Title: Constructions of Prescribed Benzodiazepine Withdrawal on Social Media: A Foucauldian Discourse Analysis

Problem: Benzodiazepines are widely prescribed far beyond the 2 - 4 week maximum period guidelines recommend. Tolerance and dependence develop. They then need to be withdrawn slowly. There is very little specialist healthcare provision to assist.

Likely in part due to these factors, people are drawing on social media groups for support, advice and to share their experiences in their written Recovery Stories. There is limited previous research in this area, much less into experiences shared in private internet spaces. Research trials show consistently poor long-term outcomes in assisting people to withdraw. There is also evidence that doctors lack knowledge of and therefore often do not apply prescribing or withdrawal guidelines. This study seeks to understand how people talk about withdrawal in the context of closed social media peer support groups.

Approach: I drew on my lived experience of prescribed Benzodiazepine withdrawal and use of online support groups to navigate the data and context. A social constructionist stance underpins this study; viewing talk as a way people create and change their realities. I applied Carla Willig's 2008 approach to Foucauldian Discourse Analysis to the Recovery Stories of 7 adult females from the UK and USA. My research question was: Which discourses do individuals withdrawing from prescribed Benzodiazepines draw on to construct their realities in written talk on social media?

Further questions to clarify included:

- How do these individuals position themselves in their talk?
- What actions are they able to take as a result of their positioning? And;
- What are the consequences of these processes?

Findings: Analysis showed that early in their Stories participants drew on a discourse of doctors as untrustworthy, which left them in a disempowered state with the possibilities of only passive patients and confused sufferers as subject positions. There was little hope of recovery, a lack of understanding of what was happening and inevitably, further suffering. Later, participants drew on a discourse of personal agency within which they became seekers of wellness; actively and successfully pursuing healing from BZD dependency. They could self-educate and engage in activities to promote wellbeing. The shift from the former to the latter discourse was universally presented as fundamental to successful completion of withdrawal and consequent healing. Participants felt it was necessary to disengage from medical professionals.

Implications: The Recovery Stories highlight a lack of trust in doctors, detail how this is experienced and in doing so indicate how it could be improved. Ensuring guidelines are adhered to in practice should improve trust patients have in doctors, better facilitate withdrawal and reduce suffering. Further, good medical guidance alongside online support group use could be beneficial to patients.

The study showcases the unique value of insight recovery narratives offer to research of ill health.

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