldn't help myself. This year, things are getting worse, the new school year has been difficult, and I've now got much lower marks.**

The role of the phrase *suicide attempt* is twofold: it announces and expresses, at the end of the list, the signs of ill-being; hence, it constitutes the culmination, the climax, in the discourse rather than in the act.

Caller (22:24:07): In fact, ... I've been seeing a psychologist for a few months now. For a couple of years, **I've been sinking into an ocean of constant sadness; I know I'm young, you see. But I can't cope any more, neither for my family nor for those who love me...** It's like constant pain in my mind, the suffering has been around for 2 years now. I'm so lonely, so sad. **I'm afraid of being alone, I'm always afraid. I've been cutting myself for 4 years, and made 4 suicide attempts. I fell into antidepressants, smoking, alcohol...**It was as if harming myself was going to help solve my problems.

4. The *suicide attempt* as topic statement aiming at *implying intimacy* rather than *saying death*

Putting the suicide attempt into words organizes and places the *topic* in the discourse as “notable and observable processes within the development of the interaction, which immediately places the topic in a process of co-construction rendered obvious by all participants” (Mondala and Berthoud, 1992:12). The suicide attempt as an act is referred to in its pain-filled dimension (Morel 1992) right from the beginning after the opening gambit. It is worth remembering that out of the 2,144 conversations dealing with putting the caller's death into words, 89 only view this theme through a *suicide attempt* as an act, and among the latter, 64 conversations are constructed by placing this act as a topic; we have retained the three conversations that include the greater number of speaking turns (see Appendix 2). The other 25 conversations refer to a personal story centered upon other problems only tangentially related to this act.

Table 6. The three longest conversations with the caller's *suicide attempt* as topic, according to the number of turns

	Nb of speaking turns for the conversation	Speaking turns including the topic
Conversation 1	28	7
Conversation 2	49	8
Conversation 3	20	4

In the development of the dialogue, the *suicide attempt* is announced in the first quarter, namely immediately after the opening sequence (greetings and establishing the parameters of the interaction, i.e., checking whether the caller is a robot, asking for the listener's gender^{ix} (Béchet et al. 2018)). It brings up the suicide attempt as a single and individual act (see above § 3.2.1) or as a recurring act.

Caller: **I've tried to commit suicide twice. The first time was in July.** I swallowed a mix of meds that could have looked like an accident and got into a bathtub. I was found before the end, and admitted to hospital for other reasons. A close friend lied about some party gone wrong, and I left the hospital a few days later to stay with him. **The second time was at the end of August,** with the same M.O. It's his father who found me. I also managed to make him believe it was about drugs. I'm now at home, and I 'm thinking about doing it again.

4.1. The disembodied *suicide attempt* constructed as discourse marker

The suicide attempt is never presented as a process leading to death; it may be presented in its agonal dimension, in descriptions of pain or physical suffering. At no time is there any mention of the exact moment when life slips into death; the "moment of passage" is never put into words. In these stories, the suicide attempt constructed as topic is disembodied and calls for emotion sharing, the caller expecting some reaction from the listener. After the suicide attempt has been mentioned, the callers may emphasize their words by accumulating verbs of action targeting their own body and indicating their strong determination to do the deed.

Caller: OK, now, my name is Lucie, I'm 15 years old, I've been depressed for about 2 years, **I've made suicide attempts, I cut myself, I cry, I can't sleep, either I eat too much** (when I'm sad) **or I eat too little** (when I'm stressed), and right now **I feel like I'm relapsing** . . .

The callers may also place their discourse in a structure of non-accountability.

I'm 15, and today, I blew my first suicide attempt I really don't know why I did it.

They may also place their discourse in an opposition of I vs. others where the words for others refer to one specific individual or the indefinite pronoun one and may involve an ally (rather than helper) (see ex. No.5) or some undefined collective (*no-one, no member of*) referring to some kind of endured isolation (see ex. No. 6).

Examples No.5

Caller: I was a nurse, I suffered from what they call a burnout and I tried to commit suicide, it's my sister who found me in a coma at home.

Caller: **I've tried to commit suicide twice.** The first time was in July. I swallowed a mix of meds that could have looked like an accident and got into a bathtub. **I was found before the end, and admitted to hospital for other reasons.**

Caller: I moved to suicide attempts. The first was over the new year 2012 that we were celebrating together. **I was found unconscious in a bedroom late at night.**

Examples n°6

Caller: I'm sad, I'm depressed, I'm over 18 and it's not my life yet, I feel I'm going to end in a depression center, no-one loves me, **I've made a suicide attempt, nobody helped me.**

Caller: After my second suicide attempt, **no friend, no family member expressed any concern for me.**

4.2. The *suicide attempt* as the emotional translation of an unbearable present

Putting the present into words is not just representing the world as it is, facts as they are; it is to provide a viewpoint, to take a position on the object by selecting to name it or to qualify it in a certain way through giving it an evaluation, distance, domination, discrimination, proximity, judgement, in line with one's perception of it (Siblot 1998). The caller then uses a description co-referring the act of suicide, one with negative moral values in the context, to designate everyday life.

Examples No.7

Caller: **Suicide**, yes I think about it often, I've planned it all you know

Listener: So, you've thought about it for a long time? You must be feeling really bad to think of such a thing

Caller: Yes. Each day is an **ordeal** even more difficult to bear than the one before; the physical and mental fear **I feel every day is increasingly difficult to live with and put up with**

Listener: Why are you saying you've got no future? Everyone's got one, to live as we can

Caller: Yes, but with no friends, no social life, and no affinities, it's difficult to look to the future; all my days are the same, solitude and even more solitude, at the age of 23, it's pathetic, I feel sorry for myself

Listener: I don't, I think you could perhaps open yourself to others one day. After all, you're doing it here

Caller: Yes, I find it difficult to accept my everyday life, and **I want to end it all**

Caller: Honestly, **each second I spend in so-called living is like torture.** So I find it hard to be positive and open to others, I'm sorry, I 'm bothering you with my troubles, but that's it

Caller: I'd like to give meaning to my life but I despair

Listener: Can you be more specific ... existential issues?

Caller: I guess you could say that, let's say that when everything goes, it's hard to see any reason to continue

Listener: You appear to be in a tunnel?

Caller: An endless tunnel, I haven't seen the light for a long time

Listener: It started a long time ago?
Caller: Yes, I don't quite remember when exactly
Listener: Try to find the beginning of the beginning
Caller: The problem is simple - I don't really like what I'm doing, I no longer have friends I can rely upon, I can't even rely upon my family, and **my life is a disaster**
Listener: Yes, all this sounds a lot, but you can tell me more . . .
Caller: **Last month, I nearly committed suicide.** It was on a Thursday evening, and I felt so bad I wanted to jump out of the window, but my cousin caught me
Caller: Suicide ideas have come back to me recently

In addition to the terms indicating that life is lived as an ordeal, the caller uses hyperbolic forms, with intensifiers to characterize the present time that is hard to bear.

Listener: Good evening
Caller: I'm a 25-year-old girl, and I am **extremely tired**
Listener: Tired of ...
Caller: Of everything, I can even say that I am currently exhausted I don't want to talk to anyone at least orally I find it exhausting, it always looks to me as though I'm fighting, my body is tired too, I've got backache, I'm stressed **out from the inside**, I'm tense all the time, and **sometimes I want to end it all.**
Listener: What's missing?
Caller: I don't know, I've got everything a job a boyfriend my son but I am tired, I'm frightened I'm only 25 years old
Listener: You've become aware; it's not because you've got these 3 important things that something else isn't missing
Caller: This might be so, but then what? my boyfriend doesn't understand that I'm tired

Caller: I don't want anything anymore, **my life is a nightmare**, the mental and moral suffering is unbearable, I can't go forward, the work I do with my shrinks gets nowhere, I can't move at the speed I'd like, and with all this suffering, **I freak out.** I've stopped seeing my shrinks, that's final, I've told them **I'll never go anywhere near them**, all my appointments are cancelled, and what's keeping me from putting an end to it all again is not the fear that I'm going to hurt those close to me... it's the fear of messing it up again
Listener: You've already done something to kill yourself
Caller: Yes, it brought me 8 days in ICU, the doctors told my mother I would not survive, and unfortunately **I was stronger than I wanted to and I made it through.**

Listener: They (the children) would have grown up anyway to fend for themselves. They won't always be around.
Caller: I think you don't get it, I don't see them anymore, I've got only one solution that is to go forever, end my life, life has never spared me, **I've often cried buckets of tears**

4.3. The *suicide attempt* told in a tale that reconfigures a semblance of normality and that deals with the caller's involvement in a minor key

The caller reconstructs his story by bringing up three moments that fit into a self-righteous continuum showing that everything is fine, followed by a breaking point and awareness that triggers self-harm.

Caller: Except that at that time I didn't do anything, I was pretending to be okay, well, even **I thought that I was okay, that it was nothing**, I dealt with it and then it was over, at least that's what I thought. Last year, I started Grade 10 at school, **and everything changed**, all that self-abuse was over, well almost, **I felt bad and I started cutting my wrist and I stopped taking food for several days. I don't really know why, I couldn't help it.**

Caller: In their eyes (parents') I am a responsible girl who has never had trouble at school with friends, but I feel really bad, I'm a very stressed person who needs to be reassured all the time, **sometimes I freak out**
Listener: Yes and what do you mean by freak out?
Caller: Well for example, **a few minutes ago, before I called, I cut myself, I've got blood everywhere**, and then I need to press on it
Listener: Yes, to avoid blood pouring out and if need be call the emergency services

Caller: Nooooo, absolutely not, my parents are at home and a compress will be enough
 Listener: You don't want your parents to know you're not well?
 Caller: No no, that's not possible
 Listener: So you want them to keep that image of you even though you're feeling really bad? Can you be well if you don't dare show how you really feel?
 Caller: Yes, we fake being well and we hide our pain! I've got such a perfect record, they are very proud
 Listener: So this image, you don't want to destroy it so you cut yourself?
 Caller: Perhaps, I blame myself, I think

Conclusion

Using digital technology to speak of one's own death involves (re)thinking both the distance relationship (in terms of exchange, mechanism, and purpose of the nonprofit as enunciative organization) and the decisions governing putting into words the ill-being that leads to the desire to end one's life. Reconfiguring one's personal history shows how difficult it is to speak of one's own end as the words chosen induce interpretations carrying meaning.

The key finding of this study is that death as discursive object is mentioned mainly as a purpose, as the final act of deliverance and expectation designed to ease the caller's present time that is difficult to live. In the caller's discourse, this act is rarely well organized, planned, and thought through; the suicide attempt is not part of a process, a carefully considered avenue; instead, it is presented in a disembodied way as self-evident, as the logical continuation to ill-being. This self-evident characteristic then reconfigures the notion of *normality*. What is *normal* when people experience suicidal impulses? In addition, putting a suicide attempt into words involves mainly giving prominence to a color chart of affects (emotions, feelings, moods - states of mind) that produce textuality (i.e., what transforms a text into a meaningful linguistic sequence, "a coherent whole that moves towards an end and brings completeness of meaning" [Détrie, Siblot, Verine 2001 : 349]) and that are used to explain, or even justify the act itself. This process is the same in those sequences where the caller narrates a failed suicide attempt. Rather than putting into words this "moment of passage" that is more or less lengthy, the caller prefers to talk of its cause (solitude, ill-being, isolation, illness, etc.) with indirectly a demand for attention, help, and recognition of family members, which refers to the analgesic characteristics of this type of discourse.

Last but not least, the study promotes considerations of the ways of thinking of and saying one's own death through the prism of digital technology in our digital society. Speaking of death (vs. suicide) is one of the purposes of the callers who contact this organization, but death is involved in a type of brutal discursive confrontation between expressing one's private life to request some form of response (being listened to or receiving advice, even though the latter option is against the organization's ethics) from the listener and subverting a taboo in which are mixed up discourse norms, highly subjective individual feelings, and diverse representations of death.

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Appendix 1. Supporting documents

Table 7. Breakdown of words for death in descending order of frequency

death	137
suicide	116
suicidal	48
disappearance	48
dead	38
passing	30
Suicide attempt	21
mourning	20
a tomb	18
euthanasia	16
coffin	13
corpse	10
deceased	9

dying	8
burial	8
putting an end to	5
defunct	5
funeral	4
overdose	4
assisted suicide	4
stillborn	3
eternal rest	3
final breath	3
agony	2
last breath	2
demise	2

sub pers pronoun	1st pers.	2nd pers	3rd pers
je (I)	76539		
me (me)	27059		
il (he)			17522
moi (me)	11656		
vous (you)		11510	
Je (I)	10697		
elle (she)			10549
lui (him)			6196
ils (they M pl)			4113
nous (we)	2029		
eux (them)			1187
elles (they F pl)			891
tu (you)		591	
te (you)		250	
toi (you)		172	
Nous (we)	150		
leur (their)			76
Il (he)			21
Vous (you)		10	
Elle (she)			9
Moi (me)	6		
Ils (they pl)			4
JE (I)	3		
ME (me)	2		
MOI (me)	1		
ELLE (she)			1
NOUS (we)	1		
IL (he)			1
Tu (you)		1	
Lui (him)			1
total	128143	12534	40571

Figure 4. Breakdown by subject personal pronoun

Possessive pronoun and adj.	1st pers.	2nd pers	3rd pers
ma (my + F sg)	12077		
mon (my + M sg)	10591		
mes (my + pl)	7111		
sa (his/her + F sg)			3810
son (his/her + M sg)			2108
leur (their + sg)			1622
votre (your)		1529	
ses (his/her + pl)			1305
notre (our + sg)	675		
leurs (their + pl)			438
nos (our + pl)	280		
vos (your + sg)		268	
ta (your + F sg)		100	
ton (your + M sg)		91	
tes (your + pl)		72	
ma (my + F sg)	7		
Mon (my + M sg)	6		
mes (my + pl)	4		
ses (his/her + pl)			2
total	30751	2060	9285

Figure 5. Breakdown by pronouns and possessive adjectives

Table 8. Distribution of putting an end to

Left co-text		Right co-text	
wanting to	11	my/the/this life	19
considering	2	emotion/feeling	4
finding a way to	3	indefinite (all)	4
I want	3	total	27
intensifiers (adv.really)	2		
intending to	2		
letting go	2		
others	2		
total	27		

Appendix 2. Conversations in full

Interview n°1 Session : xxx

Welcome to Chat, the online conversation site [name of the nonprofit]

Chat(21:49:09): Good evening

Caller (21:49:26): Good evening

Chat(21:50:16): We're listening to you.

Caller (21:52:25): Thank you. I called because I need to talk ... I feel really bad right now, I feel I've lost the will to live, and I've got no one to talk to about what weighs on me.

Chat(21:53:33): We're here to listen to you. You can write down anything you like, as you like it.

Caller (21:58:23): Truth is, I don't really know where to start, so I apologize if my message is a little confused. **I'm 15 years old, and today, I screwed up my first attempt to end my life.** I don't really know why I did it. In fact, I think it's the accumulation of several things that drove me to it. I've had a bad situation at school, violence that was both physical and mental, and at home too. Except that at that time, I didn't do anything, I was pretending to be okay, well, even I thought that I was okay, that it was nothing, I dealt with it and then it was over, at least that's what I thought. Last year, I started Grade 10 at school, and everything changed, all that self-abuse was over, well almost, I felt bad and I started cutting my wrist and I stopped taking food for several days. I don't really know why, I couldn't help it. This year, things are getting worse, the new school year has been difficult, and I've now got much lower marks. The teachers tell us that in Grade 11, it's normal not to have found the right rhythm at the beginning, but I dread the moment when I'm going to have to tell my parents.

Caller (21:58:26): For a while now, they've been increasingly arguing, and I must admit that I fear they'll end up divorcing. Even if all that looks like little things, I can't get better, I think about it all the time, and I feel like killing myself more and more ...

Chat(22:03:06): We can feel your loneliness and your distress. You are facing many difficulties. Can you talk about it in more detail? Maybe it would be best for you to send your message in little chunks rather than all in one go. But do as you wish, what's best for you.

Caller (22:10:02): Yes ... So, as I was saying, everything started when I was in middle school, lots of pupils made fun of me with no reason, I was just a little special because I'm different, and at home, my sister often added to it, even if these were little kids' insults, I've kept it all and I can't forget, I feel it sounds silly when I say it like this, but that's what I feel.

Chat(22:13:15): We do understand your feelings. We're not really in control of our sensitivity. You write "I was just a little special because I'm different". What do you mean?

Caller (22:15:59): I'm "gifted", which makes me different, so I don't have the same mindset as most other pupils and that's why I'm a little special.

Chat (22:19:53): Indeed, it's not easy to live this difference that's also an asset. People are born like this, and sometimes, among other things, others may be jealous. What do you think?

Caller (22:20:57): Truth is, I think there's no reason to be, I would have given anything to be "normal". It's too difficult to live in our society.

Chat(22:23:00): Is it possible for you to speak to someone, an adult or another young person, about your difficulties to bear this difference?

Caller (22:25:05): No, there's no one I can talk to, and I feel no one can understand me.

Chat(22:29:19): Do you feel comfortable with your GP or a teacher? This could give you the opportunity of testing whether this adult can understand you. Speaking, sharing may help, even though one doesn't really know why. Speaking in one's head and speaking to someone don't have the same advantages.

Caller (22:34:05): Not really, as I said earlier, the start of my Grade 11 year was difficult, and teachers do not really help. I find it difficult to trust others, and in particular to talk about this experience.

Chat(22:39:09): Of course, you can't talk about this experience immediately and to anyone. Among all the teachers, maybe there is one who could listen to you. Often, teachers who appear strict are the safest when they're not rigid.

Caller (22:41:43): Yes... maybe, but at the moment, I don't really see how I could talk to someone, it's almost become a habit to keep silent.

Chat(22:49:08): Your words show you have difficulties and that for the moment, you can't find real solutions. No one can give you advice or solutions. But someone can help you in your thinking. Depending upon its position, a light projector can suddenly reveal an element that wasn't seen before. Through his or her questions or own thoughts, an interlocutor may bring to light an element that wasn't seen and that may bring a solution. Have you had this type of experience before?

Caller (22:52:42): No, I've never had a chance to speak to someone about this.

Chat(22:58:37): No one can give you any advice because appropriate advice can be given only if people can live what you are living, which is impossible. Trusting others is also risky, just as riding a bicycle for the first time or learning to swim. Talking with others, which means externalizing one's ideas and thoughts, may bring a lot. It's not easy, of course; you sometimes need to overcome inner resistance. But should we not try, take risks?

Caller (23:01:46): Yes, you're right, I need to take the risk of talking to someone, at the moment, I don't know to whom and whether I could do it, but I'm going to try ...

Chat(23:03:07): We really hope you'll get the necessary strength. We'll be happy to listen when you want it.

Caller (23:03:32): Thanks, and enjoy the rest of your evening.

Chat(23:03:46): Good evening!

Your caller has left this session.(11:04:07 pm)

Interview n°2 Session : xxxx

Welcome to Chat, the online conversation site [name of the nonprofit]

Chat(22:29:28): Good evening

Caller (22:30:49): GOOD EVENING

Caller (22:31:50): I need to give my first name.

Chat(22:32:26): No, our conversation is entirely anonymous.

Caller (22:33:29): Okay, right now, I'm not well, everything is going wrong.

Chat(22:36:37): What is happening?

Caller (22:37:24): I'm sad, I'm depressed, I'm over 18 and it's not my life yet, I feel I'm going to end in a depression center, no one loves me, I've made a suicide attempt, nobody helped me

Chat(22:39:40): But it's not necessary to be hospitalized to treat depression. And why are you saying no one loves you?

Chat(22:40:05): You've had help since you are here

Caller (22:40:19): No, nothing

Caller (22:41:02): I wanted to go to my boyfriend, but he's barring my way

Caller (22:41:20): My best friend, she's in Nice

Caller (22:41:46): The police where I live, they've done nothing

Caller (22:41:54): He doesn't care

Chat(22:42:28): What do you mean when you write that your boyfriend is barring your way?

Caller (22:42:54): I go to him but he runs away

Chat(22:43:41): if I understand you, he is gone

Caller (22:43:52): yes, in my daily life it's not simple

Chat(22:46:07): So, he's gone, your best friend is in Nice, and your daily life is not simple. Your parents are not helping you?

Caller (22:46:08): it's out of control everything goes too fast

Caller (22:46:18): no, I know that I will die young, they think it's normal

Caller (22:47:38): I'm kept from moving on

Chat(22:48:06): How old are you? Why are you saying that you will die young? Who is keeping you from moving on?

Caller (22:48:37): I'm 24, my parents

Caller (22:49:11): because of this, the police is always looking for me

Caller (22:50:04): because the situation I'm living is out of control they make my life hell

Caller (22:51:05): if I say I'm going to die young **it's because I've made a suicide attempt and nothing came of it**

Caller (22:51:24): and I screwed it up

Chat(22:51:52): What makes your situation out of control? You're in the midst of a depression, I do understand this, and I know it's hard. But you're under treatment, aren't you?

Caller (22:51:52): I regret being still alive

Caller (22:52:06): no

Caller (22:52:36): it's against me

Chat(22:52:52): You have no treatment? Why not? Depression can be cured

Caller (22:53:08): I don't know

Caller (22:53:26): I don't want to be cured

Caller (22:54:17): I want people to let me die

Caller (22:54:53): I also know I won't be bothering anyone any more

Caller (22:55:14): and I'm not important

Caller (22:55:33): for the people who know me

Chat(22:55:58): I repeat that depression can be cured, slowly admittedly, but it can be cured. You're 24, it's much too soon to die. Get treatment, that's the most urgent thing.

Caller (22:56:39): It's not serious that way no one will bother me

Chat(22:58:48): If you've come to this chat, it's because you don't want to die. You want people to tell you it's important that you should live, that you will find a boyfriend again, and other friends

Caller (22:59:41): no boy will want me

Chat(23:00:00): How do you know?

Caller (23:00:27): I don't stand a chance with boys

Caller (23:00:59): sorry I need to stop this conversation short

Your caller has left this session.(11:01:11 pm)

Chat(23:01:27): It's not because your boyfriend has left that you don't stand a chance with boys. He wasn't reliable, that's all.

Interview n°3 Session : xxxx

Welcome to Chat, the online conversation site [name of the nonprofit]

Caller (19:46:02): ?

Chat(19:46:10): Good evening, I'm listening.

Caller (19:48:04): OK, now, my name is Lucie, I'm 15 years old, I've been depressed for about 2 years, I've made suicide attempts, I cut myself, I cry, I can't sleep, either I eat too much (when I'm sad) or I eat too little (when I'm stressed) and right now I feel like I'm relapsing...

Chat(19:50:39): Good evening Lucie, I suppose that because you've made suicide attempts, cut yourself, because you're bulimic or anorexic in turn, you're being treated by a doctor? what are your parents saying?

Caller (19:53:01): I've seen a psychiatrist, but she's left, so now I'm all alone. My parents don't say much, they don't know how to react, they're hurt, and to see them like this hurts me

Chat(19:56:29): so, no therapist! I can imagine your parents are confused, with good reason. Have you asked to see another doctor or psychologist? It looks as though you think your parents aren't interested in you! is that it?

Caller (19:58:59): No therapist, and right now, they think I'm okay because I've got a little better, but everything is deteriorating at the moment because of classes and a boy

Chat(19:59:29): Tell me about this boy!

Caller (20:02:45): this boy is almost perfect, I'm the villain in this story. I loved him, he loved me, but I cheated on him ... because he lives 579 km away and I shouldn't have done this because he left me and since then, no one has helped me and it's hard to live without him, and to live with the idea that we can't stand each other anymore (???) when he was everything to me .. I believed in him too much

Chat(20:06:57): you say you believed in him and you! and because he's a bit far away ... at 15, things are not really set. You also mention difficulties in class, what you're learning does not interest you?

Caller (20:10:28): yes but everything was fine, I was and I am really in love. I'm doing a training certificate in hairdressing, and I don't like it, I'm away from my friends (the only ones who can make me forget my misery) yes, I've got friends in the hairdressing school, but it's different, we don't really connect

Chat(20:14:02): and you've cheated on him! Is it being really in love? adolescents are insecure, things will get better gradually, you need to learn to be patient and you will find your balance!

Caller (20:17:33): yes, I cheated on him with another boy I also care about ... it's complicated, I know:/

Chat (20:18:37): you're 15! and yes, it's complicated!

Caller (20:18:56): yes

Chat(20:20:54): but it's normal! courage, you're going to grow up!
Caller (20:22:24): yes, that's true
Chat(20:23:59): I need to leave you because I've got other calls! let's talk another time! Chat
Your caller has left this session.(08:25:23 pm)

ⁱ Listening is confidential, anonymous, beyond any judgment and performed respectfully, and the caller's words are entirely free.

ⁱⁱ Hence, we use two tools: *Tropes*, which is a software package of semantic analysis developed by Pierre Molette and Agnès Landré using the work of Rodolphe Ghiglione, and *Trameur*, which is a software package of textometry developed by Serge Fleury at CLESTHIA, universit  Sorbonne-Nouvelle, Paris 3.

ⁱⁱⁱ To facilitate understanding of the English version of the verbatim chat sessions, we have not represented the callers' or listeners' occasional spelling mistakes (in French), abbreviations, etc.

^{iv} We borrow the syntagm "discursive object" from Courtine, who defines it as a bundle of object, that is, "a set of features usually related to the object". This bundle is constructed through the discourse and is deployed as an object class (Grize 1990 :78). Examining the structure of the discursive object is carried out using the markers that pinpoint a discursive object and the discursive effects related to the construction of the object.

^v According to Spinoza, an *affect* is not just a feeling, an emotion, or a state of mind (i.e., condition of the mental state); rather, it is also and at the same time a movement (i.e., condition of the body), an activity, an act at the same time as a power.

^{vi} *Tropes* lists 148 reference domains involving at least 100 words (significant threshold) and 198 reference domains for the whole of the corpus.

^{vii} From this stage of the study, the quantitative data emanate from *Trameur*

^{viii} At this stage in the study, we judged that the relevant level of the study was not the sequence (see Adam 1997) but instead the co-text, by selecting 30 signs before and after the pivot word.

^{ix} Many callers need to be reassured because they think they are dealing with a robot; as soon as they are aware that there really is a human being behind the interface, many of them ask whether the person is a man or a woman, an important detail for the caller's narrative construction and the listener's understanding of the situation. For example, the exchange may be as follows:

Caller (20:55:45): No, it's Okay with me are you a man or a woman? (just this and I promise I won't ask any more questions) it's just to know whether I can ask for advice depending upon the person's gender, it can help too!

Chat-Home (20:56:34): No, it does not help because we are all honest people, and we stand on our own two feet.

Caller (20:57:56): What I'm talking about is, if you're a man, you can give me advice regarding my ex (since you know the way men react); if you're a woman, you will understand me because my friend is close to my ex and I feel sad about it.

Chat-Home (20:58:21): And you can see that we give indications rather than advice; we explore various options with you (such as going to see a shrink); if I imposed that on you, you'd wonder whether I think you're crazy; advice can be found only within oneself.

Chat-Home (20:58:31): But then you may need others to see things more clearly; the way we (man or woman) would react is of no importance or value, because we are not you and you are the only one who feels, discovers, imagines what may be right for you, and in this sense, we can help you see things clearly because what is good for you is not necessarily so for me - this works both morally and physically (if you can't eat chocolate and I can ... neither the one nor the other causes harm but we both need to do what our body requires).