

https://dspace.org/

Producing, ratifying and resisting support in an online support forum

Kaufman, Samantha; Whitehead, Kevin A

2016
Sage
http://hdl.handle.net/10539/19444
Kaufman, S., & Whitehead, K. A. (2018). Producing, ratifying, and resisting support in an online support forum. Health, 22(3), 223–239. https://www.jstor.org/stable/27008188

Downloaded from a DSpace repository. https://dspace.org/

Producing, ratifying and resisting support in an online support forum

Samantha Kaufman

Department of Psychology, University of the Witwatersrand, Johannesburg

Kevin A. Whitehead

Department of Psychology, University of the Witwatersrand, Johannesburg

Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine,

DOI: 10.1177/1363459315628043 (2016)

Corresponding author:

Samantha Kaufman, P.O. Box 2616,

Pinegowrie, Johannesburg, RSA, 2123.

Email samantha.edpsych@gmail.com

Author biographies

Samantha Kaufman is an Educational Psychologist in private practice. She holds an MA in Psychology from North-West University and an MEd in Educational Psychology from the University of Witwatersrand. Her research interests include online peer support, mental health-related difficulties and the use of novel forms of technology as sources of emotional support.

Kevin Whitehead is an Associate Professor in the Department of Psychology at the University of the Witwatersrand, Johannesburg. His research interests lie at the intersection of social interaction, social categories, and common sense knowledge. His previous work has focused on the development of an ethnomethodological, conversation analytic approach to examining interactions, and particularly the deployment of membership categories and the common sense knowledge associated with them, in a range of interactional settings, including everyday conversations, educational settings, radio broadcasts, and online discussion forums.

Abstract

Previous research examining online support forums has tended to focus either on evaluating their effectiveness while paying limited or no attention to the details of the interactions therein, or on features of their social organization, without regard to their effectiveness in fulfilling their stated purposes. In this paper, we consider both the interactional features of a forum and participants' treatment thereof as being effective (or otherwise), thus adopting a view of effectiveness grounded in participants' proximate orientations and actions. Our analysis demonstrates some ways in which participants produce ratified displays of empathy in response to troubles expressed by another, as well as considering some designedly supportive actions that are treated by their recipients as unsupportive or antagonistic. Our findings indicate some structural features of such forums that facilitate the production of support, while suggesting that claims of knowledge tend to treated as a basis of resistance to ostensibly supportive actions.

Keywords

counseling, empathy, adolescents, online interactions, conversation analysis

Introduction

Since the emergence of online support forums in the mid-1990s, they have become increasingly popular and more readily available (Madara, 2008). The proliferation of such forums in recent years has resulted in their availability as resources for individuals wishing to discuss and/or seek assistance with a wide range of mental health concerns. This is reflected in the growing body of literature that has examined forums designed to provide support relating to matters such as bipolar disorder (Vayreda and Antaki, 2009), eating disorders (Stommel and Meijman, 2011), emotional distress (Barak and Dolev-Cohen, 2006), and self-harm (Smithson et al., 2011a; 2011b). As such, these forums can be seen as prominent forms of e-health, in accordance with Eysenbach's (2001: e20) definition of e-health as "an emerging field in the intersection of medical informatics, public health and business, referring to health services and information delivered or enhanced through the Internet and related technologies".

Research examining online support forums has tended to focus on one of two broad sets of questions, the first relating to whether and to what degree they can be shown to be effective, and the second relating to the interactional processes that take place therein. Research within the first of these foci has generally adopted "objective" measures of forums' effectiveness, such as their potential for increasing rates of uptake of psychological

assistance by overcoming barriers to seeking face-to-face services (e.g., Griffiths and Cooper, 2003), or their association with positive changes in psychological outcomes (see Barak et al. [2008] for a review and meta-analysis). Although some studies of this sort have considered process-related factors, they have done so through aggregate coding and counting of features of the forum interactions, or the use of participants' post hoc ratings of aspects of the process (Barak et al., 2008). The focus on evaluating the effectiveness of support forums in these studies thus results in limited or no attention being paid to the details of what actually happens in the forums.

In contrast, studies that have focused on close examination of the interactional processes in forums have provided detailed examinations of a range of aspects of their social organization, without regard to their effectiveness in achieving the outcomes they were designed to produce. For example, Smithson et al. (2011b) examine how participants become members and sustain their membership in a forum; Armstrong et al. (2012) examine matters of identity and authority; and Smithson et al. (2011a) and Vayreda and Antaki (2009) describe interactional processes in problem presentation and advice-giving.

In the present study, we adopt an approach largely aligned with those of the second group of studies described above, involving a fine-grained examination of the unfolding interactions in an online support forum for adolescents who self-identify as experiencing

depression. However, we also attend to matters relating to the effectiveness of the forum, albeit using a rather different conceptualization of effectiveness from the ones adopted in the first group of studies described above. Specifically, we examine some ways in which participants produce what come to be treated as supportive responses to the expressed troubles of others, focusing in particular on displays of empathy, in light of their centrally important place both in the forums and in therapeutic interactions in general (see, e.g., Wynn and Wynn, 2006). In the process, we consider some potentially important differences between the available structures and practices for producing support in online peer support settings, compared to those professional settings involving psychotherapist-patient interactions. In addition, we examine some exchanges in which responses that are apparently designedly supportive (as shown by observable features of how they are formulated) are treated by their recipients as unsupportive or antagonistic. We thus adopt a view of the effectiveness (or lack thereof) of displays of support that is grounded in the participants' orientations and their immediate actions in the interactions, rather than using a definition of effectivness based on objectively measurable or more distal outcomes.

Methodology

As noted above, our analysis is based on an online support forum for adolescents who self-identify as experiencing depression (although it should be noted that this does not necessarily imply that they have been formally diagnosed with clinical depression). The specific forum was selected on the basis of having a substantial number of posts, and including threads or posts that exhibited features of seeking and providing support. The forum can be considered a type of "naturally occurring data" – meaning that it consisted of interactions that would have occurred even if they were not being used as data for this study, thus allowing for examination of social processes occurring in a setting not driven by a research agenda (Clayman and Gill, 2004; Jowett, 2015).

While it was not feasible to track down the participants of the forum to obtain their permission to use it as a data source, it is important to note that the forum was publicly accessible, being freely available to view by anyone with the technology required to visit the website on which it was hosted. While this does not imply that the use of the forum interactions as data is devoid of ethical issues (see Jowett [2015] for a review of literature addressing these issues), our use of the forum is consistent with current ethical guidelines in this regard. For example, the British Psychological Society's (BPS's) ethical guidelines state that "where it is reasonable to argue that there is likely no perception and/or

expectation of privacy (or where scientific/social value and/or research validity considerations are deemed to justify undisclosed observation), use of research data without gaining valid consent may be justifiable" (BPS, 2013: 7). Given the publicly accessible nature of the forum we examined, it can be assumed that the participants had no reasonable expectation of privacy, and that any potential risk of harm as a result of its use for research is no greater than the potential risk associated with other uses to which posts could be put as a result of their public accessibility. It is also important to note that the participants' use of "screen names" in the forum constitutes a naturally occurring mechanism through which pseudonyms are adopted, thereby preventing participants' contributions from being traced to their real-world identities and hence protecting their anonymity.

We analyzed the data using a qualitative approach drawing on principles of conversation analysis (CA), in conjunction with those of discursive psychology (DP). CA focuses on the examination of action in interaction to describe how people produce social actions through their talk (see, e.g., Clayman and Gill, 2004), while DP draws on CA and other discourse analytic approaches to examine how psychological matters are interactionally produced and managed as participants' concerns (Edwards, 2005). While CA has historically been primarily applied to spoken interaction, it has more recently been adapted for analysis of textual, particularly online, interactions, since the CA principles of

focusing on action and examining sequences of actions can be applied to written as well as spoken interactions. This is evident in recent studies that have applied CA and DP in online settings, including those discussed in the previous section (e.g., Armstrong et al., 2012; Smithson et al., 2011a; 2011b; Stommel and Meijman, 2011; Vayreda and Antaki, 2009).

Our analysis proceeded by building and examining collections of exchanges in the forum in which participants produced responses to expressions of depression-related troubles, and particularly on those in which these responses were themselves responded to by the participant who had initially expressed the troubles. As such, we focus on describing unfolding sequences of action in the forum, examining how support was accomplished (or not) as a product of the interactional sequences. As noted above, our examination of exchanges in which support was ratified focused in particular on displays of empathy, which we identified using a definition of empathy as a display of a commonly shared experience, feeling or understanding relating to a trouble expressed by another (cf. Wynn and Wynn, 2006).

The analysis that follows is based on a collection of 38 participant-ratified displays of empathy, along with 18 instances of designedly supportive responses that were treated as non-supportive. The extracts we examine below were selected to clearly exemplify the

phenomena on which our analysis focuses, while demonstrating the range of variation in their realization. The extracts are reproduced verbatim as they appeared in the forum, without any corrections of spelling, punctuation or language use, but with the addition of line numbers in order to aid the analysis.

Accomplishing Empathy

Consistent with the definition of empathy we noted above, empathy in therapeutic contexts has been described as a process of gaining an understanding of another's experience and then *demonstrating* this empathic understanding to him/her (Wynn and Wynn, 2006). The importance of the active interactional demonstration of empathy in this conception of the term highlights its status as an action rather than merely a mental state (cf. Ruusuvuori's [2005] examination of empathy in medical interactions). Wynn and Bergvik (2010: 150) elaborate on this interactional conception of empathy, describing empathic sequences as three-part structures consisting of "(1) the patient-initiated empathic opportunity, (2) the empathic physician-response, and (3) the patient's response to the empathic utterance". This structure is consistent with that of "adjacency pairs", which are central to much conversation analytic research (see, e.g., Schegloff, 2007). As Schegloff (2007: 13) notes, interactional sequences are largely comprised of pairs of actions that are adjacently

positioned (hence "adjacency pairs"), produced by different speakers, and are "relatively ordered" and "pair-type related", such that particular "first pair parts" (or FPPs) serve to initiate particular responsive "second pair parts" (or SPPs). Thus, the patient-initiated empathic opportunity and empathic response identified by Wynn and Bergvik (2010) serve as first and second pair parts of a recurrent adjacency pair structure. Schegloff (2007: 115) notes further that these basic pairs of actions can be expanded in various ways, one of which is through "post-expansions", which can be produced by the speaker of the FPP following the responsive SPP (thus occurring in "third position"), and may align with the SPP (thereby moving toward closure of the sequence) or resist it (thereby making further expansion of the sequence relevant). This corresponds to the third part of Wynn and Bergvik's (2010) three-part structure, namely the patient's response to the empathic utterance.

While Wynn and Bergvik's identification of this three-part structure was based on interactions between psychotherapists and their patients, a similar structure was evident in the empathic sequences in our data. Specifically, these sequences typically comprised at least two parts, namely (1) an instance of "troubles-talk" (cf. Jefferson, 1984; 1988), consisting of a participant's expression of any action, thought, feeling or experience that displays their depressive or troubled state, followed by (2) a designedly empathic response

produced by another participant. In many instances, these sequences also included a third part, consisting of a response (by the original producer of the troubles-talk) to the empathic response. The analysis of these "responses to responses" offered evidence for the participants' treatment of displays of empathy as successful (and thus effective) or not.

An example of an empathic sequence in which this three-part structure is evident is shown in Extract 1. (Note that in all the extracts that follow, the parts of the three-part structure are indicated with numbered arrows on the first line of the posts in which they are produced. Posts in which more than one part of the structure is produced are identified as such by the use of multiple numbers separated by slashes.) In this extract, Luvme4eva produces the first part of the sequence by asking if anyone else has unexplainable and random mood swings as s/he does (lines 1-2), displaying a lack of understanding of what is wrong with him/her (line 2), expressing his/her isolation and loneliness (line 3), and asking whether other participants understand what s/he is experiencing (line 3). A significant feature of this post is that it is bracketed by two questions (one at the beginning and one at the end) that effectively serve as requests for empathic responses based on shared experiences, thus showing Luvme4eva's orientation to the importance of displays of empathy of this sort.

Extract 1:

1 1→ *Luvme4eva - 4:47 pm on Dec. 2, 2008:* Anybody else have random mood swings that

they can't explain? I don't understand what's going on with me and I haven't told any doctors or family members. I feel so alone. Does anyone understand?

2/1→ *Lovely Bones - 5:00 pm on Dec. 2, 2008:* yes. I feel the same way. one minute I feel happy, next I feel alone, and vulnerable. Then it gets worse, and I feel suicidal.

3/2/1→ *Luvme4eva - 5:06 pm on Dec. 2, 2008:* Exactly. I get really depressed and I start having the worse thoughts about suicide and death. Then, out of nowhere, I'm angry, without explanation.And when I'm actually happy, it's overly happy and I don't have a reason to be. My emotions are out of control.

In response, Lovely Bones claims to feel the same way as Luvme4eva (thereby claiming empathy for him/her), before continuing by formulating a typical unfolding of his/her own experiences of such mood swings: "one minute I feel happy, next I feel alone, and vulnerable. Then it gets worse, and I feel suicidal" (lines 4-5). Lovely Bones thereby demonstrates the empathy s/he has just claimed by describing the specific troubles that s/he shares in common with Luvme4eva. In addition to displaying empathy, and thus producing the second part of the sequence, this description serves as a reciprocal troubles-telling to which a subsequent participant could empathically respond, thereby serving as a potential new first part of the three-part structure.

The third part of the sequence is produced at the beginning of Luvme4eva's next post ("exactly", line 6), which serves as a claim that what Lovely Bones has just written

precisely fits Luvme4eva's own (previously held) feelings (see Li, 2007), and thus constitutes a strong claim of alignment between their respective experiences. Lovely Bones' post is thereby treated as having successfully displayed to Luvme4eva that his/her original post has not only been understood, but that someone else is experiencing the same troubles as him/her. Luvme4eva then produces a further expansion of his/her troubles-talk, which conveys a similar sense of mood swings to that in Lovely Bones' post, describing shifts from "really depressed" (line 6) to "angry" (line 7) and finally to "overly happy" (line 8). By producing this description, and particularly by doing so as an elaboration of the preceding claim that Lovely Bones has "exactly" captured his/her own experiences, Luvme4eva further reinforces the strong alignment that the "exactly" has proposed.

In addition, the further description of his/her troubles by Luvme4eva in his/her second post serves as a reciprocal demonstration of empathy with respect to the troubles Lovely Bones described in the preceding post, thus displaying mutual empathy between the two participants. This mutual empathy is further reinforced by the participants' repetition of key words and phrases from the posts to which they were responding (also see, e.g., Arminen, 2004; Sacks, 1992), particularly with respect to the main troubles that Luvme4eva reported in the account that initiated this exchange. This can be seen in Lovely Bones' claim to "feel alone" (line 5), which paraphrases Luvme4eva's claim to "feel so

alone" (line 3). Similarly, Luvme4eva's subsequent response includes the words "suicide" (line 7) and "happy" (line 8) that also appeared in Lovely Bones' post (lines 4 and 5).

To sum up, this exchange begins with an instance of troubles-talk – the first part of the three-part structure described above. This is responded to with a *claim* of empathy, followed in the same post by a *demonstration* thereof – which together constitute the second part of the structure, while also recursively serving as another possible FPP. Finally, the producer of the original troubles-talk responds to the empathic response by displaying *alignment*, and (again, in the same post) *expansion* of the troubles-talk – which together serve both to complete the three-part structure and to display further empathy in response to the further FPP produced in the preceding post. In addition, this expansion of the troubles-talk in the third post could then serve as yet another FPP to which Lovely Bones (or another participant) could produce another response, thereby providing for further recursive repetition of the overall sequence.

In this case, additional responses of this sort did not occur, demonstrating that these sequences can come to an end even when further expansion has been made relevant. This possibility may, at least in part, be related to the asynchronous, multi-party online interactional context offered by forums such as these (see, e.g., Herring, 2004), whereby participants may interact with one another over extended periods of time, in some cases

never returning to the forum to read and/or respond to posts that others may have written in response to them. While this may be seen as impeding the production of support in some cases, these same structural features of the interaction also facilitate the provision of support, allowing participants who have expressed troubles to receive responses from any number of other participants who may either be online at the time, or may read a post and respond some time after its production – as shown in Extract 1 by the 13 minutes that elapse between the first and second posts, followed by the slightly shorter six-minute gap between the second and third posts (also cf. the shorter time periods between the posts in Extract 2, and the substantially longer periods in Extract 3, below).

The three-part structure demonstrated in Extract 1 thus enables the tight sequencing of empathic displays, including their treatment as effective by the participants who produce them, while also providing for reciprocal displays of empathy and the recursive repetition of such displays. In the remainder of this section, we consider two further extracts that similarly exhibit this structure and the actions for which it serves as a vehicle, while demonstrating some of the ways in which they may vary. The first of these, Extract 2, begins with Hussain1000 expressing a lack of understanding of the mood swings s/he is experiencing (lines 1-2), thereby producing a FPP similar to those seen in Extract 1. In response, RyAn1295 produces a claim to know how Hussain1000 feels (line 3), but (unlike

in Extract 1) this claim is not accompanied by a demonstration of shared troubles upon which it could be based, thereby constituting a SPP that contains only one of the two elements included in those shown in Extract 1.

Extract 2:

1 1→ *Hussain1000 - 8:24 pm on Aug. 7, 2010:* I just don't kno what is going on with me one
2 min I'm really happy and the next I feel really depressed
3 2→ *RyAn1295 - 8:26 pm on Aug. 7, 2010:* i know how you feel
4 3/1→ *Hussain1000 - 8:30 pm on Aug. 7, 2010:* Really? I just don't know what to do anymore
5 I feel lost
6 2→ *RyAn1295 - 8:34 pm on Aug. 7, 2010:* :(yeah, and alone, especialy if you dont have
7 someone you can always talk to
8 3/1→ *Hussain1000 - 8:37 pm on Aug. 7, 2010:* Yea very alone because I just moved from
9 Ohio to Baltimore and I have no one and my parents r very hard to talk to
10 2/1→ *RyAn1295 - 8:41 pm on Aug. 7, 2010:* wow you moved too? it really sucks i hope you
11 finds some friends and how is it hard to talk to your parents???

Hussain1000 then produces a third part, which begins with a questioning "Really?" (line 4). Heritage (1984: 139-140) notes that the use of "Really?" as a response in this way serves as an "assertion of ritualized disbelief", treating what the prior participant has said as news, while inviting them to at least reconfirm what they have said, and possibly also to

further elaborate it (also see Maynard, 2003). Hussain1000 thus displays a sense of skepticism toward RyAn1295's claim to know how s/he feels, suggesting that a mere claim of understanding may not be sufficient to display empathy in the absence of additional evidence thereof. This provides evidence that Hussain1000 is treating RyAn1295's SPP as specifically missing the kind of demonstration of empathy that was produced in Extract 1.

Hussain1000 follows this display of skepticism with a further formulation of his/her troubles (lines 4-5), thereby creating a new FPP and possibly (in light of the foregoing analysis) pursuing a more "complete" display of empathy from RyAn1295. In response, RyAn1295 reflects the emotion that Hussain1000 has expressed by producing a "sad face" emoticon, ":(" (line 6), and displays agreement with him/her ("Yeah"), before producing the kind of additional evidence of shared experience that Hussain1000's "Really?" invited (lines 6-7). It is noteworthy that RyAn1295 produces this turn as a continuation of Hussain1000's account, as shown by his/her use of the word "and", along with naming another feeling ("alone") in addition to the feeling ("lost") that Hussain1000 has described. In addition, s/he describes a specific set of circumstances that would exacerbate this feeling, while twice using the second-person pronoun "you" in a way that could be referring not just to Hussain1000, but also to any number of people facing similar circumstances (see Bull and Fetzer, 2006). RyAn1295 thus treats the troubles being

described as shared in common by others apart from Hussain1000, possibly (if the "you" is taken to also refer to him/her) including RyAn1295 (cf. Dominguez-Whitehead and Whitehead, 2014). In doing so, RyAn1295 produces a further SPP that demonstrates (rather than merely claiming, as did his/her previous response) a degree of empathic understanding of the type of troubles Hussain1000 has described.

Hussain1000 then produces a third part that aligns with (and thereby ratifies) RyAn1295's account of the troubles (and thus his/her display of empathy), displaying agreement ("Yea"), followed by an intensified repetition ("very alone") of the additional feeling that RyAn1295 proposed (cf. the repetitions in Extract 1). While this ratification may implicate a move to close the sequence, Hussain1000 then expands his/her post, displaying that s/he is facing the precise circumstances that RyAn1295 has suggested would exacerbate the troubles at hand by stating that s/he has moved recently and that s/he has difficulty talking to his/her parents. S/he thereby elaborates his/her description of the troubles by accounting for how s/he came to be in such circumstances, and in the process produces another FPP.

RyAn1295 then responds with a further SPP ("wow you moved too?" – line 10), which treats the news of Hussain1000's recent move as surprising, while claiming a similar experience, which s/he negatively evaluates ("it really sucks" – line 10). RyAn1295

thereby treats the shared (negative) experience of moving as a further basis for mutual empathy between him/her and Hussain1000, even though Hussain1000 has not explicitly claimed or displayed reciprocal empathy toward RyAn1295 (cf. the reciprocal displays shown in Extract 1). As a result, although the mutual empathy in this case is not as explicit as was the case in Extract 1, the participants do clearly display mutual alignment, while displaying an orientation (more explicitly on the part of RyAn1295, but also tacitly by Hussain1000) to sharing troubles in common. Moreover, this outcome, and hence the participants' treatment of the sequence as (like that in Extract 1) having been effective, is accomplished despite RyAn1295's initial attempt to claim empathy for Hussain1000's troubles being met with skepticism.

While RyAn1295's final post in Extract 2 also implements a potential further FPP in his statement that "it really sucks" (line 10) and in the possible pursuit of further troubles-talk shown by the question in line 11, no further contributions to the exchange are produced after this point. As a result, similarly to the one in Extract 1, the exchange ends at a point at which further responses had been made relevant. These cases contrast with the less complex exchange shown in Extract 3, which begins with Samantha1's production of a FPP in the form of a description of her worsening depression. In response, JustLikeThat89 claims a similar trouble ("Same here samantha 1") in line 2, before offering a further

description of his/her own experiences (lines 2-4). Thus (as was the case in Extract 1, but unlike in Extract 2) the SPP includes both a claim of empathy as well as a further description demonstrating the shared experiential basis for the claim. It is important to note that in this case the description begins with the word "except" (line 2), which marks a difference between the participants' respective experiences, but the description that follows nonetheless displays similarities in the experience against which the difference is contrasted. That is, JustLikeThat89 describes a similar sense of highs and lows that Samantha1 has described – emphasized, as in the above extracts with repetition of key words, in this case "better" and "worse" (see lines 1 and 3) – while also suggesting that in his/her case each successive "worse" period is more difficult than the previous one (lines 2-3). As a result, as in the previous excerpts, the display of empathy produced by JustLikeThat89 also serves as a troubles-telling of his/her own, thereby implementing a possible further FPP in addition to responding to the FPP Samantha1 has produced.

Extract 3:

1 1→ *Samantha1 - 8:28 am on Mar. 20, 2010:* when i think im getting better i get worse

2 2/1→ *JustLikeThat89 - 6:56 pm on Mar. 20, 2010:* Same here samantha 1 except when I feel

3 better for a while it gets worse after my feeling better is over. That's why I'd rather stay

4 low but at the same time I'd rather be happy. It's hard to explain.

5 3→ *Samantha1 - 5:48 am on Mar. 21, 2010:* least i know that there is some bady feeling the

6 same

In response, Samantha1 takes up the similarity between JustLikeThat89's experiences and her own, rather than the difference. Specifically, her use of the word "least" (presumably a contraction of "at least") at the beginning of this post (line 5) conveys an orientation to a positive or mitigating feature of an otherwise negative situation. She then follows this with an explicit claim that on the basis of JustLikeThat89's post s/he is identifiable as "some bady feeling the same" as her (lines 5-6), emphasizing this similarity through the repetition of the words "feeling" (lines 3 and 5; also "feel", line 2) and "same" (lines 2 and 6) used in JustLikeThat89's post. In doing this, she ratifies JustLikeThat89's display of empathy, treating the similarity in her own and JustLikeThat89's experiences as a mitigating factor against the backdrop of the negativity of the experiences themselves.

Unlike the previous cases, however, this third part produced by Samantha1 does nothing more than ratify the effectiveness of the empathy displayed in the SPP: Samantha1 does not provide a reciprocal empathic response to the troubles expressed in JustLikeThat89's preceding post (cf. the reciprocal empathy displayed in Extract 1), and does not produce any further description of her troubles that would serve as another FPP (cf. Extracts 1 and 2), and this sequence is thus brought to a close with no further responses having been made relevant.

When Support Fails: The Adoption of an "Expert" Position

In contrast to the ratified accomplishment of support (in the form of empathy) demonstrated in the previous section, we consider in this section two designedly supportive (although not empathic) practices that are recurrently treated by participants as non-supportive or antagonistic. That is, the cases we examine in this section exhibit the first two parts of the three-part structure described above, but the third part is either absent or serves to resist rather than ratify the supportive displays offered in the second part. While displays of empathy, as shown above, centrally involve shared *experiences*, the practices we examine in this section relate to *knowledge*, and specifically to the adoption of an "expert" position by the participants producing them (cf. Sacks' [1984] discussion of the social organization of experience versus that of knowledge; also see Heritage [2011]).

Delivering "psychoeducation"

It has been suggested that "psychoeducation", which involves providing information about a psychological condition, may serve to provide relief by normalizing experiences associated with the condition (Tarrier et al., 2013), making it a potentially supportive practice. However, evidence for its effectiveness has reportedly been inconsistent

(Miklowitz, 2009), and when deployed by participants in our data it recurrently led to interactional difficulties. Specifically, as noted above, the delivery of psychoeducation involves the adoption of an "expert" position as a result of the claims to psychological knowledge it involves, which in some cases resulted in disputes over the validity of the knowledge. An example of this is shown in Extract 4, in which Mercedesxxx produces a FPP in which s/he self-identifies as a depression-sufferer (line 1) before claiming that the condition was "passed on" by his/her parents (line 2). In response, DarkEyes delivers a SPP containing a psychoeducational account regarding the nature of depression (lines 3-7) that, although designed to be supportive, leads to a debate involving further participants regarding the validity of this account versus the one initially produced by Mercedesxxx.

Extract 4:

1 1→ *Mercedesxxx - 11:49 am on April 14, 2009:* i suffor from depression all my life cauz
2 my parents had it then passed it on 2 me
3 2→ *DarkEyes - 3:00 pm on April 14, 2009:* Your only as happy as you think you are, you
4 don't have to be depressed especially if there is nothing to be depressed about. The
5 habit's of how they might have thought about things could be passed onto you but that
6 would only be true because you are around them so much. There is always a reason
7 why you are depressed.
8 2→ *DarkEyes - 3:01 pm on April 14, 2009:* It's nothing that can't be fixed.

Qzmp3333 - 7:19 pm on April 14, 2009: umm no deppression is a diesease THAT YOU CAN NOT CONTROL and it is gentic

DeAth trAp - 4:03 am on April 15, 2009: Depression isn't a disease.. It's an emotional disorder.But you're right, you can't control it.

A number of features of DarkEyes' initial response (lines 3-6) contribute to its overall design as supportive, together implying an optimistic projection of Mercedesxxx's ability to overcome his/her troubles (and, by implication, that of others experiencing similar troubles). This begins with his/her opening claim ("Your only as happy as you think you are" – line 3), which implies that Mercedesxxx can become happier by changing his/her thought patterns. DarkEyes then elaborates this claim by suggesting that "you don't have to be depressed especially if there is nothing to be depressed about" (lines 3-4), which similarly implies that depression is not inevitable, particularly if it is not linked to specific life events. After producing these claims, DarkEyes suggests that socialization is the only mechanism through which depression could be "passed onto you" (lines 4-6), thus implying the potential for re-socialization in order to overcome it. Finally, DarkEyes asserts that "There is always a reason why you are depressed" (lines 6-7), implying that addressing whatever this "reason" may be would offer the potential of overcoming the depression. Then, in another post produced approximately one minute after the first, DarkEyes produces another optimistic projection in claiming that "It's nothing that can't be fixed"

(line 8), which similarly suggests the possibility of resolving the troubles Mercedesxxx has expressed. However, despite the optimistic and thus designedly supportive nature of these posts, they can also be read as non-supportive by virtue of implying that, because depression is within one's control, Mercedesxxx (or others experiencing depression) are effectively to blame for their difficulties, having failed to take the necessary steps to control them.

The first response to DarkEyes, produced by Qzmp3333, takes up this implication of blame, resisting DarkEyes' post with an opposing psychoeducational account that claims depression to be "a diesease" (line 9) and placing particular emphasis (using capital letters) on a related claim that the sufferer cannot control it (lines 9-10). A further psychoeducational response by DeAth trAp disputes the status of depression as a disease, instead claiming it to be an "emotional disorder" (lines 11-12), while aligning with Qzmp3333's claim that "you can't control it" (line 12). While this resistance to blaming those experiencing depression for their difficulties is implicitly supportive of Mercedesxxx, the unfolding dispute in this case focuses primarily on the etiology of depression, and the relative expertise of the participants in this regard. As a result, the trajectory of the exchange shifts away from the particular difficulties for which Mercedesxxx has implicitly (by posting on the forum) sought support. DarkEyes' delivery of psychoeducation thus

does not lead to a ratified supportive exchange, with Mercedesxxx making no further contributions to the exchange, and hence producing no third part of the structure described above.

Giving advice

Like psychoeducation, advice-giving involves the adoption of an "expert" position on the part of the advice-giver, relative to the recipient. As a result, and as demonstrated by Heritage and Sefi (1992), giving advice can potentially place the advice-giver in the position of standing in judgment of the recipient's competence, with resistance to the advice on the part of the recipient being a recurrent outcome. This can be seen in Extract 5, in which DoubleA resists advice offered by Happychillpill in response to a troubles-telling by DoubleA, resulting in a lack of alignment between these participants despite the designedly supportive character of the post in which Happychillpill produced the advice.

Extract 5:

1 1→ *DoubleA - 7:45 pm on Nov. 2, 2008:* Im usual depressed every day my parents are
2 crazy and dont make sense i cant tell if anyone in my family actually care about me or
3 what there opinions and motives are for anything i basicly raised myself and iv been
4 told by many people thaty i was retarded and something was wrong with me I go to a
5 special ed school where people go crazy and i cant believe other people compare me to

6 the kids there all i do to cope with life is lie to myself that things will get better and
7 then things just get worse
8 2→ *Happychillpill - 12:34 pm on Nov. 3, 2008:* Hey, DoubleA I went through the same
9 things that you are going through right now about 2 years ago. I PROMISE you that
10 things will get better. The way that got me out of being depressed is by taking out my
11 anger and sadness on making music or writing stuff down on some paper. I still go
12 through it today (being depressed) but make myself feel better by listening to music
13 and writing poetry. And maybe you might not like that, so if you like sports take it out
14 on sports or playing video games. Just don't take it out on yourself or anyone who
15 loves you.
16 3/1→ *DoubleA - 6:48 pm on Nov. 3, 2008:* Thanks happychillpill but i have found no such
17 stress releiver that works i do play video games all the time but it doesnt relieve me of
18 my stress nor does talking writing it down or physical activity i dont believe there is
19 anyone that actually cares about me or is willing to go out of there way for me i
20 allready know my parents value themselves above all else and i dont really have friends
21 so the stress just keeps building up I think ill eventually go totally insane from it that or
22 die fighting the stress

This exchange is initiated by a FPP produced by DoubleA (lines 1-7), which provides an extended account of a range of difficulties that s/he treats as being associated with his/her experience of depression. In response, Happychillpill produces a claim of

empathy by stating that s/he "went through the same things" DoubleA has described (lines 8-9; cf. Extracts 1-3 above), before offering reassurance using an optimistic projection that "things will get better" (line 10), offering a solution for DoubleA's problem of depression using advice s/he displays as being based on his/her own experience of depression (lines 10-13), and, finally, advising DoubleA not to "take it out on yourself or anyone who loves you" (lines 14-15).

DoubleA responds by initially displaying appreciation ("thanks" – line 16), but then resists Happychillpill's advice, claiming that it fails to solve his/her trouble even though s/he has already attempted a solution similar to the one offered in the advice ("i have found no such stress releiver that works i do play video games all the time but it doesnt relieve me of my stress nor does talking writing it down or physical activity" – lines 16-18). Thus, while his/her initial display of appreciation in the third part of the sequence treats Happychillpill's response as an attempt at providing support, s/he goes on to display a lack of alignment with Happychillpill's experiences regarding the effectiveness of the advised solution, thereby (unlike the participants in Extracts 1-3) declining to ratify the empathic claim of shared experience that has been offered. Moreover, DoubleA resists the final part of Happychillpill's advice (regarding "anyone who loves you") by producing an upgraded, more extreme version of one aspect of the troubles expressed in the initial post, as s/he

shifts from "*i cant tell* if anyone in my family actually care about me" (line 2; emphasis added) to the less equivocal "*i dont believe* there is anyone that actually cares about me" (lines 18-19; emphasis added). S/he then ends with a similarly upgraded formulation that shifts from his/her previously stated, albeit unsuccessful, attempts at coping ("all i do to cope with life is lie to myself that things will get better and then things just get worse" – lines 6-7) to a dire and more explicit prediction of the eventual outcome of the situation ("I think ill eventually go totally insane from it that or die fighting the stress" – lines 21-22). The exchange ends at this point, with DoubleA's resistance of Happychillpill's advice thus resulting not just in a non-ratifying response to Happychillpill's ostensibly supportive response to his/her troubles telling, but in a more extreme expression of the troubles.

Conclusions

Our analysis demonstrates how participants in an online support forum interactionally negotiated the status of responses to troubles tellings as supportive or otherwise in particular cases. The effectiveness of particular ways of offering support is thus located in the immediate responses and orientations of their recipients, in contrast to the more "objective" or distal measures of effectiveness adopted in the previous research discussed above. As such, the participants collaboratively co-construct the online support forum as a

self-regulating space where "training" of a sort is provided by participants themselves. That is, when participants attempt to act supportively but their actions are treated as unsupportive, they are provided with opportunities to learn, in a practical and situated way, what "counts" as supportive based on other participants' responses. Thus, to the extent that online support forums constitute potentially useful settings in which adolescents who self-identify as suffering from depression can seek and/or provide support, they do so as a result of the participants' application of skills that they have the opportunity to learn or improve through their participation, and that can be identified through close analyses such as the ones we have provided.

The findings also demonstrate that displays of empathy, which have previously been identified as a particularly important means of producing support, are facilitated by the structural features of the online support forum, in contrasting ways to those employed by therapeutic professionals. Specifically, professionals typically rely on reflective skills such as "formulations" (see, e.g., Hutchby, 2005) and "recognition" (Voutilainen et al., 2010) to display empathy, rather than using self-disclosure, since the use of self-disclosure by professionals would risk shifting the focus of the talk away from the patient's needs and toward those of the professional (Ruusuvuori, 2005; Schegloff, 1997). In contrast, participants on the forum recurrently used displays of commonly shared experiences or

feelings as a resource for producing empathy. As a result (and consistent with a peer-driven model of counseling), there was a recurrent blurring of the distinction between "helper" and "helped" on the forum, as the participants could move fluidly between different roles in the forum, both displaying empathy for other participants and immediately receiving reciprocal displays of empathy from others. This suggests that the absence of the type of boundaries that characterize professional counselor-client interactions, and the associated implications of expertise and lack thereof, serves to facilitate the production of mutual empathy between participants on this forum (and thus perhaps also on other similar forums, or in other analogous peer support settings). Conversely, there was evidence that the adoption of an "expert" position of the sort mental health professionals may be seen to systematically occupy, associated with claims of knowledge in contrast to a shared experiential basis of empathy, was treated as a basis of resistance to (rather than ratification of) ostensibly supportive actions.

It should be noted that further research (e.g., based on larger and/or more representative samples, and focusing on other peer support settings or other online forums) may be necessary in order to evaluate the transferability of these findings. However, they are suggestive of potentially valuable insights, not just for researchers studying "empathy in action" (Ruusuvuori, 2005) and/or interactions in online forums, but also for professional

stakeholders invested in designing peer support interventions that share common features with the one we have examined.

Acknowledgments

We would like to thank the *Health* editor and two anonymous reviewers for their valuable feedback on earlier drafts of this paper.

Funding

The research reported in this paper was supported in part by (South African) National Research Foundation Incentive Funding for Rated Researchers awarded to the second author.

References

Arminen I (2004) Second stories: The salience of interpersonal communication for mutual help in Alcoholics Anonymous. *Journal of Pragmatics* 36(2): 319-347.

Armstrong N, Koteyko N and Powell J (2012) "Oh dear, should I really be saying that on here?": Issues of identity and authority in an online diabetes community. *Health* 16(4): 347-365.

Barak A and Dolev-Cohen M (2006) Does activity level in online support groups for distressed adolescents determine emotional relief. *Counselling and Psychotherapy Research* 6(3): 186-190.

Barak A, Hen L, Boniel-Nissim M, et al. (2008) A comprehensive review and a meta-analysis of the effectiveness of internet-based psychotherapeutic interventions. *Journal of Technology in Human Services* 26(2-4): 109-160.

BPS (2013) Ethics guidelines for Internet-mediated research. Leicester, U.K.: British Psychological Society.

Bull P and Fetzer A (2006) Who are we and who are you? The strategic use of forms of address in political interviews. *Text & Talk* 26(1): 3-37.

Clayman S and Gill V (2004) Conversation Analysis. In: Bryman A and Hardy M (eds) *Handbook of Data Analysis.* Beverly Hills, CA: Sage, 589-606.

Dominguez-Whitehead Y and Whitehead KA (2014) Food talk: A window into inequality among university students. *Text & Talk* 34(1): 49-68.

Edwards D (2005) Discursive psychology. In: Fitch KL and Saunders RE (eds) *Handbook of language and social interaction.* Mahwah, NJ: Erlbaum, 257-273.

Eysenbach G (2001) What is e-health? *Journal of Medical Internet Research* 3(2): e20.

Griffiths M and Cooper G (2003) Online therapy: Implications for problem gamblers and clinicians. *British Journal of Guidance and Counselling* 31(1): 113-135.

Heritage J (1984) A change of state token and aspects of its sequential placement. In: Atkinson JM and Heritage J (eds) *Structures of social action.* Cambridge, U.K.: Cambridge University Press, 299-345.

Heritage J (2011) Territories of knowledge, territories of experience: Empathic moments in interaction. In: Stivers T, Mondada L and Steensig J (eds) *The morality of knowledge in conversation.* Cambridge, U.K.: Cambridge University Press, 159-183.

Heritage J and Sefi S (1992) Dilemmas of advice: Aspects of the delivery and reception of advice in interactions between health visitors and first-time mothers. In: Drew P and Heritage J (eds) *Talk at work: Interaction in institutional settings.* Cambridge, U.K.: Cambridge University Press.

Herring SC (2004) Computer-mediated discourse analysis: An approach to researching online behavior. In: Barab SA, Kling R and Gray JH (eds) *Designing for virtual communities in the service of learning.* Cambridge, UK: Cambridge University Press, 338-376.

Hutchby I (2005) "Active listening": Formulations and the elicitation of feelings-talk in child counselling. *Research on Language and Social Interaction* 38(3): 303-329.

Jefferson G (1984) On the organization of laughter in talk about troubles. In: Atkinson JM and Heritage J (eds) *Structures of social action: Studies in Conversation Analysis.* Cambridge, U.K.: Cambridge University Press, 346-369.

Jefferson G (1988) On the sequential organisation of troubles-talk in ordinary conversation. *Social Problems* 35(4): 418-441.

Jowett A (2015) A case for using online discussion forums in critical psychological research. *Qualitative Research in Psychology* 12(3): 287-297.

Li IC (2007) *Exactly*: Exercising entitlement in next turn. *Paper presented at the 57th Annual Conference of the International Communication Association (ICA).* San Francisco, California.

Madara EJ (2008) Self-help groups: Options for support, education, and advocacy. In: O'Brien P, Kennedy WZ and Ballard KA (eds) *Psychiatric mental health nursing: An introduction to theory and practice.* Sudbury: MA: Jones & Bartlett, 151-168.

Maynard DW (2003) *Bad news, good news: Conversational order in everyday talk and clinical settings,* Chicago, IL: University of Chicago Press.

Miklowitz DJ (2009) Bipolar disorder treatment: Psychotherapy. In: Ingram RE (ed) *The international encyclopedia of depression.* New York, NY: Springer, 83-85.

Ruusuvuori J (2005) “Empathy” and “sympathy” in action: Attending to patients' troubles in Finnish homeopathic and general practice consultations. *Social Psychology Quarterly* 68(3): 204-222.

Sacks H (1984) On doing "being ordinary". In: Atkinson JM and Heritage JC (eds) *Structures of social action.* Cambridge, U.K.: Cambridge University Press, 413-429.

Sacks H (1992) *Lectures on conversation,* Oxford, U.K.: Blackwell.

Schegloff EA (1997) "Narrative analysis" thirty years later. *Journal of Narrative and Life History* 7(1-4): 97-106.

Schegloff EA (2007) *Sequence organization in interaction: A primer in conversation analysis,* Cambridge, U.K.: Cambridge University Press.

Smithson J, Sharkey S, Hewis E, et al. (2011a) Problem presentation and responses on an online forum for young people who self-harm. *Discourse Studies* 13(4): 487-501.

Smithson J, Sharkey S, Hewis E, et al. (2011b) Membership and boundary maintenance on an online self-harm forum. *Qualitative Health Research* 21(11): 1567-1575.

Stommel W and Meijman FJ (2011) The use of conversation analysis to study social accessibility of an online support group on eating disorders. *Global Health Promotion* 18(2): 18-26.

Tarrier N, Gooding P, Pratt D, et al. (2013) *Cognitive behavioural prevention of suicide in psychosis: A treatment manual,* New York, NY: Routledge.

Vayreda A and Antaki C (2009) Social support and unsolicited advice in a bipolar disorder online forum. *Qualitative Health Research* 19(7): 931-942.

Voutilainen L, Peräkylä A and Ruusuvuori J (2010) Recognition and Interpretation: Responding to Emotional Experience in Psychotherapy. *Research on Language and Social Interaction* 43(1): 85-107.

Wynn R and Bergvik S (2010) Studying empathy as an interactional three-part sequence. *Patient Education and Counseling* 80(1): 150.

Wynn R and Wynn M (2006) Empathy as an interactionally achieved phenomenon in psychotherapy: Characteristics of some conversational resources. *Journal of Pragmatics* 38(9): 1385-1397.