

https://dspace.org/

# Creating a therapeutic community in an adolescents' online support forum for depression

**Kaufman, Samantha**

**2015-09-01**
http://hdl.handle.net/10539/18379

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

# CREATING A THERAPEUTIC COMMUNITY IN AN ADOLESCENTS' ONLINE SUPPORT FORUM FOR DEPRESSION

Samantha Kaufman
740303

A research report submitted to the Discipline of Psychology. Faculty of Humanities, University of the Witwatersrand, in partial fulfilment of the requirements for the degree of Master of Education (Educational Psychology)

Supervisor: Dr. Kevin Whitehead

19 March 2014

# ABSTRACT

Literature shows that adolescents experiencing emotional distress do not often seek support in the form of therapy, and are thus at greater risk for experiencing depression and suicidal thoughts. As such, adolescents require varying sources of support. Owing to evidence suggesting that adolescents prefer seeking support from their peers, with online forums being popular sources of support, it becomes relevant to consider how it is that such media are used to create supportive environments. In light of this, I use conversation analysis to examine how users interactionally create a therapeutic community through their actions and practices in an adolescents' online support forum for depression. My findings show that the forum is interactionally organised in such a way that a series of recurrent actions and practices that the users exhibited while co-creating a supportive environment could be grouped together to form a typical overall sequential structure. It further showed how the success or failure of particular practices that the literature seems to treat as "good" or "bad", in counselling terms, is a contingent outcome of the particular details and circumstances of their production. Furthermore, my data provide empirically-grounded accounts for previous findings showing that the action of displaying sympathy yields both positive and negative reactions.



*Key words:* online forum, therapeutic community, adolescent depression, peer-support, conversation analysis, discursive analysis

# DECLARATION

I hereby declare that this research project is my own work. It is being submitted in partial fulfilment of the requirements for the Degree in Master of Education (Educational Psychology) at the University of the Witwatersrand, Johannesburg. It has not been submitted for any other degree or examination at this or any other university.



(Signature)

18 November 2013

(Date)

# ACKNOWLEDGEMENTS

I thank All Mighty God for supporting and sustaining me, and for blessing me abundantly throughout my life.

I thank Dr. Kevin Whitehead, my supervisor, for giving many hours of his time encouraging, guiding and supporting me. I am truly grateful to him for his patience in sharing as much of his knowledge with me as possible. I also thank him for the thorough and speedy feedback he always provided me with - I really appreciated this.

I thank Gary, my husband, and my family for their unwavering love, support and understanding. I am truly blessed to have them in my life.

# TABLE OF CONTENTS

**CHAPTER 1: INTRODUCTION ..... 1**

**CHAPTER 2: LITERATURE REVIEW ..... 4**

2.1. INTRODUCTION ..... 4

2.2. ONLINE SUPPORT FORUMS AND THE WIDER FIELD OF VIRTUAL COMMUNITIES ..... 4

2.2.1. Historical context of online support forums ..... 4

2.2.2. Online support forums ..... 6

2.3. ADOLESCENCE AS A DEVELOPMENTAL PHASE ..... 7

2.3.1. Adolescence ..... 7

2.3.2. Adolescent depression and support systems ..... 8

2.4. PEER-SUPPORT ..... 11

2.5. THERAPEUTIC COMMUNITY ..... 12

2.6. CONCLUSION ..... 16

**CHAPTER 3: METHODOLOGY ..... 17**

3.1. RESEARCH QUESTIONS ..... 17

3.1.1. Main research question ..... 17

3.1.2. Secondary research questions ..... 17

3.2. RESEARCH DESIGN ..... 17

3.3. SAMPLING AND DATA COLLECTION ..... 18

3.3.1. Data analysis ..... 19

3.4. ETHICAL CONSIDERATIONS ..... 24

**CHAPTER 4: ANALYSIS ..... 25**

4.1. INTRODUCTION ..... 25

4.2. TYPICAL OVERALL SEQUENTIAL STRUCTURE ..... 26

4.3. RESPONSES TO TROUBLE ..... 32

4.3.1. Displays of empathy ..... 33
4.3.2. Offering to problem solve ..... 40
4.3.3. Using persuasion ..... 45
4.3.4. Offering encouragement ..... 49
4.3.5. Displays of sympathy ..... 52
4.3.6. Exploring or challenging troubles ..... 60
4.3.7. Offering understanding ..... 65
4.3.8. Offering reassurance ..... 68
4.3.9. Offering individual attention ..... 70
**CHAPTER 5: CONCLUSION ..... 73**
**REFERENCE LIST ..... 79**

**TABLES:**

Table 1: Constructs of peer-support. ..... 11
Table 2: Activities that fall under peer-support. ..... 12
Table 3: Yalom's 11 therapeutic factors ..... 13
Table 4: Counselling skills ..... 14
Table 5: Distinction between counselling and using counselling skills ..... 15
Table 6: Steps for conversation analysis ..... 23
Table 7: Overall sequential structure ..... 27

# CHAPTER 1
# INTRODUCTION

The following research study is aimed at exploring and describing how users interactionally create a therapeutic community through their actions and practices in an adolescents' online support forum for depression. Owing to seventy five percent of adolescents, worldwide, who experience emotional distress not seeking support in the form of therapy (Glasheen & Campbell, 2008; Richwood, Deane, & Wilson, 2007; Wilson, Deane, & Ciarrochi, 2005; Wilson, Deane, Marshall, & Dalley, 2010), they are at greater risk for experiencing mental health problems, particularly depression and suicidal thoughts (Mannheim, 2012; Rathus, 2012; Sheffield, Fiorenza, & Sofronoff, 2004; Tessner, Mittal, & Walker, 2011; Wilson, Deane, Marshall, & Dalley, 2008). For this reason, it is essential for adolescents to have access to varying degrees of support which exists along a continuum from supportive others to mental health professionals depending on the severity of their needs (Toman & Bauer, 2005). As face-to-face therapeutic support is not as readily available, affordable, or accessible as seeking online support (Baer, Griest, & Marks, 2007; Bond & Dryden, 2012; Castelnuovo, Gaggioli, & Riva, 2001; Coon & Mitterer, 2010; Zach, 2011), web-based support forums are often used as an alternative for or adjunct to the more traditional face-to-face psychotherapy (Castelnuovo et al., 2001). According to Walther and Parks (2002), the internet is undoubtedly an effective medium through which social support is provided, and thus an exploration of the mechanisms for its effectiveness as a support medium would be invaluable. One possibility in this regard is that the effectiveness of online forums in providing support may be as a result of the users, whether knowingly or unknowingly, creating a therapeutic community.

However, a review of previous research on online support forums revealed that this research has only focused on:

- The type or nature of the support received (Barak & Gluck-Ofri, 2007; Barak, Hen, Boniel-Nissim, & Shapira, 2008), for instance, Flynn and Alexandru (2012) found that the most common types of support for an online forum for

men with eating disorders were informational, emotional, and personal disclosure;

- The nature of problem presentation and responses (Smithson et al., 2011a), as well as, “the emotional dynamics within online support groups as a moral, rather than just psychological or therapeutic, component of interaction” (Bar-Lev, 2008, p. 509);
- The formulation of the virtual community and it’s wider identity (Stommel, 2009);
- Unsolicited advice (Vayreda & Antaki, 2009);
- Social accessibility (Stommel & Meijman, 2011) and membership (Smithson et al., 2011b; Stommel & Koole, 2010), including the establishment of identity and authority (Armstrong, Koteyko, & Powell, 2012);
- Managing accountability (Antaki, Ardevol, Nunez, & Vayreda, 2006), including responsibility and blame (Sneijder & te Molder, 2005);
- Attachment of users to wider online communities and to members of these communities (Ren, Kraut, & Kiesler, 2007);
- Usage (Wood & Wood, 2009) and benefits (Mo & Coulson, 2010), including the perceived quality of the support received (Barrera, Glasgow, McKay, Boles, & Feil, 2002).

The present study contributes additional novel findings to the existing literature on this topic by examining how the users of an adolescent online support forum for depression create a therapeutic community through their practices in the forum. In achieving this, I used a conversation analysis (CA) approach. Such an approach is particularly useful in exploring online forums as it aims to study actions in interaction (Have, 2007; Hutchby & Wooffitt, 2008); that is, it aims to explore records of naturally occurring social interaction to describe the intertwined construction of actions, practices and the overall structure of the interactions (Sidnell & Stivers, 2012). CA is thus well-suited for studies that aim to understand the structural underpinnings of everyday conversation and the spontaneous naturally occurring social interaction among lay persons and/or professionals (Sidnell & Stivers, 2012), such as in the case of this study. The implication of having limited research that has used a CA approach to investigate the interactional organization of online support forums, and

the practices users employ to provide support, is that the potential utility of such forums for adolescents who may not obtain help elsewhere may be lost. Thus, the general aim of this study was to fill this gap by exploring how the creation of a therapeutic community might be achieved within an online forum for adolescents with depression. To achieve this aim I implemented the following research objectives:

- I compiled a literature review on online support forums and the wider field of virtual communities, adolescence as a developmental phase, peer-support, and therapeutic communities (see Chapter 2) to provide a theoretical context for the study (De Vos & Strydom, 2011; Delport, Fouché, & Schurink, 2011).
- I collected naturally occurring data (Liddicoat, 2011; Peräkylä, 2005) from an information-rich (Babbie, 2010; Cottrell & McKenzie, 2011; Patton, 2002) online support forum for adolescents with depression (see Chapter 3 for further details) to facilitate the accomplishment of the general aim of the study.
- I analysed the data by means of CA (Heritage & Clayman, 2010; Hutchby & Wooffitt, 2008), which included the unmotivated exploration of the data, the identification of the phenomena that were examined, the collection of instances of the phenomena, the exploration of variations of the phenomena, the descriptions of what accounted for the variations in the phenomena, and the evaluation of the wider implications, for social relations and social structures, of the phenomena under investigation (see Chapter 3 for further details) (Peräkylä, 2004a). This led to the generation of the research findings (see Chapter 4).
- I provided relevant conclusions and recommendations, based on the research findings, for parents and those working with adolescents (see Chapter 5).

# CHAPTER 2
# LITERATURE REVIEW

## 2.1. INTRODUCTION

In this chapter, I provide a concise discussion of online support forums and the wider field of virtual communities, adolescence as a developmental phase, peer-support, and therapeutic communities. This chapter forms the foundation on which this study is based and serves as the literature review.

## 2.2. ONLINE SUPPORT FORUMS AND THE WIDER FIELD OF VIRTUAL COMMUNITIES

### 2.2.1. Historical context of online support forums

The advancement in technology has created types of devices and forms of communication that were inconceivable a generation ago (Farmer, 2003; Mitrano, 2006). One of today's major advancements is the development of real time communications, such as telephone, newspapers, fax, radio, mobile phones and the internet (Ginger, 2007). Today's adolescents have grown up with technology that has continued to enhance and evolve their lives, including Personal Computers (PCs), mobile phones, Personal Digital Assistants (PDAs) and the internet (Farmer, 2003; Slabbert, De Kock, & Hattingh, 2009).

The internet is an umbrella term that includes the related terms cyberspace (Ellerman, 2007) and the World Wide Web (Markham, 2011). Since the development of the internet in the 1980s, as well as the introduction of the World Wide Web and the commercialising of the internet in the 1990s, new channels of communication have emerged (Ceruzzi, 2010; Jagoda, 2012; Markham, 2011). According to Markham (2007), the internet includes "social spaces constituted and mediated through computer-mediated [and recently other technologically-mediated] interactions" (p. 330). Social spaces are typically formed over the internet with the intention of developing relationships, communities and cultures by means of

exchanging text and/or images, either in real time or in delayed time sequence (Markham, 2011). One example of such a social space is an online community (Campbell, 2005).

According to Preece (2000), an online community consists of:

- People, who interact socially as they strive to satisfy their own needs or perform special roles, such as leading or moderating.
- A shared purpose, such as an interest, need, information exchange, or service that provides reason for the community.
- Policies, in the form of tacit assumptions, rituals, protocols, rules and laws that guide people's interactions.
- Computer systems, to support and mediate social interaction and facilitate a sense of togetherness. (p. 10)

The emergence of online communities during the past decade (Barak et al., 2008) has created an accessible means through which individuals can attain information, assistance, and social connection (Bane, Haymaker, & Zinchuk, 2005; Davidson, Pennebaker, & Dickerson, 2000). There has recently been a dramatic increase in the use of such communities, which, according to Posey, Lowry, Roberts and Ellis (2010), currently include millions of users. Online communities involve an almost limitless selection of techniques and approaches that can be used to improve the community, to enhance engagement and to deliver insight (Poynter, 2010). One such technique and approach involves web-based forums (Howard, 2010), which are the most basic and central element of online communities wherein members discuss their views (Poynter, 2010).

According to Campbell (2005), an online group transforms into a community when a web-based forum becomes a gathering place for core members who emotionally invest in the discussion and who produce feelings of attachment to other members. There are a vast variety of online forums, such as educational forums (DeSanctis, Fayard, Roach, & Jiang, 2003; Tang, 2012), entertainment forums (Hussain & Griffiths, 2009), and support forums (Wood & Wood, 2009). For the purpose of this study, online support forums were the main focus.

### 2.2.2. Online support forums

Online support forums are internet locations wherein individuals can selectively participate in the reading or posting of messages singly or in a developing 'thread' with the intent of seeking and/or providing support (Antaki et al., 2006; Davis, 2011; Stommel & Koole, 2010). Conversations in such forums are organised into thematic areas from which registered users may choose to participate (Best-Boss, 2010). Typically, an administrator or trusted member of the online community moderates the interactions within these forums by facilitating civil discourse between users and removing any misleading, malicious or inaccurate posts that breach the rules of the forum (Gainsbury & Wood, 2012). While participation in such forums requires free registration (Gainsbury & Wood, 2012), anyone who has access to the internet is able to read messages that have been posted, meaning that interactions are public and non-transitory (Wanner, 2008). Nevertheless, only screen names are visible to other members and the public (Stommel, 2009), allowing greater anonymity than general face-to-face support groups; thus, making it easier for some adolescents to begin seeking help (Quarter, Mook, & Armstrong, 2009). In addition, registered members can participate in a chosen discussion without requiring other users to be simultaneously logged on to the forum, meaning that online support forums involve asynchronous web-based discourse (Falloon, 2012; Linn & Slotta, 2011; Wanner, 2008). As such, interactions typically occur in delayed time sequence; that is, there is generally a varying time lag (anywhere between seconds and days) between a post and its corresponding response (Wanner, 2008).

Online forums have also been found to be an accessible means of attaining support as members do not have to be within physical proximity of each other to participate in a group discussion (Barak & Dolev-Cohen, 2006; Rodda, Lubman, Dowling, Bough, & Jackson, 2013). For this reason, there is an increased probability that members will be located in different areas around the world, suggesting that the community is likely to remain active most of the day and night (Gainsbury & Wood, 2012). Thus, naturally occurring online support forums differ from face-to-face support groups as they lack physical presence (Anderson & Anderson, 2010; Bambina, 2007). All interactions are initiated online and, generally, stay online

(Bambina, 2007). The lack of physical contact has been of concern for theorists who argue that online interactions lack intimacy, and conversations are uninhibited, impersonal and negative (Lea & Spears, 1995; Preece & Maloney-Krichmar, 2003). There is, however, evidence to suggest that intimacy can be experienced in virtual communities (Bar-Lev, 2008; Chayko, 2002; Goodfriend, 2012; Hudson, 2010) and positive emotional support has been reflected in online interactions (Bar-Lev, 2008; Gunter, 2005; Yeager, 2012). In addition, studies have found that online support through computer-mediated communication (CMC) is not only similar to face-to-face communication but may also be superior to it, since limitations such as physical time, place and appearance (age, status, and education) that are common to face-to-face support become less relevant during virtual interactions (Bambina, 2007; Davis, 2011; Zach, 2011).

According to Barak and Dolev-Cohen (2006), Walther and Parks (2002), and Wood and Wood (2009), online support forums are an effective source of support. This is in accord with evidence from a meta-analysis conducted by Barak et al. (2008), which found that internet-based interventions, including online support forums, can have beneficial effects on psychological health. For instance, self-disclosure, and the reciprocity of self-disclosure, was found to be far higher in support forums than in discussion forums (Barak & Gluck-Ofri, 2007), implying that online support forums provide a space for emotional expression. Owing to online support forums effectively providing emotional support (Barak & Dolev-Cohen, 2006), they become particularly useful during adolescence, a developmental period marked by many changes (Mannheim, 2012; Spano, 2004; Vogel, Wester, & Larson, 2007).

## 2.3. ADOLESCENCE AS A DEVELOPMENTAL PHASE

### 2.3.1. Adolescence

The term adolescence stems from the Latin word *adolescere,* meaning “to grow up” (Ozer, 2012; Senter, 2010) or “to grow to maturity” (Madhava & Rao, 2008; Smith, 2007). Adolescence is a transitional phase between childhood and adulthood that is traditionally subdivided into three stages; namely, early, middle and late adolescence of which the respective ages are 10-14 years, 15-17 years and 18-21 years (Ashford

& LeCroy, 2010; Balk, 2011; Durrant, 2013; Leifer & Fleck, 2013; Rathus, 2011). While these are the typical age ranges, they are not concrete, and adolescents generally move through each stage at their own unique pace to ultimately attain a stable identity (Coleman, 2011; Woodhead, 2008). As such, it is during this developmental phase that adolescents begin formulating their own identity (Coleman, 2011), which is typically achieved before the onset of adulthood (Goldner, Jenkins, Palma, & Bilsker, 2011). This is in accord with Sadock and Sadock (2009) who state that adolescents are believed to ultimately achieve "a mature sense of personal identity and acceptance" (p. 198), as well as a separation from the dependence on their parents owing to the establishment of other mature object relations. For this reason, adolescence is more than the physical manifestation of puberty, and further involves psychosocial development, cognitive maturation and interpersonal changes (Latt, Conigrave, Saunders, Marshall, & Nutt, 2009; Spano, 2004).

Adolescence can then be thought of as a period involving considerable change and psychological adjustments that cause enhanced stress and emotional turmoil (Coleman & Hagell, 2009; King, 2007). For this reason, adolescents are at greater risk for developing mental health problems, particularly depression and suicidal thoughts, that can lead to attempted or completed suicide (Hutchinson, 2007; Mannheim, 2012; Rathus, 2012; Sheffield et al., 2004; South African Depression and Anxiety Group, 2007; Stroud et al., 2009; Tessner et al., 2011; Wilson et al., 2008).

### 2.3.2. Adolescent depression and support systems

Ginger (2007) refers to depression as "the illness of the century" (p. ix), since 40 percent of individuals at one moment or another are affected by it, and this prevalence increases notably during adolescence (Jacobson & Mufson, 2010; Rudolph, Hammen, & Daley, 2006). Depression is one of the most widespread mental health disorders in adolescents (Rey & Hazell, 2009) and is generally chronic in nature with 84% of depressed youth being found to suffer from depressive episodes during adulthood (Abela & Hankin, 2008). While adolescent and adult depression are characterised by the same central features, there is a variation in symptom expression owing to the cognitive, biological, emotional and social

competencies that develop with age. During adolescence, hypersomnia and reduced appetite increases, and the risk for suicide escalates, particularly during the middle and late phases of adolescence (Avenevoli, Knight, Kessler, & Merikangas, 2008).

According to Jacobson and Mufson (2010), adolescent depression cannot be traced to a single cause as it is the result of a combination of factors. Murberg (2009) found several pathways that correlate with the onset of adolescent depression, including cognitive, biological and environmental pathways. According to Micucci (2009), the developmental changes that occur during adolescence are not as influential at the onset of depression as environmental stressors are. This is supported by McNamara (2000) who found that the high prevalence of depression in adolescence is a direct reflection of the increased stress during this period. Vaughan, Foshee and Ennett (2010) provide further evidence to suggest that adolescents who do not have an effective support system during stressful life events are at greater risk for depressive symptoms. According to Sherer's (2008) findings, many adolescents who are depressed do not have an effective support system, thus exacerbating their vulnerability to suicide (Sherer, 2008), which is the third leading cause of death worldwide in 15 to 24 year olds (Maimon, Browning, & Brooks-Gun, 2010; Wilson et al., 2010). For this reason, it is essential for adolescents to have access to varying degrees of support that exist along a continuum from supportive others to mental health professionals, depending on the severity of their needs (Toman & Bauer, 2005).

However, several studies provide evidence to suggest that adolescents do not adequately make use of face-to-face mental health services available to them (Burns, Morey, Lagelée, Mackenzie, & Nicholas, 2007; Glasheen & Campbell, 2008; Richwood et al., 2007; Wilson et al., 2008). Worldwide, 75 percent of adolescents who experience emotional distress do not seek a mental health professional (Glasheen & Campbell, 2008; Wilson et al., 2010). Several reasons have been identified that explain why adolescents fail to get the professional help they require, including negative beliefs, stigmas and attitudes regarding mental health care (Richwood et al., 2007; Schomerus, Matschinger, & Angermeyer, 2009; Vogel et al., 2007; Wilson et al., 2005), preference for relying on self, peers and family for emotional help (Burns et al., 2007; Richwood et al., 2007; Sheffield et al., 2004;

Vogel et al., 2007; Wilson et al., 2005; Wilson et al., 2008), not knowing whom to seek help from (Sheffield et al., 2004; Wilson et al., 2005), fears about lack of confidentiality, a need for autonomy (Sheffield et al., 2004), believing that one should be able to solve one's own problems (Richwood et al., 2007; Vogel et al., 2007; Wilson et al., 2005; Wilson et al., 2008), poor accessibility, limited time (Wilson et al., 2008), affordability (Sheffield et al., 2004; Xanthos, 2008), and gender differences whereby young males were found to be more reluctant to seek professional help than young females (Glasheen & Campbell, 2008; Richwood et al., 2007; Sheffield et al., 2004; Xanthos, 2008).

Griffiths and Cooper (2003), and Vally (2006) found that online support services can overcome many of these barriers that prevent adolescents from seeking professional help. For instance, online support services, including support forums, have been found to be an effective support medium for those who are either unable or unwilling to seek professional support (Barak et al., 2008; Griffiths & Cooper, 2003; Preziosa, Grassi, Gaggioli, & Riva, 2009). Burns et al. (2007) found that after friends and family, adolescents turn to the internet for support. This is consistent with Pector and Hsiung (2011), who found that adolescents experiencing depressive symptoms frequently rely on online sources for attaining support. The internet is easily accessible (Rodda et al., 2013), creates a sense of autonomy, allows the adolescent to remain anonymous (Hanley, 2009), is convenient, cost effective, and helps in overcoming stigma, shyness and paranoia associated with meeting a therapist (Glasheen & Campbell, 2008; Griffiths & Cooper, 2003).

However, as evidence suggests that adolescents primarily turn to their peers for support, comfort and reassurance to reduce stress and the depressive symptoms that generally increase during adolescence (Fauth, Roth, & Brooks-Gunn, 2007; Markiewicz, Lawford, Doyle, & Haggart, 2006; McConville, 2001; Seiffge-Krenke, 2004; Vaughan et al., 2010), online support services consisting of all ages may not be as beneficial as peer-support.

## 2.4. PEER-SUPPORT

According to Smith, Hughes and Greenhalgh (2011), there is not a single definition for peer-support. Peer-support is "an umbrella term for a range of activities where ... people have a strong desire to support each other and ... have significant influence among their peers" (Blake, Bird, & Gerlach, 2007, p. 84). For the purpose of this study, peer-support is defined as social-emotional support between individuals of the same age, role or background who voluntarily share their points of view with each other while providing emotional support during times of need (Brown, 2005; Jack, Grim, Gross, Lynch, & McLin, 2010; Parsons & Blake, 2004; Solomon, 2004) (see Table 1 for a description of the constructs of peer-support). This involves giving and receiving help by mutually sharing and offering support, respect, empathy, companionship, information and assistance in a nonjudgmental and nonthreatening way (Casiraghi & Mulsow, 2010; Mead, Hilton, & Curtis, 2001). Peer-support, which can occur face-to-face or online over the internet, is available on a one-to-one basis or within a group situation (Solomon, 2004). For the purpose of this study, online peer-support forums were the main focus while one-to-one online peer-support was considered, but in less detail (see Chapter 4, Section 4.3.9 for the research findings that relate to one-to-one peer-support).

**Table 1: Constructs of peer-support adapted from Jack et al. (2010, p. 67).**

| Construct: | Definition: |
|---|---|
| **Emotional support** | Conveying that an individual is being thought about, valued or appreciated enough to be cared for in ways that promote health by listening, as well as demonstrating concern, availability, affection, mutual understanding and interest during times of stress or unrest (Brown, 2005; Burleson, 2003; Jack et al., 2010; Karlsson, Skargren, & Kristenson, 2010; Mander, 2001; Solomon, 2004). |
| **Informational support** | Provision of necessary information, advice or suggestions that are used to address a particular situation (Jack et al., 2010; Nettelton, Pleace, Burrows, Muncer, & Loader, 2002). |
| **Sharing points of view** | Offering opinions about how one views a particular situation or how one would handle a situation, in order to suggest ways that another can address a particular situation (Jack et al., 2010). |

According to Blake et al. (2007), there are various activities that fall under peer-support and these are described in Table 2. While users of online support forums do not necessarily receive formal training as in the case of peer-support, members may employ similar skills as used in peer listening, education, and mentoring.

**Table 2: Activities that fall under peer-support adapted from Blake et al. (2007, pp. 84-85).**

| | |
|---|---|
| **Peer education** | Information about various health issues, such as healthy eating, mental health, drugs and sexual health is provided |
| **Peer listening** | Individuals are trained to listen to self-referred peers. Cowie and Hutson (2005) refer to this type of peer-support as *peer counselling* since adolescents are trained to use active listening skills to help peers in distress. According to Cowie and Wallace (2000), this type of intervention is an extension of peer mediation and befriending. |
| **Peer mediation** | Trained adolescents volunteer to defuse interpersonal arguments between peers by encouraging problem-solving. |
| **Peer buddying** | Individuals aim to help and support their peers by befriending them. |
| **Peer mentoring** | Peers help each other in various ways, such as mentoring with school work, problem-solving or stress-management. |
| **Peer research** | Adolescents are trained to explore particular issues among their peers. |
| **Peer advocacy** | Individuals speak on behalf of, or represent the views of, their peers. |

Thus, it is by coming together that individuals gain support from others in similar circumstances (Davison et al., 2000). This view is supported by Rathus (2011) who states that interpersonal peer relationships can potentially provide personal validation, which, according to Wentzel and Battle (2001), contributes to emotional health and well-being. Furthermore, there is evidence showing that peer-support is beneficial not only to those being helped but also to those doing the helping (Parsons & Blake, 2004), implying that the creation of a therapeutic community within peer-support groups is possible.

## 2.5. THERAPEUTIC COMMUNITY

Yalom and Leszcz (2005) state that “therapeutic change is an enormously complex process that occurs through an intricate interplay of human experiences, which ...

[they] refer to as *therapeutic factors*" (p. 1). Yalom identified 11 therapeutic factors that influence the process of change and healing amongst group members (Yalom & Leszcz, 2005), as illustrated in Table 3. According to Pector and Hsiung (2011), such factors are beneficial in online milieus as they help to create a therapeutic community.

**Table 3: Yalom's 11 therapeutic factors (as cited in Kivlighan, Miles, & Paquin, 2010, p. 122)**

| | |
|---|---|
| **Instillation of hope** | Provides group member with encouragement that change is possible and recovery is achievable. |
| **Universality** | Group member learns that she or he is not alone or unique in his or her problems and suffering. |
| **Imparting information** | Group member receives didactic instruction and direct advice from group members. |
| **Altruism** | Group member offers support, reassurance, suggestions, and insight to other group members. |
| **Corrective recapitulation of family of the primary family group** | Group member relives early familial conflicts in group in a corrective, more satisfying way. |
| **Development of socialization techniques** | Group member develops basic social skills through interactions with other group members. |
| **Imitative behaviour** | Group member learns to model behaviours from other group members. |
| **Interpersonal learning** | Group member learns about own maladaptive interpersonal patterns through feedback provided by other members |
| **Group cohesiveness** | Group member feels connection to and solidarity with other group members and the group as a whole. |
| **Catharsis** | Group member experiences and expresses strong affect. |
| **Existential factors** | Group member confronts issues on the ultimate concerns of existence: death, isolation, freedom, and meaninglessness. |

For the purpose of this study, a therapeutic community is defined as a supportive community wherein members employ, consciously or otherwise, various counselling skills. Amis (2011) defines counselling skills as "a range of communication skills varying in difficulty that are used in general interactions or more skilfully in the caring practice" (p. 113), and include active listening, attending, confrontation, empathy, probing skills, providing information, reflective skills, reframing and self-disclosure

(Brumfitt, 2010; Culley & Bond, 2011; Gehart, 2013; McLeod & McLeod, 2011; Nelson-Jones, 2012; Reeves, 2013; Smaby & Maddux, 2011), all of which are defined in Table 4.

| **Table 4: Counselling skills** | |
|---|---|
| **Active listening** | Involves the accurate understanding of what the client is communicating, and then showing him/her such understanding by means of reflective skills (Nelson-Jones, 2012). |
| **Attending** | The counsellor makes every effort to switch off his/her internal dialogue in order to tune into the client's story, noticing every pause, hesitation, and other communication (McLeod & McLeod, 2011; Reeves, 2013). |
| **Confrontation** | The counsellor points out when the client is not making sense, contradicting him/herself, avoiding things or indulging in self-destructive behaviour (McLeod & McLeod, 2011). |
| **Empathy** | Involves adopting the client's frame of reference to gain enhanced understanding of his/her experience, and then demonstrating this empathetic understanding to the client using reflective skills (Culley & Bond, 2011; Reeves, 2013). |
| **Probing skills** | The counsellor relies on a consciously intentional approach to the art of probing by contemplating the purpose of a question before asking it (McLeod & McLeod, 2011). However, owing to a statement being behind every question, counsellors generally avoid asking questions directly but rather rely on making a statement to explore subtly the client's experiences, feelings, behaviour and thoughts (Culley & Bond, 2011). |
| **Providing information** | The counsellor is a prospective source of information for the client as s/he may, for instance, present evidence that others are experiencing the same problem as the client (Culley & Bond, 2011; McLeod & McLeod, 2011), and/or provide psychoeducation to the client; that is, teaching the client about the nature of his/her problem (or mental health disorder) and the possible treatment strategies (Gehart, 2013). |
| **Reflective skills** | Such skills include paraphrasing, restating, summarising, and reflecting feelings (Culley & Bond, 2011; Reid & Westergaard, 2011):<br>- Paraphrasing involves restating in one's own words what the client has conveyed with the purpose of further exploration and gaining clarification (Reeves, 2013).<br>- Restating involves using the exact words of the client to repeat that which is believed to be of significance (Culley & Bond, 2011).<br>- Summarising involves pulling together, clarifying and reflecting on various statements that a client has previously made (Nelson-Jones, 2012).<br>- Reflecting feelings, as it suggests, involves reflecting back the feelings that the client is expressing (Reid & Westergaard, 2011). |

| | |
|---|---|
| **Reframing** | Involves suggesting a plausible and equal alternative in the understanding of the client's situation or concerns (Gehart, 2013). |
| **Self-disclosure** | Although this skill is rarely used during psychotherapy, when it is used the aim is to express personal experiences to convey professional information (Smaby & Maddux, 2011), such as in the telling of second stories (see Chapter 4, Section 4.3.1 for a description of second stories). |

However, Culley and Bond (2011) state that there are distinguishing factors between formal counselling and individuals using counselling skills in offering supportive help, as described in Table 5. While therapy is more than the use of counselling skills, employing such skills can be therapeutic in nature (Papadopoulos, 2009), and in this manner can facilitate the creation of a therapeutic community.

**Table 5: Distinction between counselling and using counselling skills by Culley and Bond (2011, p. 6)**

| | **Counselling** | **Supportive help using counselling skills** |
|---|---|---|
| **Role** | Explicitly identified as a counsellor to clients; strives to avoid or minimise any role conflict and ambiguity. | Combines offering support with other roles; may involve some role conflict and ambiguity. |
| **Authority** | Has neither managerial nor other formal authority over client. | May have managerial or other authority over client. |
| **Contract** | Explicit agreement to offer counselling to client including clarity about confidentiality and boundaries. | Uses discretion about whether to have a contract or to use counselling skills spontaneously. Confidentiality is often implicit and boundaries may not explicitly be defined. |
| **Time** | Planned and protected from interruptions. | May not be planned; can be a spontaneous response to someone needing help. |
| **Professional support** | Works to ethical guidelines that require regular supervision to enhance quality of service. | May not have either a professional ethical framework or receive supervision. |
| **Process** | Assists clients to make their own decisions and take actions for themselves. | May advise, coach, distribute physical resources or act on behalf of clients. |
| **Focus** | The 'person in context': the client is at the centre; the context provides a perspective for both self- and practitioner assessment. The goals and aims of others are considered to the extent that they relate to the client. | The 'person and context(s)': the helper may have a dual focus and be required to take account of the context in which the help is offered. For example, to balance organisational needs and requirements with those of the individual seeking help. |

## 2.6. CONCLUSION

Adolescence is a period marked by enhanced stress and emotional turmoil, during which depression and suicidal thoughts are prevalent. As such, adolescents require access to varying sources of support, especially since they do not always make use of the professional help available to them. As adolescents prefer relying on their peers for required support, and frequently obtain such peer-support by using communication technologies, including online forums, it becomes relevant to consider how it is that such media are used in obtaining support. This study contributes to additional novel findings by considering how it is that users create a therapeutic community in online forums for depressed adolescents. To achieve this, I examined how users employ the kinds of skills that have been identified within the literature on professional counselling, and how their uses of such skills are responded to by other users. Considering this, in conjunction with other practices that users employed as a means of producing specific actions, my analysis examines how the users create a therapeutic community. Furthermore, by considering how users create a supportive environment, I identify interactional difficulties that interfere with the development of such an environment. Such findings will enhance the understanding of the interactional organisation of forums such as this and thus add to the knowledge of the potential utility of such forums for adolescents who may not obtain help elsewhere. The methodological underpinnings that I used in examining how users create a therapeutic environment are discussed in the following chapter.

# CHAPTER 3
# METHODOLOGY

## 3.1. RESEARCH QUESTIONS

Based on the literature review discussed in the previous chapter, a main research question with the support of three secondary research questions guided this study. These questions are as follows:

### 3.1.1. Main research question

How do users create a therapeutic community through their actions and practices in an adolescents' online support forum for depression?

### 3.1.2. Secondary research questions

1. What practices do users employ in order to create a supportive environment in the forum?

2. What therapeutic skills are utilized to create a supportive environment?

3. What interactional difficulties occur in the forum that may interfere with the creation of a supportive environment?

## 3.2. RESEARCH DESIGN

The above research questions guided the logical blueprint that was used to carry out this study, as suggested by Yin (2011). In considering the type of study that was being planned, the result that was being aimed at as well as the kind of evidence that was required to adequately answer the research question (Brewer & Headlee, 2010; Mouton, 2001), I decided to use a qualitative research approach to gain an understanding of how users of an online forum for depression created a therapeutic

community through their actions and practices. The aim was to produce both basic and applied research so as to add knowledge to the field as well as provide insight into the utility of support forums for adolescents who may not obtain needed help elsewhere, as suggested by Fouché and Delport (2011), Johnson and Christensen (2011), and Merriam (2009) .

Within this study I used an exploratory and descriptive approach in addressing the research goals. Exploratory research is conducted to gain insight and enhance understanding in a particular area (Babbie, 2010; Bless, Higson-Smith, & Kagee, 2006; Hesse-Biber & Leavy, 2011; Marshall & Rossman, 2011). Descriptive research involves an intensive examination of the data in order to provide detailed and accurate descriptions of a phenomenon (Blaikie, 2010; Creswell, 2009; Fouché & De Vos, 2011; Johnson & Christensen, 2011; Thomas, Nelson, & Silverman, 2011).

### 3.3. SAMPLING AND DATA COLLECTION

In selecting the sample, I considered the population of the study, which included all adolescent online support forums for depression. However, as the exact population size was unknown, I used a non-probability, purposive sampling procedure to select the sample (Babbie, 2010; Cottrell & McKenzie, 2011). This involved intentionally selecting an information-rich forum that contributed to an in-depth understanding of the topic at hand (Babbie, 2010; Cottrell & McKenzie, 2011; Patton, 2002). To distinguish between the forums in the population that were of potential interest and those that were not, I defined a set of inclusion criteria, as suggested by Johnson and Christensen (2011). These were as follows:

- Adolescent online forum for depression
- Minimum of 50 posts
- Threads/posts exhibiting features of seeking and providing support

Within the chosen forum, I further sampled material until data saturation had been achieved in terms of generalising to theoretical propositions rather than to populations (Adler & Clark, 2011; Cottrell & McKenzie, 2011; Hesse-Biber & Leavy,

2011; Holloway & Wheeler, 2010). This material was selected according to the most read threads/posts that exhibited features of seeking and providing support.

I collected data from existing online interactions, which Peräkylä (2005) describes as "naturally occurring empirical material" (p. 869). Such material was not produced for my own benefit or the benefit of the research, and would have occurred even if it had not been used for the purpose of this study. According to Hutchby and Wooffitt (2008), naturally occurring data are rich with empirical detail and provide readers with direct access to the material, including the verbatim extracts that are made available through this study and published research, which in so doing enables public scrutiny of the analytic claims made in this research report[1] (Heritage & Atkinson, 1984; Hutchby & Wooffitt, 2008). This then strengthens the rigour of this study since the naturally occurring data that were used allowed for the collection of reliable and accurate accounts of the interactions (Peräkylä, 2004b; Tappen, 2011). This further ensured the value of the data in the analysis, reporting and application stages of this research study (Morrow, 2007). Thus, by using "data from 'real life' situations of actions" (Goodwin & Heritage, 1990, p. 289), I was able to collect accurate accounts of the actions and practices used in the forum, and in so doing ensured the authenticity of the interactions (Garcia, 2013).

### 3.3.1. Data analysis

I analysed the data by means of conversation analysis (CA), which focuses primarily on the examination of action in interaction to explain how people produce social actions through their talk (Heritage & Clayman, 2010; Schegloff, 2007a; Voutilainen, Peräkylä, & Ruusuvuori, 2011). CA offers a method for producing qualitative description of the actions and practices used within the forum. While in the past CA has primarily studied spoken interaction, it has more recently been applied to written, particularly online, interaction, since the basic principles of focusing on action and examining sequences of actions are easily transferable from spoken to written interaction. This is particularly evident in a number of recent studies, including Antaki

[1] It is noteworthy that the chosen online forum was removed from the World Wide Web (WWW) a few months into the study. Nevertheless, as I had saved a complete electronic copy of the forum before it was removed from the WWW, I was able to include verbatim case extracts from the forum (see Chapter 4), and thus the opportunity for public scrutiny of the analytic claims still applies.

et al. (2006), Coffey and Woolworth (2004), Lamerichs and te Molder (2003), Sneijder and te Molder (2005), Stommel and Meijman (2011), and Subrahmanyam, Greenfield and Tynes (2004), which have put CA to use in online settings.

According to Heritage (1984), there are three fundamental assumptions that underlie CA. The first and most basic assumption is that interactions are structurally organised (Goodwin & Heritage, 1990; Heritage, 1984), and thus analysing interactions can reveal the recurrent organisation of patterns of actions and the practices used to produce them. The second assumption is that interactions need to be contextually understood (Babbie, 2011; Heritage, 1984; Voutilainen et al., 2011) given that each interactional action is treated as exhibiting an understanding of preceding actions and knowledge, as well as projecting subsequent interactional actions (Goodwin & Heritage, 1990; Heritage, 1984). This emphasises the importance of analysing turn-by-turn sequences of the interactions while focusing on how they are sequentially organised (Kondratyuk & Peräkylä, 2011; Punch, 2005). The last assumption is that "no order of detail in interaction can be dismissed a priori as insignificant" (Heritage, 1984, p. 241), requiring the analysis of interactions to have empirical grounding using accurate transcriptions of conversations (Babbie, 2011; Punch, 2005) or, as in this study, snapshots of threads or posts from the forum to provide a verbatim account of the interaction.

Furthermore, as a central principle of CA is that language, whether it be spoken or written, is a means of producing actions (Peräkylä, 2004a), the focus of analysis is not on aspiring to gain knowledge of how reality is experienced, understood or viewed by individuals (Willig, 2013). In light of this, the primary focus of this study's analysis involved an examination of what action was being produced as a result of users writing something in the forum, and then looking at how that action was responded to, and how sequences of actions unfolded as a result of a number of actions and responses to them, as indicated in Goodwin and Heritage (1990).

In analysing actions, it is also essential to understand the various practices that are used to accomplish such actions (Schegloff, 1997). In a support setting, such as the online forum used in this study, the action of providing support can be produced by means of various practices, including paraphrasing, reflections, the telling of a

personal story, and so on. This is also true vice versa where a single practice can serve as a way of producing several actions. For instance, asking a question (practice) can serve as a way of challenging that which another individual has expressed (action) or as a means of prompting them to share their experiences further (action). My analysis thus focused on the ways in which particular practices were used in providing support (see Chapter 4).

Furthermore, interactions typically progress through various phases, as suggested by evidence demonstrating that institutional interactions are characteristically organised into a particular set of ordered stages (Drew & Heritage, 1992; Horton, 2006; ten Have, 1991; Voutilainen et al., 2011). Thus, a thread in a support forum might, for instance, progress from defining the problem to clarifying questions about the nature of the problem to displaying support, and so on. It is then essential to examine the phases that the interactions progress through by considering whether these are systematically organised to achieve the overall goal of the interaction, which for the purpose of the forum being examined is to provide support. This systematic organisation of the phases is referred to as the overall structural organisation of the interaction (Drew & Heritage, 1992), which was used in this study to provide insight into how a therapeutic community is created within the online forum. Within this systematic organisation, several interactional difficulties occurred that were shown to interfere with the creation of a therapeutic community, all of which are discussed in detail in the subsequent chapter.

In addition, from a CA perspective, all analytic claims are based on the users' mutually displayed interpretations of each other's actions and practices (Heritage, 1984). In interpreting the data I then focused on that which the users exhibited as being successful (or problematic) in creating a therapeutic community, as suggested by Heritage (1984). Thus, my own knowledge of the subject matter was not prioritized, although, as Sutherland and Strong (2011, p. 261) emphasise, such knowledge "will inevitably shape the analysis and resulting conclusions". The focus of my analysis was then on *how* (through which actions and their corresponding practices) users created a therapeutic community and *when* (at which point during the interactional sequence) such actions and practices are produced in the interaction, each of which are examined on a case-by-case basis, as suggested in

Peräkylä (2004b). Thus, the analysis is not about statistical likelihoods of the outcome of the practices and actions but rather about possible trajectories that the exchanges may follow, meaning that each outcome observed in a particular case must be understood as a contingent and collaborative product of what multiple users have done.

According to Peräkylä (2004b), it is the *possibility* of the social actions (and practices) that can be considered generalizable, particularly in CA studies that use one site, as in this research project. The generalizability of the data is then based on a possibility, meaning that the focus is on identifying which of the practices and actions are possible without inferring that they will necessarily occur in other online forums, or even across all cases in the forum used in this study. The actions and practices identified in this study are then instances of what other members of online forums *could* use, and in that way only can be thought of as being generalizable. In light of this, the analytic claims made in this research "identify features of interactants' interpretive work that [would] otherwise [be] undefined, hazy, and undifferentiated", and thus can be thought of as proposals that subsequent research can ascertain the degree to which these claims occur in other online forums (Pomerantz, 1990, p. 234).

Moreover, in conjunction with using CA, a discursive psychology (DP) approach, used for studying psychological matters as they are produced and managed in everyday interactions (Hutchby & Wooffitt, 2008), guided the process of analysis. DP is an approach that examines the way in which objects that the discipline of Psychology has traditionally examined are re-specified as participants' concerns (Edwards, 2003). For example, in DP, empathy is treated as something that participants produce and manage in interactions, rather than being purely a "feeling" or an internal psychological structure. The use of DP and CA involved several steps, as suggested in Peräkylä (2004a), which are outlined in Table 6.

| **Table 6: Steps for conversation analysis as adapted from Peräkylä (2004a, p. 169):** |
|---|
| 1. *Selection of the research site* – In selecting an applicable research site, I examined several online forums before identifying the online support forum for depressed adolescents used in this study. This forum was selected owing to it possessing the necessary characteristics identified under the inclusion criteria, as well as containing rich data that could be used to answer the research questions. |
| 2. *Unmotivated exploration of the data* – The aim here was to understand the organization of sequences of actions in the data by exploring the data, which then gave rise to systematic observations. This involved closely examining the interactions in the forum several times. |
| 3. *Identification of the phenomena to be examined*, which was achieved after becoming familiar with the data through unmotivated exploration. The phenomena that were identified included the specific actions and practices employed by the users in providing support. To determine whether the users treated a particular practice or action as being supportive, I examined how the users responded to them. Furthermore, the sequences of actions that unfolded as a result of a number of actions and responses to them were used to identify the phases that the forum exhibited as well as its typical overall sequential structure. |
| 4. *Collection of instances of the phenomena* – After identifying the relevant phenomena, the data were re-analysed for sequences where the object of interest occurred, and collections of these sequences were complied for careful analysis. |
| 5. *Determining the variation of the phenomena* – Variations of the phenomena in the data were examined to describe different types of realizations of the sequence, the action or the practice under investigation. For example, many users employed different therapeutic practices at different times in the interaction. |

6. *Accounting for the variation* – The data were then examined to determine what could account for the identified variations.

7. *Understand the wider implications, for social relations and social structures, of the phenomenon under investigation* – An understanding of the place and function of the phenomenon in the larger social system was obtained, which involved looking at how the research findings related to the rationale of the study. For example, it was considered what implications the phenomena had for issues of providing social support to individuals who might not get it elsewhere.

## 3.4. ETHICAL CONSIDERATIONS

According to Babbie (2010), researchers need to be aware of that which is generally agreed as being proper and improper conduct during scientific enquiry. Owing to the use of a CA approach in this study where I collected data from a public domain, specifically from a public forum that had unrestricted access, issues around ethics (anonymity, privacy, confidentiality, deception, informed consent, avoidance of harm, beneficence) are of less consequence (Benwell & Stokoe, 2006). Furthermore, the use of screen names on the forum constitutes a naturally-occurring mechanism for ensuring anonymity, so even if there were ethical concerns, the nature of the data provides a built-in mechanism for addressing them.

# CHAPTER 4
# ANALYSIS

## 4.1. INTRODUCTION

According to Vehviläinen, Peräkylä, Antaki and Leudar (2008, p. 188), “the apparantly simple conjunction of one person’s utterance with another’s is a site at which many therapy-relevant phenomena happen”. Thus, an exploration of the typical overall sequential structure of an online support forum for depression can enhance one’s understanding of how users create a therapeutic community. Such analysis involves an investigation of the recurrent sequences of actions that are being achieved (for example, displaying empathy), in conjunction with their subsequent responses, as well as the practices used to produce such actions (for example, telling second stories) (Sidnell, 2010).

In my data, a typical overall sequential structure emerged in which interactions between users occurred in a particular order. This overall sequential structure is not absolute to all interactions. It is also non-linear in nature in that it may not always be a unidirectional progression from one action or practice to the next, and it may comprise of several variations on the specific details of how the interactions unfold. Nevertheless, owing to its occurrence across a range of interactions, it does provide a typical account of the overall structural organisation in this forum. Within this overall sequential structure the users often produced what Schegloff (2007b) refers to as an “adjacency pair”, which is a two-part sequence. For example, when someone asks a question it indicates that the related response of answering the question is relevant, and thus is seen to form a “question-answer” adjacency pair. When the adjacency pair is incomplete, that is when a two-part sequence is not followed through, some type of repair work or interactional consequence may follow, which at times entails repeating the first part of the pair (Gibson, 2009). In light of this, an adjacency pair of “trouble-supportive response” can be thought of as a two-part sequence that is recurrently produced in this forum.

Malan and Selva (2007), and Vehviläinen et al. (2008) provide evidence to suggest that therapeutic interactions between a psychologist and his/her client also typically progress through an identified sequence. This is not to say that the sequential organisation of online support forum interactions is identical to that used within face-to-face professional interventions. However, as in therapeutic interventions, there is a sequential structure to the provision of support within online support forums; although the users of such forums may not be conscious of this structure or knowingly act in accordance with it, and they may not always be consciously trying to provide support even though this may be the main explicit goal of the forum's existence. Owing to the limited scope of this report, a brief overview of the typical overall sequential structure will be provided while specific segments within this structural organisation that offer the most insight, in terms of achieving the aims of this study, will subsequently be explored in greater detail.

## 4.2. TYPICAL OVERALL SEQUENTIAL STRUCTURE

The analysis of interactions in the forum highlighted a series of recurring actions and practices that could be grouped together to form a typical overall sequential structure that is as follows: 1) Prompting the solicitation of trouble, 2) Solicitation of trouble, 3) Trouble formulation, 4) Responses to trouble, 5) Responses to responses. Within this general overall sequential structure a series of actions and practices are identified under each segment (see Table 7), which are contingent possibilities in any given case. In addition, each segment is not exhaustive of every possibility that may be found in the data, and the order in which the sequential structure is presented is not exclusively linear in nature as interactions may flow back and forth throughout the process, and sequences may be expanded or specific parts of the overall sequence may be repeated multiple times, or may not occur at all.

**Table 7: Overall sequential structure**

1. **Prompting the solicitation of trouble**
    a. Exploring availability of support
2. **Solicitation of trouble**
    a. Greetings
    b. Probing questions
    c. Positive storytelling
3. **Trouble formulation**
    a. Formulation of trouble in response to solicitation
    b. Unsolicited formulation of trouble
    c. Managing other users' responses to trouble formulation
        i. Non-judgemental responses
        ii. Informative responses
        iii. Allowing for delayed responses
    d. Troubles-resistance
4. **Responses to trouble**
    a. Displays of empathy
    b. Offering to problem solve
    c. Using persuasion
    d. Offering encouragement
    e. Displays of sympathy
    f. Exploring or challenging troubles
    g. Offering understanding
    h. Offering reassurance
    i. Offering individual attention
5. **Responses to responses**
    a. Acceptance
    b. Resistance
    c. Partial acceptance or resistance
    d. Reciprocal support

An example is provided (see Extract 1) that demonstrates the general overall sequential structure[2]. In general, the interactions commenced with a *solicitation of trouble*, which is a particular action that facilitates the elicitation of "troubles-talk", a term formulated by Gail Jefferson (1980; 1984; 1988). For the purpose of this study, the term 'troubles-talk' is referring to the users' expression of any action, thought or experience that is reflecting their depressive or troubled state. At times, the

[2] The posts within the forum (and in this study) are chronologically reversed, such that the interaction starts at the bottom of the excerpt and progresses upwards. While all the extracts that have been included in this analysis are chronologically reversed, the line numbering proceeds from the top of the extract to the bottom. Furthermore, the extracts (and all direct quotes from them throughout the analysis) are reproduced verbatim, without any correction of the spelling, punctuation or language use.

*prompting of the solicitation of trouble* was employed by a user in need of support. In Extract 1, EndOfFaith prompts the solicitation of trouble by exploring the availability of support from other users (line 14), which is followed by DarkEyes, in line 13, offering help ("I'll help") and then making use of a probing question ("What's up?") to solicit troubles-talk.

**Extract 1:**

**EndOfFaith** - 9:07 am on May 5, 2010

01 thank you muchly :) :) :D i shall try :)

**DarkEyes** - 5:57 pm on May 4, 2010

02 Sounds like your getting overwhelmed with the things in your life. It's easy to feel that way with
03 school or work, believe me I know. Unfortunately there's not a lot you can do about it besides try
04 your hardest to get through it until it's over. Mental strain can be painful but we're all made of
05 scars, any extreme you can get through will be easier to get through again. Just keep fighting a
06 good fight even if you're getting the crap kicked out of you. You'll thank yourself when it's over.
07 Look forward to the feeling of accomplishment you'll get, let that be your light at the end of the
08 tunnel.

*((One unrelated post deleted))*

**EndOfFaith** - 1:12 pm on May 3, 2010

09 everything's getting me down lately, i'm studying for my GCSEs right, and i have an enlish essay
10 due tomorrow which i havent done, and french that i need to spend HOURS on and havent, and i
11 never seem to do my homework any more. then there's the family issues. sighhhhhh. i just wish i
12 could i dunno, fly away from all of this shit.

**DarkEyes** - 6:57 pm on May 2, 2010

13 I'll help. Whats up?

**EndOfFaith** - 3:05 pm on May 2, 2010

14 i really need a boost, anyone have any help?

There are several other ways in which users solicited troubles-talk, including the use of greetings (see 2a in Table 7) and the expression of their own positive life experiences; that is, positive storytelling (see 2c in Table 7). Sacks (1975) found that greetings ("Hi/Hey") with a greeting substitute ("How are you?") typically result in a routine positive response of, for instance, "I am fine" as a means of avoiding a diagnostic sequence that involves troubles-talk. Given that the aim of support groups is to provide support, it is not surprising that users of the forum did not always

respond with the usual positive response, such as “I am well”, but frequently responded with a formulation of their trouble; that is, a response that entails troubles-talk. In addition, “one of the things that people recurrently do in conversation is tell stories” (Sidnell, 2010, p. 62). Thus, it is of significance that users’ troubles-talk often followed the description of positive experiences that others were currently encountering (see 2c in Table 7). However, as a detailed account of these practices for soliciting troubles-talk lie beyond the scope of this study, they will not be explored further.

As briefly mentioned above, the interactions regularly proceeded from a *solicitation of trouble* to the *trouble formulation*. In Extract 1, the probing question of “Whats up?” (line 13) initiated EndOfFaith’s troubles-talk, where an explanation of his/her school- and home-related problems was provided (lines 9-11). Thus, in this case, EndOfFaith’s response to DarkEyes’ solicitation of trouble was to formulate his/her trouble (lines 9-12).

There are several variations to the formulation of trouble that users displayed. Numerous users did not rely on a solicitation of trouble in formulating their problem but rather engaged in troubles-talk from the outset (see 3b in Table 7). This is demonstrated in Extract 2 where Luvme4eva produces an unsolicited formulation of trouble, “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?” (lines 9-11). This displays Luvme4eva’s sense of safety in initiating his/her own troubles-talk in the forum, which s/he claims not to be the case for others in his/her life as shown in him/her expressing that s/he has not disclosed this trouble to any doctors or family members. Thus, Luvme4eva appears to be displaying that the forum is the first place s/he came for help, or possibly the only place s/he can come for help.

**Extract 2:**

Luvme4eva - 5:06 pm on Dec. 2, 2008

01 Exactly. I get really depressed and I start having the worse thoughts about suicide and death.
02 Then, out of nowhere, I'm angry, without explanation. And when I'm actually happy, it's overly
03 happy and I don't have a reason to be. My emotions are out of control.

Lovely Bones - 5:00 pm on Dec. 2, 2008

04 yes. I feel the same way.
05 one minute I feel happy,
06 next I feel alone, and
07 vulnerable. Then it gets
08 worse, and I feel suicidal.

Luvme4eva - 4:47 pm on Dec. 2, 2008

09 Anybody else have random mood swings that they can't explain? I don't understand what's going
10 on with me and I haven't told any doctors or family members. I feel so alone. Does anyone
11 understand?

In addition to using unsolicited formulations of trouble, users at times worked to manage others' responses to their formulation of trouble (see 3c in Table 7) by encouraging non-judgemental (see 3ci in Table 7) and informative responses (see 3cii in Table 7), as well as allowing for delayed responses (see 3ciii in Table 7). Some users also displayed "troubles-resistance" (see 3d in Table 7), which is a term developed by Jefferson (1984, p. 351) to describe individuals who are "exhibiting that, although there is this trouble, it is not getting the better of [them]". Consistent with Jefferson's (1984) findings, users engaged in textual laughter as a means of displaying troubles-resistance. While certain aspects of these variations to trouble formulation will be examined in the subsequent section owing to the sequential nature of the data, an in-depth discussion of each variation is beyond the scope of this study. Thus, at this point, they will not be further elaborated on.

After users formulated their trouble the interactions typically proceeded to the *responses to trouble*. In Extract 1, DarkEyes simultaneously makes use of several different ways in responding to EndOfFaith's expression of trouble. Initially, s/he responds with a display of sympathy by reflecting the feeling that s/he perceives EndOfFaith to be expressing, "Sounds like your getting overwhelmed with the things in your life" (line 2). Such reflection of feelings is a common counselling skill that

therapists utilize in providing support (Nelson-Jones, 2013), and demonstrates that although such users are not licensed professionals themselves, they at times made use of skills that mental health professionals have been trained to utilize. This is consistent with DarkEyes' subsequent use of paraphrasing, which is a type of reflective response (Reeves, 2013) that DarkEyes uses to display sympathy by rephrasing how school or work seems to be the source of EndOfFaith's problem (lines 2-3). Although in this case the paraphrase appears to be incomplete as EndOfFaith also mentioned that s/he has family issues (line 11), this is not treated as a concern for EndOfFaith who, in line 1, shows appreciation for the sympathetic response by stating, "thank you muchly :) :) :D I shall try :)". After making use of a paraphrase, DarkEyes continues in his/her response to the trouble by stating, "Unfortunately there's not a lot you can do about it besides try your hardest to get through it until it's over. Mental strain can be painful but we're all made of scars, any extreme you can get through will be easier to get through again" (lines 3-5), which demonstrates how an enhanced understanding of EndOfFaith's problems is offered through the delivering of psychoeducation. DarkEyes then proceeds by offering the encouragement, "Just keep fighting a good fight even if you're getting the crap kicked out of you" (lines 5-6), and subsequently offering reassurance by means of the optimistic projection, "You'll thank yourself when it's over. Look forward to the feeling of accomplishment you'll get, let that be your light at the end of the tunnel" (lines 6-8), which is a term Jefferson (1988, p. 431) used to describe how users predict a positive ending to the trouble. This example demonstrates how several of the variations to responding to trouble can be applied simultaneously by a user in any given post. A further in-depth discussion of the variations to users' responses to trouble will follow in the subsequent section as this aspect of the findings is of particular relevance in terms of the aims of this study.

The interactions then typically progressed to the *responses to responses*, describing how the users, who expressed a problem, responded to other users' responses to their trouble. In Extract 1, EndOfFaith displays acceptance of DarkEyes' response to his/her trouble by showing appreciation and stating that s/he will attempt to use DarkEyes' suggestions (line 1). This can be thought of as a case where a sequence comes to a close as a result of positive alignment of the participants and with the user who formulated their trouble displaying an appreciative orientation towards the

support that has been offered. Thus, from the perspective of the participants, it can be viewed as an instance of a sequence with a “successful” outcome. This contrasts with cases where there is resistance to (see 5b in Table 7), or only partial resistance or acceptance of (see 5c in Table 7), other users’ responses to their trouble, which the participants thus do not treat as being fully “successful”. Another way in which users responded was by reciprocating the support that another user had previously provided to them (see 5d in Table 7). However, an in-depth discussion of each of these *responses to responses* is beyond the scope of this study; although, certain aspects of this segment are discussed in the subsequent section.

## 4.3. RESPONSES TO TROUBLE

According to Brabender, Smolar and Fallon (2004), the emergence of trouble often results in individuals seeking help from those who are experiencing a similar ordeal to themselves. Such support, referred to as peer-support, “is rooted in the belief that significant interpersonal relationships and a shared sense of community lay the foundation for the process of healing” (Adame & Leitner, 2008, p. 148). Peer-support is a mutual support from individuals who are experiencing similar struggles to their own and is non-hierarchal in nature (Adame & Leitner, 2008; Ferrand-Bechmann, 2009). It is based on the assumption that individuals who have overcome some difficulty in their life are capable of providing constructive support and hope for others experiencing similar adversities (Buckley, 2012). The nature of the forum seems to be based on this notion given that support is often provided by users who appear to have found ways in which to cope with the experience of depression itself as well as circumstances influencing it. The analysis of how such peer-support unfolds within the forum indicates that users frequently respond to troubles-talk by displaying empathy, offering to problem solve, using persuasion, offering encouragement, displaying sympathy, exploring or challenging troubles, offering understanding, offering reassurance, and offering individual attention. Some of these actions, in conjunction with the practices used to accomplish them, were found to enhance a supportive environment while others did not. Each of these is examined in more detail in the sections that follow.

### 4.3.1. Displays of empathy

Users recurrently responded to troubles-talk by displaying empathy through the telling of second stories. While mental health professionals frequently rely on reflective skills in displaying empathy rather than using self disclosures (Culley & Bond, 2011; Nelson-Jones, 2013; Riggal, 2012), users often provided an empathetic response through the telling of second stories. Harvey Sacks (1992, p. 60), who conducted seminal research on second stories, describes that “a collection of people get together and tell a series of stories, one alike to the next” (as cited in Arminen, 2004). In my data, second stories involve the users sharing their experiences and feelings in response to troubles-talk. The use of second stories is demonstrated in Extract 3, wherein the sequence is initiated with Luvme4eva using an unsolicited instance of troubles-talk to explore if anyone else has unexplainable and random mood swings as s/he does (line 9). Luvme4eva continues by expressing his/her isolation and loneliness (line 10), as well as exhibiting a lack of understanding of what is wrong with him/her (lines 9-10), which leads to an enquiry as to whether other users understand what s/he is experiencing (lines 10-11). In response to this unsolicited formulation of trouble, Lovely Bones claims in line 4 to literally feel the same way as Luvme4eva (“Yes. I feel the same way”), which serves as a direct way of displaying empathy. Lovely Bones continues by demonstrating this understanding by telling a second story to explain 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 5-8). The second story then serves as an elaboration of the assertion to feeling the same way as Luvme4eva, and leads Luvme4eva to respond, “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” (lines 1-3). The use of the word “exactly” (line 1) serves as a claim that what Lovely Bones has just written precisely fits what Luvme4eva was describing in his/her original post, and thus is a strong way of aligning with Lovely Bones’ response. This sense of alignment between these two users is further developed by Luvme4eva’s repetition of the words “suicide” (line 1) and “happy” (line 2) in response to Lovely Bones, thus resulting in the display of mutual empathy with respect to their feelings.

**Extract 3:**

Luvme4eva - 5:06 pm on Dec. 2, 2008

01 Exactly. I get really depressed and I start having the worse thoughts about suicide and death.
02 Then, out of nowhere, I'm angry, without explanation. And when I'm actually happy, it's overly
03 happy and I don't have a reason to be. My emotions are out of control.

Lovely Bones - 5:00 pm on Dec. 2, 2008

04 yes. I feel the same way.
05 one minute I feel happy,
06 next I feel alone, and
07 vulnerable. Then it gets
08 worse, and I feel suicidal.

Luvme4eva - 4:47 pm on Dec. 2, 2008

09 Anybody else have random mood swings that they can't explain? I don't understand what's going
10 on with me and I haven't told any doctors or family members. I feel so alone. Does anyone
11 understand?

In addition, owing to Luvme4eva's original expression of loneliness (line 10) being replaced with the claim that Lovely Bones understands "exactly" what s/he has portrayed (line 1), the second story serves as a way of displaying to Luvme4eva that his/her original story has not only been understood but that someone else is feeling or experiencing the same as him/her, which Arminen (2004) also found to be the case in Alcoholics Anonymous support groups. This further demonstrates that the forum involves the characteristic of *universality*; that is, the recognition of shared experiences in diminishing the feeling of isolation and loneliness (Yalom & Leszcz, 2005). There is evidence to suggest that universality is an effective technique used in several support group settings (Brown, 2004; Groos & Shakespeare-Finch, 2013; Setoyama, Yamazaki, & Nakayama, 2011), which Extract 3 demonstrates that this is recurrently treated by the users to be owing to the display of empathy that is produced as a result of them sharing their second stories.

Furthermore, the way in which users frequently repeated the words that the trouble teller used in his/her original story when telling their second stories, as in Lovely Bones' use of the word "alone" (line 6), can be thought to serve as a way of strengthening the display of empathy, as in this case, Luvme4eva exhibits an accepting orientation towards such response by stating that Lovely Bones precisely

understands his/her expressed trouble (line 1). In addition, Luvme4eva's further repetition of the words "suicide" (line 1) and "happy" (line 2) in responding to Lovely Bones' second story appears to exhibit a mutual empathy that has formed between these two users. The recurrent repetition of words during the telling of second stories seems to then be "intentionally designed" (Arminen, 2004) to display empathy to the troubles teller (whether it is the original story teller or not), and thus provides a further understanding of how it is that second stories produce an expression of empathy in the forum. In addition, owing to empathy being an essential counselling skill that has been found to establish a sense of being heard and understood (Jacoby, 2004; Reid & Westergaard, 2011; Vincent, 2005), the use of second stories (including the repetition of words within such stories) in frequently serving as a display of empathy in response to troubles-talk can then be thought to recurrently facilitate the creation of a therapeutic environment within the forum.

The use of second stories in recurrently creating a supportive atmosphere is further demonstrated in Extract 4, where Samantha1's unsolicited formulation of trouble in line 4 is responded to by JustLikeThat89, who displays empathy through the initial claim that s/he is experiencing the identical situation as Samantha1 (line 2) followed by telling a second story to demonstrate this claim, "except when I feel better for a while it gets worse after my feeling better is over. That's why I'd rather stay low but at the same time I'd rather be happy" (lines 2-3). In response to this, Samantha1 displays relief by expressing comfort in the displayed knowledge that s/he is not alone in his/her experience: "least i know that there is some bady feeling the same" (line 1). The repetition of the word "same" in lines 1 and 2 further exhibits a confirmation from Samantha1 that JustLikeThat89 is experiencing the exact feeling as him/her, which is a compelling way of aligning with JustLikeThat89's response. Thus, by the users' recurrently bringing the sequence to a close by expressing comfort owing to others demonstrating a similar experience of the expressed trouble, they are in such cases treating second stories as an effective means of displaying empathy. These findings then contribute to evidence suggesting that relief often comes when an individual's sense of uniqueness is disconfirmed (Ellis, Campbell, Sethi, & O'Dea, 2011; Yalom & Leszcz, 2005), by demonstrating that in this forum second stories are frequently treated as a means of countering the trouble tellers' expressed uniqueness owing to the display of empathy that it recurrently produces.

Thus, owing to empathy being a counselling skill used in many therapeutic settings (Culley & Bond, 2011; Reeves, 2013) the use of second stories in serving as a way of displaying empathy can then be thought of as a type of counselling practice that is often used in this forum.

**Extract 4:**

samantha 1 - 5:48 am on Mar. 21, 2010
01 least i know that there is some bady feeling the same

JustLikeThat89 - 6:56 pm on Mar. 20, 2010
02 Same here samantha 1 except when I feel better for a while it gets worse after my feeling better is
03 over. That's why I'd rather stay low but at the same time I'd rather be happy. It's hard to explain.

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

At times, the users responded to troubles-talk by exhibiting commonly shared experiences or feelings, which can be thought of as a variation to second stories since the users displayed an understanding of the trouble using their own experiences in responding, without the story-like character, to the original story, and in that way displayed empathy. This response to troubles-talk then appears to be facilitated by the users' own knowledge of the trouble, owing to them claiming to have been through similar or the same experiences. This is demonstrated in Extract 5, wherein Hussain1000 engages in an unsolicited instance of troubles-talk by expressing concern for the lack of understanding of his/her mood swings (lines 8-9). In response, RyAn1295 claims to feel as Hussain1000 feels (line 7), to which Hussain1000 displays surprise in line 6 ("Really") and then continues by expressing a further formulation of his/her trouble, "I just don't know what to do anymore I feel lost" (line 6). This leads RyAn1295 to offer his/her understanding by reflecting the feeling that is being conveyed using the emoticon ":(" (line 5), meaning "sad face", followed by displaying empathy by exhibiting a deeper understanding of that which Hussain1000 has expressed, "and alone, especialy if you dont have someone you can always talk to" (line 5). Given that Hussain1000 did not directly mention that s/he does not have someone to talk to but responds by expressing an accepting orientation of RyAn1295's displayed understanding "Yea very alone" (line 3) while

simultaneously repeating the word “alone” (line 3), it serves as a strong way of aligning with RyAn1295’s display of empathy. Hussain1000 then continues by providing an explanation for feeling alone, “because I just moved from Ohio to Baltimore and I have no one and my parents r very hard to talk to” (lines 3-4), to which RyAn1295’s subsequent response of “wow you moved too?” (line 1), demonstrates that although he did not display an initial awareness of Hussain1000 having moved, his claim to have also moved serves as a way of showing that it is the shared experience of moving that is treated by these two users as providing them with a deeper understanding of each other’s expressed feelings and experiences. These users then display a mutual understanding with regards to their experience of moving and expressed feeling of being alone. In light of this, the exhibiting of commonly shared experiences or feelings can then at times be thought to serve as a way of displaying mutual empathy, and thus fosters the creation of a therapeutic environment in the forum.

**Extract 5:**

RyAn1295 - 8:41 pm on Aug. 7, 2010

01 wow you moved too? it really sucks i hope you finds some friends and how is it hard to talk to your
02 parents???

hussain1000 - 8:37 pm on Aug. 7, 2010

03 Yea very alone because I just moved from Ohio to Baltimore and I have no one and my parents r
04 very hard to talk to

RyAn1295 - 8:34 pm on Aug. 7, 2010

05 :( yeah, and alone, especialy if you dont have someone you can always talk to

hussain1000 - 8:30 pm on Aug. 7, 2010

06 Really I just don't know what to do anymore I feel lost

RyAn1295 - 8:26 pm on Aug. 7, 2010

07 i know how you feel

hussain1000 - 8:24 pm on Aug. 7, 2010

08 I just don't kno what is going on with me one min I'm really happy and the next I feel really
09 depressed

Furthermore, the users at times treated the delivering of psychoeducation, which involves providing information about a particular disorder (Andersson & Carlbring,

2011; Sue & Sue, 2008), as serving as a way of displaying empathy. While the users may not have necessarily received formal training in the symptomatology of mental disorders it seems that they, on occasion, displayed an understanding of the symptoms associated with depression, including sleep disturbance (Clarke & Harvey, 2012; Garcia & Petrovich, 2011; Goldstein & Morewitz, 2011), which is shown to be owing to their own personal experience of such symptoms. This is demonstrated in Extract 6, wherein Into the Light initiates the interaction using the greeting “Hey” (line 9) followed by “how is everyone?” (line 9), to which Glamourr expresses the routine response of “I’m good” (line 8), as described in Sacks (1975), in conjunction with exploring how Into the Light is, “and you?” (line 8). The use of “and you?” (line 8) does not result in the common routine response of “I’m good” but rather solicits Into the Light’s trouble of “Sick. I’m starting to think that my depression is to blame for my illness. As it gets worse, so does my health” (line 6-7). This leads to Writtenwhispers’ response of “Phoenix [*another name used to refer to Into the Light*], you're probably right” (line 4), displaying his/her agreement of Into the Light’s expressed observation that depression affects one’s health. Writtenwhispers continues by offering the understanding of Into the Light’s expressed health problems by delivering psychoeducation: “I know that sleeping problems go along w/ [*with*] depression (sleeping too much or too little) and I know that can affect your health on its own” (lines 4-5). In response, Into the Light treats the delivered psychoeducation as being supportive by initially expressing in line 3 the possibility of its accuracy followed by positively aligning with the offered understanding, “I have been sleeping quite poorly”. It seems that Writtenwhispers’ subsequent expression of agreement “yeah” (line 2) and telling of the second story “i never sleep enough and i'm always tired and i always feel crappy” (line 2) serves as a way of displaying empathy as well as showing that his/her understanding is seen to be based on the personal experience of feeling unwell owing to sleep disturbance. Thus, in this case, the understanding that is produced as a result of the delivered psychoeducation can be thought of as being supportive as Into the Light brings the sequence to a close by displaying an accepting orientation towards the influence that sleep has on the way one feels (line 1).

**Extract 6:**

Into the Light - 4:43 pm on Oct. 15, 2008

01 Sleep greatly affects how we feel.

*((One unrelated post deleted))*

writtenwhispers - 4:41 pm on Oct. 15, 2008

02 yeah, i never sleep enough and i'm always tired and i always feel crappy

*((Three unrelated posts deleted))*

Into the Light - 4:02 pm on Oct. 15, 2008

03 Writtenwhispers, I think that's probably the case. I have been sleeping quite poorly.

*((Two unrelated posts deleted))*

writtenwhispers - 12:50 pm on Oct. 15, 2008

04 Phoenix, you're probably right. I know that sleeping problems go along w/ depression (sleeping
05 too much or too little) and I know that can affect your health on its own.

Into the Light - 9:55 am on Oct. 15, 2008

06 Sick.
07 I'm starting to think that my depression is to blame for my illness. As it gets worse, so does my health.

Glamourr - 9:50 am on Oct. 15, 2008

08 I'm good :D and you?

Into the Light - 9:10 am on Oct. 15, 2008

09 Hey, how is everyone?

***((Note: Phoenix and Into the Light is the same person))***

The positive alignment between these two users is further indicated in the repetition of the words “sleep” and “feel” in lines 1 and 2, which serves as a strong way of displaying the mutual acceptance of the support that is expressed through the delivering of psychoeducation that is shown to be based on personal experience. Thus, owing to evidence suggesting that psychoeducation is used with the intention of providing some relief by normalising a user’s experience (De Vos, 2012; Lindorfer, 2007; Tarrier et al., 2013), my data suggest that users at times treat the use of psychoeducation in offering empathetic understanding of expressed symptoms as being effective in normalising experiences when it is shown to be based on other users’ personal experience.

### 4.3.2. Offering to problem solve

On occasion, users responded to troubles-talk by offering to solve the expressed problem through advice-giving. Such responses are shown to recurrently lead to resistance on the part of the user engaging in the troubles-talk. This is demonstrated in Extract 7, wherein DoubleA initiates the interaction using an unsolicited formation of trouble in lines 13-18. This is responded to by Happychillpill who displays empathy (as discussed in the previous section) by claiming to have had the same experience as DoubleA (line 7), followed by offering reassurance using the optimistic projection of "things will get better" (line 8) (see Section 4.3.8 for the analysis of optimistic projections), and then offering a solution for DoubleA's problem of depression using advice that is shown to be based on his/her own experience of depression (lines 8-12). This can then be thought of as a case in which the second story is used in conjunction with offering advice, and as such, appears to be an attempt at problem-solving rather than solely a display of empathy. DoubleA responds by initially displaying appreciation ("thanks", line 1), but then exhibits resistance to the advice offered by showing that it fails to solve his/her trouble ("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 1-2). Thus, while s/he shows appreciation for this response she continues by treating the advice offered as diminishing the positive impact that second stories are shown to frequently result in when they are used exclusively (see the previous section). This suggests that the accepting orientation that users recurrently exhibit in response to the exclusive display of empathy is often transformed to an expression of resistance when the display of empathy is used in conjunction with the offer to solve the expressed problem. In light of this, it is the offer to solve the expressed trouble that appears to be the response to troubles-talk that is treated by the users as hindering the creation of a supportive environment.

**Extract 7:**

**DoubleA** - 6:48 pm on Nov. 3, 2008

thanks happychillpill but 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 i dont believe there is anyone that actually cares about me or is willing to go out of there way for me i allready know my parents value themselves above all else and i dont really have friends so the stress just keeps building up I think ill eventually go totally insane from it that or die fighting the stress

**happychillpill** - 12:34 pm on Nov. 3, 2008

Hey, DoubleA I went through the same things that you are going through right now about 2 years ago. I PROMISE you that things will get better. The way that got me out of being depressed is by taking out my anger and sadness on making music or writing stuff down on some paper. I still go through it today ( being depressed) but I make myself feel better by listening to music and writing poetry. And maybe you might not like that, so if you like sports take it out on sports or playing video games. Just don't take it out on yourself or anyone who loves you.

**DoubleA** - 7:45 pm on Nov. 2, 2008

Im usual depressed every day my parents are crazy and dont make sense i cant tell if anyone in my family actually care about me or what there opinions and motives are for anything i basicly raised myself and iv been told by many people thaty i w as retarded and something was wrong with me I go to a special ed school where people go crazy and i cant believe other people compare me to the kids there all i do to cope with life is lie to myself that things will get better and then things just get worse

Furthermore, the users recurrently treat the offer to problem solve through the exclusive use of advice-giving as hindering the supportive atmosphere owing to this response to troubles-talk often leading to the users responding with a display of resistance. This is demonstrated in Extract 8, where Cyrk's expression of hopelessness owing to the assertion of being treated badly by everyone s/he knows (lines 4-5) is responded to by Rozenmaiden101, who offers to solve this problem by providing the advice: "Leave them alone for a couple months. go find new friends" (lines 2-3). It appears that by offering such advice Rozenmaiden101 is suggesting that Cyrk could do something differently to improve his/her situation; that is, to avoid the people that have been treating him/her badly for a few months and to "find new friends" (lines 2-3). As such, the offering of advice seems to amount to blaming the person experiencing the trouble for his/her own trouble, and so "blaming the victim". This is demonstrated in Cyrk's subsequent display of resistance to such advice, "I can't... I get called a dumb ass everyday..." (line 1), which can be seen as resistance to being positioned as having some responsibility for his/her own trouble, or for

his/her failure to escape the problem by doing the kinds of things the advice proposes. Thus, the recurrent display of resistance in response to the exclusive offer to problem solve through the use of advice-giving appears to be as a result of "blaming the victim" for his/her trouble. This then suggests that a possible explanation for the common perception among mental health professionals that advice-giving is anti-therapeutic, ineffective, and at times harmful (Couture & Sutherland, 2006; Sears, Rudisill, & Mason-Sears, 2006; Veach, LeRoy, & Bartels, 2003) is that the offering of advice, as in this case, appears to at times result in the victim being blamed for his/her own expressed trouble.

**Extract 8:**

cyrk - 4:51 pm on June 8, 2009

01 I can't... I get called a dumb ass everyday...

rozenmaiden101 - 11:21 am on June 8, 2009

02 Leave them alone for a couple months.

03 go find new friends.

cyrk - 3:03 am on June 8, 2009

04 hi. everyone I know has been treating me like crap... I don't know why and I just don't know what

05 to do anymore...

Occasionally, the offer to problem solve is shown to be initially rejected by the user, but then owing to further advice-giving ultimately leaves him/her expressing intent to follow the offered advice although not necessarily fully aligning with it. This is demonstrated in Extract 9, where the unsolicited formulation of trouble that PsychoticLoner1984 expresses in line 14 leads to Amber1991 exploring this trouble further: "What's wrong?" (line 13). As a result, PsychoticLoner1984 responds by delving deeper into the trouble (line 12), which gives rise to the offer to problem solve through the use of advice-giving: "Well if they're talking about cutting you should probably help them in getting help. Like telling them to go to a counselor or listening to their problems or something. Give them suggestions for other things to do than cutting. If they hardly ever talk to you, figure out why like are they just busy, are they going through things and don't want to talk, is it something you're doing? Communicate" (lines 6-10). Such advice is shown to be initially resisted by PsychoticLoner1984 (lines 4-5), but then later, owing to Amber1991 challenging the

expressed resistance by offering an alternative way in which to solve the problem: “So write an email or letter” (line 3), exhibits intent to follow the offered advice in line 2 (“I'll take it”) without aligning with it (“on your advice amber”). This suggests that PsychoticLoner1984 treats the advice as belonging to Amber1991, and as such, appears to be expressing that if the advice is followed and the outcome is not successful, it can be seen as being Amber1991’s failure rather than his/her failure. In light of this, PsychoticLoner1984 does not appear to be displaying full acceptance of the offered advice as a solution for his/her problem.

Furthermore, Amber1991’s second attempt at offering his/her advice is not necessarily supportive in nature as suggested in PsychoticLoner1984’s subsequent post wherein s/he claims that users do not care about him/her (line 1). While this response was posted a few days later, it appears to be applicable owing to this being PsychoticLoner1984’s first post since s/he expressed intention to follow Amber1991’s second attempt at advice-giving. Thus, PsychoticLoner1984 treats the advice as being unsupportive, since it appears that s/he is suggesting in the expression of “I’m about to quit livewire no one gives a damn” (line 1) that the advice offered is shown to hinder the creation of a supportive environment and resulted in him/her claiming that no one really cares about his/her trouble. PsychoticLoner1984 then treats advice-giving as being unsupportive when it produces an offer to problem solve.

**Extract 9:**

PsychoticLoner1984 - 6:13 pm on Mar. 2, 2012

01 I'm about to quit livewire no one gives a damn

*((One unrelated post deleted))*

PsychoticLoner1984 - 1:03 pm on Feb. 24, 2012

02 I'll take it on your advice amber

amber1991 - 12:39 pm on Feb. 24, 2012

03 So write an email or letter.

PsychoticLoner1984 - 12:16 pm on Feb. 24, 2012

04 communication issues at hand here I am poor on socialness I usually don't speak up when in doubt
05 I get aggressive

amber1991 - 12:05 pm on Feb. 24, 2012

06 Well if they're talking about cutting you should probably help them in getting help. Like telling
07 them to go to a counselor or listening to their problems or something. Give them suggestions for
08 other things to do than cutting. If they hardly ever talk to you, figure out why like are they just
09 busy, are they going through things and don't want to talk, is it something you're doing?
10 Communicate.

PsychoticLoner1984 - 11:44 am on Feb. 24, 2012

11 on here or hardly or never talk to me

PsychoticLoner1984 - 11:43 am on Feb. 24, 2012

12 amber all my friends most of them talk about cutting and its getting old

amber1991 - 10:45 am on Feb. 24, 2012

13 What's wrong?

PsychoticLoner1984 - 10:06 am on Feb. 24, 2012

14 angry as hell right now.I dont care if you don't messenge me.bah the hell with it.

Advice-giving is then recurrently treated as being problematic owing to the participants frequently showing resistance to accepting it as a feasible solution to the presented trouble. However, in exceptional cases, the users expressed acceptance of the advice given, but only when such advice was shown to be in alignment with the intended or desired action that the user had previously stated in his/her troubles-talk. In such cases, the advice can be seen as itself aligning with the recipients' previous actions, rather than as proposing a completely novel course of action. This

is demonstrated in Extract 10, where Precia, in line 3, attempts to problem solve by offering the advice, “Just tell them to screw it and go to your friend’s house”, to which XsmilygirlX aligns with this by stating, “I agree with you so much Precia” (line 1). However, as XsmilygirlX had already previously stated an intention or hope of going to his/her friend’s house (lines 5-6), the advice is consistent with what s/he has already stated s/he wants to do, and thus provides some insight into the reason for its supportive nature. This suggests that unless the advice offered is shown to be based on previously stated hopes or intentions it is likely to be resisted, and thus can be thought of as an interactional difficulty that users employed in an attempt at problem-solving. Thus, when the advice-giving is in alignment with the trouble teller’s previous hopes or intentions it is frequently treated by the users as facilitating the creation of a supportive environment. This may then provide a deeper understanding of evidence suggesting that advice-giving yields positive results when it occurs through an interactive process where the advice is co-constructed without coercion (Couture & Sutherland, 2006), since, in the forum, the advice offered is recurrently treated as being based on the hopes and intentions that the trouble teller reveals during this interactive process.

**Extract 10:**

XsmilygirlX - 6:45 pm on Nov. 29, 2008

01 I agree with you so much Precia. Unfortunately I'm back at home and it sucks so much. My family
02 is the reason why I have thoughts of killing myself so frequently.

Precia - 2:18 pm on Nov. 29, 2008

03 family problems? Just tell them to screw it and go to your friend's house. Nobody should have to
04 put up with Family shit.

*((One unrelated post deleted))*

XsmilygirlX - 7:56 am on Nov. 27, 2008

05 I'm having a shitty Thanksgiving but I already knew that was going to happen. I might go to my
06 friend's house later today. I hope I do just to get away from my family.

### 4.3.3. Using persuasion

On occasion, users responded to troubles-talk by challenging other users’ behaviour and thoughts to produce a persuasive response. This is demonstrated in Extract 11,

wherein UkRocks2968 initiates the interactional sequence by engaging in the unsolicited formulation of troubles-talk, “finally gonna leave lw [*forum’s name*] once and for all and nvr [*never*] return next year that is once i can work out this close your account box” (lines 7-8), which leads Amber1991 to use a probing question in exploring the trouble further (line 6). This encourages UkRocks2968 to express his/her suicidal thoughts, “when i close my account im gonna end my life” (line 4), and demonstrates how Amber1991’s use of a probing question is treated by UkRocks2968 as creating a supportive environment owing to it leading to further exploration of his/her trouble. However, this supportive environment seems to be impeded when UkRocks2968 later displays resistance (line 1) to Amber1991’s attempt at persuading him/her against committing suicide, “Life isn't a waste of time...people need you. There always going to be worries in life, that's part of it” (lines 2-3), while simultaneously offering the advice, “You shouldn’t do that” (line 2), and using the “why” question, “Why do you want to end your life?” (line 2). According to Koshik (2003), “why” questions can serve as challenges, and thus as dis-affiliative actions, when they are implying that the displayed grounds for an action or claim are inadequate. In light of this, Amber1991 appears to use persuasion to challenge the claim that “lifes a waste of time” (line 4), which UkRocks2968 shows to be the grounds for expressing suicidal ideation. Amber1991 then continues by advising against committing suicide (line 2) followed by using a “why” question (line 2), thereby implicitly claiming that there is no adequate basis for UkRocks2968 to commit suicide. In response to this, UkRocks2968 resists this claim by Amber1991 (line 1). Thus, as in this case, users frequently treat persuasion, like advice-giving and, at times, “why” questions (see Section 4.3.6.), as an interactional difficulty that interferes with creating a supportive environment.

Furthermore, considering UkRocks2968’s previous statement of “im gonna end my life” (line 4) with the resistant response s/he later uses to bring the sequence to a close (line 1), it demonstrates that s/he still expresses the desire to commit suicide, since the term “have always” generally refers to both the past and the present moment, even after Amber1991 uses persuasion, offers advice and employs a “why” question. Thus, UkRocks2968 seemingly defies Amber1991’s expressed effort to change his/her displayed decision to attempt suicide by stating “ive always wanted to kill myself” (line 1). This then contributes to evidence suggesting that “successful”

persuasion prevents clients from making their own informed decisions, which is viewed as being unsupportive in nature (Bor & Allen, 2007), as my data demonstrate that a failed attempt at persuasion is also shown to be problematic. This is demonstrated by UkRocks2968, who treats a failed attempt at persuasion as being counterproductive to the therapeutic environment as s/he brings the sequence to a close with the same displayed desire to commit suicide as s/he had previously stated in his/her initial expression of the trouble.

**Extract 11:**

UkRocks2968 - 1:47 pm on Dec. 12, 2011

01 ive always wanted to kill myself thats life aint it

*((One unrelated post deleted))*

amber1991 - 3:42 pm on Dec. 11, 2011

02 Life isn't a waste of time. Why do you want to end your life? You shouldn't do that, people need
03 you. There always going to be worries in life, that's part of it.

UkRocks2968 - 2:20 pm on Dec. 11, 2011

04 lw isnt in my blood anymore lifes a waste of time when i close my account im gonna end my life
05 too then i dont have to worry about anything

amber1991 - 2:08 pm on Dec. 11, 2011

06 UkRocks2968-Why?

UkRocks2968 - 1:13 pm on Dec. 11, 2011

07 finally gonna leave lw once and for all and nvr return next year that is once i can work out this
08 close your account box

***((Note: lw is an abbreviated version of the forum's name))***

The users' frequent display of resistance to using persuasion by challenging their thoughts and/or behaviours is further evident when persuasion is used as the only response to the trouble. This is demonstrated in Extract 12, where Bostonsugar's unsolicited formulation of trouble, "i wanna die now so the depression will go away" (line 10), leads Forfallonyy to tell a second story by stating his/her own desire to commit suicide but failure to do so (line 9). Subsequently, DarkEyes uses persuasion by challenging Forfallonyy's expressed suicidal thoughts, "I really don't like hearing you say that, Luv [*DarkEyes refers to Forfallonyy as Luv*]. You have so much to live

for but you just can't seem to see it for yourself" (lines 6-7), which results in Forfallonyy displaying resistance by not only restating his/her suicidal thoughts (line 5) but also showing that s/he has actually initiated an attempt at suicide (line 4). Despite Forfallonyy treating this initial use of persuasion as being unsuccessful, DarkEyes further challenges Forfallonyy's expressed thoughts (lines 2-3), which leads to an additional display of resistance: "cuzz [*Because*] i dont reallyy caree i want more acidd i miss mi acid spitting :( it was awsomeeee" (line 1). Thus, the participants recurrently treat the use of persuasion as being "unsuccessful" owing to them frequently showing defiance against any effort at changing their expressed thoughts or behaviours. This is further demonstrated in Forfallonyy's enduring display of hopelessness (line 5) subsequent to DarkEyes' use of persuasion (lines 6-7). Thus, Forfallonyy shows DarkEyes that his/her use of persuasion is unsuccessful in changing the suicidal thoughts and behaviours that s/he is exhibiting, and that his/her expressed feeling of depression has endured after the use of persuasion. In light of this, the challenging of users behaviours and thoughts to produce a persuasive response can then be seen to frequently interfere with the creation of a therapeutic atmosphere in this forum.

**Extract 12:**

**forfallonyy** - 9:50 pm on Aug. 20, 2009

01 cuzz i dont reallyy caree i want more acidd i miss mi acid spitting :( it was awsomeeee

**DarkEyes** - 9:28 pm on Aug. 20, 2009

02 Your selling your self short. I don't understand why you dont want to see that your life is worth so
03 much more than that.

**forfallonyy** - 7:33 pm on Aug. 20, 2009

04 i have srslyy like 20 cuts now

**forfallonyy** - 7:12 pm on Aug. 20, 2009

05 i dont have anything too live 4

**DarkEyes** - 7:06 pm on Aug. 20, 2009

06 I really don't like hearing you say that, Luv. You have so much to live for but you just can't seem
07 to see it for yourself.

**forfallonyy** - 7:01 pm on Aug. 20, 2009

08 sucide is actually hard too do unless u wanna b an idiot and do it the easy way..... i mean srsly
09 trust me on that ive done a lot and i just wont die

*((One unrelated post deleted))*

**bostonsugar** - 10:33 pm on Aug. 19, 2009

10 i wanna die now so the depression will go away

### 4.3.4. Offering encouragement

The users at times responded to troubles-talk by offering encouragement, which frequently led to a display of empowerment, and thus can be thought to facilitate the creation of a therapeutic atmosphere. This is demonstrated in Extract 13, where Katiekaitlyn initiates the interaction by means of an unsolicited formulation of trouble (lines 7-8), which DarkEyes subsequent use of a probing question (line 6) results in Katiekaitlyn's expressing a vague account of his/her trouble, "its to many stories and so lil [*little*] time" (line 5). This vague expression of the trouble leads DarkEyes to respond by offering encouragement, "Thats life for just about any body. I know you can pull through though. Your a stronger person than alot of people I know, Katie. Keep being strong for yourself and you just might inspire some people" (lines 2-4), which Katiekaitlyn responds by displaying a sense of empowerment through the

exhibiting of his/her resilience (line 1). This demonstrates how these two users collaborate in co-constructing this as an instance of an "encouragement – acceptance of encouragement" sequence since Katiekaitlyn's vague expression of his/her trouble leads DarkEyes to show his/her understanding by delivering the psychoeducation, "Thats life for just about any body" (line 2), followed by offering encouragement in lines 3-4 ("Keep being strong for yourself and you might just inspire some people"), leading Katiekaitlyn to respond in a way that is in alignment to DarkEyes' expression of encouragement (line 1).

**Extract 13:**

xXxkatiekaitlynxXx - 12:19 pm on April 5, 2010

01 with some cigs to calm me and the beach air to free...

*((One unrelated post deleted))*

DarkEyes - 8:22 pm on April 1, 2010

02 Thats life for just about any body. I know you can pull through though. Your a stronger person
03 than alot of people I know, Katie. Keep being strong for yourself and you just might inspire some
04 people.

*((One unrelated post deleted))*

xXxkatiekaitlynxXx - 12:41 pm on Mar. 31, 2010

05 its to many stories and so lil time..

DarkEyes - 9:38 pm on Mar. 30, 2010

06 What happened Katie?

*((One unrelated post deleted))*

xXxkatiekaitlynxXx - 12:09 pm on Mar. 26, 2010

07 ...just when i can tell myself everything is gonna be ok....something else messes up my life so i
08 end up going back to stage one.....

Furthermore, DarkEyes' statement of "I know you can pull through though. Your a stronger person than alot of people I know, Katie" (lines 2-3) demonstrates how Katiekaitlyn is treated as being familiar or known to him/her. Thus, the encouragement that is offered can be thought to display genuineness rather than a form of persuasion when the users show that they are known or familiar to each other. This is evident in Katiekaitlyn's display of resilience (line 1) subsequent to

DarkEyes offering encouragement that is shown to be based on what is known about him/her (lines 2-4). The offering of encouragement as a response to trouble is then treated by Katiekaitlyn as being successful in empowering him/her to maintain resilience in the face of trouble. These findings provide insight into how genuineness, which has been found to be essential in creating a therapeutic environment (Reid & Westergaard, 2011), is at times displayed by the users; that is, by offering encouragement that is shown to be based on what is known about the user. Thus, it is the displayed genuineness of the offered encouragement, rather than merely acting out the role of the helper without displaying the authenticity of the response, that in this case is treated by the users as leading to success. This then provides insight into how it is that "empowerment counters hopelessness", as indicated by Zastrow (2013, p. 417), in the forum.

While encouragement is frequently treated by the users as being supportive in nature, being too reassuring often resulted in the users exhibiting that the legitimacy of their distress is being denied, which has also been found to be the case in other settings (Okun & Kantrowitz, 2008). This is demonstrated in Extract 14, when Amber1991 returns to responding to the trouble formulation by displaying sympathy (line 4), Kalinisfunny displays resistance: "they wont" (line 3). Consequently, Amber1991 responds in an overly reassuring manner, "You don't know that. Be positive" (line 2). This leads to a further display of resistance as exhibited in the use of the emoticon ";/" (line 1), meaning "wry face" (Thon, 2006, p. 253). Thus, a response to trouble formulation that is shown to be too reassuring is unsupportive as, in this case, it is treated by Kalinisfunny as undermining his/her expressed feeling that things will not improve.

**Extract 14:**

| | |
|---|---|
| | **kalinisfunny** - 4:41 pm on April 29, 2012 |
| 01 | ;/ |
| | **amber1991** - 4:35 pm on April 29, 2012 |
| 02 | You don't know that. Be positive. |
| | **kalinisfunny** - 2:46 pm on April 29, 2012 |
| 03 | they wont |
| | **amber1991** - 2:43 pm on April 29, 2012 |
| 04 | I hope things get better. |
| | **kalinisfunny** - 2:25 pm on April 29, 2012 |
| 05 | your telling me |
| | **amber1991** - 2:23 pm on April 29, 2012 |
| 06 | Oh dang it. I'm really sorry. It's always messy when exes are in the picture.. |
| | **kalinisfunny** - 1:39 pm on April 29, 2012 |
| 07 | i was cligy" or however it spelted but it turns out she wants her ex back |
| | **amber1991** - 1:37 pm on April 29, 2012 |
| 08 | Dang, I'm sorry. :( That sucks. Why? |
| | **kalinisfunny** - 12:40 pm on April 29, 2012 |
| 09 | when i thought things were getting better i get dumped |

### 4.3.5. Displays of sympathy

In addition to Amber1991's overly reassuring response in Extract 14, s/he simultaneously utilised other responses to trouble formulation, including a display of sympathy by offering commiseration. This is demonstrated in Kalinisfunny's initiation of the sequence using an unsolicited formulation of trouble (line 9), which is responded to by Amber1991, whose display of sympathy ("Dang, I'm sorry. :( That sucks", line 8) and exploration of the trouble ("Why?", line 8) (see Section 4.3.6) is shown to encourage Kalinisfunny to delve deeper into his/her trouble: "i was cligy' or however it spelted but it turns out she wants her ex back" (line 7). However, as a

probing question is used in conjunction with an expression of sympathy, this may account for how it is that the action is treated as supportive, in contrast to the typical treatment of sympathetic responses as unsupportive. Thus, this case demonstrates how in some cases "why" questions can be used to probe, thereby encouraging further troubles-talk and facilitating possible subsequent supportive responses. This is in contrast to other cases (including some cases I have examined above) that used "why" questions as challenges, which the users recurrently treated as being unsupportive. "Why" questions can then be thought of as being supportive or unsupportive, depending on the exact context of their use. This then challenges Inskipp's (2012) view that "why" questions are only unsupportive owing to the judgment it conveys to the user. Furthermore, Kalinisfunny's response of "your telling me" (line 5) is in alignment to Amber1991's display of sympathy, "Oh dang it. I'm really sorry" (line 6), and expression of empathy, "It's always messy when exes are in the picture" (line 6), and thus the display of empathy may account for the expression of sympathy being treated as supportive.

At times, when users exclusively relied on the display of sympathy through the offering of commiseration, the troubles-talk appears to come to an end, and thus the users can be thought to treat it as being unsupportive. This is demonstrated in Extract 15, where Forfallonyy engages in troubles-talk from the outset (lines 9-10), leading Tattered and Torn to explore the trouble further (line 8). This is then responded to by Forfallonyy who expresses the more general answer of "a lottt" (line 7) rather than providing explicit details of his/her problem, and thus displaying resistance to Tattered and Torn's attempt at further exploration. As a result, Tattered and Torn responds by displaying sympathy, "awwwie im sorry *cuddles*" (line 6), which appears to lead to the termination of the conversation altogether, and thus can be thought to be treated by Forfallonyy as being unsupportive owing to his/her non-response. Similarly, Cyrk's request for help because his/her friend died is responded to by Mtgirl118, whose expression of sympathy ("I'm so sorry :[", lines 2), which is used in conjunction with advice-giving (line 2), appears to lead to a non-response from Cyrk. Thus, despite Cyrk's initial request for help s/he exhibits a non-response to the display of sympathy, showing that the sequence is brought to a premature close. Furthermore, Mtgirl118's display of sympathy ("I'm so sorry for your loss :[", line 3), also results in a display of resistance since Forfallonyy shows that s/he is

deviating from his/her troubles-talk by focusing on the correction of his/her name: “thanks but u can juust call me luvsos” (line 1).

**Extract 15:**

forfallonyy - 3:53 pm on June 29, 2009

01 thanks but u can juust call me luvsos

mtgirl118 - 3:45 pm on June 29, 2009

02 MeTal luVsOs - I'm so sorry :[ try not to bleed it out...it only makes it worse.

03 cyrk - I'm so sorry for your loss :[ try to remember the good times to pay tribute to the one you

04 are missing.

cyrk - 12:07 pm on June 29, 2009

05 one of my friends died... could anyone help me?...

Tattered And Torn - 12:04 pm on June 29, 2009

06 awwwie im sorry *cuddles*

forfallonyy - 8:36 pm on June 28, 2009

07 a lottt

Tattered And Torn - 8:25 pm on June 28, 2009

08 why hun whats up?

forfallonyy - 7:49 pm on June 28, 2009

09 OMG!!!!!!!!!!!!!!! IM SOOOOOOOOO MAD AND SADDDDDDDDDDD I JUST WANNA BLEED IT ALL

10 OUT!!!!!!!!

On the other hand, the display of sympathy through the exclusive offer of commiseration is at times treated positively by the participants owing to their accepting orientation towards the support that was offered. For instance, in Extract 16, Hussain1000 initiates the sequence by engaging in an unsolicited formulation of trouble (lines 5-6), leading Amber1991 to display sympathy “Aw, I'm sorry” (line 4) while simultaneously offering to solve Hussain1000’s trouble by advising him/her to make friends (line 4). Thus, the use of advice-giving may account for Hussain1000 subsequent display of resistance (line 3) given that in line 1 s/he shows an accepting orientation to the exclusive offer of commiseration. Furthermore, Amber1991’s subsequent display of sympathy by the exclusive offer of commiseration (line 2) is responded to by Hussain1000 with acceptance, “It’s ok” (line 1). This case then

challenges Baptiste's (2010) statement that sympathetic responses are unsupportive as they typically involve a sense of pity towards another individual

**Extract 16:**

hussain1000 - 8:13 am on Oct. 11, 2010
01 It's ok

amber1991 - 8:45 pm on Oct. 10, 2010
02 Oh dang. :( I'm sorry.

hussain1000 - 8:34 am on Oct. 10, 2010
03 It's not that easy anymore I'm out of school and I dont have a job yet.

amber1991 - 9:56 pm on Oct. 9, 2010
04 Aw, I'm sorry. Try to make friends?

hussain1000 - 5:47 pm on Oct. 9, 2010
05 I hate my life so much. I have no friends because I just moved here a few months ago and I have
06 no one to talk to. I'm soo lonely and I just don't know what to do any more.

Another way in which users displayed sympathy was through reflections, which is a counselling skill that involves summarising that which has been stated or pursuing the emotion that has been expressed by the client (Culley & Bond, 2011; LaQuatra & Danish, 2007). In the forum the users on occasion responded to troubles-talk by displaying sympathy using a paraphrase, which is a type of reflection (Ivey, Ivey, & Zalaquett, 2013). Paraphrasing typically involves expressing in one's own words what a client is conveying with the intention of showing that s/he has been understood (Culley & Bond, 2011; Morrissey & Callaghan, 2011; Waumsley & Katz, 2013). Users at times made use of paraphrases in responding to troubles-talk without necessarily displaying a reliance on personal experiences to gain an understanding of the trouble. Such responses were recurrently used in conjunction with other responses to troubles-talk, as previously illustrated in Extract 1 (see Section 4.2 on page 28) where DarkEyes displays sympathy using a reflection of feelings in line 2 ("Sounds like your getting overwhelmed with the things in your life") and paraphrase in lines 2-3 ("It's easy to feel that way with school or work") while simultaneously offering understanding by delivering the psychoeducation, "Unfortunately there's not a lot you can do about it besides try your hardest to get

through it until it's over. Mental strain can be painful but we're all made of scars, any extreme you can get through will be easier to get through again" (lines 3-5), striving to empower EndOfFaith by offering the encouragement, "Just keep fighting a good fight even if you're getting the crap kicked out of you" (lines 5-6), and offering reassurance by means of the optimistic projection, "You'll thank yourself when it's over. Look forward to the feeling of accomplishment you'll get, let that be your light at the end of the tunnel" (lines 6-8). In response to this EndOfFaith brings the sequence to a close by displaying an appreciative orientation to the support provided: "thank you muchly :) :) :D i shall try :)" (line 1).

The users' recurrent positive treatment of the display of sympathy in conjunction with other responses of trouble is further demonstrated in Extract 17, where Katiekaitlyn's use of an unsolicited formulation of trouble (lines 9-10) leads to DarkEyes displaying sympathy using the paraphrase "Having so many people on your sholders can be a burden" (line 3), followed by offering the encouragement, "but what doesn't kill you only makes you stronger" (lines 3-4), offering to problem solve by providing the advice, "You can't lose sight of the brighter side of life, you always need to remember that there is something to live for" (lines 4-5), and using persuasion by challenging Katiekaitlyn's belief that the easy way out is inescapable (lines 6-7). The positive response that Katiekaitlyn subsequently provides in line 1 does not clearly indicate whether s/he is simply responding with appreciation for the "cookie" that DarkEyes offers or displaying further acceptance of the paraphrase, encouragement and advice that was used in providing support. However, considering Katiekaitlyn's subsequent response of "and tht wasnt the easy way I was talking bout there would be no life after i took the easy way" (lines 1-2) s/he appears to be showing resistance to DarkEyes' attempt at persuasion rather than the other responses to troubles that were used. In light of this, the use of the paraphrase in line 3 does not appear to be treated by Katiekaitlyn as being problematic. Thus, while paraphrasing is recurrently used in conjunction with other responses to trouble, users do not display resistance to the use of it, suggesting that the participants do not openly treat such responses as interfering with the creation of a supportive environment. The display of sympathy by means of a paraphrase can then be thought of as a response that when used in conjunction with other responses to trouble positively contributes to the creation of a therapeutic environment in the forum.

**Extract 17:**

xXxkatiekaitlynxXx - 1:28 pm on Dec. 8, 2009

*kisses cheek*thank you for the cookie...and tht wasnt the easy way i was talking bout there would be no life after i took the easy way

DarkEyes - 1:22 pm on Dec. 8, 2009

Having so many people on your sholders can be a burden but what doesn't kill you only makes you stronger. You can't lose sight of the brighter side of life, you always need to remember that there is something to live for. That makes living with your burdens much easier.

Taking the easy road gets you from point A to point B quicker, but some times the journey is more of a reward than the destination.

*gives you the cookie*

xXxkatiekaitlynxXx - 12:23 pm on Dec. 8, 2009

hmmm...the happy me went away again damn it!!!oh well....life is life...no escaping without taking the easy way out.....but to many people depend on me....

Users also displayed sympathy in responding to troubles-talk through the reflection of feelings, which is an essential counselling skill that involves attuning to the individual engaging in the troubles-talk to gain an understanding of what s/he is feeling, and then communicating this understanding back to him/her (Chang, Scott, & Decker, 2013; Reid & Westergaard, 2011). This is demonstrated in Extract 18, where Forfallonyy's unsolicited formulation of trouble (line 9) leads Heartless Love to explore this problem further (line 8). In response to this Forfallonyy provides a supplementary explanation of the trouble, "friend died" (line 6), to which Heartless Love responds by reflecting the feeling that is being conveyed as a result of the trouble, "Man, that must b hard for you" (line 5). While Heartless Love's reflection appears to be limited in that 'hard' is not the most descriptive label for the feelings associated with bereavement and loss, as indicated in Balk (2011), s/he manages to create a supportive environment, and with further exploration of the trouble in line 4 encourages Forfallonyy to delve deeper into his/her troubles-talk: "no tumor" (line 3). As a result, Heartless Love responds by using another reflection of feelings, "ouch" (line 2), which Forfallonyy acknowledges the accuracy of in line 1. This suggests that although the users may not have necessarily received formal training in the use of counselling skills, they made use of certain of these skills albeit in an elementary way. In addition, this example demonstrates the non-linear nature of the identified

sequence given that the interaction progressed back and forth through the *trouble formulation* and *responses to trouble* segments of the overall structural organisation before continuing to the *responses to responses*.

**Extract 18:**

**forfallonyy** - 1:50 pm on April 29, 2009

01 ya

**heartless love** - 1:42 pm on April 29, 2009

02 ouch.

**forfallonyy** - 1:40 pm on April 29, 2009

03 no tumor

**heartless love** - 1:36 pm on April 29, 2009

04 swine flu?

**heartless love** - 1:36 pm on April 29, 2009

05 man, that must b hard for you

**forfallonyy** - 1:35 pm on April 29, 2009

06 friend died

**heartless love** - 1:34 pm on April 29, 2009

07 "im in like the worst state ive everr beenn in all i wanna do is cutt and sleep"

08 y

*((One unrelated post deleted))*

**forfallonyy** - 12:46 pm on April 29, 2009

09 im in like the worst state ive everr beenn in all i wanna do is cutt and sleep

The positive treatment of the display of sympathy using a reflection of feelings in responding to troubles-talk and in creating a therapeutic milieu is further demonstrated in Extract 19, where Forfallonyy's expression of suicidal thoughts in lines 7-8, leads DarkEyes to explore the reason for Forfallonyy's displayed depression (line 6). Forfallonyy's subsequent vague answer of "Lotss and lotss and lotsss of reasonsss i want a cigg [*cigarette*]" (line 5) appears to be exhibiting a

resistance to providing a deeper account of his/her trouble, resulting in DarkEyes expressing disappointment to such display of resistance (line 4). In response, Forfallonyy offers the explanation, “i dont rally let ppl [*people*] close to me” (line 3), leading to DarkEyes reflecting on the feeling that is being conveyed, “Sounds lonely” (line 2), and Forfallonyy acknowledging the accuracy of such feeling, “it is” (line 1). This positive alignment of the users demonstrates how the display of sympathy through the reflection of feelings appears to be treated by the users as contributing to the creation of a therapeutic community in the forum. This case then challenges Baptiste’s (2010) statement that sympathetic responses are unsupportive as they typically involve a sense of pity towards another individual.

**Extract 19:**

**forfallonyy** - 4:56 pm on Nov. 26, 2009

01 it is

**DarkEyes** - 4:45 pm on Nov. 26, 2009

02 Sounds lonely.

*((One unrelated post deleted))*

**forfallonyy** - 4:29 pm on Nov. 26, 2009

03 i dont rally let ppl close to me

**DarkEyes** - 4:27 pm on Nov. 26, 2009

04 *sigh* and you never want to talk about it.

*((Two unrelated posts deleted))*

**forfallonyy** - 4:17 pm on Nov. 26, 2009

05 lotss and lotss and lotsss of reasonsss i want a cigg

**DarkEyes** - 4:15 pm on Nov. 26, 2009

06 Why are you always so depressed?

**forfallonyy** - 4:13 pm on Nov. 26, 2009

07 is it me or is anybody else in the mood to like try smashing a hammer in their brain!? in a way im
08 just tiredddddd of livingg

It then appears that the display of sympathy is treated as being both supportive and unsupportive in nature. The outcome seems to be influenced by the type of practice that is used in producing the sympathetic response. When the offering of commiseration is supported by other responses to trouble it is recurrently treated positively by the users and thus appears to contribute to the creation of a therapeutic community. However, this positive outcome seems to be variable in nature as the exclusive offer of commiseration in responding to trouble is treated positively by the users at certain times but not at other times. The offering of commiseration in producing a sympathetic response can then be thought of as being inconsistent in its influence on the creation of a therapeutic atmosphere. On the other hand, using a reflection of feelings (practice) to display sympathy as a response to trouble frequently resulted in the users positively aligning with one another, and thus can be thought of as being supportive in nature and in creating a therapeutic community in the forum. These findings provide a possible explanation for evidence suggesting that sympathetic responses yield both negative and positive reactions (Baptiste, 2010) as my data demonstrate that it is not the display of sympathy per se but rather the practice that is used in producing this sympathetic response that seems to influence whether the outcome is or is not treated by the users as being therapeutic in nature.

### 4.3.6. Exploring or challenging troubles

Similar to the display of sympathy, questioning, which is a type of probing skill (Culley & Bond, 2011), is treated by the users as being supportive in certain circumstances but not in others. The use of questions in responding to the formulation of troubles is recurrently used in the forum to achieve two actions: (1) Exploring the trouble further, and (2) Challenging thoughts and behaviours when conveying a negative assertion, which is consistent with Koshik's (2003) findings that "why" questions can at times be thought of as challenging previous utterances owing to the "epistemic stance of the questioner" (p. 52). Both these actions are demonstrated in Extract 20, wherein Amber1991 uses a "why?" question (line 6) to explore UkRocks2968's intention to leave the forum (lines 7-8), and then later challenges UkRocks2968's suicidal ideation by simultaneously using the question of "Why do you want to end your life?" (line 2) as well as the use of persuasion: "Life

isn't a waste of time" and "people need you" (lines 2-3). While the use of the "why" question in line 6 may be seen as challenging UkRocks2968 to provide an account for his/her decision to leave the forum, UkRocks2968 treats it as if it is exploring his/her expressed trouble owing to him/her responding to it with a deeper account of his/her trouble by stating an intention to commit suicide (lines 4-5).

**Extract 20:**

UkRocks2968 - 1:47 pm on Dec. 12, 2011

01 ive always wanted to kill myself thats life aint it

*((One unrelated post deleted))*

amber1991 - 3:42 pm on Dec. 11, 2011

02 Life isn't a waste of time. Why do you want to end your life? You shouldn't do that, people need
03 you. There always going to be worries in life, that's part of it.

UkRocks2968 - 2:20 pm on Dec. 11, 2011

04 lw isnt in my blood anymore lifes a waste of time when i close my account im gonna end my life
05 too then i dont have to worry about anything

amber1991 - 2:08 pm on Dec. 11, 2011

06 UkRocks2968-Why?

UkRocks2968 - 1:13 pm on Dec. 11, 2011

07 finally gonna leave lw once and for all and nvr return next year that is once i can work out this
08 close your account box

***((Note: lw is an abbreviated version of the forum's name))***

The use of the question "UkRocks2968-Why?" (line 6) in exploring the expressed trouble further is positively responded to by UkRocks2968, who expresses a desire to leave the forum with the intention of committing suicide (lines 4-5). Thus, such questions are frequently treated by the users as encouraging further exploration of the trouble, as in this case UkRocks2968 further engages in troubles-talk by expressing the intent to commit suicide (lines 4-5). As previously stated, delving deeper into troubles is therapeutic in nature as it results in a cathartic effect. Thus, the use of "why" questions can be thought of as being therapeutic when the users respond to them by delving deeper into their trouble.

On the other hand, Amber1991's question of "Why do you want to end your life?" (line 2) is not treated by UkRocks2968 as encouraging further exploration of his/her trouble but rather as challenging his/her expressed suicidal ideation, as demonstrated in her subsequent response of "ive always wanted to kill myself thats life aint it" (line 1). It appears that Amber1991's question in line 2 can be thought of as being rhetorical in nature as s/he initially responds by attempting to persuade UkRocks2968 that "Life isn't a waste of time" (line 2) and then immediately asks "Why do you want to end your life?" (line 2) as if s/he is not seeking an answer but, as Koshik (2003) suggests, is rather conveying the negative assertion of "there is no reason for you to want to end your life". Amber1991 then continues by a further attempt at persuading UkRocks2968 against committing suicide (line 2), suggesting that the use of the "why" question in conjunction with the attempted persuasion is shown to be used as a means of challenging UkRocks2968's suicidal thoughts. Such challenge is resisted by UkRocks2968, who states "ive always wanted to kill myself thats life aint it" (line 1), indicating that the use of "why" questions in expressing an attempt at challenging the users' thoughts or behaviours often appears to be treated by the participants as being unsuccessful. Thus, it seems that the use of "why" questions to challenge thoughts or behaviours are frequently treated by the participants as interfering with the creation of a therapeutic environment. On the other hand, when such questions appear to be used for gaining further information, they are generally treated by the participants as being successful as they frequently result in further exploration of the users' troubles.

While "why" questions are recurrently treated as being successful when they appear to be encouraging further exploration of the trouble, on occasion the users treat it as being unsuccessful in achieving this outcome. Extract 21 provides an instance of this wherein Samantha1 engages in the unsolicited formulation of trouble, "i want to cry" (line 4), which is not responded to, thus resulting in her engaging in a second unsolicited formulation of trouble a few hours later by stating that she is now crying (line 3). It seems that Samantha1 is treating the unsolicited formulation of trouble as requiring a supportive response, and thus a non-response resulted in her escalating the trouble by moving from "i want to cry" to "im crying". Thus, Samantha1 treats this as a "trouble-supportive response" adjacency pair that is incomplete as the supportive response is not followed through, and thus s/he engages in repair work by

escalating the first part of the pair. In light of this, Samantha1 shows that she has not abandoned the idea of seeking support (line 2) despite the initial non-response to her troubles-talk, and thus displays a desire to engage further with her trouble. Despite her displayed persistence to engage in troubles-talk the subsequent use of the question "why?" (line 2), as a response to her second unsolicited formulation of trouble (line 3), did not lead to further exploration but rather brought the troubles-talk to an end, as displayed in her response that the cause of her crying is unknown (line 1). It seems then that Samantha1 did not freely engage further in troubles-talk owing to her treating GothicChic2012's use of the question "why?" (line 2) as requiring her to provide a reason for crying. However, evidence shows that the majority of individuals do not know the reason for their actions (Kottler & Brew, 2003). Thus, it appears that the termination of the sequence at this point is shown to be collaboratively accomplished as the "i dont know" in line 1 may have been a way of inviting further probing, or even an interpretation along the lines of "it is common for people with depression to not know why they feel the way they do". Thus, this sequence may have continued if Samantha1 was more forthcoming in her response, or if another user chose to probe further or offer an interpretation, but as none of these possibilities happened, the sequence came to a close at this point.

**Extract 21:**

samantha 1 - 12:11 pm on Mar. 13, 2010

01 i dont know

GothicChic2012 - 12:09 pm on Mar. 13, 2010

02 Why?

samantha 1 - 11:32 am on Mar. 13, 2010

03 im crying at the moment

samantha 1 - 6:32 am on Mar. 13, 2010

04 i want to cry

Open-ended questions, which are viewed as a type of counselling skill (Friborg & Rosenvinge, 2013; Goss, Rossi, & Moretti, 2011; Inskipp, 2012), are frequently treated by the users as encouraging them to expand on their expressed trouble. This

is demonstrated in Extract 22, wherein the open-ended question of “What’s wrong?” (line 2) as a response to PsychoticLoner1984’s unsolicited formulation of trouble (line 3), results in further expression of the trouble in line 1. As the purpose of open-ended questions are to encourage deeper exploration of a problem (Friborg & Rosenvinge, 2013; Goss, Rossi, & Moretti, 2011; Inskipp, 2012), the users then treated such questions as successively achieving this goal.

**Extract 22:**

PsychoticLoner1984 - 11:43 am on Feb. 24, 2012

01 amber all my friends most of them talk about cutting and its getting old

amber1991 - 10:45 am on Feb. 24, 2012

02 What's wrong?

PsychoticLoner1984 - 10:06 am on Feb. 24, 2012

03 angry as hell right now.I dont care if you don't messenge me.bah the hell with it.

At times, users displayed an indirect expression of a trouble in response to an open-ended question. This is demonstrated in Extract 23, wherein Heart92 uses the open-ended question of “Want to talk about it” (line 3) in further exploring Luvme4eva’s unsolicited formulation of trouble in lines 4-6. While Luvme4eva responds to this open-ended question by displaying resistance to expressing his/her underlying trouble, “I wish I could talk about it” (line 1), she subsequently expresses an indirect trouble; that is, a trouble that she displays as a result of treating the underlying problem as being too difficult and painful to disclose, “but talking about it makes me think. In a nutshell, thinking hurts in every way” (lines 1-2). This can then be thought of as her treating the open-ended question as being successful owing to her displaying a feeling of being stuck by expressing a desire to discuss the underlying problem(s) but treating it as being too painful to do so, which in itself is expressing a trouble, although not necessarily engaging with the underlying problem directly. Thus, open-ended questions tend to be treated as being supportive in nature as they lead to troubles-talk, whether it is the expression of the underlying trouble itself, as demonstrated in Extract 22, or an indirect trouble resulting from an expressed inability to discuss the underlying problem, as demonstrated in Extract 23.

**Extract 23:**

Luvme4eva - 5:38 pm on Dec. 29, 2008

01 I wish I could talk about it, but talking about it makes me think. In a nutshell, thinking hurts in
02 every way.

Heart92 - 5:32 pm on Dec. 29, 2008

03 Want to talk about it.

*((Two unrelated posts deleted))*

Luvme4eva - 6:23 pm on Dec. 28, 2008

04 I know that if I don't change soon something bad is gonna happen. I've lost the ability to care
05 what happens to me. I'm so lost in life and I used to really depressed but not anymore. Now, I'm
06 just...empty. I don't know what to do about the lack of emotion inside of me.

These findings then provide a possible explanation for evidence indicating that questioning is only useful in certain instances (Nelson-Jones, 2013), as it appears that the type of question, for instance "why" questions or open-ended questions, are not treated by the participants as determining the success of the response, but rather the action that is produced as a result of each question frequently determined whether or not the users treat the question as facilitating the creation of a supportive environment. Questions that encouraged further exploration of the trouble were recurrently treated by the users as being therapeutic. On the other hand, questions that displayed a need for the trouble teller to defend his/her conveyed action or trouble were recurrently treated by the users as interfering with the creation of a supportive atmosphere. This then challenges evidence suggesting that "why" questions are not therapeutic in nature (Inskipp, 2012), as my data suggest that it is not the "why" question per se but rather the action that is produced as a result of posing such question that influences whether or not the users treat it as being therapeutic in the forum.

### 4.3.7. Offering understanding

As previously discussed in Section 4.3.1, delivering psychoeducation at times serves as a means of displaying empathy when the information is shown to be based on personal experiences. However, the effectiveness of using psychoeducation as a

supportive response to troubles-talk is frequently treated by the users as being dependent on whether the information that is offered is shown to be consistent with their own experience or understanding of depression. Thus, when the users challenge the accuracy of the offered information they treat the delivered psychoeducation as hindering the supportive process owing to the responses frequently focussing on the expressed resistance to accepting the offered information rather than on the trouble itself. This is demonstrated in Extract 24, where Mercedesxxx's unsolicited formulation of trouble, "i suffor from depression all my life cauz my parents had it then passed it on 2 me" (line 8), leads to DarkEyes offering an alternative understanding of depression by delivering psychoeducation (lines 3-7). This results in a debate among other users as to the accuracy of such information. Qzmp3333 treats the information as being inaccurate by stating, "umm no deppression is a diesease THAT YOU CAN NOT CONTROL and it is gentic" (line 2). In response, DeAth TrAp displays a disagreeing orientation towards depression being a disease but expresses acceptance of its uncontrollable nature (line 1). Thus, when information appears to be offered that is shown to be based on personal opinion or knowledge rather than on personal experience, the users generally treat it as interfering with the creation of a supportive environment owing to the interaction displaying an argumentative sequence of responses.

Furthermore, DarkEyes' expressed opinion of depression being within one's control ("It's nothing that can't be fixed", line 3) appears to suggest that Mercedesxxx could do something to "fix" his/her depression. This is further suggested in DarkEyes' expression of "Your only as happy as you think you are, you don't have to be depressed" (line 4). In this case, the users can be seen to show resistance to being positioned as having some responsibility for their depression. Thus, when the information that is offered amounts to blaming the user for his/her depression, and so "blaming the victim", it appears to lead to resistance, as in Qzmp3333 (line 2) and DeAth TrAp (line 1) showing opposition towards DarkEyes' opinion of the experience of depression being within one's control (lines 4-7). In light of this, the users recurrently treat the delivering of psychoeducation and advice-giving (as previously demonstrated in Extract 8 on page 42) as being problematic when it amounts to blaming the victim for his/her trouble.

**Extract 24:**

deAth trAp - 4:03 am on April 15, 2009

01 Depression isn't a disease... It's an emotional disorder. But you're right, you can't control it.

qzmp3333 - 7:19 pm on April 14, 2009

02 umm no deppression is a diesease THAT YOU CAN NOT CONTROL and it is gentic

DarkEyes - 3:01 pm on April 14, 2009

03 It's nothing that can't be fixed.

DarkEyes - 3:00 pm on April 14, 2009

04 Your only as happy as you think you are, you don't have to be depressed especially if there is
05 nothing to be depressed about. The habit's of how they might have thought about things could be
06 passed onto you but that would only be true because you are around them so much. There is
07 always a reason why you are depressed.

Mercedesxxx - 11:49 am on April 14, 2009

08 i suffor from depression all my life cauz my parents had it then passed it on 2 me

These findings indicate that it is when the users' understanding of particular symptoms of depression is shown to be gained from personal experience of such symptoms that it is frequently treated as being accurate. However, when such knowledge is not shown to be gained from personal experience but rather expressed as an opinion it is recurrently treated as being problematic. The practice of delivering psychoeducation within this forum can then be thought of as being supportive when the users treat the information as being based on their personal experience, rather than on their opinion or their knowledge, of depression. Thus, the users' display of a deeper understanding of others owing to them showing that they have been exposed to the exact, or similar experience or feeling can be seen as being one of the strengths of the forum as the display of empathy, whether it is through psychoeducation or telling second stories, is recurrently treated as contributing to a supportive atmosphere in the forum. On the other hand, users are frequently treated as lacking expert knowledge of depression when such knowledge is voiced as being their opinion of the matter, as demonstrated in DarkEyes, Qzmp3333 and DeAth TrAp expressing resistance to accepting one another's opinion of the causes of depression in its entirety. These findings then provide a possible explanation for previous literature showing that the effectiveness of delivering psychoeducation as a way of treating depressive symptoms yields inconsistent results (Miklowitz, 2009), as

my data demonstrate that it is not the practice of delivering psychoeducation per se but rather the action that this practice implements that seems to shape whether the outcome is or is not treated by the users as being effective in providing support. My data may then further illuminate a meta-analysis of the effectiveness of passive psychoeducation in reducing symptoms of depression that found it difficult to isolate any factors that may influence the effectiveness of psychoeducation (Donker, Griffiths, Cuijpers, & Christensen, 2009).

### 4.3.8. Offering reassurance

As previously stated, optimistic projection involves responding to troubles-talk by predicting a positive ending to the presented problem (Jefferson, 1988). In a few cases, the users responded to troubles-talk by offering reassurance through an optimistic projection. Despite this offer of reassurance, the use of the optimistic projection is recurrently treated in these cases as providing false reassurance owing to the users frequently demonstrating that people lack the ability to accurately predict the future. This is evident in Extract 25, wherein Andyworthless1's unsolicited formulation of trouble, "im starting to cut myself" (line 8), is responded to by Renia, who uses the persuasion "andy >>>>>no! please don't cut your better than that! >_<" (line 7). This leads to Andyworthless1 challenging Renia's attempt to persuade him/her against cutting in line 6, and thus treating such response as being problematic. In response to this, Amber1991 uses several responses to trouble, including the use of persuasion in line 4 ("Because it isn't good. You're just hurting yourself") followed by offering reassurance through the optimistic projection of "Things WILL get better it just takes time. And yeah, it can take a long time" (line 4) and offering to problem solve by providing the advice of "But what's important is pulling through everything" (line 5). The use of the optimistic projection in conjunction with offering advice and challenging the expressed behaviour are treated by Andyworthless1 as being unsupportive as evident in his/her subsequent display of sadness, using the emoticon ":(" (line 3), and expression of worthlessness (line 3). In addition, the expression "i never do anything goood" (line 3) further shows that Andyworthless1 is treating Amber1991 as having acted judgementally rather than supportively.

The use of optimistic projection in conjunction with other responses to trouble can then be thought of as hindering the supportive process, as in this case, Andyworthless1 resists accepting the offer of reassurance. S/he does this by showing that his/her expressed suicidal thoughts (line 8) and display of worthlessness, as suggested in the screen name of "Andyworthless1", has not been alleviated, but rather maintained, or possibly even exacerbated (line 3), since his/her expressed feelings of sadness and worthlessness (line 3) are types of depressive symptoms (Sadock, Sadock, & Ruiz, 2011) that frequently result in suicidal ideation (Denko & Friedman, 2010).

**Extract 25:**

**andyworthless1** - 8:45 pm on Mar. 11, 2012

01 thats what ive been told but i dont see good things happening

**amber1991** - 8:43 pm on Mar. 11, 2012

02 I'm sure you do. Just hang in there. It won't be bad forever.

**andyworthless1** - 8:41 pm on Mar. 11, 2012

03 :( i never do anything goood

**amber1991** - 8:38 pm on Mar. 11, 2012

04 Because it isn't good. You're just hurting yourself. Things WILL get better it just takes time. And
05 yeah, it can take a long time. But what's important is pulling through everything.

**andyworthless1** - 7:05 pm on Mar. 11, 2012

06 why should i stop?

**renia** - 1:34 pm on Mar. 11, 2012

07 andy>>>>>no! please don't cut your better than that! >_<

*((Seven unrelated posts deleted))*

**andyworthless1** - 11:54 pm on Mar. 7, 2012

08 im starting to cut myself

Furthermore, the repetition of the word "good" in lines 3 and 4 indicates that Andyworthless1 is expressing an accepting orientation of the ineffectiveness of cutting, and thus his/her response is in alignment to Amber1991's use of persuasion to challenge the benefit of cutting: "Because it isn't good" (line 4). This then seems to

suggest that as Andyworthless1 is displaying suicidal behaviour, of which both users are shown to be in agreement that it is a “bad” act, s/he treats the use of this persuasion to mean that s/he never does anything good (line 3), which leads to her expression of sadness and of worthlessness in line 3. In response to this, Amber1991 once again uses persuasion, “I’m sure you do” (line 2), offers to problem solve by providing the advice of “Just hang in there” (line 2) and offers reassurance through the optimistic projection of “It won’t be bad forever” (line 2) in responding to Andworthless1’s expressed sadness and worthlessness (line 3). Thus, despite Andyworthless1 treating the responses to trouble that are used in lines 4 and 5 of Extract 25 as being unsupportive, Amber1991 seems to use these same responses to trouble again in line 2, which once again Andyworthless1 shows resistance to (line 1). Thus, the offer of reassurance, through the use of optimistic projection, in conjunction with offering to problem solve and using persuasion, is shown to maintain, or even exacerbate, Andyworthless1’s displayed symptoms of depression, as well as further prevent him/her from providing the reason for expressing his/her suicidal attempt.

Optimistic projection, in conjunction with other responses to trouble, is then recurrently treated by the users of the forum as leading to false reassurance, and thus as being problematic. According to Shives (2008), false reassurance can result in individuals learning to mistrust others if the prediction is incorrect. This suggests that owing to Andyworthless1 treating Amber’s use of the optimistic projections “Things WILL get better” (line 4) and “It won’t be bad forever” (line 2) as producing false reassurance (lines 1 and 3) that s/he is at risk for learning to mistrust others. This then further implies that the use of optimistic projections in the forum can be thought of as hindering the creation of a supportive environment owing to the users recurrently treating the use of it as producing false reassurance.

### 4.3.9. Offering individual attention

While there is evidence to suggest that peer-support groups, particularly online depression communities, are valuable owing to the positive results they have produced (Ellis et al., 2011; Nimrod, 2013; Yeager, 2012), in certain cases one-to-one support is treated as being essential. This is evident in the forum when on

occasion users were inclined to offer one-to-one support to other users. This is demonstrated in Extract 26, wherein Heartless Love's unsolicited formulation of trouble in lines 3-6 is responded to by Rozenmaiden101, who offers individual attention (line 2). One-to-one contact is then at times treated as an option to resort to in particularly serious cases since it involves doing something above and beyond what the users are already doing by seeking help from the entire forum, which, in this case, is treated by Heartless Love as being a feasible option as expressed in his/her accepting orientation of the offered individual attention (line 1).

**Extract 26:**

heartless love - 1:34 pm on April 20, 2009
01 ok

rozenmaiden101 - 12:16 pm on April 20, 2009
02 If you ever need to have one-on-one attention, always feel free to message me.

heartless love - 11:20 am on April 20, 2009
03 i dont know what to do anymore

heartless love - 11:20 am on April 20, 2009
04 i have a full body mirror and it's full of negative stuff

heartless love - 11:18 am on April 20, 2009
05 dont you just hate it when you dont feel loved anymore? iv'e been crying for no reason every night
06 just cuz of that

In addition to offering one-to-one support, some users requested individual attention while engaging in unsolicited formulation of trouble, which appears to have on occasion resulted in others making the requested one-to-one contact. This is evident in Extract 27 where Luvable's unsolicited formulation of trouble shows that s/he has an emergency and thus requests a personal message (pm) (line 2) rather than interacting further in the group setting. His/her subsequent response of "thanks everyone who helped me last night. you guys saved my live:)" (line 1) shows that several users responded to the trouble by providing the requested one-to-one support that s/he displays as being successful in saving his/her life. This implies that although the group setting is frequently shown to be useful (as demonstrated in the many responses to trouble that are recurrently treated as being supportive) in

serious cases users frequently exhibited the necessity for one-to-one attention. In addition, Luvable's use of the term "emergency" (line 2) after requesting one-to-one contact, followed by the expression of success in saving his/her life (line 1), suggests that individual attention is treated by Luvable as being an effective source of support during an emergency. Thus, one-to-one support is often treated as an escalated form of help that goes beyond what group support offers. Luvable's use of the group setting to request one-to-one support then shows that as the seriousness of one's problems increase, so the group setting becomes less effective in providing the required support, at which point individual support is treated as being necessary.

**Extract 27:**

luvable - 10:35 am on Oct. 16, 2011

01 thanks everyone who helped me last night. you guys saved my life:)

*((Seven unrelated posts deleted))*

luvable - 6:55 pm on Oct. 15, 2011

02 someone plz pm me. its an emergency

# CHAPTER 5
# CONCLUSION

In this report I have provided some possible explanations for evidence suggesting that online forums are an effective medium through which peer support is provided (Walther & Parks, 2002). This was achieved using conversation analysis to examine how users created, or interfered with creating, a therapeutic community in an online support forum for depression.

The forum was found to be interactionally organised in such a way that a series of recurrent actions and practices that the users exhibited while co-creating a supportive environment could be grouped together to form a typical overall sequential structure. This structural sequence was at times initiated by solicitation of trouble, which on occasion required prompting, and often led to trouble formulation. On the other hand, users often initiated their own troubles-talk without requiring solicitation of the trouble. Similarly, users typically responded to a greeting, with or without a greeting substitute, by engaging in troubles-talk. This implies that the forum is a medium that adolescents treat as being a safe space to express their trouble. In particular cases, the users exhibited this sense of safety by showing that the forum was the first place they came to talk about troubles and solicit support, and at times suggested that it may have been the only place they could have come for help.

Furthermore, the users recurrently treated the expression of troubles as the first part of the adjacency pair of “trouble-supportive response”. In responding to troubles, the users of the forum recurrently showed their ability to provide support for each other by using a wide range of skills. However, when the users on occasion failed to respond to troubles-talk there was evidence of repair work or interactional consequences, which at times involved the repeating or escalating of the trouble while at other times were shown to have brought the sequence to a premature end.

The range of skills that users were shown to use included displays of empathy, offering to problem solve, using persuasion, offering encouragement, displays of sympathy, exploring or challenging troubles, offering understanding, offering

reassurance, and offering individual attention. Some of these responses to trouble involved counselling skills that professionals are trained to use. In such cases, the counselling skills were not always shown to be produced using the same practices that professionals employ. For instance, while mental health professionals typically rely on reflective skills to display empathy rather than using self disclosures (Culley & Bond, 2011; Nelson-Jones, 2013; Riggal, 2012), it appears that users of this forum recurrently used the practices of telling second stories, exhibiting commonly shared experiences or feelings, and delivering psychoeducation in serving as displays of empathy, while reflections were often treated by the users as producing an expression of sympathy. Another counselling skill that the users employed included probing skills in the form of questioning to explore the trouble further. The users also displayed other skills that do not overlap with the types of skills used by mental health practitioners.

At times, some of these responses to trouble were treated as being problematic while others seemed to be successful in the sense that they were met with alignment. Resistances were displayed at certain stages of the process and evident when users either displayed a non-response to the solicitation of trouble or expressed resistance (or partial resistance) to the responses to trouble. It was thus by looking at what the users treated as being successful or problematic that I was able to gain useful information about how it is that the users of the forum co-create a therapeutic community.

The users recurrently treated displays of empathy, offering encouragement, exploring troubles and offering individual attention as being successful responses to trouble as these were typically met with positive alignment, and thus shown to contribute to the creation of a supportive environment. Some of these actions were achieved through one or more practices. Users recurrently displayed empathy through the practices of telling second stories, exhibiting commonly shared experiences or feelings, and delivering psychoeducation. In addition, they frequently explored troubles through the practice of questioning, and offered individual attention through the practice of offering or requesting one-to-one contact. The users further demonstrated in the action of offering or requesting individual attention that one-to-one contact is often treated as an escalated form of support that goes beyond what

the group setting provides, and that is shown to be essential in particularly serious situations, such as in the case of an emergency.

In some cases, the action that the particular practice produced was treated by the users as determining whether it is met with positive alignment or not. This is particularly evident in the use of psychoeducation, where the users recurrently responded positively to the use of this practice when it served as a display of empathy. However, when the delivering of psychoeducation served as a way of offering understanding that is shown to be based on personal opinion or knowledge rather than personal experience, it frequently led to a display of resistance. This then provides a possible explanation for some of the literature showing that the effectiveness of delivering psychoeducation as a way of treating depressive symptoms yields inconsistent results (Miklowitz, 2009), as my data demonstrated that it is not the practice of delivering psychoeducation per se but rather the action that this practice is used to produce that is shown to determine its effectiveness as a response to troubles. These findings further contributed to the literature that found it difficult to isolate any factors that may influence the effectiveness of psychoeducation (Donker et al., 2009) by showing that the action that is produced as a result of delivering psychoeducation seems to be the factor that influences whether or not this practice yields a supportive outcome.

Similar to the delivering of psychoeducation, the users treated the practice of questioning as recurrently creating a therapeutic atmosphere when it was used to explore the trouble further, while interfering with the creation of a supportive environment when it served as a way of challenging the expressed trouble. These findings then challenged the literature suggesting that “why” questions are not therapeutic in nature (Inskipp, 2012) as my data suggested that it is not the type of question that is being asked but rather the action that this question produces that seems to influence whether or not the users treated it as a supportive response to troubles.

The users then varied in the way that they treated some practices depending on the particular action they were being used to implement, and at times also depending on other features of the circumstances. My findings thus suggest that particular

practices may not *always* be “good” or “bad” when it comes to counselling, as some of the literature seems to suggest they are. Such practices can rather be thought to be either “good” or “bad” depending on the particular action they are being used to implement, and at times also depending on other features of the circumstances.

Furthermore, the users at times treated how successful an action was in creating a therapeutic community as being dependent on the type of practice that was used to produce it. This was demonstrated in the action of displaying sympathy, which appeared to be produced in the forum using three practices: the offering of commiseration, the use of paraphrasing, and the reflection of feelings. The practices of paraphrasing and reflection of feelings were often met with alignment when they served as a display of sympathy, while the offering of commiseration in displaying sympathy was treated by the users as being inconsistent in its influence on the creation of a therapeutic environment since at times it was shown to be successful while at other times it was not. My findings then provided a possible explanation for the literature showing that sympathetic responses yield both negative and positive reactions (Baptiste, 2010) by demonstrating that it is not the display of sympathy per se but rather the practice that is used in producing this sympathetic response that seemed to influence whether the outcome was or was not treated by the users as being therapeutic in nature.

In the cases where the users displayed resistance to particular responses to trouble they treated such responses as being problematic, and thus interfering with the creation of a supportive environment. In responding to troubles-talk users often displayed interactional difficulties by offering to problem solve through advice-giving, using persuasion by means of challenging behaviours and thoughts, challenging troubles through questioning, offering their understanding of troubles through the practice of psychoeducation, and offering reassurance through an optimistic projection. In such cases, the users typically expressed resistance, exhibiting that these actions and the practice used to produce them, are seen as interfering with the creation of a supportive environment.

It thus appears that the users negotiated, in the space offered by the forum, what was seen as successful in contributing to the creation of a therapeutic community

and what was not, in each particular case. The users can then be thought to have co-created a therapeutic environment by treating the forum as a self-regulating space where “training” of a sort was being provided by the users themselves, where, for instance, a user who tried to do something supportive but failed in such attempt was provided with the opportunity to learn, in a very hands-on way, about what works and what does not based on other users responses. While the users did not necessarily always use this opportunity to learn, in general they appeared to be able to create an effective environment through which peer-support was displayed. Furthermore, the users’ expression of or reliance on of their own personal experiences of depression seemed to be particularly useful in responding to troubles-talk. It also appeared that their interactions in the forum served as a way of providing support to others and also in obtaining their own support, which often resulted in mutual support being provided.

It is also important to note that these findings are contingent possibilities in any given case. In addition, each segment within the identified typical overall sequential structure should not be seen as exhaustive of every possibility that may be found in the data. The order in which this sequential structure was presented is also not exclusively linear in nature as interactions may flow back and forth throughout the process, and sequences may be expanded or specific parts of the overall sequence may be repeated multiple times, or may not occur at all.

Nevertheless, my data show that the online support forum can be thought of as being a potentially useful medium in which adolescents suffering from depression can seek and/or provide support. It is then recommended that parents encourage their depressed adolescents to seek support from peers using online forums when they are either unable or unwilling to seek psychotherapy from a mental health professional. Furthermore, these findings provide mental health professionals with a useful referral option for those potential or current adolescent clients, who suffer from depression and require additional support in conjunction with psychotherapy and/or medication, or an alternative source of support owing to them being unable to seek professional support.

Considering the above in conjunction with Pomerantz (1990) stating that it is after identifying practices and actions, and proposing the implications of the study that "subsequent research can establish patterns of occurrences" (p. 233), the following opportunities for future research are offered:

- Using larger/more representative samples to investigate whether the findings in this forum are demonstrated in other settings in which informal counselling may occur.
- Using larger/more representative samples to investigate whether particular practices that were found to recurrently occur in the forum are statistically more likely to be treated as successful.
- Comparing whether the findings in this forum are culturally variable.
- Using conversation analysis to compare online support interactions with professional therapeutic interactions to see how they differ in creating a therapeutic environment.

In addition, there are a few limitations of this study owing to its limited scope that require mentioning, some of which can be thought to have influenced the above recommendations. These include its relatively small sample size and the exclusive use of an English speaking online forum, which may have restricted the actions and practices that other cultures possibly use in providing support. Despite these limitations, this study showed a typical account of how the users of the forum co-created a therapeutic community, and thus demonstrated the usefulness of this forum in providing support for depressed adolescents who do not necessarily get needed help or support elsewhere. It further showed how particular practices that are being treated as "good" or "bad", in counselling terms, are a contingent outcome of the particular details and circumstances of their production. In particular, this study has suggested a more nuanced view of the practices of questioning and delivering psychoeducation than some of the previous literature has offered. Similarly, my data demonstrated that the practice used to produce a display of sympathy seemed to influence whether the outcome was or was not treated as being supportive in nature, thus offering empirically-grounded accounts for previous findings showing that this action yields both positive and negative reactions.

## REFERENCE LIST


Abela, J. R., & Hankin, B. L. (2008). Depression in children and adolescents: Cause, treatment and prevention. In J. R. Abela, & B. L. Hankin (Eds.), *Handbook of depression in children and adolescents* (pp. 3-5). New York, USA: The Guilford Press.

Adame, A. L., & Leitner, L. M. (2008). Breaking out of the mainstream: The evolution of peer support alternatives to the mental health system. *Ethical Human Psychology and Psychiatry, 10*(3), 146-162.

Adler, E. S., & Clark, R. (2011). *An invitation to social research: How it's done.* Belmont, USA: Wadsworth.

Amis, K. (2011). *Becoming a counsellor: A student companion.* London, UK: Sage Publications.

Anderson, L., & Anderson, T. (2010). *Online conferences: Professional development for a networked era.* USA: Information Age Publishing.

Andersson, G., & Carlbring, P. (2011). Panic Disorder. In C. Draper, & W. T. O'Donohue (Eds.), *Stepped care and e-health: Practical applications to behavioral disorders* (pp. 61-76). New York, USA: Springer.

Antaki, C., Ardevol, E., Nunez, F., & Vayreda, A. (2006). "For she who knows who she is": Managing accountability in online forum messages. *Journal of Computer-Mediated Communication, 11*, 114-132.

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

Armstrong, N., Koteyko, N., & 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.

Ashford, J. B., & LeCroy, C. W. (2010). *Human behavior in the social environment: A multidimensional perspective* (4th ed.). Belmont, CA: Brooks/Cole.

Avenevoli, S., Knight, E., Kessler, R. C., & Merikangas, K. R. (2008). Epidemology of depression in children and adolescents. In J. R. Abela, & B. L. Hankin (Eds.), *Handbook of depression in children and adolescents* (pp. 6-34). New York, NY: The Guild Press.

Babbie, E. R. (2010). *The practice of social research* (12th ed.). Belmont, USA: Wadsworth Publishing.

Babbie, E. R. (2011). *The basics of social research* (5th ed.). Belmont, CA: Wadsworth.

Baer, L., Griest, J., & Marks, I. M. (2007). Computer-aided cognitive behaviour therapy. *Psychotherapy and Psychosomatics, 76*, 193-195.

Balk, D. A. (2011). Adolescence, sibling death, and bereavement. In J. Caspi (Ed.), *Sibling development: Implications for mental health practitioners* (pp. 359-376). New York, NY: Springer Publishing Company.

Bambina, A. D. (2007). *Online social support: The interplay of social networks and computer-mediated communication.* Youngstown, NY: Cambria Press.

Bane, C. M., Haymaker, C. M., & Zinchuk, J. (2005). Social support as a moderator of the Big-Fish-in-a-Little-Pond Effect in online self-help support groups. *Journal of Applied Biobehavioral Research, 10*(4), 239-261.

Baptiste, S. (2010). Enabling comminication in a person-centred, occupation-focused context. In M. Curtin, M. Molineux, & J. Supyk (Eds.), *Occupational therapy and physical dysfunction: Enabling occupation* (6th ed., pp. 170-179). London, UK: Elsevier.

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

Barak, A., & Gluck-Ofri, O. (2007). Degree and reciprocity of self-disclosure in online forums. *Cyberpsychology & Behavior, 10*(3), 407-417.

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

Bar-Lev, S. (2008). “We are here to give you emotional support”: Performing emotions in an online HIV/AIDS support group. *Qualitative Health Research, 18*(4), 509-521.

Barrera, M., Glasgow, R. E., McKay, H. G., Boles, S. M., & Feil, E. G. (2002). Do internet-based support interventions change perceptions of social support?: An experimental trial of approaches for supporting diabetes self-management. *American Journal of Community Psychology, 30*(5), 637-654.

Benwell, B., & Stokoe, E. (2006). *Discourse and identity.* Edinburgh, UK: Edinburgh University Press.

Best-Boss, A. (2010). *The everything parent's guide to eating disorders: The information plan you need to see the warning signs, help promote positive body image, and develop a recovery plan for your child.* Avon, MA: Adams Media.

Blaikie, N. (2010). *Designing social research* (2nd ed.). London, UK: Polity Press.

Blake, S., Bird, J., & Gerlach, L. (2007). *Promoting emotional and social development in schools: A practical guide.* London, UK: Paul Chapman Publishing.

Bless, C., Higson-Smith, C., & Kagee, A. (2006). *Fundamentals of social research methods: An African perspective* (4th ed.). Cape Town, SA: Juta & Co.

Bond, T., & Dryden, W. (2012). Ethical principles of CBT practitioners. In W. Dryden, & R. Branch (Eds.), *The CBT handbook* (pp. 399-420). London, UK: Sage Publishers.

Bor, R., & Allen, J. (2007). Counselling. In S. Ayers (Ed.), *Cambridge handbook of psychology: Health and medicine* (pp. 348-351). Cambridge, UK: Cambridge University Press.

Brabender, V. M., Smolar, A. I., & Fallon, A. E. (2004). *Essentials of group therapy.* New Jersey, USA: John Wiley & Sons.

Brewer, E. W., & Headlee, N. (2010). Proposal. In N. J. Salkind (Ed.), *Encyclopaedia of Research Design.* New York: Sage Publications.

Brown, C. (2005). Injuries: The psychology of recovery and rehab. In S. M. Murphy (Ed.), *The sport psych handbook: A complete guide to today's best mental training techniques* (pp. 215-236). Champaign, IL: Human Kinetics Publishers.

Brown, N. W. (2004). *Psychoeducational groups: Process and practice.* New York, NY: Brunner-Routledge.

Brumfitt, S. (2010). *Psychological well being and acquired communication impairment.* West Sussex, UK: John Wiley & Sons.

Buckley, P. F. (2012). *Schizophrenia: An issue of psychiatric concern.* Philadelphia, USA: Elsevier Health Sciences.

Burleson, B. R. (2003). Emotional support skills. In J. O. Greene, & B. R. Burleson (Eds.), *Handbook of communication and social interaction skills* (pp. 551-594). New Jersey, USA: Lawrence Erlbaum Associates.

Burns, J., Morey, C., Lagelée, A., Mackenzie, A., & Nicholas, J. (2007). Reach out! Innovation in service delivery. *The Medical Journal of Australia, 187*(7), 31-34.

Campbell, H. (2005). *Exploring religious community online: We are one in the network.* New York, NY: Peter Lang Publishing.

Casiraghi, A. M., & Mulsow, M. (2010). Building support for recovery into an academic curriculum: Student reflections on the value of staff run seminars. In H. Cleveland, K. S. Harris, & R. P. Wiebe (Eds.), *Substance abuse recovery in college: Community supported abstinence* (pp. 113-144). New York, NY: Springer Science+Business Media.

Castelnuovo, G., Gaggioli, A., & Riva, G. (2001). Cyberpsychology meets Clinical psyhcology: The emergence of e-therapy in mental health car. In G. Riva, & C. Galimberti (Eds.), *Towards cyberpsychology* (pp. 299-252). Amsterdam, The Netherlands: IOS Press.

Ceruzzi, P. E. (2010). The internet before commercialization. In W. Aspray, & P. E. Ceruzzi (Eds.), *The internet and American business: History of computing* (pp. 9-44). Cambridge, USA: The MIT Press.

Chang, V. N., Scott, S. T., & Decker, C. L. (2013). *Developing helping skills: A step by step approach* (2nd ed.). Belmont, CA: Brooks/Cole.

Chayko, M. (2002). *Connecting: How we form social bonds and communities in the internet age.* Albany, NY: State University of New York Press.

Clark, A. J. (2007). *Empathy in counseling and psychotherapy: Perspectives and practices.* New Jersey, USA: Lawrence Erlbaum Associates.

Clarke, G., & Harvey, A. G. (2012). The complex role of sleep in adolescent depression. In S. J. Goldman, & F. J. Wren (Eds.), *Depression: Child and adolescent psychiatric clinics of North America* (pp. 385-400). Philadelphia, USA: Elsevier.

Coffey, B., & Woolworth, S. (2004). “Destroy the scum, and then neuter their families:” The web forum as a vehicle for community discourse? *The Social Science Journal, 44*(1), 1-14.

Coleman, J. C. (2011). *The nature of adolescence* (4th ed.). New York, NY: Psychology Press.

Coleman, J., & Hagell, A. (2009). The nature of risk and resilence in adolescence. In J. Coleman, & A. Hagell (Eds.), *Adolescence, risk and resilience: Against the odds* (pp. 1-16). West Sussex, England: John Wiley & Son.

Coon, D., & Mitterer, J. O. (2010). *Introduction to psychology: Getaways to mind and behavior* (12th ed.). Belmont, USA: Wadsworth.

Cottrell, R. R., & McKenzie, J. F. (2011). *Health promotion and education research methods: Using the five chapter thesis/dissertation model* (2nd ed.). London, UK: Bartlett Publishers.

Couture, S. J., & Sutherland, O. (2006). Giving advice on advice-giving: A conversation analysis of Karl Tom's practice. *Journal of Marital and Family Therapy, 32*(3), 329-344.

Cowie, H., & Hutson, N. (2005, June). Peer support: A strategy to help bystanders challenge school bullying. *Pastoral Care in Education, 23*(2), 40-44.

Cowie, H., & Wallace, P. (2000). *Peer support in action: From bystanding to standing by.* London, UK: Sage Publications.

Creswell, J. W. (2009). *Research design: Qualitative, quantitative and mixed research approaches* (3rd ed.). London, UK: Sage Publications.

Crocetti, E., Jahromi, P., & Meeus, W. (2012). Identity and civic engagement in adolescence. *Journal of adolescence, 35*(3), 521-532.

Culley, S., & Bond, T. (2011). *Integrative counselling skills in action* (3rd ed.). London, UK: Sage Publications.

Davidson, K. P., Pennebaker, J. W., & Dickerson, S. S. (2000). Who talks? The social psychology of illness support groups. *American Psychologist, 55*(2), 205-217.

Davis, E. (2011). Community support and societal influences. In R. Hudak, & D. D. Dougherty (Eds.), *Clinical obsessive-compulsive disorders in adults and children* (pp. 152-171). Cambridge, UK: Cambridge University Press.

De Vos, A. S., & Strydom, H. (2011). Scientific theory and professional research. In A. S. de Vos, H. Strydom, C. B. Fouché, & C. S. Delport (Eds.), *Research at grass roots: For the social sciences and human service professionals* (pp. 28-44). Pretoria, SA: Van Schaik Publishers.

De Vos, J. (2012). *Psychologisation in times of globalisation.* New York, NY: Routledge.

Delport, C. S., Fouché, C. B., & Schurink, B. (2011). Theory and literature in qualitative research. In A. S. de Vos, H. Strydom, C. B. Fouché, & C. S. Delport (Eds.), *Research at grass roots: For the social sciences and human service professionals* (pp. 297-306). Pretoria, SA: Van Schaik Publishers.

Denko, T., & Friedman, E. S. (2010). Depression in different types of patients. In E. S. Friedman, & I. M. Anderson (Eds.), *Managing depression in clinical practice* (pp. 11-16). London, UK: Springer-Verlag.

DeSanctis, G., Fayard, A., Roach, M., & Jiang, L. (2003). Learning in online forums. *European Management Journal, 27*(5), 565–577.

Donker, T., Griffiths, K. M., Cuijpers, P., & Christensen, H. (2009). Psychoeducation for depression, anxiety and psychological distress: A meta-analysis. *BioMed Central Medicine, 7*(79). doi:10.1186/1741-7015-7-79

Drew, P., & Heritage, J. (1992). Analyzing talk at work: An introduction. In P. Drew, & J. Heritage (Eds.), *Talk at work: Interaction in institutional settings* (pp. 3-65). New York, NY: Cambridge University Press.

Durrant, R. (2013). *An introduction to criminal psychology.* New York, NY: Routledge.

Edwards, D. (2003). Analyzing racial discourse: The discursive psychology mind-world relationships. In *Analyzing race talk: Multidisciplinary perspectives on the research interview* (pp. 31-48). New York, NY: Cambridge University.

Ellerman, E. (2007). The internet in context. In J. Gackenbach (Ed.), *Psychology and the internet: Intrapersonal, interpersonal and transpersonal implications* (2nd ed., pp. 11-33). London, UK: Academic Press.

Ellis, L. A., Campbell, A. J., Sethi, S., & O'Dea, B. M. (2011). Comparative randomized trail of an online cognitive-behavioural therapy program and an online support group for depression and anxiety. *Journal of CyberTherapy & Rehabilitation, 4*(4), 461-467.

Falloon, G. (2012). Student engagement with technology: So, what's it got to do with learning? In T. Lê, & Q. Lê (Eds.), *Technologies for enhancing pedagogy, engagement and empowerment in education: Creating learning-friendly environments* (pp. 231-245). Pennsylvania, USA: Information Science Reference.

Farmer, R. (2003, March 1). Instant messaging: Collaborative tool or educator"s nightmare! Canada, USA. Retrieved from https://www.student.cs.uwaterloo.ca/~cs492/papers/im.pdf

Fauth, R. C., Roth, J. L., & Brooks-Gunn, J. (2007). Does the neighbourhood context alter the link between youth's afterschool time activities and developmental outcomes? A multilevel analysis. *Developmental Psychology, 43*(3), 760-777.

Ferrand-Bechmann, D. (2009). Youth empowerment in France: Action and reaction. In E. S. Liu, M. J. Holosko, & T. W. Lo (Eds.), *Youth empowerment and volunteerism: Principles, policies and practices* (pp. 275-296). Kowloon, Hong Kong: City University.

Flynn, M. A., & Alexandru, S. (2012). Social support in a men's online eating disorder forum. *International Journal of Men's Health, 11*(2), 150-169.

Fouché, C. B., & De Vos, A. S. (2011). Formal formulations. In A. S. de Vos, C. B. Strydom, & C. S. Fouché (Eds.), *Research at grass roots: For the social sciences and human service professionals* (pp. 89-100). Pretoria, SA: Van Schaik Publishers.

Fouché, C. B., & Delport, C. S. (2011). Introduction to the research process. In A. S. de Vos, H. Strydom, C. B. Fouché, & C. S. Delport (Eds.), *Research at grass roots: For the social sciences and human service professionals* (pp. 61-78). Pretoria, SA: Van Schaik Publishers.

Friborg, O., & Rosenvinge, J. (2013). A comparison of open-ended and closed questions in the prediction of mental health. *Quality & Quantity, 47*(3), 1397-1411.

Gainsbury, S., & Wood, R. (2012). Online clinical support for people with gambling problems. In R. J. Williams, R. T. Wood, & J. Parke (Eds.), *Routledge international handbook of internet gambling* (pp. 250-268). Abingdon, Oxon: Routledge.

Garcia, A. C. (2013). *Introduction to interaction: Understanding talk in formal and informal settings.* London, UK: Bloomsbury Publishing.

Garcia, B., & Petrovich, A. (2011). *Strengthening the DSM: Incorporating resilience and cultural competence.* New York, NY: Springer.

Gehart, D. R. (2013). *Mastering competencies in family therapy: A practical approach to theories and clinical case documentation* (2nd ed.). Belmont, CA: Brooks/Cole.

Gibson, W. (2009). Negotiating textual talk: Conversation analysis, pedagogy and the organisation of online asynchronous discourse. *British Educational Research Journal, 35*(5), 705–721.

Ginger, S. (2007). *Gestalt therapy: The art of contact.* London, UK: Karnac Books.

Glasheen, K. J., & Campbell, M. A. (2008). Proceedings from Australian Association for Research in Education. *School counselling launches into cyberspace: An action research study of a school based online counselling service.* Brisbane.

Goldner, E. M., Jenkins, E., Palma, J., & Bilsker, D. (2011). *A concise introduction to mental health in Canada.* Toronto, Ontario: Canadian Scholar's Press.

Goldstein, M. L., & Morewitz, S. J. (2011). *Chronic disorders in children and adolescents.* New York, NY: Springer.

Goodfriend, W. (2012). Sexual script or sexual improv? Nontraditional sexual paths. In M. A. Paludi (Ed.), *The psychology of love: The many forms and rewards* (pp. 59-72). Oxford, England: Praeger.

Goodwin, C., & Heritage, J. (1990). Conversation analysis. *Annual Review of Anthropology, 19*, 283-307.

Goss, C., Rossi, A., & Moretti, F. (2011). Assessment stage: Data gathering and structuring the interview. In M. Rimondini (Ed.), *Communication in cognitive behavioral therapy* (pp. 25-52). London, UK: Springer.

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

Groos, A. D., & Shakespeare-Finch, J. (2013). Positive experiences for participants in suicide bereavement groups: A grounded theory model. *Death Studies, 37*(1), 1-24.

Gunter, B. (2005). *Digital health: Meeting patient and professional needs online.* Mahwah, New Jersey: Lawrence Erlbaum Associates.

Hanley, T. (2009). The working alliance in online therapy with young people: Preliminary findings. *British Journal of Guidance & Counselling, 37*(3), 257-269.

Have, P. T. (2007). *Doing conversation analysis* (2nd ed.). Thousand Oaks, California: Sage Publications.

Heritage, J. (1984). *Garfinkel and ethnomethodology.* Cambridge, UK: Policy Press.

Heritage, J., & Atkinson, J. M. (1984). Introduction. In J. Heritage, & J. M. Atkinson (Eds.), *Structures of social action: Studies in conversation analysis* (pp. 1-16). Cambridge, NY: Press Syndicate.

Heritage, J., & Clayman, S. (2010). *Talk in action: Interactions, identities and institutions.* West Sussex, UK: John Wiley & Sons.

Hesse-Biber, S. N., & Leavy, P. (2011). *Qualitative research in nursing and healthcare* (3rd ed.). London, UK: Sage Publishers.

Holloway, I., & Wheeler, S. (2010). *Qualitative research in nursing and healthcare* (3rd ed.). London, UK: Wiley-Blackwell.

Horton, S. (2006). A framework for description and analysis of therapy for language impairment inaphasia. *Aphasiology, 20*(6), 528–564.

Howard, T. W. (2010). *Design to thrive: Creating social networks and online communities that last.* Burlington, MA: Morgan Kaufmann Publishers.

Hudson, B. (2010). Candlepower: The intimate flow of online collaborative learning. In J. Schoenholtz-Read, & K. E. Rudestam (Eds.), *Handbook of online learning* (2nd ed., pp. 267-300). Thousand Oaks, California: Sage Publications.

Hussain, Z., & Griffiths, M. D. (2009). Excessive use of massively multi-player online role-playing games: A pilot study. *International Journal of Mental Health and Addiction, 7*(4), 563-571.

Hutchby, I., & Wooffitt, R. (2008). *Conversation analysis.* Cambridge, UK: Polity Press.

Hutchinson, A. K. (2007). Coping with stressors in late adolescence/young adulthood: A salutogenic perspective. *Health SA Gesondheid, 12*(3), 37-45.

Inskipp, F. (2012). Generic skills. In C. Feltham, & I. Horton (Eds.), *The SAGE handbook of counselling and psychotherapy* (3rd ed., pp. 78-91). London, UK: Sage Publications.

Ivey, A. E., Ivey, M. B., & Zalaquett, C. P. (2013). *Intentional interviewing and counseling: Facilitating client development in a multicultural society* (8th ed.). Belmont, USA: Brooks/Cole.

Jack, L., Grim, M., Gross, T., Lynch, S., & McLin, C. (2010). Theory in health promotion programs. In C. I. Fertman, & D. D. Allensworth (Eds.), *Health promotion programs: From theory to practice* (pp. 57-90). California, USA: Jossey-Bass.

Jacobson, C. M., & Mufson, L. (2010). Treating adolescent depression using interpersonal psychotherapy. In J. R. Weisz, & A. L. Kazdin (Eds.), *Evidence-based psychotherapies for children and adolescents* (pp. 140-158). New York, USA: Guilford Press.

Jacoby, M. (2004). *Jungian psychotherapy and contemporary infant research: Basic patterns of emotional exchange.* London, UK: Routledge.

Jagoda, P. (2012). Speculative security. In D. S. Reveron (Ed.), *Cyberspace and national security: Threats, opportunities, and power in a virtual world* (pp. 21-36). Washington, DC: Georgetown University Press.

Jefferson, G. (1980). On troubles-premonitory response to inquiry. *Sociological Inquiry, 50*(3), 153-185.

Jefferson, G. (1984). On the organisation of laughter in talk about troubles. In J. M. Atkinson, & J. Heritage (Eds.), *Structures of social action: Studies in Conversation Analysis* (pp. 346-369). Cambridge, UK: Cambridge University Press.

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

Johnson, B., & Christensen, L. (2011). *Educational research: Quantitative, qualitative and mixed approaches* (4th ed.). London, UK: Sage Publishers.

Karlsson, N., Skargren, E., & Kristenson, M. (2010). Emotional support predicts more sickness absence and poorer self assessed work ability: A two year prospective cohort study. *BMC Public Health, 10*(648). Retrieved from http://www.biomedcentral.com/1471-2458/10/648

King, R. A. (2007). Adolescence. In A. Martin, & F. R. Volkmar (Eds.), *Lewis's child and adolescent psychiatry: A comprehensive textbook.* Philadelphia, USA: Lippincott Williams & Wilkins.

Kivlighan, D. M., Miles, J. R., & Paquin, J. D. (2010). Therapeutic factors in group-counseling: Asking new questions. In R. K. Conyne (Ed.), *The Oxford handbook of group counseling* (pp. 121-136). New York, NY: Oxford University Press.

Kondratyuk, N., & Peräkylä, A. (2011). Therapeutic work with the present moment: A comparative conversation analysis of existential and cognitive therapies. *Psychotherapy Research, 21*(3), 316-330.

Koshik, I. (2003). Wh-questions used as challenges. *Discourse Studies, 5*(1), 51–77.

Kottler, J. A., & Brew, L. (2003). *One life at a time: Helping skills and interventions.* New York, NY: Brunner-Routledge.

Lamerichs, J., & te Molder, H. F. (2003). Computer-mediated communication: From a cognitive to a discursive model. *New Media & Society, 5*(4), 451-473.

LaQuatra, I., & Danish, S. J. (2007). Counselling skills for behavior change. In B. M. Klawitter, & K. King (Eds.), *Nutrition therapy: Advanced counseling skills* (pp. 91-106). Philadelphia, PA: Lippincott Williams & Wilkins.

Latt, N., Conigrave, K., Saunders, J. B., Marshall, J., & Nutt, D. (2009). *Oxford specialist handbook: Addiction medicine.* New York, USA: Oxford University Press.

Lea, M., & Spears, M. (1995). Love at first byte? Building personal relationships over computer networks. In J. T. Wood, & S. Duck (Eds.), *Understudied relationships: Off the beaten track* (pp. 197-236). Thousand Oaks, CA: Sage Publications.

Leifer, G., & Fleck, E. (2013). *Growth and development across the lifespan: A health promotion focus.* St. Louis, Missouri: Elsevier.

Liddicoat, A. J. (2011). *An introduction to conversation analysis* (2nd ed.). New York, USA: Continuum International Publishing Group.

Lindorfer, S. (2007). *Sharing the pain of the bitter hearts: Liberation psychology and gender-related violence in Eastern Africa.* London, UK: Transaction Publishers.

Linn, M. C., & Slotta, J. D. (2011). Enabling participants in online forums to learn from each other. In A. M. O'Donnell, C. E. Hmelo-Silver, & G. Erkens (Eds.), *Collaborative learning, reasoning, and technology* (pp. 61-). New York, NY: Routledge.

Madhava, K., & Rao, D. B. (2008). *Personality of adolescent students.* Grand Rapids, MI: Discovery Publishing House.

Maimon, D., Browning, C. R., & Brooks-Gun, J. (2010). Collective efficacy, family attachment, and urban adolescent suicide attempt. *Journal of Health and Social Behavior, 51*(3), 307–324.

Malan, D. H., & Selva, C. D. (2007). *Lives transformed: A revolutionary method of dynamic psychotherapy.* London, UK: Karnac Books.

Mander, R. (2001). *Supportive care and midwifery.* London, UK: Blackwell Science.

Mannheim, J. K. (2012, November 29). *Adolescent development.* Retrieved from http://www.nlm.nih.gov/medlineplus/ency/article/002003.htm

Markham, A. N. (2007). The internet as research context. In G. Gobo, C. Seale, D. Silverman, & J. F. Gubrium (Eds.), *Qualitative research practice: Concise paperback edition* (pp. 328-344). London, UK: Sage Publications.

Markham, A. N. (2011). Internet communication as a tool for qualitative research. In D. Silverman (Ed.), *Qualitative research: Theory, method and practice* (3rd ed., pp. 95-121). London, UK: Sage Publications.

Markiewicz, D., Lawford, H., Doyle, A. B., & Haggart, N. (2006). Developmental differences in adolescents‟ and young adults‟ use of mothers, fathers, best friends, and romantic partners to fulfill attachment need. *Journal of Youth and Adolescence, 35*(1), 127–140.

Marshall, C., & Rossman, G. B. (2011). *Designing qualitative research* (5th ed.). London, UK: Sage Publishers.

McConville, M. (2001). Lewinian field theory, adolescent development and psychotherapy. In M. McConville, & G. Wheeler (Eds.), *The heart of development: Gestalt approaches to working with children, adolescents and their worlds* (pp. 26-53). Cambridge, MA: The Gestalt Press.

McLeod, J., & McLeod, J. (2011). *Counselling skills: A practical guide for counsellors and helping professionals.* Berkshire, England: Open University Press.

McNamara, S. (2000). *Stress in young people: What's new and what can we do?* London, UK: Continuum.

Mead, S., Hilton, D., & Curtis, L. (2001). Peer support: A theoretical perspective. *Psychiatric Rehabilitation Journal, 25*(2), 134-141.

Meier, A., & Boivin, M. (2011). *Counselling and therapy techniques: Theory & practice.* London, UK: Sage Publications.

Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation.* San Francisco, CA: Jossey-Bass.

Micucci, J. A. (2009). *The adolescent in family therapy: Harnessing the power of relationships.* New York, USA: The Guildford Press.

Miklowitz, D. J. (2009). Bipolar disorder treatment: Psychotherapy. In R. E. Ingram (Ed.), *The International Encyclopedia of Depression* (pp. 83-85). New York, NY: Springer Publishing Company.

Mitrano, T. (2006). A wider world: Youth, privacy, and social networking technologies. *Educause Review, 41*(6), 16-29.

Mo, P. K., & Coulson, N. S. (2010). Living with HIV/AIDS and use of online support groups. *Journal of Health Psychology, 15*(3), 339-350.

Morrissey, J., & Callaghan, P. (2011). *Communication skills for mental health nurses: An introduction.* Berkshire, England: Open University Press.

Morrow, S. L. (2007). Qualitative research in counselling psychology: Conceptual foundations. *The Counselling Psychologist, 35*(3), 109-235.

Mouton, J. (2001). *How to succeed in your master's & doctoral studies: A South African guide and resource book.* Pretoria: Van Schaik Publishers.

Murberg, T. A. (2009). Shyness predicts depressive symptoms among adolescents: A prospective study. *School Psychology International, 30*(5), 507-519.

Nelson-Jones, R. (2012). *Basic counselling skills: A helper's manual* (3rd ed.). Thousand Oaks, California: Sage Publications.

Nelson-Jones, R. (2013). *Introduction to counselling skills: Text and activities.* London, UK: Sage Publications.

Nettelton, S., Pleace, N., Burrows, R., Muncer, S., & Loader, B. (2002). The reality of virtual social support. In S. Woolgar (Ed.), *Virtual society? Technology, cyberbole, reality* (pp. 176-188). New York, NY: Oxford University Press.

Nimrod, G. (2013). Challenging the internet paradox: Online depression communities and well-being. *International Journal of Internet Science, 8*(1), 30-48.

Okun, B. F., & Kantrowitz, R. E. (2008). *Effective helping: Interviewing and counseling techniques* (7th ed.). Belmont, CA: Thomson Brooks/Cole.

Ozer, Y. M. (2012). *A student guide to health: Understanding the facts, trends, and challenges.* California, USA: ABC-CLIO.

Papadopoulos, R. K. (2009). Jung and otherings in South Africa. In P. Bennett (Ed.), *Cape Town 2007 journeys-encounters: Clinical, communal, cultural* (pp. 57-75). Einsiedeln, Switzerland: Daimon Verlag.

Parsons, M., & Blake, S. (2004, November). *Peer support: An overview.* Retrieved from National Children's Bureau: http://peersupport.ukobservatory.com/psia/PDF/spotlight%20briefing%20november%2004.pdf

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). London, UK: Sage Publications.

Pector, E. A., & Hsiung, R. C. (2011). Clinical work with support groups online: Practical aspects. In R. Kraus, G. Stricker, & C. Speyer (Eds.), *Online counseling: A handbook for mental health professionals* (2nd ed., pp. 203-224). London, UK: Academic Press.

Peräkylä, A. (2004a). Coversation analysis. In C. Seale, D. Silverman, J. Gubrium, & G. Gobo (Eds.), *Qualitative research practice* (pp. 185-179). London, UK: Sage Publications.

Peräkylä, A. (2004b). Reliability and validity in research based on naturally occurring social interaction. In D. Silverman (Ed.), *Qualitative research: Theory, method and practice* (2nd ed., pp. 283-304). London, UK: Sage Publications.

Peräkylä, A. (2005, July 3). *Analysising talk and text.* Retrieved from http://hdl.handle.net/10138/29488

Pomerantz, L. A. (1990). Chautauqua: On the validity and generalizability of conversational analysis methods. *Communication Monographs, 57*(3), 231-235.

Posey, C., Lowry, P. B., Roberts, T. L., & Ellis, T. S. (2010). Proposing the online community self-disclosure model: The case of working professionals in France and the U.K. who use online communities. *European Journal of Information Systems, 19*, 181–195.

Poynter, R. (2010). *The handbook of online and social media research: Tools and techniques for market researchers.* West Sussex, UK: John Wiley & Sons.

Preece, J. (2000). *Online communities: Designing usability, supporting sociability.* West Sussex, England: John Wiley & Sons.

Preece, J., & Maloney-Krichmar, D. (2003). Online communities: Focusing on sociability and usability. In J. A. Jacko, & A. Sears (Eds.), *The human-computer interaction handbook: Fundamentals, evolving technologies and emerging applications* (pp. 596-620). Mahwah, New Jersey: Lawrence Erlbaum Associates.

Preziosa, A., Grassi, A., Gaggioli, A., & Riva, G. (2009). Therapeutic applications of the mobile phone. *British Journal of Guidance & Counselling, 37*(3), 313-325.

Punch, K. F. (2005). *Introduction to social research: Quantitative and qualitative approaches.* London, UK: Sage Publications.

Quarter, J., Mook, L., & Armstrong, A. (2009). *Understanding the social economy: A Canadian perspective.* London, UK: University of Toronto Press.

Rathus, S. A. (2011). *Childhood and adolescence: Voyages in development* (4th ed.). California, USA: Wadsworth.

Rathus, S. A. (2012). *HDEV* (2nd ed.). Belmont, USA: Wadsworth.

Reeves, A. (2013). *An introduction to counselling and psychotherapy: From theory to practice.* London, UK: Sage Publications.

Reid, H., & Westergaard, J. (2011). *Effective counselling with young people.* Devon, UK: Learning Matters.

Ren, Y., Kraut, R., & Kiesler, S. (2007). Applying common identity and bond theory to design of online communities. *Organization Studies, 28*(3), 377–408.

Rey, J. M., & Hazell, P. L. (2009). Depression in children and adolescents. In J. M. Rey, & B. Birmaher (Eds.), *Treating child and adolescent depression* (pp. 3-16). Baltimore, MD: Lippincott Williams and Wilkins.

Richwood, D. J., Deane, F. P., & Wilson, F. P. (2007). When and how do young people seek professional help for mental health problems? *Medical Journal of Australia, 187*(7), 35-39.

Riggal, S. (2012). *Using counselling skills in social work.* California, USA: Sage Publications.

Rivlin, A. (2010). Suicide and self injurious behaviours at HMP Grendon. In R. Shuker, & E. Sullivan (Eds.), *Grendon and the emergence of forensic therapeutic communities: Developments in research and practice* (pp. 265-280). West Sussex, UK: John Wiley & Sons.

Rodda, S., Lubman, D. I., Dowling, N. A., Bough, A., & Jackson, A. C. (2013). Web-based counseling for problem gambling: Exploring motivations and recommendations. *Journal of Medical Internet Research, 15*(5), 99-124. Retrieved from http://0-www.ncbi.nlm.nih.gov.innopac.wits.ac.za/pmc/articles/PMC3668618/?report=classic

Ronen, T. (2011). *The positive power of imagery: Harnessing client imagination in CBT and related therapies.* West Sussex, UK: John Wiley & Sons.

Rudolph, K. D., Hammen, C., & Daley, S. E. (2006). Mood disorders. In D. A. Wolfe, & E. J. Mash (Eds.), *Behavioral and emotional disorders in adolescents: Nature, assessment, and treatment* (pp. 300-342). New York, USA: The Guilford Press.

Sacks, H. (1975). Everyone has to lie. In M. Sánches, & B. G. Blount (Eds.), *Sociocultural dimensions of language use* (pp. 56-79). London, UK: Academic Press.

Sadock, B. J., & Sadock, V. A. (2009). *Kaplan & Sadock's consice textbook of child pychiatry.* USA, Philadelphia: Lippincott Williams & Wilkins.

Sadock, B. J., Sadock, V. A., & Ruiz, P. (2011). *Kaplan & Sadock's study guide and self-examination review in psychiatry* (9th ed.). Philadelphia, USA: Lippincott Williams & Wilkins.

Schegloff, E. A. (1997). Practices and actions: Boundary cases of other-initiated repair. *Discourse Processes, 23*(3), 345-499.

Schegloff, E. A. (2007a). A tutorial on membership categorization. *Journal of Pragmatics, 39*, 462-482.

Schegloff, S. (2007b). *Sequence organization in interaction: A primer in conversation analysis* (Vol. I). Cambridge, UK: Cambridge University Press.

Schomerus, G., Matschinger, H., & Angermeyer, M. C. (2009). Attitudes that determine willingness to seek psychiatric help for depression: A representative population survey applying the Theory of Planned Behaviour. *Psychological Medicine, 39*(11), 1855-1865.

Sears, R., Rudisill, J., & Mason-Sears, C. (2006). *Consultation skills for mental health professionals.* New York, USA: John Wiley & Sons.

Seiffge-Krenke, I. (2004). Adaptive and maladaptive coping styles: Does intervention change anything. In W. Koops, & H. A. Bosma (Eds.), *Social cognition in adolescence: It's developmental significance* (pp. 367-382). London, UK: Psychology Press.

Senter, M. H. (2010). *When God shows up: A history of protestant youth ministry in America.* Grand Rapids, MA: Baker Academics.

Setoyama, Y., Yamazaki, Y., & Nakayama, K. (2011). Comparing support to breast cancer patients from online communities and face-to-face support groups. *Patient Education & Counseling, 85*(2), 95-100.

Shaffer, D. R., & Kipp, K. (2010). *Developmental psychology: Childhood & adolescence* (8th ed.). Belmont, CA: Wadsworth.

Shapiro, E. (2010). *Gender circuits: Bodies and identities in a technological age.* New York, NY: Routledge.

Sheffield, J. K., Fiorenza, E., & Sofronoff, K. (2004). Adolescents. willingness to seek psychological help: Promoting and preventing factors. *Journal of Youth and Adolescence, 33*(6), 495-507.

Sherer, S. (2008). Suicide. In L. S. Neinstein (Ed.), *Adolescent health care: A practical guide* (5th ed., pp. 1018-1026). USA: Lippincott Williams and Wilkins.

Shives, L. R. (2008). *Basic concepts of psychiatric-mental health nursing* (7th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.

Sidnell, J. (2010). *Conversation analysis: An introduction.* West Sussex, UK: Wiley-Blackwell.

Sidnell, J., & Stivers, T. (2012). *The handbook of conversation analysis.* West Sussex, UK: Blackwell Publishing.

Slabbert, J., De Kock, D. M., & Hattingh, A. (2009). *The brave 'new' world of education: Creating a unique professionalism.* Cape Town, South Africa: Juta and Company.

Smaby, M. H., & Maddux, C. D. (2011). *Basic and avanced counseling skills: The skilled counselor training model.* Belmont, USA: Brooks/Cole.

Smith, G., Hughes, J., & Greenhalgh, T. (2011). Patients as teachers and mentors. In T. Greenhalgh, C. Humphrey, & F. Woodard (Eds.), *User involvement in health care* (pp. 52-63). Oxford, UK: Blackwell Publishing.

Smith, H. A. (2007). *Teaching adolescents: Educational psychology as a science of signs.* Toronto, Canada: University of Toronto Press.

Smithson, J., Sharkey, S., Hewis, E., Jones, R. B., Emmens, T., Ford, T., & Owens, C. (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., Jones, R. B., Emmens, T., Ford, T., & Owens, C. (2011b). Membership and boundary maintenance on an online self-harm forum. *Qualitative Health Research, 21*(11), 1567–1575.

Sneijder, P., & te Molder, H. F. (2005). Moral logic and logical morality; Attributions of responsibility and blame in online discourse on veganism. *Discourse & Society, 16*(5), 675-696.

Solomon, P. (2004). Peer support/peer provided services, benefits and critical ingredients. *Psychiatric Rehabilitation Journal, 27*(4), 392-401.

South African Depression and Anxiety Group. (2007). The race between education and catastrophe - curbing teen suicide in South Africa : Patients as partners. *South African Psychiatry Review, 10*(1), 49-52.

Spano, S. (2004, May). *Research facts and findings: Stages of adolescent development.* Retrieved from Act for youth upstate center of excellence: http://www.actforyouth.net/resources/rf/rf_stages_0504.pdf

Stommel, W. (2009). *Entering an online support group on eating disorders: A discourse analysis.* Amsterdam, The Netherlands: Rodopi.

Stommel, W., & Koole, T. (2010). The online support group as a community: A micro-analysis of the interaction with a new member. *Discourse Studies, 12*(3), 357–378.

Stommel, W., & Meijman, F. J. (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.

Stroud, L. R., Foster, E., Papandonatos, G. D., Handwerger, K., Granger, D. A., Kivlighan, K. T., & Niaura, R. (2009, January). Stress response and the adolescent transition: Performance versus peer rejection stressors. *Development and Psychopathology, 12*(1), 47-68.

Subrahmanyam, K., Greenfield, P. M., & Tynes, B. (2004). Constructing sexuality and identity in an online teen chat room. *Applied Developmental Psychology, 25*(6), 651-666.

Sue, D., & Sue, D. M. (2008). *Foundations of counseling and psychotherapy: Evidence-based practices for a diverse society.* New Jersey, USA: John Wiley & Sons.

Sue, D., & Sue, D. W. (2013). *Essentials of understanding abnormal behavior* (2nd ed.). California, USA: Wadsworth.

Sutherland, O., & Strong, T. (2011). Therapeutic collaboration: A conversation analysis. *Journal of Family Therapy, 33*(3), 256–278.

Tang, L. (2012). 'In the name of love': Learning through online support. *Convergence: The International Journal of Research into New Media Technologies, 18*(4), 465-472.

Tappen, R. M. (2011). *Advanced nursing research: From theory to practice.* London, UK: Jones & Bartlett Learning.

Tarrier, N., Gooding, P., Pratt, D., Kelly, J., Maxwell, J., & Awenat, Y. (2013). *Cognitive behavioural prevention of suicide in psychosis: A treatment manual.* New York, NY: Routledge.

ten Have, P. (1991). Talk and institution: A reconsideration of the ‘‘asymmetry’’ of doctor–patient interaction. In D. Boden, & D. H. Zimmerman (Eds.), *Talk and social structure* (pp. 138–163). Oxford, UK: Polity Press.

Tessner, K. D., Mittal, V., & Walker, E. F. (2011). Longitudinal study of stressful life events and daily stressors among adolescents at high risk for psychotic disorders. *Schizophrenia Bulletin, 37*(2), 432–441.

Thomas, J. R., Nelson, J. K., & Silverman, S. J. (2011). *Research methods in physical activity* (6th ed.). Champaign, USA: Human Kinetics.

Thon, J. (2006). Communication and interaction in multiplayer first-person-shooter games. In G. Riva, M. T. Anguera, B. K. Wiederhold, & F. Mantovani (Eds.), *From communication to presence: Cognition, emotions, and culture towards the ultimate communication experience* (pp. 239-262). Amsterdam, Netherlands: IOS Press.

Toman, S. M., & Bauer, A. (2005). Adolescents: Development and practice from a Gestalt orientation. In A. L. Woldt, & S. M. Toman (Eds.), *Gestalt therapy: History, theory, and practice* (pp. 179-199). Thousand Oaks, California: Sage Publications.

Vally, Z. (2006). Cybertherapy: Development and usage in the South African context. *IFE PsychologIA: An International Journal, 14*(2), 151-165.

Vaughan, C. A., Foshee, V. A., & Ennett, S. T. (2010). Positive effects of maternal and peer support on depressive symptoms during adolescence. *Journal of Abnormal Child Psychology, 38*(2), 261-272.

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

Veach, P. M., LeRoy, B. S., & Bartels, D. M. (2003). *Facilitating the genetic counseling process: A practice manual.* New York, USA: Springer-Verlag.

Vehviläinen, S., Peräkylä, A., Antaki, C., & Leudar, I. (2008). A review of conversational practices in psychotherapy. In A. Peräkylä, C. Antaki, S. Vehviläinen, & I. Leudar (Eds.), *Conversation analysis and psychotherapy* (pp. 188-197). Cambridge, UK: Cambridge University Press.

Vincent, S. (2005). *Being empathic: A companion for counsellors and therapists.* Oxon, UK: Radcliffe Publishing.

Vogel, D. L., Wester, S. R., & Larson, L. M. (2007). Avoidance of counselling: Psychological factors that inhibit seeking help. *Journal of Counselling & Development, 85*(4), 410-422.

Voutilainen, L., Peräkylä, A., & Ruusuvuori, J. (2011). Therapeutic change in interaction: Conversation analysis of a transforming sequence. *Psychotherapy Research, 21*(3), 348-365.

Walther, J. B., & Parks, M. R. (2002). Cues filtered out, cues filtered in: Computer-mediated communication and relationships. In M. L. Knapp, & J. A. Daly (Eds.), *Handbook of interpersonal communication* (3rd ed., pp. 529-563). London, UK: Sage Publications.

Wanner, A. (2008). Creating comfort zones of orality in online discussion forums. In S. S. Magnan (Ed.), *Mediating discourse online* (pp. 125-152). Philadelphia, USA: John Benjamins Publishing.

Waumsley, J. A., & Katz, J. (2013). Using psychological model and counselling skills in sport injury rehabilitation. In M. A. Barrow, & N. Walker (Eds.), *The psychology of sport injury and rehabilitation* (pp. 171-184). New York, NY: Routledge.

Weilenmann, A., & Larsson, C. (2000). On doing 'being teenager'. Applying ethnomethodology to the analysis of young people's use of mobile phones. In L. Svensson, U. Snis, C. Sorensen, H. Fagerlind, T. Lindroth, M. Magnusson, & C. Ostlund (Ed.), *Laboratorium for interaction technology.* Proceedings of IRIS 23. Trollhattan, Sweden.

Wentzel, K. R., & Battle, A. A. (2001). Social relationships and school adjustment. In T. Urdan, & F. Pajares (Eds.), *Adolescence and education: General issues in the education of adolescents* (pp. 93-118). Charlotte, NC: Information Age Publishing.

Willig, C. (2013). *Introducing qualitative research in psychology* (3rd ed.). Berkshire, England: Open University Press.

Wilson, C. J., Deane, F. P., & Ciarrochi, J. (2005). Can hopelessness and adolescents. beliefs and attitudes about seeking help account for help negation? *Journal of Clinical Psychology, 61*(12), 1525-1539.

Wilson, C. J., Deane, F. P., Marshall, K. L., & Dalley, A. (2008). Reducing adolescents. perceived barriers to treatment and increasing help-seeking

intentions: Effects of classroom presentations by general practitioners. *Journal of Youth and Adolescence, 37*(10), 1257-1269.

Wilson, C. J., Deane, F. P., Marshall, K. L., & Dalley, A. (2010). Adolescents. suicidal thinking and reluctance to consult general medical practitioners. *Journal of Youth and Adolescence, 39*, 343-356.

Wood, R. T., & Wood, S. A. (2009). An evaluation of two United Kingdom online support forums designed to help people with gambling issues. *Journal of Gambling Issues*(23), 5-30.

Woodhead, J. C. (2008). *Pediatric clerkship guide.* Philadelphia, PA: Mosby.

Xanthos, C. (2008). *Exploring the mental health crisis affecting African-American males*. Retrieved from http://www.communityvoices.org/Uploads/AfricanAmericanMenMentalHealth.pdf

Yalom, I. D., & Leszcz, M. (2005). *The theory and practice of group psychotherapy* (5th ed.). New York, USA: Basic Books.

Yeager, J. (2012). A content analysis of an online support group for survivors of sexual violence. In A. Smedberg (Ed.), *E-health communities and online self-help groups: Applications and usage* (pp. 85-105). USA: Medical Information Science reference.

Yin, R. K. (2011). *Qualitative research from start to finish.* New York, NY: The Guilford Press.

Zach, J. S. (2011). Legal issues for online counselors. In R. Kaus, G. Stricker, & C. Speyer (Eds.), *Online counseling: A handbook for mental health professionals* (pp. 107-128). London, UK: Academic Press.

Zastrow, C. (2013). *Introduction to Social Work and Social Welfare: Empowering people* (11th ed.). Belmont, CA: Brooks/Cole.