

**Discourse of Support:
Exploring Online Discussions on Depression**

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**Proefschrift ter verkrijging van de graad van doctor
op gezag van de rector magnificus
van Wageningen Universiteit,
Prof.dr.ir. L. Speelman,
in het openbaar te verdedigen op
maandag 27 januari 2003
des namiddags om half twee in de Aula**

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Discourse of Support: Exploring Online Discussions on Depression

Thesis Wageningen University.

With references and summaries in Dutch and English.

Key-words: discursive psychology, Internet, support groups, depression

ISBN: 90-5808-775-1

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ACKNOWLEDGEMENTS

Writing acknowledgements is difficult when there are participants who, for the purposes of the study, have to remain anonymous. Nevertheless, I am grateful for the chance to have 'met' the people who take part in the support group on depression, which is the centre of attention in this study. One of the lessons learned during the course of this PhD was the value of persistence, which resounds so strongly in the stories written by this group.

I believe that the period during which I conducted my research was a rich and valuable learning experience, in more ways than one. For one thing, it was a period during which the newly emerging field of research surrounding the Internet matured. It has been astonishing to see a relatively new medium increasingly become an accepted means of communication and to consider the various ways in which it is put to use by people, provided they have access to these new communication technologies. A particularly interesting development was to see how the medium proved to be attractive in the domain of health, with patients and their families increasingly turning to the Internet to look for health information and take part in online support groups.

During this period, I witnessed broad sweeping analyses describing the banes and boons of this new medium toning down somewhat and making room for more realistic approaches, and saw the topics of these studies gradually change from theoretical reflections to expressing the need for more empirical research, stressing the ways in which the medium was actually used. It is in the latter tradition that this study wishes to make a contribution.

The PhD process was also a learning experience in that I had the opportunity to travel abroad and work with a number of people who have pioneered exploring the many sides of this relatively new medium. Steve Jones permitted me to spend time at his department at the University of Chicago, giving me the opportunity to present my work and have many fruitful discussions with the staff and other PhD students, which expanded over time into a platform for people who study particular dimensions of the Internet -the Association of Internet Researchers. During that time I stayed with Daze and Allen, whose warm hospitality made me feel very much at home among the Evanstonians.

I would also like to thank Jonathan Potter and Derek Edwards, for permitting me to visit their department at Loughborough University to discuss my research with the people at their department and to present my data in one of their data sessions. I have benefited very much from this time with fellow discursive psychologists, because it enabled me to develop my analytical skills and practice and improve my analysis.

There are a number of other people I would like to thank for their contribution in bringing this PhD to completion. I very much appreciated the thought-provoking and stimulating discussions I had with my supervisors, Cees van Woerkum and Hedwig te Molder, which were always constructive and enjoyable. I am also grateful for the numerous talks I had about my research with my colleagues at Communication and Innovation Studies, especially the sessions with my colleagues in the field of discourse analysis, Henrike Padmos and Petra Sneijder.

Special thanks go out to the group of PhD students who became my own warm and tightly knit support group, particularly Marleen Maarleveld, Dominique Hounkonnou, Annemarie Groot and Tesfay Beshah, and to Martine Bouman, who was my roommate when I started my PhD at the department. My thanks too for the work of Mundie Salm and Julia Harvey, who critically examined my English, and to Koert Hamers for designing the cover of the book.

I also want to thank my friends Mireille, Esther and Daphne for their companionship and lovely get togethers. To all my other family, friends and colleagues I want to say that at last after all this time they can actually take a look at something tangible and read about the kind of 'stuff' that I have been up to, when asking me how 'this thing that I was doing', was coming along.

Although it has been a very rich period of my life, I deeply regret the fact that my father is not able to witness its completion. I know that he would have loved to discuss the contents with me and to put this book on his beloved bookcase. I want to thank him and my mother for supporting me in every way they could. I also want to thank Ronald, who has contributed to this work both by showing a profound interest in what I do as well as prompting me, with his sound judgement, to put everything in perspective when that was necessary. In the end, that proved invaluable.

Joyce Lamerichs

Eindhoven, December 2002

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1. STUDYING ONLINE SUPPORT GROUPS: TOWARDS BRIDGING THE EMPIRICAL GAP

“people have always used the most appropriate technology for mutual help, whether it be the letter-writing ‘committees of correspondence’, the telephone networks for a group buddy system or the church mimeograph machine for an interactive newsletter. So too, online mutual support will always piggy back on the expanding and practical technology” (Madara, 1997:95).

1.1 Introduction

This is a study of people’s conversational practices on the Internet. In the last 25 years the Internet has grown from a technology developed primarily for military purposes during the cold war, spreading through academia and business, towards a medium that is increasingly available to the public. However, Internet use is still far from being evenly distributed across nations on a global level and there are multiple barriers that prevent people from actually gaining access to the world-wide-web (cf. Van Dijk, 1998). If we look at the Western part of the world we can see that the number of people that use the Internet is still on the rise and has even spread among those groups that are usually not the first to embrace a new technology, like for example women, elderly people and minority groups (Internet Data Bureau, 2000; SCP, 2000; 2002; ProActive, 2002). At least in this part of the world, the Internet has become an integrated part of the daily lives of a large part of the population. To give an indication, it is estimated that there are about 445.9 million Internet users world-wide. The prediction is that this number will increase to 709.1 million people in 2004. Other predictions for the year 2004 go as far as to foretell that there will be 945 million users world-wide (CyberAtlas, 2002). Recent survey research conducted in the Netherlands has estimated that since the beginning of 2001, over 50 percent of the Dutch population uses the Internet once every two days (Proactive, 2001).

Coinciding with the growing popularity of the Internet has been a rise in so-called ‘virtual communities’, Internet platforms in which a large variety of people come together in groups that are devoted to a range of topics. An important contribution to the rising popularity of virtual communities has been made by Howard Rheingold, who documented his personal experiences in an Internet community called *The Well* (1994). In this book, Rheingold defines virtual communities as “social aggregations that emerge from the Net when enough people carry on those public discussions long enough, with sufficient human feeling, to form webs of personal relationships in cyberspace” (1994: 5). In an extensive triptych set out to offer an overview of the most important trends that characterise the Information Age, Manuel Castells has also considered the stunning rise of virtual communities on the Internet. He has defined them as “self-defined electronic network(s) of interactive communication organised around a shared interest or purpose, although communication sometimes becomes a goal in itself” (Castells, 1996: 362).

It is interesting to see how the trend towards forming groups or virtual communities on the Internet has attracted attention from a number of different areas, one of them being policy makers. When we take the Dutch situation, we can see that somewhere in the early to mid-nineties, policy makers became increasingly aware of the possibilities the Internet could offer to involve citizens in issues related to politics and policy making. Expectations were high as to the alleged democratic potential the Internet may hold, while there were also more critical sounds heard as to the way information and communication technologies might change our world in a less positive way. Forecasting about the promises the Internet holds has since then been dichotomous, involving both optimistic and more cautionary scenarios (cf. Negroponte, 1995; Van Dijk, 1991; Donk and Tops, 1992; also Shapiro, 1999; Doheney-Farina, 1996).

One way in which the government employed the Internet to get citizens more strongly involved in policy-making was by organising online debates on policy issues, where citizens could have their say and discuss policy issues with the government representatives (Leeuwis *et al.*, 1997; also Te Molder and Leeuwis, 1997). However, the organisation of these electronic debates as well as their development in terms of content were not wholly unproblematic. For example, limitations arose regarding the intended participant audience. It turned out to be highly problematic for decision-makers, when participating at all, to take part in an online debate without being held accountable for their (political) statements. The expectation that the Internet would attract a large diversity of people who could all have their say online turned out differently in practice; a relatively large online discussion aimed to explore citizens' opinions on spatial planning in a regional area attracted, for example, mainly well-educated males (see Leeuwis and Voorburg, 1997). Another important stumbling block was the status of these electronic debates within the regular policy-making process; how much room was there for actual influence on policies? A number of difficulties also arose in terms of content of the discussions. For example, participants tended to respond less to other participants' contributions or change their current opinions through discussion, but rather used the debate to put forward their own opinions (*ibid.*; see also Lievrouw, 1998). There were also questions raised in relation to structuring an online debate; how to keep the discussion accessible and readable over time with a large number of participants sending in contributions? And if the solution was to appoint a moderator for the discussion, what was going to be the role of that moderator? (cf. Leeuwis *et al.*, 1997; Leeuwis and Voorburg, 1997; also Van Doorn and Enthoven, 1998).

Apart from the fact that there were multiple problems involved in setting up these online discussions, there was also a more fundamental difficulty bound to organising these debates: despite the initiatives undertaken by the government, there were in most cases alternative and already existing online forums available to which citizens would go if they felt a need to discuss a particular topic. For example, motorcyclists preferred to visit a newsgroup called '*café de luije moterfiets*' ('cafe the lazy motorbike') to

discuss issues related to motorcycles and traffic rather than, say, the Ministry of Transportation's newly initiated digital traffic forum, the so-called '*Digitale Verkeersplein*' (cf. Schalken, 1999). This might actually prove to be another reason why a number of electronic debates did not attract many visitors. The discussions were hosted on the websites of different ministries instead of being linked to the, often flourishing, online forums that citizens already visited.

What did seem to attract citizens to take part in these online discussions was the possibility of getting in touch with government representatives directly, when they were involved, though unfortunately this did not occur very often. In those instances in which government representatives took part in the discussion, it was demonstrated how participants addressed the majority of their messages to them (Leeuwis and Voorburg, 1997; Leeuwis *et al.*, 1997).

The growing popularity of virtual or online communities has also attracted attention among scholars, where the concept has remained controversial. For some time, research has predominantly explored the 'status' of these online communities. Issues that have been debated centre around the extent to which these communities can be considered 'real' communities, putting forward the argument that not every group of people who happen to 'talk' (or write) to each other on the Internet on the basis of some shared interest, can therefore be considered a community (see Jones, 1995). Criticism has also focused on whether these communities could possibly undermine existing face-to-face and geographically based communities (cf. Doheny-Farina, 1996; Shields, 1996; Porter, 1997). A slightly different critique has been brought forward by those who consider participating in online communities to result in a particular communication style, referred to as 'heterotopic' communication (Lievrouw, 1998; in press). This refers to the way the Internet enables people to avoid exposure to disagreement or information that does not reflect their individual worldview, to the extent of only communicating with those who are like-minded (Jones, 1995; Kling, 1996; Sunstein, 2001). The dominant concern that underlies the main part of the criticism on online communities is that involvement with these online groups might have detrimental effects on participants and their existing relationships off-line.

These worries have been reinforced by a number of large-scale survey studies conducted among novice Internet users in the United States, the first series of surveys being conducted in 1995-1996 (Kraut *et al.*, 1998). The conclusions reached in these surveys suggested that people who frequently use the Internet showed significant declines in social involvement, measured by communication within the family, the size of people's local social networks, and a rise in loneliness. According to the study, greater use of the Internet was also associated with increases in depression (Kraut *et al.*, 1998; see also Putnam, 2000). Although this negative view has been modified somewhat in later survey research (Kraut *et al.*, 2001), the nature of social interaction online and the effects it has on social involvement and personal well-being still remain a highly debated issue. One can also argue that the reason for his

overtly negative characterisation of online communication partly lies with a number of early theories that explored computer mediated communication processes, and which have proven very influential. Conducted on the basis of research carried out in the 1980s, these theories have stressed the pervasive anti-normative and uninhibited character of computer mediated communication (Sproull and Kiesler, 1986; Kiesler, Siegel and McGuire, 1984). I will address these theories in greater detail in section 1.2.1.

Over time, the concept of virtual communities has been employed to describe a number of different groups that have emerged on the Internet. These groups might vary from people who come together to discuss their experiences with abusive husbands, to owners of a particular brand of antique car who exchange tips on car repair and where to order parts, to people who meet on the website of a dairy company to exchange their favourite recipes. The critique has therefore arisen that the notion of a virtual community is now used for every discussion group or chat box that exists on the Internet, however trivial, as a consequence of which the concept itself has become a rather hollow phrase. This critique even became stronger when virtual communities were discovered as offering an attractive marketing tool, allowing companies to collect information concerning peoples' opinions and (buying) behaviour. This then brought forward the concern that commercial exploitation might pose a threat to the future involvement of people in these communities (cf. Gurak, 1996; Hauben, 2001; 2002; see also Frissen, 1998).

A more interesting question than trying to determine the extent to which different online groups are 'authentic' communities or whether they can be regarded as instances of 'genuine' communal connectivity, is to take note of the development itself (cf. Wilbur, 1997). That is, to consider the process by which the Internet ostensibly offers a forum for different groups of people coming together on the basis of some shared interest, and to try to shed more light on what constitutes these communities in the first place. However, when we consider how virtual communities and online communication have been approached in past scholarly studies, we can see severe limitations. First, there is only a small amount of empirically oriented research available that has explicated how these online communities actually operate, which has nevertheless led to far-reaching conclusions typifying computer mediated communication as anti-social, uninhibited, superficial or impoverished (Baym, 1995b; Jones, 1998; see also Castells, 2001). A second flaw in current research, which is partly due to the limited empirical base on which it is founded, lies in the fact that the majority of these studies has maintained a rather simplistic dichotomous view that idealises the alleged harmonious local community of the past as opposed to what is considered the present day's isolated and alienated 'netizen' (Castells, 2001; also Foster, 1997).

This study aims to explore the daily conversations that take place in what could be considered as a specific type of online community: online support groups. Before I look more in detail at the ways these groups in particular have been studied (see section 1.3), I will consider the most important strands of research that have explored how people communicate via computers and the Internet. In addressing this body of existing studies, we will encounter some important shortcomings that the current discursive psychological approach is able to avoid.

1.2 Studies of online behaviour

The number of studies devoted to the way people communicate via computers has increased over time and covers a broad range of research, stemming from various disciplinary backgrounds. If we want to point to some major trends in the way people's interactions via computers and the Internet have been studied, we cannot overlook the influential body of work carried out within social psychology. I will start by looking at this area of research since the conclusions reached have proven very powerful for the way computer mediated communication has subsequently been appreciated.

1.2.1 Computer mediated communication as a-social and impersonal

There is an extensive body of research which has explored peoples' interpersonal and intergroup behaviour in computer mediated settings. These studies are generally referred to as the Reduced Social Cues approach (Sroull and Kiesler, 1986; Kiesler, Siegel and McGuire, 1984; Dubrovsky, Kiesler and Sethna, 1991) or the Cues Filtered Out approach (Culnan and Markus, 1987). A number of studies that were conducted in this tradition were oriented towards organisational uses of computing (Sroull and Kiesler, 1991).

In fact, the Reduced Social Cues approach encompasses three closely related approaches, namely the Social Presence model, the Cuelessness model and the Reduced Social Cues approach.¹ Crucial to our understanding of how early approaches have conceived of the potential of computer mediated communication (CMC) are two pivotal theoretical notions: social presence and cuelessness.

The Social Presence model as developed by Short, Williams and Christie (1976) argues that the critical factor in any communication medium is its *social presence*. Social presence refers to various dimensions related to the degree of interpersonal contact. It illustrates how: "the capacity to transmit information about facial expression, direction of looking, posture, dress and non-verbal vocal cues, all

¹ This section aims to explore the central notions of three research approaches to CMC in more detail: Social Presence theory, the Cuelessness model and the Reduced Social Cues approach. Another theoretical model that is also used to explain for the characteristics of (new) media, the so-called Media Richness model will not be

contribute to the Social Presence of a communications medium” (1976:65). How precisely these separate elements contribute is taken to be determined by the individual, since social presence is not only considered a quality of the medium but also as a “mental set towards the medium” (*ibid.*: 65).

The degree of social presence of a medium was measured in laboratory-based rating studies using the semantic differential technique. Experimental subjects were asked to rate communication media on a series of seven-point bi-polar scales. It was found that the social presence factor was typically marked by scales such as unsociable-sociable, insensitive-sensitive, cold-warm and impersonal-personal. The degree of social presence was hypothesised to result in the avoidance of particular media for certain types of interaction, for example “in tasks involving a high degree of confrontation or interpersonal tension, conversation over audio links might be preferred to those encountered over the more intimate media” (*ibid.*: 108). Although CMC was not directly involved in these studies, we may expect that it would have been rated relatively low in ranking.

Related to the notion of social presence is the concept of *cuelessness*, which has been introduced by the Cuelessness model (Rutter, 1984). Cuelessness points towards the lack of social cues that are available or usable to subjects who are involved with particular media. As stated by Rutter: “... as we move from face-to-face, to video and curtain, to audio ... the conditions become increasingly cueless” (1986:139). In addition, the model propagates that there is a link between cuelessness and particular communicative outcomes: “the smaller the aggregate number of available cues from whatever source -- visual communication, physical presence, or, indeed any other -- the more task oriented and depersonalised the content, the less spontaneous the style, and in negotiations, the more likely the side with the stronger case to win a favourable outcome” (*ibid.*: 139).

The conclusions reached in both the Social Presence and the Cuelessness model about the shortcomings of CMC were confirmed and extended in subsequent research conducted within the so-called Reduced Social Cues approach. This approach, further referred to as the RSC approach, covers a cluster of explanations (Sproull and Kiesler, 1986; 1991). In contrast to the models discussed earlier, this approach has dealt directly with computers and computer mediated communication. The RSC approach states that certain inherent features of computer mediated communication, such as a lack of social cues, lead to psychological states that undermine social and normative influences on groups or individuals. The result is deregulated (uninhibited) and extreme behaviour, as well as more polarised, extreme and risky group decisions (Sproull and Kiesler, 1991).²

explored in more detail here, since the notion of media richness does not differ greatly from the concept of social presence (see for an overview of the Media Richness model: Daft and Lengel, 1984; 1986).

² The researchers who have conducted research in the Reduced Social Cues approach have in more recent research pointed towards the social dimension of computer mediated communication (see for an overview: Kiesler

Coined to illustrate this particular type of behaviour is the notion of flaming, pointing to the fact that: “electronic messages are often startlingly blunt and electronic discussions can escalate rapidly into name calling and epithets” (*ibid.*: 48). According to Sproull and Kiesler, flaming is closely linked to the typical ephemeral character of computer mediated communication, in which text messages appear and disappear from the screen without leaving behind any ‘tangible artifacts’, and to the low level of social information in CMC (*ibid.*: 40). Moreover, they have put forward the explanation that participants who communicate via computers imagine that they must use stronger language to get their message across.

The RSC approach generally depicts computer mediated communication as anti-normative and socially impaired, due to certain fixed features of the computer medium. Explanations for specific behaviour types and group outcomes are based on scenarios that draw upon the lack of (socio-emotional) cues, which in turn is explained by the lack of physical social presence. In general, one can argue that the Reduced Social Cues approach has contributed to a largely negative characterisation of CMC, not only by defining it in opposition to face-to-face communication, but also by almost exclusively ascribing negative, a-social characteristics (like flaming) to it.

Both the Social Identity De-individuation (SIDE) model, as developed by Spears and Lea (1992; 1994; also Postmes *et al.*, 1998; Postmes *et al.*, 2001) and the Social Information Processing (SIP) perspective (Walther, 1992; 1994; 1996) have tried to overcome what they consider to be inconsistencies and flaws in the Reduced Social Cues approach. I want to address these two models and the types of research they have undertaken here in particular, since they undoubtedly represent the two most important critiques on the RSC approach.

The Social Identity De-Individuation model

Spears and Lea have argued that the empirical basis for claiming that uninhibited behaviour is a necessary outcome of communicating via computers, as it is put forward by the Reduced Social Cues approach, is rather small when compared to the broad and rather inflated claims about flaming as a seemingly universal feature of the medium (Spears and Lea, 1992: 108). A more fundamental criticism, however, lies in their alternative explanation of what the RSC approach describes as ‘uninhibited’ behaviour (Spears and Lea, 1992; 1994; also Postmes, 1997; Postmes *et al.*, 1998). They put forward the view that what is considered uninhibited or anti-normative behaviour in terms of the RSC perspective, may actually represent an example of *normative* behaviour. According to Spears and Lea, there are no grounds for physicalist claims which refer to physical presence as a prerequisite for social

1997; also Galegher, Kiesler and Sproull, 1998). However, at this point, I want to draw attention to the large influence of the research carried out within the RSC approach, and the way in which the results have been taken up by subsequent theories such as the SIDE model and the SIP perspective, in their attempt to criticise the view propagated by the RSC approach.

influence. Quite the contrary, the authors argue that even when group members are not physically present, they are still able to exert social influence (Spears and Lea, 1992; also Postmes, 1997). The basis of the SIDE model, and of both Social Identity Theory (for example, Tajfel, 1978) and Self-Categorization Theory (for example, Turner *et al.*, 1987), on which it leans heavily, can be found precisely in this idea. As Spears and Lea point out, an approach that locates social influence in the interpersonal domain and in the transmission of social cues, and defines it as opposed to task-related activities, tends to neglect “pre-established social categories, norms and identifications which position communicators and define their relations to each other” (Spears and Lea, 1992: 44). Such an approach would also deny the possibility of developing new social identities within CMC and neglect the historical dimensions to these relationships (*ibid.*).

A basic distinction in the SIDE model is between social and personal identities. Social identities refer to people's identification with certain groups, whereas personal identities refer to the unique attributes that define an individual (Tajfel and Turner, 1986; also Turner *et al.*, 1987). The SIDE model (based on Reicher, 1984; 1987; also Reicher *et al.*, 1995) proposes that de-individuation processes as found in CMC environments may actually enhance social identity. Assuming that people identify with a particular social group, perceived intra-group differences will become less important as a result of physical isolation and visual anonymity. This will strengthen normative behaviour and group response in an online group. On the other hand, when people do not identify with a social group but adhere to their personal identity, group salience will decrease as a result of anonymity and physical isolation. In short, as Spears and Lea (1992: 47) stated: “de-individuation as anonymity should serve to accentuate the effects of the salient identity (social or personal) and the dominant normative response associated with it”. Spears and Lea argue that individuals will use whatever cues available to construct impressions of one another. This implies that if certain relevant context cues are lacking, people draw more heavily on social categorisation processes to form an adequate social context (*ibid.*: 324).

The SIDE model: some critical observations

Whereas the protagonists of the SIDE model are right in pointing to some of the flaws in the RSC approach, their conceptualisation of identity and the social nature of computer mediated interaction in general, are still very limited. I would like to make a few critical observations, in line with the discursive psychological focus that I will further elaborate in the next chapter.

First, although the SIDE model emphasises participants' flexibility in choosing one identity rather than another, it retains a rather mechanistic view of identity management. Identities, or their components, are regarded as ‘already there’ and as part of a pre-established set of identities from which participants can pick. This aspect is illustrated by the vocabulary employed by the SIDE model: rather than being put together by participants, the SIDE model considers individual and social identities to become *salient*.

A discursive psychological approach, on the other hand, shows how identities are actively constructed for particular occasions. Moreover, identities not only show situational dependence but also work to *define* situations (see also the third observation below).

Second, identities in the SIDE model are conceived of as essentially individual phenomena; the actual process by which a social identity is taken on is triggered on the individual level, through some cognitive process. In contrast, a discursive psychological perspective starts from the idea of categorisation or identity work as actions performed *in* and *through* talk. The focus of analysis is on how categories (of other people, of participants themselves) are employed in talk and what kinds of socio-interactional business they perform, such as resisting accountability or establishing authenticity. Rather than passively reflecting people's real nature or some part of it, a discursive psychological perspective considers how categorisations are handled in use (cf. Edwards, 1998).

A third observation is related to the fact that the assumptions informing the SIDE model are primarily tested on the basis of experiments. In these experimental settings, priming methods were used to simulate contextual features. The way in which particular context stimuli lead to the adoption of either a social or an individual identity is the starting point for the SIDE model. In this sense, an understanding of the precise working of these context factors is crucial. However, the model is unclear about the exact ways in which context factors are supposed to influence people's behaviour. Moreover, as far as it is spelled out, context is defined in a rather restrictive manner. It is used as an umbrella term representing all features that surround participants' behaviour.

Let us consider an example. One of the experimental studies that is conducted deals with the alleged influence of gender on computer mediated communication processes (Postmes, 1997: 117-136; see for an overview of these experiments Postmes, 1997; also Postmes, *et al.*, 1998; Postmes *et al.*, 2001). In the design of this particular experiment, participants' social identities are triggered by specifying the social context. One context factor that is thus manipulated is gender stereotype activation. By way of a priming manipulation with scrambled sentences, the stereotypical traits and behaviours of both genders are supposed to be activated; that is male-stereotypical behaviour in men and female-stereotypical behaviour in women (*ibid.*: 120).

In the experiment, participants take part in two studies, where they have to unscramble sentences that are considered neutral or sentences that describe gender stereotypical behaviour. In the second study, participants have to discuss two topics, which are defined as a 'masculine' or a 'feminine' topic. During the discussions, participants are either anonymous to each other, or made identifiable through the exchange of autobiographical information. The SIDE model predicts that the anonymous group will behave and perceive in line with the gender stereotype, because they are most responsive to the social context, whereas the group in which the members are identifiable are hypothesised to respond less to the activated stereotypes, since they are considered to be less responsive to the context (*ibid.*: 121).

In the light of the experiment described above, we could consider how a discursive psychological approach, would assume context not to be simply pre-existent, but rather as selectively oriented to and continually updated. Participants' social practices are both context-shaped and context-renewing (cf. Heritage, 1984; see also Chapter 2, section 2.1). Each utterance provides a context for what comes next, i.e., it becomes part of the contextual framework in terms of which the next social action will be understood. This understanding of context presupposes a much more active role for participants. Furthermore, it urges the researcher to show how context is implicated in the production of the details of the interaction.

Finally, the SIDE perspective employs a 'rule-governed' model of human action, in which the role of norms is essentially that of regulating or determining action. In doing so, the role of norms as participants' resources for performing all sorts of social actions is ignored. By contrast, a discursive psychological perspective starts from the assumption that social order is an issue that members themselves have to solve. That is to say, it considers order not so much as the result of a process in which certain norms are internalised, but the product of a set of locally managed procedures through which actions can be accomplished and recognised (cf. Heritage, 1984; see also Chapter 2, section 2.3.1). As the analysis that follows will illustrate, 'norms' are powerful resources for participants' discourse practices. However, such intricacies can only be noticed if one moves beyond an experimental setting and starts from a detailed analysis of talk-in-interaction.

The Social Information Processing perspective

Another critique of the ideas put forward in the RSC approach is offered by the Social Information Processing perspective (Walther, 1992; Walther and Burgoon, 1992; Walther, 1994; Walther, Anderson and Park, 1994; Walther, 1996; Walther, 1997). The major point of critique of this perspective is that the 'undersocial' or uninhibited relational qualities of CMC described in the RSC approach only exist in initial interaction. It is moreover questioned whether these results generalise across different CMC applications, as the RSC approach suggests (Walther, 1992). To illustrate that computer mediated communication accommodates more than only impersonal communication, the Social Information Processing (SIP) perspective presents a threefold typology of communication modes via CMC in which an impersonal, interpersonal and hyperpersonal mode of communication is distinguished. The transition between these stages marks a development over time.

The assumptions underlying the SIP perspective have been tested with a set of verbal/textual cues, indicating so-called 'topoi of relational communication' (Walther and Burgoon, 1992). Included in the list of topics were notions like: immediacy-affection, receptivity-trust and dominance-inequality. For every set of concepts, the SIP perspective formulates predictions that exemplify how these notions would

operate in both face-to-face as well as CMC groups. These predictions were then tested in a situation in which two groups, either in a face-to-face or a computer mediated setting (the latter being a computer conferencing system), were supposed to fulfil three decision-making tasks during a period of five weeks. After each task was completed, participants were asked to fill out a questionnaire that covered the list of topics as pointed out above. As a conclusion to the experiments it was stated that communicators in CMC are driven to develop social relationships, just as other communicators would do. It was added that because knowledge-generating strategies in CMC take time, the critical difference between face-to-face and computer-mediated communication is a question of *rate*, not *capability* (Walther, 1996: 10; see also Walther and Burgoon; 1992, italics added). Instead of ascribing certain fixed characteristics to CMC as such, Walther argues that it is simply impossible to convey the same amount of information via CMC as is conveyed in face-to-face communication, in the same period of time.

As pointed out above, the SIP perspective distinguishes not only between impersonal and interpersonal communication, but also defines a hyperpersonal mode of communication. Building upon insights from the SIDE model, hyperpersonal communication takes place when: "...users experience commonality and are self-aware, physically separated, and communicating via a limited-cues channel that allows them to selectively self-represent and edit: to construct and reciprocate representations of their partners and relations without the interference of environmental reality" (Walther, 1996: 33). Important for explaining the precise working of hyperpersonal communication in the SIP perspective is the notion of 'overattribution'. Walther argues that under CMC conditions, "senders are able to concentrate more on message construction and thus behave in ways that are more stereotypically desirable in achieving certain social goals" (*ibid.*: 26-29). Receivers then take in these stylised messages and on this basis, construct idealised images of their partners and relationships. Hence, through processes of confirmation and magnification an intensification loop emerges, which is referred to as overattribution (*ibid.*).

The SIP perspective: some critical observations

Similar to the SIDE model, the research conducted within the SIP perspective reaches its conclusions on the basis of experiments in which the subjects have to accomplish particular tasks either via CMC or in a face-to-face setting. Another instrument used to explore whether social information was exchanged in the studies is survey research. These surveys attempted to measure respondents' opinions on a predefined scale of relational topics developed by the researcher rather than reflecting participants' own terms, the latter being the kind of perspective a discursive psychological point of view would favour. The latter perspective would also be critical of the way in which surveys (as well as experiments) treat participants' opinions and attitudes as separate from the local interactional context in which they take place.

A further point of critique I want to address is Walther's use of a three-parted typology that is believed to resemble the ways in which people communicate via Internet, identifying personal, impersonal and hyperpersonal communication (Walther, 1996). We could argue whether this typology encompasses the broad variety of interactional functions that participants can achieve when interacting online. Apart from the fact that this typology is conceived of by researchers, it would surely be more realistic to expect that a greater variety of possible communication types can be found in online talk and that modes of communication would co-exist rather than being observable as clear-cut and isolated categories, as Walther suggests.

A last critical observation I would like to raise deals with Walther's identification of hyperpersonal communication. A pivotal concept within that mode of communication is the notion of overattribution which, as proposed by Walther, refers to participants' aim to achieve certain goals and, in relation to that, is used to explain participants' preoccupation with building self-images that are positive and desirable (*ibid.*).³

Studies conducted from the perspective of discursive psychology have argued how participants' self-presentations provide for considerable flexibility illustrated by the vast array of interactional functions they might accomplish; functions that go beyond merely constructing positive self-images (Potter and Edwards, 1992). In addition, notice also how Walther's account of the occurrence of hyperpersonal communication explains only how *positive* evaluations occur. It is because these positive evaluations are believed to occur more often than negative ones when communicating in an Internet environment? An answer to this question is not made sufficiently clear in the SIP perspective.

A major accomplishment of the SIDE model and the SIP perspective has been to counter the predominantly negative image of computer mediated communication put forward by the Reduced Social Cues approach. More in general, both models have countered the view that communication processes can be explained for by drawing upon the fixed characteristics of the medium. They have emphasised how computer mediated communication, even though participants are not physically present, does leave room for social influence and norms to be acted upon. However we can argue that both the SIDE and the SIP perspective have failed to present a truly social view of CMC. An explanation for this lies partly in the fact that they have used experiments, which simulate situations that do not represent peoples' concrete uses of computers or the Internet, nor does it capture the actual ways in which people communicate with others when online.

³ Note also how in explaining for overattribution to occur, Walther distinguishes between 'senders' and 'receivers', as well as the 'transmission' of messages, a characterisation which strongly resembles the notions applied in the so-called transmission model of communication. This model has been criticised in that it presents a rather simplistic image of how communication takes place. It implies that messages are unambiguously transmitted between the minds of senders and receivers, while everyday interaction clearly shows how this view overlooks,

1.2.2 Analysing communities and relationships

The Internet and the growing number of online communities that have come into existence on this new medium have captured a great deal of attention in the field of sociology. Research conducted within this domain covers a broad range of macro-level sociological studies. Many of these studies are devoted to theoretical explorations concerning the 'validity' of the concept of virtual communities as an appropriate label to describe the practices of online groups. A number of studies have also focused upon the extent to which online communities pose a danger to existing off-line communities, the effects of which were described as running the risk of a "further disappearance of local communities within globalized virtual collectives of alienated and entertained individuals" (Doheny-Farina 1996: 37).

Manuel Castells has offered an important contribution to the macro-sociological exploration of the Internet and what he defines more broadly as the Information Age. On the basis of a large number of empirical case studies that were conducted around the world, Castells traces the effects from three independent processes that originated between the 1960s and 1970s. These are the information technology revolution, the economic crisis of capitalism and statism (communism) and the blooming of new social movements like environmentalism and feminism (Castells, 1996; 1997; 1998). Castells puts forward how these three processes are causing the emergence of a new social structure, which he defines as a network society and regards as based on the fact that "dominant functions and processes in the Information age are increasingly organised around networks" (Castells, 1996: 469); a new economy, referred to as a global informational economy; and a new culture, which Castells defines as a culture of real virtuality.

A number of studies within the field of sociology have adopted a micro-sociological approach to investigate different aspects of online communities, both drawing upon threats and promises. What we see is that a broad range of studies tries to explore the community structure and dynamics of online communities, exploring topics like identity, social order and control. This type of research has also attempted to investigate the ingredients are for a successful community as well as to point to possible threats. Attention was drawn to issues such as commitment, and the mechanisms that are drawn upon to maintain and defend it, or the need for stable identities when online, rather than to adopt different personas. The studies also examined how participants exchange what are considered 'collective goods', i.e., the body of experiences and information shared between the members (Kollock, 1999; Smith and Kollock, 1996; see also Reid, 1991).

for example, the ways in which messages can be taken up in various ways by 'receivers', not to mention the broad variety of interpersonal goals 'senders' may accomplish with their messages (see Edwards, 1997; also van Woerkum, 2000).

Parallel to the critique offered by the Social Information Processing perspective, sociological studies have also tried to capture the ways in which computer mediated communication can foster interpersonal communication. The levels of development of online relationships were explored on the basis of survey research (Parks and Floyd, 1996; see also Walther and Burgoon, 1992), studying topics like interdependence, breadth, depth, understanding and commitment. The surveys also measured network convergence, which aimed to explore the extent to which online relationships overlap with face-to-face relationships. Emerging relationships between people in online environments were also studied from the point of view of social network analysis (Wellman *et al.*, 1996; Wellman, 1997; Haythornthwaite *et al.*, 1998; Wellman and Gulia, 1999). The approach chosen in this research was to find out who communicated with whom when interacting online, and to identify the relationship types as either strong or weak depending on the breadth of the network. Strong personal ties are generally supported by physical proximity, whereas online relationships are often considered to be weak. Based on their research, Wellman and Gulia (1999) put forward that online relationships can be strong and intimate, and they can strengthen real world relationships as well as diminish them. Superficial relationships, so they argue, are not typical for online interactions, but found in real life too.

When we compare the findings from sociological research with the social psychological theories addressed earlier we can see how they address specific questions in relation to CMC. On a macro level, broad trends are identified, explicating the impact of information and communication technologies on different areas of society. On a micro level, an attempt is made to identify the processes that make up online communities and to map the possible relations between online and off-line social networks. We see how the concept of networks becomes an important notion to describe social interaction in the Information Age. We can also see how a diverging view is presented of the way online communities operate, pointing to both its positive and negative sides rather than emphasising mainly its negative potential. This was further illustrated in the research on the basis of social network analysis, which presented a more divergent view and showed how online relationships are not necessarily fundamentally different from off-line relationships.

However, what we also see is that besides offering interesting insights in what makes up online communities, for example by exploring how participants make the online group work by developing particular social mechanisms, the sociological approach depends largely on theoretical explorations. There has been no significant attempt to incorporate participants' *actual* accounts into the research on online communities, as members of these online communities. For example, when pointing to the need for stable identities as a criterion for a successful online community, it is overlooked how participants actually accomplish this in their day-to-day interaction.

1.2.3 Ethnographic studies

An important contribution to exploring participants' actual experiences on the Internet has been offered from the field of anthropology or ethnography. As such, these studies have offered a correction of the view held in traditional largely experiment-based studies, which have identified CMC as an impoverished medium that offers little grounds for social interaction. These studies also go beyond the sociological explorations in that they shed more light on the actual exchanges that take place in these online encounters.

Sherry Turkle's has conducted a number of well-known anthropological studies that must be mentioned here. Turkle has looked at the way people play with their identities in a number of Internet applications (Turkle, 1995; 1996; 1997). She has mainly explored the behaviour of people who take part in text-based virtual spaces like multi-user domains (MUDs).⁴ In her study of how participants use these virtual spaces, Turkle illustrates how they can be seen as laboratories for experimenting with one's identity, or as "identity workshops" (see also Bruckman, 1992; Markham, 1998; Berman and Bruckman, 2001; Kendall, 2002). What they do is to enable role-playing, provide the possibility to explore multiple aspects of the self, play with one's identities as well as trying out new ones.

An example is the case of "Julee", one of the people using a MUD. Julee is a 19-year student who has dropped out of Yale because of a disturbed relationship with her mother, who turned away from her after finding out that Julee had an abortion before the start of college. In talking about her most important experience in the MUD, Julee describes a role-playing game in which she played a mother facing a conflict with her daughter, enabling her to re-experience the situation and to do something with it. She reports how it enabled her to revise her relationship towards the situation with her mother, a process that according to Turkle resembles the psychoanalytic notion of 'working through' a problems someone is experiencing. Turkle points out how this role-playing game in which Julee engaged has been "psychologically constructive rather than destructive. And she uses it not for escape but as a vehicle for engaging in a significant dialogue with important events and relationships in her "real" life" (Turkle, 1997: 147).

Similar to Turkle's research, Markham (1998) has also conducted ethnographic research that explores how people participate in MUDs; how they construct different identities and what it means for them to be online. Markham's study illustrates how the online experiences of the people she interviews in her study

⁴ A MUD is a text-based environment that allows a large number of people to connect to it and provides each user access to this virtual world by using a simple programming language, which enables them to manipulate the database from the 'inside' and build or add 'rooms' and other objects. A MUD is a kind of virtual reality, an electronically represented text-only space that users can visit. Because MUDs are completely text-based, there are no fancy graphics available. All commands are typed in by the users and all feedback to these commands appears in unformatted text on the computer screen (see for example Curtis, 1997).

form an intrinsic part of their lives, while they are also able to acknowledge their boundaries. That is to say, according to Markham, the people who are involved in these types of identity play know very well that they are not transcending their physical world and do not live under the illusion that one place is more real than the other (Markham, 1998: 222).

Apart from studying identity role-play in text-only environments like MUDs, a number of studies have explored newsgroup communities. One example is the study of a newsgroup devoted to the topic of daytime soap series (Baym, 1995a; 1995b; 1998; 2000). On the basis of a three-year ethnographic study of a newsgroup discussing soap series (called *rec.arts.tv.soaps* or *r.a.t.s.*), Baym developed a model to describe the style of newsgroups. According to Baym the style of a newsgroup develops on the basis of pre-existing structures, including external contexts, temporal structure, system infrastructure, group purpose and participant characteristics. Participants appropriate and exploit the resources and rules these structures offer, resulting in the emergence of group-specific forms of expression, identities, relationships and normative conventions. One of the examples to which Baym has drawn attention are group-specific expressions like jokes that have developed in *r.a.t.s.* She illustrates how these jokes draw attention to the absurdity of the soap world and enable members to display their capability to read the soap opera genre. Specific to *r.a.t.s.* are also the new communication categories like 'spoilers' that tell about future shows and 'updates', which retell the soap operas. In relation to group-specific forms of identities, Baym points out how participants discourage anonymity, because *r.a.t.s.* provides a public place where participants can discuss private socio-emotional issues related to the content of the soap series. Anonymity would not fit into this 'mission'. Within *r.a.t.s.*, the soap opera is continually assessed for the kind of socio-emotional topics it addresses and whether these are depicted in a realistic way, which is then extensively discussed by the participants. This results in a high amount of self-disclosure from the side of participants on highly personal topics. Baym puts forward that an online newsgroup like *r.a.t.s.* is very much woven into the fabric of participants' life off-line. One illustration of this is the fact that off-line contexts work through in online interaction and the movement of online relationships to the off-line domain (Baym, 1998).

The studies that have been conducted from an ethnographic point of view have been important because they provide insights into peoples' actual experiences on the Internet and participation in MUDs or newsgroups. They have also pointed to the relevance of these online experiences for participants' 'real' lives, for example when it comes to identity role-play. Although these studies offer an impression of the kind of interaction that takes place in these settings, for example in the case of Baym (1995a; see also Markham, 1998), this is not done systematically. The present study therefore aims to do precisely this, to explore the fine-grained detail of participants' talk in an online support group, in a thorough and systematic fashion.

1.3 Self-help groups on the Internet

An increasing number of people turn to the Internet to look for health information (Deloitte Research, 1999; Pew Internet & American Life, 2000; Kaiser Family Foundation, 2001; Harris Interactive; 2001; 2002; also Rice and Katz, 2001; RVZ, 2000; 2002). It has been pointed out that visiting the Internet to search for health information is among the top three reasons for new users to start using the Internet (Fulcrum Analytics/Cyberdialogue, 1999). Even more important than to look for health information as such, what these people also look for are ways to discuss and exchange information with people in similar situations, be that patients or family members (MSNBC, 1999). This is why we find a broad variety of discussion groups or health communities devoted to the discussion of health-related topics. These groups are also referred to as self-help or support groups (King and Moreggi, 1998; Rice and Katz, 2001). The relative anonymity that is perceived on the Internet, as well as the possibility to access the Internet from anywhere and anytime, might be particularly useful for people with health-related problems who want to get in touch with others dealing with similar problems.

Apart from their growing popularity on the Internet, self-help groups that operate face-to-face have become a well-documented phenomenon in the healthcare domain. Having traditionally grown out of dissatisfaction with medical care, self-help groups have now come to be appreciated as a valuable resource in itself for patients and/or their families (Chamberlain *et al.*, 1996). Alcoholics Anonymous (better known as AA) is probably the most well-known self-help group in existence; but since the 1980s, there has been an explosive growth in the number of self-help groups, covering a broad range of illnesses and more general issues related to health and illness. At the core of the concept lies the fact that members of these groups benefit from sharing their experiences, strengths and hopes and thereby might come closer to solving their problems (Welch-Cline, 1999; see also Chamberlain *et al.*, 1996; Borkman, 1999).

Research that has studied the way in which self-help groups operate have argued how the term 'self-help' is misleading, since it might suggest that people who join these groups are only there to help themselves. Because of this the notion of 'mutual aid' groups is often preferred, which stresses that people in these groups help each other rather than only themselves. The notion of 'mutual' also draws attention to an important mechanism at work in these groups, which is referred to as 'helper therapy' (Reissman, 1965). This concept captures the idea that an important part of the therapeutic value of these groups lies in the fact that participants can be both helper and helpee at the same time. Another important aspect of these mutual aid groups is that they are grassroots organisations, which is to say that they are controlled by their members. This is an important feature of these groups and contributes to the empowerment of their members on the basis of their experience of "autonomy, control of the group, and a sense that they are experts on their problem" (Humphreys and Rappaport, 1994: 219).

When these mutual aid groups are led by professional mental health workers, they are usually called support groups. Although strictly speaking, the group that is at the centre of attention in this study operates *without* the involvement of professionals, and should according to the literature therefore be defined either as a self-help or mutual aid group, participants themselves define this group as providing support, and therefore call it a support group. This is why in this study, the notion of support group is chosen to point to this group, rather than the concept of mutual aid group, which is the definition that, strictly speaking, would be favoured by researchers and health professionals.

The current rise in the number of online support groups has attracted particular attention in the field of (health) communication. Within this domain, an increasing number of studies has drawn their focus of attention to explore online support groups. These studies are devoted to a broad spectrum of health-related topics and illnesses such as AIDS, addictions (alcoholism, drugs), arthritis, different types of cancer (including rare types like male breast cancer), cerebral palsy, chronic fatigue syndrome (CFS), child abuse survival, depression, diabetes, eating disorders, stroke victims, people with disabilities, suicide or heart disease (Davison and Pennebaker, 1995; Madara, 1997; Mickelson, 1997; King, 1994; Braithwaite *et al.*, 1999; Peterson, 1999; Preece, 1999; 2000; Finfgeld, 2000; Alexander *et al.*, 2000).

If we take a closer look we can distinguish between different areas of attention. First of all, there are a number of studies that have tried to classify the potential risks and benefits posed by online support groups when compared to traditional (face-to-face) forms of self-help. The potential advantages and disadvantages of online support groups are identified mainly on the basis of survey research. The survey results have pointed to some specific benefits of taking part in (asynchronous) online support groups when compared to their off-line counterparts, for example in terms of 24 hour access from almost anywhere in the world without having to travel, a relatively high degree of anonymity and the obfuscation of socio-demographic factors like age, sex, race or income level (Finn, 1994; 1995; Salem *et al.*, 1997).⁵ Furthermore, the wide variety of lay perspectives available within such groups and the possibility to have a written record available for further examination and deliberation are mentioned as important advantages (Miller and Gergen, 1998). Additional benefits are found in the possibility of selectively participating in the discussion as well as being offered the opportunity to reflect upon writing before sending (Madara, 1997; Madara and White, 1997; King and Moreggi, 1998).

Disadvantages are also mentioned regarding participation in online support groups. One is the inability to convey non-verbal cues through the Internet (note how the lack of these cues is at the same time

considered one of its greatest assets). Another worry that is often expressed is that because of the alleged lack of formal guidelines for participation, the exchange within the group might include uninhibited, aggressive and socially inappropriate remarks (Finn, 1994; 1995). Another aspect that is deemed disadvantageous is the possibility that a time lag might exist between a person sending a message and another person responding, as a result of which it remains unclear when to expect a reaction. Two other potentially negative concerns that are often identified are that the information that is exchanged in these groups can be dubious, and that people who join these groups might actually not be the person they say they are (Stephenson, 1998). Involvement with online support groups might also lead to Internet addiction and might thereby delay seeking more traditional forms of help (Madara, 1997).

It goes without saying that identifying possible advantages and disadvantages of participating in online support groups is important, even more so at an early stage in which people are finding ways to get accustomed to a new medium. However, their importance should not be overstated, nor should they be taken as automatically relevant. Consider for example how the opportunity to access the Internet independent of time barriers, which some take as an important characteristic of the medium, is not necessarily a relevant feature for participants. This can be illustrated when we think of a situation in which people who take part in an online support group live in different time zones. What we see in practice is that the interaction in such a group mainly takes place in those hours that people in both time zones are awake. This shows how the Internet does not render time differences irrelevant, but rather how people adapt to these 'characteristics' to fit their use.

In pointing out the alleged advantages and disadvantages, a number of these studies have also tried to map the possibilities offered by these groups in terms of therapeutic effectiveness. When compared to their off-line counterparts, it has been argued that the relative anonymity in online support groups offers a possibility to address personal problems without the complications that could arise in face-to-face contact. This was considered particularly beneficial for people with a stigmatised condition or disease, since it was shown that these people were ostensibly able to express their emotions more when online or come to grips with their marginalised identity and accepted their condition more than they did before they entered the online group (Mickelson, 1997; McKenna and Bargh, 1998). Since online support groups enable you to read the messages that are written without actually contributing yourself, -which is referred to as 'lurking'-, the therapeutic effect this might provide to lurkers was also considered. It was found that to take the time to lurk before getting involved in a discussion can be beneficial to participants since it reportedly enables them to distance themselves from potentially impulsive, irrational or

⁵ In addressing the advantages and disadvantages of support groups, I have taken *asynchronous* online groups as a starting point, since it seems that most support groups prefer this communication mode rather than

destructive emotions (Finn, 1994; 1995; Klemm *et al.*, 1999; see also Lange *et al.*, 2000; Lange *et al.*, forthcoming).

A third strand of research that can be identified are those studies that have conducted some form of content analysis to grasp the style of expression or tone of different support groups, and which in some instances have attempted to compare different support groups (Davison and Pennebaker, 1995; Preece, 1999; Finfgeld, 2000). A number of these studies employed a form of content analysis using descriptive labels to describe the contents of participants' messages ('empathic', 'non-empathic', 'question', 'answer', 'disclosure') (Salem *et al.*, 1997; Winzelberg, 1997; Miller and Gergen, 1998) while others focused on thematic issues such as legitimate involvement (how do participants establish commitment to a particular group?) and authority (how do participants establish a right to speak?) (see for an overview Galegher, Sproull and Kiesler, 1998; Preece, 1999; 2000; 2001).

To provide an illustration of the conclusions reached on the basis of a more rudimentary type of content analysis, we see how they, for example, point to differences in style with regard to the use of punctuation and content. It was concluded that particular groups have a more expressive style and reach what are identified as 'catastrophic conclusions' while other groups are identified as more 'clear and serene' communicators, who conveyed painful symptoms without drama (Davison and Pennebaker, 1995). Analysing these messages also showed how people with different diseases or health-related problems use support groups to accomplish different things, varying from using it for 'fun' and to discuss work, while others use the forum primarily for purposes like self-disclosure, personal growth or normalising purposes (Salem *et al.*, 1997; Finfgeld, 2000).

A final body of work that I want to address attempts to compare the ways in which social support is exchanged in online groups as opposed to off-line groups (Braithwaite *et al.*, 1999; Walther and Boyd, 2002).⁶ It was found that participants in online support groups mainly exchange emotional, informational and esteem support, rather than tangible and network support. It was concluded that online support environments have to deal with the practical difficulty that renders the exchange of tangible or network support difficult, given that such environments attract people from dispersed geographical areas.

When we consider the body of studies that have focused on online support groups in particular, we can point to a number of shortcomings. First, it seems that these studies fail to incorporate a thorough and detailed account of participants' actual conversations that make up these online groups. We can see how a number of studies apply a form of content analysis that is based on the use of relatively

synchronous communication, which is the what we find in a chat room, for example.

rudimentary categories, which furthermore represent a set of concepts defined by the researcher rather than participants themselves. Moreover, what we also see is that the classified statements are taken for what they *are* rather than what they *do*. It seems that these studies have clearly overlooked the way in which peoples' conversational practices are oriented towards action. In other words, they have failed to focus on what people *do* with language, and to explore the vast array of interactional business that participants attend to in their daily conversational practices in these support groups. Such an approach is not taken when merely classifying messages according to a predefined typology, where the contributions from participants are disengaged from the kinds of local interactional business they accomplish.

A second shortcoming in the existing studies is that they have predominantly studied the involvement of people with these online support groups on an individual basis, thereby overlooking the interactional perspective to participating in a support group. It is precisely by studying the interaction with other participants rather than taking individual statements as reflections of peoples' 'true' feelings, that we are able to shed some more light on the kinds of actions participants' descriptions in online support groups may achieve.

1.4 Aim of this study

The current research aims to explore the nature of everyday interaction in an online support group on depression. More specifically, it will provide a systematic analysis of how participants describe experiences and events in relation to their illness and the kinds of interactional business these descriptions are oriented to. This will involve examining:

- ❑ how participants categorise themselves in relation to other participants and the 'outside world';
- ❑ how they interactionally manage to give and receive 'support', and
- ❑ how they interactionally manage to elicit and deliver 'advice'.

As we shall see, the difference between 'support' and 'advice' is a distinction participants themselves refer to in their writings (see Chapter 3, section 3.4.1).

1.5 Overview of chapters

In this study, the position that language offers a mere representation of the way the world is, has been abandoned in favour of a perspective in which language has become appreciated for the way it embodies social action. In chapter two, I will elaborate in greater detail upon the concepts that inform this theoretical perspective and the way it aims to examine participants' talk for the broad array of

⁶ The typology used in this type of research distinguishes between: informational, emotional support, esteem support, tangible support and network support (cf. Cutrona and Suhr, 1992; 1994).

interactional work that it accomplishes. This perspective is referred to as discursive social psychology. There are many different approaches that have focused on analysing discourse. It is therefore necessary to point out that I will draw upon the theoretical notions as they are developed by the British social psychologists Edwards, Potter and Wetherell (Potter and Wetherell, 1987; Edwards and Potter, 1992; Potter, 1996a; Edwards, 1997).

Through a description of the methodological considerations that have guided the analyses conducted in this study, chapter 3 attempts to illustrate how the data was gathered, and how I came to focus on three facets of online support talk in particular. In pointing to three analytical levers that can be employed when approaching the conversational materials, it will become clear how theory and method are closely interconnected in discursive psychology. Since this study deals with online written texts, this chapter will also reflect on some methodological consequences of analysing this type of texts when compared to other types of written materials.

Chapter four is the first analytical chapter. This chapter aims to explore how participants categorise themselves in relation to other participants and the outside world, when introducing themselves to this support group, and to see what kind of interactional work is thereby achieved. In particular, attention will be drawn to a remarkable feature of those self-introductions, that is the extent to which participants produce extensive explanations of how their depression has come about.

The second analytical chapter examines the way in which participants manage to ask for and receive 'support'. It will be shown that to ask for support in an online environment is not a matter-of-course, which is the view that is often put forward in studies proclaiming the benefits of participating in online support group. An exploration of participants' actual requests for support shows that practice turns out to be more complicated than this. What this chapter will demonstrate is that far from being unproblematic, participants pervasively account for their request for support. This chapter will also draw attention to a number of discursive resources that participants draw upon to counter some potentially negative inferences that are made available when requesting support.

The last of the analytical chapters, chapter six, addresses the way in which participants manage to ask for and provide 'advice' in this support group. This is particularly interesting given that we are dealing with a support group that largely consists of peers, who on that basis are often considered 'equals'. What I wish to explore more in detail is whether and how participants draw upon their knowledgeability to give advice to others and how that advice is then subsequently taken up by the other participants. The conclusion will draw together the themes addressed in the analytical chapters and discuss the implications this study has both for practice as well as future research.

2. DESCRIPTIONS AS ACTION

“...it is essential to separate the notion I am promoting here of discourse’s action–orientation from any notion that this is a cynical and mistrusting way to deal with people. It is neither to trust nor to mistrust, but to analyse. It is to treat all talk as performative, as action-oriented, as doing something, such that issues of sincerity, truth, honest confession, lies, errors, confabulations, and so on, are matters that talk itself must manage, and does manage, in analysable ways” (Edwards, 1997:280).

2.1 Introduction

Although the fields of study that were laid out in the previous chapter cover a broad and interesting terrain of research on processes of computer mediated communication in general, as well as the emergence of virtual communities and online support groups in particular, they do have their limitations and blind spots. More specific, they overlook the everyday conversational practices that people engage in when they take part in online support groups, and they fail to consider the way in which language is pervasively action-oriented. In this chapter, I will lay out a scheme of understanding that does take these two issues into consideration and which will guide the analysis in the analytical chapters to come. This perspective is referred to as discursive psychology, as developed by the British social psychologists Edwards, Potter and Wetherell (Potter and Wetherell, 1987; Edwards and Potter, 1992; Edwards, 1997, Potter, 1996a).

Discursive psychology is concerned with talk and texts as parts of social practices, an emphasis it shares with ethnomethodology and conversation analysis. From this perspective, language is not viewed as an abstract system of reference that describes how the world *really* is or what people *really* think. Rather, language is reformulated as talk-in-interaction and as a practical social accomplishment. Crucial to the understanding of text and talk is that people *do* things with language, like inviting people, accusing somebody, refuting a claim, accounting for errors, presenting a certain state of affairs as factual or downplaying responsibility.

The perspective of discursive psychology grew out of the sociological study of scientific knowledge (Gilbert and Mulkay, 1984), linguistic philosophy (Austin, 1962; Wittgenstein, 1953), ethnomethodology (Garfinkel, 1967), conversation analysis (Heritage and Atkinson, 1984; Drew and Heritage, 1992) and post-structuralism (Barthes, 1974; Derrida, 1977), but was developed first and foremost in social psychology (Potter and Wetherell, 1987). I will not elaborate upon these theoretical roots in too much detail here, since this has already been done extensively elsewhere (see for an overview Heritage,

1984; Edwards and Potter, 1992; Potter, 1996a; Edwards, 1997). However, I will point out in what sense these traditions have been influential to discursive psychology, when addressing some of the key concepts that inform this perspective on talk and text.

Over time, discursive psychology has developed into a perspective on written and spoken language that has offered a critique as well as a reassessment of standard psychological notions like attitudes (Potter and Wetherell, 1987; Billig, 1987; Potter *et al.*, 1993), attribution theory (Edwards and Potter 1993), identity (Wetherell and Potter, 1992; Edwards, 1998) and mental states avowals (Edwards, 1997; Edwards and Potter, in press).

Discursive psychology has grown to cover a large body of studies that have explored the discursive work done in particular settings. They have addressed topics that range from racism (Potter and Wetherell, 1987) to gender (Wetherell *et al.*, 1987), violence (Potter and Wetherell, 1987) paranormal experiences (Wooffitt, 1992), youth subcultures (Widdicombe and Wooffitt, 1995), relationship counselling (Edwards, 1995; Edwards, 1997), and telephone helplines (Potter and Hepburn, submitted). Discursive psychology has also added new topics to psychology; for example the construction of factual accounts has been a central area of attention (Edwards and Potter, 1992; Potter, 1996a; Wooffitt, 1992), as well as the relation between interaction, mental state attributions and social institutions (Edwards, 1995; Te Molder, 1999; Te Molder and Potter, in press; Lamerichs and Te Molder, 2000; Lamerichs and Te Molder, submitted).

In this chapter, I will draw upon three pivotal features that are crucial to an understanding of the kind of approach that discursive psychology favours in studying text and talk. The features are captured under the headers of construction, action and non-cognitivism. It is important to note that these concepts are closely bound to each other, and the decision to address them as separate areas of attention or to address some issues under the header of 'action', rather than under the header of 'construction', for example, is made for reasons of clarity rather than on the basis of a strict analytical distinction. I will start by exploring the way language is related to construction (section 2.2). In line with the view of language as constructive, section 2.3 will further explicate how discursive psychology sees language as pervasively action-oriented. In the third section, I will put forward the argument that adopting the view that language is action-oriented carries as a necessary implication that we approach language, and how it refers to reality, from a non-cognitivist stance (section 2.4).

2.2 Construction

Discursive psychology takes discourse to be *constructive*. What this means is that it considers peoples' descriptions and accounts of the world as constitutive of that world. These descriptions and accounts

function as social acts (see section 2.3). It argues at the same time that discourse is also *constructed*, which points to the fact that the descriptions and accounts that people use to constitute their worlds are themselves also constructed. Or, to put it differently, they are fabricated locally in words or texts and by using specific discursive devices. With this twin sense of construction as a starting point, discursive psychology “researches the *practices* that are sustained by particular constructions of the world (accounts, descriptions); and it researches how those descriptions are built, how they are fitted to their context of use and the resources they draw on” (Potter, 1998b: 235; also Potter 1996a;). In this section, the emphasis will lie on the second sense of construction - that is, the way in which language is viewed as *constructed*. In an attempt to explain this approach to written and spoken texts, I will focus on how people build factual accounts.

We can analyse these factual accounts for the way in which they build their own factuality; that is, the way in which they come to appear as credible and difficult to undermine. The way in which these accounts are constructed to achieve their factual ‘status’ is referred to as the epistemological orientation of discursive psychology (Edwards and Potter, 1992; Potter, 1996a). It is this orientation that will be elaborated upon in this section, in which I will explore the kind of discursive devices participants attend to, so as to manage the factuality of their accounts and the kinds of interactional work that is thereby accomplished.⁷

2.2.1 Discounting stake

Vital to the understanding of how descriptions are constructed is to see them as a way of managing what are called *dilemmas of stake* (Edwards and Potter, 1992; Potter, 1996a). Dilemmas of stake point to the fact that everything that a person or group says may be discounted as a product of stake or interest. However, exploring the ways in which people manage dilemmas of stake does not presuppose that people manage stake intentionally. Discursive psychology is agnostic as far as participants’ alleged intentions are concerned (see also section 2.4).⁸ Following a similar line of argument, participants’ sensitivity to dilemmas of stake are not studied to identify whether they represent a true or false state of affairs. Rather, emphasis lies on the fact that people *treat* one another in this way. That is to say, people treat descriptions that are offered as if they stem from someone with a stake in presenting the world in one way rather than another. Thus, instead of determining whether these alleged interests are ‘right’ or

⁷ In line with the argument put forward by Potter (1996a: 118-121), it needs to be stressed that the action orientation and epistemological orientation of factual accounts are closely intertwined. That is to say, the epistemological orientation is as closely bound up with action as the action orientation itself. Addressing them separately here has occurred for reasons of clarity.

⁸ Discursive psychology considers issues of intentionality as *managed by participants* in talk. For example when we consider how intentionality may be made relevant or not, warded off or affirmed, or attributed by participants to a particular individual or a group. As such, matters of intentionality are addressed in analysis for the kind of discursive work they accomplish in interaction (Edwards, 1997; Edwards and Potter, in press; Potter and Hepburn, submitted).

'wrong', or whether they reflect participants' 'true' intentions, discursive psychological research explores the conversational practices by which stake is either established or warded off by participants in their daily interactions (see also section 3.4.2).

Stake inoculation

An important discursive device to ward off the impression that one has a stake in presenting the world in one way rather than another is stake inoculation. Consider the following example from a study on youth subcultures where the respondent describes how he has started to dress like a Goth. Note how the transcription identifies emphasis (for example in lines 1, 2, 3, 4) and overlap (in lines 5-6). This transcription system was developed by Gail Jefferson (Jefferson, 1984; see also Hutchby and Wooffitt, 1998) and we will encounter this kind of notation more frequently when looking at fragments from conversation analytical or discursive psychological studies. A key to notation is included in Appendix I.

(1) [Widdicombe and Wooffitt, 1995: 148-149, slightly altered]

1 *MR1:* yea 'cos I started wearing make up, and I
2 didn't even know about other people wearing it
3 I st- I star- I just started wearing it and
4 putting on these black clothes and things like
5 that an'then [I went
6 *I:* [ahha
7 *MR1:* I went into town one week because like I was
8 considered really freaky by everybody (.)
9 because 'hh all these people who lived on this
10 estate hadn't ever seen anybody like me before (.)
11 I went into town one evening an'walked by this
12 pub an'saw loads of people with hair, spiked up
13 an'things like that an'er a lot more way out than
14 me even though I was considered the biggest freak
15 of the area-they were a lot more way out than me-

What we see in this fragment is how the respondent displays an orientation to presenting his 'true' self, that is dressing up as someone that appears like a Goth or Punk, without presenting his affiliation with this group as the result of, say, merely imitating other people's style or giving in to peer pressure.

Illustrative of this sensitivity is the way in which the respondent refers to "I didn't even know about other people wearing it" (lines 1-2), and how he describes walking by a pub where he happened to see "loads of people with hair, spiked up" (line 12). What this does is to work up the impression that before that particular moment the respondent was unaware of people dressing in similar ways as he did, which is emphasised even more when invoking the impression that he met with this group of Gothics completely by chance (lines 11-12).

What this description does is to present the respondent's subcultural affiliation as authentic, in that it illustrates the decision to dress up like this as something that has occurred independent of any possible knowledge about other people's way of dressing. In this way, the respondent's story manages an image

of a 'true' self, as credible and authentic, and works to counter any potential negative inferences as to whether his way of dressing was influenced by other people, whether it was the result of simply copying someone else's style or merely conforming to a particular image (Widdicombe and Wooffitt, 1995: 149).

Confession

Another discursive device that participants attend to so as to manage dilemmas of stake is confession (Potter, 1996a). Confessing stake makes available the suggestion that the speaker is honest and objective because he is able to stand outside his interests, which works to show that he is aware of its distorting potential. Instead of providing other speakers with the opportunities to attribute stake and thereby undermine the credibility of the account that is offered, what stake confession does is to *disarm* any possible stake attribution. Examples of stake confession can be rather straightforward, which is nicely captured in what has become a well-known phrase, in which a witness counters the claims made by the prosecutor by saying "they would say that, wouldn't they". What the witness attends to here is the fact that the claims that were made by the prosecutor can be warded off on the basis of their interestedness (Edwards and Potter, 1992; see also Drew, 1992). Stake confession can also occur in a more subtle fashion, as the following extract, stemming from a larger data set on marriage counselling sessions, illustrates. The fragment below is from a session with a married couple called 'Connie' and 'Jimmy'.

(2) [From Edwards, 1997: 158]

Ji: Connie had a short skirt on, I don't know

Jimmy's utterance follows an earlier description of his wife Connie where she had pointed out how Jimmy was an "extremely jealous person" (see Chapter 5, section 5.3.1). Jimmy subsequently went on to counter his wife's description by pointing out how she is flirtatious (data not shown here). Consider how in fragment (2) he provides a description of his wife wearing a particular kind of skirt, which is hearable as an interested description of the way she dresses. It might for example make available the suggestion how he closely scrutinises his wife's clothes, thereby confirming his wife's earlier statements about him being a jealous person. However, notice how by adding "I don't know", Jimmy invokes the impression of being uncertain about what it was that Connie was wearing exactly at that point, thereby warding off the claim that he is obsessed with the smallest detail of his wife's clothing.

2.2.2 Creating out-there-ness

Interestedness can also be managed by doing what is referred to as 'factual reporting'. Reports can be warranted as factual by describing them as events that are directly perceived, by presenting them by means of graphic description (e.g. statistics) or as part of narratives, where vivid and detailed

descriptions can be used to build up the facticity of an account (Potter, 1996a; Edwards, 1997).⁹ The impression that is thus invoked is that we are dealing with events that are out there in the world, rather than, say, the result of some personal assessment or the product of imagination. Discursive psychology is interested in exploring the ways in which these reports are designed so as to prevent from being refuted or how they are oriented to so as to undermine possible alternative versions (see section 2.3.3).

I would like to take a closer look at how accounts can be presented as factual, by looking at a piece of data that stems from a classical study by Smith (1978). The study is about a girl called K who is believed to be mentally ill. In Smith's study, we see how one of K's friends, called Angela, describes how she has come to reach the conclusion that her friend must be mentally ill (see also Chapter 5, section 5.3.2 for a further exploration of this study). Fragment (3) shows the first part of the interview with Angela:

(3) [From Smith, 1978: 18]

1 An: My recognition that there might be something wrong was very
2 gradual, and I was actually the last of her close friends who
3 was openly willing to admit that she was becoming mentally ill.

The descriptions that are offered throughout the interview, as well as the notion of being 'mentally ill', are often used negatively. Angela's account of K's behaviour might therefore be taken to be potentially motivated, that is stemming from, say, dislike, jealousy, or the desire to put K in the wrong with others. Angela's first sentence is therefore hearable as inoculating stake, and she does so by employing a number of discursive resources. First of all, in drawing upon how she is one "of her close friends" she emphasises her loyalty towards K and her concern for her well-being, thereby countering any possible other less praiseworthy motives she might have in considering mental illness as the cause of K's behaviour (Potter and Hepburn, submitted; see also Chapter 4, section 4.2).

Moreover, Angela's recognition of K's problems is presented as a fact, which is "gradually" and reluctantly realised and accepted. In presenting the process by which she has come to the realisation that K is mentally ill as gradual, she is able to resist the impression of having any personal motives or intentions for reaching this conclusion. This increases the credibility and factuality of her account. In doing so, K's illness is established as a quality of that person, thereby suggesting how it exists independent from whatever personal perceptions or motivations people might hold regarding K's behaviour.

⁹ The basis on which a particular account is offered, e.g., as reported speech or a factual claim made by someone personally is also referred to as footing, a notion introduced by Goffman (see for an overview, Goffman, 1979).

In exploring the kinds of interactional work that can be accomplished when people inoculate stake, we can see how constructing factual accounts is closely bound to action. Consider how instances in which conversational partners inoculate stake may work to augment the credibility of their account as an actual state of affairs, something that is out-there-in-the-world rather than the product of some personal assessment. In the case of Angela's description of K, it may work to counter the potentially negative inference that her version of reality (e.g. describing K as mentally ill) is somehow motivated.

2.3 Action

Discursive psychology holds the foundational assumption that language does not constitute a mere representation of reality, but rather, has to be considered a resource in the hand of conversational partners for constructing versions or descriptions of the world. We have seen how language is pervasively oriented towards action, even in ostensibly factual descriptive discourse, and how it can cover a broad range of interactional work that participants 'perform' in everyday conversations.

In proposing how language is a medium for social action rather than a code for representing thoughts and ideas, discursive psychology has adopted the view already held by conversation analysts, who think of discourse as *action*, instead of *communication* (Schegloff, 1995, emphasis added). The starting point for conversation analysis has been to consider the "interactional accomplishment of particular social activities" (Drew and Heritage, 1992: 17). Both conversation analysts and discursive psychologists hold the view that talk-in interaction can be treated as a topic for analysis in its own right, rather than considering it a window through which one is able to grasp underlying social processes. A similar argument is put forward by the notion of reflexivity, as used in ethnomethodology. Reflexivity draws attention to the fact that descriptions *do* something rather than *being about* or *representing* something (Garfinkel, 1967). As such, every time they are invoked they not only describe a particular facet of the world but in doing so also (re-)constitute that world in particular ways.

The focus on discourse as a social activity illustrates the interest conversation analysis has in exploring the structures of social action, an interest that was inspired by ethnomethodology. It was the aim of ethnomethodology to study the procedures and resources that cause actors to engage in mutually intelligible social interaction, whose organisation is assured through an architecture of intersubjectivity and moral accountability (Heritage, 1984). I would like to elaborate more on the issue of moral accountability, since an understanding of this idea is important for a thorough comprehension of some pivotal concepts in conversation analysis and discursive psychology.

2.3.1 Norms and rules

The way in which norms and rules are approached within conversation analysis as well as discursive psychology can best be illustrated by looking back at some of the foundational work conducted within ethnomethodology. I would like to consider two exemplifying studies in particular. The first example is concerned with a number of experiments conducted by Garfinkel, which have become known in ethnomethodology as the so-called 'breaching experiments' (Garfinkel, 1963). One of these breaching experiments was an exercise in which Garfinkel's students were asked to spend up to about one hour in their own homes, while acting like they were boarders. During these experiments, the other family members made an effort to restore a 'normally interpretable order', that is to say, they looked for ways to treat the things that happened as interpretable within that normal order. Illustrative of this were the ways in which they demanded explanations like "What's the matter?", "What's gotten into you?", "Are you sick?", "Did you get fired?", so as to come up with possible reasons that could explain for their child's behaviour.

What this set of experiments showed was how people treat each other's behaviour as the result of a practical and accountable choice. The same normative orientation can be found if we consider the example of the greeting. Take the instance in which you greet another person and the greeting is not returned. The fact that the greeting is not returned is marked by a range of accounts that are brought up to explain for why the greeting might not be returned. For example, because this person did not hear you, because he was preoccupied, because he did not recognise the greeter. Other explanations could be that the person who does not greet back treats the greeter as social inferior, or to interpret his refusal to greet back as openly declaring a state of animosity. The accounts for why the greeting is not returned are inferentially rich and can be taken as a topic of analysis and explored for the kinds of discursive work they accomplish (Heritage, 1984, 1988; Sacks, 1992; Wooffitt, 1992; see also Edwards and Potter *et al.*, 1993; Edwards, 1997). What the example of the greeting illustrates is how the normative order (one is normatively expected to return a greeting when greeted) works to guide participants in making sense of their interaction with others (why does this person not return my greeting?), which is what the notion of moral accountability amounts to.

The second example that I want to address is a study conducted by Wieder on what he called the 'convict code' (1974), which highlights how communicative rules are taken up in ethnomethodology. The 'convict code' is a set of rules formulated by inmates in a halfway house. Wieder had set out this code in the form of eight maxims, of which the top three were:

1. Above all do not snitch (to staff).
2. Do not cop out.
3. Do not take advantage of other residents.

Wieder's study did not so much show how this code represented the kind of straightforward rules that the inmates followed and which governed their actions. Rather, what he did was to treat all references to rules, including exceptions to these rules as speech events in their own right. Or, to put it differently, his study aimed to show how the descriptions of these rules offered by the inmates constructed the sense of events, for example as a breach or not, and thus as morally accountable or not. The study demonstrates how these normative rules do not so much regulate behaviour or conduct, but are considered constitutive of the sense of conduct, for example as an accountable matter or not.

Both Garfinkel's breaching experiments as well as Wieder's study on the convict code illustrate how rules and norms are not regarded clearly defined principles that underlie and govern peoples' behaviour. Instead, they are taken to be *considerations* that participants make relevant, or *interpretative resources* by which participants make sense of their ongoing interaction with others. What we see is that in everyday conversations, people account for their actions and hold each other accountable against the backdrop of a normative orientation, rather than simply follow norms or rules. In this way, they are taken to be not so much a *determinant* of action but *embodied* in action (Heritage, 1984; Edwards, 1997; also Hutchby and Wooffitt, 1998).

2.3.2 The orderliness of talk

An understanding of how participants normatively account for their behaviour and hold each other accountable for it, is important when we consider how conversation analysis views ordinary interaction as exhibiting deeply stable organisational patterns of action. Rather than taking the 'fuzzy' stuff of language (phrasing and intonation for example) as leading away from the message that is to be conveyed, conversation analysis holds the view that talk-in-interaction is orderly, and that utterances are specifically 'designed' to accomplish particular actions.¹⁰

In undertaking detailed empirical analyses of naturally occurring data, both conversation analysis and discursive psychology have drawn attention to the interactional work that is accomplished in turn-taking, the turns of which are referred to as 'sequences of activity' (Sacks, Schegloff and Jefferson, 1974; Sacks, 1984; see also Drew and Heritage, 1992). The sequential organisation of talk is inextricably bound up with its normative and inferential properties.¹¹ It is in taking turns that we can see how participants orient to the normative and inferential properties of talk.

¹⁰ It is important to mention that any reference to how talk is 'designed' to 'fulfil' or 'accomplish' some interactional work does not implicate that this is done wilfully or intentionally (Potter, 1996a; see also Chapter 3, section 3.4.2).

¹¹ The notion of inferential order refers to the kinds of culturally available resources participants commonsensically draw upon to understand each other. Consider for example how identifying someone either as a 'mother', 'wife', 'psychologist', 'feminist' or 'mistress' provides us with a diverging set of inferential resources by which we can come to understand and interpret the behaviour of the person so described (see also Chapter 4, section 4.2 and 4.2.1).

Adjacency pairs

A central notion in discursive psychology that is derived from studies in conversation analysis is the concept of 'adjacency pairs'. Adjacency pairs point to the fact that some utterances conventionally come in pairs. Well-known examples are questions and answers, greetings and return greetings, but also invitations and acceptances or invitations and declinations. What counts for these adjacency pairs is that given the condition of a first pair part being uttered (e.g. a question is asked), the second part of that pair then becomes relevant (e.g. an answer to the question is given). The latter has been termed 'conditional relevance' (Schegloff, 1968), a breach of which, as we have seen in the example of the greeting that is not returned, is referred to as a notable absence (Schegloff, 1972a). It is important to point out that this notable absence is a participant's category, rather than something that is identified by the researcher.

Adjacency pairs are ordered in ways that suggest a clear difference between the first and the second part of the pair and ideally, first pair parts should be produced next to second pair parts. In practice, however, this is not always the case. What is the case, is that particular types of utterances are conventionally paired such that on the production of the first pair part, the second pair part becomes relevant and remains relevant also if it is not produced immediately in the next serial turn. Now, in line with the argument put forward by Heritage (1984) the notion of adjacency pairs is not intended to point to some empirical generalisations as to whether first pair parts are always followed by second pair parts. What is important though is the normative character of adjacency pairs, and the inferences that are drawn upon if the second part of the adjacency pair is not produced. Again, this is similar to the example of the greeting that was addressed above. Consider how the example of the greeting that was not returned does not suggest that it is no longer appropriate to greet people back. Rather, what we see is that not returning a greeting makes available a whole set of different inferences in which the non-appearance of the second pair part is subsequently accounted for. Because of this accountability feature, the analyst can point to these sequences as robust interactional phenomena that do not only illustrate how turn-taking operates but works to illustrate its normative accountability as well as the kind of interactional work that can be accomplished in subsequent accounts.

Preference organisation

With a number of utterances there are alternative second actions that can occur. As we already mentioned above, an invitation can be met with an acceptance but can also be refused. These options are however not symmetrical, or, to put it differently, there are different ways in which the two potential replies are treated by participants in interaction. This is what we mean by the notion of preference organisation, where we see that *agreements* (accepting invitations, agreeing with somebody) are normatively preferred to *disagreements* (refusing invitations, disagreeing with somebody), except for

self-deprecations where conversely, disagreements are normatively preferred (Pomerantz, 1984b). Consider as an illustration the following three examples. The first two fragments are illustrations of agreements, where agreement is preferred. Fragment (6) is an example of a disagreement, where an agreement would be normatively preferred, whereas fragments (7) and (8) show two instances of self-deprecating remarks, where a *disagreement* rather than an agreement is the normatively preferred second pair part (see Appendix I for conventions used in transcription).

(4) [From Pomerantz, 1984b: 60]
 1 J: It's really a clear lake, isn't it?
 2 R: It's wonderful

(5) [From Pomerantz, 1984b: 60]
 1 C: ...She was a nice lady—I liked her
 2 G: I liked her too

(6) [From Pomerantz, 1984b: 70]
 1 A: () cause those things take working at,
 2 (2.0)
 3 B: (hhhhh) well, they [do, but
 4 A: [They aren't accidents,
 5 B: No they take working at, But on the other hand,
 6 some people are born with uhm (1.0) well a
 7 sense of humor. I think it is something yer born
 8 with Bea

(7) [From Pomerantz, 1984b: 85]
 1 G: ...but it's not bad for an old lady.
 2 C: You're not old Grandma

(8) [From Pomerantz, 1984b: 83, slightly simplified]
 1 B: ...I'm tryina get slim
 2 A: Ye:ah? You get slim, my heavens
 3 [heh heh heh heh hh hh
 4 A: you don't need to get any slimmah,

There are strong regularities in which the second pair parts in the fragments above are realised, also when we are dealing with disagreements or self-deprecating remarks. What I want to point out here are three characteristics of the kind of answer that is displayed in fragment (6), which are called 'dispreference markers' (Pomerantz, 1984b). First, we can identify how B's second turn is started with markers such as 'Um' or 'Well'. Second, the second turn is offered after hesitating or qualifying the prior turn (for example in fragment (6), line 3 ("hhhhh) well, they do, but"). Third, the second turn is offered by offering an account for their disagreement. If we compare fragment (6) to the answers provided in fragments (4) and (5) we see how the latter are performed straightforwardly and without delay.

What these fragments illustrate is how rejections and acceptances as well as refusals and agreements are produced by participants in systematically different ways. These differences are described in the following manner: the format for agreement is called the 'preferred' action turn shape, and the disagreement is referred to as the 'dispreferred' action turn shape (hence the notion of 'dispreference markers') (*ibid.*). It is important to note that preferred or dispreferred responses are used to describe the *structural* features of the design of turns, and do not refer to participants' intentions or motivations for agreeing or disagreeing with a particular question at some point in the interaction.

Talk as locally occasioned

The accomplishment of sense, coherence or order in talk is inextricably tied to the local circumstances in which utterances are produced. This is what is captured in the concept of indexicality, a central notion in ethnomethodology (Garfinkel, 1967). Indexicality refers to the fact that the meaning of a word or utterance is dependent on its context of use, or to put it differently, it captures the idea that utterances are occasioned or locally produced. This means is that the study of what an utterance means has to include some understanding of the occasion on which the utterance is produced. The occasioned nature of talk is meant to illustrate that the utterance is fitted to a sequence of talk.

The view that talk is locally occasioned is closely related to the way conversation analysis and discursive psychology perceive of the notion of interactional context: that is as 'doubly contextual' (Heritage, 1984; Drew and Heritage, 1992). First, utterances are considered *context shaped*, implying that they cannot be adequately understood except by taking into account the context in which they occur. What is considered 'context' refers both to the local configuration of preceding activity, as well as the larger environment of activity in which that configuration is recognised to take place. The second sense in which context is taken up is by considering utterances and actions to be *context renewing*. That is to say, every utterance will in itself form the immediate context for a next utterance and thereby contribute to the contextual framework on the basis of which next turns will be understood. Consider the fragment below as an illustration.

- (9) [From Hutchby and Wooffitt, 1998: 15-16. Based on Schegloff, 1988]
1 Mother: Do you know who is going to that meeting?
2 Russ: Who?
3 Mother: I don't know!
4 Russ: Oh, probably Mr. Murphy and Dad said
5 Mrs Timpte an' some of the teachers

When we consider this fragment, we can begin to see the relevance of studying what is referred to as the 'turn-by-turn unfolding of the interaction' (Schegloff and Sacks, 1973, see also Schegloff, 1988) in which speakers demonstrate in the sequential next turn their understanding of what the prior turn was about. Thus, if we look at how the recipients orient to each other's utterances in fragment (9) above, we

can see how Russ's inference (in line 2) that his mother was about to announce who was going to the meeting was wrong, and that she was about to ask a question, which is what Russ subsequently orients to in lines 4-5.

Taking the turn-by-turn unfolding of the interaction as a starting point for analysis is an important procedure to check participants' understanding of what the utterance is about, referred to as the next-turn-proof procedure (see Chapter 3, section 3.5). This is important, since conversation analysis as well as discursive psychology hold as one of their pivotal assumptions that the orderly properties of talk are explicated on the basis of being oriented to by *participants themselves*, rather than on the basis of the analyst's assumptions of what might be going on, which was nicely illustrated in fragment (9).

2.3.3 Rhetoric

It is important to consider how people's descriptions of actions or events entail a process of selection from possible alternative versions. This sense of variability, or the fact that the 'selected' version could have been otherwise, is closely linked to the rhetorical dimension upon which discursive psychology builds. In stressing the rhetorical dimension of discourse, discursive psychology follows the argument put forward by Billig (1987), who confines rhetoric not only to explicit argumentative or persuasive communication, but rather considers it a pervasive feature of everyday interaction. Discursive psychology thus holds the view that "reports and descriptions are rhetorically organised to undermine alternatives", be it in implicit or explicit terms (Edwards and Potter, 1993; see also Potter, 1996a). As Billig et al (1988) put it, every attitude in favour of a position is simultaneously a stance against the counter position.

Discursive psychology distinguishes between two types of rhetoric: offensive and defensive rhetoric. *Offensive* rhetoric is rhetoric that undermines alternative descriptions (also referred to as 'ironizing' discourse). *Defensive* rhetoric points towards the capacity of a description to resist being discounted or undermined (also referred to as 'reifying' discourse) (see Potter, 1996a: 106-107).

2.3.4 Membership categories and category entitlements

The notion of membership categories was originally described by Sacks (1972; 1984), who referred to it as the membership categorisation device (MCD). It is necessary to point out that identity or membership categories are not a descriptive label that defines a particular group or an individual. Rather membership categories are a topic for study for the way they are attributed to others as well as to ourselves, or for the way they are warded off. Interestingly enough, ascribing categories is not exclusive. That is to say, ascribing categories to people in some way rather than another -as a husband, teacher, student, musician or politician- entails a process of *selection*.

Apart from the fact that categorising people entails a process of selection, it is also important to consider that categories are not *neutral* descriptions. Categories are what Sacks has called 'inference-rich', in that there are a number of expectations and conventions commonsensically associated with them. In this way, ascribing a particular identity category to someone not only serves to describe people, but also makes available a set of inferences as to the kind of people they are and to the behaviour that can be expected on that basis (Sacks, 1972; 1984; see also Chapter 4, section 4.2 for a more detailed account).

Rather than to take up the notion of identity categories as a static concept describing peoples' essential selves, identities are taken as actively constructed by participants and fulfilling a whole range of interpersonal work (Edwards, 1991; Widdicombe and Wooffitt, 1995; Antaki and Widdicombe, 1998). Thus, identity categories are viewed as an interactional resource in the hand of participants, who "work up and work to this or that identity, for themselves and others, there and then, either as an end in itself or towards some other end" (Antaki and Widdicombe, 1998: 2). Identity categories are thereby open to negotiation.

Related to the notion of membership categories are the *entitlements* that one has based on a particular category membership. The concept of category entitlement refers to the fact that on the basis of their category membership, people are entitled to particular knowledge or experiences (Sacks, 1992 see also Potter, 1996a; Potter and Hepburn, submitted). This is illustrated in Sacks' study in which he points out how people who are a witness to an event are entitled to this experience, and how this entitlement differs from any possible entitlements to that same experience held by someone who has read about the event in the newspaper, or hears the story from somebody else (Sacks, 1984: 424-425).

A well-known study that has explored how category entitlements are oriented to in everyday talk was conducted by Whalen and Zimmerman (1990; also Zimmerman, 1992 and Whalen, Zimmerman and Whalen, 1988). The study examined a number of telephone calls to an emergency switchboard of a large city in the U.S. and looked at the different ways the callers were treated when responding to their request for emergency help. Particular attention was paid to the way in which the 'status' of the caller was assessed in those calls. That is to say, the study explored how the call taker attempted to determine how the caller had come to know the trouble as trouble (Whalen and Zimmerman, 1990; see also Chapter 4, section 4.2.3). It is important to point out that category entitlements, as well as the membership categories they build upon, do not reflect a stable and pre-given order in the world, neither do they represent a vast set of entitlements that come with these categories. Rather than being fixed entities, membership categories and category entitlements are locally occasioned and subject to continuous (re-)construction.

To illustrate the kinds of discursive business that can be accomplished by attributing to oneself and others a particular membership or identity category, I will consider a piece of data from a radio talk show. The fragment offers an interesting example of how identity categories make available particular inferences as to the kind of behaviour that can be expected on that basis, described as so-called 'category bound activities' (Sacks, 1972).

Fragment (10) is an excerpt of a radio interview in which a member of an American gun club (called 'Ted') is interviewed by the radio host (called 'Bob'). The interview is part of a series of radio programmes that features American life and culture (McKinlay and Dunnett, 1998). In response to a previous question from Bob, Ted has just started to explain that the gun club of which he is a member was founded two centuries ago, and that one of the aims of the club was to "protect the rights that are guaranteed under the constitution of the United States for the average citizen to be able to own a handgun or a rifle" (McKinlay and Dunnett, 1998: 38, fragment 1). The fragment below shows the follow up question from Bob and the subsequent answer from Ted.

(10) [From McKinlay and Dunnett, 1998:38-39, slightly shortened]

- 1 Bob: so who are you fighting against at the moment (and) at
2 this time (.) who are your opponents
3 Ted: well really I don't like to consider 'em' opponents (eh)
4 everybody has a different opinion on gun rights (emm)
5 even within our own groups we have our own dis (eh)
6 differences of opinion some people (.) have a much
7 stronger opinion where they don't want to give up any
8 type of rights (.) others are more willing to compromise
9 to (uh) (.) to try to work with the particular situation that
10 they are in (ahh) the biggest proportion of people in
11 the United States that own weapons (.) they use them in
12 a shooting range like we're here for competition or for
13 relaxation they use it for hunting or they keep a gun at
14 home for defence (.) and they're not out on the streets
15 committing crimes and (.) they're not out on the streets
16 doing vigilante justice (emm) so the average person- is
17 just there (.) to have the weapon for their use and not to
18 disturb anybody.

There are many interesting things that can be pointed out in this fragment, but what I am particularly interested in here is the answer that Ted gives in lines 10-11 (see for a full analysis of this fragment, McKinlay and Dunnett, 1998). What we see here is how Ted establishes having a gun as the kind of artefact an "average person" (line 16) owns. Notice how he goes on to illustrate the kind of ordinary things 'average' people who own guns do with them, for example "use them in a shooting range" or to "keep a gun at home for defence" (lines 11-14).

Consider how Ted then builds up a contrast between the 'average person' who uses a gun for ordinary and routine activities and another group of people, who use guns for "committing crimes" and "doing

vigilant justice” (lines 14-16). Building upon this contrast further works to portray gun-owners as ‘normal’ people, while at the same time countering the impression that people who own guns use them for criminal purposes only. This fragment nicely illustrates how attributing a particular identity category to yourself and other people works to accomplish some interactional work. In this instance, what we see is that the category of “average person” is invoked to establish legitimate gun ownership, thereby warding off the potential negative inference that gun-owners use their rifles with criminal intent.

2.4 Non-cognitivism

The approach that discursive psychology favours concerning talk and text is oriented towards *action* and *discourse practices*, instead of *cognition*. What this means is that talk is not explained in terms of ‘the mental states that precede it, generate or result from it’ (Edwards, 1997: 85) Rather, discursive psychology treats these mental states as the kind of things that are at issue for participants in their talk. As such, discursive psychology has reformulated cognitivism as a feature of participants’ practices, where it is constructed, described and attended to as people perform activities.

It has thereby countered the interpretations laid down in cognitive psychology or perceptual-cognitivism in general, where the assumption is held that human activities are performed on the basis of cognitive processes of some kind, which are initiated on the basis of perceptual input and subsequently govern behavioural output (cf. Lamerichs and Te Molder, submitted).

In reformulating ‘attitudes’ in a non-cognitivist way, participants’ evaluative terminology like ‘attitudes’, ‘beliefs’, ‘views’ and ‘opinions’ are treated as topics for research. In doing so, discursive psychology is able to make sense of the apparent variability in peoples’ evaluative statements, and can show how the evaluations that people produce are not pre-formed mental entities, but part of different kinds of discursive practices. The emphasis clearly lies on what people *do* with language and how in the course of their conversational practices, versions of external reality and psychological states are occasioned (Edwards and Potter, 1993; see also Potter, 1998a; 1998b; 2000; Edwards and Potter, 2001; Edwards and Potter, in press; Te Molder and Potter, in press).

Thus, rather than approaching cognitivism as something that occurs *prior to* and *separable from* interaction, cognitivism is taken to be managed and constructed *in interaction* (Potter, 1998b; Potter, 2000). Instead of being viewed as a window on some underlying mental processes, mental phenomena are studied for the way they are oriented to in peoples’ practices and for the interactional work they accomplish. As a result of this, cognitive states, including the whole thesaurus of so-called mentalistic terms like ‘persuading’, ‘hoping’, ‘wanting’, ‘knowing’, as well as the psychological implications of themes like ‘intent’, ‘agency’ and ‘belief’, are not treated as explanatory resources for peoples’ actions,

but rather as a topic of study (see Edwards, 1997; Edwards and Potter, in press; Potter, 1998b; 2000; Potter and Edwards, 1998).

It is important to point out how the non-cognitivist focus in discursive psychology does not imply that people do not think or feel or that nothing goes on in their heads. Rather, what it means is that “both the *analytic* and *explanatory* focus is moved from considering *cognitive processes* and entities to *discursive practices* and the *resources* they draw on” (Potter, 1998b: 235, italics added; also Edwards, 1997).

2.5 Concluding remarks

In explicating the core concepts that make up a discursive psychological approach to spoken and written text, it has become clear that talk and text are pervasively oriented towards action. One way of illustrating this is by drawing attention to the epistemological orientation discursive psychology holds, and exploring the ways in which participants manage issues of factuality and interestedness.

As a consequence of perceiving language as oriented towards actions, the approach to language within discursive psychology is non-cognitive. This implies that rather than considering descriptions of mental states as pathways to what people ‘really’ feel or think, they are alternatively studied for the kind of interactional work they accomplish in peoples’ everyday talk.

In addressing the theoretical notions that inform a discursive psychological approach, it has become clear that text and talk are resources in the hands of participants, rather than the researcher. By holding this ‘emic’ perspective, discursive psychology considers what is knowable to the analyst to be based upon the understanding displayed by participants. It can be studied by a close examination of participants’ everyday talk. We can thus begin to see how the theoretical notions that capture the view on language as it is favoured within discursive psychology, are closely bound to methodological issues. These and other methodological considerations will be discussed in greater detail in the next chapter.

3. METHODOLOGICAL CONSIDERATIONS

“So just let the materials fall as they may. Look to see how
it is that persons go about producing what they produce”
(Sacks, 1992: I: 11)

3.1 Introduction

Enquiring into the basic concepts that underlie a discursive psychologist's approach to talk and text (see Chapter 2) has shown how language can no longer be viewed as a neutral and passive medium that describes how the world is. Rather, language is regarded as pervasively oriented towards social action, taking as its primary object of study the broad array of interactional work that can be accomplished through language. It was also stated that language's systematic properties can be examined by way of rigorous, empirically oriented research. This chapter will go on to illustrate the methodological considerations that underlie such an approach, as well as elaborating on the process of data collection and analysis (section 3.2 and 3.3). Laying out these methodological principles will show that they are closely intertwined both with the theoretical assumptions that underlie the perspective of discursive psychology, and with the way in which the process of data analysis proceeds. As an illustration of the latter, this chapter will describe the analytical process that has resulted in the identification of the themes that will be addressed in the analytical chapters (section 3.4).

The analyses undertaken from the perspective of discursive psychology cannot be adequately captured in a set of manual-like rules or statistical procedures (Potter and Wetherell, 1994; Hutchby and Wooffitt, 1998). And although this chapter does not attempt to present a blueprint for conducting this kind of analyses, we can attempt to keep the process whereby analysis of the data proceeds as transparent as possible, rather than describing it predominantly as a skill or craft, which are notions that are hard to grasp. Such a description would merely obfuscate the way in which the data are approached and analysed rather than clarifying it, since there are a number of analytical levers which researchers can employ to examine conversational materials with the help of discursive psychology. Important are the variability of accounts, the rhetorical dimension of talk and the issue of accountability (section 3.5).

Before turning to the empirical analysis of the data, this chapter will draw attention to the way in which the data are collected. The conversational materials that are gathered in this study are derived from an Internet platform. Apart from introducing the forum where the data are collected, I will consider in greater detail the role of the researcher in collecting online data (section 3.3.3).

3.2 An online support group on depression

When I started my research I was particularly interested in exploring the ways in which newly emerging groups of users turn to the Internet to join online discussion groups. Interestingly, because they are normally not considered early adopters when it comes to using new technologies, one of the groups that were increasingly starting to use the Internet, and still are, are elderly people (Internet Data Bureau, 2000).

It was at this time that I came in contact with a Dutch organisation that taught senior citizens how to use computers and the Internet. The number of people that were taking computer and Internet classes via this organisation in different parts of the Netherlands was growing rapidly, as was the popularity of their newly build website.

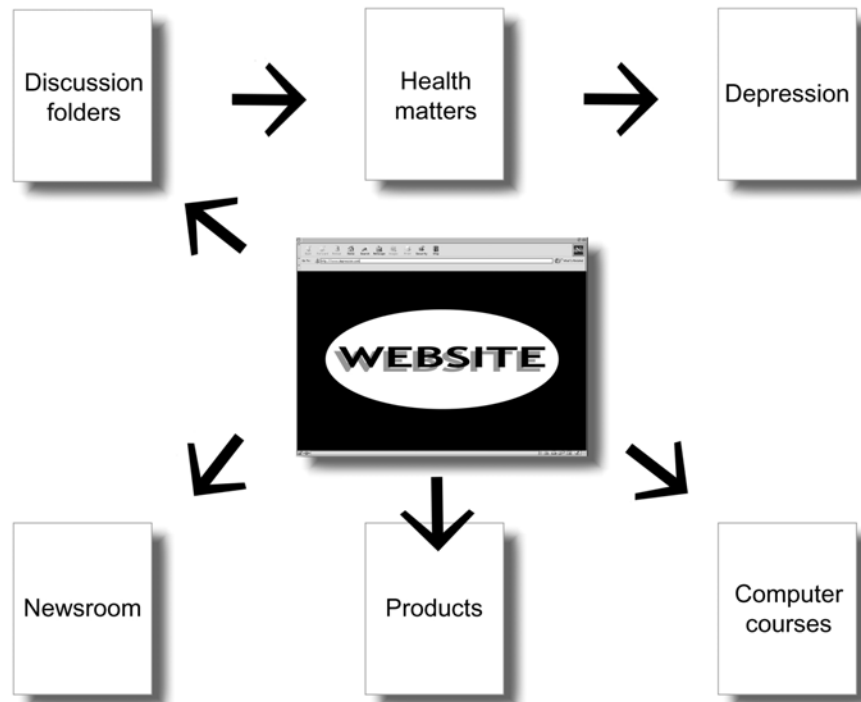
There were however, at that time, no online discussion groups available on the website. There were a number of mailing lists however, that were linked to this website, to which many people subscribed. However, these mailing lists were not open to the public, i.e., people first had to subscribe to these lists and the e-mails that were subsequently sent were distributed among subscribers only. Since I considered the benefit of this new medium to partly lie with the opportunity to engage in publicly available discussions, thereby attracting -at least in potential- a larger number of visitors, I wanted to look at a forum to which everybody could contribute messages. This is how I became aware of the US based counterpart of this Dutch platform for seniors –which was also a non-profit organisation- founded to teach senior citizens how to use computers. Their website already existed for some years and was immensely popular among senior citizens in the United States.

What struck me in particular was the large number of people who visited the site and the broad variety of discussion groups that were available, to which new topics were added almost every week. The discussion groups or forums, which were called 'roundtables', made up an important part of the website. They comprised a large diversity of topics varying from discussions on democracy and environmental pollution, to keeping fruit and vegetable gardens, and discussions on how to play chess or to how to make graphics on the computer. There was a particularly large folder devoted to the discussion of 'health matters' comprising over 170 different topics related to health and illness, which I thought was particularly interesting, since it illustrated how elderly find it beneficial to visit the Internet to look for health information and discuss their experiences concerning matters of health and illness with others.¹²

¹² There are a number of studies that have shown how (senior) citizens use the Internet to search for health information (see for example AmericaOnline/Roper Starch, 1999; Pew Internet & American Life, 2001 for studies that have examined the situation in the United States, and Sociaal Cultureel Planbureau (2000); Raad voor de Volksgezondheid en Zorg, 2000; 2002 for the situation in the Netherlands.).

Figure 1. provides a visual impression of the different parts of the website.

[Figure 1: Overview website]



Within the large number of discussions devoted to the topic of health, one discussion was larger than all the others and grew at the fastest rate: this was the forum on depression. The participants who took part in this discussion referred to the forum as a support group, and this was also how the discussion group was announced on the website.

The size of the discussion was one of the grounds for deciding to choose this support group as a topic for further study. Two additional reasons have guided my decision to explore this support group rather than some of the other health-related discussion groups. First, there was the issue of durability. Compared to some of the other discussions that could be found on the website, this support group kept attracting visitors over a longer period of time and continued to exist, where others would attract only a small number of visitors or even ceased to exist at some point. In fact, the support group that discusses the topic of depression has kept attracting visitors ever since it was founded in 1997. A second important factor that has led me to start exploring this support group was that there was a relatively

large number of different participants involved in this group when compared to other discussions within the folder dedicated to health matters. I consider these factors beneficial to achieving maximum richness of the data.

There are two other issues that I want to raise in relation to studying this particular support group. First, it is important to point out that rather than to conduct a comparative study between different support groups, or between an online and a face-to-face support group on depression, for example, this study has chosen to explore the conversational practice as it unfolds in *one* online support group in particular. An important factor in deciding this has been the fact that the everyday talk of people taking part in online support groups is still a highly unexplored territory. I therefore considered it best to focus on providing a thorough and profound exploration of the conversational materials from one online support group in particular.¹³

A second point that I want to stress is related to cultural context factors. It was already mentioned how this support group on depression was linked to the website of a non-profit organisation in the United States. This meant that the discussion took place in English. The majority of participants in this group presented themselves as coming from various parts of the United States whereas some participants referred to Australia, New Zealand and Great Britain as their home country. Although it lies beyond the scope of this study to examine the possible relevance of culturally determined context factors for the conversational practices of different online support groups, to explore whether Dutch speakers would somehow show an orientation to different kinds of concerns when interacting in online support groups when compared to English speaking people (in particular people from the United States, since they make up the majority of participants in this group) might be an interesting topic for future study. First, because the number of Dutch speaking support groups on the Internet is increasing and we now are in a position to actually explore the conversations taking place in these groups, and second because the popularity of self-help in general (e.g., participating in self-help groups and reading self-help literature) is sometimes viewed as a typical American phenomenon (cf. Simonds, 1992).

3.2.1 Data

The data that were collected for this study are the written contributions from participants in a support group on depression that appeared over a period of about two years. Choosing this period of time enabled me to explore the messages that were stored in an already existing archive as well as part of the ongoing discussion at that time.¹⁴ In that two-year period, 2,043 messages were written by over 85

¹³ See section 7.3 for a further overview of a number of interesting avenues for future research.

¹⁴ The 'archive' consisted of the first 1,843 messages that appeared since the group was founded. The archive was created because the discussion had become too large to handle. Therefore, it was decided to store the messages in a separate folder that was still open to visitors to read, but to which no new contributions could be added. The discussion continued in a new folder, of which another 200 messages were added to the sample as well so as to end up with a corpus comprising all messages that were sent in a period of two years.

different participants. The majority of the participants in this group are women. Although statistical figures do not tell us about the actual content of the interaction, it is worth noting that in this support group, 13 participants provide for *over 73 percent* of the messages that were written. This is not an extraordinary finding, since both in discussions on the Internet as well as in many face-to-face discussions, it is often found that a relatively small number of participants contribute highly to the discussion (see for example Schneider, 1992; Leeuwis *et al.*, 1997; Preece, 1999; Jankowski and Van Selm, 2001).

Since the data comprises the written contributions of participants to this group, there was no need for transcription as there is with spoken materials. We will however encounter transcribed materials in the fragments displayed throughout these chapters that are derived from other studies. The guidelines for transcription which are used in transcribing these fragments (Jefferson, 1984; see also Hutchby and Wooffitt, 1998) are presented in Appendix I.

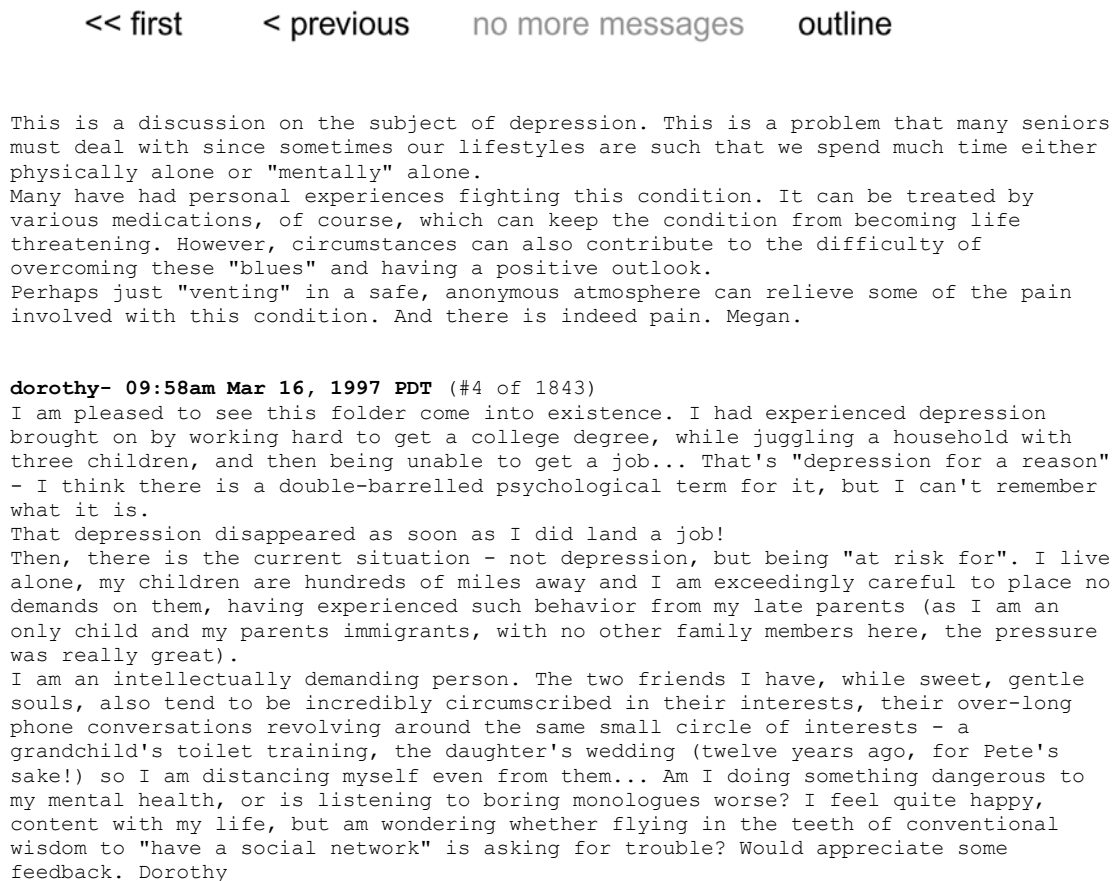
3.2.2 Technical characteristics of the website

From a technical point of view, the support group under study here can be accessed by everyone who visits the website and clicks on the button 'discussion groups'. The discussions are thus part of a publicly available website. Participants can participate in the support groups by logging in (provide a name and password) after which they fill in a message box at the bottom of the page and post their message. The message box for typing new messages to the ongoing discussion is displayed under the last message that has been sent until that time. After participants have written their contribution and pushed the 'send' button, the message will be displayed as the last message that is sent. Interaction is thereby asynchronous, and highly comparable with sending e-mail.

The fragments that are sent to the forum appear in sequence on the website, displayed as a long list of messages, without indentations or a so-called 'threaded' structure that is frequently used to organise online discussions. At the top of every page we can find a set of navigation buttons that enable visitors to look at an 'outline' in which all message headers are displayed, which is visually similar to what you see if you open your e-mail programme to have a look at the e-mails in your inbox. Other buttons allow you to move back and forth through the messages that have been sent until that time.

Figure 2 below offers an impression of the way in which the messages sent to this group are displayed on the website. The figure shows the welcoming message from Megan, the 'founder' of the group and the first reply provided by Dorothy (see Chapter 4, section I and II for a detailed analysis of Dorothy's contribution).

[Figure 2: Impression of the way the messages in the forum on Depression are displayed on the website]



In every forum there is a so-called 'list-owner' appointed. Most of the time they are not too heavily involved in the discussion they are hosting (but they might be in other forums on the platform), although sometimes they can be a regular contributor to the discussion just like any other participant to the group. The latter is also the case in the support group on depression. The host mainly welcomes new members when they post messages and refers them to some practical information, for example by pointing out what they can find in other parts of the platform. They also point newcomers to other discussion groups or tell them something more about the list they have just joined. There is however no strict 'policy' that hosts follow in this particular group.

3.3 Collecting 'naturally occurring' data

In this section I will reflect upon the process of data-collection in general and point to some specific considerations when collecting data in an online setting. I will also focus on the role of the researcher vis-à-vis the subject of analysis when collecting data in an online environment.

3.3.1 *Naturally occurring talk*

The emphasis both within conversation analysis and discursive psychology is on analysing natural talk. That is, talk as it occurs in everyday life, rather than in manipulated settings like laboratory experiments or controlled observations, or in other words, talk as it would have occurred regardless of whether or not a researcher was present. It is important however to point out that the interactions in laboratory settings can also be studied as a form of natural talk, depending on the focus of research. The same is true for interview materials, for example. Interview materials can be treated as natural data if not only the respondents' answers to the interviewer's questions are taken as data, but rather when the interview as a whole is taken as a piece of talk-in-interaction (Edwards, 1997: 89). This already shows how the distinction between natural and artificial is not as clear-cut as it may seem. Thus, while emphasising the need for naturalistic materials could be taken as a plea for 'uncontaminated' data, discursive psychology primarily regards it as the product of a particular research orientation. This focus might then be applied to any kind of data.

Although a broad array of research within conversation analysis has drawn attention to interaction in institutional settings (Drew, 1991; Drew and Heritage, 1992) conversation analysts have stated that ordinary or mundane conversations is the prevalent medium of interaction against which other types of interaction are recognised and experienced. This principle has guided their exploration of 'institutional' types of interaction, like courts, classrooms and news interviews, which build upon particular procedures that can be found in ordinary talk as well. Wooffitt (1992) has formulated the primacy of casual or mundane talk in conversation analysis as follows: "...the distinctive character of talk in specific situations is a consequence of the ways in which speakers adapt procedures which are recurrent features of everyday talk to the specific particulars of the circumstances" (1992: 51).

We can put forward the argument that 'pure' examples of mundane talk are difficult to identify in an objective and uncontaminated fashion.¹⁵ What is important is the *analytical sense* in which casual or ordinary talk is treated as foundational in conversation analysis, which draws attention to the fact that

¹⁵ Apart from being difficult to identify in an uncontaminated fashion, the foundational assumption held within conversation analysis, proposing that mundane or ordinary conversation has a 'bedrock status', has been criticised for the way in which the emphasis on *mundane* conversation is presented as a neutral category. It is put forward how conversation analysis fails to critically assess how this terminology can be heard to presuppose a rather non-critical view of the social world, i.e., as a world that is considered equal and participatory (Billig, 1999).

the primacy of mundane or casual talk may occur as a participants' concern, rather than an analyst's decision on what is casual conversation and what is not (Edwards, 1997:84-85; Drew and Heritage, 1992).

3.3.2 Context

Rather than seeing 'context' as an abstract force that imposes itself upon people, conversation analysts have adopted the view that participants themselves show an orientation to the possible relevance of context(s). They argue that no order of detail can be dismissed, *a priori*, as disorderly, accidental or irrelevant, or to put it differently, how the analysis should not be initially constrained by theoretical assumptions on what is considered a relevant contextual variable and what not. It has been pointed out how "CA researchers cannot take "context" for granted nor may they treat it as determined in advance and independent of the participants' own activities" (Drew and Heritage, 1992: 21). Schegloff (1997) pointed to the importance of participants' orientations to context rather than the analysts point of view as to determine the relevance of potential contextual factors when saying "...because it is the orientations, meanings, interpretations, understandings, etc. of the *participants* in some sociocultural event on which the course of that event is predicated -and especially if it is constructed interactionally over time, it is *those* characterizations which are privileged in the *constitution of socio-interactional reality*, and therefore have a prima facie claim to being privileged in efforts to *understand it*" (1997: 166-167; italics by author).

If we bring this to bear on the online forum that is being studied here, we can see how the relevance of aspects like the alleged anonymity of people who interact online or issues concerning age or gender, which we might assume to be relevant membership categories in this particular online setting, are not considered automatically relevant or starting points for analysis of the conversational materials. Rather, they enter the analysis only when made relevant by participants themselves.

3.3.3 Ethical considerations in studying online data

During the past couple of years, researchers who have studied the Internet have increasingly paid attention to the ethical implications of conducting research with online naturalistic data (see for example Sharf, 1999; AoIR ethics committee, 2001; Waern, 2002; Herring, forthcoming). Some have pointed out that the guidelines that are being proposed have not been developed with language scholars in mind, since they draw more attention to the structural features of the written contributions than to the individuals who post these messages (Herring, forthcoming). Nonetheless, it is an important issue to address here, since it concerns aspects whose importance goes beyond the particular kind of research perspective favoured in studying these groups.

Let me start by providing an overview of the way in which I proceeded with collecting the online data for my own research. To start my exploration of participants' daily conversations on the forum on

depression, I announced my research proposal with the organisation that hosts the website. I also submitted my research proposal to a discussion list on the forum that was specifically set up for researchers to introduce their topic of study. The idea behind this was that posting this kind of information in a central place on the platform would pose less of a burden to the ongoing discussions in the different groups that can be found on this platform, in particular to groups that discuss potentially sensitive health-related matters like depression.¹⁶

At the time I completed the analyses of the data, I posted another message to the group, in which I invited people to comment on the conclusions that I reached in my analyses. I did not receive any response to this message. One can speculate what this lack of response might mean. It could serve as an indication that participants in this support group are not particularly interested in whether their conversations are a topic of scientific research, or to hear about the conclusions drawn in such research. However, there is also a practical consideration that might be of importance here, and that is that the group of participants who took part in this forum has changed since the time that I collected my data, as a result of which the current participants do not consider themselves the actual subjects of my research.

I would like to emphasise that my intention in approaching the online data has been to respect the privacy of the participants in this forum as much as possible. I am thoroughly convinced of the value this support group holds for its participants as an important forum to tell their stories and in no way do I want to cause detriment to the people who visit this group. The names that are used to identify the participants are therefore pseudonymous and I have avoided mentioning any personal information that could possibly identify people. Out of respect for participants' privacy, I have also refrained from referring to the name of the website where this support group can be found on the Internet.

Besides explicating the way I have proceeded in collecting my data, I want to make two general comments on the way the discussion about ethical considerations in studying online data has developed. First, I think that the discussion would benefit strongly by distinguishing between the particular kind of online data we are dealing with. In my case, the subject of study is an online forum that is publicly available on the Internet. This is important, since it carries the implication that in principle, everybody is able to 'overhear' the conversations that take place between participants, even though

¹⁶ I considered this an especially important point, not only because this support group is devoted to potentially sensitive matters in relation to health and illness –depression in particular–, but also because of a previous experience with a Dutch organisation for elderly people which I contacted to ask for permission to study the interaction in a number of mailing lists that were part of their website (see section 3.2). The people who took part in these mailing lists explicitly argued against a researcher being 'present' in their discussion and suggested that I sought a different way to announce my research. Eventually, an agreement was reached in which the head of the organisation, who participated in the discussion list, posted my e-mails to the list. Note however that this was a mailing list to which people had to subscribe to gain access to, and not a publicly available forum like the support

they might not be the intended audience. In an attempt to point this out to visitors, an increasing number of websites already explicitly make note of the fact that the space provided for discussion is ultimately a public space, thus carrying particular consequences for participants' privacy. On the other hand, it has also been pointed out that even though we are dealing with public online spaces, participants can still be engaged in private conversations (Elsegem, 1996). However, I do think that the public nature of the conversational materials on the Internet is at times largely overlooked in a rather oversensitive attempt to protect participants' privacy, thereby ignoring that these people actually *choose* to participate in these online support forums.

A second point that I want to stress concerns the practical feasibility of the proposed ethical guidelines. Consider for example how the suggestion to inform all individual participants in a discussion group (see for example Sharf, 1999) about ongoing research turns out to be hardly feasible in practice. What we see in practice is that when participants are able to use whatever name they please and participate without having to display their full e-mail addresses or other contact information in the header of their message (as is often the case), it is impossible to get in touch with them on an individual basis and ask for permission to study the messages they send to a publicly available online forum.

3.3.4 Some methodological implications of studying online texts

Adopting the perspective of discursive psychology to study online data has brought me to reflect upon the question of whether studying online texts somehow poses different methodological issues when compared to studying other types of written texts and talk. Are there certain characteristics that make it a fundamentally different kind of data, or are online materials highly comparable to other types of written text? And, more in particular, are there any methodological consequences that we need to draw attention to when analysing online texts with the help of discursive psychology?

In an attempt to answer these questions I would like to point to a number of observations I made in analysing the online data. These observations are linked to a number of founding principles in analysing conversational materials, that is turn-taking, sequential order and adjacency pairs (see also Chapter 2, section 2.3.2).

In determining the characteristics of how people take turns in face-to-face conversation, Sacks, Schegloff and Jefferson (1974) have identified three facts: i) turn-taking occurs; ii) one speaker tends to talk at a time and iii) turns are taken with as little gap or overlap between them as possible. This does not mean however, that gaps and overlaps never occur or that there is never more than one speaker

group under study here, which might partly explain for their reticent reaction. Nonetheless, it made me particularly aware of how posting a message related to research in a discussion group might be considered highly intrusive.

that talks at a time. What the model points to is the ideal of as much interspeaker co-ordination as possible.

If we consider these characteristics in the light of the online data we encounter in the support group, we see that turn-taking operates differently. This is largely due to the fact that the technical make-up of this discussion software does not allow participants to foresee exactly when their message will be placed in relation to the position of the previously posted message. This is one aspect that works differently in online conversations when compared to turn-taking in face-to-face conditions. It has however, also consequences for the location of transition-relevance places, that is the possibility at the end of each unit for speaker transition. When we consider the conversational materials of this online support group, it becomes clear that the transition-relevance places are found after the complete message has been posted, since this is the moment when the writer has completed it and has pushed the send button. Taking turns during the time that it takes for a message to be posted online is not possible. In a similar fashion, the fact that two messages are displayed one after the other does not automatically suggest that we are dealing with an adjacency pair. When we look at the data we can quickly see that the fact that two messages are displayed in sequence is due to the technical make-up of the communication system rather than the fact that both messages are related as, say, question and answer.¹⁷

In laying out the characteristics of the organisation of turn-taking, it was pointed out that taking turns takes place with as little gap or overlap as possible. The technical make-up of the discussion forum shows that overlap is impossible in this support group, but we do see gaps. However, these gaps are time gaps. That is to say, the data shows how the response from other participants can come minutes, hours or days after a previous message was sent (see Figure 1). We can but speculate how to interpret these time gaps. For example, if a response is not given immediately, does this indicate a pause or a hesitation in answering, or maybe even a dispreferred response? This is hard to determine in online conversations. It seems that the only thing we can reasonably conclude is that identifying hesitations in turn-taking can be less clearly demonstrated in an online environment.

Although it can be shown that important elements of turn-taking operate differently in an online environment when compared to face-to-face conversations, it has to be pointed out that over time participants seem to accustom themselves to the technical particularities posed by the software programmes used to facilitate an online environment. In the analyses that follow, we will see how

¹⁷ In exploring the turn-taking system of a chatbox, which is *synchronous* in nature, taking turns can be taken to differ even more from face-to-face communication than is the case with *asynchronous* conversations. The apparent relationships between questions and answers in a chat-application is referred to here as 'ghost adjacency pairs' (see for an overview, Garcia and Baker Jacobs, 1999). We can therefore argue that in a chat application, where communication is synchronous, the communication system has an even bigger influence on the placement of messages than in the current study of asynchronous support talk.

participants have found ways of managing the potential problems in turn-taking in this (asynchronous) group as well, for example by explicitly referring to the names of the people to whom they are responding in their messages.

There are three other aspects that I would like to address in this section, in relation to what are considered particular characteristics of computer generated texts. I have found that they are important to take note of when analysing online conversational materials. First, consider the way in which e-mail language has developed a set of typographical symbols that are generally drawn upon in online conversations to convey particular meanings. Most well known are the so-called 'smileys' that are used to convey laughs (displayed as :-)) and which are 'read' from left to right. These typographical symbols, often referred to as 'emoticons' or 'paralanguage' (Lea and Spears, 1992) have become quite an accepted mode of conveying humour, irony or sadness. It is important to consider though, that these emoticons, similar to other elements in participants' utterances, become only relevant for analysis when oriented to by participants themselves in their interaction with others.

Second, I want to point out a slightly different aspect to the use of (excessive) punctuation. In some of the fragments that will be presented in the chapters to come, we will see how punctuation may be used, for example to 'display thinking', which works to present the thoughtfulness of the message that is written (see Chapter 5, fragments (9) and (10); see also Chapter 6, fragment (28)), thereby suggesting the potential delicacy of the response. Note again that the way punctuation is used in participant's writings is not *a-priori* relevant for analysis, nor does it have some predefined or fixed meaning.

A third remark is related to the rules of conduct (often called 'netiquette') that are sometimes quite explicitly defined in online environments (available online in lists of frequently asked questions and answers –called FAQs). I do want to point out that the rules for behaviour as they are formulated in FAQs are different from the various ways they can be oriented to in action (see Chapter 2, section 2.3.1), but I still think it is an interesting feature to mention here.

Take as an illustration one of the fragments that we will come across in chapter six, in which a message from someone called Chrissie is written completely in capital letters. Rules of netiquette generally consider typing in capital letters as shouting, and therefore as inappropriate and impolite. In the case of Chrissie's message, whether her style of writing is taken as a sign of impoliteness is not something that is subsequently picked up by the other participants. We can argue whether participants merely consider her message as coming from someone who is relatively new in using the medium or as an expression of her joy in finding a cure to her depression. Because the issue of impoliteness is not attended to by the participants, to determine whether Chrissie's message is impolite or not is not an issue for the researcher to resolve. It would be a relevant issue for analysis if participants orient to it as such in subsequent posts. Provided that netiquette does not have a fixed or stable meaning, I do think that it is

important to take note of this phenomenon when studying online environments, since it may be oriented to by participants (either implicitly or explicitly). The extent to which this does or does not happen might differ from group to group and therefore needs to be examined on the basis of a detailed analysis of the conversational materials.

3.4 Analysing data with the help of discursive psychology

Besides providing an outline of the theoretical assumptions that underlie discursive psychology and the phenomena that are studied, the Discursive Action Model also provides for a set of 'handles' for analysing the data (Edwards and Potter, 1993; see also Potter, 1998b). And although these handles do not represent a straightforward recipe for analysing discourse, they do provide for points of orientation in examining the conversational materials. The Discursive Action Model distinguishes between three components: action, fact and interest and accountability, which we have already drawn attention to in chapter two (sections 2.2, 2.3 and 2.4).

In relation to the components identified in the Discursive Action Model, we can identify three potential elements that can operate as analytic levers when approaching the data. First, there is an orientation towards variability. Variability can be considered an important indicator of the action orientation of talk and can point to the different discursive resources that participants may draw upon to perform these actions (Edwards and Potter, 1993: 32; also Potter, 1998b). Second, researchers have also found it beneficial to look at the rhetorical dimension of talk, focusing on the way descriptions are designed to undermine alternative versions. The view that reports and descriptions are rhetorically organised to undermine alternatives is captured under the second component of the Discursive Action Model, fact and interest (Edwards and Potter, 1993; also Chapter 2, section 2.3.3). A third element we can look for when exploring data is the so-called accountability feature, since this offers another powerful indication of the kind of discursive work that is being accomplished. Paying attention to how actions are made normatively accountable can be helpful for an understanding of what these actions are.

An important part of the analytical mentality in approaching the data is referred to as 'unmotivated looking' (Sacks, 1984), which considers it important to view the data without reading into it a set of ready-made analytic categories and without a preconceived image of the findings that will result. As Sacks has pointed out, unmotivated looking enables the researcher to "pose those problems that the data bears" (Sacks, 1984). It needs to be emphasised however, that this analytical attitude does not imply a form of naïve reductionism in approaching data (Potter, 1998b; also 1996b). Rather, the materials are analysed in relation to a body of theoretical concerns. The theoretical considerations that have informed this particular study have been the relatively large body of research that is available on expert-lay interaction in the medical domain (see Chapters 4 and 6), studies that have explored

communication in an Internet setting, and research on (online) support groups in particular (see Chapter 1). Coherence with previous discursive studies is one of the considerations to justify the validity of the analytical claims that are made in this study (see for an overview of validation procedures, section 3.5).

In an attempt to extend the particularised instances into collections, I employed the method of 'theoretical sampling', as it is found in grounded theory (Glaser and Strauss, 1967). Theoretical sampling is defined as extending the saturation of categories or core concepts, by looking at new data. This happens in a cyclic fashion, which is controlled by looking back and forth at the data and the emerging theory. Saturation is defined as that point in data collection/analysis when no new features related to the research question turn up in the most recently collected data. That is to say, the data are exhausted for that site on that question.¹⁸

Before addressing the way in which the data was initially examined to identify possible themes of interest, I want to make an additional remark about the size of the corpus that was collected for this study. In analysing the data I have chosen an approach that is characteristic for conversation analysis and discursive psychology. However, it is exceptional to use such an approach with such a relatively large data set, as has been the case in this study. The analytical reasons to start from this rather large corpus were that 1) some participants contributed heavily to the discussion, which led me to collect a larger body of material so as to include a larger number of different participants, and 2) that the materials I set out to explore are a relatively new means of interaction, as a result of which starting with a relatively large set allowed me to get an in-depth impression of what people actually *do* in support talk.

3.4.1 Identifying themes of interest

A first gloss of the data offers a first impression of potentially interesting issues. What we need to do next to is to closely describe the kinds of interactional work accomplished in these empirical examples. The next step lies in exploring the data again to see if other instances of the same phenomenon can be found that render the observed example as the basis for a more generalizable account (see also Hutchby and Wooffitt, 1998). Through building a collection of cases, a careful description of one instance can come to cover a broader number of cases.

¹⁸ While analysing the materials, I worked with the NUDIST computer programme, which was quite helpful to explore the data. It enabled me to store my data in one file and provided me with an opportunity to visually keep track of the collections of interesting phenomena in a number of tree diagrams, search for specific collections and return to the fragments to explore broader sections. It also offered the possibility to keep the descriptions of what participants do in these various fragments attached to the individual fragments, together with other noteworthy observations. Similar phenomena could then be selected and printed out for further observations, which was helpful in building collections of interesting cases (cf. Richards and Richards, 1991; Seale, 1999).

This data-driven approach resulted in the identification of three themes of interest, which will be described more fully below. These will be explored further in the analytical chapters to come (see Chapters 4, 5 and 6).

When I started to explore the data, the first messages that were sent to the forum were messages from new participants that declared their interest for this support group. I was intrigued by the fact that when introducing themselves to this support group, participants did not only introduce themselves and explained why they were visiting this group, but rather, presented elaborate accounts of how their depression came about. This seemed remarkable, since the explicit topic of this support group was depression. In such an environment we can reasonably expect participants to feel able to discuss different aspects of their condition, when taking into account that they might expect to be among people who have been through similar experiences. This is to say, we could consider how they would feel able to talk about their disease, without paying much attention to explaining how their depression was caused in the first place. I noticed however that extensive accounts were presented for their depression, and they were offered as factual explanations. Moreover, they were provided every time new participants introduced themselves to the group. I thought it interesting to explore the kind of interactional work these elaborate explanations worked to accomplish.

After having collected a number of self-introductions, I noticed that in describing how their depression came about, participants were able to attribute to themselves particular identity categories. This made available the impression that drawing upon the category of a depressed person was merely *one* way to describe themselves. It became clear that by ascribing different identity categories to themselves and other people, participants were able to undermine alternatives and thereby manage issues of responsibility, blame and personal competence in relation to their illness.

Offering extensive accounts of how their depression has come about proved to be a 'characteristic' of the people who participated in this group. This brought me to investigate possible other issues that may resemble a kind of 'requirement' or 'precondition' that participants attend to when taking part in this support group. I have captured these issues under the header of 'membership', since it illustrates how participants orient to presenting themselves as 'legitimate' members of an online support group for people with depression (see Chapter 4).

Another phenomenon that struck me as remarkable when reading through the conversational materials was the way in which participants asked for what they referred to as 'support'. Rather than straightforwardly asking for it, it seemed that these requests were attended to as potentially sensitive matters. That is to say, when support was requested, it was often oriented to as something to account for. The same pattern was found after having collected several of these requests for support throughout the data. I considered this particularly striking since we were dealing with a group that explicitly identifies itself as a support group. Why then was it so troublesome to ask for support in a

straightforward fashion? To explore the interactional business that participants hereby accomplish will be dealt with more extensively in chapter five.

A third issue that intrigued me was related to asking for and offering advice. The data showed how on the one hand, participants asked for and provided advice unproblematically, while on the other hand defining it as an inappropriate category. It is often pointed out that peer-based support groups are particularly valuable for the way they enable participants to exchange advice, since everybody is assumed to have gone through the same experiences and takes part on the basis of alleged equality. However, a first look at the data quickly showed how advice was frequently defined as inappropriate and in most cases in a very explicit fashion. At the same time, participants seemed to draw upon a difference between asking for 'advice' and asking for 'support', which struck me as an interesting distinction. I wanted to further explore the kinds of discursive work that was accomplished by defining advice in different ways. I thought this particularly interesting since this group was a peer-based group, and it could be expected that in the assumed absence of any hierarchical differences between participants, asking for or giving advice might be considered a relatively straightforward undertaking (see Chapter 6).

3.4.2 Strategy and truth

I want to make two further comments regarding the analysis of participants' utterances with the help of discursive psychology. First, it is important to point out that describing participants' interaction in terms of how it 'accomplishes some interactional work' or exploring the 'design' of descriptions or explanations can easily raise the impression that discursive psychologists consider peoples' language to be strategic. What I want to stress here is that although it might sometimes seem if participants strategically plan their utterances, while at other times it might seem like they do not plan in this way, there is no way in which the analyst can eventually determine whether this is the case or not. Matters of intentionality are treated as a "practical matter for participants" (Edwards, 1997:94) that is to say, they enter the analysis when topicalised by participants, for example when *treating* each other's talk as intentional. Furthermore, a discursive psychological approach considers utterances as fitted in contexts that perform actions, without necessarily relying on concepts such as 'intention' or 'strategy' to explain for them. In this respect, it is sensible to "discern between skill and design without implicating planning and strategy" (Potter, 1996a: 46).

A second point is related to the notion of truth and accuracy. In examining the data I do not attempt to determine whether particular remarks that participants make are true or false. Thus, it is not my intention to determine whether the kinds of explanations that participants give of how depression has come about are accurate or true, but rather to see what kind of discursive work is accomplished in offering one explanation rather than another. The view that discursive psychology holds is that rather

than considering whether something counts in an abstract sense as true or false, what is important is how particular descriptions *are treated by participants* themselves (see Chapter 2, section 2.4).¹⁹

3.5 Validation and validation procedures

Discursive psychology has outlined a number of ‘procedures’ that contribute to the way in which the validity or accuracy of specific empirical observations can be warranted.

3.5.1 Participants’ own understandings

In analysing discourse, discursive psychology considers it vital to start from *participants’ own understandings* as they are displayed in interaction. One of the features in interaction is that any turn of talk is oriented to what came before and what comes next, and that this orientation typically displays the sense that the participant makes of the prior turn. This is also referred to as the ‘next-turn-proof procedure’ (Sacks, 1974; cf. Edwards, 1997; Hutchby and Wooffitt, 1998). The aim of this proof procedure is that the analysis of any turn can be checked against how participants themselves respond to it in subsequent turns. As Sacks, Schegloff and Jefferson have stated “while understandings of other turns’ talk are displayed to co-participants, they are available as well to professional analysts who are thereby afforded a proof criterion (and a search procedure) for the analysis of what a turn’s talk is occupied with. Since it is the parties’ understandings of prior turns’ talk that is relevant to the construction of next turns, it is *their* understandings that are wanted for analysis” (Sacks, Schegloff and Jefferson, 1974: 729, original emphasis).

A good way of illustrating this proof procedure is to look at what conversation analysts have defined as the turn-by-turn unfolding of the interaction (see Chapter 2, section 2.3.2). This focus is not based upon predefined assumptions or informed guesses by the researcher to define whether a speaker’s remark is an accusation or merely an invitation. Instead, it reflects the ways in which participants *themselves* “display their understanding of, and reasoning about, the moment-by-moment progress of the conversation” (Wooffitt, 1992: 49). In this respect, we can see how a speaker demonstrates her understanding of the prior turn as an ‘invitation’ by ‘accepting’ it.

¹⁹ Discursive psychology starts with no specific assumptions about the nature of mind and reality but rather, treats them as participants’ discursive concerns. Focus of attention is how participants discursively construct versions of reality rather than to assess whether these versions are true or false. This point of view is derived from studies that have become known as the sociology of scientific knowledge (SSK) and was formulated as a methodological starting point for studying scientific knowledge claims referred to as ‘methodological relativism’ (Collins, 1982; see also Potter, 1996a, Chapter 1 and Edwards, 1997: Chapter 3).

3.5.2 Deviant cases

Deviant cases are very useful in assessing the adequacy of a claim, since it may work to strengthen the explanatory power of the analysis (Perakyla, 1995: 210-212; Silverman, 1997: 128). It might equally work to reinforce the analysis, since it shows participants' orientation to both the normative basis of the pattern and the excusability or local rationality of the deviance from it (Ten Have, 1999: 137).

A well-known example is Schegloff's study of telephone openings, where he described a pattern to participants' entry in the telephone conversation that explained all but one instance (1972b). Schegloff's initial observation was that the *caller* spoke first in telephone openings. However, the one case that did not fit this description showed how the *answerer* spoke first. Rather than treating this particular case as a deviant case and describe its particular features, what Schegloff did was to reconsider his initial observations as to whether the caller speaks first in telephone openings and see if these observations could be reformulated in such a way as to explain for the current case in which it was the answerer that spoke first. On the basis of reconsidering the data, Schegloff then reformulated the initial 'caller speaks first' rule into an adjacency pair, where whatever the caller says in the first turn is an answer to the summons issued by the ring of the telephone. This adjacency pair was referred to as the 'summons-answerer sequence' (*ibid.*: 357). Schegloff's later analysis demonstrated how it is the second utterance of the caller that represents a first greeting (Hyla's "Hi" in line 3 in the fragment below). An example of a typical telephone conversation opening is found in the fragment below:

- (1) [From Schegloff, 1986, slightly shortened]
- 1 (Ring)
2 Nancy: H' llo?
3 Hyla: Hi:,
4 Nancy: Hi::.
5 Hyla: How are yuhh=
6 Nancy: =Fi:ne how are you,

3.5.3 Coherence

A study may be assessed in part by how far it is coherent with previous studies undertaken within conversation analysis or discursive psychology. There is a sense that each new study provides a check on the adequacy of previous studies that are drawn upon. In this study, we can build on a large body of studies that have explored expert-lay interaction in the medical domain. In what follows it will be demonstrated how some of the sensitivities that are shown to be relevant in an expert-lay setting are equally relevant in a peer-based context. At the same time, a number of issues will be shown to differ from interaction in expert-lay settings. Further research is needed to examine whether these issues are typical for peer-based interaction or not (see also Chapter 7, section 7.3).

3.5.4 Reader's evaluation

One of the distinct features of discourse research is its presentation of rich and extended materials in a way that allows the reader to make his/her own judgements about the interpretations that the researcher has placed alongside them. This form of validation contrasts with much of the traditional experimental work where it is rare to include raw data.

3.6 Concluding remarks

This chapter has provided an overview of the process of data collection and analysis. In laying out the approach by which the data are analysed, it has become clear that theory and method are closely intertwined. An illustration of this interrelatedness was provided in section 3.4 that addressed the analytical levers in relation to emerging areas for analysis.

This section showed how the process by which the three areas for further study were identified was clearly data-driven. The themes that were identified will be pursued in the analytical chapters that follow. The first analytical chapter sets out to analyse the ways in which participants attribute particular identity categories to themselves, to others and to the world outside, and the kind of work these descriptions accomplish in relation to issues of responsibility vis-à-vis one's condition and towards constructing a sense of membership. The second analytical chapter will focus on the kind of discursive work that is accomplished in accounting for asking for support, and what is made inferentially available in doing so. The third and last empirical chapter explores how participants manage to ask for and provide others with advice, and the kind of interactional work that is accomplished by treating advice as unproblematic while at other times explicitly defining it as an inappropriate course of action.

4. DOING BEING A MEMBER

“Being a member is not so simple as it might appear. Membership can be achieved or worked up: people can fail to be treated as having certain memberships” (Potter, 1996a:133).

4.1 Introduction

This chapter treats participants' identities as an accomplishment in talk rather than as a representation of peoples' essential selves. It is therefore that identities are regarded as topics of investigation rather than a pre-fixed label defined by a researcher. Furthermore, as I hope to illustrate in the analysis that follows, identities are a discursive resource in the hands of participants to fulfil all kinds of interactional work. It is the participants who locally ascribe and reject, make relevant and ignore, avow and disavow such and such an identity, in their daily interactions.

The setting that is under study here is an online support group visited by people who come together to discuss the topic of depression. These online gathering places are becoming an increasingly popular resource for patients and their families to share their stories and experiences related to depression (see Chapter 1). They have also caught the attention of organisations in the health field, which consider them a promising additional means to getting in touch with their clients. Given that these groups pose an attractive new means of communication, it is remarkable to see that a detailed study of participants' everyday talk in these groups is still lacking (see Chapter 1, section 1.3).

This chapter will explore participants' actual conversations, and in particular, examine the ways in which participants introduce themselves in this support group. It is by studying participants' actual written contributions that we can demonstrate how identities are an issue for participants, and how they might not be so well-defined as is oftentimes assumed. Participants' self-introductions are a well-studied phenomenon in conversation analysis and discursive psychology, explorations of which have shown how people introduce themselves to other people, and how in doing so they attribute identity categories to themselves and others. For example, Schegloff (1986) has studied a large number of telephone conversations to explore how participants enter into interaction at the start of telephone calls. Wooffitt (1992) has explored what he refers to as 'beginnings' of people's accounts on their experiences with the supernatural. According to Wooffitt, it is in these beginnings that they engage in the 'setting work' for describing their experiences. Likewise, Widdicombe and Wooffitt's (1995) study on youth subcultures has examined how young people whose appearance suggested they belonged to a particular subcultural group, describe their identity to an interviewer. Respondents' answers illustrated nicely how membership categories can be resisted and negotiated, and thereby locally worked up rather than being simply available. In a similar fashion, Zimmerman has focused on 'openings' to explore the discursive

work done in telephone calls to an emergency line. He has shown how the caller establishes 'the kind of call this is' and shows an orientation to whether he is entitled to help on that basis (Whalen, Zimmerman and Whalen 1988; Whalen and Zimmerman, 1990; Zimmerman, 1992).

The notion of membership categories is a crucial concept when considering how people refer to their identities. As we have already seen in chapter two (section 2.3.4), category membership devices (CMDs) as well as the so-called category bound activities (CBAs) are important notions in the field of conversation analysis and discursive psychology (see for example Sacks, 1972; 1984; 1992; Edwards, 1991; 1998; Wooffitt, 1992; Widdicombe and Wooffitt, 1995). These notions are of crucial importance to this chapter as well, which is why I want to consider them here in greater detail, before turning to the empirical analysis of the data.

4.2 Membership categories

In his lectures on conversation, Sacks has provided us with an outline for what he considers the MIR membership categorisation device. The acronym 'MIR' was defined as Membership Inference-rich Representative (Sacks, 1992: 41). In his later work, Sacks referred to membership categorisation device or rather, categorisation device (Sacks, 1972; Sacks, 1984).

Crucial to the understanding of the membership categorisation device is the notion of categories, used to define and identify others and ourselves. If we consider the multitude of available categories that can be used to describe people, we can see how identifying others or ourselves involves a process of selection. As a result of this process of selection we come to describe a particular person in a particular way at a given point in time. If we consider some examples of categories that can be used to describe women ('wife', 'mother', 'daughter', 'lady', 'mistress', 'female', 'girl', 'lesbian', 'feminist'), we can see how these categories are not neutral, but are accompanied by strong connotations and conventions.

Sacks has tried to illustrate the working of category membership devices (CMDs) and category bound activities (CBAs), in analysing a sentence that has become quite well known. It is a sentence from a book called 'Children tell Stories', where a young child tells the author of the book the following: "The baby cried. The mommy picked it up" (Sacks, 1972). Sacks has explored how when we read this sentence we come to think that the mommy who picks up this baby is in fact the mother of this baby, and the reason that she picks up her baby is because it is crying. This is remarkable, since neither piece of information is contained in the sentence itself. Sacks argues: "We hear that it's the mommy of the baby because she's the one who ought to pick it up...And furthermore, of course, the baby ought to have been picked up, soothed in some way. So what was done is just what ought to have been done" (Sacks, 1972: also 1992).

The culturally available resources that readers who read this sentence draw upon is according to Sacks best explained by referring to the collections or families of categories that 'baby' belongs to. In this instance, the category of 'baby' is not unambiguous, since 'baby' could also belong to the collection of 'stages of life', in which 'baby' is one of the categories belonging to this collection, together with 'child', 'teenager' or 'adult' for example. However, here the 'baby' seems to be grouped in relation to the category of 'family'. Because 'baby' belongs to the category 'family', it is expected that the 'mommy' of this baby picks up the baby because he is crying.

What this example illustrates is how particular kind of activities or behaviour can be commonsensically expected on the basis of particular category information; in this case based on the categories 'baby' and 'mommies' and these being grouped together in the category 'family'.

4.2.1 Category bound activities, ascriptions and inferences

What is important to consider is that membership categories not only allow us to make reference to particular persons, but that these categories also provide a set of inferential resources by which we can come to understand and interpret the behaviour of persons described as such. These categories are therefore described as 'inference rich', implying that "a great deal of the knowledge that members of a society have about the society is stored in terms of these categories" (Sacks, 1992: 41). Participants, when interacting, display an orientation to the kind of category bound activities or inferences that can be drawn upon by virtue of peoples' membership to particular categories. When looking back at the example introduced above, the fact that babies cry is one example of the kind of activities bound to those categorised as babies. These inferences also work in such a way that when something happens to the baby, which would warrant crying, and he does not cry, this absence is noticeable and we might say 'what a big boy'. This is then taken to be praise.

It is important to note that membership categories, the inferences that they make available and the activities bound to those membership categories, are not clear-cut entities but rather subject to ongoing negotiation.

I have explained the working of category membership and the inferential consequences attached to them here predominantly in theoretical terms, using the theoretical notions developed by Sacks. What I will do next is to offer some examples of how these categories and the inferences they possibly make available are oriented to in everyday conversations, and more in particular, illustrate how they are continuously defined and redefined. An interesting example is derived from a study on gay men describing their homosexual identities (Watson and Weinberg, 1982). Part of this study focused on how the interviewees describe the process by which they came to realise that they were homosexual, and how they referred to it in terms of biography. The process of a developing homosexual identity was referred to by making use of the 'stage of life device' (Gumperz, 1974). The stage of life device

represents a conventionally organised temporal process from the category 'baby' to 'infant', 'child' and 'adolescent'. An example is the way in which psychoanalysts refer to 'infantile' impulses by replacing the category-bound predicates that are usually invoked by the category 'adults', with the predicates commonsensically made with regard to those categorised as 'infants' or 'children'.

What Watson and Weinberg (1982) have demonstrated is how the interviewees referred to their developing identities as homosexual by attending to the stage of 'adolescence', with its category-bound associations of 'doubts', 'confusion', 'emerging self-definitions' and 'exploration'. Notice how these attributes can be considered 'normal' characteristics of those characterised as adolescents, enabling the interviewees to present their uncertainty over their sexual inclination (possibly homosexual, possibly bisexual) not as strange or defective but rather as a normal 'phase', or 'just a passing thing'.

- (1) [From Watson and Weinberg, 1982:66-67, slightly shortened]
- 1 I: How old were you when you first began to think that it was
2 likely or probable that you were homosexual?
- 3 R: Probably eighteen. This was before I had sex with a man, but it
4 was after I graduated from high school. And in high school I
5 figured my feelings would probably change, that my attraction
6 toward men was just a passing thing. That eventually, I would
7 be attracted toward women and have relations with women.

In their study of gay men describing their identities as homosexuals, the authors have demonstrated how membership categories provides the basis for the legitimate (conventional and warranted) imputation of motives, expectations and rights, that is as having particular category-bound predicates that are conventionally associated with the category of homosexual (Sacks, 1972; 1984; also Watson and Weinberg, 1982).

Another example of the working of category membership and category bound activities is an example of courtroom interaction taken from a rape trial (Drew, 1992). In the extract displayed below the attorney ('A') is cross-examining the witness ('W'), who is the victim of an alleged rape (see Appendix I for a key to notation).

- (2) [From Drew, 1992: 489]
- 1 A: It's where uh (.) uh gi:rls and fella:s
2 meet isn't it?
3 (0.9)
4 W: People go there

Let me point to the way the counsel refers to the club as a club where 'girls' and 'fellas' meet, rather than for example 'women' and 'men'. Consider then how the witness counters this remark by pointing out 'people go there'. Notice also how the counsel describes the club as a place where males and females 'meet', in stead of 'go out' or 'go dancing'. In referring to it the way he does, A invokes the impression of how this is the kind of club where young people go to meet members of the opposite sex, and do so with predominantly sexual purposes. Looking back at the way the witness countered the attorney's question we can see how the gender-neutral classification "people" (line 4) resists the possible negative inference that in this club people meet for sex.

Now that we have developed some feeling for the kind of discursive work that can be done when attributing to ourselves or others particular categories instead of others, I would like to take a closer look at two studies that have explored the discursive works performed by adopting particular identity categories. Looking at these studies in greater detail offers a nice illustration of the multiple ways in which membership categories are oriented to, to fulfil all sorts of interactional goals (Wooffitt, 1992; Widdicombe and Wooffitt, 1995).

4.2.2 Resisting category ascriptions

Wooffitt (1992) has explored the working of category ascriptions in a study on people describing their experiences with the paranormal and the supernatural. Central to this study is his investigation of how speakers design their descriptions in such a way as to circumscribe the range of negative or unsympathetic inferences which may be drawn upon, for example, to consider the person who has had the experience to be a crank or a liar. What Wooffitt has done is to show how participants attend to the credibility of their account by drawing upon the mundane circumstances in which they had their experience. In examining different types of data, Wooffitt reveals that speakers regularly report the mundane circumstances prior to traumatic or extraordinary events. They often do so with the help of a discursive device referred to as 'I was just doing x...when y' (Wooffitt, 1992). This works up the impression of being an ordinary, normal person and as such, establishes their account as credible and trustworthy. As Sacks (1984) had already shown, presenting oneself as 'ordinary' is not so much a matter-of-course, but rather, can be considered an interactional accomplishment. He has explored how presenting oneself as an 'ordinary' person or presenting particular circumstances as the 'usual aspects of any possible usual scene' (Sacks, 1992:416) can work to present a person or a situation as normal, trustworthy or credible. A similar issue was demonstrated in a study by Jefferson (1984) that explored the way events like hijackings, shootings and accidents were described. The study showed how participants describe these circumstances in a particular format that is identified as: "at first I thought,...but then I realized". In examining these first thought formulations, which the speaker referred to as incorrect conclusions from an initial assessment, Jefferson has shown how the speakers

presented themselves as having the kind of assumptions about these events that any normal person would have (see also Wooffitt, 1992).

Similar work on resisting category ascriptions is undertaken in a study that explores youth subcultures, especially so-called 'Punks' and 'Gothics' (Widdicombe and Wooffitt, 1995). The study was based on interviews with people selected on the basis of their appearance, which suggested that they belonged to a subcultural group. The aim of the study was to explore how the interviewees made relevant their identity as members of a sub-cultural group.

One phenomenon that came up from the data was how the interviewees, when asked to describe themselves, presented themselves not so much as Gothics, but as ordinary people, thereby downplaying the relevance of their subcultural identity. It was suggested how doing so enabled them to undermine the possibility that their appearance might be legitimately used for negative inferences, for example as to whether they are strange or likely to use violence (*ibid.*). Consider fragments (3) and (4) below as an illustration (see Appendix I for a key to notation).

- (3) [From Widdicombe and Wooffitt, 1995:124]
- 1 I: ↑Are ther ti:mes when you sort;v (.) see
 2 Yourself or think of yourself as a punk and
 3 other ti:mes when you just see yourself as
 4 (.4)
 5 As Mary Smith or whatever you ʃr name is
 6 R: ʃnah° ah'mean I
 7 (1)
 8 R: ah mean I know ah'm a punk know
 9 but I jus: (t) (.) I just feel as thou:gh,
 10 I'm the same as everyone else= I mean I dress
 11 diff'rently (h) >bu(d)air<again everyone
 12 dresses different to everyone ↓else.
 13 (.5)
 14 so liʃke
 15 I: ʃyeah,
 16 (.3)
 17 R: when people look at me
 18 As if I'm an alien, it sometimes=it gets
 19 Me really annoyed because (.3) you know
 20 I'm just the same as everybody else.

It is interesting to see how R describes her appearance in a routine manner, as merely another way of dressing differently, like so many others do too. Notice how by stressing other peoples' reactions as based on superficial features ("when people look at me", in line 17), the speaker is able to discredit these reactions on the basis of not being based on rational considerations but on mere prejudice.

Fragment (4) below shows a similar example. What we see in this extract is how the respondent presents himself in a way that is applicable to anyone, that is by referring to the category of "human

being” (line 8). In doing so, he is able to resist the categorical affiliation which the interviewer asks him to confirm in his opening question.

(4) [From Widdicombe and Wooffitt, 1995:104-105, slightly shortened]
((Tape starts))
1 I: how would you de((tape glitch))
2 Your style and that
3 (.3)
4 R: me::. .
5 I: yeah
6 (.8)
7 R: well I haven't got (None of) that
8 I (jus feel like) a human being really you know
9 Jus: am (.) what I am
10 (.5)

What Widdicombe and Wooffitt have demonstrated in their exploration of this interview data is how by referring to being an ‘ordinary’ person, participants are able to counter particular category ascriptions. That is to say, they counter what they are confronted with in everyday life, which is “that by virtue of an inspection of their dress and appearance, other people assume that it is possible to see what kind of person they are” (Widdicombe and Wooffitt, 1995:103).

What is important to consider here is how the interviewees are resisting the categorical affiliation the interviewer is asking them to confirm in the first question of the interview and how this is illustrative of their awareness to the category ascriptions that are bound to that membership category. The more general point that can be drawn from this study is that it offers a nice illustration of how participants occasion, negotiate and resist particular membership categories as well as the inferences that are commonly drawn from those categories.

4.2.3 Category entitlements

Besides being informative about the kind of behaviour that can be expected based on particular category memberships, categories are also drawn upon to make available particular entitlements; that is, being entitled to something points to the rights members have on the basis of their membership of a particular category. These entitlements however are not readily available, but rather are subject to continuous negotiation.

Sacks has explored how having experienced a particular event that others have not can be something the former can be entitled to. He has analysed how people who have witnessed a robbery or a serious car accident are in a different position to what happened when compared to those people who hear about these events on the eight o'clock news, read about it in the evening newspaper, or hear the story from somebody else (Sacks, 1984). Or as Sacks states, in drawing upon the different kinds of

entitlements: "...does a recipient of a story come to own it in the way that the teller has owned it; that is, can the recipient tell it to another, or feel for it as the teller can feel for those events?"(1984: 425). Sacks has put forward how the answer to this question has to be no, how there is a clear difference between having experienced something and telling about it, and being the recipient to which the story is then told to.

A further illustration of how category entitlements are oriented to in interaction is offered by a study on people who call a telephone helpline for emergency assistance. The study shows how different callers are entitled to a particular body of knowledge on the trouble they are reporting, and how the entitlements to that knowledge are largely based on the specific position they hold (Whalen and Zimmerman, 1990; Zimmerman, 1992). Consider how the various callers in the three fragments below display an orientation to what Whalen and Zimmerman have described as 'epistemological vulnerabilities'; that is, their awareness during the telephone call, as to how what happened came to be known to be a troublesome event. Notice in particular how in displaying this orientation to this interactional difficulty, participants refer to different membership categories which make available particular inferences as to whether they are entitled to have that knowledge.

(5) [From Whalen and Zimmerman, 1990:473, slightly shortened]
1 CT: Mid-city emergency
2 C: Would you send tuh police to eleven ((keyboard sounds begin))
3 six oh Arvin Avenue north?
4 CT: Eleven six oh Arvin Avenue north?
5 C: Yes there's been raping goin'on
6 CT: WHERE
7 C: Eleven six oh
8 CT: Inside ur outside?
9 C: Inside thee house
10 CT: There's somebody being RAPED?
11 C: Yup=
12 CT: = How do you know this?
13 C: I live next door. Two ladies bein raped,
14 eleven six oh=
15 = Di- How do you know they're Being raped inside
16 that house.
17 C: Because they wuz shouting. They wuz shoutin "rape". They wuz
18 shoutin "help".

When reporting how the rape that is going on is actually taking place in another building, the account offered by the caller is open for scrutiny. What seems to be at stake then is how, given the circumstances, the caller could indeed know that there is a rape going on. What we see then is how the caller then orients to displaying his knowledge of the troublesome event as adequate, by referring to how the two ladies were shouting 'rape' and 'help', which offers a specification of the kind of trouble that is mentioned here, which is a rape, and which works to illustrate how the caller has literally heard what the women were shouting. This works to add to the credibility of his account as to whether this is indeed

a troublesome event. Another indication of how this caller attends to being in a position to recognise this particular occurrence as a troublesome event is by attributing to himself the category of neighbour. We can consider how a neighbour is entitled to know what is going on in the house next-door, as opposed to for example someone who merely passes by on the street.

Let us consider two other fragments of a call to an emergency dispatch. This call is being made by someone from a security department, working at a bus depot. Notice how the uptake of the call by the call taker differs from the call displayed in fragment (5) above.

(6) [From Zimmerman, 1992:454]
 1 CT: .hh Mid-City emergency
 2 C: .hh t Hi we gotuh: This is security at thuh bus dept?=Greyhound
 3 bus depot?=
 4 CT: =Yes sir=
 5 C: An' we gotuh guy down here that's uh: () oh:verintoxicated .hh
 6 jus he's passed out (.) and uh we'd tuh have 'im taken outuh
 7 here=
 8 CT: =Okay=
 9 C: =if we can.
 10 C: hh Alright we 'll see ya in a few minutes?=
 11 CT: =O:kay
 12 C: O:kay sounds good Bye
 13 CT: Bye

What we can see in this fragment is how the organisational routine seems to weigh heavily on the way that call is taken up by the call taker. That same organisational routine seems to be displayed in the fragment below:

(7) [From Whalen and Zimmerman, 1990:483]
 1 CT: Emergensee
 2 C: hi .hh This iz General- there's been an over dose (.)
 3 Twenty six twenty-six .hh Columbia: hh upstairs apartment
 4 num:::ber two:.h
 5 CT: O:kay thank you
 6 C: umhm bye

Notice how the call in fragment (7), where the caller uses the categorical self-identification "General", thereby referring to an organisation (possibly a hospital), results in a call that proceeds with great ease. This is the same organisational routine that was referred to in line 2 of fragment (6) "(t)his is security at thuh bus dept?=Greyhound bus depot?=".

What the self-identifications in the fragments that were presented above show is how by referring to particular categories, participants establish their entitlement to particular experiences and knowledge. In this case, fragments (6) and (7) show how identifying themselves as belonging to an organisation invokes the impression that because of this the callers are in a position to have the relevant and

adequate knowledge to identify the reported trouble as such. Thus, they are able to establish their call as a legitimate request for emergency personnel. An individual calling the emergency dispatch line, as we saw in fragment (5), had to account for his knowledge about the event to a greater degree before the emergency personnel decided to send somebody over there, and worked to illustrate how category entitlements are not available *a-priori*, but are a product of negotiation.

4.3 Goal

In the analysis that follows I want to examine some of the discursive resources participants draw upon so as to construct their 'legitimate' involvement with this online support group. More in particular, I want to explore *if* and *how* they make relevant particular identities in this group, for example as a depressed person. The aim is also to analyse how participants ascribe particular membership categories to themselves and others, and to consider the kind of interactional work that is thereby accomplished. Emphasis will be placed on those instances in which participants introduce themselves to the group, whereas in some cases participants' subsequent contributions will also be followed up. As pointed out earlier, these openings are chosen since they have proven an interesting space for participants to do some important 'introduction work' (see for example Wooffitt, 1992; Widdicombe and Wooffitt, 1995).

4.4 Analysis

Since this is the first out of three empirical chapters, I would like to stress two further issues that are related to the way the conversational materials are presented. First, the names that are displayed in the fragments to identify senders and receivers, and all other information that might identify participants have been altered to protect the anonymity of those who have been or still are taking part in this online support group (see also Chapter 3, section 3.3.3). In the fragments that are presented, participants are identified in ways similar to how they themselves refer to each other in this forum, that is by first name.²⁰ The first names that are used are pseudonymous first names. The fragments display the first two letters of the participants' first names. Note that the codes at the start of each fragment refer to the unique position of the fragment in the data set.

The second point is related to the grammatical and typographical errors that appear in the data. As respondents write messages via their computer, they sometimes misspell words, type without using (proper) punctuation or use punctuation extensively and in creative ways, which is not uncommon in e-

²⁰ Labelling speakers in transcripts can happen in different ways, for example by using single, capitalised letters, or by identifying first names. Transcripts that capture a form of institutional interaction often identify speakers by social roles, e.g., as 'doctor', 'counsellor', 'patient' or 'witness'. Billig (1999) has pointed to the ways in which different naming practices are not *neutral* but make available particular assumptions, for example a sense of first-

mail (we can find it also in other types of written texts). It is important to mention that throughout the empirical chapters, participants' contributions are displayed *exactly* as they appear on the website, that is without correcting for any grammatical errors, lack of punctuation or any other typical use of spelling and punctuation.

I. Depressed but competent

I have already pointed to the observation that participants, next to referring to who they are and why they are visiting this forum, do not start talking about their depression straight away (see also Chapter 3, section 3.4.1). Even when we take into account that participants first would want to introduce themselves when visiting a support group for the first time, the data shows, quite remarkably, that time and again, participants provide lengthy explanations of how their depression has come about. It is interesting to consider why participants would spend so much time explaining the reasons behind their depression?

On the basis of a first gloss of the different kinds of explanations participants provide, we can begin to see how presenting the cause of one's depression in one way rather than the other might fulfil some interesting interactional work, for example when it comes to managing issues of personal responsibility and blame for becoming depressed.

One specific type of explanation that we encounter frequently throughout the data is describing depression by drawing upon external factors. Presenting the cause for one's depression as lying outside the personal domain enables participants to present themselves as depressed, while reducing the extent to which this disease can be regarded as the result of some personal shortcoming. This then enables participants to talk about their depression, while maintaining a sense of personal competence. This discursive resource will be explored in more detail in sub-section (A). Subsequently, this chapter will explore a number of other discursive resources that participants draw upon to manage the potentially delicate situation of addressing one's feelings and problems in relation to depression, while maintaining their competence.

(A) Externalising responsibility

Let us take a look at a first fragment, written by Dorothy, shortly after the forum on depression was initiated by a welcoming message from Megan (fragment not shown). Dorothy's message is displayed as fragment (8) below. The response that Dorothy receives to her message will be explored in fragment (11).

In fragment (8), Dorothy describes the period during which she suffered from depression as well as her current situation, in which she describes herself as being at risk of becoming depressed again. I would

name informality. This study chooses to identify speakers in the same way as they do themselves, that is by referring to their first names.

like to focus here on the first 9 lines of Dorothy's contribution in particular, as the rest of her fragment will be explored more fully in fragment (8a).

(8) [A-4] (lines 1-9)

1 Do: I am pleased to see this folder come into existence. I had
2 experienced depression brought on by working hard to get a
3 college degree, while juggling a household with three children,
4 and then being unable to get a job... That's "depression for a
5 reason" - I think there is a double-barrelled psychological
6 term for it, but I can't remember what it is.
7 That depression disappeared as soon as I did land a job!
8 Then, there is the current situation - not depression, but
9 being "at risk for".

We can consider how participants, when visiting a website that discusses the topic of depression for the first time, might feel prompted to explicate what their relationship is to the topic that is being discussed. This can happen in various ways. What we see in this fragment for example is how Dorothy makes explicit her reason for visiting this group by referring to her personal experience with depression in the past (lines 1-2). What we see is how Dorothy goes on to provide a reason for her current presence on this forum in line 7, by describing her situation: "not depression, but being at risk for" (lines 8-9).

Consider lines 1-4 of Dorothy's contribution, where she refers to "I had experienced depression brought on by working hard to get a college degree, while juggling a household with three children, and then being unable to get a job...". Notice how what she does here goes further than to describe her personal experience with depression as such, but rather provides an explanation for why her depression came about. In doing so, she renders her state of depression as something to account for. This is remarkable, because we could assume that it would be unnecessary for participants in this group to provide for such extensive explanations of how one's depression has come about when taking part in a group that discusses precisely that topic, and where it could be considered self-evident that people address their current experiences with depression, without looking back at what caused their depression. In an attempt to shed some more light on this, I want to elaborate on the kind of interactional work this causal description works to accomplish.

First, consider how she describes her depression "brought on" by three causes, namely as a consequence of "working hard to get a college degree, while juggling a household with three children, and then being unable to get a job" (lines 2 to 4). Using this three-parted list for an explanation suggests a sense of general applicability (Atkinson, 1984; Jefferson, 1990), which makes available the assumption that when finding oneself in these kind of circumstances, anybody would have become depressed. Consider how these causes point to external factors, as a result of which Dorothy is able to counter the claim that her depression has come about as a result of some fault of her own. Note also

how she describes her illness as “depression-for-a-reason” (lines 4-5), which works to suggest how her illness is caused by ‘real’ or ‘legitimate’ causes and therefore serious, rather than say, an imaginary disease (Potter, 1996a). This is further stressed by pointing out how there is a psychological term to describe this kind of depression, in lines 5-6.

The influence of external circumstances is also drawn upon when pointing out how her depression disappeared when one of the causes that contributed to it (“being unable to get a job”, line 4) no longer existed (line 7). Providing a detailed self-diagnosis of how her depression had come about and what has eventually contributed to her cure, works to stress her capability to reflect upon her condition. Referring to three clearly marked causes that have led to her depression enables her also to present it as a robust feature that exists out there in the world. In drawing upon the identifiable and factual basis of her depression she is able to counter the claim that her illness is real rather than, say, a mere product of her imagination.

It is interesting to see how accounting for depression is something we see throughout participants’ contributions to this forum. Let me point to some more examples in fragments (9) and (10) below.

(9) [D-7] (lines 1-9)

1 Di: Thanks for opening up this folder. I am bi-polar (manic-
2 depressive) of the not too severe type. The depression part has
3 been in my family for generations as well as agoraphobia,
4 (myself, my mother and grandmother), panic disorder (mother,
5 grandmother and daughter). I believe the theory that it can be
6 genetic. I also believe that hormones play a huge part in it.
7 At the time that it was most difficult for me, I found out that
8 I was also as prematurely menopausal (39) and that went
9 undetected for a long time.

(10) [D-3]

1 Li: I too am glad to see this topic being discussed. I am a
2 psychologist and I have been treated for depression. Sometimes
3 depression runs in families and it doesn't need an event
4 triggering it. This kind of depression is caused by something
5 physical. You can actually see brain differences with CAT scans
6 compared to people without depression.
7 However, even if depression is caused by some life event it can
8 take on a life of its own, so that even though the problem is
9 solved you're still depressed. This needs to be treated with
10 medication as the one above.
11 [4 lines omitted, addressing another topic]
12 I have recently learned that if you are post menopausal and
13 cannot take estrogen you are also at high risk for depression
14 because of the hormone change. This happened to me, I believe.
15 [7 lines omitted, addressing a number of other topics]

Notice how similar to Dorothy's contribution, both Diane (9) and Liz (10) start their contributions by pointing out why they are present on this forum. We see how Diane refers to her personal experience with depression in lines 1-2 "I am bi-polar (manic-depressive) of the not too severe type", while Liz mentions "I am a psychologist and I have been treated for depression" (lines 1-2). Making relevant why they are visiting this group illustrates participants' sensitivity as to whether they are 'legitimately' present in this discussion.

However, they also work to accomplish something else. Consider how Diane offers an account for her depression by explaining how this condition has run in her family for generations (lines 1-5), by referring to it as genetic disease (line 6) and as a result of the working of hormones (line 6). Defining depression as a disease brought upon by a number of external factors whose effects are beyond one's personal control, renders it into something for which she can hardly be held personally responsible.

The contribution by Liz also shows how she offers a number of explanations that caused her depression. Similar to Diane's contribution, she refers to how depression "runs in families" (line 3) and how it can come into existence without an identifiable cause. At the same time, she refers to the fact that there are measurable differences between people with and without depression, which can be observed in brain scans (lines 5-6). Thus, although a clear cause might sometimes be lacking, this description works to present depression not only as observable but also as a 'scientifically measurable' disease, increasing the extent to which it is considered a serious and legitimate illness to suffer from. Interesting are also lines 7-10, where Liz points out that even if there is some cause that leads to depression, depression can "take on a life of its own" (line 8), which invokes the impression that depression can develop as an autonomous process. In lines 12-14, Liz provides another type of external clarification, similar to Diane's story, and points to the working of hormones. Both attending to the working of hormones, as well as describing depression as developing in an autonomous way, work to reduce the extent to which one can be held personally responsible for becoming depressed.

Participants who take part in a peer-based support group could expect to be among fellow sufferers from depression, on the basis of which they could feel able to talk relatively straightforward about their feelings and problems related to depression. However, what we see is that at the outset of their messages to the group, participants start by offering extensive explanations for how their depression came about and thereby account for the condition they are in. Exploring these different kinds of explanations in more detail shows how they work to accomplish some particular discursive work. Fragments (8) to (10) have shown that in offering a causal explanation for their depression, participants are able to present their condition as a consequence of circumstances that appear external to the actor (Edwards and Potter, 1992; Potter, 1996a). Besides invoking the suggestion that there is a 'real' and identifiable basis that has caused their illness, drawing upon causes that lie outside their personal realm

also works to counter the impression that their depression is the result of some personal flaw. This enables participants to talk about their depression, while safeguarding their personal competence.

I want to return to Dorothy's fragment now, which is displayed in full below, as fragment (8a).

(8a) [A-4]

1 Do: I am pleased to see this folder come into existence. I had
2 experienced depression brought on by working hard to get a
3 college degree, while juggling a household with three children,
4 and then being unable to get a job... That's "depression for a
5 reason" - I think there is a double-barrelled psychological
6 term for it, but I can't remember what it is.
7 That depression disappeared as soon as I did land a job!
8 Then, there is the current situation - not depression, but
9 being "at risk for". I live alone, my children are hundreds of
10 miles away and I am exceedingly careful to place no demands on
11 them, having experienced such behavior from my late parents (as
12 I am an only child and my parents immigrants, with no other
13 family members here, the pressure was really great). I am an
14 intellectually demanding person. The two friends I have, while
15 sweet, gentle souls, also tend to be incredibly circumscribed
16 in their interests, their over-long phone conversations
17 revolving around the same small circle of interests - a
18 grandchild's toilet training, the daughter's wedding (twelve
19 years ago, for Pete's sake!) so I am distancing myself even
20 from them... Am I doing something dangerous to my mental health,
21 or is listening to boring monologues worse? I feel quite happy,
22 content with my life, but am wondering whether flying in the
23 teeth of conventional wisdom to "have a social
24 network" is asking for trouble? Would appreciate some feedback.
25 Dorothy

Let me continue to explore Dorothy's message by focusing on lines 8-9, where she points out "then, there is the current situation - not depression, but being "at risk for". Consider how in acknowledging her current risk to become depressed again, Dorothy presents herself as someone who is able to take the possibility into account that her depression might return, which stresses her capability to reflect upon the current state of her mental health.

It is interesting to consider what work is being done in offering the kind of self-description Dorothy provides in lines 14-20, when stating "I am an intellectually demanding person" (lines 13-14). Drawing upon her intellectual capabilities enables her to explain for why she might be relatively alone ("only" having two friends and yet thinking about breaking with them as well), without being someone to be pitied. What we see is that being intellectually demanding makes available the inference that she places high demands on others, who consequently cannot always live up to these high demands, instead of the other way around. Consider also how the fact that she has only a limited set of friends is explained for by her personality; that is being an intellectually demanding person. Notice how being an intellectually demanding *person* is an enduring character trait, suggesting that it is hard if not impossible to change.

Presenting herself in this way works up the impression that she cannot be held personally responsible for being unable to adapt to the intellectual capacities of her friends, or being relatively alone. I will come back to Dorothy's utterance of being an intellectually demanding person in section II (sub-section (A)), where I will further explore the interactional work that is accomplished by presenting this character trait as a positive factor to discriminate between herself and other people.

Following her remark about being an intellectually demanding person we can see how Dorothy starts to build a contrast between her friends' behaviour and her own intellectual capabilities, in lines 14-19. Consider how in lines 14-16, she describes them as "sweet and gentle souls" while at the same time being "incredibly circumscribed in their interests". What this works to show is how she does value her friends, while at the same enabling her to put forward that their friendship is not particularly satisfying from an intellectual point of view. This can be illustrated in the way she describes her friends' telephone conversations as revolving around "the same small circle of interests" (lines 14-17), by ridiculing the topics they address during these calls ("the daughter's wedding –12 years ago for Pete's sake", in lines 17-19) and by identifying their calls as "boring monologues" (line 21).

In lines 20-21 of her message, we see how Dorothy points out "Am I doing something dangerous to my mental health, or is listening to boring monologues worse?" Asking this question works up the impression that she would like to receive some feedback. It also makes available the suggestion how she is not necessarily looking to solve this matter on her own, thereby creating the opportunity for other participants to come up with ideas on how to solve this issue. We can see how it might be important in a support group not to present oneself as omniscient, but rather to leave room for others to come up with possible suggestions. However, there is at the same time an ambivalence to this request. On the one hand we see how Dorothy describes the decision to give up on her friends as a potentially risky business when considering the consequences this might pose to her mental health. On the other hand, she formulates the potential problem as merely resulting from not complying with particular social rules ("flying in the teeth of conventional wisdom", line 22-23), which works to portray her as an autonomous person who wants to do her own thing.

Making relevant their experience with depression, while safeguarding their personal competence shows how participants, when writing to this support group, do not necessarily present themselves as in need of help. A similar orientation to how to maintain one's competence has been identified with callers to a telephone helpline who discuss their problems with a health professional (Te Molder, in press). When we take into account that the interaction in a helpline setting is between experts and lay people, it is remarkable to see how a similar sensitivity to maintaining one's competence is displayed in this online peer-based support group, where participants can be considered relatively 'equal'.

Let me now consider the response that Dorothy gets from Caroline, part of which is displayed below. The remaining part of Caroline's contribution will be analysed more in detail in section II, sub-section (A).

(11) [KB-5] (lines 1-12)
1 Ca: I'm glad this discussion opened too. I was clinically depressed
2 and needed treatment just after I gave birth and my mother died
3 after a long illness. Members of my husband's family just
4 couldn't understand, and I think felt I was being somehow self-
5 indulgent. There is still, after all the writing and publicity
6 over depression, a number of people who say, 'count your
7 blessings,' as if that's all that's needed to get well again. I
8 now know the first inklings of depression coming on and know
9 what I need to do to prevent a freefall into another severe
10 bout. I needed to relieve whatever stress is happening and get
11 plenty of physical exercise. But if I needed medication again,
12 I would have no hesitation about taking it.

Let us consider how Caroline orients to the reason for writing to this support group, and how she describes her personal experience with depression. Notice how she points to the lack of understanding she receives from her husband's family when she was "clinically depressed and needed treatment" (lines 1-2). Referring to how her husband's family thought she was "somehow self-indulgent" (lines 4-5) serves as an illustration of the lack of sympathy and understanding she has received (which is something we find more frequently throughout the data). Although referring to the lack of understanding she has received from her husband's family, Caroline does not present herself as a victim of her disease. To illustrate this, let me turn to the part of her message in which she describes her depression. What we see is that similar to fragments (8), (9) and (10), Caroline starts her description by considering the circumstances (giving birth, the death of her mother) that have contributed to her depression at that time (lines 1-3). Explaining for her depression in this way works to show her capability for a self-diagnosis. Ascribing her depression to external circumstances also wards off the impression that her illness occurred because of some personal shortcoming. In this way, she is able to talk about her depression, while maintaining a sense of personal competence. Her ability to 'manage' her depression is also attended to in lines 7-12 when she points out how she is capable to foresee "the first inklings" of her depression coming up. In making available the impression that she has learned from her past experiences with this illness, she is able to present herself as someone who is depressed but at the same time competent in dealing with this condition.

Interestingly, Caroline also orients in another way to being able to deal with her depression. This can be illustrated by pointing at two different parts of her contribution. First, consider how she describes that she "needed treatment" after becoming clinically depressed (line 2). Then, take a look at lines 11-12 where she states that when it comes to taking medication, "I would have no hesitation about taking it" (lines 11-12). We can consider how pointing out that she is able to recognise when it is necessary to receive treatment or take medication, shows her level-headedness in relying on the medical system

when this is required. Thus, in addition to being able to foresee and deal with her bouts with depression, she also invokes the impression that she is capable to decide when she is *not* able to deal with it anymore, which is when she is willing to rely on to the working of therapy and medication.

In looking at Caroline's contribution, we can begin to see the kind of discursive resources participants attend to, to resist some of the culturally available expectations that are potentially bound to the category of 'depressed person'. I have tried to demonstrate how participants present themselves as depressed but competent and how they show an awareness to counter some potential negative inferences commonly ascribed to the category of depressed people. As such, the fragments that were selected from Dorothy, Diane, Liz, as well as Caroline illustrated participants' orientation to offer an explanation for their depression, thereby presenting it as a condition that has identifiable causes. This illustrates participants' ability to self-diagnose, which works to stress their competence. Presenting their state of depression as having a factual basis also enables them to counter the claim that their condition is merely a product of their imagination. Moreover, in pointing to the external circumstances that have caused their depression, participants are also able to ward off the inference that becoming depressed was in some way the result of some personal flaw.

At the same time, what we see is how both Dorothy (8a) and Caroline (11) display a sensitivity to the limitations of being 'in control' of their illness. Caroline's account displays her ability to distinguish between when she is able to deal with her situation personally and when it is necessary to rely on medication and medical treatment. What this does is to stress her competence, while countering the claim that she possibly overestimates the extent to which she is able to personally gain control over this illness.

We encountered a similar issue in Dorothy's contribution, which demonstrated how she, although presenting herself as someone who chooses not to comply with particular social conventions, also addresses her worry about ending the friendship with her friends and refers to the possible consequences this might have for her mental health.

In attending to their competence, both Dorothy and Caroline ward off the inference that people who are depressive are somehow less competent in dealing with their life. What it also demonstrates is how visiting a support group for peers does not necessarily carry the implication of presenting yourself as a victim of your depression or otherwise as someone that is in need of help. Instead, participants show an awareness so as to present themselves as depressed *but* competent.

(B) The inappropriateness of 'internalising' responsibility

The fragments that were presented in the previous section have shown how participants account for their depression by offering extensive causal explanations for it. These causal explanations were shown to fulfil some important discursive work in that they enable participants to manage the interactional

difficulty of how to address their depression while maintaining a sense of personal competence. The fragments that were presented showed that the extensive causal explanations that were offered were important because they provided participants with the opportunity to manage the issue of whether their depression was brought on as a result of circumstances that lie beyond their control or whether it was a result of some personal shortcoming. This sub-section will further stress the importance of this concern.

The fragment below is written by Richard, who states that he is looking for ways to help his sister, who reportedly suffers from depression, anxiety and bouts with nausea.

(12) [CS-11]

1 Ri: It seems to me that people with depression are generally more
2 sensitive than the general population. What bothers depressed
3 individuals does not seem to bother others. It could be that
4 their sensitivity is so focused and, perhaps,
5 somewhat exaggerated because they cannot cope with the problems
6 at hand and are unable to move on with their lives.
7 Whatever the reason, depression is just as real as any medical
8 problem and just as serious. In fact, I think depression is
9 even more difficult to deal with than a physical illness
10 because of the stigma attached to it.
11 My sister suffers with depression and anxiety. Now that her
12 depression is finally under control with the proper medication,
13 she continues to have bouts with severe nausea that continues
14 for days on end. At the moment, pills and suppositories are
15 providing only temporary relief. Prilosec for stomach ulcers
16 was effective for several weeks until one week ago.
17 Her psychiatrist tells her that she must remove herself from
18 her present emotionally stressful environment. Does anyone
19 reading this message have any suggestions? --- my sister needs
20 to stop her nausea long enough for her to pack her
21 suitcase and be on her way

What I want to focus on here is the last part of Richard's message (lines 11-21), where Richard refers to his reason for being here, that is to find a solution to his sister's "bouts with severe nausea" (line 13), and what happens next. I will consider the remainder of this fragment later in this section. Before I will continue to analyse the fragment, it is necessary to point out that Richard's contribution failed to elicit any response. This is quite remarkable since responses to participants' contributions are usually abundant in this forum. Richard orients to this lack of response by sending a second posting (data not shown here). In this second message, he again asks for information on a possible solution for his sister's bouts of nausea. This time he does receive an answer to his request. Richard's second contribution as well as the answer he received will be explored more in detail in chapter six (sub-section III (A)). What I want to focus on now is how we might explain for the lack of explicit uptake of Richard's contribution.

In examining this, let us consider if and how Richard's message in fragment (12) differs in any way from other messages we encounter on this support forum. Is his contribution different from others because he is looking for a solution to his sister's problems instead of his own, which might be considered an inappropriate thing to do in this support group? We could speculate about whether that is oriented to as inappropriate. However, we might also take a look at some other contributions that have appeared in this support group, where people ask for help for someone else. I want to add that apart from the fragments that are displayed below, there are many similar examples found throughout the data, where people write to this group to ask for help for a family member or friend.

Fragment (13) below shows a contribution from Patty. Patty visits this support group to look for information on her husband's depression. Fragment (14) shows the reply Patty receives with regard to her search for Internet resources on her husband's unexpected bout of depression.

(13) [PK-48]

1 Pa: Hi All! Since my 60-yr old husband developed depression/anxiety
2 in late February I've been looking for internet sources of
3 information and sharing ways of coping.
4 We were surprised that he became depressed as he is physically
5 fit and there is no family history of depression that we know
6 of. We have been hearing of other instances where males who
7 turn 60 seem to be entering a depression. Do you all find this
8 to be a pattern?

(14) [K-49]

1 Ma: [6 lines omitted addressing other participants in the group]
2 Patty. Did he go to his doctor and get checked out? There are a
3 great many sites if you do a search on Depression. If you click
4 on my name you can email me if you want some sites.

We can see how Patty's request for information on behalf of her husband is met with a direct answer from Mary, which works to show its unproblematic uptake in this group (see also Chapter 6, sub-section I). This is an illustration of what we encounter more frequently throughout the data, that is that addressing family members' problems with depression is treated as an unproblematic and legitimate reason to visit this group. Because of this it seems reasonable to assume that one's legitimate involvement with this support group is not necessarily restricted to having personally experienced depression. This might warrant the assumption that the lack of response Richard (12) receives to his contribution is not so much the result of the fact that he writes to this group on behalf of his sister. In an attempt to shed more light on whether Richard's message differs from other messages in some other respect, I want to address the first part of his message more in detail. That segment is displayed below as fragment (12a).

(12a) [CS-11] (lines 1-6)

1 Ri: It seems to me that people with depression are generally more
2 sensitive than the general population. What bothers
3 depressed individuals does not seem to bother others. It could
4 be that their sensitivity is so focused and, perhaps,
5 somewhat exaggerated because they cannot cope with the problems
6 at hand and are unable to move on with their lives.

It is noteworthy to look at the way Richard starts his message by describing what he considers to be characteristic of people who suffer from depression. He identifies their behaviour as “generally more sensitive than the general population” (lines 1-2), their “sensitivity being somewhat exaggerated”. He also points out how “they cannot cope with the problems at hand” and how they are “unable to move on with their lives” (lines 5-6). Formulating this description in general terms makes available the inference that he considers this characterisation applicable to everybody who suffers from depression.

It is interesting to see how his description invokes the impression that people who suffer from depression are somehow markedly different when compared to the “general population” (line 2). While referring to how they “are generally more sensitive than the general population” (lines 1-2), might be considered a character trait that does not necessarily pose a negative attribution, pointing to how “their sensitivity is so focused and perhaps somewhat *exaggerated*” (lines 4-5, italics added) does work up the suggestion of how this is something he considers depressed people to be personally responsible for.

I want to look at what his description of depressed people in lines 1-6 accomplishes here. We can see how it makes available the impression that “people with depression” are a distinctive group, a group that he defines in opposition to himself. The frequent use of ‘they’ in “*they* cannot cope” (line 5) and “*their* sensitivity is so focused” (line 4, italics added) in describing this group, works to illustrate this. In describing people with depression as a distinctive group, Richard works up the suggestion of being some kind of distant observer, which places him explicitly outside the category of depressed people.

By referring to “their sensitivity is so focused and, perhaps, somewhat exaggerated”, in lines 4-5, Richard suggests that people who are depressed are personally responsible for their situation. Moreover, pointing out how they “cannot cope with the problems at hand” and that they are “unable to move on with their lives” (lines 5-6) makes available the impression that he questions their capability to manage their life. As such, Richard’s description stands in contrast to the accounts offered by Dorothy, Diane, Liz and Caroline in fragments (8) to (11). These fragments showed how participants account for their depression by describing it as a result of external causes, which enabled them to counter the impression that they became depressed as a result of some personal shortcoming. They were thus able to address their illness while maintaining their personal competence.

What I want to emphasise here is that Richard's message is notably different from the others that we have encountered. More in particular, it was shown how his contribution makes inferentially available the suggestion that people who suffer from depression can be personally held accountable for bringing about their illness, and might be considered less competent to deal with their lives than people who are not depressed. It is also the way in which these alleged 'characteristics' are presented as being applicable to the category of people with depression as a whole, which is remarkably different from the other contributions that are written to this forum.

To further illustrate how Richard's contribution in fragment (12) differs from other messages that are written in this support group, I want to explore his next contribution to the group. In this fragment, Richard announces the fact that he suffers from depression too.

(15) [CS-85] (lines 1-6)
1 Ri: All three of us in this household have many medical conditions.
2 I keep thinking I am going to wakeup and it's just not going to
3 be true! The bottom line is: it's a matter of mind control. I
4 feel optimistic, even in the face of adversity. Incidentally, I
5 also had depression for many years, that I didn't even know I
6 had. I'll save that for next time.

In lines 4-5 of this fragment, Richard makes known the fact that he has suffered from depression for many years. Notice how he describes his depression, first as something that "incidentally" happened (line 4) and second, as something "that I didn't even know I had" (lines 5-6). This suggests how he was able to live a relatively 'normal' life even when he was having a depression. Pointing out how this depression lasted for "many years" (line 5) works to emphasise his competent nature and strong will even more, since even during that long period of time, it reportedly did not occur to him that there was something 'wrong' with him.

His competence in dealing with matters of health and illness is further stressed in lines 1-4 of his message. Here Richard's refers to feeling "optimistic, even in the face of adversity" (lines 3-4). Referring to thinking positive while having "many medical conditions" (line 1) works to present him as a strong-willed individual, the latter being emphasised by the way in which he considers his mental state to be "a matter of mind control" (line 3).

I want to point to one other interesting element in Richard's contribution. Notice how he ends his contribution, by mentioning "I'll save that for next time" (line 6). This makes available the impression that although he is revealing his personal experience with depression, he is able to measure the extent to which he discloses his personal problems to the group, rather than, say, wallow in it or pouring them out, which works to further illustrate his ability for self-control.

Let us now explore the way in which other participants take up this contribution by Richard. What we see is that after having announced his personal experience with depression, other participants (apart from Diane's reply which will be explored in chapter six, sub-section III (A)) start replying to Richard's and inquire about his mother's and sister's well-being (data not shown). What I want to put forward here is how participants' sudden uptake of Richard's contribution might be explained for partly by the fact that there is a clear difference between fragment (12) and his next posting in fragment (15). Fragment (12) made available the suggestion that people who suffer from depression are personally responsible for bringing this illness about and how they are less competent to deal with their life. This might work as an illustration of why response to his first message remains wanting, since it makes available precisely the kind of inferences other participants demonstrably wanted to counter (see fragments (8) to (14)). In fragment (15) then, Richard does not only present himself as someone who has also personally suffered from depression, but shows an awareness that is similar to what we have seen in other fragments, that is to present himself as competent in dealing with his depression.

We can see how Richard's contribution in fragment (15), similar to the contributions from Dorothy and Caroline (fragments (8) and (11) respectively), provide an illustration of how participants in an online support group do not necessarily present themselves as requiring help or as being mere victims of their disease, but rather present themselves as depressed *but* competent. This is intriguing when we consider that we are dealing with a peer-based support group, in which participants address their problems in relation to depression in an environment that can be expected to consist of relative 'equals', who have gone through similar experiences. It is also remarkable when we compare it to other research that has demonstrated how displaying an orientation towards maintaining one's personal competence has been found to be a participants' concern in expert-lay interaction in the medical domain (Heritage and Sefi, 1992). However, the data presented here suggest that it is a concern that is also attended to by peers when interacting with each other in an online support group (see also Chapter 6).

What the analysis in this section has demonstrated is how the lack of response to Richard's first contribution might be explained for by looking at what his message makes inferentially available. We have seen how it invokes the impression that people with depression are personally to blame for their depression, and casts doubt on their personal competence to deal with their lives. This runs counter to what sub-section (A) has demonstrated to be the two major concerns of participants when accounting for their depression. The fragments that are presented in this sub-section work to further confirm participants' sensitivity to precisely these concerns.

II. Accounting for being different

In this section, I would like to examine in greater detail one particular way in which participants counter potentially negative inferences that are commonly drawn upon when being categorised a 'depressed

person'. Whereas sub-section I(A) demonstrated how participants accounted for their depression by drawing upon external causes, this section aims to examine how participants account for being depressed by attending to some specific 'internal' causes. However, what I will show is how these causes are attended to in a positive manner, as potentially desirable character traits. In what follows I will present three examples of how participants draw upon these internal causes.

(A) *"I am an intellectually demanding person"*

Displayed below is a part of Dorothy's contribution, which is displayed here as fragment (8b). We already saw in the previous section how Dorothy, by presenting herself as an "intellectually demanding person" (line 1) is able to explain for being relatively alone, without reducing her competence. In describing the problem of whether to maintain her friendships predominantly in terms of differing intellectual capabilities, she is able to ward off the impression that her depression causes her to dislike the company of friends or makes her want to live alone.

(8b) [A-4] (lines 1-12)

1 Do: I am an intellectually demanding person. The two friends I
2 have, while sweet, gentle souls, also tend to be incredibly
3 circumscribed in their interests, their over-long phone
4 conversations revolving around the same small circle of
5 interests - a grandchild's toilet training, the daughter's
6 wedding (twelve years ago, for Pete's sake!) so I am distancing
7 myself even from them... Am I doing something dangerous to my
8 mental health, or is listening to boring monologues worse? I
9 feel quite happy, content with my life, but am wondering
10 whether flying in the teeth of conventional wisdom to "have a
11 social network" is asking for trouble? Would appreciate some
12 feedback. Dorothy.

What I want to focus upon here is how Dorothy's orientation to present herself as an "intellectually demanding person" is taken up in the reply she receives from Caroline. Let us therefore consider the reply from Caroline below.

(11a) [KB-5]

1 Ca: Dorothy, your thoughts about being 'at risk' are interesting.
2 The lack of a social network is almost always cited as reason
3 that older adults are susceptible to depression. I think that
4 as in all things, people differ as to their needs for social
5 interaction. We all know someone who is never alone and
6 requires lots of people around. Perhaps you are one of those
7 more self-reliant people who doesn't require companionship as
8 much. But I do think letting friendships go, even if they
9 aren't particularly satisfying for the moment, is something to
10 think twice about. I'm sure you find, as I have, that
11 relationships ebb and flow. I have friends with whom I don't
12 have a whole lot in common right now, but who have known me for
13 years and years. I am making a conscious effort to maintain
14 those relationships because I would feel very vulnerable
15 without them. I know that if something terrible happened, those

16 are the people I could call and who would come to me without
17 hesitation. I guess I'm saying the friendship and loyalty to
18 that friendship counts for something.

I would like to focus on lines 1-8 of Caroline's reply here in particular. The remaining part of her message will be addressed shortly. Notice how Caroline starts her reply to Dorothy by pointing out "the lack of a social network is almost always cited as reason that older adults are susceptible to depression" (lines 2-3). At this point, she seems to leave aside whether she deems this particular piece of information relevant for Dorothy's personal situation. The same kind of 'caution' with regard to whether this information is personally relevant to Dorothy, is maintained when she continues "I think that as in all things, *people differ* as to their needs for social interaction" (lines 4-5, italics added). Attending to the general category 'people' makes this statement less directed at Dorothy personally, while it also works to attribute to Dorothy the category of a 'normal' person, rather than, say, someone who is considered strange, or maybe even deviant. Dorothy's behaviour is thereby presented as the kind of behaviour that fits with the differentiating needs people in general might have when it comes to their need for interaction with others (lines 4-5). What this does is to present Dorothy's doubts over whether to maintain the friendship with her friends as a dilemma 'normal' people might deal with at some point in their life, or as the kind of behaviour typical of more "self-reliant people" (line 7) instead of presenting it as particularly likely to occur to someone who has suffered from depression in the past or is at risk of becoming depressed again.²¹

Caroline's reply is then met with another response from Dorothy in fragment (16). In this fragment, we see how Dorothy announces that she "did let go of the telephoning friend" (lines 4-5).

(16) [A-6]
1 Do: Caroline, Thank you for sharing your thoughts about the
2 individual variations in needs for human companionship and
3 interaction. You make an excellent point in that post. In the
4 two weeks that elapsed since I posted my message (#4) in this
5 folder, I did let go of the telephoning friend. I am pleased to
6 report that I feel much happier, mind more focused on reading,
7 generally a feeling of having detached myself from something
8 that has been draining my energy and time. Coming to the
9 proposition "if something terrible happened": I would not dream
10 of troubling this person. I went through several genuinely
11 "terrible" experiences in my life, and found that the only
12 person who can get you through them, is yourself. John Jacob
13 Nyles years ago made a recording of a beautiful hymn or

²¹ What Caroline's message also works to illustrate is how her 'advice' to Dorothy as to whether she should let go of her telephone friends, remains largely implicit. Chapter 6 will examine in greater detail how advice is asked for and provided in this support group.

14 spiritual: "You've got to cross this lonesome valley, you've
15 got to cross it by yourself, there is no one can cross it for
16 you, you've got to cross it by yourself..." It pretty much sums
17 up my experience of the really bad events - the death of a
18 child, decline and death of my parents, then of a friend I
19 loved and never told... There is only one set of shoulders that
20 helped me carry these burdens: my own. I guess conventional
21 wisdom is, by definition, not everyone's truth.

I would like to address a couple of elements in Dorothy's contribution in particular. First, notice how Dorothy draws upon what she considers the gist of Caroline's message, the fact that there are "individual variations in the need for human companionship and interaction" (lines 1-2). This is interesting given the fact that Caroline, in her previous message, has also pointed to the value of friendships when mentioning "(b)ut I do think letting friendships go, even if they aren't particularly satisfying for the moment, is something to think twice about" (lines 8-10) and in lines 17-18 "I guess I'm saying the friendship and loyalty to that friendship counts for something".

In taking up on the reported "individual variations in needs human companionship and interaction" (lines 1-2), Dorothy is able to present her decision "to let go of the telephoning friend"(lines 4-5), not as a decision that is typically made by people who have suffered from depression or are at risk of becoming depressed. Rather, it is presented as something Dorothy chooses to do and which can be explained for in more general terms, as a consequence of variations in peoples' needs for human companionship and interaction. Dorothy's decision to end the friendship is thereby presented as a decision any normal person would make, instead of being the kind of assessment made by a person with a history of depression.

There is another interesting point I want to address here. Notice how at the end of her contribution, Dorothy points out: "I guess conventional wisdom is, by definition not everyone's truth" (lines 20-21). The "conventional wisdom" that is drawn upon here, refers to the commonly held opinion that "to have a social network" (fragment (8a), lines 10-11) is seen as a buffer against becoming lonely and depressed. In pointing out how this piece of conventional wisdom is not "everyone's truth", Dorothy portrays herself as an exception to the rule posed by this common truth, that is as someone to whom this piece of conventional wisdom does not apply. In doing so she presents herself as a competent person, that is as someone who, while having a history of depression, nevertheless chooses to end the friendship with her friends, even if this goes against what is considered conventional wisdom (see also fragment (9b)).

I also want to consider lines 8-21, which offer a further illustration of how Dorothy presents herself as someone who is competent in dealing with her life. Consider how she points out: "I went through several genuinely "terrible" experiences in my life, and found that the only person who can get you through them, is yourself" (lines 10-12). Referring to how she has encountered several of these experiences,

works to stress that on this basis she is in a legitimate position to draw the conclusion that “the only person who can get you through them, is yourself” (lines 11-12). A similar sign of determination is displayed in lines 19-20, when she points out “There is only one set of shoulders that helped me carry these burdens: my own”. The extrematised fashion in which she refers to “the *only* set of shoulders that helped me carry these burdens” (lines 19-20) and when pointing to “the *only person* who can get you through this, is yourself” (lines 11-12, italics added), work to stress the strength of her conviction (Pomerantz, 1986). In presenting herself as being at risk for depression *but* competent, she is able to ward off the inference that people with depression are unable to manage their life without the help of others.

What this section has demonstrated is that by presenting herself as an “intellectually demanding person” Dorothy works up the suggestion that she is different from other people, but in a positive way (fragment (8b), lines 8-9). Besides the fact that being intellectually demanding is presented as an in potential desirable character trait, what it also does is to stress her competence. We can find an example of this when we consider how she refers to having made the decision to “let go of the telephoning friend” while this goes against what is considered common-sense knowledge to maintain your social network.

In presenting herself as positively different from other people, Dorothy is able to counter some of the potential negative inferences attached to being categorised an ex-depressive or somebody who is currently at risk of becoming depressed. This is an interesting discursive ‘device’, that bears resemblance to what we find in some other studies, where respondents present themselves as ‘ordinary’, so as to counter particular potentially negative category bound inferences (Sacks, 1984; Wooffitt, 1992; Widdicombe and Wooffitt, 1995). And although there is a difference between presenting oneself as ‘positively different from others’ or as ‘an ordinary person’, there are some similarities between the discursive work that is accomplished on the basis of these self-identifications.

Let me dwell upon the self-identifications that were demonstrated in one of these studies in a little more detail. It is a study of subcultural affiliation among youth, where respondents who looked like they belong to a youth subculture referred to as Gothics or Punks were interviewed on the streets (Widdicombe and Wooffitt, 1995; see also section 4.2.2). The study demonstrated how respondents did not make relevant their identity as a Gothic, merely on the basis of some features of their outward appearance, but rather presented themselves as an ordinary or normal person. In this way the interviewees were able to counter potential negative inferences that might be drawn upon on the basis of an inspection of their dress and appearance, and which might lead “other people (to) assume that it is possible to see what kind of person they are” (*ibid.*: 103).

What this study on youth subcultures demonstrated was how being a Gothic was only “*one further dimension* of their identity” (*ibid.*: 104). The study showed how the respondents did not present

themselves solely as Gothics or Punks, nor did they deny the potential relevance of their identity as a member of a particular subculture. The case of Dorothy in fragment (8b) and (16) is similar to this. These fragments have illustrated how Dorothy does not present herself solely as a depressed person, but rather as someone who is depressed *but* competent. At the same time we have seen how she does not deny her history of depression and her current risk of becoming depressed again. It was also shown how she presents herself as an intellectually demanding person, which is presented as a potentially positive character trait, and which makes available the suggestion that she is positively different from other people. It enables her to draw upon her intellectual capacities to explain her decision to let go of her telephoning friend as well as her being relatively lonely, which might be considered possibly negative category attributions, without reducing her personal competence.

(B) Manic depressive by choice

Let us take a look at another example to explore how it is that participants account for being depressed by presenting themselves as 'positively different'. Fragment (17) below is a contribution from Richard, whom we already met in fragments (12) and (15). What I want to focus on in this section is the kind of self-identifying work Richard attends to, in putting forward the importance of getting a correct dosage of anti-depressant prescribed.

(17) [CS-174]

1 Ri: Dear Friends: What Mary said in post #166 regarding the correct
 2 dosage of an anti-depressant bears repeating. The correct dose
 3 for a anti-depressant is highly individualistic. It may well
 4 make the difference between success and failure.
 5 After being diagnosed with atypical depression and OCD (the two
 6 conditions often occur together) in 1994, my psychiatrist at
 7 the time (I only needed him briefly for a diagnosis and to
 8 prescribe the right anti-depressant for me),prescribed 10 mg of
 9 Paxil, once a day. (Incidentally, I felt euphoria with my very
 10 first pill, and it wasn't the placebo effect either! The good
 11 feeling continues to this day, and I never experienced it
 12 before in my entire life!) He had warned me that more was not
 13 always better. Several months later I started taking 20 mg.
 14 Daily, thinking it would have a more beneficial effect. It did
 15 not. While I only took the extra amount for a few days, I know
 16 it made me feel sleepy and sluggish.
 17 [14 lines omitted, elaborating on the correct dosage of anti-
 18 depression medication]
 19 Really, I think most of the people I know should be on an anti-
 20 depressant! I have so much zest for life in contrast to the
 21 low-key, zombie like existence that I encounter in others. I
 22 should say, that at times, I wonder if I am slightly manic. If
 23 I am, I want to remain so! Believe me, my positive attitude is
 24 not because my life is "a bed of roses". Everyone of us in the
 25 family have major illnesses. I am the only one who is able to
 26 cope well!
 27 [19 lines omitted, addressing his sister's condition in more
 28 detail]

There are three parts of Richard's contribution that I want to focus on in particular. First, take a look at lines 5-16, where Richard describes how he visited his psychiatrist to provide him with an anti-depressant, after being diagnosed with "atypical depression and OCD" (line 5). The acronym OCD is used here to refer to *Obsessive Compulsive Disorder*. Notice how he describes this encounter in terms of "I only needed him briefly for a diagnosis and to prescribe the right anti-depressant for me" (line 7-8). Describing the consultation with his psychiatrist in this way invokes the impression of Richard being the one who is in control, and setting the agenda for the consultation. This is noteworthy in that it runs counter to what is considered the traditional role behaviour in doctor-patient interaction, where the former is usually considered to determine the interaction when it comes to asking questions and setting the agenda (cf. Heritage and Drew, 1992; also Perakyla, 1995).

Notice how Richard points out how his psychiatrist prescribed to him "10 mg of Paxil, once a day" (lines 8-9), how this resulted in feeling good ("I felt euphoria with my very first pill", lines 9-10), and how the "good feeling continues to this day" (lines 10-11). In pre-emptively referring to how this euphoric feeling "wasn't the placebo effect either", in line 10, Richard displays an awareness as to how this effect might possibly exist. In lines 13-16 Richard refers to how he started taking a higher dosage of Paxil, and how he stopped with that higher dosage after a few days, because "it made me feel sleepy and sluggish" (lines 15-16). In doing so Richard is able to stress his competence, in that he is able to evaluate the effects of his anti-depression medication and act accordingly.

It is also interesting to examine how Richard refers to his use of Paxil, a particular type of anti-depression medication and whether or not this has changed him as a person. Consider how in lines 21-22, he points out: "I should say, that at times, I wonder if I am slightly manic". In adding to that "if I am, I want to remain so!" (lines 22-23), Richard makes available the inference that this state, which is obviously different from others, is something he wants to maintain. This is further illustrated by presenting it as a state he actually *chooses* to maintain. When we take a look at how he describes himself in contrast to other people, in lines 19-20, by describing the latter as "low-key and zombie-like" (line 16-17), we can see how this description bears resemblance to the kind of behaviour typical for people who are on anti-depressants (notice how this description is similar to the way he reportedly felt when taking the higher dosage of Paxil, referred to as being "sleepy and sluggish", in line 16). In describing himself as having "so much zest for life" (line 20), while on an anti-depressant, and in building up a contrast with the behaviour of other people who are not on anti-depressants (and who he reportedly thinks should be, in lines 19-20), he is able to present his possible manic-depressive state not only as different from other people but also as *positively* different. He invokes the suggestion that being slightly manic-depressive is a preferred alternative when compared to the behaviour of so many 'ordinary' people.

What the fragments of Richard and Dorothy have demonstrated is that in accounting for being depressed, participants present themselves as positively different from others. In doing so, they are able to ward off some potentially negative inferences related to being categorised 'depressed'.

In the case of Richard we have seen how he describes himself as obviously different from other people (that is, as being possibly slightly manic). However, what we see is that he considers this manic depression, when applicable, a state he wilfully chooses to maintain and which he orients to in contrast to the behaviour of 'ordinary' or 'normal' people, whose behaviour he reportedly does not hold in high regard.

(C) "Normal but not mainstream"

The fragment below presents a further illustration of how participants portray themselves as being positively different from other people. The contribution is written by Naomi, who replies to an earlier post from Betty (data not shown here). What this fragment nicely illustrates is how attributing to oneself the category of 'being different' is narratively accounted for (cf. Edwards, 1997; also Potter, 1996a).

(18) [NH-158n]

1 Na: Betty... I don't know how many times I've thought just what you
2 said: *I know that in many ways I just don't fit in this world.*
3 [5 lines omitted, addressing another person in the group]
4 I know now, there are so many of us..I can remember the time
5 when I accepted the fact that I just couldn't fit into a man-
6 made mold...(and I'd tried for so long)...and you know... it felt so
7 good...just saying it aloud. "I don't fit in this world!" Then
8 the time came when a realized I actually liked more those who
9 couldn't fit in with mainstream. ☺ I really tried...I wanted not
10 to let anyone down...ever, and so I tried really hard and was
11 miserable. It's hard to explain, unless you already know what
12 I'm saying...then explanations aren't necessary.
13 So...could you say that we are a group who don't fit in the
14 [6 lines omitted, addressing another topic]
15 I went to a poetry reading once...can't even recall his name
16 right now...but as he talked of what a poet is...how we think
17 mosaic), feel and react...it was as though I'd come home. I'd
18 never heard anyone say that who I was..was normal to some..that
19 I thought the way I did because of who I was. I sat and cried
20 while I was supposed to be taking shorthand notes. That's the
21 reason I'd gone, as a shorthand exercise for steno class. For
22 me...it was the most wonderful affirmation I had ever heard. I
23 hadn't known how lacking that had been in me. I wiped tears,
24 surprised by my emotions...and sighed deeply. I was 30 years old
25 before I knew that I was more than just weird...☺

Consider how Naomi starts her narrated account, by referring to how she has gradually come to the realisation that she is different, when pointing out "I don't know how many times I've thought just what you said: I know that in many ways I just don't fit in this world" (lines 1-2). Presenting the 'process' by which she has come to think that she is different from others as something that occurred gradually

rather than abruptly counters possible other explanations for this change that might imply matters of agency and intentionality, and thereby renders it a more credible account (cf. Widdicombe and Wooffitt, 1995).

Naomi then goes on to continue her story, by referring to “I know now, there are so many of us” (line 4). This suggests how these feelings not only reflect her personal opinion, but are also shared by a larger group. Drawing upon the ‘shared’ nature of these feelings of not fitting in with the world, does not only counter the fact that they are out of the ordinary or illustrative of, say, some personal flaw. Rather, what it accomplishes is to stress the credibility of her account, as a process that others have reportedly gone through as well.

We can see how Naomi starts her personal story, by referring to “I can remember the time when I accepted the fact that I just couldn’t fit into a manmade mold.... (and I tried for so long)” (lines 5-6). Reaching this kind of decision might be considered something that takes courage, because to come to the realisation that you “couldn’t fit into a manmade mold” is not the kind of conclusion one would like to draw. However, in pointing out how she has accepted this nevertheless, she is able to stress her capability to draw potentially displeasing conclusions.

In drawing upon her repeated and genuine attempts to try to fit in (lines 5-6), she is able to present her ultimate decision as something to which she is entitled, precisely because it was preceded by numerous attempts to change. Drawing upon these previous attempts to change her situation also enables her to present her decision as legitimately drawn and ultimately inevitable, given her history of (unsuccessful) attempts.

Let us have a look at lines 7-9, where Naomi points out “(t)hen the time came when I realized I actually liked more those who couldn’t fit in with mainstream”. What this does is to present the people who “couldn’t fit in with mainstream” as the preferred category, as opposed to “mainstream”, the latter suggesting a sense of mediocrity. In presenting herself (and others like her) as different from those who are “mainstream” (line 9) or those who fit in a “manmade mold” (lines 5-6) Naomi invokes the impression of being *positively* different. In doing so she is able to present her reported sense of not fitting in with the world *not* as something that is, say, potentially negative or defective even, *nor* as something that is likely to occur to people who suffer from depression; rather she presents it as a *positive* distinction, thereby surpassing those who are considered indistinguishable or middle-of-the-road.

It is noteworthy to see how Naomi builds up her account so as to eventually reach the conclusion that she liked more those “who couldn’t fit in with mainstream” (lines 9-10). In attending to how some people cannot (“couldn’t”, in line 9) fit in with mainstream she is able to mitigate the extent to which these people are personally responsible for not being able to do so. Notice how she also considers this to be

the reason why she did not fit in herself (“I just couldn’t fit”, in line 5) It makes available the impression that people who are depressed are *unable* to fit in rather than presenting it as something they do not *want* to (see section III for a further exploration of this issue).

I will now turn to another part of her message, found in lines 15-25. Here, Naomi elaborates on why she considers herself different from what she refers to as “mainstream” (line 9). She starts her narrated account by referring to an experience at a poetry reading (line 15). Notice how she begins to describe this poetry session by pointing out how she “...can’t even recall his name right now” (lines 15-16). What this does is to make available the impression that this was not an extraordinary reading, nor was it the kind of reading she paid particular attention to at that point. The same kind of disinterestedness is also oriented to in line 20-21, when she says “That’s the reason I’d gone, as a shorthand exercise for steno class”, thereby attending to her motive for going to this reading, which works to the exclusion of all other possible motives she might have had for going.

What these two utterances work to accomplish is to inoculate stake, or to head off the imputation of any stake of interest that she had in going to that reading (Potter, 1996a: 125). What it does is to establish the arbitrary character of the reading, suggesting, as we will see later, how she did not anticipate much in terms of the content of the reading, but rather, how it caught her by surprise. Inoculating stake is important here in establishing the trustworthiness of her account, given that reportedly during this reading she felt like “I had come home” (line 17) because she was being told “of what a poet is... how we think mosaic, feel and react...” (lines 16-17). Consider how she then ascribes the category of a poet to herself, which is illustrated by the use of ‘we’ in line 16, referring to the people that were attending this poetry reading.

Hearing about how poets feel and react reportedly makes Naomi feel how she was “normal to some” (line 18), how “I thought the way I did because of who I was” (line 19) and that “I was more than just weird” (line 25). By attributing to herself the membership category of a poet, Naomi is able to account for being different from mainstream in a positive way. This works up the suggestion of how she is ‘normal’ (as opposed to defective, or merely weird, line 25) while at the same time explaining why she does not fit in with mainstream (because she feels and reacts like a poet).

I want to take a closer look at the sentence “I thought the way I did because of *who I was*” (line 19, italics added). What Naomi does here is to retrospectively explain for her way of thinking, now that she has attributed to herself the category of a poet. Her way of thinking is thereby no longer oriented to as weird (line 25), but rather, presented as the natural consequence of “who I was” (line 19), suggesting that her way of thinking is ‘natural’ and the inevitable consequence of who she is. What we see here is how the notion of a ‘true self’ (“who I was”, “a poet”) is discursively managed by providing an extended narrative, rather than being simply available in this kind of talk (Edwards, 1997).

Naomi's narrated account of how she has come to the realisation that she has the mindset of a poet, enables her to present herself as normal instead of merely weird. At the same time, by attributing to herself the category of 'poet', she is able to present herself as different from others. Contrasting herself with the category of people to whom she refers as 'mainstream', with its connotations of being mediocre or middle-of-the-road, suggests how she considers this to be a positive distinction.

Thus, more than resisting the category of being depressed altogether, what we see in this fragment is that Naomi offers an account for her depression by emphasising how she is positively different from other people. This enables her to counter some of the possibly negative inferences attached to being categorised 'depressed'.

Sub-sections I and II have explored how participants talk about their emotional downtime, while maintaining a sense of personal competence. Sub-section I demonstrated one discursive resource that participants draw upon to do so, that is by way of providing extensive explanations of how their depression has come about. We have seen how this enabled them to explain for their depression as a result of external circumstances rather than some personal shortcoming. Drawing upon causes for which they can only be held partly personally responsible for enabled them to safeguard their personal competence while addressing their depression (sub-section I (A)). The relevance of this concern was further stressed in sub-section I (B), where participants were, at least to some extent, held personally responsible for becoming depressed and where their individual ability to deal with their life was explicitly called into question.

Sub-section II has examined another discursive resource participants draw upon when addressing their illness. We have seen three instances in which participants present themselves as positively different from other people. In doing so, they were able to talk about their illness while warding off some potential negative inferences commonsensically drawn upon when referring to those categorised as depressed.

In what follows I will examine another discursive resource that participants draw upon to account for being depressed. A nice example of what I want to address in the next section was already present in Naomi's fragment above, where she pointed to her numerous efforts to improve her situation, as well as refer to the fact that she simply "*couldn't* fit in" (line 5, italics added) in. In doing so, Naomi displays an orientation to counter the commonly heard assumption that people who are depressed would be able to do something about their condition, if they only really *wanted* to. It is participants' sensitivity to this particular concern that will be at the focus of attention in the next sub-section.

III. Attending to limited self-responsibility: 'willingness' versus 'ability'

The contributions from Dorothy and Caroline, in fragment (8) and (11), as well as the contributions from Diane (9) and Liz (10) demonstrated participants' orientation to account for their depression by presenting it as the result of a set of clearly identifiable external causes. As a consequence, they are

able to explain for their depression while countering the assumption that they are ill because of some personal flaw.

The issue of whether participants are personally to blame for becoming depressed is also oriented to in the fragments that will be addressed in this section.

Let me start by showing how participants render normatively accountable the kind of 'attitude' displayed vis-à-vis one's depression. Consider the following example from Don, in which he describes the kind of people who visit this support group to a newcomer in the group, whom we will call Ben.

(19) [RC-239]

1 Do: Hello Ben. Your here in what I call my folder.
2 To me this is a place where you find caring people, who are
3 knowledgable and most understanding.. Your joining us here
4 indicates a desire to accept what is real to you now and then
5 to work towards change for the better.
6 There are many people here to lend a hand to one who wants to
7 help himself.. Talk and just feel you have help here.. It will
8 come to you

What we see in Don's contribution is how he offers a description of the kind of people one may encounter in this group (lines 2-3), as well as providing a gloss of what he considers Ben's decision to come here, to indicate (lines 3-5). Notice how he explicitly defines what it 'means' to come to this group, that is, as an indication of the "desire to accept what is real to you now" (line 4) and to "work towards change for the better" (line 5). An additional clue is given in lines 6-8, when Don points out that help will be offered here "to one who wants to help himself" (lines 6-7).

In ascribing to Ben a number of possible 'reasons' for coming here, Don shows a sensitivity so as to head off the assumption that this online support group is for the most part an easy and accessible venue for people who are in need of help. Quite the contrary, in describing the working of this group, Don invokes the impression that visiting this support group implies that one has to show a willingness to "accept what is real to you now" (line 4) and to "work towards change for the better" (line 5). In a similar manner, he refers to how help will be given in this group to "the one who wants to help himself" (lines 6-7). Referring to these kind of 'prerequisites' makes available the suggestion how taking part in this support group does not offer an opportunity to collectively merge in your problems. Rather, it serves to illustrate the fact that to come here requires that you adopt a particular attitude; an attitude towards accepting your condition and helping yourself.

Don's description of the kind of behaviour that is considered 'appropriate' for participants who join this group is not only referred to in welcoming new participants in this support group. We can also see how

participants orient to it in more frequently in their interactions in this group. Consider as a further example the contribution below, which is a message from Ann.

(20) [RAB-13]

1 An: [4 lines omitted, addressing another topic] The reason I feel
2 so free to come here is truly you've been there and in
3 actuality, you've helped me to see I'm not in this by myself.
4 Others went through much the same things I did, others lived
5 through it and are finding a measure of wellness by talking
6 openly about things. And I'm strengthened through being here.
7 My viewpoint the last few months has changed radically from the
8 "professional victim" to that of a person who has had problems,
9 but is working to resolve them. Way to go, friends! Love, Ann.

I would like to focus on lines 6-9 of this fragment in particular, where Ann points out: "(m)y viewpoint the last few months has changed radically from the "professional victim" to that of a person who has had problems, but is working to resolve them". In referring to how she considers this to be a positive development (illustrated by "Way to go, friends!", in line 9), Ann displays an orientation to how being a "professional victim" is something to account for in this group, and might be considered an inappropriate condition to find oneself in. Rather than presenting herself as a victim, we see how she demonstrates a sensitivity as to display an active involvement in dealing with her depression. Illustrative of this is the self-description she offers in which she typifies herself as a "person who has had problems but is working to resolve them" (lines 8- 9), and by identifying how this is the "(w)ay to go, friends!" (line 9). Consider also how in pointing out that her viewpoint has changed radically (line 7) she is able to present herself as capable of undergoing such a change, and that she is "working to resolve" her problems (line 8-9). Attending to how she is putting in an effort to accomplish some change in her situation works to show her competence in dealing with her condition.

The fragment below offers another example of how participants account for dealing with their depression. It is interesting to see how Betty does so by offering a narrative account of her past struggles with depression.

(21) [BG-1310]

1 Be: [13 lines omitted] I am damned if I do and damned if I
2 don't.....the story of my life. I am a failure and can no
3 longer stand on my own two feet. I have nothing to look forward
4 to any longer. Yes I believe in God, that is the only reason
5 that I am still on this earth. In the past I have pulled myself
6 together and tried again. Right now I can't, I don't even want
7 to try. Haven't any of you felt this way? I don't want gifts of
8 pity or attention even. I want someone to love me and to be
9 here for me and I want to be independent. Why should I want to
10 keep trying? That is what I want more than anything else, the
11 answer to that question. Why do any of you keep trying. Are you
12 contented or happy? What is the answer!!

I will focus on three elements of Betty's message in particular. First, I would like to look at the way Betty describes her history of depression. What we see is how given her history of struggling and having "pulled myself together and tried again" (lines 5-6), Betty now refers to being incapable of trying anymore. By drawing upon her past struggles to pull herself together Betty is able to present her current feelings of despair (lines 2-3) as warranted for. Notice at the same time how it invokes the impression that her current conclusion ("right now I can't, I don't even want to try", in lines 6-7) can be taken as a conclusion she is entitled to draw, rather than, say, a premature decision to give up.

A second issue I want to draw attention to is the kind of interactional work that is accomplished by describing her current situation in an extrematised fashion, by pointing out "I am a failure and can no longer stand on my own two feet" (lines 2-3). These feelings are emphasised even further in lines 3-4, when she says "I have nothing to look forward to any longer". Another example is offered in lines 6-7, where she refers to "right now I can't, I don't even want to try". I would like to consider how these utterances are examples of extreme case formulations (Pomerantz, 1986; Edwards, 2000), and more in particular, how they are illustrative of what Edwards (2000) has termed 'doing-non-literal'. To illustrate this, consider how the sheer extremity of the utterances "I am a failure and can no longer stand on my own two feet" and "I have nothing to look forward to any longer" (lines 3-4), render them statements that are recognisable implausible as a factual description of her state. What these statements accomplish, given that we do not consider them a literal description of Betty's situation, is to emphasise the gravity of her situation and the depth of her sufferings.²²

Third, I want to look at lines 7-9 of Betty's contribution, and look more in detail at the use of 'want'. Referring to how she "wants someone to love me and to be here for me and I want to be independent" (lines 8-9, *italics added*), marks out a separation between a desired state and an actual state of affairs. As such, it works to suggest how one is taking a stance towards an action even if this action is not performed (Potter and Hepburn, submitted). Taking this stance here works to show how Betty wants to be able to manage her life autonomously, that is, without receiving "gifts of pity or attention even" (lines 7-8). Pointing to this desire suggests how she does not want to be considered merely a victim of her disease. Explicitly stating how she does not want to receive "gifts of pity" nor "attention" (lines 7-8)

²² We could speculate as to whether Betty's description of her personal situation might count as a self-deprecating remark. To see what kind of response her contribution elicits, we can take a look at the replies she receives from the other participants. In these replies participants point out that they care about her and refer to how they regret that she is not able to find a solution to her problems. They do not argue against the gravity of her situation, but rather offer supportive remarks, for example offering hugs (data not shown). When can thus consider how Betty's self-deprecating remark works to elicit a particular kind of response, that is reactions from other participants in which they refer to supporting her. Betty's subsequent reply to these messages will be explored in Chapter 5, sub-section I (C).

presents her account as credible since it illustrates her ability to confess to the distorting potential of both the desire to be pitied for as well as the need for attention (Potter, 1996a).

Betty's contribution in fragment (21) has illustrated how offering a narrated account of her past attempts to fight her depression, only to give in when there was no other option left, makes available the impression that she has been trying to change her situation, but has been unable to accomplish this in the end. What this does is to mitigate the extent to which she can be held personally responsible for not having been able to change her situation, while showing her desire to do so.

What I have tried to show in this sub-section is how participants who write to this support group, show an awareness to counter the commonly heard assumption that taking part in this support group is merely a convenient opportunity to collectively indulge in your problems. The fragments that were presented showed that participants display an orientation to presenting themselves as willing to change their situation thereby resisting the claim of being merely a victim of their disease. We have also seen how participants ward off the impression that they could have overcome their depression if they really want to, by emphasising their previous efforts to change their situation, as well as to demonstrate their willingness to accomplish some change in their current situation, when visiting this support group.

4.5 Concluding remarks

This chapter has demonstrated participants' sensitivity towards establishing their legitimate involvement with this group. More in particular, this chapter aimed to explore how they accounted for their (ways of dealing with) depression, by formulating particular identities. Attention was drawn to the ways in which participants ascribe particular membership categories to themselves and others, and to the kind of discursive work that is thereby accomplished.

At the outset of this chapter, a set of assumptions was raised. These assumptions were related to the fact that this is a peer-based support group on the topic of depression. It was put forward how participants could be expected to address their experiences with depression without hesitation and show their vulnerable side to those present, based on the fact that they all have (had) similar experiences (cf. Davison and Pennebaker, 1995; Madara, 1997; Madara and White, 1997; Mickelson, 1997; Winzelberg, 1997; King and Moreggi, 1998; Finfgeld, 2000). However, an exploration of the data has shown that quite the contrary is the case.

The analyses have demonstrated how participants account for being depressed, for example by offering extensive causal descriptions of their illness. In doing so, they were able to present their depression as a result of external causes, thereby warding off the impression that it was somehow the result of some

personal fault or flaw. As such, participants were able to address their feelings of depression, while maintaining a sense of personal competence.

This is particularly interesting when we take into account that we are dealing with a peer-based support group, where we can assume that participants are in similar situations and on that basis would feel able to discuss the many sides to their illness, instead of accounting for their depression or showing a pervasive concern with explaining for how their depression was caused. When we consider how safeguarding one's competence was shown to be a concern for lay people who interact with medical professionals (see Chapter 6, section 6.2), it is interesting to see how this chapter showed how maintaining one's competence is also a major concern for participants in a peer-based environment.

Participants' sensitivity to these concerns was further stressed by analysing a number of accounts in which the opposite was pointed out. In those instances, the suggestion was invoked that people with depression are depressed as a result of some fault of their own, as well as relaying doubt as to their capability to deal with their lives. Presenting these characteristics as general character traits of people with depression, as well as placing oneself explicitly outside the group that is thus described, can be considered to contribute to the fact that this contribution does not result in any replies from the other participants.²³

This chapter also demonstrated how participants account for their condition by presenting themselves as 'positively different from other people'. In doing so, participants were able to present themselves as markedly different from other people, while countering some of the potentially negative inferences commonsensically bound to the category of depressed people. In doing so, they were able to talk about particular experiences or problems regarding their depression without necessarily having to relate them to their illness, which worked to safeguard their personal competence.

It was also shown how participants attend to the (numerous) efforts they have put in to change their situation, as well as how they hold each other accountable for displaying a willingness to accomplish such a change. As such, they undermine the possible negative inference that taking part in a support group carries as a necessary consequence that participants consider themselves victims of their disease. This shows once more how participants in this support group present themselves as depressed *but* competent.

²³ See also Chapter 6, sub-section III (A) for a detailed examination of how other participants take up this contribution as potentially troublesome.

What these findings suggest too is that taking part in a support group for depression is not only about sharing your feelings, thoughts and problems as they relate to depression, but is also about establishing what kind of person you are. For example, by presenting yourself not only as someone that is depressed, but also as a competent individual, and also as someone who is positively different from other people. We have also seen how although we are dealing with a support group, people do not present themselves as a victim of their disease, but rather show a pervasive concern with wanting to alter their situation.

I have also shown how attributing these identity categories to oneself, as well as others, and construct one's legitimate involvement with this group, is not a matter-of-course, but rather is subject to continuous negotiation.

I would also like to recall some other issues at this point. When we consider the analyses that were conducted in this chapter, we come to see how in ascribing particular membership categories to others and themselves, participants do not offer stable and fixed descriptions of how people essentially are. Instead, the detailed analyses of participants' writings to this support group have been informative about the way in which ascribing, negotiating and resisting particular membership categories pose a discursive resource in managing issues of competence, accountability and blame. It was shown that presenting themselves in particular ways, for example as being depressed *but* competent, enabled participants to ward off potentially negative category bound inferences, as to whether people with depression are competent enough to manage their life, whether they are personally to blame for becoming depressed, or whether their depression is a mere product of their imagination.

A more general point that I wish to take from the analyses in this chapter is how participants' subtle ways of occasioning and resisting membership categories, might be considered a set of irreconcilable statements when we take them as descriptions of how people essentially 'are'. Consider for example those instances in which participants present themselves as partly depending on other people, while on the other hand attending to how they want to act autonomously. We have also seen how different membership categories can be invoked simultaneously, for example when participants presented themselves as depressed and at the same time as positively different from other people.

When approached from an interactional point of view, we can come to see how participants' self-introductions are flexibly occasioned so as to accomplish a variety of interpersonal functions, for example to be able to address their depression without suffering the loss of their personal competence. As such, it was demonstrated how attributing identity categories to themselves and other people poses a set of discursive resources that participants draw upon to construct their 'legitimate' involvement with this support group.

5. SUPPORT AS AN ACCOUNTABLE MATTER

“The discourse of mind and emotion is first of all a participants’ discourse, and it is rich and various, full of contrasts and alternatives, and marvellously useful in working up descriptions of human actions, interpersonal relations, and in handling accountability” (Edwards, 1997: 170).

5.1 Introduction

The literature on support groups suggests that to receive social support is an important asset for its participants.²⁴ It has been extensively demonstrated how support groups, both face-to-face as well as in online settings, carry the potential to provide participants with social support by making accessible practical information, shared experiences, positive role models, helper therapy and empowerment (King, 1994; Madara, 1997; Mickelson, 1997; King and Moreggi, 1998; Peterson, 1999; Welch-Cline, 1999; Alexander *et al.*, 2000).²⁵

Online support groups like bulletin boards or discussion groups are perceived to offer some extra advantages when compared to face-to-face counterparts (King and Moreggi, 1998).²⁶ It is argued that they endow people with the possibility to participate anonymously, which might be an advantage for people who suffer from a stigmatised disease, and enable participants to access the support group 24-hours per day, independent from geographical boundaries or differences in time zones.²⁷ Being in a position to spend more time on reading and writing messages has also been identified as beneficial, when compared to synchronous applications like chatrooms or face-to-face support groups (Sparks, 1992; King and Moreggi, 1998). At the same time, was demonstrated how writing down one’s feelings and problems has a therapeutic effect, for example when coping with trauma (see Lange *et al.* 2000; Lange *et al.*, forthcoming). Another alleged benefit that was identified was the opportunity to share experiences with a potentially larger number of people who can bring to the fore their perspectives on a particular matter, when compared to the often smaller range of people and opinions one has access to in the immediate social environment. The latter can be especially important for people with rare

²⁴ As was mentioned in chapter one, the notion of support groups will be used to refer to the group that is under study here. I have chosen to employ this notion rather than the concepts of self-help or mutual aid groups, since this is how participants themselves choose to describe their group (see also Chapter 1; also King and Moreggi, 1998; and Welch-Cline, 1999 for a discussion on the use of the concepts of ‘self-help’ and ‘social support groups’ in scholarly studies).

²⁵ The notion of helper therapy refers to the fact that participants who take part in support find themselves not only in a situation in which they *can be helped by others*, but they are themselves also *able to help others* (cf. Reissman, 1965).

²⁶ I am referring here to asynchronous support groups rather than synchronous groups (e.g. chat applications).

²⁷ It is important to point out that what are considered potential advantages of online support groups are not so much fixed characteristics of the medium itself. Rather, more recent research on computer mediated communication, has shown how these alleged benefits are only *potentially* available and are variable in the sense

diseases (Madara, 1997). It has also been shown that participants of online support groups value the comfort of accessing the group from one's own home (King and Moreggi, 1998).²⁸

What I set out to do in this chapter is to look back at the way in which social support has been studied in traditional research; that is within the epidemiological tradition as well as subsequently in social psychological and communication research. In briefly touching upon the ways in which some traditional methodologies have approached social support, and by contrasting this with the kind of approach that would be favoured from a discursive perspective, I will point to some problematic areas in existing methodologies. Subsequently, a closer look will be taken at the literature that has drawn attention to online support groups, focusing in particular on the assumptions that seem to have influenced current theories about these groups.

Before turning to the analysis of the conversational materials, I will look at what a discursive perspective to social support would entail by addressing some studies that have examined everyday talk as it occurs in therapeutic interaction. They may provide us with some interesting themes that could be relevant to the current study because we can expect that addressing one's feelings and thoughts poses a central concern for people who are involved in therapeutic interaction as well as in online support groups.

5.2 Social support

Although many studies have explicitly pointed to the value of receiving social support, first in face-to-face settings but more recently also in online support environments, the concept of social support itself is still marked by conceptual ambiguity. To illustrate this, let me briefly point out the kind of research that has been undertaken over the past years to explore the concept of social support.

The initial impetus for research addressing the exchange of social support was provided in the early 1970s, by a number of studies adopting an epidemiological perspective. In these epidemiological studies, large samples of community residents were polled about their social resources. The studies suggested that individuals with social ties live longer and have better physical and mental health than individuals without those ties. Stress was not yet included in this type of research (see for an overview, Burleson *et al.*, 1994). This community based approach within epidemiology, which is also termed the

that they might turn out to have different effects in varying contexts (Lea, 1992; also Leeuwis and Lamerichs, 2000).

²⁸ To stress the positive characteristics of taking part in an online support group does not mean to say that there are no negative sides to participating in such groups. Researchers have pointed to the exchange of incorrect information in these groups, and the risk of becoming addicted to the online support environment, with the consequence of neglecting other forms of social contact. There is also the risk of causing harm by negative encounters with others that are online (see for an overview King, 1994; Braithwaite *et al.*, 1999; Fingeld, 2000). The latter point is however not exclusive to online environments. Starting point for this study is to consider the

sociological or social network approach, has addressed size, density and other features of the social network in correlation with varied indices of health and well-being (Gottlieb, 1982; see also Dunkel-Schetter, 1984). This research tradition has met with significant criticism in that the structural characteristics of social networks are only weakly associated with the availability and adequacy of support and health-related outcomes. It was argued at that time how the quality and meaning of social relationships had to be taken into account as well. Based on these insights, it was deemed necessary to study the phenomenon of social support also from a psychological point of view.

The psychological or perceptual approach to social support has examined the relationship between the quality of social relationships and an individual's subjective sense of being supported. Within this tradition, the hypothesis was tested whether support was primarily beneficial in times of stress. Or, to put it differently, it was estimated whether support worked as a buffer against stress, in what was called the 'buffering hypothesis' (Cohen and Wills, 1985). Within this paradigm, life events were measured over a period of one or two years, to arrive at an estimate concerning the individual levels of 'life change' or stress. This approach has met with criticism in that relationships themselves are not considered to be directly supportive (or unsupportive for that matter). Rather, it was pointed out that support is conveyed through particular *actions* that are carried out by people.

Within this psychological research tradition, attention was drawn to social support as a resource for people who undergo particularly stressful experiences, for example when being ill (Dunkel-Schetter, 1984). The studies that were thus carried out were criticised both for the size of the samples and for the rather simplistic conceptualisations of what the concept of social support entails (*ibid.*).

In the light of these critical remarks, the suggestion was proposed that the study of social support needed to provide detailed examinations of the communicative and interactional processes through which support is solicited and conveyed between people. Related to this, it was argued that there is a need for an approach in which the actual content of the support exchange is analysed (Goldsmith, 2000; Welch-Cline, 1999, also Burleson *et al.*, 1994 for an overview). However, although calling for a more interactional approach, more recent studies in which the exchange of social support has been addressed, have neglected to systematically address social support as a participants' concern, nor have they studied in detail how participants orient to social support in their daily conversations.

An approach that does consider participants' everyday talk as it relates to issues of social support will be explored shortly (see section 5.3). First, I would like to draw attention to a number of studies that

have examined online support groups and focus more in particular on the kind of assumptions that have informed these studies.

5.2.1 Online support groups

Since the rise of online support groups, many studies have tried to map out their characteristics, often by contrasting them with off-line or face-to-face counterparts (Madara, 1997; Mickelson, 1997; King and Moreggi, 1998; Preece, 1999). The majority of these studies generally puts forward the claim that taking part in an online support group can be considered a relatively easy, uncomplicated and rather undemanding alternative for people who are looking for a place to talk about matters related to health and illness. Let me point out why these studies consider this to be the case.

First, it is assumed that because there is no 'social pressure' of physically co-present participants, people might more easily decide to take part in an online support group (Mickelson, 1997; King and Moreggi, 1998; Peterson, 1999; Alexander *et al.*, 2000). Because of the relative anonymity in these groups, taking part in an online support group is considered an easily accessible alternative. At the same time, the interaction in an online setting is characterised as being relatively free of obligations, since communicating via text in an online environment is believed to be ephemeral. The evanescent nature of online communication is considered to lie in the fact that texts appear and disappear on a screen without any tangible consequences (see Sproull and Kiesler, 1991: 40). It is put forward how this temporary nature enhances the feeling that interaction via computers is relatively free of obligations. Second, participants' (relatively) anonymous participation in these online support groups is believed to enhance the extent to which people talk about their personal feelings. It has been demonstrated how participants frequently and readily disclose personal narratives and feelings when communicating with each other (Parks and Floyd, 1996; Kiesler, 1997; Galegher *et al.*, 1997; Preece, 1999; Walther and Boyd, 2002). Studies of computer mediated communication more in general had already pointed this out when stating that anonymity is considered to enhance the disclosure of personal information in online environments (Kiesler, Siegel and McGuire, 1984).²⁹

Third, taking part in an online support group is believed to result in relatively straightforward communication, because the conversation takes place in a setting largely devoid of social markers, which is believed to reduce the effects of status, power and leadership (Siegel *et al.*, 1986).

²⁹ It is interesting to consider that whereas the Reduced Social Cues approach considers the potentially negative consequences of anonymity when interacting online, most notably uninhibited behaviour (see also Chapter 1, section 1.2.1.), the studies that have identified potential benefits offered by online support groups draw attention to the beneficial consequences of anonymous participation online, since it enhances the disclosure of personal feelings.

The assumptions mentioned above are closely bound together. What is important is that taken together, they have played an important role in portraying online support environments as relatively easy to join and moderately free of obligations. Moreover, they have also contributed to the view that to engage in online communication is unproblematic and straightforward, based on the alleged effects of anonymity, most notable the lack of social cues (i.e., age, gender) and the ephemeral nature of texts in an online environment.

This section has attempted to offer an overview of the way in which the notion of social support is examined in studies that address the exchange of social support in face-to-face settings. I have also focused on a set of influential and closely interwoven assumptions that inform studies undertaken in the realm of computer mediated communication, particularly those studies that have explored the characteristics of online support groups. The next section aims to offer an illustration how social support can be approached from a discursive perspective.

5.3 'Emotion words' and 'mental state avowals'

Discursive psychology has not focused on the notion of 'social support' as such. However, when we consider how the exchange of support is closely related to talking about thoughts and feelings, we cannot overlook the studies that have focused on the ways in which people attend to emotion discourse or 'mental state avowals' (Edwards, 1997; Edwards and Potter, in press). This line of work includes an exploration of participants' everyday talk in a therapeutic setting, more in particular, an exploration of a series of marriage counselling sessions. It is in these settings that addressing one's thoughts and feelings can be considered to pose a central concern for participants (Edwards, 1995; 1997; 1998).

In referring to what they think or feel, participants orient to a broad range of emotion words like jealousy, anger, honesty, but also notions like hope, want, know or feel (see Edwards and Potter, in press). Several studies have demonstrated how claiming a particular mental state or psychological disposition (liking, hoping, wanting) can be used to build or counter a particular version of events (Edwards, 1995; 1997; 1998; also Potter and Hepburn, submitted; see also Chapter 2, section 2.5). With respect to the way participants orient to emotion words, and the kinds of interactional work thus accomplished, discursive psychology has drawn attention to the way in which "emotional states may figure as things to be *accounted for* (in terms of prior causal events or dispositional tendencies, say), as *accounts* (of subsequent actions and events, and also as evidence of *what kind of events or actions* precede or follow them" (Edwards, 1997: 170).

Discursive psychology examines how emotion words or so-called 'mental state avowals' do their discursive work as they are flexibly employed by participants as a set of rhetorical positions and contrasts. Consider for example the way in which emotions like anger or fear can be presented as irrational –or as precisely the opposite, as sensible and rationally based. In a similar fashion, feelings can be portrayed as true and honest, thereby countering the rhetorical opposite, that is fake emotions (see for a detailed overview of these rhetorical contrasts Edwards, 1997: 194). It is important to note that an examination of these rhetorical positions in discursive psychology does not involve a classification of what different emotion words '*mean*', nor does it involve presenting them as a *definite* set of possible uses or list of contrasts. Rather, considering some of these positions works to illustrate how emotion words can be oriented to so as to assign causes and motives to action, and to interactionally manage issues of blame, excuse and accountability.

Let me highlight another example that could be related to the conversational practices in the support group on depression. This example was actually already addressed in chapter four. This chapter demonstrated how participants offer extensive explanations for their depression (which can be considered a mental state in itself) by describing it matter-of-factly, as the result of rational causes. We saw how in doing so they established their depression as a factual and robust feature that exists out there in the world, which worked to counter the image of depression being merely an imaginary disease. This is illustrative of the way in which emotions or mental states (in this instance, a state of depression) can be attended to as having a rational or irrational basis.

The next two sections will examine two studies that further illustrate the kinds of interactional business that can be accomplished by referring to particular emotion words or mental state avowals.

5.3.1 Dispositional states and '*temporary flares of jealousy*'

The first study I will address nicely demonstrates how offering particular descriptions of events, and referring to particular emotion words in the course of those descriptions, work to establish someone's personality disposition. The conversational materials are from a number of marriage counselling sessions with a couple called 'Connie' and 'Jimmy' (Edwards, 1995; 1997; 1998; Edwards and Potter, in press).

The way Connie and Jimmy describe the events that have taken place in their marriage, exemplifies that the way these events are described not only serves to accomplish different kinds of interactional work (managing blame for example) but are also '*designed*' in such a way so as to refute particular '*counterstories*' and '*counterformulations*'. Although refuting the story told by the other might be particularly relevant in a relationship counselling session, where we might expect to hear alternative

stories pointed out by both partners, the kind of discursive work that these emotion words fulfil can also be applied to other contexts, as we will see shortly.

An illustration of the way in which alternative stories are presented can be found in fragments (1) and (2) below, in which the issue of jealousy is addressed. It is interesting to consider the way in which jealousy is here simultaneously constructed as a dispositional trait versus an understandable and thus warranted reaction.

(1) [From Edwards, 1997: 158]

1 Connie: At that poi;nt, (0.6) Jimmy ha- (.) my Jimmy is extremely
2 jealous. Ex-tremely jealous person. Has a:lways ↓been, from
3 the da:y we met.

In this fragment we see how Connie describes Jimmy as an “extremely *jealous person*” (line 2, italics added) instead of being ‘merely jealous’. In doing so she is able to work up her account of Jimmy’s innate personality disposition, which presents his jealousy as an enduring state, which is further illustrated by Connie’s telling how Jimmy “Has always been (jealous), from the day we met” (line 3).

Let me consider another fragment in the same counselling session, in which we see how Jimmy displays an orientation to countering the image of being a jealous person, by offering a narrative account of his wife’s behaviour. Consider how this account works to suggest how his wife’s motivation and character are flirtatious.

(2) [From Edwards, 1997:158]

1 Jimmy: Connie had a short skirt on I don’t know. (1.0) And I knew
2 this- (0.6) uh ah- maybe I had met him. (1.0) Ye:h. (.) I musta
3 met Da:ve before. (0.8) But I’d heard he was a bit of a la:d().
4 He didn’t care: (1.0) who he (0.2) chatted up(...). So Connie
5 stood up (0.8) pulled her skirt right up her side (0.6) and
6 she was looking straight at Da:ve (.) > °like that°< (0.6) and
7 then turned and looked at me (1.2) and then she said w-
8 (.) turned and then (.) back to Dave and said (.) by the way
9 that wasn’t for you

Particularly interesting in this fragment is the way Jimmy counters Connie’s description of him as being pathologically jealous. Notice how Jimmy refers both to Connie’s short skirt (“Connie had a short skirt on I don’t know”, line 1) and the man they met, in line 4 of whom Jimmy had “heard he was a bit of a lad”, who “chatted up” with women (lines 3-4). In both instances we see how Jimmy introduces telling details, while at the same time preventing from looking extremely zealous in monitoring them. Also notice how the explicit use of a psychological term “I don’t know” (line 1), works to suggest that Jimmy was not paying particular attention to his wife’s clothes. This, then, works to counter the image of being pathologically jealous and watchful, an impression that was invoked by Connie in fragment (1).

Fragments (1) and (2) provide an interesting example of the way in which Jimmy's reported jealousy is both treated as a dispositional trait and as an understandable reaction triggered by his wife's flirtatious behaviour, thereby accomplishing different kinds of interactional work (see also Chapter 2, section 2.2.1).

As I said before, the goal of analysing emotion discourse is not to opt for a clearly defined list of rhetorical contrasts like the ones mentioned above, let alone determining whether for example Connie's or Jimmy's description of what happened is the 'true' version of events. Instead, it is much more interesting to examine *how* and *when* such versions are produced. It is precisely by examining how the kind of events that are described by Connie and Jimmy are treated as 'the way somebody sees them', or are referred to as 'just the way things are', that we can point to the kinds of interactional work that these accounts may work to establish (Edwards, 1994). Exploring the counselling session materials offers an illustration of just how that is accomplished in everyday talk (Edwards, 1995).

In the light of the current study, it is interesting to consider if and how these matters are attended to by participants in this online support group. For example, how do participants refer to emotion categories when asking for support or describing their feelings of depression and what kind of interpersonal goals are thereby accomplished? Before exploring these questions, I will first draw attention to another study that draws attention to what is made inferentially available by emotion words.

5.3.2 '*K is mentally ill*'

In this section I want to consider a well-known study of mental illness by Smith (1978). The study deals with interview data in which K's friends tell how they have come to think of their friend (referred to as 'K') as possibly being mentally ill.

There are many interesting aspects to this study that are worth considering (see also chapter two, section 2.3) but what I wish to focus upon here is how particular descriptions of events make available particular inferences about the dispositional states of the actors involved. I would like to look at a fragment from the study to provide an example of how this is being done. Consider the fragment below that shows how Angela describes K's behaviour.

(3) [From Smith, 1978: 30]

1 An: ...She would buy the most impractical things, such as a broom,
2 although they already had one, 6 lbs. Of hamburger at one go,
3 which they would have to eat the whole week.
4 She would burn practically everything. When something had gone
5 radically wrong, obviously by her doing, she would blandly deny
6 all knowledge, but got very upset at little things, like a
7 blown fuse. She did not seem to absorb the simplest information
8 regarding the working of the stove or the household implements.
9 She had definite food-fads, and would take condiments such as

10 ketchup, pepper, to excess. Also things like tinned fruit and
11 honey, she would eat them by the jar, at one go...

Consider how K's behaviour is presented as illogical and strange by describing how she "would buy the most impractical things" (line 1), how she "would burn practically everything" (line 4) and "did not seem to absorb the simplest information" (line 7). Notice how the suggestion of irrational behaviour is strengthened by the repeated use of the word "would" (in lines 1, 3, 4, 5, 9, 11) and the use of multiple extreme case formulations ("most impractical", line 1; "whole week", line 3; "deny all knowledge", lines 5-6, "simplest information", line 7; and "definite food-fads", line 9) (Pomerantz, 1986; Edwards, 2000).

The image of irrational behaviour is developed further by pointing out how "She had definite food-fads" (line 9), as a result of which she would take condiments "to excess" (line 10) and eat tinned fruit or honey "by the jar, at one go" (line 11).

These descriptions of K's behaviour work to portray her as pathological and (later in the interview) as someone who is mentally ill. We refer to these kind of event descriptions as 'script formulations' (Edwards, 1995, 1997). Script formulations describe actions and events as having a recurrent, predictable, sequential pattern. What is nicely illustrated in the fragment above is how script formulations can present an event as routine-based or as an exception, which then provides the basis for participant's accountability within a normative order (see also Chapter 2). In this particular fragment we see how describing K's behaviour as out of the ordinary results in portraying K's actions as highly irrational, pathological and eventually, as a sign of mental illness.

What the study on K's mental illness has illustrated is how describing someone's behaviour in one way rather than the other can make available particular inferences as to whether that person is to be considered 'normal' or 'deviant'. It has also been shown how emotion states can be described in ways that accomplish all sorts of discursive work, for example managing blame and accountability.

Let us now turn to an examination of the conversational materials that are written by the people who take part in the online support group under study, a group for people with depression.

5.4 Goal

This chapter aims to analyse how participants that take part in an online support group on the topic of depression describe their feelings, and how they request for support or help. More in particular, I wish to explore if and how participants show a sensitivity as to the appropriateness of talking about their down time and their calls for support.

5.5 Analysis

The exchange of support in a support group that discusses the topic of depression is inextricably bound to addressing one's feelings and experiences with regard to this illness. It might be that in the group we are dealing with here, participants feel like they can easily express their feelings of depression, given that they are anonymous to each other. This might even be strengthened when we consider that we are dealing with a peer-based support group in which people can reasonably expect to be among people who can relate to stories of depression and feeling down, because they have been or are going through similar experiences.

In what follows I will look at the kind of concerns participants make relevant in their contributions.

Subsequent sub-sections will address a number of specific discursive devices that participants orient to when asking for support and talking about their feelings and problems.

I. Constructing an appropriate request for support

Let me commence my exploration of the contributions that have appeared in this support group by examining a message written by Naomi, displayed below as fragment (4).

(4) [NH-149n]

1 Na: well, I'm battling. This worse part for me, I think, is that I
2 always feel so guilty for feeling depressed.
3 I didn't go to church today...the depression makes me want to
4 stay away from others..but this is the first time I've let
5 anyone know. I asked my sister to let Dora(Pastor's wife and my
6 dear friend) know why I wasn't there,and to be put on the
7 prayer list. This is the first time I've asked for prayer for
8 depression. I'm usually the one praying for and assuring
9 others.. well, after church, Dora came over just to hold me.
10 She said she'd tried to call me but I wasn't answering the
11 phone. She was right. [17 lines omitted, addressing other
12 participants' previous messages] Thank you for being here
13 today. I hesitated to even come here...because with Betty's joy,
14 I didn't want to admit where I've been lately.

I would like to draw attention to four parts of Naomi's message in particular. First, consider how she starts this message by pointing out "well I'm battling" (line 1), which invokes the impression that she is putting in an effort to fight her depression (see also Chapter 4, sub-section III). A further illustration of her willingness to do something about her situation is referred to in lines 3-5 when she offers an explanation for why she missed church "...the depression makes me want to stay away from others..but this is the first time I've let anyone know". By pointing out "This is the first time I've asked for prayer for depression" (lines 7-8), Naomi makes available the suggestion that she has stepped out in the open and admitted to others that she is depressed. This works as a further illustration of her willingness to do something about her situation, rather than trying to deal with it on her own (see also Chapter 4, section 4.4, sub-section III).

Second, in referring to how it is “the first time” that she has let others know and ask for a prayer for depression, Naomi works up the impression that this is an unusual thing for her to do. This is further stressed when we take a look at lines 8-9, where Naomi says “I’m *usually* the one praying for and assuring others” (italics added). This enables her to present her current display of emotionally bad times as something she is ‘entitled’ to (Sacks, 1974; also Potter, 1996a; Potter and Hepburn, submitted). By presenting her current down time as an exceptional occurrence, Naomi is able to address her feelings of depression while at the same time presenting herself as competent (see also Chapter 4, section 4.4, sub-section I).

Referring to how she has let others know and has asked for a prayer also works to accomplish something else, which is illustrated in line 2, where Naomi mentions “I always feel so guilty for feeling depressed”. Consider how this invokes the impression that letting others know that she is depressed counts as an accomplishment. The way in which talking about feelings of depression can be considered an achievement, is also attended to in lines 13-14, where she points out “I hesitated to even come here... because with Betty’s joy, I didn’t want to admit where I ‘ve been lately”. Take into consideration how having to “admit” something makes available the suggestion that this can be something you rather want to avoid, especially when you are going through a particularly rough time. It can therefore be considered a potentially challenging and even painful thing to do (it might include feelings of guilt, line 2). By referring to “Betty’s joy” as a reason not to post here today, Naomi works up the suggestion that while addressing her own thoughts and feelings, she also takes into account the possible effects her message might have on the other participants that visit this group.

To explore this matter further, let us look at another fragment, written by Joanne.

(5) [K-1176]

1 Jo: Hi there folks, I don’t post here much anymore because when you
2 guys seem upbeat I feel I would bring the whole tone of the
3 folder down. Does that make sense to anyone but me? Depression
4 is only one slice of my mental illness pie. So anyhow I just
5 had to comment on how well Betty describes many of my own
6 feelings.
7 [7 lines omitted, describing an earlier event in another
8 discussion group]

Notice how Joanne starts her message by offering an explanation for why she does not post anymore, which is that “when you guys seem upbeat I feel I would bring the whole tone of the folder down” (lines 1-3). Similar to what we have seen in Naomi’s contribution, this works to illustrate Joanne’s orientation to the possible consequences of her contribution for the other participants on this forum, and more in particular as to whether it might “bring the whole tone of the folder down” (lines 2-3).

Let me consider another fragment, the second part of which is displayed below in fragment (6), to see how another participant, whom I will call Betty, refers to talking about her problems and fears in this group. The first part of Betty's message will be explored further in sub-section (E) of this chapter.

(6) [BG-182n] (lines 1-9)

```
1 Be: .....When you all talk about your problems and fear, you have no
2 idea how much it helps me. It does not drag me down!! I lifts
3 me up to know that I am not alone and that there are others who
4 care enough to not only listen, but to allow me to share their
5 pain. What a gift!!
6 I think we all need to be needed, at least I do, and I have
7 learned just how hard it is to allow others to be there for me.
8 It takes great courage to reach out to others. That is not the
9 action of a whiner.
```

I would like to draw attention to three parts of Betty's fragment in particular. First, take a look at lines 1-2, where Betty points out "When you all talk about your problems and fear, you have no idea how much it helps me. It does not drag me down!!". This shows Betty's orientation as to how talking about your feelings may have particular consequences for the other participants in the group, albeit in a positive way ("What a gift!!", in line 5). Second, consider lines 6-9 of Betty's message, where she displays an orientation to talking about your problems as an accomplishment, rather than as a matter-of-course, and as something that takes a certain amount of courage and time to do ("I have learned just how hard it is to allow others to be there for me"). It is interesting to take a closer look at the end of Betty's message, where she points out "That is not the action of a whiner" (lines 8-9). In doing so, Betty orients to the problems that are put forward by the people in this group as real problems, thereby countering the potentially negative claims that talking about your emotional bad times is somehow less serious or merely an instance of complaining.

Fragments (4) to (6) have illustrated participants' sensitivity so as to formulate an appropriate request for support. The fragments that were presented have demonstrated how participants orient to describing their feelings and asking for support as a potentially delicate matter, which can be illustrated if we consider how they account for it in a number of ways. First, it was demonstrated how participants attend to talking about their down feelings not as a trouble-free undertaking but rather as an accomplishment, as something that takes courage and time and which can be potentially painful. Portraying their account of emotional downtime as an accomplishment enables participants to address their feelings of depression while maintaining their competence. Their personal competence is also stressed when participants address their trouble, while orienting to their willingness to do something about their situation

Another way in which participants account for their request for support, is by presenting the current instance in which they address their emotionally bad times as exceptional and unusual, invoking the

impression that the current exceptional state is something they are entitled to. Fourth, we have seen how participants address their own feelings and troubles while at the same time orienting to the possible consequences posting their message might have on others. Lastly, it was shown how participants may display an orientation to talk about their feelings while warding off the possible negative inference that their problems and fears do somehow pose a less serious problem and can be considered as an instance of merely whining.

The concerns that are pointed out above illustrate how participants display an awareness so as to construct an appropriate request for support. In the sections that follow, I would like to elaborate on some of the discursive resources that participants draw upon in doing so, and the specific ways in which these discursive resources pose candidate solutions to the interactional difficulty of how to formulate an appropriate request for support.

(A) Externalising emotions

I want to start this sub-section by considering fragment (7) below, which is a contribution from Janice.

(7) [JW-773]

1 Ja: I'm a little shame-faced though, for being such a baby
2 yesterday. It may have been a compilation of all the losses I
3 have experienced overwhelming me at once. Strange how emotions
4 do that: make that surprise attack when you least expect it,
5 and nearly inundate you. Well, onward and upward ... Thank you
6 ALL once more for the (((HUGS))) and caring thoughts. I would
7 dearly love to meet each one of you and personally deliver a
8 barrel of (((HUGS))) luvya, Janice.

In the opening sentence of her contribution, Janice shows a sensitivity to the possible appropriateness of her previous post by accounting for it. Consider how “being such a baby yesterday” is described as the result of “all the losses I have experienced overwhelming me at once” (line 2-3).

It is interesting to see how she furnishes her account in such a way so as to provide for the external character of her emotions (see also Edwards, 1997, on the interactional business performed through emotion talk). Notice how describing emotions as making a “surprise attack” (line 4) and as a force that “nearly “inundate(s) you” (line 5) works up the suggestion that these emotions come from the outside, thereby minimising the involvement of the participant herself (cf. Potter, 1996a). Moreover, it also makes available the impression how she was left overwhelmed and unable to do anything to prevent her emotions from taking over. Notice how she subsequently generalises and thereby further depersonalises this mechanism by defining the power of emotions in general terms (“Strange how emotions do that”, lines 3-4). In these ways, Janice describes her emotions not so much as a particular inner state but as an external force that operates relatively independent of her, as a result of which she can hardly be held personally responsible for them.

Interesting is also line 5, where Janice refers to “Well, onward and upward”, which works to suggest that “upward”, or improving her situation, is the goal she has set for herself. In doing so, she displays an orientation to how she is willing to change her personal situation for the better, thereby countering the impression that people who are depressed would be able to do something about their situation if they would only really want to (see Chapter 4, section 4.4, sub-section III).

Fragment (7) is particularly interesting when we take into consideration that we are dealing with a peer-based support group, where we could expect participants to readily talk about their feelings and problems and thus show their vulnerable side. Instead, what we see here is that Janice accounts for having asked for support, thereby making available the impression that it might be considered inappropriate to show your feelings the way she did in her previous contribution.

Let us take a look at another fragment:

(8) [PV-474n]

1 Iv: [6 lines omitted] I especially don't like that 'everything is
2 acceptable' attitude I get from the prosaic. No one should be
3 emotionless. There I go complaining again. I hope I'm just
4 letting go because I broke the dam that was holding all this
5 back. I wouldn't want this to become a permanent thing either.
6 Yes, I will be back. I hope to help others on their bad days.

Notice how in lines 1-2 Ivy points out “I especially don't like that ‘everything is acceptable’ attitude I get from the prosaic” (the word ‘prosaic’ most probably refers to the well-known anti-depression medication Prozac), and how she adds to that “No one should be emotionless” (lines 2-3). This can be heard as a plea to be able to voice your feelings. However, at the same time we see how she confesses stake by defining this as an instance of “complaining” (line 3) which shows her ability to acknowledge its distorting potential.

It is interesting to take a closer look at the account she offers for “complaining” in lines 3-5, when she points out “I hope I'm just letting go because I broke the dam that was holding this all back”. This suggests how expressing these emotions was a process that, although initiated by her (“I broke the dam”, line 4, italics added), turned out to be unstoppable and proceeded in an autonomous fashion.

Fragments (7) and (8) are interesting when we consider how participants that take part in this peer-based support group can be expected to talk about their feelings of depression, given that they find themselves among people who have been through similar experiences. Nonetheless, what we see is that both Ivy and Janice render their request for support into an accountable matter.

Consider how both participants present their emotions as an external force working upon them, causing them to talk about her feelings. As a result of this, their personal responsibility for expressing these

feelings is minimised. This discursive procedure enables participants to talk about their feelings of depression while maintaining a sense of personal competence.

(B) Comparing oneself with others

Another way in which participants account for talking about their feelings of depression is by comparing their troubles to those of their fellow participants. Consider fragment (9) written by Polly and the reply Polly receives from Naomi in fragment (10) as examples of how it is that participants go about doing this, and the kind of reply this results in. Fragment (10) shows only part of Naomi's message, but the remainder of the fragment will be explored more fully in sub-sections (D) and (E) of this chapter.

(9) [PA-178n]

1 Po: [8 lines omitted] Betty, Naomi, Diane and all....I see what you
2 have all gone through and then I feel guilty for feeling down
3 and posting about it. This is not like me to be such a
4 complainer. What the hell is going on with me? I hate this.

(10) [NH-180n] (lines 1-9)

1 Na: So...shouldn't there be at least one place where we can come to
2 say what we are feeling? Don't say it if it isn't what you're
3 feeling. That's important...we don't want to just start
4 complaining because this seem to be what we expect here...cuz
5 that isn't the way it is...BUT...if it's inside you...you need to get
6 it out. That's what this place is for. Are you sure this is
7 called complaining, Polly? I've never thought of you as a
8 complainer; just as someone who's gone through quite a bit
9 lately.

Let me begin the analysis of fragment (9) by looking at Polly mentioning "I feel guilty for feeling down and posting about it" (lines 2-3). Consider how she refers to feeling guilty in relation to seeing "what you have all gone through" (lines 1-2), as a result of which she considers herself to be a "complainer" (line 3-4). In drawing upon this comparison, Polly presents her situation as a minor issue, and as something that on that basis, deserves only limited attention. It also shows her sensitivity to the well-being of the other participants in the group.

Take a look also at the last part of Polly's message where she points out "This is not like me to be such a complainer" (lines 3-4). In doing so, she invokes the suggestion that she dissociates herself from the part of her that is complaining. Distancing herself in this way works to reduce the extent to which she can be held personally responsible for that part of herself (see also sub-section (D)). Notice how in pointing out "What the hell is going on with me" (line 4) Polly makes available the impression that there are mysterious forces at work that cause her to complain, forces that she does not understand herself. What it does is to enable her to post about her feelings, while reducing her personal responsibility for this 'incomprehensible' behaviour (see also sub-section (A)). In attending to how she does not want to

be considered a complainer, Polly also displays her ability to self-critically assess the severity of her problems.

It is interesting to see how Polly's message elicits a particular kind of response from other participants. As an illustration, I want to take a closer look at the reply Polly receives from Naomi in fragment (10). Notice how the size and possible relevance Polly's problem in comparison to other peoples' troubles is taken up by Naomi, when she mentions "if it's inside you, you need to get it out" (lines 5-6). This is hearable as a legitimisation of Polly's feelings in that it underlines the need to address your feelings, independent of their size. As such, we can argue how downplaying the possible gravity of your own troubles works to elicit a particular response from the other participants, a response that works to confirms the seriousness and relevance of the problem that was addressed by the first speaker.

Another example of how participants compare their own situation to the problems others are having, thereby downplaying the gravity of their own troubles, can be found in a message from Janice, displayed below as fragment (11).

(11) [JW-777]

1 Ja: But, Diane, I didn't have anything to cry about. I've been
2 around here for awhile and I've seen you all struggling with
3 "real" problems. I could almost hear my mother say "Now stop
4 your *sniveling!*"

Janice starts her reply to Diane by referring to "I didn't have anything to cry about" (line 1), thereby alluding to fragment (7) that was explored in sub-section (A). An explanation for why she considers this to be the case is attended to subsequently, in lines 2-3, when she points out "I've seen you all struggling with 'real' problems". Presenting her own troubles as an instance of merely "sniveling" (sic), when compared to the "*real* problems" (line 3, italics added) others are struggling with, enables Janice to display her level-headedness and her ability to differentiate between major and minor worries. It also works to illustrate her awareness of having to take into consideration the possible consequences her message has on the other participants.

It might seem a little strange that participants in a peer-based support group on depression, in which addressing one's feelings and troubles can be expected to happen in an atmosphere of equality, show an awareness to presenting their troubles only as minimal problems compared to the troubles of others. However, we can come to see how presenting one's call for support only as a minimal problem poses a discursive procedure illustrating participants' sensitivity as to whether their request for support is appropriate. Fragments (9) through (11) have shown how defining their own troubles as minor issues makes available the impression that participants are capable of differentiating between minor and major worries as well as to take into account the possible consequences their message might have for the

other group members. It also works to show their ability to self-critically assess the size of their own troubles rather than overrating their importance. It was also shown how presenting their own problems as merely a minor issue, worked to elicit a particular response from the other participants of the group, in which the relevance of the problem was subsequently confirmed, independent of its size.

It is important to mention that in exploring the kind of discursive resources that participants draw upon when talking about their feelings, it has not been my aim to portray peoples' behaviour as intentional. Nor have I tried to envisage their behaviour as somehow goal-oriented or fuelled by strategic choices to 'get their stories across'. Rather, what this exploration wants to demonstrate is how participants themselves orient to these matters (cf. Potter, 1996a; Edwards, 1997; also Heritage, forthcoming).

(C) Honest feelings as non-refutable

Participants in this group frequently attend to how they are addressing honest feelings. In this section I would like to explore the kind of interactional work this claim about honesty accomplishes. I will start by exploring fragment (12) written by Betty, who refers in her contribution to a previous message she has written to the group (previous post not shown here).

(12) [BG-1312]

1 Be: I am sorry that I am upsetting everyone. I don't want to
2 depress anyone or make them cry. Posting my honest feelings was
3 my therapists idea. He thought I needed to be able to talk
4 honestly about what I am feeling somewhere, but I don't want to
5 take my friends down with me. Betty.

We see how Betty accounts for her previous contribution by offering an apology in lines 1-2, when pointing out "I am sorry that I am upsetting everyone. I don't want to depress anyone or make them cry". In doing so, she orients to the potential inappropriateness of that previous contribution, by referring to the possible negative effects that post might have had other participants. More in particular, she refers as to whether it might "depress anyone" or "make them cry" (line 2). Her orientation to the well-being of the other group members is further displayed in lines 4-5, where she mentions "I don't want to take my friends down with me" (see also fragments (4) and (5)).

It is interesting to note how Betty describes her previous message as an instance in which she was posting her "honest feelings" (line 2). Drawing upon the issue of honesty accomplishes some interesting discursive work here. What we see is how it invokes the impression that posting your honest feelings (and burdening others with them) is somehow less 'objectionable' since it concerns authentic feelings. As such, addressing your honest feelings is attended to as normatively preferable to, say, lying about how you feel or hiding your feelings (see Edwards, 1997 on the kind of interactional work that can be accomplished by emotion words). No possible arguments can be effectively brought to bear to prevent

somebody from expressing these feelings. That is to say, referring to the need to express honest feelings is something that is practically impossible to argue against. Moreover, addressing “honest feelings” also works up the suggestion of being somehow unavoidable, that is to say, there is no way to prevent these feelings from coming out sooner or later. Presenting her feelings in this way makes available the inference that Betty had no other alternative, potentially less praiseworthy motives to post her previous message in this group.

It is interesting to see that while underlining her need to express her honest feelings, Betty accounts for addressing these feelings by passing on the responsibility for it to someone else (“Posting my honest feelings was my therapist’s idea”, lines 2-3). What this does is to externalise her personal responsibility for having talked about her feelings and attribute it to her therapist instead. Putting forward how her therapist thought that she “needed to be able to talk honestly about what I am feeling somewhere”(lines 3-4), invokes the impression that her need to do this was also recognised by another party, who is moreover an authorised source, able to recognise and legitimise this need.

Fragment (13) shows another message from Betty. What I will concentrate upon in this fragment are lines 2-5 in particular:

(13) [BG-1174]

1 Be: [9 lines omitted] I do get really confused. Sometimes I think I
2 just don’t know what the heck I want. Now if that is selfpity
3 so be it. I have a lot of reasons to feel sorry about my
4 situation and while I don’t want to wallow, I recognize my need
5 to talk about how I feel.

Consider how Betty refers to “Sometimes I think I just don’t know what the heck I want” (lines 1-2) and how she adds to that “Now if that is self-pity so be it” (lines 2-3). Referring to how she might be feeling sorry for herself is hearable as confessing stake. Confessing stake works to stress her objectivity in that she is able to stand outside her interest and recognise its distorting potential (Potter, 1996a). The issue of self-pity is attended to again in lines 3-4 when pointing out “I have a lot of reasons to feel sorry about my situation”. Interestingly enough, this is then attended to as opposed to wallowing, in lines 4-5 (“..and while I don’t want to wallow I recognise my need to talk about how I feel”). Building up this contrast pair between wallowing and “to talk about how I feel” establishes her message as an attempt to address genuine feelings, while warding off the potential claim that she is merely complaining. It also presents talking about “how I feel” (line 5) as a necessity, that is, as feelings that cannot be concealed, nor can they be effectively argued against. I will come back to the way in which participants establish a contrast between talking about honest feelings versus complaining in fragment (14).

Notice also how “I recognise my need to talk about how I feel” (lines 4-5) works to show her competence- it emphasises her capability to acknowledge this need (see also Chapter 4, section 4.4, sub-section I).

Fragments (12) and (13) have illustrated participants’ orientation to how their contributions stems from a sincere and genuine need to express honest feelings. This works up the impression that these feelings have to be voiced (eventually) rather than concealed. Moreover, the need to express honest feelings is something that is almost impossible to argue against. As such, it provides a discursive resource for managing the interactional difficulty of how to construct an appropriate request for support.

If we consider how honesty is oriented to as a preferable option when compared to lying about how you feel, but how it is at the same time accounted for by attributing the responsibility for expressing your honest feelings to a third party, we can see how what is considered appropriate in talking about your feelings and requesting support is not a fixed and pre-defined entity available to participants upon entering this support group, but rather a topic of ongoing deliberation (see also sub-section (E)).

(D) Detachment

We have already seen how participants display a sensitivity to ward off the potentially negative claim that talking about their downtime is merely an instance of complaining, rather than addressing a ‘real’ problem. The previous section showed that one way of resisting this claim is by emphasising that they are addressing honest feelings, thereby invoking a sense of genuineness and authenticity. Participants also employ another discursive device to ward off the impression that they are merely complaining. To illustrate this device in greater detail, I would like to take a look at fragment (9a).

(9a) [PA-178n]

1 Po: [8 lines omitted] Betty, Naomi, Diane and all....I see what you
2 have all gone through and then I feel guilty for feeling down
3 and posting about it. This is not like me to be such a
4 complainer. What the hell is going on with me? I hate this.

What I would like to focus on in this fragment is line 4 of Polly’s message in particular (see also section (B) for a further analysis of this fragment). We have already seen how she displays an awareness to the mysterious and inexplicable reasons for writing her previous message when she points out “What the hell is going on with me?” (line 4). Notice how she further emphasises her dislike for that previous message by referring to “I hate this” (line 4). This invokes the impression that Polly distances herself from the part that is complaining. Notice how distancing herself from this part of her personality in a pre-emptive fashion makes available the suggestion that she can only be held personally responsible for expressing these feelings in a limited way (Buttny, 1993).

The next fragment, written by Naomi, was addressed in part in section 1.2 but is presented here in full. It is an interesting but rather complex fragment, in that it illustrates how participants draw upon a number of discursive resources simultaneously, which are illustrative of their sensitivity as to whether their request for support is appropriate.

(10a) [NH-180n]

1 Na: Polly...I'm not a complainer either...not one person in my family
 2 knows my worry about my son..I don't say a word. I sort of let
 3 it slip that I was going through a bad time emotionally, and
 4 I'll be darned if it didn't start to rub off...I can't do that
 5 again. I'm always the one encouraging others. For them to see
 6 me going through anything...it's like the world tilted a bit. ☺
 7 So...shouldn't there be at least one place where we can come to
 8 say what we are feeling? Don't say it if it isn't what you're
 9 feeling. That's important...we don't want to just start
 10 complaining because this seem to be what we expect here...cuz
 11 that isn't the way it is...BUT...if it's inside you...you need to get
 12 it out. That's what this place is for. Are you sure this is
 13 called complaining, Polly? I've never thought of you as a
 14 complainer; just as someone who's gone through quite a bit
 15 lately.
 16 I HATE myself complaining. So much so...that to do that is/was
 17 considered weak and selfish. So...someone tell me; which is
 18 complaining, and which is being honest in revealing your pain?
 19 I don't think anyone of us want to be whiners, or habitual
 20 complainers..but to say so when you you feel bad...isn't this
 21 good?

It is interesting to consider how at the start of her contribution, Naomi presents herself as someone who is strong and self-reliant. Illustrative of this are lines 1-2, where she mentions "...I'm not a complainer either....not one person in my family knows my worry about my son..I don't say a word.", and line 5, when she points out "I'm always the one encouraging others". In doing so, Naomi offers an account for showing her down feelings in this group and invokes the impression that she is able to look after herself when necessary, which 'entitles' her to show her real feelings at some other time (see also the work of Sacks, 1992 on entitlements to particular experiences; Whalen and Zimmerman, 1990 and Zimmerman, 1992 on entitlements to knowledge; see also Potter, 1996a; Potter and Hepburn, submitted; also Chapter 4, section 4.2.3). This enables her to talk about her emotional bad times, while portraying her as capable in dealing with her disease at other times (see also fragment (4) and Chapter 4, section 4.4, sub-section I).

In pointing out "I'm not a complainer either" (line 1) Naomi shows orients to the undesirability of this category in this group (see also fragments (9) and (13)). A further indication of this can be found in lines 19-20, when she generalises this claim "I don't think anyone of us want to be whiners, or habitual complainers..", thereby defining the unfavourability of being considered a complainer as the kind of insight shared by a larger group. Her dislike is emphasised even more strongly and explicitly in line 16,

where she explicitly refers to “I HATE myself complaining”. Notice how the use of capitals works to illustrate the fierceness of her statement. What we see is that similar to fragment (9a), Naomi distances herself from the part of her personality that is complaining, which enables her to mitigate the extent to which she can be held personal responsibility for voicing these feelings.

Let me take a closer look at the way in which Naomi attends to the contrast between complaining and having the opportunity to “say what we are feeling” (lines 7-8). This contrast is further developed in defining complaining as opposed to “being honest in revealing your pain? (line 18) or to “say so when you feel bad” (line 20). A similar issue is oriented to in lines 9-11, where Naomi points out “Don’t say it if it isn’t what you’re feeling. That’s important...we don’t want to just start complaining because this seem to be what we expect here...”. Drawing upon this contrast makes available the impression that there is a difference between saying what you are feeling, which suggests a sense of authenticity, versus saying something that does not represent your ‘true’ feelings. The latter is attended to as an undesirable option, and moreover presented as talking about your feelings for the wrong reasons. The latter can be illustrated when we see how Naomi mentions “we don’t want to just start complaining because this seem to be what we expect here...” (lines 9-10), thereby making available the suggestion that it is not okay to talk about feeling bad just because you happen to participate in a support group on depression, but rather because it is what you ‘truly’ feel (see also fragments (12) and (13)).

Similar to fragments (12) and (13), talking about honest feelings is presented here also as something that cannot be concealed. Illustrative of this are lines 11-12, where Naomi refers to “BUT...if it ‘s inside you...you need to get it out”. This invokes the impression how the need to express these feelings is something you cannot hold back, to the extent that there is simply no other alternative but to talk about them. Presenting the need to express your feelings as something that cannot be prevented suggest how these feelings operate autonomously, thereby mitigating the extent to which Naomi can be held personally responsible for addressing them (see also sub-section (A)). In presenting these feelings as operating autonomously from her, Naomi is able to talk about her downtime while maintaining a sense of personal competence.

I would like to make an observation regarding fragment (10a). This observation is related to the way Naomi makes use of multiple dotted lines in her fragment (see for example lines 1-2, 4, 6, 7, 9, 11, 16-17 and line 20). I want to put forward the thought that these dotted lines may illustrate a process of ‘doing thinking’, thereby working up the suggestion that Naomi’s assessments are the result of a process of cautious deliberation. We can thus contemplate about the possibility that the use of these

dotted lines poses a further illustration of participants' sensitivity to the appropriateness or delicacy of their request for support (cf. Silverman, 1997; Bergmann 1992).³⁰

(E) Glorification of the group

There is another interesting discursive procedure that participants employ to account for talking about their problems and fears in this support group and requesting support. Let us take a look at fragment (14), contributed by Janice, as an illustration.

(14) [JW-1313] (lines 1-4)

1 Ja: Betty.- You are NOT taking me down with you!! And you most
2 certainly should post your feelings here of all places. Here is
3 where one can be totally honest and there is no judgementalism
4 or censure. Please keep it up - it's good for what ails you!!

Consider how Janice, in response to an earlier message from Betty (see fragment (12)) points out "you are NOT taking me down with you"(line 1). Janice's reply works to illustrate participants' sensitivity so as to take into account the effects of message has on others as an ongoing concern. It also demonstrates how accounting for a previous post by drawing upon the possible negative effects it might have on others, works to elicit a particular response, that is to say, it invites denial (see also sub-section (B)).

Notice how Janice points out to Betty "you most certainly should post your feelings here of all places" (lines 1-2). The use of a double extreme case formulation ("most certainly" and "of all places") works to strengthen her statement (Pomerantz, 1986, Edwards, 2000). It is also interesting to look how she adds to that "Here is where one can be totally honest and there is no judgementalism or censure" (lines 2-4). What this does is to emphasise how this is an environment where one can be "totally honest", which makes available the suggestion that the feelings that participants address here are genuine (see also sub-section (C)). In doing so she makes available the suggestion the outside world does not allow them to talk freely (that is, without "judgementalism or censure", lines 3-4) about their feelings. At the same

³⁰ The use of these dotted lines might be an example of how punctuation may be used in online interactions to convey particular meanings (see also Chapter 3, section 3.3.4). What is important to note when we address the issue of delicacy here, is that we do not consider a particular event (asking for support in an online support group) to be intrinsically delicate. Rather as Bergmann (1992) has pointed out, "the delicate and notorious character of an event is constituted by the very act of talking about it cautiously and discreetly" (1992:154; see also Silverman, 1997), which is what we consider the use of multiple dotted lines to refer to.

time, it also works to stress that there might be no alternative forum available to address honest feelings of depression.

A similar instance in which this forum is presented as an unique opportunity to talk about how you feel can be found in fragment (10b) below (see for a further analysis of this fragment, sub-sections (B) and (D)).

(10b) [NH-180n] (lines 1-6)

1 Na: So...shouldn't there be at least one place where we can come to
2 say what we are feeling? Don't say it if it isn't what you're
3 feeling. That's important...we don't want to just start
4 complaining because this seem to be what we expect here...cuz
5 that isn't the way it is...BUT...if it's inside you...you need to get
6 it out. That's what this place is for.

Take a look at line 1, where Naomi refers to “shouldn't there be at least one place where we can come to say what we are feeling”. In doing so she emphasises the unique opportunity this support group offers to talk about how you feel, making available the suggestion that this is not possible elsewhere. This is further emphasised by the use of an extreme case formulation “at least *one* place” in line 1 (italics added) (Pomerantz, 1986; Edwards, 2000). A similar orientation to the unique position this forum holds is displayed in line 6, where Naomi points out “That's what this place is for”, thereby explicitly defining the purpose of this group as an environment where one can legitimately talk about feelings of depression.

Another illustration of how this forum provides for a place to voice your feelings when compared to other settings can be found in fragment (6a) below (see also sub-section (A)).

(6a) [BG-182n]

1 Be: Naomi and Polly, Great minds must think alike. I was just
2 thinking (before I read these posts) that I was so glad there
3 was one place in this world where it is not only OK, but
4 appropriate to say exactly what you are feeling. I don't think
5 it is complaining at all. I also don't think it is whinning. I
6 think this is one place where we can drop the facade that we
7 have carefully cultivated and be ourselves. Thank God we have
8 this haven.

Consider how Betty mentions “...that I was so glad there was one place in this world where it is not only OK, but appropriate to say exactly what you are feeling” (lines 2-4). The use of the extreme case formulation “*one place* in this world” (line 3, italics added; see also line 6) works to stress the uniqueness of this forum to voice your feelings and “say exactly what you are feeling” (line 4). This suggests how talking about one's feelings is accounted for by drawing upon the exclusive opportunity offered by this support forum to address these issues, which is further strengthened by drawing upon the contrast with other environments, where this opportunity is not present. Take a look at how line 1-2

("I was just thinking (before I read these posts)") makes available the suggestion that she arrived at this conclusion independently from other peoples' opinions on this matter, thereby warding off the impression that she was in any way influenced by the ongoing discussion on this topic.

The contrast between this support group and other places where you can talk about your depression is emphasised even more strongly by pointing out "this is one place where we can drop the facade that we have carefully cultivated and be ourselves" (lines 6-7). It is interesting to look in greater detail at what is made inferentially available by this description. Drawing upon the fact that this group enables them to "drop the facade" (line 6) and "be ourselves"(line 7) works to stress the authenticity of the feelings that are discussed here (see also sub-section (C)). Notice how Betty also draws upon the same kind of contrast between this support group and the outside world, the latter being the kind of environment where it is considered not appropriate to talk about how you feel (line 4). This is further stressed by defining this support group as a "haven" (line 8), suggesting that this is the kind of environment where one can safely (as in a 'safe haven') talk about how you feel.

(F) The necessity to share

This section offers a further illustration of how what counts as an appropriate request for support in this forum is not a fixed entity, nor does it represent a piece of information readily available to participants when entering this group, but rather, poses an ongoing concern subject to continuous negotiation. To illustrate this, I want to look at fragments (12a) and (15), which are both written by Betty. The first fragment demonstrated how Betty accounts for her display of feeling down by presenting them as honest feelings. We have already seen how in doing so she makes available the suggestion that addressing these feelings is less 'objectionable', since it concerns authentic feelings, and can as such be considered normatively preferable to, say, hiding them or lying about how you feel (see also sub-section (C)).

At the same time however, she emphasises how it was her therapist's idea to post her "honest feelings" (line 2), thereby minimising the extent to which she can be held personal responsibility for talking about these feelings.

(12a) [BG-1312]

1 Be: I am sorry that I am upsetting everyone. I don't want to
2 depress anyone or make them cry. Posting my honest feelings was
3 my therapists idea. He thought I needed to be able to talk
4 honestly about what I am feeling somewhere, but I don't want to
5 take my friends down with me. Betty.

Fragment (15) shows another instance in which talking about your personal feelings is attended to as a necessity. It is interesting to consider the discursive work that is thereby accomplished.

(15) [BG-150n]

1 Be: Naomi, I am really upset with you. I mean it. You are one of
 2 the most loving, giving people I know. Look what you started
 3 this week. You can give all the credit to God that you want,
 4 but without you nothing would have happened. Look at the joy
 5 your actions have given not just me but so many others in this
 6 holy week. I have received email after email from people
 7 telling me how much pleasure they have gotten out of helping
 8 me. Well, my dear, you started the ball rolling.
 9 [4 lines omitted] How can we give you the TLC that you might be
 10 needing if you do not let us know what is going on. Isn't it
 11 just a little selfish of you to do loving things for others and
 12 then not allow them to do the same for you? I have learned that
 13 one of the greatest gifts that another can do for me is to let
 14 me help them. This is what gives me a sense of purpose and
 15 helps me feel like I am needed.
 16 SHAME ON YOU NAOMI.!!! Now that I have yelled at you. Please
 17 let me put my arms around you and comfort you. I love you dear
 18 Naomi. You are one of God's angels.

Let us take a look at how Betty starts out her contribution by pointing out "Naomi, I am really upset with you" (line 1). Consider more in particular the way in which Betty attends to the reasons for being upset with Naomi. A first indication is given in lines 9-12. Here Betty asks "How can we give you the TLC that you might be needing if you do not let us know what is going on" (the acronym "TLC", in line 9, refers to the informal expression *Tender Loving Care*). Consider how she adds to that "isn't it just a little selfish of you to do loving things for others and then not allow them to do the same for you?" (lines 10-12). It is interesting to consider how Betty describes this behaviour as "just a little selfish" (line 11), since it implies not so much that it is selfish to talk about your feelings, but rather being selfish is equated with the fact that Naomi will not "let us know what is going on" (line 10).

Now look at how Betty refers to "I have learned that one of the greatest gifts that another can do for me is to let me help them"(lines 12-14). This makes available the suggestion that to let others help you can be considered doing others a favour. The positive implication of being able to help others are further attended to when Betty points out how helping others provides her with "a sense of purpose" (line 14) and "helps me feel like I am needed" (line 15).

This fragment shows how the fact that Naomi has allegedly decided not to share her intimate thoughts and problems with the group, is taken up by Betty as potentially blameworthy, which can be illustrated when we look at line 16, where Betty points out "SHAME ON YOU NAOMI". This presents talking about your feelings as a moral obligation, carrying the implication that you should be ashamed of yourself if you decide to do otherwise.

By explicitly urging Naomi to say what she feels, Betty provides a candidate solution to the interactional difficulty of admitting that you have been feeling down without being considered self-centred: talking about your feelings is attended to as something you (must!) do for *others*, rather than for *yourself*. By presenting talking about your down feelings as a moral obligation, Betty not only creates space for

Naomi to talk about what she feels, but also for herself, by putting forward a normative order in which it is required to talk about your deepest problems.

When we compare this contribution to fragment (12), in which Betty accounted for an emotional outburst, we can see how what is considered an appropriate request for support is subject to continuous negotiation.

I would like to look at one further contribution to illustrate how participants orient to the appropriateness of their request for support by presenting it as a moral obligation. The fragment is presented below in full as (14a).

(14a) Extract [JW-1313]

1 Ja: Betty- You are NOT taking me down with you!! And you most
2 certainly should post your feelings here of all places. Here is
3 where one can be totally honest and there is no judgementalism
4 or censure. Please keep it up - it's good for what ails you!!
5 My tears are mainly tears of frustration because I know there
6 is nothing I can do to make it all better for you. I've been
7 there - in fact, am there right now, to be honest - and I
8 really truly understand completely!! I'd like to be able to
9 just wave a magic wand and make it all go away and make the sun
10 shine for you and everyone else who is having trouble finding
11 answers to their questions, but I also know that is not
12 possible. THAT makes me frustrated, not you!! This folder is
13 for exactly what you are doing here. Don't give up on the ones
14 who care the most for you.

What I want to focus on in particular in Janice's message is the way she describes *not* posting about your feelings as giving up "on the ones who care the most for you" (line 13-14). In doing so, Janice makes available the impression how it is required to post your feelings and even more so in this particular group ("here of all places, lines 1-2): not showing them means that you do not take other members seriously.

Comparable to fragment (15), what we see here is how by presenting talking about your feelings as a moral obligation, participants are able to render this equally applicable to themselves. This subsequently opens up the way for Janice to refer to how she has not been doing too well either, in lines 6-8. Notice how referring to "am there right now, to be honest" (line 7) works to stress the difficulty of confessing to this emotional down time (see also fragments (4), (5) and (6)).

Similar to what we have seen in fragments (12a) and (15), the contribution from Janice illustrates how participants manage the interactional difficulty of how to formulate an appropriate request for support. This sub-section has demonstrated another discursive procedure to do so, by illustrating how participants orient to talking about their feelings as, on the one hand being something to account for, while on the other hand, presenting it as a moral obligation to the group.

5.6 Concluding remarks

This chapter has first and foremost demonstrated how, while sharing problems and asking for support, participants display a pervasive concern with whether their request for support is appropriate. As such, the fragments that were presented in this chapter have clearly indicated how the exchange of social support in a peer-based support group is not a matter-of-course. Nor, for that matter, does it occur in accordance with the assumptions put forward in studies that have explored online communication processes, who perceive of computer mediated communication as straightforward and free of obligations. To the contrary, an exploration of the fragments that were presented has shown how asking for support in a peer-based support group is far from uncomplicated.

It was demonstrated how participants account for talking about their feelings and requesting support in a number of ways. Participant may for example externalise emotions, thereby managing the extent to which they can be held personally responsible for having these feelings. Participants may also present their problems as minor issues, compared to the trouble of others. It was also shown how participants present their account as an instance of addressing honest feelings, which is difficult to object since it concerns authentic feelings. Another discursive device that participants may attend to when they account for talking about their feelings is by explicitly and ferociously distancing themselves from that part of themselves, enabling them to show their ability to differentiate between the part they are responsible for and the part they hate. It also makes available the suggestion that they can only be held partly personally responsible for expressing their feelings. Fifth, it was demonstrated how by stressing the unique character of this group participants were able to point to the sole opportunity to voice their feelings here, as opposed to other settings where that opportunity is not present. A sixth discursive resource that participants may draw upon to account for their request for support was to define talking about your feelings as a moral obligation.

It is important to note that participants do not refer to these concerns in isolation. Rather we have seen how participants show an awareness to (a number of) these concern simultaneously. Illustrative in this respect was that participants, in constructing their request for support, orient to a double normative orientation. As such, we have seen how talking about your feelings is both treated as an accountable matter, while it is at the same presented as a requirement or a necessity. In doing so, participants collaboratively produce a space for talking about their feelings and problems.

What is interesting is that there is a difference in the ways in which participants orient to these normative expectations. While participants tend to build their competence in a subtle and largely implicit manner, they attend to displaying their vulnerable side in a predominantly explicit fashion. This might not be surprising, given that sharing one's feelings can be considered one of the 'official' goals of support groups. More importantly maybe is it to bear in mind that although they orient to these

normative expectations in different ways, they attend *both* to the normative reportability of one's emotions (showing 'incompetence') as well as to displaying a certain competence.

In showing how participants orient to multiple normative expectations, and how they do so oftentimes simultaneously, this chapter has clearly demonstrated that what counts as 'the norm' for an appropriate request for support is not given or pre-defined. Rather, as we have seen, what counts as an appropriate request for support is continuously constructed and reconstructed (cf. Potter and Wetherell, 1987; Edwards and Potter, 1992).

It needs to be stressed here again that in exploring the kind of discursive resources that participants draw upon, it is not my aim to portray participants as strategic agents, whose contributions are wilfully designed in ways to get their story across in the end. Rather I have tried to demonstrate how participants themselves orient to a number of concerns that are illustrative of their sensitivity to whether or not their request for support is appropriate, and how what is considered appropriate and what not, counts as a negotiable matter.

At the end of this chapter I would like to briefly return to the assumptions that were raised in theories on computer mediated communication. We have seen how these theories have put forward the argument how it is relatively easy to take part in a support group since there is no social pressure of physically co-present participants. It was also argued how interacting via computers was considered free of obligations, because sending texts via computer screens was considered an ephemeral and transient process, lacking any tangible effects. Third, it was brought to the fore that the relative anonymity of people online leads them to enhance the extent to which they are willing to address highly personal problems and feelings.

It is interesting to see that an exploration of participants' actual conversational practices in this online support group shows a more divergent picture. One thing that has been shown recurrently throughout this chapter is that when talking about their feelings and asking for support, participants show an awareness to a number of normative expectations, which is illustrative of their ongoing concern with how to formulate an appropriate request for support.

I would like to make a final remark on the issue of norms. I have already elaborated on the way 'norms' are explained for in the SIDE model (Spears and Lea, 1992), an influential model that describes computer mediated communication and that I have dwelled upon in chapter one. What the analyses conducted in this chapter have shown is how 'norms' are not a body of stringent rules that guide participants' behaviour, but rather a set of interpretative resources that participants orient to, to make sense of their ongoing interaction with others. The analyses have also shown how the exact nature of

these 'norms' is not some pre-formed piece of information available to participants upon entering this support group. Rather, as we have seen, the normative expectations that participants attend to are continuously constructed and reconstructed in their conversational practices.

6. ADVICE AS AN UNWELCOME ALTERNATIVE

“Any request for advice constitutes an admission of uncertainty about an appropriate course of action. Such a request may, further, imply or display that its producer lacks knowledge or competence concerning the issue at hand or is unable to cope with a problem without external assistance. By the same token, it constitutes the recipient of the request as the knowledgeable, competent and authoritative party in the exchange”
(Heritage and Sefi, 1992:367-8).

6.1 Introduction

Rather than trying to determine whether the advice given in this support group provides an effective solution to deal with depression, this chapter aims to explore what participants actually *do* when they give and receive advice to each other. In particular, I want to analyse if participants show an awareness as to whether they are in a position to provide advice to others, given that they find themselves in an environment where they can expect to be among relative ‘equals’, and whether they draw upon this assumed equality when asking for advice. This is an interesting question, since few studies have been carried out regarding the ways in which advice is asked for and provided in peer-based settings. When we look at the relatively broad number of studies that have explored processes of advice giving from a conversation analytical or discursive psychologist perspective, we see that the focal point of attention lies with encounters in which ‘experts’ meet with ‘lay people’ in either face-to-face or telephone conversations. A detailed exploration of how advice is requested and given in a peer-based environment is still lacking.

A broad array of studies conducted from a conversation analytical or discursive psychologist perspective have explored expert-lay interaction in relation to matters of health and illness. I will later examine these studies to consider the kind of issues they address and explore whether these issues are also potentially relevant in a peer-based setting. Let me first illustrate the diversity of the topics that have been addressed in these analyses by briefly citing a number of important studies that have been conducted. Several studies have examined how physicians conduct medical examinations and inform patients and their families about the results (Heath, 1992; Tannen and Wallath, 1987; Maynard, 1991; Ten Have 1991; Weijts, 1993). Other studies have explored the practice of counselling in which a counsellor meets with patients who are HIV-infected or have AIDS (Perakyla, 1995; Silverman, 1997) or discusses relationship or marriage troubles (Buttny 1995; Edwards, 1995; 1997). Another body of studies has explored how visiting healthcare professionals (so-called health visitors) conduct home visits with first time mothers (Heritage and Sefi, 1992; Heritage and Lindström, 1998; Leppanen, 1998). In addition, there are a number of studies that have focused on telephone interaction, for example, citizens calling a telephone helpline for emergency assistance (Whalen and Zimmerman, 1990;

Zimmerman, 1992), people who call a national helpline for help on varying kinds of health problems (Te Molder, in press) and a study that has explored a particular type of telephone helpline, i.e., a helpline for reporting child abuse (Potter and Hepburn, submitted). I will come back to the specific findings of these studies in subsequent sections.

The studies mentioned here mainly focus on what are called institutionalised medical settings. The interaction is considered institutional insofar as participants' institutional or professional identities are somehow made relevant in the conversations in which they are engaged. It is important to note that institutional interaction is not so much a descriptive label which is available *a priori* to describe this kind of interaction, but rather it is only considered an adequate description of conversational practice when participants themselves show an orientation to particular institutional tasks or professional identities in the conversation at hand. It is on this basis that their talk can be demonstrably identified as 'talk-within-a-particular-setting', not only by the analysts but more importantly also by participants themselves (for a more elaborate discussion on this point, see Schegloff, 1991; 1992; also Drew, 1991; Drew and Heritage, 1992).

6.2 Advice giving in (expert-lay) interaction

Although predominantly identified as a relevant concern in expert-lay interaction, I want to consider whether the elements that make up for the alleged asymmetry between experts and lay persons might also prove to be potentially relevant concerns in a situation where advice is asked for or given between peers. For example, I want to consider how peers might go about asking for or giving advice and how they might attend to possible differences in access to knowledge or expertise, given the assumed lack of clear differences in status and the kind of discursive resources they draw upon in doing so.

This section will start by examining the elements that are considered characteristic for expert-lay interaction in greater detail.

6.2.1 Asymmetrical relationships

It has been argued how conversations in institutional settings will often involve special and particular constraints on what one or both of the participants treat as 'allowable' contributions. These constraints are often quite explicit in more 'formal' institutional interaction, for example, courtroom or classroom interaction or in news interviews (Drew and Heritage, 1992). Compared to these highly formalised settings, expert-lay interaction in the medical field is believed to allow for greater flexibility. This flexibility lies in the fact that much of the interaction is open to negotiation, and thus lacks the kind of formally pre-allocated turn-taking procedures that are normatively sanctionable in courtroom or classroom environments. The conversational practice of counselling sessions is an example of a type of interaction that is less formal (for a detailed examination, see Perakyla, 1995 and Silverman, 1997).

Although considered less formal compared to courtroom or classroom interaction, expert-lay interaction in the medical domain has been described as asymmetrical. One dimension of this asymmetry is the fact that participants do not make equal contributions to the interaction (Drew, 1991; Heritage and Drew, 1992). However, we must be careful not to consider this asymmetry as an explanatory force in itself that describes how medical professionals and lay people communicate in general.³¹ Instead, their conversational practices, and whether or not they attend to these conversations as asymmetrical, have to be considered as locally occasioned by looking at *if* and *how* participants themselves orient to it in their talk (Drew, 1991).

Let me consider the three dimensions that are generally identified when pointing out how expert-lay interaction is usually considered asymmetrical, after which I will consider their potential relevance for the study of this peer-based support group. First, although less normatively sanctionable in the field of health when compared to courtroom or classroom interaction, we can see how pre-allocated turn-taking roles do operate in medical settings, where the 'expert' (doctor) and the 'lay person' (patient) are oftentimes aligned in their respective roles as *speaker* and *recipient*, or questioner and answerer. In this way, they display an orientation to institutionally ascribed tasks (Perakyla, 1995; Silverman, 1997). Consider the fragment below as an example, which is a conversation between a counsellor (C) and a patient (P) who explore the patient's personal view on his health and on HIV.

(1) [From Perakyla, 1995: 45-46, slightly simplified]

- 1 (C): But what about your health apart from
2 haemophilia,
3 (P): Well it's just been fine. (.2) ([
4 [Been fine
5 In that way.
6 (P): [()
7 (0.7)
8 (P): Well hhh fine inlike the sort of same as it
9 has been [really it's
10 (C): [Mm:
11 (C): Ha[ve you any concerns about that?

³¹ The idea of *asymmetrical* relationships between participants in *institutional* interaction like courts, classrooms or news interviews might invoke the impression that *ordinary* conversation can be considered *symmetrical*. However, according to Drew (1991) this is a serious oversimplification that overlooks how ordinary or mundane conversations may from time to time also be characterised by asymmetries between the speakers (see also Chapter 3, section 3.3.1 for a discussion of the alleged characteristics of 'ordinary' or 'mundane' conversation (or 'natural talk').

12 (P): [()
 13 (0.5)
 14 (P): (I don't know) (.2) not really.

Although the interaction in this particular fragment unfolds as a series of questions posed by the counsellor and answers provided by the patient, it is important to note that even in an environment where turn-taking rules are as pre-specified as they are here, many aspects of the talk are managed interactionally.³²

The asymmetrical relationship between physicians and patients can be illustrated further by pointing to the different ways in which the status of the knowledge of the parties involved is attended to (Drew, 1991; 1992). For example, although they often possess considerable medical knowledge, patients may orient to this knowledge as something that 'belongs' to the professional. Thus, they treat the professional as the one who has *authoritative access* to this type of knowledge (Pomerantz, 1980). Consider the following extract in which a patient (pt.) tries to explain to the doctor (dr.) what his problem is.

(2) [Cicourel, 1983: 224, cited in Drew, 1991: 38]
 1 Dr: What can I do for you?
 2 Pt: Well, uh, I was concerned about, uh...last summer, I guess, I-I
 3 was having a problem in the uh...uh I guess w-what you call the
 4 bulk of the outer part of the organ. There's like paper thin uh
 5 cuts...

This fragment shows how the patient refers to particular medical terminology in reporting a possible diagnosis of what is wrong with him. However, what we see is that he hesitates in producing these terms, which can be illustrated by looking at his pausing and self-repair in lines 2-3. At the same time, the medical terminology is also mentioned in relation to the other party. As an illustration, consider lines 3-4, where the patient points out "I guess w-what you call the bulk of the outer part of the organ". In doing so, he invokes the impression that he considers the other party as the one who has authoritative access to this type of knowledge. What is clearly demonstrated here is the patient's orientation towards a contrast between the kind of information in which the source is a medical authority, and his own

³² To illustrate how this type of interactions are less formally structured, Perakyla shows how 'deviations' from this pattern of questions and answers are not something speakers hold each other normatively accountable for. Examples that Perakyla addresses are instances in which the client asks the counsellor questions or instances in which questions are *collaboratively* answered by both counsellor and client (for a full account, see Perakyla, 1995: Chapter 2).

ordinary access to the signs or symptoms of medical states about which he has first-hand knowledge (see also Perakyla, 1995:113-4).

A third, less frequently addressed element that has been identified as making up the asymmetry between medical experts and lay people is the fact that the former, in dealing with a patient, treats it as routine business, while on the other hand the patient handles his individual situation as unique (Heritage and Drew, 1992).

Although demonstrated by a number of studies, the idea that expert-lay interaction might be considered asymmetrical has also been met with some criticism. For example, it has been shown how patients, instead of only asking direct questions to their physicians (the *absence* of which would illustrate an asymmetrical relationship), attend to subtle forms of negotiations or information-seeking strategies. These studies have attempted to show how in adopting these subtle strategies, patients do not adhere to the position of merely answering questions and do influence the interaction with the professional (Ten Have, 1989; 1991; Weijts, 1993; Weijts *et al.*, 1993). However, one could also put forward how the subtle, indirect ways in which patients ask these questions, instead of addressing them in a more explicit fashion, is a further illustration of the asymmetry between patient and professional.

Thus far, this section has explored how the concept of interactional asymmetry can be identified by way of three conversational 'features': 1) pointing to differences in turn-taking rounds, 2) pointing to the ways in which patients attend to who has authoritative access to knowledge, and 3) pointing out how professionals may orient to their conversation with a patient as routine business where patients treat their situation as unique. Although the concept of asymmetrical relationships is based on findings stemming from expert-lay interaction in institutional settings, we can consider how some of these issues might also be potentially relevant in environments that are not institutionally based, nor restricted to expert-lay interaction per se. The following attempts to consider whether these three dimensions of asymmetrical relationships might be relevant concerns for participants in a peer-based online support group.

With regard to the first characteristic, i.e. pre-allocated turn-taking, we have to take into account that turn-taking rules in an online support group might operate on a slightly different basis, e.g., by reason of certain technical aspects when sending e-mails to an Internet-based forum. As a result of this, the different turns in that 'conversation' might not occur as anticipated because some participants in the discussion might be sending e-mails that are displayed on the website *before* the intended next turn is produced.³³ However, it is still possible to analyse how participants orient to turn-taking in their ongoing

³³ See Chapter 3, section 3.3.4 for a more elaborate discussion of the kind of issues that arise when studying online texts from the perspective of discursive psychology.

discussions and the kind of discursive work that is accomplished in those turns, since they often 'adapt' to the way technicalities influence their interaction (for an overview, see Garcia and Baker Jacobs, 1999).³⁴

With regard to the second characteristic, what I am interested in is to explore if and how participants attend to whether they have authoritative access to knowledge, given that they are taking part in a support group that consists of 'peers'. It is interesting to examine how peers refer to giving advice to others or asking for advice, when we take into account how they can be expected to be among people that are 'equals'. On the basis of this 'equal' status we can assume any clearly defined differences in knowledge-base (e.g. knowledge held by a medical professional versus knowledge on the basis of personal experiences) to be considered absent. Does the alleged lack of differences in 'status' of knowledge that one has access to in a peer-based support group result in advice being asked for or given more freely, or does it pose new problems for participants? These are some of the considerations that seem worthy of exploration when studying the ways in which advice is requested and provided in a peer-based support group (see section 6.6, sub-section III).

The third characteristic that was addressed to illustrate how expert-lay interaction is asymmetrical was related to the fact that patients refer to their own situation as a unique instance, whereas the professional treats their 'case' merely as a routine job. Do participants in a peer-based group show a similar awareness to the assumed idiosyncrasy of their circumstances in relation to other peers, or does this work differently precisely because they are among peers? This is an interesting question since we may assume that the decision to join a support group is partly made because one expects to meet with people who have gone through similar experiences.

This section discussed the dimensions that are considered to make up for the alleged asymmetry in expert-lay interactions, and I have briefly pointed out whether these might or might not be relevant concerns for participants in a peer-based support group. For the subsequent section I would like to point to two other issues that have been brought to the fore in studies of advice-giving between peers and lay people in a medical setting; the first issue concerns the subject of competence in sequences in which advice is asked for and given. The second issue deals with the ways in which participants construct particular identities so as to interactionally manage matters related to advice giving.

³⁴ One way in which the participants in this support group try to solve the uncertainties with regard to turn-taking is by explicitly referring to the person to whom they are responding to.

6.2.2 Competence

It has been demonstrated how the issue of competence poses a central concern for both lay people and professionals when advice is exchanged in a medical setting. It is this concern that I would like to explore more fully here. To do so, I want to highlight some studies that have explored this issue in greater detail.

The first study I want to address involves visiting healthcare workers (so-called 'health visitors') who visit first-time mothers to evaluate whether the new mothers are properly caring for their babies (Heritage and Sefi, 1992). This study has shown how asking for and giving advice can be problematic activities, because they make available a number of inferences. For example, asking for advice might work up the suggestion how the advice-seeker is uncertain about the appropriate course of action, which carries the implication that the person who seeks advice might lack the knowledge or competence to deal with a problem without assistance. At the same time, the person from whom advice is solicited is thereby constituted as the knowledgeable party, and as the individual who is a competent and an authoritative source to provide advice to others (1992: 368; see also Goldsmith and Fitch, 1997).

The study by Heritage and Sefi (1992) cited above has demonstrated how the advice given by the health visitors resulted in a minimal uptake by the mothers, who did so by referring to their own knowledge and competence in baby care and mothering skills (Heritage and Sefi, 1992; Heritage and Lindström, 1998). The study showed how attending to their competence in baby care was one of the discursive procedures by which advice was resisted by the first-time mothers. The mothers also referred to their competence in those instances in which they directly requested advice, for example by embedding a proposal about an appropriate course of action. In those instances in which advice was requested in more indirect ways, mothers displayed their competence by describing a potential problem as an 'untoward' state of affairs rather than an overt request, and by leaving the nature of the reported problem largely implicit (Heritage and Sefi, 1992: 373-376).

It is worthwhile to consider if participants in a peer-based environment orient to the issue of competence in a likely manner, or whether maintaining their competence is a less important concern, given the assumption that they find themselves among relative 'equals'.

In counselling sessions on HIV and AIDS, where practitioners provide advice to clients on how to practise safe sex, a similar orientation to maintaining competence was shown, albeit from the side of the professional (Perakyla, 1995; Silverman, 1997). It was demonstrated how the counsellor often provides 'advice-as-information' to his clients. In offering the advice in this particular format, the professional displays a sensitivity to how to provide advice in such a way so as not to pose a threat to the client's competence, given that the patient might consider the advice given by the professional as an attempt to

impose an expert opinion upon him. Formulating the 'advice' as 'non-personalised information', allows the client to decide whether the 'information' provided is considered merely 'relevant information' or 'advice' that is *personally* directed at him or her. By formulating the advice as 'information-about-the-kinds-of-things-we-tell-people-in-this-clinic', the professional displays an orientation to how to provide advice to clients without displaying doubt about the clients' capabilities to deal with these issues. This has been termed professional 'cautiousness' (Drew and Heritage, 1992; Maynard, 1992; Silverman, 1997). Heritage and Sefi's (1992) study showed how the health visitors adopted a similar approach, although less frequently, when formulating their advice as 'general factualisations' where the practice of other mothers is drawn upon in addressing some aspect of baby-care, which then led to a recommendation for the mother. In most cases however, the advice given by the health visitors was provided in strongly prescriptive terms (1992: 369).

A study by Maynard (1992) conducted among clinicians taking 'informing interviews' showed how the professional orients to maintaining his own competence as well as the competence of the parent when informing the latter of some negative diagnostic news about their developmentally disabled child. Maynard has shown how the clinician, as the one who brings the bad news, does not state the news outright, but rather gives his report on the assessment of the child only *after* eliciting the parents' view (Maynard, 1991; 1992). By first soliciting the parents' point of view of their child's problems, the clinician is able to co-implicate his or her perspective in presenting the diagnosis, as well as to align the parents' own expertise about their child's problem as much as possible (Maynard, 1992:333). Maynard's study has illustrated the various ways in which clinicians manage to maintain their competence, while not threatening the competence of the parents when it comes to knowing whether there is something wrong with their child. In addition to maintaining both his own competence and the competence of the parents, the professional might also be particularly cautious in reporting bad news because the news can be potentially painful to the parents.

I have pointed out how it is interesting to consider whether maintaining their competence poses a relevant concern for peers when exchanging advice. Do participants in a peer-based group show an awareness as to how their competence can be threatened when asking for advice from other peers, or does this pose less of a concern precisely because they are taking part in a peer-based group (see section 6. 5, sub-section I).

6.2.3 Identity work in matters of advice

This section will address how participants, in situations in which some personal troubles are discussed, show an awareness so as to maintain their competence by attributing to themselves particular identity categories (see Chapter 4). I will particularly examine a study conducted by Jefferson and Lee (1992) that analysed stretches of talk referred to as troubles-talk interaction.

The authors pointed out how talking about a circumstance or event that might constitute some kind of 'trouble' might be about offering a description of a trouble as well as about negotiating a plan, or a particular engagement in a dispute. It is the latter that I want to focus on here, i.e., a situation in which the troubles-telling becomes a source of contention. The extract displayed below as fragment (3) is an example of how a so-called 'troubles-telling sequence' can result in a dispute. In particular, what we see in this fragment is how giving advice during this sequence might end up disputed, when the co-participant (that is the one the trouble is told to and who is called John in this fragment) declines to align properly as a 'troubles recipient'. Illustrative of this kind of disalignment would be giving advice rather than remaining in the position of someone to whom the trouble is being told. Disaligning with the trouble being told is precisely what John does in lines 17-18 ("you kno:w make sure you're taking (.) plenty of vitamins and") and line 21("you know drink plenty of wate:r.").

- (3) [From Jefferson and Lee, 1992:530]
- 1 John: (How are you) feeling now.
 - 2 Marcia: Oh::? (.) pretty good I gue:ss, [hh- hh]
 - 3 John: [Not so]hot
 - 4 (0.8)
 - 5 Marcia: I'm just so:rt of: waking u:p,
 - 6 (0.2)
 - 7 John: Hm:m
 - 8 (3.6)
 - 9 Marcia: Muh- ((hiccup)) (0.9) My: (
 - 10 John: Huh?
 - 11 Marcia: My: () doesn't hu:rt, (0.4) My head feels (.) betterer,
 - 12 John: °Uh huh°
 - 13 (1.5)
 - 14 Marcia: ukhhhh [uh ukhh
 - 15 John: [Well that's goo(h)d,
 - 16 (1.4)
 - 17 John: Take (.) you kno:w make sure you're taking (.) plenty of
 - 18 vitamins and
 - 19 (0.7)
 - 20 Marcia: Ye:h?
 - 21 John: you know drink plenty of wate:r.
 - 22 (1.0)
 - 23 Marcia: 't' hhhh Can't drink water when you're sleeping

The authors demonstrated how the advice provided in this fragment occurs 'prematurely', that is to say, before the trouble could be addressed more in detail by Marcia (providing a more detailed description of the trouble is identified as the so-called 'work-up' phase), after which advice might be properly introduced. It has been argued how the "sequential prematurity" of the advice in lines 17-18 and line 21 might partially account for why it was resisted by Marcia in line 23, when she points out " 't' hhhh Can't drink water when you're sleeping" (Jefferson and Lee, 1992: 531).

Instead of considering the quality or the applicability of the advice itself, Jefferson and Lee have focused on the particular 'environment' in which the advice is introduced in lines 17-18 and 21, which they have

identified as a troubles-telling sequence. What they have demonstrated is how the category of advice-giver and troubles-teller occupy the same conversational category, as a result of which the acceptance of advice “may bring with it removal from the category troubles-teller and the loss of whatever perquisites that troubles-relevant category and its attendant conversation-general category, speaker, might entail” (1992: 534). The study has shown that advice is rejected more often in talk about trouble, leading to the conclusion that the troubles-teller’s rejection of advice might be illustrative of his or her attempt to preserve the status of troubles-teller, with its particular structural and interactional properties.

I am particularly interested in the discursive work accomplished by presenting a particular problem as a troubles-telling. Presenting a particular problem in such a way parallels what we encountered in the study by Heritage and Sefi (1992), in which the first-time mothers were able to resist the advice that was given by the health visitors by presenting themselves as competent in baby-care. When we look back at fragment (3) we can see how presenting her account as a ‘troubles-telling’ rather than a request for advice, prevents Marcia from taking up the category of advice-seeker, and consequently becoming dependent on advice subsequently offered to her. This enables her to address her trouble autonomously, which works to safeguard her personal competence.

There is another implication that is bound up with offering advice in a troubles-telling sequence. It was pointed out how offering advice renders the ongoing conversation an entirely new type of talk, i.e., no longer a troubles-telling, but rather a service-encounter (Jefferson and Lee, 1992:534). The study on troubles talk has demonstrated how this makes for a different situation, since the service encounter is about solving problems, whereas the troubles-telling is about telling about some problem or trouble. In other words, the focal point of attention in the case of a troubles-telling lies with the speaker (the person who tells the problem and his or her personal experience with this problem), while in the case of the service encounter, the emphasis is on the problem and its properties. In analysing various other data fragments, the authors have illustrated that this might be a crucial distinction, which implies a category shift similar to the shift from troubles-teller to advice recipient. This shift might also carry as a consequence a shift of focus, away from the troubles-teller and his experiences towards the problems and ways in which it can be solved.

It is interesting to reflect upon the question whether such a shift in focus might be potentially problematic in a support group. What becomes evident from Jefferson and Lee’s study (1992) is that a troubles-telling and a service encounter are oriented to as mutually exclusive categories, to the extent that when advice is provided, the troubles-telling sequence has thereby come to an end (see fragment (3), lines 14-23). When we take into consideration the fact that our current study deals with an online support group, we may expect advice giving to be potentially problematic when we assume that one of the possible reasons participant have for visiting a support group is to tell their troubles to others.

What is also interesting about this study is to consider how adopting the category of troubles-teller enables the speaker to maintain his competence. Notice how the category of a troubles-teller enables the participant to address his troubles, and do so autonomously, since he or she is not dependent on advice given, as would be the case with an advice recipient.

In the following section, I want to focus on another example of how adopting particular identity categories can work to accomplish some discursive work in an encounter that we could typify as a service encounter. It is a fragment from a study that explored a telephone helpline where people can report child abuse (Potter and Hepburn, submitted). My emphasis here lies in the way the caller attributes a particular identity category to herself and the kind of discursive work that is thereby accomplished.

(4) [From Potter and Hepburn, submitted]

1 Coun: Alright Kath[↑]ryn. Hh so w-what's goin on
 2 Caller: Well .hh what it i:s is I got
 3 a really close friend an like
 4 Hh she's been sexually abu:sed an
 5 Coun: Mm[↓]m
 6 Caller: she' really close to me an I jus
 7 I wanna tell 'eer mum but I can't
 8 bring myself to do it
 9 Coun: (0.4) tch .hh so:: [↑]how did you find [↑]out
 10 about [↓]that

I want to focus on how the caller makes her call to the helpline on behalf of someone else an accountable matter, and the kinds of discursive devices she employs to render her story credible. She does this in various ways. It is interesting to focus on lines 2-3, where the caller (Kathryn) refers to "I got a really close friend". Notice how ascribing to herself the category of 'friend' works to illustrate her entitlement to a particular type of knowledge. Reporting on the kind of feelings a "really close friend" has differs from reporting on the feelings of someone who is merely an acquaintance. Pointing out in an extrematised fashion how she is "a really close friend" works to further strengthen her entitlement to know about her friend's feelings.

Notice how attributing to herself the notion of 'close friend' also accounts for the possible motive involved in making the call. In drawing upon how they are "close friends", it becomes inferentially available how the motive for making the call is a supportive one, instead of an attempt to get somebody into trouble (for a full account, see Potter and Hepburn, submitted; see also Chapter 4, section 4.2.3).

These two fragments nicely illustrate how adopting particular identity categories, for example, 'troubles-teller' or 'really close friend' work to accomplish some very subtle discursive work. In the first study, we saw how telling about a trouble enables people to maintain their competence in that they can address their problems while not being dependent on advice that is given (as they would be as an advice-recipient). The second fragment has shown how ascribing to herself the category of a 'really close

friend' establishes Kathryn's call as a sincere attempt to help her friend and thereby wards off any possible claims as to whether making that call stems from any other, possibly less praiseworthy, motives.

6.3 Advice in a peer-based environment

As mentioned earlier, the majority of studies that have addressed advice exchanges in medical settings have focused on expert-lay interaction. Until now, scarce attention has been paid to the exchange of advice between peers, let alone peer-based interaction on the Internet.

However, one study did address the way in which advice is asked for and given between peers, the results of which I want to consider here. The study examined the conversations between callers and peer call-takers on a telephone helpline (Pudlinski, 1998; 2000). The peer-run telephone helplines were called 'warmlines' instead of the commonly used term 'hotlines', because the peers had to refer urgent calls to a professional, instead of answering them personally.

If we consider the kind of conversation a peer call-taker would have with a peer-caller, we could assume that both parties would ask for and give advice in a quite straightforward fashion, given that they can be considered 'equals' and as having (had) similar experiences or problems. Quite strikingly, however, the study showed how the peers or 'working clients' who staffed the helpline struggled with similar dilemmas experienced by counsellors when providing advice to their clients. The study demonstrated how advice in this peer-based telephone helpline was exchanged in an equally mitigated or cautious fashion when compared to counselling sessions (Pudlinski, *ibid.*).

Furthermore, the study explored how peer call-takers provided advice to peer-callers, given that they occupied relatively equal positions in dealing with the problems raised during these calls. In illustrating this point, Pudlinski has drawn upon a dilemma identified by Billig (1988) as the dilemma of egalitarianism versus expertise. To illustrate this, take a look at fragment (5) below, in which 'T' is the peer call taker and 'C' is the client.

(5) [From Pudlinski, 1998:326-327]

- 1 C: Just wonderful [I feel great I got the flu but I'm feeling good
2 T: [Yeah Uhoh:
3 You got the flu
4 C: Yeah pains in my chest 'n my
5 T: Yeah
6 C: An my stomach feels queasy in the mornin an=
7 T: =Mmhm
8 C: And I've got a- a headache and I've got a sore throat and I've
9 got wr-achy joints
10 T: Did you -are you doin anything for it did you see the doctor er
11 C: No I didn't
12 T: You didn't
13 C: No I my-my landlord's wife suggested that I go to the hospital

14 T: Yeah
 15 C: But I don't want to I'll be okay
 16 T: You think you'll be allright
 17 C: Oh yeah I'm drinken-I just had a grapefruit for dinner
 18 Plenty a hi-vitamin c w'n the Can-teen gets here=
 19 T: Did ya
 20 C: = I'm wanna ask em ta go get me a gallon of orange juice 'n a
 21 Gallon of milk
 22 T: Mm hmm

This fragment shows how the call-taker seeks information about the way the client is handling his situation. In referring to “-are you doin anything for it did you see the doctor er” (line 10), the call-taker is able to offer an option while simultaneously inquiring about the client's circumstances and actions. Consider also how by telling about her own solution (“Plenty a hi-vitamin c w'n the Can-teen gets here”, line 18) the client is able to show her capability to solve her own problems without adopting the solution that was inquired about by the call-taker.

An interesting aspect demonstrated by this study is how the peer call-takers, in providing advice to callers, showed a sensitivity to how to attend to their knowledge and expertise as a call-taker as well as being the one who provides the advice, while they are also being considered ‘peers’ or ‘equals’. This seems to be an interesting dilemma that requires further study. I would like to explore whether it is something that participants attend to when they ask for or give advice in an online support group as well, or whether that particular setting renders this a potentially less relevant concern.

6.4 Goal

The aim of this chapter is to explore how participants interactionally manage to solicit and offer advice in a peer-based online support group. In particular, I would like to focus on four elements.

First, I want to examine whether participants, when asking for advice, display an awareness so as to maintain their competence or whether this poses less of a concern in a support group consisting of peers when compared to expert-lay interaction (section 6.5, sub-section I).

Second, I want explore if and how participants attribute to themselves particular identity categories so as to solve some potential interactional difficulties with regard to asking for and providing advice in a group consisting of ‘peers’, most notably with regard to issues of competence and knowledgeability (section 6.5, sub-section II).

The third point of emphasis in this chapter is to analyse if and how participants attend to their position as ‘legitimate’ advice-givers in terms of having the right knowledge base to offer advice, given that they take part in a peer-based support group where participants may treat each other as relative ‘equals’ (section 6.5, sub-section III).

Finally, I would like to consider whether participants attend to the idiosyncrasies of their circumstances, or whether this poses less of a relevant concern, given that they find themselves among people with whom they can expect to have a great deal in common (section 6.5, sub-section IV).

6.5 Analysis

The following sub-section considers a number of fragments that show how people who take part in this support group ask for advice. It also explores in greater detail if and how participants display an orientation to what is made inferentially available by attributing to oneself the category of advice seeker.

I. Not asking for advice but “just a place to unload”

The fragments that will be presented in this section illustrate the kinds of requests we frequently encounter throughout the data. The first fragment by Andrew (6) deals with a question about the use of a specific type of anti-depression medication, which his wife is supposed to start taking. He receives an answer from Mary in fragment (7). In fragment (8), written by Molly, another question is asked about a particular type of herb, known as St. Johns Wort, to treat depression, an answer to which is given by Mary in fragment (9).

- (6) [JRG-30]
1 An: Has anyone had any experience using “Nortriptyline” as anti-
2 depression med. My wife is to start this med tommorrow. What
3 have been your side effects. Any help identifying this med
4 would be greatly appreciated.
- (7) [K-31]
1 Ma: Andrew. A good place for you to check is
2 <http://www.healthatoz.com/> When you get there scroll down and
3 you will see every kind of help imaginable. It is a great place
4 to bookmark.
- (8) [KM-282]
1 Mo: Does anyone have information about St.JohnsWorth being used for
2 depression....does it work, can it be bought over the counter?
- (9) [K-284]
1 Ma: Molly. Several people here are trying St. John’s Wort. It does
2 not seem to be having any effect on me, but nor does any
3 medication. Check out :-St John’s Wort

Fragments (10) to (13) show two other examples of how participants ask for information on a particular type of anti-depression medication. In fragment (10) we see how Suzanne asks for information on behalf of her son. An answer is provided by Chris in fragment (11).

- (10) [SM-323]
1 Su: I have a 20 year old son who even as a child was “diagnosed” as
2 having a “depressive personality,” i.e, he always sees the
3 negative, he is a loner. Recently so much information has been

4 forthcoming about the use of St John's Wart to treat mild
5 depression. Does anyone have any experience with this herb?

(11) [JW-324]

1 Ch: Suzanne, I have a friend that is taking St. John's Wart and it
2 did help her for awhile, but is now back in a depression. We go
3 to the same Internist and he perscribed it for her. My psych.
4 perscribed Prozac for me and I am doing great on it. I have
5 been on other types of meds but this has been the best so far.
6 I have not had any side effects. I have high blood pressure so
7 many of the anti-depressants drugs, I can't take. I do hope
8 you find something that works. Don't give up! It took many
9 years for me to find the right doc and drug-----also, lots of
10 prayers.

Fragment (12) shows how Patty asks a question about her husband's insomnia, which is met with an answer from Shelly in (13) who points to her experiences with insomnia, which she considers "a hallmark of depression" (line 1) and how she has tried to deal with it.

(12) [PK-94]

1 Pa: Does anyone in this discussion group suffer from insomnia? That
2 seems to be part of my husband's depression/anxiety. Sleeping
3 pills don't seem to help him, nor does melatonin. What remedies
4 do you use to help you sleep?

(13) [PS-97]

1 Sh: Patty- insomnia is a hallmark of depression, but the opposite
2 can also be true. A depressed friend of mine can hardly stay
3 awake. For my insomnia, which is severe, I take elavil, 150mg.
4 A night. This is an antidepressent drug, but it does not help
5 me psychologically. One of the side effects is drowsiness, so I
6 take it because it knocks me out. [8 lines omitted addressing
7 other remedies, e.g. the sleeping lab] Patty, your husband
8 might benefit from a sleep-lab examination, and the labs are
9 all over the country. The charts that are produced while you're
10 hitched up are very interesting as they monitor many different
11 things such as heart rate.

What I want to take from looking at fragments (6) to (13) is that requests for advice do occur in this support group, and do so on a relatively frequent basis. Consider how the participants provide answers to these questions without hesitation and in telegram-style, thereby suggesting a sense of directness (for example in fragment (9) where Mary suggests to Molly "Check out: -St John's Wort", (line 3) or in fragment (11) where Shelly starts her reply to Patty with an answer to her question "Patty- insomnia is a hallmark of depression", in line 1). In doing so, participants treat these requests for advice or information as 'technicalities', thereby working up the impression that they are unproblematic calls for 'advice'.

These 'technical' questions resemble the type of questions Weijts (1993) identified in her study of patients interacting with their gynaecologists; these questions were often asked in a direct manner and were related to the nature of the treatment proposed, for example with regard to the medical interventions it included and how they were conducted as well as the procedural aspects of the treatment, e.g., planning and duration. Weijts demonstrated how other types of questions were asked in a more indirect way. These were mainly questions that were related to the causal aspects of their complaints, suggesting that patients consider it more difficult to raise issues related to the possible causes of their complaints (1993:51-53). This is interesting, and we might want to explore how participants in this support group attend to requests other than the ones that are treated as 'technicalities'.

The following explores a series of other examples of how participants ask for advice in this support group. I want to closely examine the ways in which participants orient to what is made inferentially available when adopting the category of advice seeker. First, I will examine two fragments from Janice, displayed below as fragment (14) and (15), and I will later examine a fragment written by Betty (16).³⁵ I will then consider the replies that Janice and Betty received from other participants.

(14) [JW-933]

1 Ja: [13 lines omitted, addressing another topic] Please excuse me
2 for splashing over on you as I did yesterday. I guess reading
3 of all the anniversary celebrations, and the romance and
4 relationships that had developed among people here at this
5 platform just got to me, and seemed to only serve as reminders
6 of my own aloneness. [Hey, I've had my turn at all that, and I
7 really don't want, nor deserve another chance.] Most of the
8 time I am comfortable with my solitude. For the times that I
9 struggle with that, I will try to remember to not post anywhere
10 until/unless I can be cheerful. So, until I can put on a happy
11 face, I am yours..... Thanks for caring, Janice.

The fragment begins with an apology from Janice for "splashing over on you as I did yesterday" (lines 1-2). In offering this apology, Janice orients to how "splashing over" (or what is often referred to as 'venting' or 'unloading' your feelings) is something to account for. In chapter five, we already saw how participants display an orientation to how to vent problems, while taking into account the consequences one's message might have on others (for a full account, see Chapter 5, section 5.5, sub-section I). Notice how in lines 2-5 Janice offers a number of reasons for "splashing over" on the other participants, which serves as another illustration of how this is something that requires an explanation.

³⁵ Fragment (14) by Janice does not contain any reference to 'advice' as such. It is displayed here prior to fragment (15) since at that point she refers back to this previously sent post.

Consider how she adds to this series of reasons by stating “most of the times I am comfortable with my solitude” (lines 7-8), which works to suggest how the previous post can be considered an exception. The exceptional nature of this post is further emphasised when pointing out “for the times that I struggle with that” (line 8), which presents these struggles as incidental. Referring to how she is comfortable most of the time with being alone works to stress her competence in dealing with her personal situation even though she has to manage one her own (for a detailed analysis of how participants present themselves as depressed *but* competent, see Chapter 4, section 4.4, sub-section I).

I will now focus more closely on the last part of Janice’s message (lines 6-11), which I consider especially interesting. What we see here is how in lines 6-7, she refers to “[Hey, I’ve had my turn at all that, and I really don’t want, *nor deserve* another chance.]” (italics added), in which she describes her situation in a self-deprecating manner (cf. Pomerantz, 1984b). Janice’s message actually results in a number of replies in which participants offer a *dispreferred* response (see fragment (20) for the reply that Janice receives from Emma), thereby confirming the relevance of addressing down feelings and countering the claim as to whether Janice would not deserve another chance. This shows how Janice’s self-deprecating remark works to elicit a particular type of response, the uptake of which can be illustrated when we consider Janice’s next contribution in fragment (15). When we look at lines 1, 3-4, and 12-14 of this fragment, we can see how Janice treats the responses received from the other participants as support, the need for which she explicitly acknowledges in lines 12-14, “I needed the hugs”.

Note that we could also take Janice’s self-deprecating description in lines 6-7 of fragment (14) as a further illustration of displaying competence. By describing her situation in an ironic fashion, she shows her ability for self-mockery, even in emotionally bad times, thereby working up the suggestion that she is able to put her circumstances into perspective (see Chapter 4, section 4.4, sub-section I (A)).

Take a look at lines 9-10 of fragment (14) where Janice mentions “I will try to remember to not post anywhere until/unless I can be cheerful”. Notice how she draws upon the importance of being “cheerful”(lines 9-10) and to “put on a happy face” (line 10), as a kind of prerequisite for sending a message to this group. Notice how she continues by stating “So, until I can put on a happy face, I am yours” (line 10). Referring to how she will not post anywhere until she can “be cheerful” and “to put on a happy face” seems striking, given that we are dealing with a support group on depression. It can be assumed that in such a group, people can come and address their feelings and problems related to depression instead of presenting themselves as being cheerful. I will come back to this in Janice’s next fragment, displayed below as (15).

(15) [JW-940]
 1 Ja: Thanks Sonia for the hugs... you know me a little better than
 2 most here, but that only means I know *you* a little better than
 3 most here do, too! <bg>³⁶ Take care of yourself, friend. Thanks
 4 to all of you others, my friends. I did have the idea that in a
 5 folder titled such as this, one could come and 'let it all hang
 6 out' and there would be no judgments or rejection or even
 7 misunderstanding, (because why is it necessary to 'understand'
 8 in order to care?) but just acceptance of someone who is
 9 momentarily disabled by a little more emotion than can be
 10 safely contained behind a smile. It wasn't advice I was looking
 11 for when I came here yesterday. Just a place to unload a little
 12 of the stuff that was getting more than I could handle. I
 13 needed the hugs. And I thank you **all** for offering them so
 14 freely.
 15 [22 lines omitted, addressing another topic]

There are many other interesting issues that can be pointed to when exploring fragment (15). First, closely examine lines 10-14. Consider how Janice points out, "it wasn't advice I was looking for when I came here yesterday. Just a place to unload a little of the stuff that was getting more than I could handle" (lines 10-12). Attending to how she was looking for "*just a place to unload a little of the stuff*" (italics added), invokes the impression of how her previous post presented only a 'minimal' request for help (cf. Pomerantz, 1980). Notice how she builds a contrast here between to unload and to look for advice, thereby defining them as two different categories.

A similar sense of contrast is oriented to when Janice points out "because why is it necessary to 'understand' in order to care" (lines 7-8). This makes available the impression that to "understand" someone is an altogether different category than caring about someone and, moreover, the former is not a necessary prerequisite in order to care. Consider how to "let it all hang out" (lines 5-6) and to "unload" (line 11) are referred to by Janice as the reason to write her contribution to this group. In doing so, Janice draws upon her reason to come here (to unload) and the kind of response she might receive in return (advice, in lines 10-11) as two different and possibly incongruent categories. We can argue how defining 'understanding' in contrast to 'care' (in lines 7-8) can be taken to resemble the difference in focus that Jefferson and Lee (1992) found in their study on troubles talk, between the problem and its properties (implying a need for 'understanding'), versus the troubled person and his or her experiences (implying the need for 'caring') (1992: 537-541).

³⁶ What we see in this sentence is the word <bg> which means 'big grin' and which is an example of what is called paralanguage on the Internet. Paralanguage is a combination of emoticons (emoticons are also called smileys, the most well known examples are :) to convey a smile or :(to convey sadness) together with punctuation and capitalisation, for example <GRIN> to convey a big smile or <HUG> (notice how the word HUG is placed between brackets so as to visualise a sense of actual embrace) to offer someone a hug. There are big differences in the extent to which people who communicate online make use of these forms of paralanguage (Lea and Spears, 1992).

Consider how Janice in explicitly referring to “it wasn’t advice I was looking for” (line 10) displays an awareness to what is made inferentially available when attributing to oneself the category of advice seeker. It has been demonstrated how the category of advice seeker makes available the impression that one is less competent or knowledgeable to deal with the issues at hand (Heritage and Sefi, 1992; Heritage and Lindström, 1998; also Goldsmith and Fitch, 1997).³⁷ By attending to how she is merely looking for a place to unload, Janice is able to resist the category of advice seeker.

Orienting to how she came here “just to unload” (line 11) works to establish Janice as being the one who is in control of why she has come to visit this group. In other words, referring to how she has come here “just to unload”, rather than to look for advice, makes available the suggestion how this can be done independently of the other participants present. What we see is that unloading is oriented to as something that does not necessarily require a response, where asking for advice suggests a sense of dependence on the advice-giver to provide advice in return. In referring to how she is merely unloading, Janice is able to maintain her competence in that she is not dependent upon other participants to provide her with advice in return.

There are two additional matters I want to point to in considering the message from Janice. First, it is interesting to consider how she refers to “I did have the idea that in a folder titled such as this one could come an ‘let it all hang out’ “ (lines 4-6). Referring to how she considers this folder a suitable environment to talk about your feelings, is further stressed by explicitly defining it in terms of what is reportedly *not* present here, which is “judgments or rejection or even misunderstanding, (because why is it necessary to ‘understand’ in order to care?)”, in lines 6-8. The way this forum is defined as *the* place to talk about your feelings resembles what I have described in the previous chapter as ‘glorification of the group’ (see Chapter 5, section 5.5, sub-section I (E)).

Second, I want to look at the way in which Janice presents her troubles as a result of a particular cause: “emotion” (lines 8-10). Notice how in accounting for her earlier behaviour, she describes her emotions as a force that is inflicted upon her and has temporarily disabled her. This can be illustrated when she points out how her emotions can no longer be “safely contained behind a smile” (lines 9-10), which works up the impression that the point is now reached where there is no other option left than to talk about her emotions. Attending to her emotions as the cause for posting her story yesterday works to establish it as something that has taken place external of the actor, thereby rendering it something that lies outside the realm of personal accountability (Edwards, 1997). This fragment illustrates how Janice

³⁷ What is made inferentially available by ascribing to oneself or others the category of ‘advice seeker’ or advice giver’, have been demonstrated to be a concern for participants in mundane conversation (Goldsmith and Fitch, 1997) as well as in a setting where health professionals visit first time mothers (Heritage and Sefi, 1992: Heritage and Lindström, 1998)

treats her previous post, in which she talked about her feelings, as something to account for, which is a concern I explored more extensively in chapter five (Chapter 5, section 5.5, sub-section I).

Interestingly, in chapter five we have seen how addressing one's feelings or unloading is something participants account for, while unloading is moreover attended to as opposed to asking for advice. In describing unloading as something one can engage in independently from others, that is without being dependent on other to offer advice in return, participants are able to maintain their personal competence. It was shown that while attended to as normatively preferable to asking advice, venting your feelings in the group is still oriented to as an accountable matter.

This section has demonstrated how requests for information concerning anti-depressant medication and possible side-effects, as well as particular characteristics of depression and how to deal with them (see fragment (6) to (13)) are responded to quickly and without hesitation. By treating these questions as 'technicalities', participants make available the impression that these are unproblematic requests for information and 'advice'. However, apart from taking up particular requests for 'advice' as unproblematic, the contribution from Janice has also demonstrated participants' sensitivity to what is made inferentially available when adopting the category of advice seeker.

The fragment below offers another illustration of how participants attend to the attributions made available by the notion of advice seeker; this contribution was written by Betty.

(16) [BG-1287]

1 Be: Up at the top of the page it says that this is the place to
2 vent our feelings. That is what I would like to do right now.
3 [16 lines omitted, in which she describes her current difficult
4 situation] I am not asking for anyone to give advice or make
5 things different for me. I got myself into this mess and I know
6 it is up to me to change the situation if I can or accept it.
7 Right now I am not able to do either. To tell you the truth I
8 don't want to accept it and I don't know how to change it. So I
9 sit here and there is no place for the anger to go and I try to
10 shove it down and I go down with it. I want to scream and rant
11 and rage but what good will that do. I want to pound on someone
12 or something that has hurt me but how do you pound on the
13 welfare system or people that are out of your life? So I pound
14 on myself. I alone am responsible for where I am. I made the
15 choices. I have prayed. I have asked for help and guidance. I
16 have tried to find someway out of this mess and I am stumped
17 like a rat in a maze. I have no answers. Maybe I don't even
18 have the right questions.
19 Thank you for listening. Betty

I would like to take a look at the first two lines of Betty's message, and the way she introduces her message by referring to "Up at the top of the page it says that this is the place to vent our feelings. That is what I would like to do right now". Notice how drawing upon the officially defined mission of this group

to talk about your feelings as the reason why she has decided to do so, renders Betty less personally responsible for addressing these feelings (for a full account of how participants account for describing their feelings and request support, see Chapter 5, section 5.5).

Offering this explicit description of what her contribution is about, which works to define her message as an instance of venting rather than, say, a cry for help or a request for advice. Betty's message thus resembles the way in which Janice explicitly identified her previous post as an instance of 'unloading' ('venting' and 'unloading' are comparable concepts).

Betty's story makes available the suggestion how she merely wants to get this off her chest, without necessarily depending on other participants to come up with suggestions about how to deal with her situation. This can be further illustrated when we look at lines 4-5 where she refers to "I am not asking for anyone to give advice or make things different for me", thereby explicitly resisting the category of advice seeker. Another illustration can be found at the end of her message (lines 14-18) when pointing out "I alone am responsible for where I am". Also line 19, when Betty states "Thank you for listening" (line 19), makes available the suggestion that she is looking for somebody to listen to her story rather than to come up with a solution to her problems.

Take a look at lines 5-6 in which Betty states "I got myself into this mess and I know it is up to me to change the situation if I can or accept it". This makes available the impression that she considers herself to be responsible for her problems and for finding possible solutions, but also for accepting the situation as it is if there is no other option left. In doing so, Betty is able to stress her capability to deal with her life, even when it means accepting that she is in a difficult situation. We can find a further reference to her capability to self-assess her personal situation in lines 17-18, when she refers to "I have no answers. Maybe I don't even have the right questions".

This section has demonstrated that apart from unproblematically treating some requests for 'advice' as 'technicalities', participants also show an awareness to the attributions bound to the category of advice seeker, more particularly to whether adopting that category poses a potential threat to maintaining their personal competence. Notably, it has been shown that presenting their account as an instance of merely 'venting' or 'unloading' rather than requesting advice enables participants to resist the category of advice seeker and address their feelings autonomously from others.

The next sub-section explores in greater detail how participants interactionally manage to *give* advice to other participants in this support group.

II. Giving advice as something to account for

In examining the ways in which participants go about offering advice to others, I want to consider the replies that were given to the messages from Janice and Betty presented above. First, consider the

reply that Janice receives from Dora, in fragment (17). Dora's response follows after another participant's reaction (data not shown), who presented her reply not as an instance of offering advice, but rather as a hug. In stating "me too Janice" (line 1), Dora confirms the way in which her message should be taken up, not as an instance of giving advice, but rather "just a plain little (HUG)" (line 5).

(17) [DC-942]
1 Do: Me, too, Janice I should know better because that's considered
2 to be a typical fault of men - they give advice when all we
3 want is sympathy and understanding. And, quite frankly, that's
4 a problem I've experienced quite a bit in my marriage. Please
5 accept my apologies and just a plain little (HUG) cuz I haven't
6 learned how to do the colors and all.
7 [6 lines omitted, addressing another topic]

Consider how Dora continues her contribution by accounting for a previous instance in which she reportedly offered some advice to Janice. By referring to "I should know better because that's considered to be a typical fault of men" (lines 1-2), Dora shows an awareness as to how advice is considered an unwelcome alternative, and is oriented to even more strongly as a "fault" (line 2) and as a "problem" (line 4). Pointing out how she has experienced this problem herself when she was married works to augment the credibility of her statement as well as her ability to recognise the potential problematic nature of being offered advice when there is a need for a different kind of response.

It is interesting to see how Dora draws upon a parallel between her attempt to give advice to Janice and men who are generally considered to want to offer advice to women. Notice how by describing this alleged problem in general terms, as something "they" (men) do, when "we" (women) merely want sympathy and understanding" (lines 2-3), not only works to portray 'men' as a mutual enemy, but also makes available the impression that advice considered not done by a larger group of people in this group. The subsequent sections will explore in more detail the ways in which participants in this group collectively define providing advice as an inappropriate category.

In what comes next I will present other examples of how participants account for giving advice in this support group. I will focus in detail on the kind of candidate solutions participants draw upon to manage the interactional difficulty whereby offering advice is treated as an unwelcome alternative.

(A) I have to help

We saw in the previous sections how participants showed a sensitivity to the possible negative inferences bound up with the category of advice seeker, as it relates to maintaining their competence. We have also seen how providing advice on matters other than what participants took to be 'technicalities', was treated as an unwelcome alternative. What I would like to explore in this section are

the kinds of discursive resources that participants draw upon when offering advice to others, particularly how they orient to it as being potentially undesirable.

Let us take a look at fragment (18), which is a message written by Naomi who talks about her habit of giving advice to others.

(18) [NH-953]

1 Na: "THEY" say that confession is good for ya! I I confess.. I'm
2 awful about wanting to give advice. Not GOOD advice, mind you..
3 just anything to stop the person from hurting. I hate to see
4 anyone in emotional pain...I almost can't stand it. Physical
5 pain...no problem! I'll clean the wound, mop up the blood,
6 whatever, and no great stress. But let someone have a heart
7 hurt, and I will move heaven and earth (as if I actually could.
8 :) to give them something to feel better.
9 No...I'm not the one to write the email. But, Janice ...I really do
10 thank you for reminding us, me...that advice is not always needed
11 or wanted...just an ear that will hear with compassion and a hug.
12 I need to remember that. Honestly, I knew it. I forgot. Your
13 coming back to say that to us will give me that reminder for a
14 long time. Thanks. I needed that.

Naomi starts her message by pointing out how she is "awful about wanting to give advice". Presenting this as a confession ("I confess", line 1) works to demonstrate her ability to objectively and honestly acknowledge this habit (Potter, 1996a). Drawing upon the limitations of offering help to other people when stating "I will move heaven and earth (*as if I actually could. :*)" (lines 7-8, italics added), further emphasises her ability to acknowledge the boundaries to her desire to stop people from hurting, in that it shows how she is capable of mocking herself.

She further elaborates on this habit by referring to how she would do "just anything to stop the person from hurting". Notice how she does so by using multiple extreme case formulations (Pomerantz, 1986; also Edwards, 2000), for example "just *anything* to stop the person from hurting" (line 3), "almost *can't stand it*" (line 4) and "I will *move heaven and earth*" (line 7) (italics added). Describing her habit by making use of multiple extreme case formulations works to stress the 'compulsive' nature of her habit. It invokes the impression that she is controlled by this habit and cannot do anything to prevent it.

The extrematised way in which she describes her attempts to help others, e.g., "I will move heaven and earth", in line 7 is an example of an extreme case formulation referred to as doing 'non-literal' (Edwards, 2000). Doing non-literal describes the situation 'as if' or, in other words, in a non-literal or metaphoric sense, which is precisely what Naomi does here. Offering this kind of extrematised account invokes the impression how her need to give advice stems from a sincere desire to do her very best for people who are hurting, thereby warding off potentially less commendable motives that she might have for providing advice.

Also notable in Naomi's message is how she refers to "us" in line 10 ("thank you for reminding *us*") and lines 12-13 ("Your coming back to say that to *us*") (italics added). Section (C) will explore in greater detail the discursive work that is accomplished by drawing upon the group as a whole to define advice giving as inappropriate.

It is interesting to consider that while emphasising her habit to offer advice to people who are "heart hurt" Naomi also shows an awareness as to how others may not always be looking for advice. This can be illustrated when she refers to "But, Janice ... I really do thank you for reminding us, me ... that advice is not always needed or wanted ... just an ear that will hear with compassion and a hug" (lines 9-12). In doing so, Naomi draws upon the contrast between giving advice and the need for "an ear that will hear with compassion" or "a hug", in ways similar to fragments (15) to (17).

By drawing upon the need for compassion and a hug as opposed to advice, Naomi displays an orientation to how offering advice to someone can be taken up as a potential threat to this person's personal competence, while showing compassion or offering a hug does not pose such a threat. Presenting her need to offer advice to people as a (bad) habit, albeit stemming from a *sincere* wish to help others feel better, enables Naomi to give advice to Janice, while alleviating her from casting doubt on Janice's capability to deal with her situation.

(B) "I care"

What we observed in the previous fragment from Naomi (18) was how she referred to her sincere need to help others, which is something I want to further explore by examining other fragments below. Consider Ann's message (19) below, who is responding to an earlier message from Janice.

(19) [RAB-943]

1 An: [16 lines omitted, addressing another topic] Friends, I hope
2 you never feel like I'm trying to pass advice on. I, of all
3 people, can't do that. Sometimes I share what has seemed to
4 help me, but know that I care simply because I'm a human being
5 capable of love and understanding because I walk in your
6 moccasins and can empathize with how you feel. Let's keep on
7 holding each other up. Don't hesitate to write me e-mail if you
8 want to talk further.
9 Ann

Notice how Anne points out to the group, "I hope you never feel like I'm trying to pass advice on" (lines 1-2). This serves to illustrate her sensitivity as to how offering advice is attended to as a dispreferred alternative in this support group (see also section (C)).

At this point I want to focus on how Ann downplays the possible relevance of the kind of things she shares with the other participants by pointing out, "sometimes I share what has seemed to help me" (lines 3-4). Notice how she adds to that "but know that I care simply because I'm a human being capable of love and understanding because I walk in your moccasins and can empathize with how you

feel" (lines 4-6). This serves to present her replies to the group as a result of her concern for the other participants, making available the impression that to share her suggestions stems from a sincere and praiseworthy motive, i.e., feeling for and caring for others.

Let me present another fragment below to illustrate this point in greater detail. This fragment, written by Emma, is the reply to Janice's message that was explored in fragment (14).

(20) [TL-934]
1 Em: (4 lines omitting, addressing other participants). Janice, this
2 discussion is for exactly what you wrote here yesterday. It's a
3 place where we can cry if want to and share our troubles and
4 know they will be read by people who understand. The
5 suggestions that were posted are just an effort to reach out in
6 our helplessness and find some little thing that might help
7 you. We know they may or may not work but the wish to help is
8 so very sincere. We have all needed someone to reach out and
9 help us.

Consider how in the fragment above Emma defines the kind of reactions that Janice has received as "suggestions" and as "just an effort to reach out in our helplessness and find some little thing that might help you" (lines 5-7). It is interesting to see how she downplays the possible significance her suggestions have by presenting them as "*just* an effort to reach out" and as "*some little thing*" (italics added).

A similar sensitivity as to the possible relevance of these suggestions can be found in line 7, when she refers to "we know they may or may not work", thereby acknowledging that it is not the applicability of the advice that matters most. Rather, Emma attends to the fact that at the basis of the suggestions she gives lies the "wish to help" (line 7), which is in addition presented as "so very sincere" (line 8).

Lines 7-8 are hearable as confessing to the urge to help others (Potter, 1996a). In doing so, Emma shows her aptitude to take into account the distorting potential of having this "wish to help", which is moreover presented as a *collective* desire. In presenting this wish to help as something that is shared by a larger group (referred to as "*the* wish to help", but also referred to subsequently in line 7 "we know they may or may not work", and line 8 "*we* have all needed someone", italics added), Emma can be held personally responsible only to a limited extent for having provided these suggestions (see also sub-section (A)).

In downplaying the possible weight of the suggestions posted in response to Janice's earlier message as "*just* an effort to reach out" (line 5, italics added) and explicitly showing how she is aware of its limitations ('we know they *may or may not work*', line 7, italics added), Emma orients to the way in which offering 'advice' might be hearable as casting doubt on the competence of the other participants to deal with their own problems. Notably, in line 8-9 Emma refers to how "we have all needed someone

to reach out and help us”, which opens up the possibility to offer help to others, but also creates a normative order in which it is acceptable to be needing help (see also Chapter 5, section (F)). The way in which Emma presents her wish to help others who are in trouble as a *collective* aspiration is an interesting issue that will be explored in more detail in the next sub-section.

(C) “*We have different (but similar) problems*”

Fragments (18) to (20) that were presented in subsections II (A) and (B) have demonstrated how participants attend to advice as a negative frame of reference. This does not mean however that advice is not asked for or given in this support group, as was shown in fragments (6) to (13). In those instances, participants ask for and offer each other advice by treating the requests for ‘advice’ as technicalities, which suggests that they are unproblematically dealt with.³⁸

The way in which advice as a general category is explicitly referred to as an unwelcome alternative is quite remarkable and therefore deserves further examination. Rather than taking this as indicating a mere dislike, we might want to explore what interactional business it fulfils in this support group.

As an initial example I would like to look at a message from Mary, which is displayed below as fragment (21).

(21) [K-461]
1 Ma: Patty~That is where this place is good. Each one of us is
2 different. We have different (but similar) problems. Just
3 talking about it, sharing sites we have found useful, knowing
4 that we are not alone. Things that work for some people just
5 don’t work for others. I just had my 60th birthday and it has
6 taken that long to work out what my problem is. Without the
7 computer none of this would have been possible. Check out some
8 of the sites at the top. They may help you to understand your
9 husband.
10 [5 lines omitted, addressing other participants]

Consider how Mary refers to “each of us is different” (line 1-2) and “we have different (but similar) problems” (line 2). In doing so she shows an awareness as to the practical limitations of providing others with advice (“things that work for some people just don’t work for others”, lines 4-5), while also drawing upon the alleged similarities between the participants to explain what they *can do* for each other, i.e., “just talking about it and sharing sites we have found useful, knowing that we are not alone” (lines 2-4).

³⁸ Note that the questions that were asked were not referred to by participants as request for ‘advice’ as such, but rather were referred to as calls for ‘information’, inquiring about specific types of anti-depression medication or whether certain side-effects, e.g., insomnia, are typical for depression.

Consider how in lines 7-9 Mary provides Patty straightforwardly with instructions to find various websites that provide information on the topic of depression. This is another example of how participants, by treating certain requests for 'advice' as technicalities, provide 'advice' to each other (see also section (A)).

In the fragment from Naomi shown below, we see how she refers to the alleged differences between the participants in this group (lines 2-3) and the practical limitations this poses in terms of offering advice to others.

(22) [NH-671]

1 Na: [15 lines omitted, elaborating on how she thinks about the
2 different seasons]..Hearing all the different ways we relate to
3 seasons, depression, or our relationship with God.. It is so
4 apparent that we can never give advice to another in their own
5 living it out.. We are all so different, aren't we? So we just
6 love each other, because we are all alike too, in this human
7 experience..and support and come along beside. WE all have
8 stories, and hope our experiences will help another. It's so
9 hard for me to see other's living continually depressed. I
10 can't stand to see anyone hurting. I think we're all like
11 that.. And THANK God we are! ☺³⁹

I would like to start examining Naomi's fragment by looking at lines 8-10 in which she points to her need to help others. Pointing out how she "can't stand to see anyone hurting" (lines 9-10) presents her need to give advice as inevitable, as a result of which she can only be held partially personally responsible for wanting to help others who are hurting (see also fragments (18) and (20)).

Describing her dislike of seeing others in pain as something that is positive and as such, as something that is shared by the group as a whole ("And THANK GOD we are! ", line 11), works to further legitimise her need to help people who are living with depression.

There is another part of Naomi's message I want to draw attention to in this section. Notice how besides stressing the commonly shared opinion that advice giving is not possible in this group in line 4 ("it is so *apparent* that we can never give advice to another ..." (italics added), Naomi presents this point of view as shared and (already) known to the members of this group. Notably, Naomi continues to describe her insights as shared by a larger group, for example in lines 2-3 ("all the different ways we relate to seasons, depression, or our relationship with God"), line 5 ("we are all so different, aren't we"), lines 5-6 ("we just love each other"). In doing so, the inappropriateness of advice as a general category is further presented as something that is collectively shared. As a result of emphasising the 'inevitable' limits of

³⁹ What we see here in line 11 is another example of 'paralanguage'. I have not examined the kind of discursive work this smiley works to accomplish here in detail, but we might consider how it works to stress Naomi's positive judgement about the fact that the participants in this group share her desire to help people who are hurting.

offering advice in this group, we see how providing support is attended to as an ‘appropriate’ course of action (lines 5-9).

It is remarkable to see how in a support group for peers, in which we can expect people to have a great deal in common, advice is collectively defined as an inappropriate course of action precisely by drawing upon the alleged differences between its members.

In the fragment below, written by Janice, we encounter another instance in which participants orient to the inappropriateness of providing advice.

(23) [JW-1364]

1 Ja: [Several lines omitted, addressing other participants on the
2 forum] Betty - I so glad you “finally got the picture” of what
3 this place is all about. I post in several of the folders here,
4 and read in several more, but this is the only one where I feel
5 I can be honest about what I feel - or don’t feel - and what is
6 troubling me, without censure or a bunch of platitudes or
7 ‘advice’ being dumped on me! Here people are so very caring and
8 understanding. I wonder if that’s another of those cases where
9 we say “it takes one to know one!”
10 [8 lines omitted, addressing another topic]

There are a couple of interesting matters I want to address in this message from Janice. First, let us look at how she describes “what this place is all about” (lines 2-3) in terms of the possibilities it offers to “be honest about what I feel – or don’t feel” (line 5) (see Chapter 5, sub-section I(C) and I(E)).

It is interesting to see how she builds up a contrast between being offered this opportunity and being met with “censure or a bunch of platitudes or ‘advice’ being dumped on me!” (lines 6-7).

Besides describing this group as the kind of group where advice is not provided, Janice also displays an orientation to what we touched upon in section 6.2.3 when addressing the study by Jefferson and Lee (1992), and in exploring a number of previous fragments as well (see fragments (15), (16) (18) and (22) of this chapter). One of the aspects Jefferson and Lee demonstrated in their study was the problematic convergence of a troubles-telling and a service encounter, where the former implies a focus on the person and his or her experiences while with the latter attention is drawn away from the trouble teller and his experience with the trouble, towards the problem and its properties. Interestingly, in this fragment, Janice explicitly refers to this potentially difficult convergence by establishing a sharp contrast between being given “advice” or a “bunch of platitudes” (lines 6-7), which she describes as something that is being “dumped” on her (line 7), as opposed to ‘receiving’ caring words and understanding (lines 7-8). In attending to how advice might be “dumped” on you (line 7), Janice makes available the suggestion that this can be taken up as an imperative and as leaving the receiver with no option other than to accept the advice that is thus provided. I will come back to this point more in depth in section IV.

Consider how pointing to the inappropriateness of offering advice when compared to receiving caring words and understandings, reinforces “what this place is all about”, i.e., not so much a place where advice is offered, but rather where people care for and understand each other. This is further stressed in lines 8-9 where Janice adds, “I wonder if that’s another of those cases where we say ‘it takes one to know one’ ”. This works to illustrate again how advice is collectively and explicitly defined as an inappropriate course of action. It also draws upon the alleged similarities between the participants present that are attended to as the ‘natural’ basis for acknowledging this particular ‘attitude’ towards advice (see fragment (20)).

This section demonstrated how participants interactionally manage to offer advice. First, it was shown how participants present their desire to provide advice to others as a genuine concern, or as the result of an inevitable need to help people who are in pain. Describing the instances in which advice is offered in such a manner, presents it as a course of action for which they can only partly be held personally responsible.

It was also shown how in doing so, participants refer to the group in various ways. We have seen how they attend to the alleged differences between the members of the group, which works to suggest the practical impossibility of providing advice on this basis. At the same time, the alleged similarities of the members of the group are drawn upon to describe what they can do for each other, which is attended to as being opposed to offering advice. It was also demonstrated how the inappropriateness of giving advice is reinforced time and time again as a kind of ‘collective attitude’ which works to define this group’s ‘essence’ or ‘mission’ as a group in which advice is considered not done.

It is interesting to consider how in defining advice as an inappropriate category, participants draw on assumed *differences* between its members. In particular when we take into account that one of the possible reasons for joining a peer-based group may be that they expect to meet with people who have been through similar experiences.

III. The ‘right’ knowledge base to speak about depression

This section will examine another dimension of how offering advice to others is attended to in this group by exploring the ways in which participants orient to their position as ‘legitimate’ advice-giver. In particular, I will explore whether and how participants orient to their knowledgeability to provide advice to others. This is noteworthy when we take into consideration the fact that we are dealing with a support group for peers, and assume that on basis there are no predefined hierarchies or differences in types of knowledge between the peers that can be drawn upon to display one’s knowledgeability and expertise. In want to explore how participants, in an environment like this, refer to whether they are in a position to offer advice to others?

This analysis begins by focusing on a relatively lengthy exchange between two participants: Peter and Betty. What I want to explore here is how Peter's contributions throughout this exchange are met with particular answers from Betty, in which she resists the suggestions put forward by Peter. It is interesting to explore whether in doing so, she orients to the fact that Peter explicitly presents himself as a professional, as a possible reason for resisting his suggestions, or whether she refers to the fact that Peter presents himself as knowledgeable to speak about depression without having personally suffered from depression? Let me commence this exploration by looking at fragments (24) and (25) below:

(24) [RBI-1573]

1 Pe: Betty: I am a psychologist and can speak a bit knowledgably
2 about depression and anxiety. I want to emphasize at the
3 outset, however, that in no way do I intend to make any
4 diagnoses or suggest treatments. This would be highly
5 unethical. However, I do want to suggest, Betty, that you not
6 ignore your symptoms. See your family physician. Sometimes
7 psychotherapy is most helpful without medication and sometimes
8 the combination of the two makes a tremendous difference. Talk
9 to a professional; don't spend time suffering from this
10 disabling disorder. There are many people these days who were
11 affected by these disorders and are now leading contented happy
12 lives. Peter

(25) [BG-1575]

1 Be: Peter, Have been on meds for a couple of years now and in
2 therapy for years before that. I am sure that my association
3 with abusive husbands has not exactly helped. I don't pretend
4 to know just what is going on. I do know that I am not happy
5 this way and try as I may I have not been able to change it. I
6 hear from a lot of folks that mental/emotional problems are so
7 easily treated and yet I am here to tell you that I know a lot
8 of folks that aren't doing all that well.
9 I am sorry, I don't mean to spout off at you. I just get so
10 darned frustrated.

What I want to focus upon first in looking at Peter's contribution is how he explicitly presents himself as an expert by pointing out "I am a psychologist and can speak a bit knowledgeable about depression and anxiety" (lines 1-2). Referring to how he can speak "*a bit knowledgeable*" (italics added) about these matters works to soften his claim to professional expertise somewhat. He further downplays his professional judgement in lines 2-4, in which he points out that his intentions are not "to make any diagnoses or suggest treatment". However, consider how he also proposes some suggestions in line 5, which he then more strongly defines as "see your family physician" (line 6) and "talk to a professional" (lines 8-9), which are thereby presented as an imperative.

In pointing to the need to "talk to a professional", rather than spending time suffering from depression (lines 8-10), Peter's contribution not only makes available the suggestion that recovery from depression is possible with the help of a professional, but also that it is unnecessary to suffer from this disorder

since it is potentially curable. Notice how this alleged cure is also presented as something that is relatively simple to achieve, and *has* been achieved by many people (lines 10-11).

It is interesting to take a look at Betty's reply, where she takes up on the suggestions that were made by Peter, and what is made inferentially available by these suggestions. I would like to focus on two parts of Betty's fragment in more detail. First, take a look at how Betty orients to the possibilities of getting cured from depression at the beginning of her contribution (lines 1-5). She not only refers to the fact that she has been trying in several ways to deal with her depression (lines 1-2), but also stresses that these have been enduring attempts ("on meds for a *couple of years* now" (line 1) and "in therapy *for years* before that" (line 2) italics added). This suggests how she has been putting in a long-term effort to improve her situation (see Chapter 4, section 4.4, sub-section III). Pointing out how notwithstanding her endeavours she has not been cured from depression (line 5), works to counter the impression that depression is an illness that can be relatively easily cured.

Consider how Betty counters Peter's suggestion as to the chances of recovery from depression more explicitly in lines 5-8. Defining the chances to recover from depression as a commonly heard misconception about the seriousness of mental problems in general, works to strengthen the incorrectness of his claim ("I hear from a lot of folks that mental/emotional problems are so easily treated", lines 5-7). The incorrectness of this claim is further illustrated when Betty refers to the large number of people she reportedly knows who have *not* been cured of depression ("yet I am here to tell you that I know a lot of folks that aren't doing all that well", lines 7-8).

The next part of this sequence is a contribution from Betty in which she asks Peter whether he has ever personally suffered from depression (data not shown), the answer to which is displayed below in fragment (26). Because Peter offers a rather lengthy reply, I have divided his message into three parts (extracts i, ii, and iii).

(26) [RBI-1580] Extract i
1 Pe: Betty: To answer your question - no, I have never suffered from
2 clinical depression or anxiety attacks. I submit that this is
3 the wrong question. We could have a philosophical discussion
4 here as to whether an internist needed first to have his own
5 appendix removed, or whether a lung specialist needed first to
6 have emphysema, or whether an obstetrician needs first to give
7 birth to a baby. I know that there are women who prefer female
8 obstetricians but that is their prerogative to which they are
9 entitled. They feel more comfortable with them, and that's OK.
10 But there are also competent male obstetricians.

What I want to draw attention to in examining the first part of Peter's message is how he portrays himself as a knowledgeable source to speak about depression, given that he cannot draw upon his

personal experience with this illness. One way of doing so is by drawing a parallel with a number of different medical professionals for whom it is not considered necessary to have experienced the condition they are a specialist in, in order to be considered a competent medical professional (lines 3-10). Drawing upon the parallels with other medical disciplines invokes the suggestion that he considers himself competent and authoritative to speak about depression although he has never personally experienced it.

The next part of Peter's contribution shows another way in which he orients to whether he is in the position to speak knowledgeably about depression.

Extract ii

11 I have, however, worked with patients who are clinically
12 depressed and I do, indeed, realize the depth of their
13 sufferings. I have worked with people who have panic attacks
14 and realize very much their fear of dying on the spot. In all
15 these cases, by the way, in addition to seeing me they also had
16 a physical checkup and found that they had no heart problems
17 although it felt like it to them. There are people, of course
18 who, in fact, have cardiac problems and that is why a physical
19 checkup is always important.

What we see here is how Peter displays his knowledgeability about depression by pointing to his working experience with people who are either clinically depressed or suffer from panic attacks. In pointing out how "I do, indeed, realise the depth of their sufferings" (lines 12-13) and "realise very much their fear of dying on the spot" (line 14), Peter makes available the suggestion not only of being knowledgeable in both fields but also empathic, and on that basis capable of considering the problems these people are experiencing as truly problematic.

At the same time however, Peter also invokes the impression that people's fears might deceive them by pointing out that there were no physically demonstrable grounds for their anxieties (lines 14-19). Apart from casting doubt on the trustworthiness of peoples' experiences in lines 15-17 ("they also had a physical checkup and found that they had no heart problems although it felt like it to them"), the suggestion is also invoked that professionals can offer an important contribution to the treatment of these patients by determining whether there are any medical grounds for their panic attacks.

In lines 20-28 presented below, we see how Peter further emphasises his expertise by pointing to the different kinds of remedies that can be recommended for people with depression.

Extract iii

20 In some cases the depression or anxiety is related to earlier
21 experiences and that is where COMPETENT psychotherapy can be of
22 help. In other cases, the depression or anxiety is related to a
23 chemical imbalance in the brain and that is where medication
24 might be recommended. In some cases a combination of the two
25 would be most helpful.

26 I REPEAT. I am neither diagnosing or trying to treat you over
27 the Internet !! These are merely comments based upon my own
28 experiences with patients and from readings on research. Peter.

Identifying the different remedies for depression, thereby taking into account the specifics of the illness (line 20-25) works to illustrate Peter's broad expertise in dealing with a multifaceted illness like depression. Consider also how he stresses the need for "COMPETENT psychotherapy" (line 21) and uses capitals, which makes available the inference that there may be forms of psychotherapy available that could be considered *less* competent when compared to others. This works to show his objectivity in being able to acknowledge that although having a professional status himself, there might be less competent practitioners. It also renders the claims about his own professional competence more credible in that it illustrates his ability to take into account the possible differences that might exist between professionals in the field.

In the last part of his contribution (lines 26-28), Peter displays an awareness as to the possible inappropriateness of his message, coming from a medical professional. He explicitly points out that he is neither diagnosing nor suggesting treatments, which is hearable as a pre-emptive remark. This remark works to ward off any future critique as to whether he is trying to treat people via the Internet (cf. Buttny, 1995). However, at the same time, he starts his sentence with "I REPEAT", written in capitals, thereby invoking the impression that he considers his opinion on these matters highly authoritative.

Interestingly enough, what we see is that at the end of his contribution, Peter downplays the possible relevance of his previous writings by pointing out that they were "*merely* comments based upon my own experiences with patients and from readings on research" (lines 27-28, italics added). While this makes available the impression that he is making only a minimal claim to being knowledgeable on the topic, for which he can furthermore only be held minimally accountable (Pomerantz, 1980), it also works to illustrate the breadth of his expertise (e.g., his working experience with clients, being empathic to their situation and reading about research). Presenting his expertise as stemming from such a range of different sources, works to emphasise the broad knowledge base that underlies his expertise on depression.

Let us now take a closer look at the response Peter receives to this post from Betty, which is displayed below as fragment (27).

(27) [BG-1581]

1 Be: Peter, I would add that since you have never experienced these
2 conditions that you DO NOT know what it is like. Only those who
3 have lived in this hell do. I for one do not find your clinical
4 approach helpful. I have been able to post about my feelings
5 very openly in this discussion group without fear of being told

6 that I had better become an "educated consumer". I have a
7 therapist, thank you, and I do not need to be told by some
8 "expert" who doesn't know me what I should or should not be
9 doing. I find your presence here intrusive since this is a
10 "support" group and I do not find your statements supportive or
11 compassionate. Betty.

Notice how Betty begins her reply to Peter by pointing out "I would add that since you have never experienced these conditions that you DO NOT know what it is like" (line 1-2). The fierceness of her answer is emphasised by using capitals. Adding to that "only those who have lived in this hell do" (lines 2-3), works to establish the group of people who have personally suffered from depression as the sole authoritative source to speak about depression, since they have first-hand knowledge of what it means to suffer from this condition (Pomerantz, 1980). This is emphasised further by using the extreme case formulation "only those", in line 2 (Pomerantz, 1986). Establishing herself as the authoritative source to speak about depression carries the implication that Peter's authority to make knowledgeable statements about the topic of depression is denied, precisely on the basis of not having personally experienced this condition.

At this point I would like to briefly return to the previous contributions and forward the thought that Peter's explicit display of professional expertise in fragment (26), his criticism of people who experience in having panic attacks, followed by the suggestion that a medical check-up by professionals might prove beneficial in determining whether there is any ground for their fears, may carry as a necessary consequence that Betty's competence on this matter is undermined. We can see how in fragment (27), Betty orients to this possible threat to her competence by referring to how she considers only those people who have personally experienced depression as an authoritative source to legitimately speak about depression.

However, when we look at the remainder of fragment (27), it seems that it is not only Peter's orientation to his professional status as such that is at stake here. I therefore want to argue how the 'dispute' between Peter and Betty cannot be solely perceived as a question regarding who is knowledgeable to speak about depression, and that what is at stake in this exchange is much more related to the kinds of inferences that are made available when presenting one's knowledgeability to speak about depression in a particular way. Consider, for example, how Peter's suggestion as how depression is relatively easy to cure, is argued against by Betty in fragment (25). Fragment (27) further illustrates how she continues to counter what is made inferentially available by the suggestions put forward in Peter's previous contributions.

First, take a look at how she describes Peter's contribution as illustrative of a "clinical approach" (lines 3-4), which she identifies as not being helpful, and also as differing from what she reportedly considers

valuable about this support group. An indication of this can be found when she points out, “I have been able to post about my feelings very openly in this discussion group without fear of being told that I had better become an ‘educated consumer’ ” (lines 4-6).

An explicit criticism of Peter’s ‘clinical’ approach can be found in lines 7-8, where Betty identifies Peter as “some ‘expert’ who doesn’t know me”. Note how placing “expert” between brackets makes available the suggestion that Betty doubts Peter’s approach and expertise on these matters.

Second, note how she attends to the difference between writing openly about her feelings in this group and “being told” how to deal with her illness in what she considers a “clinical approach”. In doing so, Betty shows a sensitivity to the prescriptive nature of Peter’s earlier remarks (see also line 7, “I *do not need to be told*” and lines 8-9, “what I *should or should not* be doing”, italics added). I will come back to the issue of prescriptiveness in more detail in section IV.

A third aspect of Betty’s message I want to draw attention to is when she builds up a contrast between posting candidly about her feelings (line 5), as opposed to, say, a more rationally-oriented exchange of messages favoured by “educated” consumers (line 6). The category of educated consumer is also referred to as opposed to what Betty reportedly describes as what she is looking for in this support group, which is support and compassion (lines 10-11).

Notice how she explicitly defines this group as a “support group” (line 10), which legitimately establishes the group’s goals as being about offering compassion and support (see also sub-section (C)). In this way, she defines Peter’s contribution in contrast to these goals and therefore inappropriate.

To conclude this sequence, I want to consider fragment (28) which shows Peter’s reply to Betty’s post.

(28) [RBI-1582]
1 Pe: Betty: My deep apologies to you. I thought I had emphasized
2 that I was not telling anyone “what to do” but was merely
3 sharing my thoughts. In no way was I suggesting that you become
4 an “educated consumer.” I have never passed myself off as an
5 “expert” and I don’t believe ever told you what you should or
6 should not be doing. I was not aware that the support given in
7 this Roundtable was to be by only those who were suffering the
8 disorder. And to anyone else reading these postings, if I have
9 offended you, please forgive me.

Peter starts his contribution by offering an apology to Betty after which he returns to the issue of whether or not he was telling her what to do. Consider how he points out, “I thought I had emphasized that I was not telling *anyone* “what to do”, but was merely sharing my thoughts” (lines 2-3, italics added). In defining the kind of general intention he has in participating in this forum, he is able to present his previous message to Betty in particular as another instance in which he was sharing his thoughts on the matter rather than prescribing a particular course of action. Drawing upon how he was

“*merely* sharing my thoughts” also works to downplay the potential significance of his remarks. Take into account how orienting to “sharing” thoughts also invokes the impression of taking part in a mutual process, a process that we could imagine to take part between peers. In that sense, “sharing” is hearable as the opposite of what is often considered a more unequal exchange between experts and laypersons (see section 6.2.1), as well as countering Betty’s earlier claim as to whether Peter was telling her what to do. This is further illustrated in lines 6-8, where Peter portrays his comments as an instance of offering “support” (“I was not aware that the support given in this Roundtable was to be by only those who were suffering the disorder”), rather than, say, providing advice (as a professional) to a client. What we see in this fragment is that Peter downplays the relevance of his earlier remarks, so as to counter the claim that he was telling Betty how to take deal with her illness. This can be illustrated when we take into account how he *redefines* his earlier suggestions as being about sharing thoughts and offering support.

To summarise the observations made from analysing this lengthy exchange, we can point out how the ‘dispute’ between Betty and Peter is not only about Peter’s professional status as such, although we might expect this to be a problematic issue in a group that defines itself as a support group for peers. Rather, the dispute seems to arise from what is made inferentially available by Peter’s claims to knowledge. I want to recall two examples to illustrate this.

First, it was demonstrated how Peter’s suggestion as to how a cure for depression is relatively easy to attain suggests not only that it is relatively simple to overcome an illness like depression, but it is also hearable as criticising those people (Betty included) who are depressed and have not yet been cured. Peter’s remark also works up the impression that (in addition to personal experience) professional knowledge is needed to substantiate any claims from patients with depression or anxiety attacks. Second, Peter’s statements are also taken up as potentially troublesome for the way they are presented (e.g., by making use of capital letters and presenting certain suggestions in a peremptory tone - “see your family physician”- in fragment (24)), which are thereby hearable as stemming from an expert who tells Betty *what* to do (which is taken up by Betty as prescriptive) and *how* to do it (taken up by Betty as a plea to change her current way of coping with her situation in favour of a more rational approach and to become an “educated consumer”).

Exploring the lengthy exchange between Peter and Betty has shown that what is considered an appropriate base to speak about depression is not clearly defined, but rather subject to continuous negotiation. It is not necessarily professional expertise that is discarded as a basis to speak knowledgeably about depression, but rather what is taken up as potentially troublesome is what was made inferentially available by displaying his expertise in the way Peter does.

It was also shown how at one point Betty orients to the exclusive status of personal experience to speak knowledgeably about depression. This seems to be what we may expect in a peer-based support group in which people can be expected to come together to share their experiences with their illness. The next sub-section explores in greater detail if and how participants orient to personal experience as a basis to speak about depression.

(A) Strengths and weaknesses of a “layman’s advice”

Fragments (24) to (28) have shown how the dispute between Betty and Peter did not come to an end when Betty referred to her first-hand knowledge to speak about depression. This is interesting, considering that we are dealing with a support group for peers where first-hand knowledge about one’s condition might be considered to prevail over other types of knowledge. Therefore, I would like to further explore how participants refer to their personal experience with depression as a source of knowledge, particularly, whether they show an awareness to it as an uncontested source of knowledge (cf. Pomerantz, 1980).

I want to start by considering a fragment from Richard, who was introduced earlier in chapter four (section 4.4, sub-section I (B)). Fragment (29) shown below is Richard’s second request for advice on behalf of his sister, who is experiencing problems with depression and nausea. In his first contribution, he asked for information but no replies were posted. The reply that Richard eventually received is presented in fragment (30), a message written by Diane.

(29) [CS-15]
1 Ri: I can understand ones reluctance to respond to my post #11
2 since no one (now that I think about it), including me, wants
3 to take the responsibility to give a layman’s advice on a very
4 serious subject. Therefore, may I ask a question, more to the
5 point, where the answer to which can be factual, based on ones
6 own experience. Is nausea a symptom in your depression or
7 anxiety? Moreover, My sister is scheduled to have an endoscopy
8 on Wednesday to determine if her stomach ulcers have healed. At
9 this point, we do not know if her nausea has an emotional or a
10 physical basis. I shall appreciate any information that may be
11 given.

What I want to look at in more detail are lines 1-4, where Richard refers to a reported “reluctance” (line 1) on the part of other participants to respond to his message. Note how he offers an explanation for this reluctance by pointing out how “no one (now that I think about it), including me, wants to take the responsibility to give a layman’s advice on a very serious subject”. This works up the impression that it is difficult to give a layman’s advice, since that is attended to here as having only a limited significance; it is only a layman’s advice and not, say, the opinion of a medical professional.

At the same time, it is very interesting to see how referring to “now that I think about it” (line 2) invokes the impression that the potential delicacy of providing such opinions is something Richard could have foreseen. Referring to “including me” (line 2) even works to present the current lack of response as something that is understandable and moreover as the kind of advice he himself would not want to provide, which suggests that he does not treat it as something that is potentially blameworthy. Providing this explanation also enables Richard to exclude other possible explanations for why a reply might fail to occur, for instance, because his request was unclear or because it is inappropriate to ask advice on behalf of other people.

Interestingly, Richard reformulates his request for advice in lines 4-5 by defining the kind of answers he reportedly aims to receive as “factual, based on one’s own experience” (lines 5-6). Reformulating his request in this way renders answering them less risky, thereby suggesting that all that is needed is to report ‘the mere facts’, rather than to provide an answer that ‘matches’ Richard’s specific question. Let me explore Diane’s response in fragment (30) to see how other participants have taken up Richard’s repeated request for advice.

(30) [D-16]

1 Di: Richard - it is hard to say ... where she has ulcers and has
 2 serious stomach problems anyway which might be the cause of her
 3 nausea...
 4 On the other hand when “anxiety” hits me, my stomach is
 5 effected, and I sometimes can’t eat --- I imagine that if I had
 6 an ulcer, it would be radically effected by my anxiety -
 7 anxiety seems to strike out at my weakest point... concentration
 8 goes first, the tightness in my gut, and an overall feeling of
 9 wanting to close my eyes and shut out the world..
 10 [5 lines omitted, addressing another topic]

When we look at lines 1-3 of Diane’s reply, we can see how she displays a hesitation in answering Richard’s request. This can be illustrated by her explicit reference to “it is hard to say...”, (line 1) as well as the multiple use of the dotted lines (see lines 1, 3, and also lines 5, 7 and 10).

Another indication of her hesitation in answering Richard’s request can be found when we look at the way she accounts for the alleged difficulty in answering Richard’s question. She does this, for example, by pointing out how his sister’s nausea might be caused by more than one factor (lines 2-3 and 4-6). In pointing out “On the other hand when “anxiety” hits *me*, my stomach is effected and I sometimes can’t eat---” (lines 4-5) and “I imagine that *if I had an ulcer*, it would be radically effected by my anxiety-” (lines 5-6, italics added), Diane shows an awareness to how her own personal experience with anxiety is not necessarily relevant in solving the specific problems that Richard’s sister is having.

What is interesting about these two posts is that they clearly illustrate how providing advice on the basis of personal experience, which we could consider a common basis for peers to provide advice to each

others, is not a matter-of-course. Richard's fragment showed how offering "layman's advice" was attended to as potentially risky and as only restricted in range. Diane's response, which showed her hesitation in answering Richard's request, demonstrated her sensitivity to the possible limitations of her own personal experience as a solution to someone else's problem.

These fragments illustrate that giving advice on the basis of one's own personal experience in a peer-based support group is open to negotiation. Where personal experience could be considered relatively incontestable, (i.e., it considers peoples' personal experience as a domain to which only they have first-hand access), what we see here is that participants attend to the interactional difficulties of employing personal experience as a basis for offering advice to others.

I want to look at another fragment that illustrates participants' awareness to the potentially limited scope of personal experience as a basis for offering advice, in a message from Chrissie, displayed below as fragment (31).⁴⁰

(31) [BA-917]

1 Chr: SORRY, I NEVER POSTED A MESSAGE BEFORE! THE BOTTOM LINE
2 IS-I FOUND A DOCTOR AND I'M JUST ABOUT CURED FOR THE FIRST TIME
3 IN MY LIFE!THIS IS IT-TAKE IT OR LEAVE IT #1-CHELATION
4 TREATMENTS #2-GIVE UP SUGAR #3-HAVE BOWEL MOVEMENTS EVERY DAY
5 #4 TAKE THE CORRECT SUPPLEMENTS THE DOCTOR ORDERS #5 I GET
6 NUTRIENT INJECTIONS # 6 GET RID OF ANY FOOD ALLERGIES #7 -I
7 MEDITATE (THIS TAKES LEARNING AND TIME) #8-HYDRATE (TO GET RID OF
8 THE TOXINS IN YOUR BODY) MEANS DRINK A LOT OF WATER- #9-SHORT
9 TERM-ACUPUNCTURE-ONLY AN ACUPUNCTURIST WHO PRACTICES -TRUE
10 CHINESE MEDICINE (ASK) #10 THIS IS ONLY MY EXPERIENCE I'M NOT
11 ADVISING ANYONE I'M JUST GLAD THAT FOR THE FIRST TIME IN MY
12 LIFE I'M LIVING!!! I WISH OTHERS WITH THIS DISEASE COULD ALSO-
13 FIND HELP. AFTER SO-MANY YEARS OF SUFFERING- I'M FINALLY LIVING
14 I WISH YOU THE BEST AND I SEND MY PRAYERS!

Notice how Chrissie starts her message with "Sorry, I never posted a message before" (line 1). This explicit apology at the start of her message works to pre-emptively ward off any critique as to whether the rest of the message will be appropriate or not.

⁴⁰ Notice how Chrissie's message is completely written in capital letters, which is generally considered rude behaviour (it is considered shouting) on the Internet. It could be that this style of writing is an illustration of the fact that she is unfamiliar with how to write a message to an online support group (line 1), or it may serve as an 'exclamation' of her happiness (for example, see lines 1-3 and 11-14).

Take a look at how Chrissie continues her message by summing up the steps that have helped to cure her (lines 3-12). Pointing out “I’M JUST ABOUT CURED FOR THE *FIRST TIME* IN MY LIFE” (lines 2-3, italics added), and doing so in extrematised fashion works to stress the strength of her claims (Pomerantz, 1986).

Consider how summing up these steps by using a numbered list invokes the suggestion of an objectively identifiable and straightforward route to recovery. However, we see that at the same time Chrissie downplays the possible validity of these steps for others when mentioning, “THIS IS IT- TAKE IT OR LEAVE IT”(line 3), thereby showing her awareness as to how these steps might not be relevant for others, while also making available the suggestion that it is up to the recipient to decide whether these steps are applicable. A similar sensitivity to mitigate the significance of her contribution is displayed in lines 11-12, in which Chrissie refers to “THIS IS ONLY MY EXPERIENCE, I AM NOT ADVISING ANYONE”. In doing so, she inoculates stake, in that she acknowledges how providing this list might be hearable as an imperative or as holding a broader significance (Potter, 1996a). In presenting these steps not as *the* road to recovery but only her own personal experience, she is able to suggest a broader relevance, without being accountable for making such a claim (Pomerantz, 1984c).

It is interesting to consider how bringing in one’s personal experience, which we might reasonably expect to be one of the major benefits of participating in a peer-based support group, is presented here as a minimal claim to knowledge, and is as such not straightforwardly drawn upon as a basis for offering advice.

There are two important points that I want to sum up to at the end of this section. First, it was found that although we are dealing with a peer-based support group, this does not mean that presenting yourself as a professional and providing advice on that basis is attended to as problematic. It was demonstrated that it was not only professional expertise that was considered potentially troublesome, but also what was made inferentially available by presenting this source of knowledge in a particular fashion, for example by presenting depression as an illness that is relatively easy to cure and the implications this has for people who were not able to recover from depression, or the fact that medical research was necessary to determine whether patients’ personal experiences were physically grounded, and thereby deciding whether their complaints are valid.

At the same time, the fragments that were presented in this sub-section also showed how personal experience about depression is not considered automatically relevant, because one participates in a peer-based support group. Nor, for that matter, is it treated as an irrefutable source of knowledge when offering advice to others. Rather, it was found that participants display an ongoing concern with the possible limitations of drawing upon personal experience as a basis for giving advice to others.

Illustrative of this was the way in which Richard made available the impression that to give a layman’s advice was a risky business, and contrasting it with merely reporting the facts, which was considered

less risky since it involved no claims to applicability. A similar orientation to the difficulty of providing advice on the basis of personal experience was also illustrated by the dispreferred response Richard's request was met with in the subsequent contribution by Diane.

It was thus demonstrated how the validity and scope of personal experience with depression as a basis to provide advice is a negotiable matter. Diane's reply to Richard, as well as Chrissie's contribution offer a nice illustration of participants' sensitivity to drawing upon personal experience as a basis for providing advice to others. The fragments presented in this section have shown that whether a layman's experience is a legitimate basis to speak about depression, and to what extent it counts as 'valid' knowledge to provide advice to others is not something that is clear upon entering this (peer-based) support group, but rather, is a product of ongoing interaction.

IV. Prescriptiveness

I have already demonstrated how participants draw upon the group as a whole to collectively define advice as an inappropriate category (fragments (18), (22) and (23)). This sections wants to draw attention to a specific aspect of why participants refer to it as inappropriate. Fragments (27) and (28) and (31) already briefly touched upon this issue, which will be examined here in more detail, i.e, how providing advice can be taken up as potentially prescriptive.

To illustrate this, I want to explore fragments (32) to (35) which show participants' sensitivity to how offering advice might serve to imply a sense of general relevance and applicability. The fragments show a piece of 'advice' given by Robert in fragment (32), and two other participants who respond to it in fragment (33) and (34). Fragment (35) shows Robert's subsequent reply to these two messages.

(32) [RL-32]

1 Ro: To Bill and others, my wife has had bi-polarism for about 40
2 years, one very seious suciide attempt. She has has many
3 different meds and shock treatments over this period. The meds
4 have improved greatly through the years. For the truly
5 clinically depressed, our experience is that meds are
6 necessary. Lithium is likely still the best to moderate the
7 manic phase.
8 For depression there are three major classes +Wellbuterin.. The
9 best advise I can give is 1. Don't rely on talk therapy to
10 cure clinical depression. 2. Find a psychiatrist who will work
11 with you to find the best meds for you, it still a try and
12 evaluate process and this takes time and patience. DON'T BE
13 AFRAID TO CHANGE DRS IF YOU'RE NOTSATISFIED, but give the doc
14 at least a few months unless he's areal jerk. 3. Be patient,
15 you will be helped.
16 Good luck and prayers to you...many suffer for years in
17 silence..get help.Robert

It is interesting to see how after having described his wife's situation is in (line 1-7), Robert goes on to provide what he considers "the best advice I can give" (lines 8-9). This advice is presented by way of a

three-parted list, which when summed up in this way, suggests completeness (Atkinson, 1984; Jefferson, 1990). Presenting his 'advice' by way of a three-parted list, works up the impression that the advice that is given goes beyond individual instances and has a general relevance for all participants who take part in this discussion.

The fragments below show how Robert's message is met with responses from both Mary and Diane.

- (33) [K-33]
1 Ma: Robert: For some people medications just do not help. I am not
2 bipolar but have severe depression. I am one of the fortunate
3 people that has just about the best doctor in the whole world.
4 His help for me is having him to talk to. We sit and talk about
5 everything under the sun. Before I found this site that is
6 exactly what I needed. Now this place is my antidepressant. I
7 have told the doctor to prescribe it twice a day for his
8 patients. He has seen for himself just how much it has helped
9 me.
- (34) [D-34]
1 Di: I second that Mary....
2 I believe that I have read that medication is suppose to help
3 80% people who suffer from depression ... That still leaves 20%
4 floating around that do not find that much relief with meds....
5 The internet focuses me, also, as I have said before..

We see how in their opening sentences in fragments (33) and (34) both participants orient to the 'advice' that was presented by Robert. Mary refers to how "for some people medications just don't help" (line 1), which is explicitly confirmed by Diane in fragment (34) when pointing out "I second that Mary" (line 1). In doing so, they reject the advice that was presented by Robert. If we look at Mary's fragment we can see how she does this by pointing to her personal circumstances that illustrate how Robert's advice is irrelevant to her. Diane goes on to also confirm this part of Mary's story and counters Robert's advice by drawing upon an external source to substantiate this claim (lines 2-3). Notice how Mary's reference to the beneficial character of being able to talk to her doctor (lines 4-5) is hearable as a critique towards Robert's earlier remark in which he put forward a reluctance to rely on talk therapy as a cure for clinical depression (fragment (32), lines 9-10).

What we see in these fragments is how Mary and Diane reject the advice offered by Robert, by drawing upon their individual circumstances. The advice that was provided by Robert, suggesting a sense of general relevance and applicability, is rejected precisely on the basis of failing to take into account the different individual circumstances participants can be in. This can be illustrated further when we consider Robert's reply to Mary and Diane in the fragment below. I want to look in particular at the way Robert *reformulates* the advice he has given in his previous post.

- (35) [RL-37]

1 Ro: Mary and Diane....I was perhaps a bit sharp on talk therapy, my
 2 wife has had hundreds of hours of it. Much of it was very
 3 helpful, some wasn't. She was also hospitalized about 15 times
 4 over 30+- years. She has not been in hosp now for about 8-10
 5 years. Prior to that alcohol probably kept her out for several
 6 years. Not suprisingly she bacame an alcoholic. Has been sober
 7 now for ca. 10 years. About three times over the years shock
 8 was used to bring her out of depreddion. We have mixed feelings
 9 about it. We know many others with depression-bipolar problems,
 10 and indeed everybody is different. I guess my best advice is
 11 stick with what works for you, but remember there are many
 12 options if your present approach isn't working..Robert

Consider how in this message Robert downplays the prescriptive tone of his earlier contribution by starting his reply with "Mary and Diane.... I was perhaps a bit sharp on talk therapy" (line 1). In lines 8-9, he further mitigates the severity of his earlier statements about the use of talk therapy to cure clinical depression by referring to how he and his wife "have mixed feelings about it".

In lines 10-12 he further reformulates what he previously considered his "best advice", not by presenting it as firmly as he did in fragment (32), but by describing it as "I *guess* my best advice is *stick with what works for you*" (lines 10-11, italics added). Redefining his advice as "stick with what works for you" shows Robert's sensitivity to the limitations of providing generally applicable advice precisely because of different individual circumstances participants are in.

I want to explore another fragment that shows how individual circumstances are drawn upon to counter advice. In fragment (36) shown below, we see how Diane replies to a previous message from Naomi and tells about an experience of offering advice to others, which was eventually rejected.

(36) [D-1076]
 1 Di: Naomi.... how I feel for you! I use to be like that with the
 2 people that I cared about....
 3 And the most that comes of it was that I got very frustrated,
 4 with them for not seeing what I thought was right, and for me
 5 for thinking that what I thought has anything to do with their
 6 reality!!!!
 7 I now have come to realize that everyone lives in a different
 8 reality....right, wrong or indifferent, they own it and what I
 9 perceive is irrelivant....
 10 I try not to give advice to anyone anymore (like I am doing
 11 right now!!) but if I do, I realize that it is that is all it
 12 is and not a firm reality check..
 13 [several lines omitted, addressing another topic]

What I would like to particularly examine in Diane's contribution is the way in which she explains for her frustration when the advice she offered was rejected. Interestingly, Diane describes the cause of part of that frustration as also partly lying with herself, when "thinking that what I thought has anything to do with their reality!" (lines 5-6). Notice how her description of other people's situations in these terms works to present their situation as a closed system, as an impermeable entity, thus invoking the impression that it is virtually implausible to offer advice to other people. This sense in which advice

cannot possibly enter into the 'closed worlds' of the intended advice-recipient is further illustrated in "*they own it* and what I perceive is irrelevant" (lines 8-9, italics added).

This invokes the impression that providing advice to people, and the personal situation or life the advice in entered into, are two completely separate and incongruent categories.

It is interesting to see how in lines 11-12, Diane orients to how she has recently 'reconsidered' her attempts to provide advice when saying: "but if I do I realize that it is that is all it is and not a firm reality check...". In doing so, she builds up a contrast between a minimal definition of advice ("that is all it is", lines 11-12) thus suggesting its limited significance as opposed to offering "a firm reality check" (line 12), which invokes the impression of a kind of optimally suitable and applicable advice that seamlessly fits another person's problems.

By orienting to the impossibilities of advice being in any way suited to peoples' individual circumstances, Diane shows an awareness as to how offering advice carries the potentially negative implication of being hearable as a *ready-made solution* to a given problem, and moreover as *generally* applicable regardless of the specific circumstances one might find oneself in.

The fragments presented in this sub-section have clearly demonstrated how advice that is presented as unquestionably relevant was rejected. In light of these findings, I would like to draw a parallel with the way advice is provided in the case of health visitors who visit first-time mothers (Heritage and Sefi, 1992; Heritage and Lindström, 1998), where the health visitors offered advice that was delivered explicitly, authoritatively and in a decided fashion. One of the ways in which this advice was offered was by providing 'general prescriptions', thereby offering a generalised claim about the practice of other mothers, which was subsequently followed by a recommendation for the mother who is visited. The study showed how the advice was subsequently resisted by the mother by orienting to her own competence in baby care.

It is interesting to see that in this support group, advice presented in a general format is also resisted, but by drawing upon an altogether different knowledge base, i.e., not by drawing upon individual competence but by orienting to participants' highly individual and thus differing personal experiences. This is remarkable, since we are dealing with a peer-based support group, where we can expect people to come together partly because they find themselves among people who have been through similar experiences.

6.6 Concluding remarks

Although it can be argued that peer-based interaction lacks the pre-allocated turn-taking roles and differences in status of knowledge considered characteristic for doctor-patient interaction, this chapter has clearly shown that asking for and providing advice to others in this group is not a matter-of course.

This is not to say that 'advice' was not provided altogether. It was shown how participants frequently ask for and provide each other which 'advice' by treating these requests as 'technicalities', thereby suggesting a sense of directness which works to illustrate how it is treated as unproblematic.

In those instances in which advice was attended to as inappropriate, we have identified four ways in which this occurred. First, it was shown how participants display an awareness to what is made inferentially available when attributing to oneself the category of advice seeker. In those instances, participants presented their contribution as a case of 'venting' or 'unloading' rather than a request for advice. Defining their contribution as venting enabled them to address their troubles independent of other participants, or in other words, without being dependent upon others to provide them with advice in return. Although chapter four demonstrated how venting your feelings did not prove to be a straightforward undertaking for participants either, the fragments that were presented in this chapter have shown how it is attended to here as posing less of a threat to participants' competence than requesting advice.

Second, participants' orientation to how asking for advice poses a potential threat to their personal competence also proved to be a concern when providing advice to others. Participants account for offering advice by presenting it as an *inevitable* habit and as a need that is shared by the group as a whole, which worked to minimise their personal responsibility for providing it, and also by portraying it as stemming from a *sincere* wish to help others, rather than some other possibly less laudable motive. Another way in which participants oriented to the inappropriateness of offering advice was by resisting advice presented as generally relevant. What we saw in those instances was that advice was resisted by drawing upon peoples' individual circumstances. It is quite interesting to see how in a peer-based group, where we can expect people to have been through similar experiences, participants refer to differing individual circumstances as a discursive strategy to resist the advice that was offered. Consider how this poses a different strategy when compared to the way in which first-time mothers resist the advice of health visitors, i.e., by orienting to their *competence* in baby care and mothering skills. Interestingly, it was also shown that 'advice' as a general category was time and again *collectively* defined as an inappropriate course of action, which worked to present this group as a group in which requesting and offering advice was considered not done.

This chapter has also demonstrated a number of other interactional difficulties when it comes to offering advice in a peer-based support group. It was demonstrated that what is considered a 'valid' knowledge base to speak about depression is not a fixed category but rather, is subject to continuous deliberation. For example, it was shown how the knowledge brought in by someone who presented himself as a professional was not necessarily discarded on that basis in favour of someone's personal experience with depression. Rather, what was oriented to as problematic were the inferences made available by presenting that professional expertise in a particular manner, which made available suggestions as to

whether depression is easy to cure and the implications this has for people who have not been able to overcome their depression, and what an 'effective' route to recovery should look like.

The fragments presented in this chapter also showed how participants, even though they can assume to be among peers, show an awareness as to the limitations of personal experiences as a basis for advising others. We have seen how drawing upon personal experience to offer advice was attended to as a dispreferred alternative. It was referred to as posing certain risks, and a contrast was drawn with providing the mere 'facts', which was considered a 'safer' option because it did not imply any particular significance beyond providing a factual response.

As such, both the way in which the professional presented his expertise as well as the way in which participants attend to personal experiences illustrate that what counts as 'valid' or 'invalid' knowledge to speak about depression is neither *a priori* nor clearly defined, but rather the product of ongoing negotiation.

I would like to conclude this chapter by briefly comparing the findings of this chapter with the conclusions drawn in chapter four. Chapter four demonstrated how participants treated their call for support as an accountable matter, thereby displaying a sensitivity to the possible negative inferences of whether they put in an effort to deal with their problems, whether they were mainly complaining or feeling sorry for themselves, as well as to the possible consequences their post may have for the well-being of the other participants in the group. We have seen how participants account for this by employing a number of discursive devices. Participants may for example externalise their responsibility for the request that was made, or present it as a limited call for help. Participants may also describe their call for support as reporting honest feelings, suggesting that they reflect authentic feelings and as a result of that, hard to refute.

When we compare participants' calls for support with the way they request and provide advice, this chapter has clearly demonstrated how the latter potentially poses larger interactional difficulties, since it reportedly represents a greater possible threat to participants' competence.

7. CONCLUSIONS AND RECOMMENDATIONS

7.1 Introduction

This study has explored the daily conversational practices in an online support group for people with depression. Although online support groups are rapidly growing in number and provide a relatively accessible environment for patients and their families to share experiences related to health and illness, little is known about the daily practices within such groups, i.e., what people actually *do* when they participate in these groups.

There are nonetheless a number of theories which have characterised the possibilities and limitations offered by online interactions. Moreover, a number of recent studies stemming from various disciplinary backgrounds have paid attention to the prospects of interacting in different online support groups (see Chapter 1). Within this body of theories, the Reduced Social Cues approach has been particularly influential in describing the potential of computer mediated communication processes. It propagates the view that because people are relatively anonymous when communicating online, they are likely to engage in uninhibited and anti-normative behaviour, on the basis of which interaction via computers is considered risky and believed to result in more extreme outcomes. Subsequent theoretical models such as the SIDE model and the SIP perspective have criticised this view of CMC and have put forward a more social perspective. Their main argument is that online environments, rather than being unable to convey norms and thus invoke anti-social behaviour, *do* allow for norms to be acted upon by participants when online, depending on whether a social or personal identity is salient.

In general, though, the view of computer-mediated interaction put forward in both models is still rather mechanistic because it ignores how participants actively construct identities and how they show a sensitivity as to what one is normatively expected to do, in locally occasioned and flexible ways. Both the SIDE model and the SIP perspective were able to sustain this rather mechanistic image partly because the research was being conducted in experimental settings (see Chapter 1).

In contrast to the Reduced Social Cues approach, successive studies in the field of ethnography and sociology have transferred their focus of attention to exploring how people actually interact in online environments. As such, they have studied the dynamics of online communities and emerging relationships as well as the way people engage in what they consider valuable role-playing experiments when constructing different identities online. These studies offer a more balanced view of communication via computers and the Internet, a view that is more in line with how people use this medium, be it in MUDs, chat environments or other online settings, for various social purposes.

The studies that have drawn attention to online support groups in particular have contributed in two main ways to what we know about these groups. A large proportion of these studies have identified what they consider to be the potential strengths and weaknesses of the interactions in these groups and, in relation to this, some have also addressed their therapeutic effectiveness. The findings were in most cases based on survey research. Another strand of research that has drawn attention to support groups applied a rough form of content analysis, on the basis of which participants' utterances were labelled and classified according to a categorisation scheme set up by the researcher.

When we consider the way in which this broad range of studies -in an attempt to map the possibilities of this relatively new medium- has examined peoples' interaction in different Internet environments, we can conclude that a research focus that systematically explores participants' everyday talk as they participate in these online environments, continues to be lacking.

I would like to reiterate that an approach which aims to explore participants' conversational practices in a detailed fashion, as is the case with this study, is not designed to determine whether or not taking part in online support groups results in the kinds of advantages and disadvantages mentioned in the literature (see Chapter 1). Nor has it been my aim to examine whether these groups are an effective means of communication from a therapeutic point of view. That is to say, it has not been my intention to decide whether taking part in online support group is beneficial for overcoming depression. Rather, this study has attempted to provide a detailed overview of participants' day-to-day conversations in order to shed light on the various kinds of interactional business that participants engage in when they present themselves in this support group as someone who suffers from depression, when they talk about what has caused their depression, and when they provide and ask for support or advice.

By providing insight into what participants actually *do* when taking part in these groups, this study may generate recommendations for working with these groups as well as suggesting possible ways to adapt or even improve these groups, based on participants' actual use of these groups (see also section 7.2).

The perspective which has been chosen to undertake this task is discursive psychology, as developed by the British social psychologists Edwards, Potter and Wetherell. Adopting this particular approach has a number of implications for the way language is approached from a theoretical as well as an analytical point of view (see Chapters 2 and 3). First, choosing a discursive psychological approach to spoken and written texts implies that language can no longer be viewed as a neutral means for describing the world as it is. Rather, it has to be viewed as a resource in the hands of participants which enables them to accomplish all sorts of interactional work, such as minimising or maximising responsibility, accounting for absence or presence or establishing a trustworthy account. Concepts in social psychology which are generally drawn upon as explanatory resources (such as gender and age but also emotions like jealousy or anger) are regarded in discursive psychology as topics for study rather than indications of what one 'really' feels, thinks or wants, nor are they considered explicatory concepts per se. To illustrate

this, let us consider a study which has explored a series of marriage counselling sessions (Edwards, 1995; 1997; 1998). This study demonstrates how jealousy is not regarded as an explanatory force to determine the cause of the couples' marital problems, but is examined for the *different* ways it is referred to by both husband and wife so as to interactionally manage issues of responsibility and blame for the problems they are experiencing.

Adopting the perspective of discursive psychology also has particular consequences for the type of materials that are collected, since it preferably focuses on naturalistic materials. As such, the emphasis is not on data produced for study, either on the basis of experiments or via survey research, but on interactions which would have taken place regardless of whether or not a researcher was involved. In this study, the materials collected are the written materials which appeared in an online support group for people with depression over a period of two years.

A first gloss of the data resulted in the identification of three areas of attention (for an overview, see Chapter 3), which were taken as the starting points for further exploration in an equal number of analytical chapters.

The first analytical chapter focused on participants' self-introductions when entering the support group, and explored the kind of discursive work participants accomplish when they categorise themselves vis-à-vis their co-participants as well as people outside this forum. It turned out that participants, when introducing themselves for the first time in this group, do not start talking about their depression straight away. Rather, they tended to begin their introductory messages by providing extensive explanations of how their depression came about, thereby establishing some causal basis for their illness. The discursive work thereby accomplished was at the centre of attention in the first chapter.

The second analytical chapter examined the ways in which participants managed to ask for and offer what they themselves referred to as 'support'. In this chapter, particular attention was paid to the fact that the participants' relative anonymity in this online environment did not result in a prompt exchange of feelings or requests for support. Rather, the chapter examined how participants showed a pervasive concern with offering accounts for addressing their feelings and asking for help.

When studying the data, it also became apparent that participants drew a sharp distinction between asking for and giving 'support' as opposed to requesting and providing 'advice'. The third analytical chapter has further explored matters related to the latter aspect. Two interesting observations were made: participants treat some apparent requests for advice as *unproblematic* while at other times, advice was explicitly attended to as *problematic*. This chapter sought to explore the interactional work that was achieved by defining advice in seemingly contradictory ways.

In line with the observations made above, this study aimed to examine how participants who take part in this support group describe experiences and events in relation to their disease, and what kind of interactional work these descriptions are oriented to. This involved exploring:

- how participants categorise themselves in relation to other participants and the outside world;
- how they interactionally manage to give and receive 'support';
- how they interactionally manage to elicit and deliver 'advice'.

It is important to emphasise that when analysing participants' everyday talk as it occurs in this online support group, it was not my aim to envisage participants' behaviour as intentional or goal-oriented. Moreover, I would like to state clearly that I did not want to approach participants' interaction in this support group from an ironic point of view, or to belittle the importance of participating in this support group in any way. Rather, the methodological starting point for the analyses conducted here is the way *participants themselves* attend to a particular utterance, rather than the researcher's informed guess about, say, whether an utterance is merely a description or an accusation (see Chapter 3, section 3.5).

7.2 Salient themes in participants' talk and practical implications

The insights that were derived from the analytical chapters will be brought together in this section, so as to offer an integral perspective of the most important themes of online support talk. Additionally, this section also draws attention to a number of possible implications for organisations and people who are involved with online support groups in practice.

I will commence by briefly reconsidering the theoretical assumptions which have informed the view that online support groups potentially offer an easily accessible venue for people to request and provide for support or advice. Theories on computer-mediated communication, most notably the Reduced Social Cues approach, have stated that the online environment in which the support group discussed here exists may work to reduce the weight of otherwise physically present co-participants, which results in more equal participation of the people involved. Another factor believed to contribute to this view was the assumption that text-based interaction is transient, leaving text to appear and disappear on a computer screen without any substantial consequences. Participants' relative anonymity when communicating via computers was deemed to further add to what was considered a relatively uncomplicated and straightforward means of interaction, and was believed to enhance the extent to which participants feel free to disclose intimate feelings.

Identity work

A detailed analysis of participants' everyday talk in a support group on depression, as undertaken in this study, has revealed that the theoretical assumptions pointed out above do not match participants'

concrete practices. This study has demonstrated how participants, *while* and *next to* asking for support and advice, show a pervasive concern with establishing the kind of person they are. This was demonstrated in a number of ways. First, rather than straightforwardly addressing their problems in relation to their illness, participants continuously engage in offering extensive explanations as to how their depression has come about. By providing this 'causal history', and by explicitly defining these factors as lying *outside* the personal realm, participants are able to manage the issue of whether they are personally responsible for having become depressed, as well as to offer a matter-of-fact account of the causes that led to their illness. This provides them with the opportunity to demonstrate their ability to assess the factors that have led to their disease, and to counter the impression that depression is merely an imaginary illness that resides in their heads.

Second, in accounting for their descriptions of particular down times and calls for support, participants show a sensitivity so as to manage issues of authenticity and sincerity (i.e., by pointing out that they are addressing 'honest' feelings) thereby countering the potentially negative claim that they are merely taking part in this support group to collectively complain about their situation or because they are feeling sorry for themselves.

Participants also portray themselves in relation to others who are not depressed, and do so by presenting themselves as *different* from other people, but *positively* so, which enables them to address the problems they experience in their life without necessarily relating them to the fact that they are depressed.

A further illustration of participants' concern with establishing the kind of person they are can be found in the way they account for taking part in this support group. It has been demonstrated how they present themselves not merely as a victim of their illness but as someone who is willing to accept that he or she is ill and wants to accomplish some change in this situation. By stressing the efforts they have put in to improve their situation, participants are able to ward off the potentially negative assumption that people who are not (yet) cured from depressed would have been able to overcome their condition if they really wanted to.

It is remarkable to see that, in a peer-based support group where we would expect people to discuss various topics in relation to depression, the kind of issues pointed out above are taken up as matters to account for. Would it not be reasonable to expect that in such a group, participants would describe their views and experiences regarding depression to those who are 'like-minded', without referring to issues of personal responsibility or blame for becoming depressed. Nor would we expect them to show an awareness so as to counter the potentially negative claims as to whether describing down feelings is merely an instance of complaining or self-pity. In this respect we can suggest that in making relevant time and again precisely these kind of concerns, participants are able to practice and equip themselves with 'adequate' and 'appropriate' ways to describe what kind of person they are. Thus, an online peer-based support group on depression might very well provide participants with a relatively safe and non-

threatening environment in which to address their depression as well as an opportunity to mould matching identities.

It is interesting to consider the practical consequences of this in relation to attempts undertaken to determine the possible therapeutic effectiveness of online support groups. In other words, this study suggests that online support groups are important to its members not only as an relatively accessible environment where they can ask for advice and support, but also, and perhaps predominantly so, as a means of interaction which offers them ways to construct 'adequate' and 'appropriate' identities.

We could argue that constructing an appropriate account of who you are and how you have become depressed is perhaps just as important or maybe even more important than receiving concrete advice on how to deal with your depression. This aspect has remained unnoticed in current literature on online support groups (Madara, 1996; Davison and Pennebaker, 1997; King and Moreggi, 1998; Miller and Gergen, 1998; Finfgeld 2000) and demonstrates the importance of a research perspective which draws attention to participants' actual use of the medium, by closely examining their day-to-day conversations.

Competence

Studies of expert-lay interaction in the medical domain have shown how maintaining one's competence is an important concern for both parties, particularly for the lay party involved (Heritage and Sefi, 1992).

We might expect this to be different in a setting such as this where mainly 'peers' are present.

Nonetheless, a detailed exploration of the data has demonstrated how participants show an orientation to presenting themselves as depressed *but* competent. This was demonstrated in a number of ways.

We have already mentioned how retrospectively describing the cause of their depression as a result of objectively identifiable factors lying outside the personal realm enabled participants to show their aptitude to take these factors into account and establish their illness as real rather than a product of their imagination. The same discursive procedure also enables them to present their depression as externally caused. In describing their depression as caused by factors operating autonomously from them rather than, say, as a result of some personal shortcoming, participants are able to safeguard their personal competence.

Second, we have seen how requesting and providing advice on other than what participants identify as 'technical' matters is attended to as inappropriate. In those instances, participants show a sensitivity as to what is made inferentially available by a call for advice. That is, they orient to how asking for advice may render them dependent on others to provide possible answers. Participants resist this implication by referring to how they are merely looking for a place to 'unload', which does not necessarily require a reply and is therefore something that they can engage in autonomously. Participants thereby portray themselves as someone who visits this group to vent their feelings, and not necessarily as someone

who is in need of help. In doing so, they are able to talk about their emotional down time while maintaining their personal competence.

This is not to say that describing their feelings and asking for 'support', in contrast to 'advice', was altogether unproblematic. On the contrary, it was shown how participants display an ongoing concern as to whether their request for 'support' is appropriate. They do so, for example, by portraying their call for support as reflecting honest feelings, which is hard to argue against and also counters a number of potentially negative inferences as to whether their call for support is merely an instance of self-pity or complaining (see Chapter 5 for an overview). Participants also show an orientation to the other members of the group, by presenting their own troubles as minor issues when compared to the more serious problems of others. Furthermore, they account for addressing their emotional down time by drawing on the possible consequences of talking about these feelings for the well-being of the group in general. Simultaneously, though, talking about feelings of depression is also attended to as a requirement. Thus, what we see is that participants account for requesting support, while at the same time defining letting yourself be helped as a moral obligation.

It is worthwhile to consider the possibility that participants' pervasive orientation to present oneself as depressed *but* competent might pose a particular important concern for people who suffer from a mental illness like depression. This is a topic that would deserve further study (see section 7.3).

From a practical point of view, it is important to look at *how* it is they portray themselves as competent. For example, this study has demonstrated that participants offer extensive explanations of how their depression has come about. It is remarkable that participants in this support group attend to describing the causal history of their depression rather than, say, to suggest possible ways of curing their disease. The fragments that were presented in this study also illustrate another way in which participants refer to their competence, that is by presenting themselves as notably different from other people, but positively so. If we look at these fragments in greater detail, we can see the importance of enabling participants to demonstrate how it is they differ from other people, without having to draw upon their depression to explain for this reported difference.

Paying attention to the particular ways in which participants present themselves as depressed *but* competent sheds light on the possible *topics for conversation* that participants may consider relevant as well as the possible *objectives* which can be met when initiating these groups.

Matters of advice

Presenting oneself as depressed *but* competent is intriguing, precisely because we are dealing with a group that consists for the most part of peers. That is, it is remarkable because we are dealing with people who have come together in the assumed absence of any clear (institutionally) defined hierarchies we can expect in, for example, doctor-patient interaction. It is in the latter setting that

maintaining one's competence has been demonstrated to be an issue when it comes to asking for and providing advice. Consider, for example, the case of health visitors who visit first-time mothers to provide them with advice on baby care and mothering skills (Heritage and Sefi, 1992). This study demonstrated that the advice provided by the health visitors was only minimally taken up by the mothers. In doing so, the mothers attended to their own knowledge and expertise on how to take proper care of their babies. The problematic uptake of the advice provided by the health visitors was partly explained by the fact that they provided advice while there was no clear indication from the mothers that advice was wanted.

We can argue that the situation in this support group differs from the way advice is provided for by health visitors because participants who decide to visit a peer-based support group may very well be actively seeking advice on how to deal with their depression, especially since they can expect to be among people who have had similar experiences. Analysis of the data has indeed shown that advice is asked for and given. By defining particular requests for 'advice' as technicalities, participants make available the suggestion that these requests can be answered directly and straightforwardly, thereby treating them as unproblematic.⁴¹ At the same time, however, it was shown that 'advice' as a general category was consistently attended to as inappropriate. Moreover, it is interesting to note how it was collectively referred to as an unwelcome alternative in a quite *explicit* fashion. It was demonstrated how displaying this explicit disapproval serves the purpose of defining 'the kind of group this is'.

From a practical point of view, it is important to take into account that participants themselves do not define this support group as a group aimed at requesting and providing advice. It seems that being able to provide 'appropriate' accounts of who they are and how their depression was caused are considered more important concerns than the exchange of advice as such. In fact, we might consider how providing advice on how to deal with one's depression stands in sharp contrast with the way participants present themselves as depressed *but* competent, which was shown to be an important concern for participants in this group.

There is another dimension to offering advice that is important from a practical point of view, in particular when we consider how an organisation might turn to a professional in order to provide advice to people who visit a support group. We could argue that the involvement of a professional in such a group is potentially troublesome, precisely because of their professional and thereby non-peer status. However, when we look at the fragments presented in this study, we can see that what is taken up as problematic in the case in which someone who presents himself explicitly as a professional enters the

⁴¹ Note that these requests are not presented as requests for 'advice' as such by participants, but rather are defined as requests for information or as inquiring about other peoples' experiences, e.g., with a particular type of anti-depression medication.

discussion, is not the mere fact that we are dealing with a professional. What is taken up as troublesome is what is made inferentially available by describing his professional expertise in the way he does, i.e., by invoking the impression that depression can be easily cured with the help of a professional, that medical research is needed to 'validate' patients' feelings and fears, and by working up the suggestion that when someone is unable to overcome his/her depression, this is due to some fault of their own.

In the light of the above, it seems important for professionals, when involved in a support group such as this one, to take into account the extent to which their suggestions may make available particular potentially negative inferences about the kind of person they consider depressed people to be. Again, it is possible that these inferences, insofar as they concern peoples' ability to deal with their lives and their disease, are taken up as a particularly sensitive matter by those who suffer from a condition such as depression.

'Uniqueness'

As has been pointed out above, providing advice was also attended to as problematic for another reason. The fragments that were presented demonstrate how participants showed an orientation as to whether offering advice based on personal experiences could legitimately count as a solution for other peoples' problems. Moreover, while attending to the difficulty of providing advice on the basis of personal experience, participants also draw upon personal circumstances as a discursive device to *resist* advice which was provided.

It is intriguing to see that drawing upon one's *individual* circumstances is treated as a 'legitimate' way to resist advice, given that this group consists mainly of peers. It is surely reasonable to assume that participants may have decided to visit this support group partly because they expected to encounter people with similar experiences. Nevertheless, peoples' individual situations and circumstances are attended to perhaps even more strongly within this group than in a group of people who present themselves as very different from each other.

Normative expectations

A final issue to which I would like to draw attention concerns participants' orientation to what they are normatively expected to feel and do. At the outset of this study I pointed out how the Reduced Social Cues approach raised a number of assumptions with regard to how norms operate in computer mediated environments (see Chapter 1). More particularly, this perspective argues that norms are relatively absent in computer-mediated communication, resulting in uninhibited or anti-normative behaviour. The occurrence of 'flaming' was used to further illustrate this absence. Later theoretical models such as the SIDE model did consider norms to operate in online environments, but their

conception of norms was essentially that of regulating or determining action. Such an approach ignores the role of 'norms' as participants' resources for performing all sorts of social actions.

The uptake of 'norms' from a discursive psychological perspective is quite different from the point of view propagated in the SIDE model. Rather than being transparent and available and thus straightforwardly *determining* participants' actions, discursive psychology favours the view that participants' orientation to norms *gives meaning* to their actions. An illustrative example is that of the greeting. When we greet somebody, the other can be normatively expected to return this greeting. However, if the person who is greeted does not greet us back, this makes available all kinds of different explanations for why the greeting was not returned; for example, whether this person did not see us, whether he was preoccupied or even whether not returning our greeting should be taken up as declaring a state of animosity (see also Chapter 3). Participants thus treat returning or not returning the greeting as the product of an actor's practical choice, which can as such be accounted for (see also Chapter 2, section 2.3.1). It is in this way that participants' orientations to norms are considered the 'grid' against which their actions become visible as well as assessable (Heritage, 1984:117).

In the light of the above, I want to draw attention to the way this study has showed 'norms' to be powerful resources for participants' discourse practices. First, the analyses that were conducted in this study have demonstrated that what counts as a 'norm' is not pre-established or given. Consider as an illustration the way in which what counts as a being a 'legitimate' member of the group (Chapter 4) or what counts as an 'appropriate' request for support (Chapter 5) was subject to continuous definition and redefinition. Moreover, we have also seen how participants attend to normative expectations that ostensibly contradict each other. Interestingly, participants render their request for support into an accountable matter, while at the same time defining it as a moral obligation to share feelings within this group. Simultaneously, by defining their call for support as a moral obligation, participants provide each other with an account for asking support (Chapter 5). This shows that it is too simple to conclude that one norm is primary, even apart from the question of whether this is the task of the analyst (cf. Edwards, 1997). What is interesting from an interactional point of view is that participants render *different* normative expectations applicable in *different* situations. They attend *both* to the normative reportability of one's emotions *as well as* to displaying a certain competence.

It is worth relating the above to a number of recent initiatives in the field of public health. We see that a number of health organisations and patients' associations, prompted by a growing number of people who look for health information and support groups online, have started to incorporate online support groups into their websites. One of the challenges organisations are facing is whether and how to develop rules of conduct for these online groups (cf. Teunis, 2001; also Van Geleuken and Vriens, 2001 personal communication; also RVZ, 2000; 2002).

This study has shown that rules for behaviour tend to take on a life of their own in practice. In other words, the study has shown how participants' orientations to what they are normatively expected to do are flexibly and locally occasioned. It was clearly demonstrated that it is almost impossible to determine in advance *which* normative expectations participants will account for or hold each other accountable for and *when* they will do so. We can only observe this when people attend to particular normative expectations, and this can sometimes occur in a very implicit way.

7.3 Implications for research

This study has explored the conversational practices of one online support group in particular, i.e. a group which deals with the topic of depression. After a thorough and systematic examination of the fragments that were presented, we can ask whether the findings are specific for an online support group devoted to the topic of depression, or whether we would encounter similar concerns in other support groups as well.

I consider two issues as particularly relevant topics for further research. First, it would be interesting to explore whether the kind of 'identity work' which was demonstrated to be an important feature of participants' interaction in this support group is an equally important concern for participants in other online support groups (cf. Potter and Hepburn, submitted). In particular, it would be valuable to explore in more detail whether presenting oneself as depressed *but* competent might be an especially important concern for individuals who suffer from an illness like depression, or whether we also find it in groups discussing, for example, diabetes or breast cancer.

This would be particularly interesting because apart from the general impression that support groups provide for an attractive means to share information and support, interactions within these groups show a number of variations with regard to the ways feelings are discussed and information provided (Winzelberg, 1997; Davison and Pennebaker, 1995; also Preece, 1999, Finfgeld, 2000). Instead of taking these general descriptions of tone and atmosphere as an indication of how these groups essentially operate, it would be worth exploring the kinds of discursive work that participants accomplish in this manner.

Interestingly, we could also argue whether presenting oneself as depressed *but* competent is a particular relevant concern for those people who choose to visit an online support group and talk about their depression. We could assume how this group of people, being computer literate and apparently able to write about their illness, might show an orientation to portraying themselves as actively looking

for ways to cope with their depression, rather than presenting themselves as a victim of this illness (cf. Davison and Pennebaker, 1997).

A second promising avenue for future study could draw attention to examining the everyday talk of an Internet support group in relation to an off-line or face-to-face support group. This might be even more relevant when we consider that, in the near future, these may increasingly become complementary options for people seeking peer-based support. It would be worthwhile, for example, to explore whether participants' orientation to provide extensive explanations of how their depression came about, is an equally important concern for people who visit a face-to-face support group on depression. Such a study might also show whether and to what extent online interaction, where the process of getting to know each other may take longer (for example because of the absence of non-verbal communication), somehow results in different conversational practices when compared to a face-to-face support group.

A more general consideration with which I would like to end this chapter is that future research on online support groups and other kinds of forums would strongly benefit from exploring participants' *actual use* of the medium. A user-centred approach provides important added value when compared with approaches that consider the possible benefits and shortcomings of particular media environments predominantly on the basis of what they take to be 'fixed' medium characteristics, as this study hopes to have shown.

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SUMMARY

Discourse of Support: Exploring Online Discussions on Depression

This study aims to explore the everyday talk of people who take part in an online support group on depression. Although the popularity of online support groups has increased over the years, illustrated by a growing number of people -both patients and family members-, who turn to the Internet to join these groups, little is known about their daily practices. This study aims to explore these conversational practices based on a detailed examination of participants' talk within such groups.

The conversational materials that are collected are analysed with the help of discursive psychology, a perspective developed by the British social psychologists Edwards, Potter and Wetherell. The view on language that is favoured within this approach can best be illustrated by considering its three main concepts: construction, action and non-cognition.

With the notion of construction, discursive psychology puts forward the view that through language people construct different versions of reality. It is pointed out how these versions are themselves also rhetorically designed. The view that language is oriented towards action draws attention to the fact that people *do* things with language rather than merely describing the world as it is. This view runs counter to the perspective that language is an abstract system of reference that describes how things essentially are. Discursive psychology considers language an instrument in the hands of participants, which enables them to accomplish different kinds of interactional functions, e.g., blaming, complementing or inviting someone, taking responsibility or presenting a particular state of affairs as factual.

The view that language is oriented towards social action implies a non-cognitive view on reality. That is to say, cognitively inspired notions like hoping, wanting but also emotion words like anger or jealousy are not taken as expressions of particular states of mind or feelings, nor are they considered as explanatory concepts *per se*. Rather, discursive psychology considers them a topic of study and examines the ways in which these concepts are employed by participants to fulfil different kinds of interactional goals. To give an example, a study of marriage counselling sessions by Edwards has shown how the husband and wife define jealousy *both* as an enduring character trait, as well as a warranted reaction to flirtatious behaviour of the other. The study shows how offering these descriptions enables the couple to manage issues of responsibility and blame for their marital problems.

The theoretical concepts that typify a discursive psychological approach are closely related to the way the conversational materials are collected and analysed (see Chapter 3). Starting point for the analysis is to consider how participants themselves take up a particular utterance. This point of view, also described as the next-turn proof procedure, argues that participants themselves determine whether a particular utterance counts as an accusation or a description, rather than any informed guesses made

by the researcher. Apart from this validation procedure, there are a number of other principles that discursive psychology considers helpful in analysing the data that are collected. First, there is the variation in descriptions that offers a starting point to examine the discursive work that particular utterances accomplish. A second principle is the rhetorical organisation of talk that draws attention to the fact that every description is designed in such a way so as to counter an alternative description. A third analytical lever that can be helpful is the so-called accountability feature which illustrates participants' orientation to the normative accountability of their behaviour, thereby pointing to the discursive business that is locally accomplished.

To further contribute to the quality and validity of the analysis, discursive psychology attempts to integrate the findings with existing studies and presents the integral materials to the reader, who is thereby in a position to judge the interpretations made by the researcher.

At the centre of attention in this study is an online support group for people with depression. For quite some time, communication via computers has been studied from the perspective of Reduced Social Cues, as developed by Sproull and Kiesler. The findings that were reached within this tradition have been influential in that they have described this type of communication predominantly as anti-normative and leading to polarised and extreme outcomes. Recent theoretical models like the SIDE model, developed by Spears and Lea, and the SIP perspective, developed by Walther, have countered this largely negative view by propagating that normative influence can very well be transmitted in online environments, depending on whether a social or personal identity is salient. Although both models do not consider medium characteristics to determine the process of communication nor its outcomes, they do provide a rather mechanistic view of the communication process, and of the way in which people construct identities. This is partly caused by the fact that these studies are based on experiments. Other studies, predominantly from a sociological or ethnographic point of view, have redirected their focus of attention to the diverging ways in which people *actually* use the different options this medium offers. However, these types of research have not taken into account the everyday talk of people who interact online, which is an area of attention that is also overlooked in studies which focus on online support groups in particular.

The current image of computer mediated communication processes is therefore still to a large extent determined by the assumptions put forward by the Reduced Social Cues perspective. Communication via the Internet is in this view taken to be largely unproblematic and straightforward, because it is argued that the interaction is not hindered by so-called status effects, e.g., the alleged influence of factors like age or gender in face-to-face conversations. Online interaction is also typified as transient, because any tangible effects of the communication process are lacking: there are only messages that appear and disappear on a computer screen. Also with regard to interaction in online support groups, an

image is put forward of a straightforward and easy exchange of experiences and advice among those who are 'like-minded'.

Against the backdrop of this research, this study attempts to undertake a detailed exploration of participants' everyday talk in an online support group on depression. The conversational materials that are collected are the contributions written to this support group during a period of two years. A first gloss of the data has resulted in the identification of three broad areas of attention, which are explored in greater detail in chapters 4, 5 and 6 (see for a detailed overview of how these areas have been identified, Chapter 3).

This study focuses on the way people describe themselves and their illness, and the kinds of interactional functions that are accomplished in doing so. In particular, this study aims to examine how participants:

- ❑ introduce themselves in this group by attributing particular identity categories to themselves and other people;
- ❑ interactionally manage to ask for support and provide 'support' to others;
- ❑ interactionally manage to request advice and offer 'advice' to others.

Chapter 4 shows how participants present themselves when they visit this support group for the first time. Exploring these first fragments demonstrates how people do not start addressing their feelings and problems in relation to depression straightaway. Remarkably, participants begin their messages by providing extensive explanations of how their depression has come about.

The chapter demonstrates how these explanations, which are most of the time presented as external from the speaker, enable participants to explain for their depression on the basis of objective and factual causes. In this way, participants resist the claim that their depression is an illness that merely resides in peoples' heads, on the basis of which it could be considered an imaginary disease. It also works to show their ability to take into account the reasons behind their depression, which enables them to stress their personal competence.

Maintaining a sense of personal competence is also an important concern when participants present themselves vis-à-vis other participants in this group. By presenting themselves as being positively different from others (e.g., 'sensitive', or 'intellectually demanding') participants are able to address their depression, without suffering a lack of personal competence. Also when they address their depression while emphasising that they have continuously tried to improve their situation, participants are offered an opportunity to portray themselves as depressed *but* competent. In this way, participants are able to address their illness, while countering the impression that depression can easily be overcome if the person who is depressed is willing to do something about it.

Chapter 5 describes how participants show a pervasive concern with accounting for their request for help. Contrary to what one might expect, talking about one's feelings and asking for help in a support group for peers is far from straightforward. This chapter demonstrates a number of discursive 'strategies' that participants employ and which illustrate their awareness as to whether their request for support is appropriate.

It was shown how participants may describe their depression as a result of emotions, which operate autonomously from themselves. Participants may also describe their request for support as an expression of honest feelings, which is as such, hard to refute. Two other discursive resources that participants may draw on is to describe their problems in relation to the troubles other participants are having and attend to the consequences of posting their down feelings for the well-being of the group. This chapter thus shows how calls for help are not automatically considered 'appropriate' in this support group.

Remarkably, this chapter simultaneously demonstrates that participants present talking about their feelings of depression as a moral obligation. As such, participants find another discursive 'strategy' to account for their call for help.

Chapter 5 shows that what counts as a 'norm' is not clearly defined, nor can its meaning be determined at the outset. On the contrary, what counts as an 'appropriate' request for support is subject to continuous negotiation. The chapter also illustrates how participants refer to normative expectations that ostensibly *contradict each other*, and also, how they render *different* normative expectations applicable in different situations. Thus, we have seen how participants attend to their call for support as something to account for, while at the same time defining talking about your feelings of depression as a moral obligation.

Chapter 6 draws attention to the ways in which participants interactionally manage to ask for advice and provide advice to others. It was shown how advice was given by defining it as a 'technical matter', which made available the suggestion that offering advice is an uncomplicated matter. At the same time however, we see that participants in this group collectively define 'advice' as a general category, as inappropriate. The fragments that are presented in this chapter show how participants reject advice, since it makes inferentially available that they are depending on others to offer advice to them. In those instances, participants resist this claim by presenting their contribution as merely 'venting' or 'unloading', which can happen relatively autonomously from others.

This chapter also demonstrates how personal experience in this group does not automatically count as a relevant basis to provide advice. Interestingly, when we consider that we are dealing with a group for peers where we may expect sharing experiences to be an important aspect that constitutes such a

group, what we see is that participants continuously emphasise their individually different circumstances as a discursive 'strategy' to reject advice.

Chapter 7 provides an overview of the findings and formulates recommendations for practice and future research. An important conclusion this study draws is that next to providing and asking for support and advice, this support group offers participants the possibility to construct 'adequate' and 'appropriate' identities, by offering descriptions of *who* they are and *how* their depression has come about. The latter may serve as a better illustration of the possible value this group holds for its participants than the mere fact that this group provides an opportunity to exchange advice and support.

Another important issue this study demonstrates is that presenting oneself as depressed *but* competent poses an important concern for participants, and it has shown the different ways in which participants orient to this concern. One of the ways in which participants portray themselves as competent is by offering extensive explanations of how their depression has come about. This offers insight in the possible themes of conversation that participants of these groups consider relevant.

Future research may draw attention to whether the kinds of concerns that are demonstrated to be important for participants in this support group, e.g., constructing 'adequate' and 'appropriate' identities, might also prove to be important for participants who take part in other support groups.

This chapter also formulates the recommendation that user-centred research offers an important contribution in exploring the possibilities of this new medium. The added value of this type of research can be further illustrated when we compare it with the kinds of studies that consider media characteristics such as anonymity to determine the type of communication and its outcomes, without considering the ways in which the medium is put to use by its users. The chapter thus states that paying attention to participants' actual uses of the medium is an important route for future research.

SAMENVATTING

Gesprekken over hulp en ondersteuning.

Een verkennend onderzoek naar Internetdiscussies over depressie

Dit proefschrift beschrijft de alledaagse gesprekken van mensen die deelnemen aan lotgenotencontact op Internet.⁴² Meer in het bijzonder staat een lotgenotengroep centraal die gewijd is aan het onderwerp depressie. Alhoewel de deelname aan lotgenotencontact via Internet de laatste jaren zowel bij patiënten als hun familieleden een sterke toename heeft laten zien, weten we heel weinig over de dagelijkse praktijk van deze groepen. Dit onderzoek heeft tot doel deze dagelijkse praktijk in kaart te brengen op basis van een uitvoerige en nauwgezette verkenning van de gesprekken in deze groepen.

De gesprekken worden geanalyseerd vanuit het perspectief van discursieve psychologie, zoals dat ontwikkeld is door de Britse sociaal psychologen Edwards, Potter en Wetherell. De opvatting van taal die binnen de discursieve psychologie wordt gehanteerd, laat zich het beste kenschetsen aan de hand van drie centrale concepten: constructie, actie en een non-cognitieve benadering van de werkelijkheid (zie Hoofdstuk 2). Onder de noemer constructie verstaat men het feit dat mensen met taal uiteenlopende versies van de werkelijkheid construeren. Tegelijkertijd gaat men ervan uit dat deze versies van de werkelijkheid zelf ook weer retorisch geconstrueerd zijn. De opvatting dat taal gerelateerd is aan 'actie', probeert de gedachte te vatten dat mensen bepaalde dingen *doen* met taal. Deze opvatting staat dus haaks op de gedachte dat taal een abstract systeem van referentie vormt, dat als zodanig een één-op-één relatie veronderstelt tussen taal en werkelijkheid. De discursieve psychologie gaat ervan uit dat taal geen afspiegeling is van de werkelijkheid, en als zodanig geen beschrijving geeft van hoe mensen of dingen in essentie zijn. Integendeel, de discursieve psychologie ziet taal als een instrument in handen van participanten, waarmee deze vervolgens een uiteenlopend aantal sociale handelingen kunnen vervullen, zoals bijvoorbeeld iemand prijzen of beschuldigen, zich verantwoorden voor bepaalde zaken of bepaalde situaties als feitelijk presenteren.

⁴² Ik heb ervoor gekozen om het begrip 'support group' zoals dat in dit onderzoek wordt gebruikt, te vertalen met de Nederlandse term 'lotgenotencontact' in plaats van 'zelfhulpgroep', omdat het begrip 'zelfhulpgroep' de indruk kan wekken dat mensen nadrukkelijk bezig zijn om zichzelf te helpen. Dit onderzoek heeft laten zien dat de deelnemers in veel gevallen nadrukkelijk refereren aan het welzijn van de groep en haar leden. De term 'lotgenotencontact' roept echter ook bepaalde associaties op, bijvoorbeeld alsof het een uitwisseling betreft tussen mensen die hetzelfde lot heeft getroffen, en veronderstelt daarmee een soort passieve lotsverbondenheid. Uit het onderzoek sprak een ander beeld, namelijk dat deelnemers zich veelvuldig presenteren als iemand die bereid is en voortdurend bezig is geweest om veranderingen aan te brengen in de eigen situatie. Een geschikte vertaling van het begrip 'support group' in het Nederlands is blijkbaar erg lastig.

De opvatting dat taal gerelateerd is aan sociale actie brengt met zich mee dat cognitief geïnspireerde noties zoals willen, hopen, maar ook emoties zoals angst of jaloezie niet worden gezien als uitingen van bepaalde intrinsieke gevoelens of gemoedstoestanden, noch als verklarende variabelen om bepaalde processen causaal te duiden. Integendeel, de discursieve psychologie bestudeert deze cognitief geïnspireerde begrippen voor de uiteenlopende wijzen waarop ze gesprekspartners in staat stellen om bepaalde interactionele handelingen te vervullen, bijvoorbeeld het omgaan met zaken als verantwoordelijkheid en schuld. Zo heeft Edwards bij het analyseren van gesprekken van een echtpaar in relatietherapie laten zien hoe 'jaloezie' een rol kan spelen bij het legitimeren van bepaalde handelingen van de betrokken echtelieden, bijvoorbeeld doordat jaloezie in deze gesprekken enerzijds wordt gedefinieerd als een *intrinsieke karaktereigenschap* van een persoon, en tegelijkertijd wordt beschreven als een *legitieme reactie* op de handelingen van de ander. Deze beschrijvingen stellen de huwelijkspartners bijvoorbeeld in de gelegenheid te verwijzen naar diegene die ze verantwoordelijk achten voor de ontstane relatieproblemen.

De theoretische uitgangspunten van de discursieve psychologie zijn nauw verweven met de manier waarop het gespreksmateriaal wordt verzameld en geanalyseerd (zie Hoofdstuk 3). Centraal in deze grondhouding ten aanzien van het materiaal staat de gedachte dat de uitingen van *participanten zelf* als uitgangspunt gelden voor het onderzoek. Het is dus niet de onderzoeker die vaststelt wat de veronderstelde betekenis van bepaalde uitingen in gesprekken is en zo bijvoorbeeld aangeeft dat een bepaalde uitspraak geldt als een *beschrijving* in plaats van een *beschuldiging*. Integendeel, het leidinggevende principe in deze is de wijze waarop de gespreksdeelnemers zelf oriënteren aan bepaalde uitingen in de interactie. Dit uitgangspunt wordt ook wel aangeduid als de zogenaamde bewijsprocedure ('proof procedure'). Naast dit methodologische uitgangspunt dat tot doel heeft bij te dragen aan het valideren van de onderzoeksresultaten zijn er nog een drietal aangrijpingspunten die worden gebruikt om het actie-gerelateerde karakter van taal op het spoor te komen. In de eerste plaats is er de variatie in beschrijvingen, die zicht biedt op de uiteenlopende functies die mensen met taal kunnen vervullen. Vervolgens is er de retorische dimensie van taal, die aangeeft dat elke uiting de afwezigheid van een contrasterende uiting laat zien. Een derde aangrijpingspunt ligt erin dat mensen zich verantwoorden voor bepaalde uitingen, hetgeen ook zicht biedt op de interactionele handelingen die worden verricht.

Teneinde de validiteit en kwaliteit van het onderzoek verder te waarborgen wordt getracht de uitgevoerde analyses te toetsen aan bestaand onderzoek, en wordt het gespreksmateriaal in 'ruwe' vorm aangeboden aan de lezer, zodat deze de uitgevoerde analyse van het materiaal zelf kan beoordelen.

Onderwerp van onderzoek in deze studie is een lotgenotengroep voor mensen met depressie die zich op Internet bevindt. Lange tijd zijn communicatieprocessen van individuen en groepen via computers en

later Internet, vooral bekeken vanuit het perspectief ontwikkeld door Sproull en Kiesler, dat aangeduid wordt met de verzamelnaam *Reduced Social Cues*. De onderzoeksresultaten die in deze traditie zijn geformuleerd hebben de hardnekkige gedachte ingang doen vinden dat communiceren via computers in hoge mate gepolariseerde uitkomsten tot gevolg heeft en kan resulteren in anti-normatief gedrag. Meer recente theoretische modellen zoals het *Social Identity De-individuation* (SIDE) model ontwikkeld door Spears and Lea, en het *Social Information Processing* (SIP) perspectief dat door Walther is vormgegeven, hebben dit beeld enigszins genuanceerd door expliciet te stellen dat normen, ook al is er sprake van een omgeving op Internet waar mensen niet fysiek aanwezig zijn, wel degelijk overdraagbaar zijn. Zij hebben daarmee laten zien dat het communiceren via computers niet noodzakelijkerwijs anti-normatief gedrag tot gevolg hoeft te hebben en stellen de invloed van normen afhankelijk van de identiteit die bij de deelnemers 'actief' is. Ondanks het feit dat beide modellen niet langer uitsluitend de kenmerken van een medium bepalend achten voor de mogelijkheden tot communicatie, roepen zij nog steeds een mechanistisch beeld op van de interactie via Internet, alsook de wijze waarop mensen identiteiten vormgeven. Dit wordt niet in de laatste plaats veroorzaakt doordat beide modellen uitgaan van experimentele studies.

Alhoewel meer recent onderzoek, vooral vanuit sociologisch en etnografisch perspectief, de aandacht heeft gevestigd op de verschillende wijzen waarop mensen *daadwerkelijk* gebruik maken van de mogelijkheden die Internet biedt (in plaats van bepaalde situaties na te bootsen) is er weinig tot geen onderzoek bekend dat stelselmatig aandacht heeft geschonken aan de gesprekken die mensen voeren in deze Internetomgevingen. Dit perspectief ontbreekt ook in studies die zich specifiek richten op het bestuderen van lotgenotengroepen op Internet.

Het beeld dat vandaag de dag bestaat over de wijze waarop mensen via Internet met elkaar communiceren, is daarom nog steeds ten dele gebaseerd op het *Reduced Social Cues* perspectief. Communicatie via Internet wordt in dit perspectief over het algemeen als onproblematisch opgevat, omdat de interactie niet zou worden gehinderd door zogenaamde statuuseffecten. Dat wil zeggen, men gaat ervan uit dat de interactie niet wordt beïnvloed door effecten als leeftijd en sekse die in *face-to-face* communicatie mogelijkserwijs wel een rol kunnen spelen. Ook wordt de uitwisseling gezien als vrijblijvend omdat enige tastbare verankering van de communicatie ontbreekt; men beschikt slechts over vluchtige boodschappen op een computerscherm.

Ook wanneer we kijken naar de mogelijkheden die worden toegeschreven aan lotgenotencontact op Internet, zien we dat er nadrukkelijk een beeld geschetst wordt van een probleemloze en vrijblijvende uitwisseling van ervaringen en adviezen tussen 'gelijkgestemden'.

Tegen de achtergrond van deze opvattingen heeft dit onderzoek tot doel nauwgezet de alledaagse gesprekken te verkennen in een *online* lotgenotengroep voor mensen met depressie. Het gespreksmateriaal dat is verzameld, betreft de gesprekken die de deelnemers aan deze

lotgenotengroep hebben gevoerd gedurende een periode van twee jaar. Op basis van een eerste verkenning van het materiaal zijn aandachtsgebieden geformuleerd (zie voor een gedetailleerde uitwerking hoofdstuk 3) die in drie afzonderlijke analytische hoofdstukken verder zijn onderzocht.

Dit onderzoek biedt zicht op de wijzen waarop mensen beschrijvingen geven van zichzelf en hun aandoening, en welke mogelijke interactionele doelen met deze beschrijvingen worden bereikt. Meer in het bijzonder is onderzocht op welke wijze de deelnemers aan deze groep:

- ❑ zichzelf introduceren en bepaalde identiteiten construeren in relatie tot andere participanten alsmede in relatie tot mensen in de 'buitenwereld';
- ❑ er in slagen om steun te vragen en anderen van steun te voorzien;
- ❑ er in slagen om advies te vragen en aan anderen advies te geven.

Hoofdstuk 4 laat zien op welke wijze participanten zich presenteren wanneer ze voor het eerst deelnemen aan deze groep. Uit het bestuderen van die eerste bijdragen blijkt dat men gevoelens en problemen in relatie tot depressie niet als vanzelfsprekend naar voren brengt. Opvallend genoeg voeren de deelnemers, bij het schrijven van hun eerste bijdrage aan de groep, keer op keer uitvoerige verklaringen aan voor hoe hun depressie heeft kunnen ontstaan.

Het hoofdstuk laat zien hoe deze verklaringen, die veelal worden gepresenteerd als extern van aard, de deelnemers in staat stellen om hun depressie te duiden aan de hand van factoren die buiten het persoonlijke bereik liggen. Door de nadruk te leggen op objectief vast te stellen, feitelijke factoren zijn de deelnemers bovendien in staat het beeld te weerleggen dat depressie een aandoening is die zich voornamelijk afspeelt in het hoofd ('tussen de oren') en als zodanig slechts een product van de verbeelding is. Door uitvoerige causale verklaringen aan te voeren laten de deelnemers zien dat ze in staat zijn om de redenen voor de eigen zwaarmoedigheid te beschrijven. Op deze wijze weet men de individuele competentie te onderschrijven.

Het bewaken van de eigen autonomie blijkt ook een overweging wanneer de deelnemers zich presenteren in relatie tot de andere deelnemers in de groep. Door zichzelf te presenteren als iemand die 'anders' is (bijvoorbeeld 'gevoelig' of 'intellectueel veeleisend'), maar in positieve zin, zijn de participanten in staat om hun depressie te beschrijven zonder daarbij aan competentie in te boeten. Ook wanneer participanten verwijzen naar het feit dat ze weliswaar depressief zijn, maar aantonen dat ze voortdurend bereid zijn (geweest) om veranderingen aan te willen brengen in hun situatie, biedt dit de gelegenheid zich te presenteren als depressief maar competent. Op deze wijze wordt de aandoening tot onderwerp van gesprek gemaakt, terwijl de opvatting wordt tegengesproken dat depressiviteit een kwaal is die goed te genezen is, mits de persoon die depressief is dat maar werkelijk wil.

Hoofdstuk 5 beschrijft hoe participanten zich uitputten in het geven van verklaringen voor hun verzoek om hulp. In tegenstelling tot wat men wellicht zou verwachten, is het uiten van gevoelens en het vragen om hulp in een lotgenotengroep op Internet dus niet vanzelfsprekend. Dit hoofdstuk laat een aantal discursieve 'strategieën' zien waarmee participanten hun vraag om hulp verantwoorden.

Zo beschrijven ze hun hulpvraag bijvoorbeeld als een gevolg van emoties, die autonoom van henzelf opereren. Men beschrijft de vraag om hulp ook als een uitdrukking van oprechte gevoelens, die als zodanig moeilijk te weerleggen zijn. Ook door de eigen problemen expliciet te beschrijven in relatie tot die van anderen, verantwoorden de deelnemers zich voor hun vraag om hulp. Dat het praten over gevoelens van depressiviteit niet betekent dat men het belang van de groep uit het oog verliest, blijkt wanneer de deelnemers verwijzen naar de mogelijke (negatieve) consequenties die hun hulpvraag kan hebben voor de andere deelnemers. Wat dit hoofdstuk laat zien is dat niet alle vragen om hulp als 'gepast' worden gedefinieerd.

Opvallend genoeg laat dit hoofdstuk ook zien dat de deelnemers het vertellen over persoonlijke gevoelens en problemen tegelijkertijd als een morele plicht bestempelen. Door elkaar onderling op het belang van deze plicht te wijzen, vinden zij bovendien een nieuwe discursieve 'strategie' om de hulpvraag te verantwoorden.

Hoofdstuk 5 toont aan dat wat geldt als een 'norm' noch strikt is bepaald, noch vooraf kan worden gedefinieerd. Integendeel, wat geldt als een 'gepaste' vraag om steun is voortdurend onderwerp van onderhandeling. Ook laat het zien hoe de deelnemers verwijzen naar normatieve verwachtingen die klaarblijkelijk met elkaar in *tegenspraak* zijn, en tevens, hoe ze *verschillende* normatieve verwachtingen *tegelijkertijd* als relevant beschouwen. Zo legt men enerzijds verantwoording af voor het vragen om hulp, terwijl men anderzijds het vertellen over je zwaarmoedigheid presenteert als een morele plicht.

Hoofdstuk 6 besteedt aandacht aan de wijze waarop participanten refereren aan het vragen om en geven van advies. We zien dat advies wordt uitgewisseld door het te definiëren als een 'technische kwestie', daarmee suggererend dat het stellen van een adviesvraag en het geven van een antwoord op die vraag een onproblematische zaak betreft. Tegelijkertijd echter lijken de deelnemers in deze lotgenotengroep advies als zodanig negatief te duiden. Dat wil zeggen, advies als een algemene categorie wordt gepresenteerd als iets dat men collectief afwijst.

De fragmenten die in dit hoofdstuk zijn besproken laten zien dat het vragen om advies door de deelnemers veelal wordt afgewezen, omdat zij zich op die wijze afhankelijk zouden tonen van anderen om hen van advies te voorzien. Op zulke momenten definiëren deelnemers hun bijdrage als het 'louter' uiten van hun gevoelens (hetgeen zij omschrijven als '*unloading*' of '*venting*') hetgeen ze in relatieve onafhankelijkheid van anderen kunnen doen.

Dit hoofdstuk laat ook zien dat persoonlijke ervaring in deze peergroep niet als een vanzelfsprekende basis wordt beschreven om anderen van advies te voorzien. Opvallend genoeg, wanneer we in overweging nemen dat we te maken hebben met een groep waarvan men kan verwachten dat ervaringen délen centraal staat, verwijzen de deelnemers juist naar hun individueel verschillende omstandigheden als een 'strategie' om adviezen af te wijzen.

Hoofdstuk 7 geeft de resultaten van dit onderzoek weer aan de hand van een aantal kernthema's en koppelt die aan inzichten die relevant zijn voor de praktijk. Een belangrijke conclusie van dit onderzoek is dat deze groep, naast het vragen om en geven van steun en advies, deelnemers met name in staat stelt 'adequate' en 'gepaste' verklaringen te formuleren met betrekking tot *wie* ze zijn en *hoe* hun depressie heeft kunnen ontstaan. Het feit dat deze lotgenotengroep de deelnemers de gelegenheid biedt deze identiteiten vorm te geven, illustreert wellicht nadrukkelijker de potentiële meerwaarde van deze groep dan het feit dat de groep mogelijkheden biedt om advies en steun uit te wisselen. Deze studie heeft ook aangetoond dat het voor de deelnemers belangrijk is om zichzelf te kunnen presenteren als depressief en competent, en heeft ook laten zien op welke manieren dit gebeurt. Een van de wijzen waarop de deelnemers zich als competent presenteren is door bepaalde verklaringen te bieden voor hoe de depressie heeft kunnen ontstaan. Dit geeft zicht op mogelijke gespreksthema's die deelnemers aan de orde stellen in lotgenotengroepen.

Verder onderzoek kan aandacht besteden aan de vraag of de specifieke gevoeligheden waarnaar de participanten in deze groep verwijzen, bijvoorbeeld het vormgeven van 'gepaste' en 'adequate' beschrijvingen van wie je bent, ook gelden voor lotgenotencontact gericht op mensen met andere aandoeningen.

Ook is de aanbeveling geformuleerd dat gebruikersonderzoek een belangrijke aanvulling betekent om de mogelijkheden van het medium te onderzoeken. De meerwaarde van dit type onderzoek wordt verder benadrukt wanneer we het vergelijken met onderzoek dat bepaalde intrinsieke eigenschappen van het medium, zoals bijvoorbeeld anonimiteit, als bepalend veronderstelt voor het type communicatie dat via dit medium mogelijk is, los van het daadwerkelijke gebruik. Het hoofdstuk spreekt dan ook de hoop uit dat toekomstig onderzoek het daadwerkelijke gebruik van het medium centraal zal stellen.

APPENDIX I

The transcription system is developed by Gail Jefferson (1984). See also Hutchby and Wooffitt (1999) for an overview of transcription techniques and conventions.

┐	start of overlap in talk
└	
┐	
└	marked end of overlapping talk
(hhhhh)	audible inbreath
heh heh heh heh heh	hearable laughter
(.)	detectable pause, though for less than 0.2 of a second
(0.8)	timed pause
—	underlined fragments: indicating speaker emphasis
nu::mber	stretched word
↑	rise in intonation
↓	drop in intonation
=	equals signs are used when conversational turns are broken up on the page where they are displayed while the turn in the conversation is not broken up. When this is the case, the parts of the longer turn are connected by equal signs. These signs are used to circumscribe the problem of how to capture natural talk on a page with limited page length

CURRICULUM VITAE

Joyce Lamerichs was born in Heerlen on 25 March 1973. She completed her secondary education at the Scholengemeenschap Sophianum in Gulpen. In 1996, she graduated from Maastricht University where she studied at the Department of Technology and Society Studies of the Faculty of Arts and Culture. The branch of study she specialised in called Technological Culture, which aimed to study the often inextricable ways in which developments in science, technology and society coincide. Her undergraduate thesis focused on public participation in large-scale technological projects, paying particular attention to the processes by which experts communicate with citizens prior to and during the time these projects are executed. At the centre of attention were two large infrastructural projects: the Betuwelijn and the Grensmaas.

In 1997, she started a PhD with the Group Communication and Innovation Studies at Wageningen University, with the aim of exploring one of the ways in which a newly emerging technology was utilised by its users: the formation of discussion groups on the Internet. During her research she concentrated on the developments which surround the growing use of the Internet, focusing on the emergence of online support groups in particular. She examined the interactions that take place within these support groups with the help of discursive psychology.

She has started a new research project in April 2002. In this project, the Group Communication and Innovation Studies is working in close collaboration with the Municipal Health Service in Eindhoven. The project attempts to explore the ways in which young people between the ages of 12-18 talk about their lifestyles, and is based on a discursive psychological approach.