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Emotional support and suicide prevention through the Internet: A field project report

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Abstract

The Internet can be efficiently exploited to help people in severe emotional distress, including those contemplating suicide. Based on this premise and guided by various psychological principles that characterize Internet communication and behavior, on the one hand, and by factors related to the provision of emotional support, on the other, an Israeli project with the Hebrew acronym SAHAR was established. The idea behind SAHAR was to initiate an anonymous, confidential online environment that would attract people in a crisis situation and offer them a listening ear, mental support, and warmth, provided by anonymous, skilled helpers. At the heart of this exclusively online service is a content-rich Hebrew website (http://www.sahar.org.il) that provides relevant and continuously updated information for people in need. Accessed through the site, SAHAR offers, in addition, personal communication to users through synchronous and asynchronous support. For group communication, SAHAR provides online forums (a chat room will soon be launched). The website is accessed more than 10,000 times a month, or 350 times a day, a considerable number relative to Israel's small population. Approximately 1000 personal contacts with SAHAR itself take place, each month, of which at least a third of the distressed users are clearly suicidal. The forums receive over 200 new messages a day. SAHAR on numerous occasions has participated in rescue operations of individuals who threatened to commit suicide or were actually in the process of trying. In many other cases, a supportive conversation or a referral to appropriate help resources prevented hasty decisions by highly distressed, desperate people contemplating suicide. Feedback by users also indicates the success of SAHAR as a unique psychological application on the Internet.
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The idea that the Internet can be exploited for providing psychological help was raised in the middle of the 1990s (Binik, Cantor, Ochs, & Meana, 1997; Colòn, 1996; Huang & Alessi, 1996; Murphy & Mitchell, 1998; Sampson, Kolodinsky, & Greeno, 1997; Shapiro & Schulman, 1996). Since then, numerous online psychological services offered to the public have been launched; these include sites providing psychological advice, support groups, testing and assessment, and counseling and therapy (Barak, 1999, 2004a; Grohol, 1998, 2004; Manhal-Baugus, 2001; Rochlen, Zack, & Speyer, 2004). A growing body of literature has provided anecdotal and research support that – despite complicated practical (Suler et al., 2001; Zack, 2004), legal (Kanani & Regehr, 2003; Kraus, 2004; Terry, 2002), and ethical (Barak, 2003; Hsiung, 2002; Kraus, 2004) difficulties and problems – these applications are usually feasible and quite successful. Moreover, because of the accessibility, anonymity, and unidentifiability that characterize Internet communication, these procedures are apparently successful in reaching out to various populations that otherwise avoid conventional psychological services and in providing them with much needed professional interventions.

Websites providing psychological assessment and/or interventions have flourished in recent years. They offer a variety of professional help, including psychological and health-related information on various troubling issues (Kisely, Ong, & Takyar, 2003; Risk & Petersen, 2002), assistance in career decision-making (Barak & Cohen, 2002; Gati, Kleiman, Saka, & Zakai, 2003), questions and answers and professional guidance intended to promote self-help in coping with numerous psychological problems (Carlbring, Westling, Ljungstrand, Ekselius, & Andersson, 2001; Prasard & Owens, 2001; Zuckerman, 2003), psychological testing and diagnostics (Barak & Buchanan, 2004; Barak & English, 2002), and actual counseling and therapy provided by trained professionals in individual (Rochlen et al., 2004; Zelvin & Speyer, 2004) or group (Barak & Wander-Schwartz, 2000; Bellafiore, Colòn, & Rosenberg, 2004; Colòn & Friedman, 2003) modes. These services differ from one another considerably in professional merit and their adoption of professional and ethical standards (Heinlen, Reynolds Welfel, Richmond, & Rak, 2003; Heinlen, Reynolds Welfel, Richmond, & O'Donnell, 2003), degree of openness to anyone interested or in need of help, as well as in charges (free or for a fee). The purpose of this article is to review an Israeli-based suicide-prevention initiative, called SAHAR (Hebrew acronym for Support and Listening on the Net), which provides free and open-for-all emotional support, based on clear psychological foundations. (In Hebrew, the word SAHAR means a banana-shaped moon, a metaphor used on the website to stress the idea that darkness might only be a temporary condition and that lightness will eventually prevail.)

SAHAR was based on the idea that the Internet could be exploited to help people in severe emotional distress, sometimes to the point of being suicidal, by providing immediate, intensive, and heartfelt assistance (Barak, 2000). The basic premise guiding SAHAR is that many people tend to disclose personal information and share their difficulties in social meeting points in cyberspace. Thus, in online one-to-one or group communication modes, many people tend to express pain, despair, and even their plans to commit suicide. This greater readiness to open up is the result of the online disinhibition effect (Joinson, 1998, 2001a, 2001b; Suler, 2004b), which is prompted by several factors, such as anonymity, lack of eye contact, and invisibility. Disclosing personal, intimate information seems to be related to the fact that many people, when communicating online, tend to expose concealed matters about their ''inner self'' or ''true self'' (McKenna & Seidman, 2005). In addition, ventilation might be promoted by the ambiguous interpersonal environment

created in cyberspace that enhances client transference (Griffiths, 2004; Suler, 1998). The idea behind SAHAR, then, was to initiate a virtual, psychologically enhanced location that would attract people in a crisis situation and offer them a virtual listening ear, a safe virtual shoulder to lean on, and a warm virtual hug by anonymous, skilled helpers, all the while assuring such users anonymity and confidentiality. When necessary, furthermore, it would also organize a rescue operation to save a person's life.

The objective of SAHAR has been to arrange an online environment in which Web surfers in distress would not encounter confusion or panic, on the one hand, or incitement and a recipe for suicide, on the other, as these stimuli are common in cyberspace (Alao, Yolles, & Armenta, 1999; Baume, Cantor, & Rolfe, 1997; Beaston, Hosty, & Smith, 2000; Becker, Mayer, Nagenborg, EL-Faddagh, & Schmidt, 2004; Becker & Schmidt, 2004; Janson et al., 2001; Sher, 2000; Thompson, 1999). Rather, and consistent with ideas advanced by Barak (2000), Mehlum (2000), Stoney (1998), and Wilson and Lester (1998), emotionally distressed Internet users would communicate with trained and responsible paraprofessionals, who would listen to them, and offer support, advice, referral, and would also, if needs be, act to save lives. This activity is offered in a free, easily accessible, *exclusively* online service. The latter factor has been emphasized to users in order to reinforce personal experiences of anonymity and unidentifiability so that disinhibition and ventilation processes are prompted and accelerated. It should be noted that no other general, comprehensive Internet-based service like SAHAR exists anywhere in the world to date, although there are limited and focused services (e.g., the British Samaritans, Baughan, 2000; Howlett & Langdon, 2004; or the Psychiatric Virtual Clinic, Bai, Lin, Chen, & Liu, 2001). This meant that the Israeli project had no precedent from which to learn and to which to refer. The uniqueness of SAHAR as a free, exclusively online, anonymous for both referrals and helpers, that offers multi-modal communication channels, that is professionally operated, that provides information as well as support, that is opens continuously, and that adheres to legal and ethical guidelines – has introduced a special challenge.

SAHAR has operated only in the Hebrew language, as it is intended for Hebrew-speaking people. However, as an Internet borderless service, it is open to, and actually occasionally used by, Israelis or other Hebrew-speakers who are located elsewhere in the world. It should also be mentioned that an online service such as SAHAR has, in principle, several advantages over telephone hotlines. First, it allows better *anonymity*; that is, characteristics such as gender, age, and ethnicity cannot easily be identified as they would be through speaking. This is beneficial, because people in general, but especially those who are distressed, want to avoid stereotypic attributions; they feel safer and find it more convenient when some personal characteristics are not disclosed to their communication partner. Second, the use of the website operated by SAHAR allows the provision of relevant, updated, rich, continuously available, *easily accessed information* relating to any area of distress, without human mediation. Third, the Internet allows working with *groups*, an advantage over phone use, which is generally done individually. Fourth, unlike telephone communication, Internet communication allows both *synchronous and asynchronous* support as desired by referrals. Fifth, Internet communication allows *multi-conversing*; that is, experienced counselors can independently communicate with more than a single referral (Barak, 2004a), thus providing service to a larger population. Sixth, the use of computers has the important advantage of easily saving *communications*, so that both referrals and helpers can conveniently use transcripts at a later time. It should be noted, however, that telephones are apparently used by more people than are computers and the Internet,

phone use is more familiar and considered by many as a more acceptable channel of communication than the computers. Thus, occasionally a person who has referred to SAHAR would be referred to a telephone hotline if a helper detects that the person feels uncomfortable with computer-mediated, text-based communication.

1. The development and structure of SAHAR

SAHAR was established in mid-2000 by an interdisciplinary group that raised relevant psychological, medical, legal, technical, and financial issues for discussion. Preliminary experimental activities examined several alternative technologies and procedures, making it possible to define final tools and procedures. Full-scale operation began in February 2001, following the completion of technical and operational procedures and preparations. Formalities (e.g., negligence insurance coverage) were put in place, and the training of the first group of helpers was completed.

SAHAR, which is registered as a non-profit association, is supervised by a management board consisting of three psychologists, a psychiatrist, and a manager. The board deals with administrative as well as psychological and legal issues. Often, external experts in various fields are asked to provide consultation and advice on specific issues, whether related to legal matters, computing and Web design, fundraising, or medical and other issues. The team that actually operates SAHAR has one salaried person: the manager; the other members of this team are volunteers in various roles and positions, including the helpers, lecturers in the training course, translators, and programmers. The only source of income to cover the annual budget (of approximately US $100,000) consists of private, state, and business donations. Most donations come from private donors (usually anonymously) and organizations (i.e., Israel Internet Association), but the service also receives government grants (i.e., Ministry of Health); businesses (e.g., Ort education system) contribute services and facilities (e.g., accounting, meeting rooms, software, hardware) free of charge.

SAHAR is actually a complicated Internet-based project that has several independent components. At its heart is a content-rich Hebrew website (http://www.sahar.org.il) with several sections. First, the site carries numerous *informative articles* relevant to people who refer to SAHAR about various areas of distress. Anyone may enter the site and read the articles freely at any time. While some of the articles are original, others are translated and adapted to the Israeli environment after permission was granted to do so. The articles cover a broad spectrum of areas of distress (such as bipolar depression, borderline syndrome, and psychiatric hospitalization), various psychological treatments, myths concerning suicide, how to help a suicidal friend, and more. Second, the website publishes a comprehensive, well- organized (by categories of distress and referral population, and help resource), user-friendly, well-informed, continuously updated list of *support organizations* in many areas. Users who relate to this list can easily find a help resource in almost any area of distress. The information on these organizations and agencies includes addresses, phone numbers, email addresses, and links to websites where available. Third, the site provides detailed information on various *telephone hotlines and emergency services* for people who need immediate or emergency assistance. Fourth, the site carries an extensive list of *recommended books and other readings* for those who prefer to read material offline or who are simply interested in expanding their knowledge. Fifth, there are numerous *links to relevant sites and to online articles* on other websites (primarily in Hebrew), relevant to individuals in distress who access the SAHAR site. Furthermore, there are Web pages that

provide information pertaining to donations and volunteering; there is an "about us" page. Only the names of the members of the management board are revealed, as the anonymity of the operating staff is strictly kept. This policy was adopted to protect the staff, but also to enhance the virtual component of the environment so as to enhance disinhibitory processes and personal opening-up (Suler, 2004a, 2004b).

SAHAR offers several modes of online communication. First, *individual, personal communication* is offered to anonymous users by means of a *synchronous* conversation with an anonymous helper (for further details, see analysis and procedures of online counseling chat by Chechele & Stofle, 2003; Stofle, 2002) through personal chat software (LivePerson) or instant messaging (ICQ), as the user wishes. The latter requires installation of the ICQ software in a user's computer and skills in using this type of online communication; the former is server-based, friendly software that does not require any particular prior knowledge or installation. Because of practical reasons, SAHAR's live service presently operates three hours every night. However, for emergency referrals, a helper is available and will reply at almost any hour to a person in need. All personal chats are logged and may be accessed by helpers at any time. Two helpers operate in parallel on any given daily shift, sometimes with the assistance of additional helpers, who flexibly split the referrals among them. For individuals who prefer *asynchronous* support, SAHAR offers personal contact via email (see recent reviews of the practice of online counseling through email by Chechele & Stofle, 2003; Stofle, 2001; Stofle & Chechele, 2004; Zelvin & Speyer, 2004). For those who do not demand anonymity, letters may be sent through their own email software. However, for people who prefer to stay anonymous, emails can be sent on an online form at the site (if the latter option is chosen by users replies obviously cannot be provided). SAHAR maintains its email contacts through a Web-based email service (Hotmail-Israel), so emails may be read and replied from any of the multiple personal computers operated by authorized SAHAR staff. It is worth mentioning that – in order to facilitate anonymity and unidentifiability which, in turn, contribute to referrals' opening-up – helpers do not interrogate and do not expect to collect personal information from referrals unless they voluntarily wish to disclose personal details. However, in order to enhance accurate understanding of a person's distress, he or she is being asked about gender and age (but not forced to answer).

For *group communication*, SAHAR provides free and open online support groups (see recent reviews by: Alexander, Peterson, & Hollingshead, 2003; Cummings, Sproull, & Kiesler, 2002; Lamberg, 2003; Tichon & Shapiro, 2003). These are conducted both by online forums (and soon by a chat room). There are four separate forums, all operating continuously through a commonly used Israeli Web portal (Tapuz): one for youngsters, a second for adults, the third for enlisted soldiers, and the fourth offering creative support. This last forum is intended for those users who prefer to express their emotions through poetry, stories, and painting. Their creations may easily be uploaded and published on this forum. Surfers who look for asynchronous support given and received through the group mode may use any of the four forums. As a part of their regular activities, helpers provide support in the forums, too, and moderate the groups. Self-help support groups have been created in the course of using the forums, so that mutual help is provided by the people in distress themselves. Dynamic therapeutic factors, such as group cohesiveness, catharsis, leadership, disclosure, and advice (see Yalom, 1995), clearly emerge in the online group's activity, and supposedly contribute to participants' relief and coping. Strictly enforced, detailed guidelines protect participants and help in managing their online behavior. SAHAR

is about to provide a chat-room facility on a dedicated, secure server, in which SAHAR helpers will often be present. The entrance to this chat room will be protected by a personal password, provided to users after registration and approval. In this way, malicious surfers will be prevented from inciting against and insulting innocent SAHAR users.

As mentioned, helpers, as well as the rest of SAHAR personnel, are entirely anonymous; only the names of the members of the management board are mentioned on the website. The *only* way for surfers to contact SAHAR is through either one of the online channels; no telephone number or geographic address is provided. Because helpers are anonymous, users cannot ask to converse with a specific helper, even if they talked with a helper before. The reason for this is to discourage personal (perhaps dependent) relationships between a certain referral and a certain helper (see Howlett & Langdon, 2004). This policy necessitates that all helpers be acquainted with the stories of all recent referrals, with ongoing messages in the forums, with emails received and answers written, and so on. To keep this process effective, there is a closed forum in which helpers share information continuously, in addition to a frequently updated case database. All the online communication cannels are continuously and closely watched by SAHAR's manager and volunteer helpers. Responses to people who refer to SAHAR through any online channel are provided relatively quickly, except for the personal chat, which as mentioned is presently being operated on a limited schedule. In case of an emergency, however, a personal chat is immediately offered to an individual in distress.

2. Helpers and training

Volunteer helpers are recruited through a form published on the SAHAR website, through messages in numerous Israeli forums, and through personal contacts. Helpers do not have to have specific education, training, or background in mental health, but they are expected to have practical experience in some form of helping people, whether in the area of health, education, rehabilitation, military service, or some other. In addition, certain personality characteristics are clearly required of helpers: applicants must be warm-hearted and have a loving, caring, sensitive, and altruistic personality. Helpers should also have good skills in operating a personal computer, including knowledge of a number of software programs, and in using the Internet. After a selection process, approximately 15 candidates (usually from a pool of 140–160 applicants) are accepted. Volunteers who have been admitted go through a training course, offered twice a year, that is specifically designed and maintained by SAHAR. On the average, approximately half of the trainees finish the course successfully. The program, which lasts six months, includes 16 weekly four-hour, face-to-face classroom session and an average of 10 hours a week of online simulations, online discussions, and other online exercises conducted from each trainee's home. All these educational activities are conducted through secure online environments, to which only authorized individuals may enter. As SAHAR provides emotional support and immediate help, it is important to note that – in contrast to psychotherapeutic treatment and professional counseling – helpers are not assumed to have vocational training, degrees, or even experience. Rather, emotional support is provided by specifically trained paraprofessionals, as is commonly accepted in these types of volunteering services. The volunteers who are selected thus go through advanced training to receive preparation for dealing with a variety of typical emotional problems, as well as to gain specific and advanced usage of the Internet as a unique

form of communication in which support is provided (Fenichel et al., 2002; Suler, 2004a; Zelvin & Speyer, 2004).

The weekly class sessions of the training course include one or two feature presentations given by volunteer professionals, and accompanied with assigned reading, which is later discussed online in a closed, dedicated forum. In addition, trainees are introduced each week to transcripts of several real individual conversations (in which personal identifying details are deleted) and to relevant forum messages that represent the problem area at hand. Through these actual demonstrations, the trainees learn more closely how referrals typically express a problem and how SAHAR helpers provide support. The topics during the course presentations cover psychopathology, youth suicide, sexual assault, self-injury, domestic violence, depression and suicide, trauma and post-trauma, sexual identity and homosexuality, addictions, characteristics of online communication, empathic responding, legal and practical considerations, and more. Simulations, on which trainees receive detailed feedback, are provided by veteran helpers and supervisors throughout the training program. The purpose of the simulations is to practice the software used by SAHAR and to experience simulated conversations in a variety of areas of distress. This is done through role-playing with mock clients, role-played by veteran helpers, who act out actual cases under the coordination of the SAHAR manager, so that trainees experience different distress areas with different style referrals. Upon completion of the training course, trainees start an internship that lasts approximately two months. Supervised individually by veteran helpers, trainees gradually take part in individual support conversations, respond to emails sent by people in distress, and give responses in the support forums. Supervision takes place usually online through exchange of documents and ICQ chats. In addition, group supervision and discussion takes place in face-to-face meetings. Successful graduates then join the SAHAR staff for regular activities.

As indicated, the helpers operate according to specifically developed, strict guidelines and protocols. On the practical level, a book of guidelines is given to all helpers, who are expected to follow them precisely and to implement them. These guidelines are thoroughly reviewed and discussed throughout the program, and their actual application is exercised through simulated conversations and exercises. Helpers are supposed to provide support along the lines of these guidelines in all channels of individual and group communications. Generally, helpers' responses represent empathic understanding, in which non-judgmental, immediate, concrete, clear, tentative, accurate, supportive, and reflective components are emphasized to enhance ventilation, which supposedly leads to emotional relief (Egan, 2001; Ivey, D'Andrea, Ivey, & Simek-Morgan, 2001). Helpers also supply information, when needed and available, to referrals. Close supervision by the manager and members of the management board facilitates conversations consistent with this approach. Strict enforcement of policy is necessary, since the emotional support is provided by paraprofessionals; hence, professional, legal, and ethical problems, though expected, are avoided.

3. The operation of SAHAR

When it first started SAHAR was added to Israeli website indices, to enable finding it by search engines, and it was also linked from several websites. Typing into Hebrew-enhanced search engines common terms relating to emotional distress – such as suicide, death, depression, help, despair, anxiety, violence, and rape – would result in a link to

the SAHAR website. Later, links to SAHAR have been published in numerous Israeli popular sites and major portals, and it was included in information and emergency sections of major Israeli newspapers and magazines. In addition, newspaper articles and media interviews have contributed to the exposure of SAHAR as an available and free source of help. Through these means SAHAR has become acquainted and available to potential users.

Referrals have covered a broad spectrum of distress subjects: depression, fears and anxieties, loss of a close person, sexual assault and rape, family quarrels and wife beating, disappointment in love, eating disorders, chronic illnesses, violence and crime, school failure, layoff from work, security- and terror-related stress, and more. There has not been a significant, consistent difference in any modality in terms of the use of SAHAR or between female and male referrals. However, there is a clear age factor, since the age of most referrals is under 30; there are hardly any referrals who are over 50 years old. Full and accurate statistics of users is unavailable, however, as the ruling principle is to respect referrals' anonymity and unidentifiability.

Although a great variety of cases is referred to SAHAR, a typical case of personal support involves a person in a situation of enormous emotional distress who accesses the SAHAR website, browses it for several minutes, and contacts a helper on duty through personal chat. A conversation usually starts with hesitation, interrogating the helper about his or her personal characteristics, and asking about the security and confidentiality of the conversation. The client then cautiously raises personal concerns; these will quickly evolve, and deeper exposure follows. Actual and common examples of referrals include cases of severe and ongoing sexual abuse by a family member; bulimic eating and its harmful personal and social consequences; a severe depressive mood related to the death of a spouse or another close relative; self-mutilation, in the form of body cuts or burning, in reaction to emotional pain and strain; and feelings of great loneliness and an inability to initiate and maintain social contacts.

A typical personal conversation with a helper lasts 45–60 min (though longer conversations take place when clearly needed). In a conversation, a helper attempts to provide a safe and warm atmosphere in which the client feels accepted, appreciated, and not judged for his or her behavior and feelings. The helper will sensitively encourage the client to develop and deepen his/her story while responding sensitively and empathically to highly emotional content. As the conversation progresses, the helper carefully encourages the client to raise ideas and consider alternative coping strategies and options. Helpers often suggest therapeutic resources, provide (or refer to) information when applicable, and may invite clients to join an online support group.

The SAHAR website is accessed on average more than 10,000 times a month, or approximately 350 times a day. If we take into account Israel's relatively small population size, these are impressive figures. By comparison, these figures in American terms would equal 400,000 accesses a month and 14,000 a day. Some of the visitors just browse the site and leave; but many stay, thoroughly reading through its different pages and articles, and use the many addresses and links. Obviously, a proportion of the visitors are repeaters. In all, though, there have been more than 300,000 visits by over 120,000 unique visitors to the site so far (or 12,000,000 and 4,800,000, respectively, in American terms). Approximately 1000 (40,000 in American terms) *personal contacts* with SAHAR by distressed individuals take place a month. These have accumulated to more than 30,000 (1,200,000 in American terms) individual contacts so far. At least 50% of these individuals are clearly suicidal,

while most of the rest are experiencing severe emotional difficulty. The forums receive over 200 new messages a day (8000 in American terms), and the number is steadily growing. Approximately 70% of the referrals to SAHAR are adolescents who have no one else to turn to for help. Referrals come from the shy or unconfident, as well as from celebrities and those who hold public office and fear personal exposure if referred to an in-person meetings. There are referrals who are undergoing therapy but wish to receive added emotional support. And – the description constituting the bulk of referrals – there are those in crisis who are looking for immediate help or relief.

As a part of its mission and methods of preventing suicide, SAHAR has participated in rescue operations of surfers who were about to commit suicide or were actually in the process of trying to kill themselves. As indicated by feedback provided by cooperating authorities (e.g., police), SAHAR has contributed directly to saving life at the last moment or during an advanced stage of the suicide attempt on more than 100 occasions (or more than 4000 in American terms),. In many *other* cases, a supportive and encouraging conversation, or a referral to appropriate places for help, has prevented hasty decisions by highly distressed, desperate people contemplating suicide. This has later been deliberately reported by users of SAHAR who felt they wanted to share their change of attitude. Not a single suicide by a person who referred to SAHAR has been identified so far.

SAHAR has received responses and feedback from many of its users, whether at the end of a personal support chat, through emails, or via forum messages. Consistently, these people express their thanks and appreciation; they note that they found what they were looking for, that they found someone helpful who was ready to listen to them, and that they felt relief. In several instances, relatives of youngsters rescued with the help of SAHAR made contact to express their gratitude. In a typical contact of this sort, made through email or a forum message, a former client reviews his or her miseries before getting in touch with SAHAR, describes the experience of being listened to and supported by a helper – sometimes for a series of conversations during a difficult period – and relates how this experience has led to a change in his or her life. However, in order to examine the effectiveness of the approaches and procedures of SAHAR more objectively and comprehensively, several research studies – fully respecting referrals privacy and secrecy – have been taking place that enable a methodologically sound evaluation of the impact of the service. For example, Barak (2004b) reported two studies in which clear relationships were found between the degree of success of personal support conversations (defined by either client's immediate feedback or helper's evaluation) and the level of the depth, positivity, smoothness, and emotional arousal characterizing these conversations. Clear relationships were found for all four factors, whereas depth of conversation (i.e., deepening into thoughts and emotions beyond the surface) and positivity of client's feelings (constructive and/or optimistic feelings client experiences at the end of chat) were most highly related to session success. In another study (Barak & Miron, 2005), the writing characteristics of suicidal people who used support groups provided by SAHAR – pertaining to cognitive attributions, self-focus, and specific themes – were shown to be distinctive and different from writers in non-suicidal forums, which is consistent with previous research on suicidal people.

4. Problems and issues

There is no way a complicated online project like SAHAR can operate without difficulties and problems, caused by the very online environment, including its technological

components. For example, what is considered to be the main advantage of online support, namely anonymity, is also a serious drawback. Imposters sometimes abuse helpers in individual conversations, telling horror stories or saying that they, too, are about to commit suicide. Similarly, people may post faked messages in the forums, causing dismay in the group participants. This might be an online version of the classic Munchausen by proxy syndrome ("Munchausen by Internet"; see Feldman, 2000) or just typical acting-out behavior on the Internet (Suler, 1999; Suler & Phillips, 2000). Such incidents – though estimated to be no more than five percent of all communications with SAHAR – accelerate burnout among helpers, on the one hand, and load the system to capacity, on the other.

A second difficulty has to do with the emotional load and intensive involvement of the helpers at SAHAR. The burdens described significantly contribute to the helpers' stress and burnout. Attempts are made to cope with the situation through personal conversations and periodic group dynamics meetings, as well as with leisure and social activities. A related problem that causes accelerated burnout in helpers is the great burden of involvement and the standing requirement to continuously be updated and alert to everything that takes place in SAHAR. For any volunteers, all of whom have other demanding activities and involvements, this represent a real problem, causing quite a few to withdraw after a short period of volunteering.

A fourth common problem is that there are people – despite using the computer and surfing the Net, as these are necessary to reach SAHAR – for whom this medium is not suitable for communicating effectively and receiving help (Suler et al., 2001). This is reflected through their inability to express themselves in writing, difficulties experienced with technology, or feeling ill at ease in the ambiguous and anonymous situation of a support session. In such cases, helpers refer the referrals to another help resource; that is, a relevant telephone hotline, a clinic, or a social or health service. Another typical difficulty has to do with technology: Occasionally, there is a part of the system that fails, sometimes in the midst of a highly emotional conversation. Unlike telephone communication, these failures still occur relatively often and require resourcefulness and immediate action on the part of a helper. A sixth difficulty has to do with volunteers' maintaining discipline and commitment. Similar to other organizations based on a volunteer staff, there are management complexities that demand special care and consume time invested in solving sensitive issues. Altogether, however, despite the problems reviewed here, the complex system usually functions quite efficiently.

The effective operation of SAHAR supports the argument that the Internet is a legitimate and an efficient means of delivering and providing psychological help (Anthony, 2000; Barak, 1999, 2004a; Grohol, 2004). After all, these are *people* at the ends of this complicated technology: people who have human needs and difficulties, and people who have the will and the skills to attempt to meet those needs. Enabled by the Net and its unique and enhanced communication characteristics, the meeting of these two sets of people can lead to a positive relationship, openness, ventilation, encouragement, and support, despite the "alienated" computer-mediated, textual-based relationships (Anthony, 2004). The Internet is only a means by which people may contribute to other people's happiness – and to saving life. Contrary to a common myth (Fenichel et al., 2002) and to fearful messages posted on many websites, the Internet can be exploited to provide significant assistance to people in severe distress who contemplate suicide. Considering the special characteristics of online communication, which contributes in many ways to the provision of help to distressed individuals reaching for help, one may conclude that exploiting the

Internet for the purpose of emotional support and suicide prevention seems not only possible but highly desirable.

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