Listening to women's personal stories about suicide: An online thematic analysis of the discourse on UK parenting forum Mumsnet

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Abstract

The experience of pregnancy and motherhood is complex and changeable; marked by feelings of fulfilment, growth, and joy, but also depression, stress, anxiety, increased conflict, and regret. Yet the chaotic realities of motherhood remain taboo subjects, rarely discussed, in society and across the media. This paper shows how discussion forums can work as powerful outlets to capture the meaningful expression of viewpoints that mothers may not feel able to articulate or confess elsewhere. These anonymous online spaces offer a supportive space where the reality of the often-hidden maternal experience can be communicated, in resistance to the dominant narratives reinforcing the idea of the "good" mother. Analysis of UK forum Mumsnet suggests that public digital communities provide a valuable space to explore a socially relevant research area relating to maternal suicide and lived experience. This paper responds to a need to understand how women discuss suicidal thoughts, facilitating understanding of the hidden discourse around motherhood. Through thematic analysis of Mumsnet posts (n=4,186), five themes were identified: escaping the burden of motherhood; motherhood or pregnancy trauma as a trigger; feeling that children would be better off without them; children being a reason to live; and perceived shameful thoughts leading to silenced feelings.

Keywords: Suicide, Pregnancy, Motherhood, Mumsnet, Online Methods.

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Introduction

This article contributes to the emerging research agenda that explores the intersection of three critical narratives; firstly, the development and maintenance of parental identities, and the communities and practices that support these identities, secondly the role of the digital world in supporting, maintaining, and shaping these identities, networks, and activities, and finally concern surrounding the suicidality of mothers. This juncture in research pathways termed 'motherhood online', is defined as "a field concerned with the production and reception of digital media that is produced by mothers and/or about motherhood, and is related to issues of maternal identities, communities or practices" (Jai Mackenzie and Michael Zhao 2021, p.1). Emerging studies of motherhood online have shown how experiences of motherhood can be effectively evaluated through exploring the discourse contained within digital platforms such as Instagram (Joanne Mayoh, 2019) and through the associated practice of discussion forum participation (Yulia Strekalova, 2016; Jai Mackenzie, 2018).

The experience of pregnancy and motherhood is one often rich with personal fulfillment, and joy. However, the time following the arrival of a new family member and can also be marked with negative wellbeing, depression, stress, anxiety, and identity crises (see Ellen Ross, 1995) negativity within family relationships (Ellen Brady & Suzanne Guerin, 2010) and maternal regret (David Matley, 2020, Tiina Sihto & Armi Mustosmäki, 2021). In addition, recent perinatal research suggested miscarriage/perinatal loss, birth trauma, sleep deprivation and post-natal depression (PND) are risk factors for suicidal ideation (Ann-Marie Bright et al., 2022). Suicidal ideation is frequently seen in the context of PND, (Viveca Lindahl, Jane Pearson & Lisa Colpe, 2005) alongside the perceptions of failure, the suffocating burden of guilt, and a perceived need to escape (Cheryl Tatano Beck 2022). Yet, these messy and complicated psychological realties of motherhood remain taboo and are rarely discussed in society and the media. One rationale for these stories being silenced is that they contradict dominant ideologies of motherhood (Precilla Choi et al., 2007) that depict women as natural mothers who are instinctively able to care for their babies and effortlessly deal with shifting identities to that of relational, selfless carers and nurturers (Harriette Marshall & Anne Woollett, 2000). Susan Goodwin & Kate Huppatz (2010) describe 'the good mother' as a formidable social construction that places huge pressures on women to conform to rigid ideals, against which they are judged by both themselves and others. The 'good mother' discourse features prominently in internet confessions of PND, with mothers reporting feelings of shame, and describing themselves as 'bad', 'evil', weak' and as failures due to their inability to meet societies' expectation of them as an idealized mother (Ira Kantrowitz-Gordon, 2013). This mythologized, idealized notion is reinforced in popular western culture through public policy, the media, workplaces, and as well as everyday interactions (Goodwin & Huppatz, 2010). Studies have shown that women's expectations of motherhood are deeply influenced by these dominant ideologies and that once faced with the messy realities, they must accept failure to meet this ideal (Jane Weaver & Jane Ussher, 1997; Choi et al. 2007).

Research exploring women's online discussion forums for support and information related to pregnancy and parenting has demonstrated that users find the relatively anonymous digital geographies work as outlets for the expression of experiences that they may not feel able to voice elsewhere (see Brady & Guerin, 2010; Pederson 2016; Sarah Pederson & Deborah Lupton 2018) offering a space where the reality of the maternal experience can be articulated in resistance to the dominant discourse reinforcing the ideology of the 'good mother'. Thus, online parenting forums offer vital platforms for advice and support for mothers, in providing

a safe and relatively non-judgmental place in which to share experiences and interact anonymously (Henrietta O'Connor & Clare Madge, 2004). Whilst research has explored how women discuss PND (Sylvia Jaworska, 2018; Karen Kinloch & Sylvia Jaworska, 2021), maternal regret (David Matley, 2020; Shito & Mustosmäki, 2021) and maternal feelings more broadly (Sarah Pederson & Lupton, 2018), research has so far failed to explore how mothers discuss suicide on online discussion forums. In a study on live radio call in shows, Kathryn McDonald (2023) identified that it is not just online areas that people use to share their feelings and attempts of suicide; they also use trusted radio hosts. Research that looks at personal disclosure (via radio or online discussion forums) can tell us a great deal about something that is hidden, or only shown after a suicide takes place.

Towards an Understanding of Suicide

Every 40 seconds a person dies by suicide, and for every person who dies at least 20 more will attempt to end their life (WHO, 2017; Sallyanne Duncan and Ann Luce, 2022). Studies have placed lifetime suicidal ideation rates at around 10% of adults (Matthew Nock et al., 2008; Joseph Franklin et al., 2017). Men[1] from the UK and the Republic of Ireland are three times more likely than women to take their own lives, but women are more likely to experience suicidal thoughts and attempt suicide (Silvia Sara Canetto & Isaac Sakinofsky, 1998; Sally McManus et al., 2016). Because more men die by suicide, Jaworski (2016) has noted that it can be interpreted as a more 'male phenomenon', with an awareness that media discourse and research might privilege some experiences of suicide over others; however, some scholars still believe not enough attention is paid to male suicide (Susanna Bennett et al, 2024). Ultimately, suicide should be researched and viewed as a gendered problem and needs to be further understood by critically looking at how gender shapes it.

Taking a gendered approach to suicide by focusing on prevalence in the perinatal period, is challenging as 'childbearing age' can range from age 10 up to 54 years depending on the study and definition (Carla Meurk et al, 2021). Despite this, there is a common perception that 'motherhood' is a protective factor against suicide. Amanda Woods et al (2013) identified that 'motherhood' is a protective factor for African American women with a history of previous suicide attempts. In Sweden, 'parenthood' is associated with lower suicide risk, especially in women as it is believed the social connectedness that having children brings, thwarts loneliness, and enhances a sense of 'belongingness' and 'buffers poor health and early mortality' (Marina Dehara et al, 2020). Yet, suicide is the fourth largest cause of maternal death during or within 42 days of the end of pregnancy within the United Kingdom (UK) and the Republic of Ireland and remains the leading cause of direct deaths occurring within a year after the end of pregnancy (Marian Knight et al., 2021). Previous rates of suicide during pregnancy and the first postnatal year have remained consistent over the past decade, with 0.55 suicidal deaths per 100,000 maternities in 2011-2013, compared to 0.46 deaths by suicide per 100,000 maternities in 2017-2019 (Marian Knight et al., 2018), confirming that attempts to reduce these statistics need to be improved.

In 2021, MBRRACE-UK[2] published its enquiry into Maternal Deaths in the UK, showing that almost a quarter of all deaths of women during pregnancy or up to a year after the end of

[1] The reasons behind this are complex and not wholly understood (Samaritans, 2023).
[2] Maternal, Newborn and Infant Clinical Outcome Review Programme

pregnancy (the perinatal period) were from mental health-related causes. More recent research around mood disorders points to perinatal interventions that need to be explored. In 2019, Mangala et al identified that 15% of all pregnant and postpartum women in the United States experience a mood disorder, which can be further exacerbated by underlying psychiatric disorders. Luciana De Avila Quevedo et al (2021) identified that women who experienced depressive or mixed episodes of mood change during the postpartum period had a significantly higher risk of suicide during the perinatal period than a woman who did not suffer any mood disorder. In the UK, Kaat De Backer et al (2023) have discussed the multiple adversities that pregnant women may face, including substance misuse, mental ill health and domestic violence, as well as the loss of a child. Our research hopes to show how mothers, talk about feelings of suicide, and the reasons for this, helping to reveal why ideation levels or attempts might be higher.

While others (Keith Harris et al, 2014) have explored the experiences of people who go online specifically for suicide related purposes, our study differs in that it is likely that this is not the primary motive for membership of this forum. Rather these women have found a trusted space to share these experiences, and a culture in which traditional ideologies of the 'good mother' are often challenged. We argue that public online spaces provide a rich framework to explore an important research area relating to maternal suicide. This paper responds to a need to understand how women discuss the topic of suicide in digital contexts, to explore the hidden discourses of motherhood and help develop more relevant, valuable support for women with informational and emotional needs. The purpose of the study is to utilize thematic analysis to explore the discourse produced on the UK parenting forum Mumsnet surrounding suicide, to uncover how stories are presented, discussed, countered, and created. We explore how women discuss their own suicidal thoughts/attempts, as well as personal issues surrounding suicide.

Methods

Sampling

Mumsnet is the most prominent parenting website and online forum in the UK, offering a broad range of parenting content with 7 million unique visitors per month accounting for 100 million unique page views (Mumsnet, 2023). According to Similarweb (2023), in June 2023 Mumsnet had 30.7 million total visits in comparison to their nearest UK competitor Netmums who received 7 million. Set up in 2000, it operates as an independently owned business, funded mainly from advertising revenue and hosts a discussion forum (Talk) which encourages interactive online discussions between members. Whilst the website and forum can be viewed publicly, free membership through sign-up (open to all) is required to post on the forum. A large portion of the membership is made up of mothers, but the website is not exclusive to mothers or parents.

The focus of this study was to explore conversations on Mumsnet surrounding thoughts and experiences of suicide ideation. Whilst it is challenging to say who the contributors on Mumsnet Talk are, the company itself states they are mainly middle-class educated, professional working mothers, who are likely to be over the initial stages of pregnancy and first-time parenthood (Mumsnet, 2009; Sarah Pederson and Janet Smithson, 2013; Jaworska, 2018). It is pivotal to consider these demographics when interpreting the results. Research on

social risk factors (violence, social isolation, stress, poverty and mental health problems) reveals low-income mothers are at particularly high risk for suicide attempts (see Lorann Stallones et al, 2007) and studies looking at middle-class mothers have been less common. It is also important to consider that researchers were only able to ascertain which posts seem to be from mothers by hand filtering. Posts were only included in the analysis if authors referenced their pregnancy and/or motherhood experiences or identified themselves as a mother, however it is important to note that this is an imperfect science. It is also not possible to infer the ethnic background of the contributor.

The use of online forums for sharing parenting advice and support is a significant phenomenon and growing research area (Sarkadi and Bremberg, 2004; Madge and O'Connor, 2006; Daneback and Plantin, 2008; Skea 2008; Hine 2014; Pedersen 2014). Women are not only going to health professionals and personal support systems to disclose their feelings about suicide, but are also trusting and disclosing their most personal, sensitive life experiences with other users (who they do not know) (Ann Luce et al, 2016). The latter may be preferred because of anonymity, the wider stigma or shame associated with suicide, and/or the perceived (or real) threat that they will be considered unfit as mothers.

Search

We conducted a 'listening exercise' [3]exploring stories surrounding suicide on a Mumsnet forum, using a set of key words, "suicide" and "suicidal". The search was conducted using the 'advanced search' function on Mumsnet Talk on the 29th April 2019, and refined by title and thread only using the date range 29th April 2018 to 29th April 2019. This specific date range was selected to ensure that a manageable volume of high currency data was extracted. The results of the search (n=4,186 posts) were extracted into Microsoft Excel using a custom data scraping tool that was developed specifically for the project. Whilst the purpose of this study was to listen to women's personal stories of suicide, much of the data referred to the interpretation of other people's stories, for example discussing celebrity suicide, discussing the suicidal thoughts and experiences of loved ones, and asking for and giving help and support to those dealing with their own suicidal thoughts and/or supporting loved ones who had shared suicidal thoughts with them. This was not analyzed as a part of this research project, allowing the results and discussion of this paper to remain focused on the experiences of mothers, and their own personal stories in relation to suicide.

Procedure

The research was conducted using thematic analysis whilst a critical-realist framework provided the underlying theoretical framework. This allowed a deep understanding of phenomena to evolve and facilitate academic exploration that values the voices of marginalized, or silenced populations (Michelle Kiger & Lara Varpio, 2020), i.e. the voices of those providing a counternarrative to the dominant ideology of the "good mother". Many discussions posted up on Mumsnet may resist the "good mother" ideology in favour of 'the good enough mother', with some celebration and connection through disclosure of (minor) "bad" behaviour or thinking. But when talking about suicide specifically, this narrative of the

[3] We use the term 'listening exercise' to describe the process of obtaining an abundant source of naturalistic data, without the presence of a researcher/research team influencing the discourse and interaction produced (Neil Coulson 2012 & Peter Holtz; Nicole Kronberger& Woolfgang Wagner 2012).

'good mother' came across strongly. Virginia Braun & Victoria Clarke (2006) describe thematic analysis broadly as a qualitative analysis method that entails searching across a data set to identify, analyze, and report repeated patterns. As opposed to merely describing data, this process requires the researcher(s) to engage in interpretation in the process of selecting codes and constructing themes (Kiger & Varpio, 2020). To ensure the research was conducted rigorously, Braun & Clarke's (2006) six stage process of thematic analysis was adhered to. This framework has been widely used to study Mumsnet 'Talk' data (see Croucher et al., 2020 & Pederson & Burnett, 2022). Firstly, the data set was read by the principal researcher and a research assistant in Microsoft Excel for familiarisation. To manage the volume of data (n=4,186), threads were then copied into the qualitative data analysis computer software NVivo 10 and read and reread by both researchers before they generated initial codes. The next stage involved the examination of the coded data extracts to look for themes of broader significance (Braun & Clarke, 2006) that are both independently meaningful and help form a broader coherent story (Victoria Clarke & Virginia Braun, 2014), which were then re-reviewed to decide whether themes fit meaningfully within the data set and to what extent the overall coherent story accurately represents the body of data. Finally, the theme labels were defined to support the preparation of the findings via the production of the report and manuscript.[4]

Ethics

Approval for this study was granted from the institutional ethics committee. Due to the sensitivity of this subject, only readily available public data from Mumsnet Talk was used in the research. As per the lack of direct consent, no online handles or identifiable information were included in the analysis or dissemination. All quotations were slightly paraphrased so that they couldn't be attributed to the original poster. Only minor edits were made to ensure the meaning and integrity of the post remained.

Good quality, ethically sound and responsible research is needed to better understand suicide. There are several challenges, benefits, and ethical complications associated with suicide research, including, 'accessing the population, potential harm to participants or the researcher, researcher competency, maintaining confidentiality, providing support to participants, and responding sensitively to the needs of family' (Richard Lakeman and Mary Fitzgerald 2009, p13). Even though we were reviewing secondary records, as researchers we need to be conscious of the impact of uncovering and telling these types of research stories on our own wellbeing (Janice Morse and Peggy Anne Field, 1995; Rory O'Connor, 2021; McDonald, 2023), as well as the potential issue around triggering for those reading this work.

While we were not in direct contact with participants, we were aware that we were not able to offer signposting or support. Mumsnet is a moderated public forum, who wish to 'provide an open space for conversation' only sharing data with public authorities for those with 'compelling safeguarding considerations' - such as credible evidence of imminent risk of serious harm, especially to a child or vulnerable person (Mumsnet 2023). The likelihood is that most comments involving suicide ideation or those without needing immediate attention would remain on the site and that those people sharing their experiences would do so

[4] The researcher who was primarily responsible for analysis had experience in qualitative analysis worked closely with a secondary, senior colleague to discuss analysis, thus increasing reliability. The principal researcher developed the interpretation of themes and final interpretations were agreed by both.

anonymously and were not followed up (perhaps also a reason why they felt able to post). While this is useful to obtain the data needed, it can also prompt feelings of helplessness as researchers.

Results & Discussion

Our analysis process uncovered five themes relating to mothers' discussions surrounding their own lived experiences of suicidal thoughts and feelings.[5] : 1) motherhood or pregnancy trauma as a trigger; 2) escaping the burden of motherhood; 3) feeling that children would be better off without them; 4) children being a reason to live; and 5) perceived shameful thoughts leading to silenced feelings. The qualitative extracts that we have included below utilize several abbreviations which are commonplace on Mumsnet and other online parenting forums: DC (Darling Child), DH (Darling Husband), DW (Darling Wife), DD (Darling Daughter) and DS (Darling Son).

Motherhood or pregnancy trauma as a trigger

Post authors identified several triggers for suicidal thoughts and feelings grounded within the experiences of pregnancy and motherhood. This theme aligns with previous research that suggests the journey through motherhood can be marked with negative wellbeing, depression, stress, anxiety, and identity crises (see Ross, 1995) increased conflict, negativity within family relationships (Brady & Guerin, 2010) and maternal regret (Matley, 2020, Sihto & Mustosmäki, 2021). Whilst some women described these feelings as beginning prior to this time in their life course, others explained how pregnancy and motherhood triggered suicidal thoughts and feelings. One post author, who reported that she had thought about suicide "on and off" since she was 13 years old described the psychological torment she experienced:

> *I experienced real mental distress at the end of my last pregnancy and had a very specific, detailed and entirely realistic plan for what I'd do if the birth went badly. These thoughts replayed in my head constantly night and day, preventing me from sleeping and meaning that I simply stayed up at night crying or walking the streets.*

Other women referred to suicidal thoughts and feelings being triggered by Postnatal Depression (PND), ectopic pregnancy and pregnancy-and-birth-related post-traumatic stress disorder (PTSD), miscarriage, and challenges with balancing multiple transitioning and often competing identities:

> *I've had suicidal thoughts mainly when dealing with pregnancy PTSD/anxiety. It's not "common"" or "normal" I don't think. After my second miscarriage I genuinely wanted to lie in the road and be run over. When the PTSD kicked in after third miscarriage I was having suicidal thoughts so often.*

These posts demonstrate the challenges faced by women transitioning into motherhood, and the negative impact this can have on their psychological health. It is well documented in the

[5] Whilst these themes will be explored in depth here, please note that the listening exercise uncovered additional posts surrounding the discussion of other people's experiences of suicide and high profile, public conversations about suicide (including celebrity suicide) will be discussed in future publications.

suicide literature that identities and the emotional attachment people have to their identities can either be harmful or protective (Anna Mueller et al, 2021). Mumsnet users feel they can discuss their lived experiences and the changes to their identities with others, in a safe, anonymous space, with other mothers who can potentially empathise with the challenges they are facing. For some, this will be a place to vent, or to seek validation, and others might be offered solutions in the replies to their posts.

Escaping the burden of motherhood

The post authors discussed suicidal thoughts as providing a sense of escape during difficult periods of their lives. Suicide-as-escape has been a common theme within theories of suicide (see Jean Baechler (2001), Edwin Shneidman (2005), Roy Baumeister (1990), and many others). Specifically, a recent grounded theory study on what makes perinatal women suicidal (Holly Reid et al., 2022) reported that participants consistently reported feeling a need to escape the perceived burden of motherhood because they felt there was no obvious way to resolve their distress. Within our study, mothers described having the option of suicide as "having something in reserve" an "opt out clause" that provided a sense of comfort or release during challenging times:

> *For me, the suicidal thoughts feel like a safety net - although I don't think I will act on them right now, I could if things got too bad.*

Another poster describes suicidal ideation as reassuring during a challenging pregnancy. Suicide here is a coping mechanism, and something reassuring that they had control over:

> *… I found it strangely reassuring, as in "I could, but I won't/choose not to". Reminding myself that the option of an "easy way out" will always be there, when everything else fails. It was what saved my sanity in the long run.*

Authors reflected on their often "exhausting" experiences of motherhood and pregnancy. Specifically, some described facing the emotional and often hidden pressure of increasingly complex and busy lives, that involved keeping their families happy.

> *I feel like if I die at least then I'll get some rest for once!*

> *Personally, I feel it's a massive burden to ensure my DH, kids, parents are all happy... I'm comforted that I can always die to escape.*

Furthermore, health concerns associated with pregnancy and motherhood such as PND and ectopic pregnancy were frequently cited as a condition that mothers wanted to 'escape' from:

> *To feel suicidal is to truly believe that the world is better off in your absence, or that you simply cannot bear to manage the pain you are feeling any longer. I speak from experience. I craved the feeling of death at one point. Purely to be able to escape the all-consuming darkness caused by PND.*

For about a year after my ectopic pregnancy I felt like death would be a pleasant release.

These experiences are reminiscent of those found within an exploration around the perceptions and experiences of women who have PND (Woods et al.1997) and those in the wider suicide literature. Woods et al (1997) found that participants' thoughts of suicide provided a coveted escape from the intolerable pain of living with PND, with tendencies ranging from death wishes to planning to attempt to end their lives. Mental pain, oftentimes unbearable, and hopelessness are the most common and strongly endorsed reasons for women wanting to take their own lives (Alexis May, Mikayla Pachkowski, & David Klonsky, 2020).

Feeling that children would be 'better off'

Mothers reported feeling at times that the world, their families, and more specifically their children would be better off without them if they died by suicide. Previous research found that the major benefit that mothers believed suicide would bring was that it would make life better for those close to her, namely her children, thus turning initial suicidal thoughts into a perceived necessity (Reid at al.2022). These thoughts were discussed alongside feelings of shame, disgust, and shock, with further references to depression and/or depressive symptoms mentioned:

I have been suicidal. I honestly and truly believed that my family would have been better off without me. Almost 2 years on and I am shocked that I felt that way. When you are in that place it is a black hole. I thought I would be doing everyone a favour.

Whilst many mothers felt at times, that their families would be better off without them, the women also seemed aware of the pain that their death by suicide would cause their families. Sometimes this was articulated as a balancing act where they actively weighed up the perceived pros and cons of their death, whereas in other posts reflection occurred from a point of recovery:

I've got kids and I have had suicidal episodes where I've made serious attempts. At the time it seems like the best, in fact only option, and everyone's lives would be better without me. When I'm better I end up being absolutely disgusted that I could even have considered doing that to my kids, ashamed of how I behaved and get petrified it will happen again. It's like there are 2 different people. Maybe many of those that succeeded would have felt the same as I do if they'd survived.

Whilst many mothers demonstrated concerns regarding their children's abilities to cope if they did die by suicide, often they reflected that they felt the damage would be greater if they continued to live:

At my worst I have felt with all my heart that my children would be better off without me, that having to live with a severely depressed parent day-in day-out is far more damaging than losing a parent and being able to move on. I dreamed of a better life for them, with my husband remarried to someone who would be a better mother.

This reflection could be viewed as a distortion of the 'good mother' narrative, whereby the mother considers making sacrifice for, what she perceives to be, the good of her children. At its core, however, is the reinforcement that suicide is more about ending a mother's pain and anguish than about wanting to die (Rory O'Connor, 2021).

Another mother reflected that whilst her children used to be a protective factor from suicide, she now felt that potentially they would be better off without her:

> *Before, my DC were my protective factor from suicide. These days I'm not enough for them and I know they'd be better off without me, so it's something that seems to be an escape route from my pain. I'm screaming inside and no one is listening and no one cares. If only I was brave enough....*

Children being a reason to live

Whilst several Mumsnet stories uncovered authors feeling that their children (and families) would be better off without them if they died by suicide, children were also frequently discussed as a protective factor. These quotations reflect the body of work on reasons for living inventory (RFL) (see Marsha Linehan, Judith Goodstein, Stevan Nielsen, and John Chiles, 1983) of which child-related concerns and family responsibility are vital subscales.

> *I'd happily end it tomorrow it's only my kids stop me.*
>
> *I am SO thankful for my children because it means I'll never do it.*

Reasons to not die by suicide included concerns regarding who would bring up their children, whether children would be able to mentally cope with their death, and reflections based on their own negative experiences of losing a mother:

> *I was pretty sure I'd kill myself at one point. But now I have DS I'm not going anywhere. I lost my mum when I was 23 and I've vowed to never leave my son until we're both grey and old (to my best efforts at least!)*

There were accounts from women discussing children as a protective factor who reported having dependent children of multiple ages, ranging from early years to teenage years. An additional story indicated that at one point the post author was 'waiting' until their children were older to act on suicidal thoughts:

> *I used to dream of killing myself every day. I used to tell myself I was just waiting until my children were old enough to cope with my death. And I used to hope I would be diagnosed with a terminal illness so that I could die and be 'blameless'.*

This statement highlights mother's concerns about younger children's ability to cope, and the notion that leaving younger children may foster more parental guilt and/or accusations of blame and selfishness from others. This also may point to an overwhelming sense of responsibility and fear around the wider stigma of suicide, which they predict would impact

on their children if the poster chose to die by suicide. Suicide here is thought of as shameful and selfish, but it also reinforces the common thread in our findings that women are in psychological pain following childbirth. It is this psychological pain and the feelings of hopelessness that lead to suicidal thoughts and ideation in some women in our sample (Rory O' Connor, 2021; May, Pachkowski & Klonsky, 2020).

Complicating this theme, some women's stories indicated that feelings of worthlessness as a mother can occur simultaneously to feelings that children are a reason to live, that they serve as a protective factor:

> *The only thing that stopped me was worrying that something awful might happen to my DC after I was dead and I wouldn't be there to stop it or comfort them. Them losing me was relatively insignificant as I wasn't worth anything!*

In addition, some of the mothers who discussed children as a protective factor discussed their concerns that whilst they shared in this experience, it may not always be enough to stop them acting on suicidal thoughts:

> *They keep saying that the DCs are my safeguarding factor (that's not the exact words they use but I can't remember right now). Which they are. But only up to a point...which I'm getting dangerously near. Right now the only reason I'm still alive is for my DCs. But I can't carry on like this.*

Perceived shameful thoughts leading to silenced feelings

Within their stories, women reported that they didn't "dare" tell anyone about their suicidal thoughts or feelings in their 'real lives' despite being "crippled with fear" as they were "ashamed". Others suggested that they didn't want to "burden" their family:

> *I was suicidal when I had PND with my first child. I didn't dare tell anyone at the time. I felt that I couldn't handle a baby, I was useless and would not cope. But because if I left her I would be hated by all I thought the best thing all round is if I'm dead. It was literally the only way I could see that I could get out of the awful situation. Things got better for a long time. I am having a difficult time again right now and while I don't actively want to harm myself I often feel that if I died now I wouldn't mind.*

The literature suggests that stories of women's negative experiences of motherhood are silenced as they contradict the dominant ideologies of motherhood (Choi et al., 2007). Nila Nathan and Kalpana Nathan (2020) found that women find online platforms a good place to seek support and to talk about mental illness and suicide. Findings from our study highlight that women feel unable to share their suicidal thoughts and feelings with their own health professionals:

> *I've never been to the doctors because I just wouldn't know what to say. 'I feel like I want to kill myself.....' then what. Most people around me have no idea. I don't think I would ever do it already it's hard. Why? Because I feel like I am the world's worst mother, stepmother, wife, daughter, sister and friend. I hate myself and hate myself more for feeling this way*

Whilst authors explained that they hadn't spoken to anyone about these feeling, others were able to reach out to others in some way, whilst still experiencing feelings of shame and or guilt:

> *I was feeling hopeless today really depressed, suicidal and my brother really helped me over text I then felt stupid guilty selfish for feeling this way and couldn't stop crying. I couldn't tell my partner or friends as I don't think they would understand.*

Post authors also discussed their motivation for silence due to experiencing fear surrounding the repercussions of speaking to others about suicidal thoughts and feelings:

> *I think I am a danger to myself. I don't think I love my baby but I do care for him somewhat, I don't want my baby to be taken away. I live with my mum but I can't tell her I feel like this, I feel desperate and I'm scared of what I will do. I'm really embarrassed. Will I be put in a mother and baby unit? Will they take him away?*

Whilst acknowledging the challenges associated with sharing suicidal thoughts and feelings with others, one mother explained that she had found it easier to "*hand over a letter*" than to bring herself to say it all out loud. Furthermore, this type of engagement with the Mumsnet forum demonstrated that it was a pathway for mothers to seek emotional support and discuss suicidal thoughts and feelings that they may have otherwise kept silent about due to shame.

Conclusion

Digital online spaces can create an empowering and safe space to confess or validate experiences of motherhood. Research engagement with newer technology (including social media and digital forums) can increase our understanding of suicidal behavior and risk (Rory O'Connor and Gwendolyn Portzky 2018). This means as researchers we are more able to learn about how mothers articulate and frame their feelings about suicide. These posts reveal a tension with the traditional way mothers are more widely expected to feel as per public discourse compared to the lived reality. We have captured experiences, perceptions, and coping strategies which revealed five key themes associated with suicidal thoughts.

Mothers in our study navigated, a wide range of considerations around the perceived and possible impact on their children or family members, which acts both as a trigger and can prevent them from making further attempts on their lives[6]. Shame, exhaustion, and burnout are also keenly felt – and while this study was done pre Covid-19 global pandemic such feelings may be exasperated due to consequent lockdowns and the cost-of-living crisis which should be explored in more depth. What has emerged from this study is the burden that

[6] A review of 57 studies found that pregnant women were more likely than the general population to experience suicidal ideation, but less likely to die by suicide, suggesting that motherhood can act as a protection against suicide (Bizu Gelaye, Sandhya Kajeepeta, and Michelle Williams, 2016) .

women feel in shouldering the emotional labour of family life. The mental load is often invisible, under-researched and despite gains in education and paid employment, often falls disproportionally on women (Liz Dean, Brendan Churchill, Leah Ruppannel 2022: 13). Future research could look to compare and expand upon this data to explore women's experiences during or after lockdown.

Women may not only feel isolated in sharing their experiences of suicidal ideation with their own friends and families, but they may not feel comfortable raising their experiences with healthcare providers; something that needs to be addressed with some urgency. Further still, women also illustrated how the overwhelming grief they experience post-pregnancy loss is not being adequately addressed or supported by healthcare professionals, leading several of the post authors in our study to state how this has led to thoughts and plans of suicide. We continue to try to uncover why women may feel this way, to help inform health, community services and maternity support sectors who can continue to develop ways of identifying interventions, risks and strategies for suicide prevention. Often the first question people will think when told someone had taken their own life is "why?". These powerful and revealing posts on discussion forums offer us a valuable research tool to further understand this.

Whilst Mumsnet provided an opportunity to explore conversations around personal thoughts and experiences of suicide ideation, it limited exploration to experiences that reflect contemporary British middle-class society. Mumsnet census data (2009) report that most of its users are middle-class, university-educated women, and 74% of users have a household income of over the national average. This is problematic as social risk factors mean that low-income mothers are believed to be at particularly high risk for suicide attempts (see Stallones et al, 2007). Therefore, the methodology potentially neglects the voices of those mothers who may be most at risk.

Furthermore, there is racial/ethnic disparity when it comes to personal suicidal thoughts[7] and as it is also not possible to infer the ethnic background of the author on Mumsnet, there is no way of knowing whether these stories are truly representative or reflect those most in need of having their stories heard. It is therefore pivotal to consider both the Mumsnet user demographic characteristics, and absence of valuable demographic information when interpreting the results. Whilst the online research methods yielded data with great depth, the identity of posters was assumed based on the hand filtering of content, meaning that it cannot be guaranteed or confirmed. Future research should focus on exploring innovative ways of gathering stories from mothers whose voices may be silenced by the nature of the in-direct online research process, collecting firsthand accounts of women's experiences of personal suicidal thoughts throughout their motherhood journeys. Such accounts would also facilitate further exploration into the long-term impact of sharing their stories online and provide context to what it was about Mumsnet specifically that made them feel willing to share their experiences.

[7] A study in the United States, found that the prevalence of suicidal ideation, suicide attempt and non-suicidal intentional self-harm was greatest among hospitalized black pregnant women (Hamisu Salihu et al., 2002).

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