

ONLINE SUPPORT GROUPS: EXTENDING COMMUNITIES OF CONCERN

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## (ABSTRACT)

Using survey data from 75 participants in computer self-help groups, variables were identified which theoretically indicate that computer self-help groups function similarly to face-to-face self-help groups. This exploratory research provided demographic information which allows users of computer self-help groups to be more clearly described. The findings of this study indicated that computer group users perceived similar benefits of use to people in traditional self-help groups. Study participants also perceived certain benefits from computer group use not found in traditional face-to-face groups. Among these were the convenience of use, anonymity, and the benefits of writing as a way to connect to others. The findings indicated that computer groups provided a unique context in which new beliefs and ideas about problems can be constructed. The findings were interpreted to indicate that there are certain risks involved in computer group use of which mental health professionals and potential users need to be cognizant. Finally, several areas for possible future study are discussed.

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## **Chapter I**

### **Introduction**

Technological advances made in recent years are beginning to have an effect on many areas of our lives. Computers are becoming more accessible to the general public. As the cost of personal computers and modems become less prohibitive, more people are able to use them in everyday life (Ford, 1993). The mental health profession is also experiencing a growth in the use of computers for data storage, assessment, analysis of tests, recording client histories, and for therapeutic purposes (Bloom, 1992; Burda, Starkey, Dominguez, & Vera, 1994; Clawson, Bostrom, & Anson, 1993; Ford, 1993; Wetzler & Marlowe, 1994; Wolkin & Lyon, 1986; Zarr, 1994). The most recent outgrowth of the use of computers for therapeutic purposes is the explosion of self-help groups on the Internet (Sparks, 1992). Examples are: Alt.Abuse.Recovery, a forum for survivors of abuse, and Alt.Support.Eating-Disord, a forum for people with eating disorders (see Appendix D for a comprehensive list). According to Yalom (1995), "Self-help groups exist for the explicit purpose of offering psychological support: they help members deal with a psychological problem, physical illness, a significant external stress, or a stigmatized status in society (for example, being short, obese, gay, widowed.)" (p. 483). Computer self-help groups (computer groups) provide a medium for the expression of thoughts and feelings related to specific problems of living being experienced by persons (Finn & Lavitt, 1994). Computer groups have the advantage of offering 24-hour availability, selective participation, anonymity and privacy, immediate and/or delayed responding, and a record of transactions (Sparks, 1992). Computer groups also have the potential to provide a medium through which individuals can write and re-

write about their experiences, gain support from other group members, and information relevant to possible solutions to problems. This process of reviewing an experience by writing about it over a period of time, in a community context, is similar to narrative therapy's use of written texts and the creation of "communities of concern" (Freedman & Combs, 1996, Parry & Doan, 1994, White & Epston, 1990). Written text is used in narrative therapy when face-to-face contact is not possible, or to enhance the therapeutic process by providing a written record of what has been achieved. Communities of concern are made up of people who have similar concerns and a desire to change how they think and feel about these. These communities provide an audience to which a person can show the changes being made and thus gain support for these. Communities of concern are used to provide support to a person while making changes and ongoing support to firmly establish those changes as a part of that person's life.

### **Purpose of the Study**

This study examined the implications of using computers as a vehicle for self-help groups. The exploratory nature of this study allowed for the collection of demographic information about computer group participants. This is important because prior to the current time, little was known about people using computer groups (Finn & Lavitt, 1994). This study also examined the benefits and risks associated with the use of computer groups from the perspectives of those who participated. The use of self-help groups has increasingly become a means of enhancing other types of intervention, as well as an important tool in and of itself for recovery and support (Finn & Lavitt, 1994; Gartner & Riessman, 1984). Participation in computer groups through the Internet has become a more common means for people who have access to computers of connecting to

resources, obtaining information, and getting support for issues of concern to their members (Sneider & Tooley, 1986). Part of the appeal of computer groups is the opportunity they provide for people to interact with others with similar experiences from the privacy of their own home (Sparks, 1992). Most importantly, these groups provide a place for people dealing with a variety of issues to tell their stories and to have access to a community of people who will support changes they make in these stories. This study also examined the extension of the self-help movement into another context, one in which participants must rely solely on written text to tell their story and elicit feedback from other participants. A vital question asked was whether participants perceived a connection or relationship with other members of the computer group and whether this connection was perceived to be helpful in the healing process. This study also provides information for potential computer group participants and professionals wishing to refer others to these services about the potential risks and benefits of computer group use.

### **Background and Significance**

#### **Social Constructionism**

A shift in thinking is underway in some areas of the mental health profession. Several terms are used to describe this movement, such as postmodernism, post-structuralism, post-positivism, constructivism, and social constructionism (Freedman & Combs, 1996; Paré, 1995; White & Epston, 1990). For the purposes of this study the term social constructionism will be used because it implies construction within a group and fits most appropriately with the study of computer groups. Social constructionism is based on the assumption that beliefs and ideas arise

within communities of people. Beliefs that we hold about people and society are negotiated between people when they communicate these to each other (Paré, 1995). Social constructionism focuses on the processes by which people describe, explain, or make sense of the world they live in (Gergen, 1985; Sluski, 1992). In order for this co-creation of beliefs and ideas to occur, people need to be involved in dialogue with each other. People use words and language in an interactive process which results in commonly understood descriptions of beliefs and experiences. The social, historical, and cultural contexts in which the creation of belief occurs have a large effect on the meaning created and vice versa (Freedman & Combs, 1996). As these contexts change, and different people enter the dialogue, the beliefs being created change. Gergen (1985) comments that a social constructionist view requires the belief that it is possible for meanings, other than those that a society, culture or historical context accepts, to exist. Computer groups provide a unique context in which persons can talk about their concerns. These groups provide an open forum for discussion in which participants must rely solely on written text to convey their meanings to each other. People participating in this forum do not have the social and cultural cues that exist in traditional self-help groups because they cannot see the other group members and may not be familiar with social and cultural backgrounds of other group members. Thus, the beliefs developed are created in a context which is quite different from face-to-face dialogue. In some ways this is very risky because of the potential for people to mislead each other. On the other hand, it might provide people with the freedom to create new beliefs about their problems that do not tie them to those problems for the rest of their lives. Thus, computer groups might provide a unique forum in which people can create an alternative story or set of beliefs about

themselves and their relationships. Another unique aspect of this context is that people from all over the world participate in these computer groups. Thus the individual beliefs and ideas being considered come from a variety of different social and cultural contexts.

A further implication of social constructionism for mental health professionals is the idea that people are experts on their own meanings. That is, that people know their own, individual meanings better than anyone else. Therapists are invited to become equal partners with clients in understanding or constructing the beliefs and meanings that clients have about the difficulties they experience (Freedman & Combs, 1996; Madigan & Epston, 1995; White & Epston, 1990). It would be naive to think that adopting this way of thinking would extinguish the existence of power in the therapist-client relationship. However, this world view does allow therapists to be more transparent, or open to clients, in acknowledging that they have power that clients do not. Social constructionism also allows therapists to accept clients' stories as real without having to surrender their own belief systems and vice versa (Hoffman, 1990). The therapist and client enter into a collaborative process through which they each begin to create new beliefs or stories about experiences that are more helpful to the client. Thus, a client's knowledge and experience are as valued as a therapist's knowledge and experience.

Self-help group philosophy is based on similar ideas. Zimmerman, Reischl, Seidman, Rappaport, Toro, & Salem (1991) note that self-help groups furnish participants with a shared experience of both providing and receiving help, are opposed to labeling fellow members, and aim for integration of members into the larger community. Thus, persons come together with their own experiences to provide support and help to each other. The growth and continued popularity

of the self-help movement would seem to indicate that participants value their experience and the ability to provide help to one another. Through sharing the beliefs and ideas they have about their experiences, participants are able to begin to examine and change these within a supportive community. Since group members have similar experiences, they are less likely to label these as pathological or unacceptable and are more likely to help each other search for solutions and validate feelings.

### **Narrative Therapy**

The reformulation of experience suggested by social constructionism has, in part, led to a focus on clients' stories or narratives which is the basis of a form of therapy known as narrative. Narrative therapy is a form of clinical practice based upon social constructionist ideas. Michael White and David Epston (1990) developed this approach together and use social constructionist ideas to describe how they interact with clients. Narrative therapists look for ways that clients can think about and talk about their problems as if the problems exist independently of the person or family. This is done in order to help clients find ways to reduce the effects that these problems have in their lives and relationships. People can more easily separate out the effects of problems that they are able to change (White & Epston, 1990). Once these have been separated out people are more easily empowered to change. This process of separation occurs by a careful use of words by the therapist which linguistically separates the problem from the person (White & Epston, 1990). The problem is talked about as if it were a separate entity rather than a flaw existing within the person. As a result, people no longer have to define themselves as inherently bad or flawed (Laube & Trefz, 1994; Madigan, 1994; White & Epston, 1990). Therapy



progresses as a joint search with clients for beliefs and ideas about the problem that allow people to define themselves and live their lives in ways that are more acceptable to them (Epston & White, 1992; White & Epston, 1990; White, 1989). An essential part of the co-construction of alternative stories, or new beliefs, is the creation of an audience or community that will support the new story (Epston & White, 1992; Madigan & Epston, 1995; Parry & Doan, 1994; White, 1989).

David Epston began writing letters to clients between sessions to extend therapeutic benefits that occurred beyond the session (White & Epston, 1990). He found that these letters allowed him and his clients to go over material that they had discussed, to pose questions, and to introduce new possibilities (Epston & White, 1992; Epston, 1994). He then began to use letters as a way for clients to announce their new beliefs about themselves and their problems to a wider audience by having clients send these to people they believe will support these new beliefs. He also used letters as a way for clients to solicit support from people they know when clients struggled to find new ways to describe themselves. Epston has also asked clients who have successfully changed their beliefs and ideas about a problem to act as consultants to people experiencing similar difficulties (Madigan & Epston, 1995; White & Epston, 1990). This is very similar to the process that occurs in some self-help groups where people share experiences and ideas with each other in order to gain support and create change. It is different in that there is not necessarily a therapist involved in the computer group and the group members rely on each other to provide support. Another difference is that people voluntarily enter into computer groups and are not being directed to write about these experiences by a therapist. Epston has also requested

that people write letters to others to strengthen the idea that problems are external to the person, and can be defeated (White & Epston, 1990). Thus, letter writing has become an essential element in the creation of an audience or community of concern.

Madigan (1994) used letters to correspond with clients unable to get to his hospital for treatment. He involved clients in active letter writing campaigns which resulted in the creation of communities, such as the anti-anorexia/anti-bulimia league. The league was a community of resistance against eating disorders and the effects that these have on the lives of people. League members provided support to each other and actively campaigned against social and cultural influences that were unhelpful to people and that caused them to inflict damage on their own bodies (Madigan, 1995). This type of community essentially took the form of self-help groups in which members having similar difficulties provided support and information to each other in their efforts to maintain their new stories. The presence of the therapist was not essential to the functioning of the group; however, the therapist was seen as a possible source of information or as a consultant (Laube & Trefz, 1994).

### **Self-Help Groups**

One of the most influential scholars in the field of group therapy (Corey & Corey, 1992), Yalom (1995) outlined the 11 therapeutic factors derived from group counseling: the instillation of hope, universality (discovering similarity in experiences), imparting information, altruism, the corrective recapitulation of the primary family group (allowing for the working through of past family relationships and difficulties), development of socialization techniques (learning how to respond appropriately to others), imitative behavior,

interpersonal learning (includes developing relationships, having corrective emotional experiences in a safe environment, and the social aspect of groups), group cohesiveness ( a sense of solidarity), catharsis (emotional ventilation), and existential factors (concerns about existence and meaningfulness in life). It is noteworthy that some of these therapeutic factors are very consistent with narrative therapy ideas. For example, the corrective recapitulation of the primary family group, interpersonal learning and group cohesiveness are vital aspects of the creation of “communities of concern” as conceived by White and Epston. . These therapeutic factors allude to the use of supportive groups of people to allow a person to develop new ideas and beliefs about problems, and to support any changes in these beliefs. Existential factors refer to the social, historical, and cultural contexts within which ideas and beliefs are created. The goals and type of group determine which of the 11 factors are most frequently employed. Yalom noted that self-help groups make “extensive use of almost all of the therapeutic factors - especially altruism, cohesiveness, universality, imitative behavior, and instillation of hope and catharsis. The one important exception is the therapeutic factor of interpersonal learning” (Yalom, 1995, pp. 484).

Self-help groups are defined as community-based, open-ended gatherings in which people sharing a common problem or concern come together to share information, discuss taboo subjects, support each other, engage in mutual change and problem solving, overcome alienation and isolation, achieve emotional cathexis, don the role of helper, provide inspiration and hope, establish a social network, and obtain help less expensively than traditional therapy (Finn & Lavitt, 1994; Kurtz, 1992; Maton, 1993; Norton, Wandersman, & Goldman, 1993; Turnball, Galinsky, Wilner, & Meglin, 1994). Self-help groups do not necessarily exclude the involvement of

professionals, but are not dependent on a professional for their existence (Powell, 1987; Yalom, 1995). Like self-help groups, narrative communities aim to provide persons with a sense of community and support, a forum to share common experiences, and the possibility to create change through social action (Gottlieb, 1982; Silverman, 1980; Zimmerman, Reischl, Seidman, Rappaport, Toro, & Salem, 1991). Ideologically the philosophy of the self-help movement has much in common with social constructionism and narrative therapy. Self-help groups are often initiated by people who have overcome, at least to some extent, a problem and wish to share the knowledge and information they have with others (Ohlson, Horne, & Lawe, 1988; Powell, 1987; Salzer, McFadden, & Rappaport, 1994; Silverman, 1980). Borkman (1984) noted that people in self-help groups, “reconstruct their personal networks to be supportive and congruent with their personal transformations (p.214).” This idea is analogous to the narrative concept of creating an audience to support changes made to a life story. Many self-help groups, like the anti-anorexia/anti-bulimia league, are also concerned with advocacy and social change activities (Gartner & Riessman, 1984).

### **Summary**

One of the major assumptions of social constructionism is the idea that beliefs about experiences are constructed by people through their interactions. The beliefs and ideas that people hold about reality can be changed through interaction. Thus, it is the interpretations of experience and the meanings given to events in peoples lives that are the focus of this study. Narrative therapy is a potential vehicle for the clinical application of social constructionist ideas. Once a client has made changes to ideas previously held about a life experience, an audience or

community is helpful in strengthening this new account and allowing it to survive. Narrative therapists have begun to make use of written text in a variety of ways. For example, letters are solicited from people who will support a client's new story, or from clients as a commentary of the process they have engaged in to change the beliefs held about their experiences. White and Epston (1990) noted that written texts are a useful medium in helping clients to map changes made across time. Self-help group members commonly report they gain a sense of community and support from fellow participants (Christensen & Jacobson, 1994). These groups also provide a safe place for participants through the period of healing and afterwards if needed. Nichols and Schwartz (1995) noted that as family therapy has embraced postmodernism and incorporated a more collaborative approach in which clients knowledges are valued, a new respect has developed for the self-help movement. "A cross-fertilization has begun, with many self-help leaders popularizing family therapy concepts and some family therapists incorporating 12-step ideology in their work (Nichols & Schwartz, 1995, pp. 121)." Computer groups combine elements of self-help and narrative therapy. They provide a useful vehicle for communication between people, and extend self-help communities into a context in which participants must rely solely on written texts to create meaning.

## **Rationale for the Study**

New Usenet computer groups appear to be forming at a rapid pace (Randall, 1994). Currently, there are several thousand Usenet computer groups available for discussion of a variety of topics. This study focuses on examining Usenet computer groups that approach issues traditionally addressed by self-help groups. According to Yalom (1995), issues typically addressed by the self-help movement include support for psychological problems, physical illness, external stress, and stigmatized status in society. Thus, groups pertaining to these topics were included in this study. Information about who used these groups, how often, and for what purposes was scarce and not well documented (Finn & Lavitt, 1994). Furthermore, Ford (1993) noted that little was known about the risks and benefits associated with use of computer groups. Usenet computer groups are usually set up by an individual with experiences related to a particular issue, who wants to provide information and obtain support from others going through a similar experience (Harris, 1995). It is currently unknown how Usenet groups fit into the realm of self-help. This study explores users perceptions of the risks and benefits associated with computer group use, and considers these in the context of therapeutic benefits perceived in traditional face-to-face self-help groups. A central question of the present study was whether members of computer groups perceived benefits from writing about their experiences and having other people comment about these.

A second issue explored in the present study was how the use of computer groups might connect with professional therapy services. Virtually nothing is known about users perceptions on how computer groups might enhance or complement professional therapy. Powell (1987) argued that self-help groups should not be seen as an attempt to replace therapy and argues that

self-help groups increase awareness of professional services and foster positive attitudes towards professionals (Powell, 1987). A third issue to be investigated involves the use of computer self-help groups as a means of transmitting and receiving written text. Usenet computer groups are essentially open forums in which individuals post messages. People are not involved in an immediate response dialogue. A person posts a message on the group and then tracks the messages other members post in response. The individual who posted the original message is then able to alter the next message in response to what other members post (Randall, 1994). These exchanges can lead to an evolution of ideas over a period of time. This process is similar in some respects to social constructionist and narrative ideas about beliefs being co-constructed through dialogue between people. Over time these beliefs change as new players enter the dialogue and as the context within which it occurs changes. Computer groups provide a written record for participants of their ideas over a period of time.

A final purpose of the study was to provide information, to both therapists and potential participants, about issues of privacy that need to be considered. Usenet computer groups are public domains so anyone who has access to the Internet can read what is posted in a group. This raises some questions about privacy and confidentiality. Most Usenet computer groups provide a Frequently Asked Questions (FAQ) document which reminds people that messages are not private or confidential (Harris, 1995). There seemed to be some perception of anonymity on the part of participants of computer groups in Finn and Lavitt's (1994) study. This was thought to evolve because members do not meet in person and often used pseudonyms. As a result of this perception of anonymity, people often post very personal information in the groups.

The present study provides information about several areas of concern for both mental health professionals and potential participants of computer groups. Little research has previously been undertaken in this area and what does exist is not theoretically grounded. The present study utilizes qualitative methods which are well matched for the aforementioned purposes outlined, the innovative nature of the area being explored (Marshall & Rossman, 1989), and the rapid growth in the number of computer group users (Finn & Lavitt, 1994).

### **Operational Definitions**

For the purposes of this study several terms will be defined to facilitate understanding of their meaning.

**Usenet.** A networking system, linked to the Internet, that houses the popular newsgroups (Randall, 1994).

**Newsgroup** An automated message system, usually operated through Usenet, in which subscribers post messages to the entire group on specific topics, see appendix D (Randall, 1994).

**Electronic mail (e-mail).** Allows computer users to exchange messages, computer files, and data using satellite and computer networks (Tolman & Edelson, 1991). E-mail systems require a network of host computers linked to each other. To send e-mail an individual requires a modem or a network connection which allows a personal computer to link up to a host computer (Tolman & Edelson, 1991). Once a connection is established with a computer network, information can be sent to other e-mail addresses. An e-mail address is necessary for connecting to other people or groups through the computer. It is essentially a doorway through which users gain access to computer services. "E-mail offers the benefits of both letter writing (considered



responses, depth of thought) and telephone conversation (immediacy, brevity, informality), without the inconveniences of either (Randall, 1994, p. 93).

**Bulletin Board Systems** Accumulate electronically transmitted groups of messages in various subject areas over a period of time (Sparks, 1992).

**Connecting** Refers to establishing a connection with a computer network from a personal computer through a modem or network.

**Therapist** For the purposes of this study, includes marriage and family therapists, psychiatrists, psychologists, social workers, counselors, and any other professionally trained person legally able to practice therapy or counseling.

**Support group** Is defined as a group environment in which members provide encouragement and validation to each other, while still allowing for the authoritative endorsement of the therapist (Ohlson, Horne, & Lawe, 1988). The term support group is often used synonymously with that of self-help group. Powell (1987) noted that there are distinctions between the two. For the purposes of this study **self-help group** is defined as a group that is set up for the purpose of mutual help and information sharing that is not dependent on, but does not exclude participation of, a professional person (Powell, 1987). Usenet computer groups are often referred to as support groups; the majority actually take the form of self-help groups (Sparks, 1992). This study included computer groups that approached issues traditionally addressed in face-to-face self-help groups (see Appendix D).

**Computer group** For the purposes of this study, computer group refers to computer self-help groups accessed through the Usenet Newsgroups on the Internet.

**Spamming.** Refers to superfluous posts sent to a group that have nothing to do with the topic generally discussed in the group. Spams often take the form of advertising or bulk mailings that go out to several hundred different groups with no regard given to the nature of the group.

**Flaming.** Refers to confrontational, negative, or intentionally hurtful messages sent for the purpose of expressing dislike for a message posted by someone else, or for the person posting the message.

**Noise.** Refers to posts in computer groups that are off topic, are not interesting to participants, or may be an attempt by someone to advertise something. Computer group users see these as a nuisance and thus refer to them as noise.

**Emoticons.** Are characters used to convey emotional tone in messages. In this study the term paralanguage is also used to refer to emoticons (Randall, 1994).

### **Research Questions**

Using a social construction/narrative perspective (Freedman & Combs, 1996; Parry & Doan, 1994; White & Epston, 1990; White, 1989), the study was designed to uncover information about computer groups, and the nature of the healing process experienced from the perception of group participants. Demographic data and background information were collected to provide a context within which the key research questions could later be discussed. The following research questions reflect this agenda for inquiry:

1. What therapeutic benefits do users of computer groups perceive?
2. What risks/constraints do participants in the study perceive in computer group use?

3. Is written text via computer perceived to be a viable means through which to connect to other computer group participants and establish communities of concern?

## Chapter II

### Review of Literature

#### Theoretical Framework

Basic tenets and applications derived from social constructionism, narrative therapy and self-help groups provided the conceptual and clinical theoretical framework for the study of computer groups. Research in social constructionist theory and narrative therapy is not well developed. However, what does exist indicates that written text and the creation of community are important aspects the therapeutic process. While the literature pertaining to self-help groups is not exhaustive, it does provide some possible clues about the therapeutic factors that might be present in computer groups. Self-help groups are relevant to the second key element of narrative therapy - the creation of community. Self-help groups are very similar to narrative communities and generally provide a context of support for participants. Prior to this study, there was not a great deal of information available about computer groups as a means of self help. Research relevant to computer groups took place in managerial, organizational, and educational settings and focused on computer mediated communication (Carey, 1980; Dubrovsky, Kiesler, & Sethna, 1991; Herschel, 1994; Perrolle, 1987; Walther, 1992; Walther & Burgoon, 1992). There were also studies available on the use of computer assisted therapy. These areas of research provided some insight into the use of computers as a vehicle for communication and into therapeutic settings, but did not extend into Usenet computer groups. However, the literature in the above mentioned areas provided a starting point for the study of processes existing in computer groups.

**Research in Narrative Therapy** The majority of literature pertaining to narrative therapy is conceptual in nature. There is little empirical data available about the efficacy of narrative therapy; what does exist is mostly in the form of single case studies. These studies indicate that when attempts have been made to measure various behavioral outcomes, the results have been promising. For example, Seymour and Epston (1992) investigated the use of narrative therapy with 45 children and adolescents in therapy for stealing. In a 12 month follow up it was found that 62% of the participants in the initial study had not stolen at all since receiving therapy, and 19% had vastly reduced the frequency of stealing. In total, 81% of the participants in the study showed an improvement on pre-treatment levels. While promising, this study has some limitations. The change in rate of stealing was measured by gathering parents' perceptions of this at the time of follow up. The interview was conducted by the therapist who worked with the family. Thus, these results could to some extent be attributed to inaccurate recall, people wishing to please their therapist, or the children learning to better conceal their stealing (Seymour & Epston, 1992). Even though a narrative approach to treatment was followed in all cases the results of this study cannot be attributed to narrative therapy since there was no control or comparison data available.

Narrative group work has also been found to have psychological benefits from the perspective of participants. Johnson (1994) conducted an anti-depression/anti-suicide group with young women aged between 15 and 18 over a period of 7 weeks. She used a well known narrative technique, "externalization of the problem" in a group setting. Externalizing a problem refers to the linguistic separation of the problem from the person (White & Epston, 1990). Johnson used a group setting because it automatically provides participants with an audience or

community. At the end of 7 weeks informal interviews were conducted with the group members. All of the group members noted a significant change in their attitudes towards depression and suicide. Participants reported having more control over suicide and depression, and a sense of support for their new stories about themselves from the group. Interestingly, Johnson also discovered that the group members did not share the concern that mental health professionals have about confidentiality. Group members reported feeling that concentrating on confidentiality promoted the keeping of secrets which fueled “depression” and “suicide” (Johnson, 1993). However, the results of this study should also be viewed with some caution because no control or comparison groups were utilized. It cannot be determined from this study whether positive changes reported by group participants were as a result of narrative therapy or were peculiar to this group or would be found in similar groups.

Clare and Grant (1994) used a narrative group model for the treatment of mentally disabled sexual abuse survivors. Participants were introduced to the narrative concept of pathologizing the problem, rather than the person, in a group setting. Pathologizing the problem refers to a process whereby persons are assisted in seeing a problem as separate from their “self.” Thus, the problem is situated outside of the person rather than being embedded within. The purpose of this is to help the person mobilize resources to for the “self” to fight the problem, thus the “self” is not irreparably damaged but being influenced by a problem. Thus, the relationship to the problem can then be changed potentially giving the person a sense of control and empowering them to continue to work against the problem rather than viewing the “self” as “sick”. Participants were observed to develop greater trust and self-confidence in talking about their abuse. They were also able to identify needs for the next stages of their recovery (Clare & Grant,

1994). Again, as with Johnson's study, no comparison or control groups were used. However, consistent with a social constructionist framework, measurement of change was defined as the perception of change by group members and group facilitators. This perception is likely to have been colored by the participants' investment in the group. As with the previous studies, this change cannot be conclusively attributed to narrative therapy because of the manner in which the study was conducted.

Nylund and Thomas (1994) conducted a survey with clients to assess the effect of narrative letters. Clients involved in individual and family (group) therapy were surveyed. From a sample size of 40, 37 participants rated the letters "very helpful" in comparison to therapy sessions with the remaining 3 rating these as "helpful". The participants also attributed 52.8 % of the gains made in therapy being due to the letters alone (Nylund & Thomas, 1994). Participants commented that the letters helped them to see clearly the changes they made during the course of therapy and to feel stronger as a result. This lends support to the idea that having a written record of the process of change is a helpful addition to conventional therapy sessions.

In spite of the fact that these studies have limitations, they do provide some insight into the use of narrative therapy and suggested directions for further exploration. It is not unusual for reports of therapeutic efficacy to initially take the form of case studies (Nichols & Schwartz, 1995). The lack of empirical research does not necessarily imply that narrative therapy is not a useful approach, but rather that it is in the earlier stages of development. Thus, while these studies provide some support for the effectiveness of narrative therapy they must be viewed with appropriate caution. Outcome studies utilizing more rigorous research design and data collection

methods are needed to provide more concrete evidence of the efficacy of narrative therapy. At the very least, studies utilizing control and/or comparison groups would give a comparative measure of the efficacy of narrative therapy.

**Uses of Self-Help Groups** Since the majority of computer groups take the form of self-help groups research into self-help groups was considered in this study. Research into self-help groups provided support for the presence of the therapeutic factors described by Yalom (1995). These factors were: the instillation of hope, universality, imparting information, altruism, the corrective recapitulation of the primary family group, development of socializing techniques, imitative behavior, interpersonal learning, group cohesiveness, catharsis, and existential factors. Research has also provided information about the characteristics of users of these groups, the perceived role of professional services in relation to these groups, the perceived benefit of these groups, and methodological issues that have hampered research into self-help groups.

Gottlieb (1982) surveyed members of 18 self-help groups. Participants rated the following benefits of their groups very highly on a 7-point Likert scale: helping others, help from others, coping strategies, sense of community, coping with public attitudes, factual information, spirit of hope, self-confidence, and meeting others with similar problems. Kurtz (1992), using the Group Environment Scale developed by Moos in 1976, discovered that self-help group participants, to varying degrees, rated the following benefits highly: independence, task orientation, order and organization, cohesion, leader support, expressiveness, and self-discovery. All of the groups in this study were low on anger and aggression. Toro, Rappaport and Seidman (1987) conducted a study comparing self-help groups to psychotherapy groups using the Group Environment Scale. Self-help group participants rated their groups higher than the psychotherapy group participants



rated their groups on cohesion, leader support, independence, task orientation, order and organization, and leader control. Psychotherapy groups participants rated their groups higher on expressiveness, anger and aggression, and innovation. There is support for the assertion that self-help groups are perceived as beneficial by participants (Christensen & Jacobson, 1994; Gottlieb, 1982; Kurtz, 1992; Toro, Rappaport, & Seidman, 1987). Norton, Wandersman, & Goodman (1993) found that members of self-help groups perceived personal gain in the form of increased knowledge or skills and that this increased as the level of participation in the group increased. In a study comparing self-help groups to psychotherapy groups, Toro, Rappaport, and Seidman (1987) found that the self-help group members rated their groups higher in cohesion, leader support, independence, task orientation, order and organization, and leader control. These studies indicate that members of these groups derive significant benefits from their participation.

The benefits mentioned in these studies can be organized into Yalom's therapeutic factors and support the conclusion that self-help groups utilize similar therapeutic factors to group therapy. While the first two studies did not utilize control or comparison groups, similar conclusions were drawn in the third study where a comparison was made to psychotherapy groups. The samples in these studies were all biased in favor of members of groups who agreed to participate and who tend to be the more active participants. These persons were obviously more likely to rate their groups highly than less active members or persons who dropped out of the groups.

Several studies indicate that the composition of self-help groups was predominantly middle class and female (Gottlieb, 1982; Hitch, Fielding & Llewelyn, 1994; Norton et al., 1993;

Toro et al., 1987). Gottlieb (1982) reported that of a sample of 87, 77% were women, 79% of the sample earned more than \$10,000 per year with 50% earning above the \$20,000 per year mark. Toro et al. (1987) had a sample of 170 of which 62% were female and 85% were white. The mean age in this study was 42 with a range of 19-92. Gottlieb (1982) reported a mean age of 44.4 with a range of 16-75. Norton et al. (1993) compared members of self-help groups to non-members. From a sample of 59 non-members and 40 members they provided some interesting demographic information. Members tended to be white (92%), well educated (47% college degrees, 20% some college, and 15% completed high school), to hold skilled professional jobs (72%), and have a higher income (three quarters of the sample had an average yearly income over \$20,000). The non-members tended to be African-American (60%), less well educated (9% college degrees, 10% some college, 35% completed high school and 46% with less than 12 years of education), less likely to have skilled professional jobs (9%), more likely to be unemployed (57%), and with lower income (the majority being below \$20,000 per year). Norton et al. (1993) also noted that non-members perceive significantly more costs than do members prior to joining and may be deterred from doing so by this.

Self-help groups are often used either in addition to, or as a replacement for, professional services. Gottlieb (1982) found that the majority of the self-help group members surveyed had seen a professional for therapy prior to becoming involved in the self-help group and that 29% of his respondents were seeing a professional concurrent to attending the group. Gould and Clum (1993) undertook a meta-analysis of 40 self-help studies. They found that a combination of self-help and formal therapy was more helpful than self-help alone. Effect sizes were averaged across

dependent measures for each study (Gould & Clum, 1993). The effect size of self-help was 0.64 while the combination effect size was 0.93. Thus, it seems that some involvement with professional services adds to the therapeutic effect of self-help treatments.

It must be noted that the results of these studies are based mostly on highly subjective measures of effectiveness. These measures are usually taken at a single point in time so it is unknown whether benefits persist over time. Studies of self-help often fail to include control or comparison groups. Gould and Clum (1993) noted that when self-help studies include more rigorous control conditions the effect sizes decrease. Studies which have the largest effect sizes are those in which no treatment controls are used. While this indicates that some caution should be exercised in interpreting the results of self-help studies, it does not mean that self-help is not effective, but is rather an indication of methodological problems. The self-help movement has traditionally relied on people with similar issues providing support and assistance to each other. Historically there has been some mistrust between members of the self-help movement and professionals due to differences in approaches (Chelser, 1991). Research into self-help has been hampered by resistance to outsiders coming in to conduct studies. It has recently been suggested that the methods being used in self-help studies may not be the most effective means of gathering information (Chelser, 1991; Gould & Clum, 1993; Tebes & Kraemer, 1991). Chelser (1991) advocated using techniques which include members of self-help groups in the research planning as this would be, “congruent with the reliance on local wisdom and lay leadership that runs through the self-help movement (p. 758).” Utilizing research technologies that work with group members

rather than imposing ideas of perceived outsiders about how to conduct these studies may, in some cases, provide more accurate descriptions of their process and effectiveness.

Research into self-help groups indicated that members of these groups perceive the groups to be beneficial. The question is not so much whether self-help groups are more or less effective than other therapies, but rather whether they are effective for the individuals who choose this form of accessing assistance. Some people have a deep mistrust of formal therapy services and for these people self-help is the only viable option. In this instance any effect considered beneficial is useful to these individuals. One of the most commonly mentioned benefits of self-help groups is the sense of community developed among participants. One distinction between computer groups and both narrative and self-help groups is that the latter two are conducted face to face while the former takes place through computer networks.

### **Computer Mediated Communication.**

**Group Work** The use of computers as a vehicle for communication were found to have some positive effects upon communication in group contexts. According to Dubrovsky, Kiesler, and Sethna (1991), new computer technologies open up a number of possibilities for group work. Data from managerial, educational, and organizational settings indicates that there are benefits to computer mediated communication between groups of people. Computer mediated communication refers to communication between people that takes place through computer networks. Studies in business settings indicate that gender and occupational hierarchy related status differences were eliminated in computer mediated communications. In these studies women and people in lower status positions were found to be more likely to assert themselves and

to express their opinions when involved in computer mediated groups (Dubrovsky, Kiesler, & Sethna, 1991; Herschel, 1994). This raises the question of whether perceived anonymity is helpful to persons in being able to express themselves more openly. Computer mediated communication generally takes place in a tightly controlled environment which possibly discourages people from expressing negative opinions based on gender or ethnic group. This environment is unlike the Internet where there is very little control over what people communicate to others. It is also difficult to verify the gender of a person communicating over the Internet, thus possible for persons to misrepresent themselves and for this reason their true identity is undetected.

Robertson, Ladewig, Stickland, and Boschung (1987) investigated a sample of 1000 high school students enrolled in home economics classes and found that their self-esteem improved when they were involved in computer-assisted instruction. Studies in computer mediated communication indicated that computer groups developed and evolved in relationally positive directions (Walther & Burgoon, 1992). People found alternative ways to develop a sense of relationship with other participants when they could not rely on traditional verbal and non-verbal cues. Group members used an electronic “paralanguage” to indicate affective and relational cues (Carey, 1980, Perrolle, 1987). For example, intentional misspelling of words, combining punctuation marks, capitalization, and typed comments were observed in computer mediated communication as ways to create a sense of connection or relational context (Walther, 1992; Walther & Burgoon, 1992). This “paralanguage” appeared to be an attempt to give more depth of meaning to the typed messages for the benefit of

to those who would read them. It seemed to provide a context within which the author of a message wished others to interpret that message.

**Therapeutic Applications** The most widespread use of computers in therapy has been in computerized testing and interviewing (Wetzler, & Marlowe, 1994). People have reported preferring computer-administered interviews and assessments particularly when answering questions of a sensitive or personal nature (Pluchick & Karasu, 1991; Slack & Van Cura, 1968). The perception of anonymity this provided seemed to create a sense of safety which made personal disclosure much easier for some people. Attempts have been made to develop computer software packages utilizing expert systems. An expert system is, “A computer program designed to model the problem-solving behavior of a human expert” ( Durkin, 1994, p.691). In therapeutic contexts, these programs are either intended for use by people as a form of self-help, or as an adjunct to professionally managed therapy (Bloom, 1992, Goodman, Gingerich, & de Shazer, 1989). Goodman et al. (1989) developed an expert system called BRIEFER which utilized solution-oriented therapy concepts. BRIEFER was found to be helpful to trainee level practitioners in making diagnoses and developing interventions (Goodman et al, 1987). Burda, Starkey, Dominguez, and Vera (1994) reported that psychiatric inpatients responded well to computer-assisted cognitive rehabilitation. Patients often requested additional computer sessions and were highly motivated to improve performance on tasks. The patients showed significant short term improvement of cognitive abilities and in their perception of those abilities (Burda et al., 1994, p.366). However, patients received a great deal of attention when in the computer labs, which may have been an incentive for improved performance and the seeking of additional time in the lab. In a study examining the effects of computer-assisted

therapy, Colby, Gould, and Aronson (1989) found that 78% of the users reported their distress had decreased, 95% reported being more able to deal with their problem situation, and 79% reported high levels of satisfaction with this form of therapy. People in this study each had access to a computer but were all in the same room which gave them access to both the therapist and other clients' responses (Colby et al., 1989). There were several reported benefits for clients in the use of computers in therapy. However, there were also risks associated with computer-assisted therapy, especially when computer software packages were developed for client use and did not require the presence of a therapist (Bloom, 1992; Ford, 1993; Wark, Kalkman, Grace, & Wales, 1991; Zarr, 1994). Unanticipated effects of this form of self-help could produce marked distress for some people. For example, the program could potentially trigger disturbing memories which the person is ill equipped to deal with on their own.

A more recent application of the use of computers for therapeutic purposes is within the context of computer groups. Finn and Lavitt (1994) noted that there were limited descriptions of the operation of these groups and no systematic study of how they functioned. They conducted a study of computer groups dealing with sexual abuse issues on a privately operated bulletin board system. Data were collected by downloading and reading through all of the messages that appeared on these groups over the period of a month. This study provided support to the notion that computer groups offer benefits similar to those of self-help groups. Results of this study suggested that the advantages of these computer groups were as follows: they allowed people to access the group whenever needed from the privacy of their own home, they removed barriers of physical space and distance, people obtained support and information from a variety of sources,

they allowed for the expression of thoughts and feelings without the interpersonal risks associated with face-to-face encounters, people were able to use pseudonyms or anonymous user identification addresses which provided a sense of privacy and protection, and members participated without social status cues which reduced the sense of hierarchy that was often present in these groups (Finn & Lavitt, 1994; Furlong, M. S., 1989; Schneider & Tooley, 1986). Another advantage of computer groups was that messages could be downloaded and saved onto a personal computer's hard drive or onto a floppy disk. Participants in computer groups were able to keep a written record of what they and others wrote in the group (Sparks, 1992). Disadvantages of these groups were not discussed in any detail and require further investigation. Finn and Lavitt (1994) noted that there is a need for further research in this area to gather demographic information and to more fully understand the computer group process.

### **Summary**

Narrative therapy is a vehicle for the clinical application of social constructionist ideas. Research into narrative therapy indicated that the writing process and the use of letters are important elements of narrative therapy. In addition to this, the research indicated that the development of an audience or community to facilitate and support change were other key elements of narrative therapy. "Externalization of the problem" and pathologizing the problem rather than the person were also identified as important elements of narrative therapy. There are similarities and differences in these elements of narrative therapy and self-help. Empirical literature assessing the efficacy of self-help groups provides evidence that benefits derived from self-help groups were in many ways similar to benefits derived from establishing narrative "communities of concern". For example, the record keeping process described by Sparks (1992)



is comparable to the narrative

concept of mapping change in the temporal domain with the participation of an audience in the form of other group members. However, self-help groups do not appear to spontaneously begin a process of “externalizing” problems and some continue to use language that locates pathology within the person. An example of this is Alcoholics Anonymous which firmly locates the problem within the person. Alcoholics Anonymous works on the principle that groups members are always “in recovery” that is, they will always have this problem (Yalom, 1995). Thus, self-help groups have some common ground with narrative therapy, but they also have some clear differences. Evidence from existing studies in the use of computers in therapy indicates that many people find this acceptable as a medium for communication and as a way to access support from others. Members of computer groups rely on written texts in the form of typed messages to interact with each other. They also report that computer groups provide them with a sense of support from other group members. Thus, it appears that computer groups also share some common ground with narrative therapy. This study examines more fully the use of computer groups not only as a group context for facilitating the benefits of self-help but also as a potential means of providing key elements of narrative therapy.

## **Chapter III**

### **Methodology**

#### **Rationale for Research Design**

Qualitative methods are compatible with a social constructionist framework in which the focus is upon meaning making in social contexts. For these reasons, qualitative methods were considered well suited to the purpose of this research at the time of data collection. Qualitative research methods were utilized in this study for several reasons. First, they are appropriate when attempting to study an area in which little previous research has been undertaken, which is innovative in nature, and in which relevant variables are yet to be identified (Marshall & Rossman, 1989). Qualitative methods are also well-suited to understanding the meanings, interpretations, and subjective experiences of people (Daly, 1992). Qualitative methods are especially useful when attempting to understand individual and shared meanings constructed by people in specific group contexts without fragmenting or reducing that experience to attitudes or behavior (Daly, 1993). Thus, qualitative methods can accommodate multiple perspectives and allow for richer descriptions of individual and group experiences to emerge.

The study utilized data collected from computer groups in the spring and summer of 1995 (Arditti & Eaglesham, 1995). The questionnaire was developed as a means to gather demographic data in a standardized form and in-depth responses to open ended questions. The questionnaire was also designed so that participants could respond using electronic mail. This method of data collection has several advantages which will be discussed below. In keeping with the exploratory purpose of the research, the open ended questions allowed participants to respond with information they deemed important with regard to computer groups. Thus, insight into the

therapeutic processes in computer groups was gained from the perspective of study participants. The goal of collecting demographic data was to provide a detailed description of the social and cultural locations of study participants. Thus, the purpose of collecting these data was not to generalize or fit experience into one model, but to provide a richer description of the sample. This description provided the background or context within which to discuss the primary research questions. Thus, consistent with Marshall and Rossman (1989), the objectives at the time of data collection were congruent with the objectives of this study.

### **Site and Sample Selection**

At the time of data collection, it was decided that the sample needed to provide the widest possible variation, number of people, and group settings (Marshall & Rossman, 1989). The questionnaire was aimed at computer groups that addressed issues similar to those addressed in traditional self-help groups according to Yalom's (1995) criteria. Thus, computer groups dealing with psychological problems, physical illness, external stress, or a stigmatized status in society (Yalom, 1995) were targeted as sites for questionnaire distribution. Appendix D provides a comprehensive list of the computer groups included in the site selection.

In 1995 an introductory letter (see appendix A) was posted in the groups listed in appendix D. This was done in order to collect data from as wide a group as possible to be consistent with the exploratory purpose of the research. The letter provided an explanation of the study and invited people over the age of 18 who were interested in participating to respond to an electronic mail address that was set up for the purpose of the study. People identifying themselves as under the age of 18 were excluded from the study in compliance with Virginia

Tech's human subjects Internal Review Board recommendations. The questionnaire was not posted directly onto the majority of the Usenet groups for two reasons. First, some of these groups were very busy and messages were cleared out rapidly. In particular, messages deemed unimportant to the group or unrelated to the specific issue the group dealt with were deleted first. If this happened the questionnaire would only have been available for a short period of time. If members of the group did not check messages over this period they would not have seen the questionnaire. The introductory letter was shorter in length and could be reposted periodically without taking up too much space. It was more likely to be left for a longer period and consequently would be seen by more of the members. When the introductory letter was posted, feedback was solicited from group participants about posting the questionnaire directly onto the group. While some participants had no objection to posting the entire questionnaire in their group, several people suggested that those who wished to participate could make contact directly through electronic mail. It was deemed important to respect the suggestions of people from whom information was being requested. Thus the procedure indicated by these persons was followed. However, prior to this the questionnaire was posted in its entirety on two of the groups. As a result of this, it is not known how many persons from these groups sent a reply to the researchers, Joyce Arditti and Sue Eaglesham.

In order to keep the identity of the sender both anonymous and confidential to the researchers, an informed consent form was adapted for use in the electronic medium. In the explanation of the study (appendix A) participants were notified that they had to be over the age of 18 to respond to the questionnaire. Participants were asked to read the informed consent form

and mark a corresponding letter to signify they had done so. They were then asked to state whether they agreed to the terms set out in the form and directed to mark the appropriate letter choice. The anonymity of respondents would have been compromised if they were asked to write or sign their name on an informed consent form.

### **Data Collection Procedures**

Sproull (1986) used electronic mail to collect data from 30 business people and found this to be beneficial in several ways. She reported that a response rate of 73% was achieved, elapsed time for data collection was less than a week, missing data rate was 1%, and people were willing to provide data through electronic mail. Since computer groups operate through electronic mail, questionnaire data were collected by electronic mail. An explanation of the proposed study and the risks and benefits involved (Appendix A) were posted on each group inviting users to participate. A form of informed consent (Appendix B) and copies of the questionnaire (Appendix C) were then sent to individuals who requested this by responding individually to the researchers through electronic mail. People who participated were directed to send completed questionnaires and their informed consent form to the electronic mail address set up for the purpose of the study. The procedures listed above were believed to involve no more risk than the participants would encounter in everyday life. No direct benefits were derived from participation in this study. However, participants were offered a copy of the results of the study when these become available.

The data obtained from the study have remained confidential. The people who chose to participate were given the option of using an anonymous user identification set up by the

researcher for the purposes of the study. When respondents replied through the anonymous user identification, they could not be identified by the researcher. Any information, such as where the mail originated from, the sender's user id, the sender's real name, and the computer server used were erased from the message. It must be noted that it is possible to trace anonymous users; but if this is not done, then information is essentially anonymous to the receiver. As each questionnaire was received, it was assigned a number as a means of monitoring responses. In responses sent by people using their own electronic mail addresses, all identifying information was deleted and a number assigned. The data have been stored on computer disk, and a hard copy was printed out for the purpose of analysis.

### **Description of Instrumentation/Measurements**

At the time of data collection, no measure existed to assess the therapeutic use of computer groups. A questionnaire was developed after a review of literature pertinent to the topic. The questions on the questionnaire were generated based on the objectives of the study: to gather demographic data on computer group users, to find out how often and for what purposes study participants were connecting to computer groups, to explore the perceived risks and benefits associated with computer group use, to understand the process of writing in the computer groups from the perspective of study participants, and to gather information about computer groups for potential users and mental health professionals. In 1995 a pilot study was initiated by posting copies of this questionnaire on the five most active Usenet computer groups at the time. Over the period of a week, 15 responses were obtained which allowed some minor modifications to the initial questionnaire to be made. The changes entailed modifying the wording of the

instructions and purpose of the study in the introductory letter to clarify ambiguities. The questionnaire did not require any further changes as participants in the pilot study indicated no difficulty in completing the questions asked. The questionnaire included questions collecting demographic data such as: ethnic group, gender, income, geographical region, and level of education of participants. The open ended questions collected more in-depth responses pertaining to the main topics of interest. Questions revolved around frequency and purpose of use, use of other forms of therapy, the benefits associated with using the computer forum, and the risks associated with use. Examples of these questions were: Has connecting to the group been helpful to you? If so, please describe in what way this has been helpful to you?, and What is least helpful to you about connecting to a group? The data utilized in this research came from completed responses to the questionnaire in Appendix C. Thus, both quantitative and qualitative data were collected.

### **Data Analysis**

Since the responses to the questionnaire were collected through electronic mail, they were immediately downloaded and saved onto computer disk. Transcription of the questionnaires was not required and hard copies were printed out for the purpose of analysis. The demographic data were analyzed using Microsoft Excel Version 5.0a (Microsoft Corporation, 1994). Excel is a software package utilizing spreadsheets into which raw data is entered. Excel has statistical functions that return descriptive statistics and allow the user to generate charts and graphs based on these. Once processed through Excel, these data provided a description of the sample more detailed than any described in previous studies. This description provided a context within which



to discuss the risk and benefits associated with computer group use, as well as the implications of the use of text.

Responses to the open ended questions were analyzed utilizing procedures for open and axial coding described by Strauss and Corbin (1990). Open coding refers to a process whereby data are broken down, examined, compared, conceptualized, and categorized. Axial coding involves putting data back together, after open coding has taken place, by making connections between categories . A coding scheme was developed by performing a line by line analysis of these data (Murphy, 1992). As stated by Strauss and Corbin (1990), during the coding process a researcher makes use of what is known from the literature and personal experience to systematically code the phenomena being studied. Previous research and theory as well as personal experience with support groups were used to guide the development of coding categories. Gilgun (1992) noted that matching patterns from previous research and personal experience in qualitative research is comparable to analytic induction. It is therefore appropriate to use previous research and theory as a means to organize and interpret data during the process of data analysis (Gilgun, 1992). Thus, social constructionist and narrative concepts pertaining to the process of meaning making, audience, community, and the use of text, as well as self-help group theory, in particular Yalom's (1995) therapeutic factors, were considered during the data analysis process. The researcher read through participant responses several times in order to capture major themes and nuances evident in these data (Strauss & Corbin, 1990). This was done by identifying salient themes, recurring ideas or language, and patterns of belief (Marshall & Rossman, 1989). The first reading of the transcripts was done without notation. On the second

and 8 subsequent readings notes were made in the margins as concepts and themes began to emerge. Reading through the data ceased when no further concepts appeared to emerge. As suggested by Strauss and Corbin (1990), a series of questions relating to who?, when?, where?, what?, how?, how much? and why? were asked about each concept or theme (p.77). Through this process major themes and coding categories were developed and key issues noted for each. Once the coding categories and major issues were established they were compared to detect both similarities and differences which allowed the coding scheme to be streamlined (Jarrett, 1992). Once the coding scheme was developed, examples from participants' transcripts were attached to the relevant codes and key issues to provide more depth to the descriptions of these.

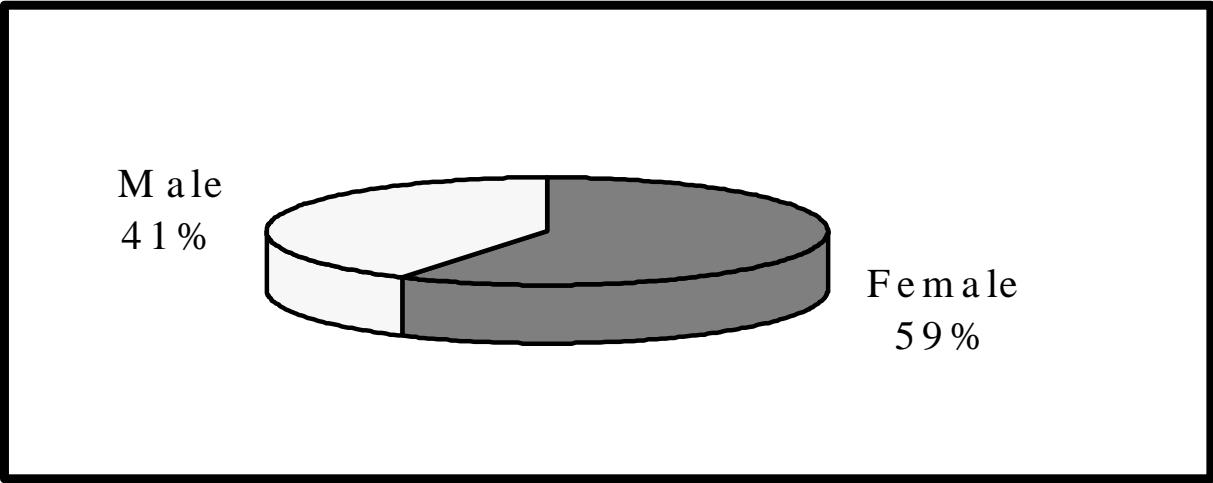
The themes and categories were compared to information gleaned from the literature about face-to-face self-help groups and the use of computers in the mental health profession. This comparison made evident possible links between face-to-face self-help groups and computer groups. In addition to this, it became apparent that the perceived benefits of computer group participation could be compared to Yalom's (1995) therapeutic factors. The results of this data analysis are presented in the next chapter.

## **Chapter IV**

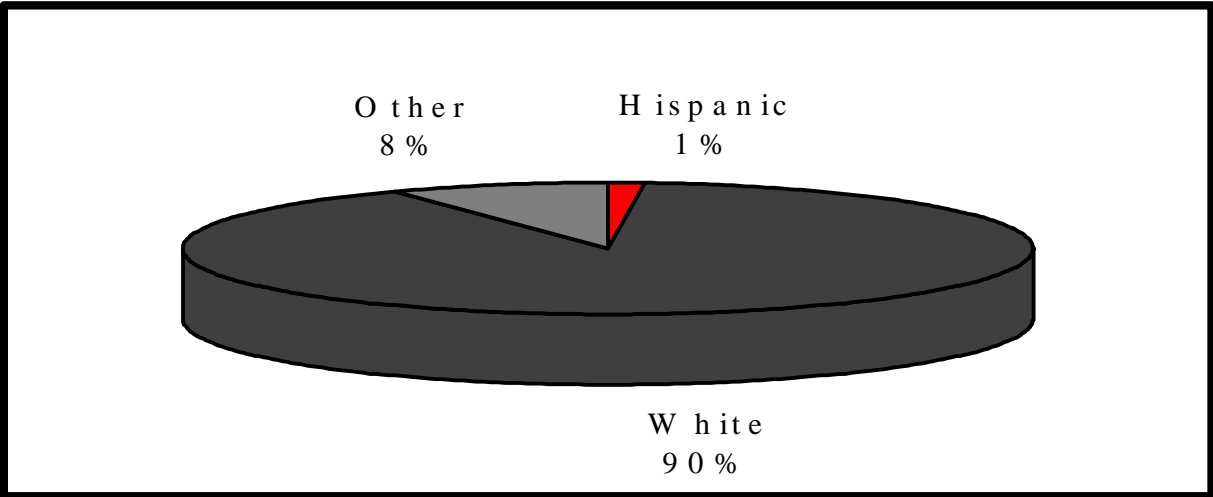
### **Results**

#### **Demographic Characteristics of Study Participants**

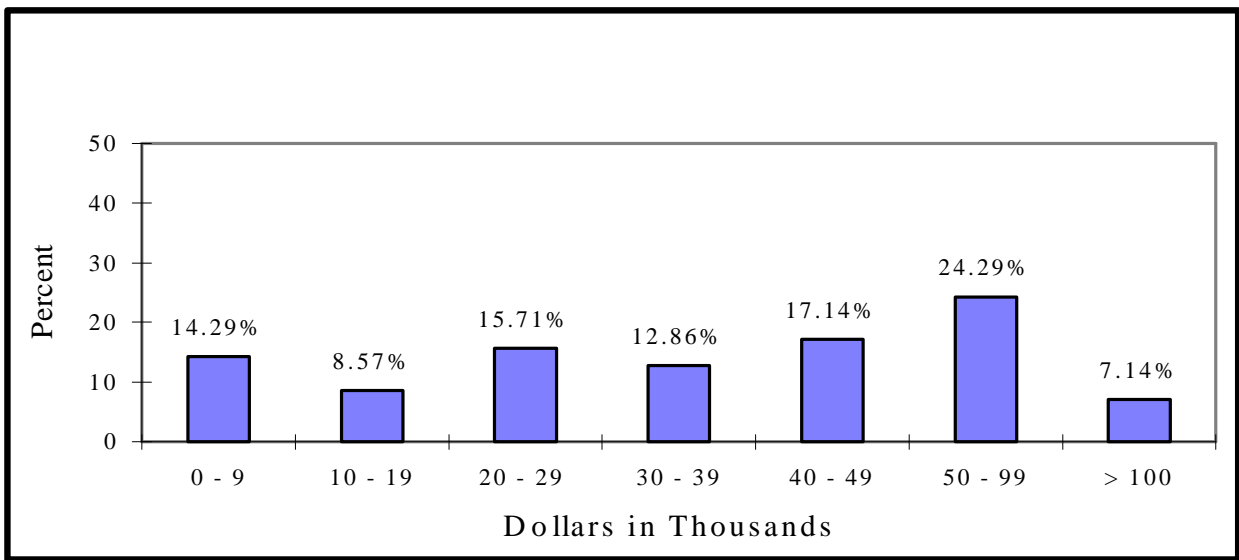
Sample descriptors were produced from the demographic data collected. Of the 115 responses received 75 were clearly identified as matching Yalom's (1995) definition of self-help group participants. Figures 1 through 5 provide a summary of sample descriptors. The majority of the study participants were female (see figure 1), white (see figure 2), had incomes above \$20,000 per annum (see figure 3), and were well educated (see figure 4). In figure 2 the category of other was made up by people who indicated mixed ethnic origins for example, half Jewish, half Scottish. The mean age of participants was 36.7 years with a range of 20.1 - 56.6 years (see figure 5). The majority of the participants, 80%, resided in the United States of America. Figure 6 provides a detailed breakdown of countries represented in the sample. Forty responses were excluded from the study because it could not clearly be established whether they belonged to computer groups that met Yalom's (1995) definition of self-help groups. The relative similarity of the excluded responses to those in the study indicated that inclusion of these responses would not dramatically alter the results of this study.



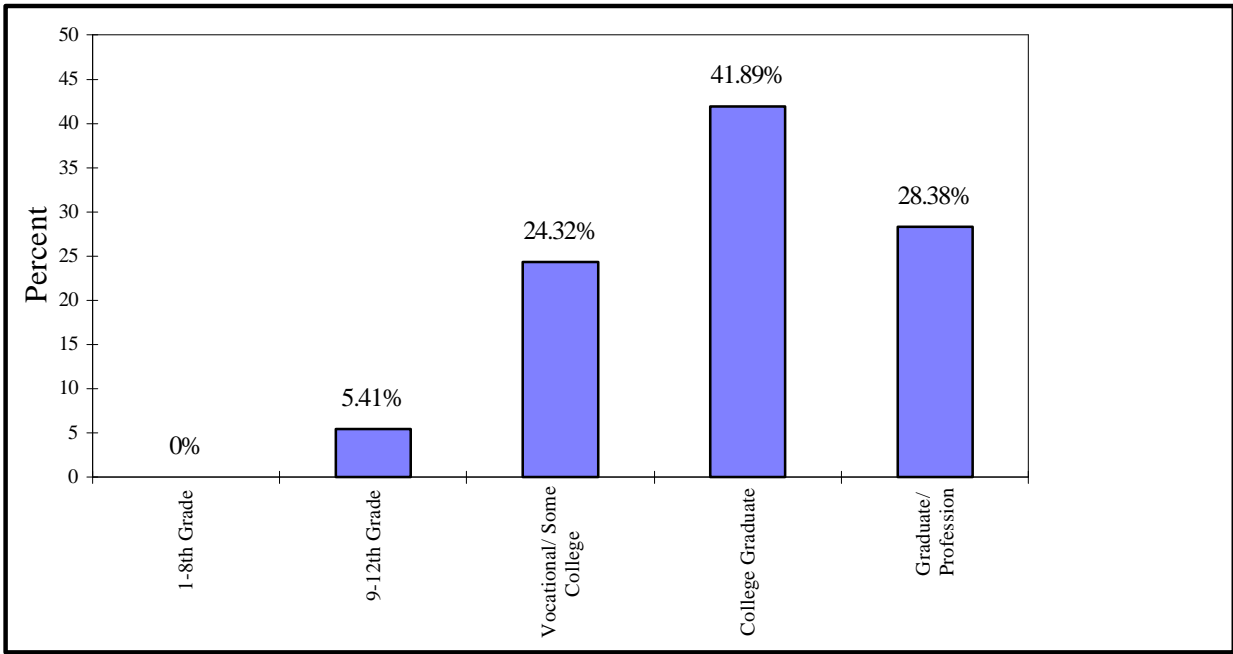
**Figure 1: Gender Distribution (N=75)**



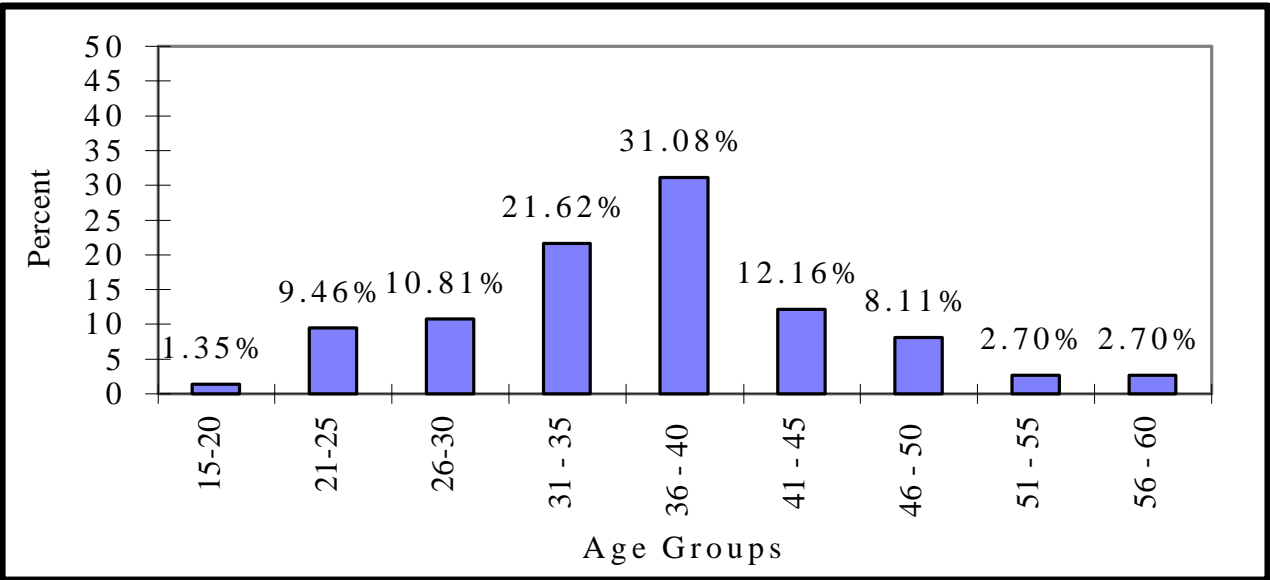
**Figure 2: Ethnic Group Distribution (n=73)**



**Figure 3: Income Distribution (n=70)**

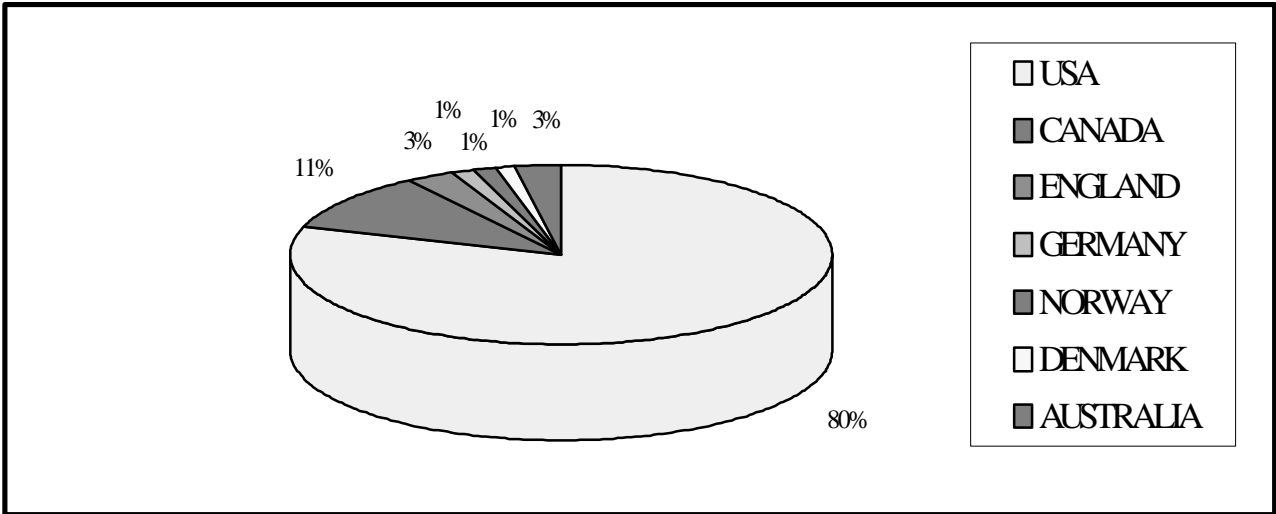


**Figure 4: Level of Education (n=74)**



**Figure 5: Age Distribution (n=74)**

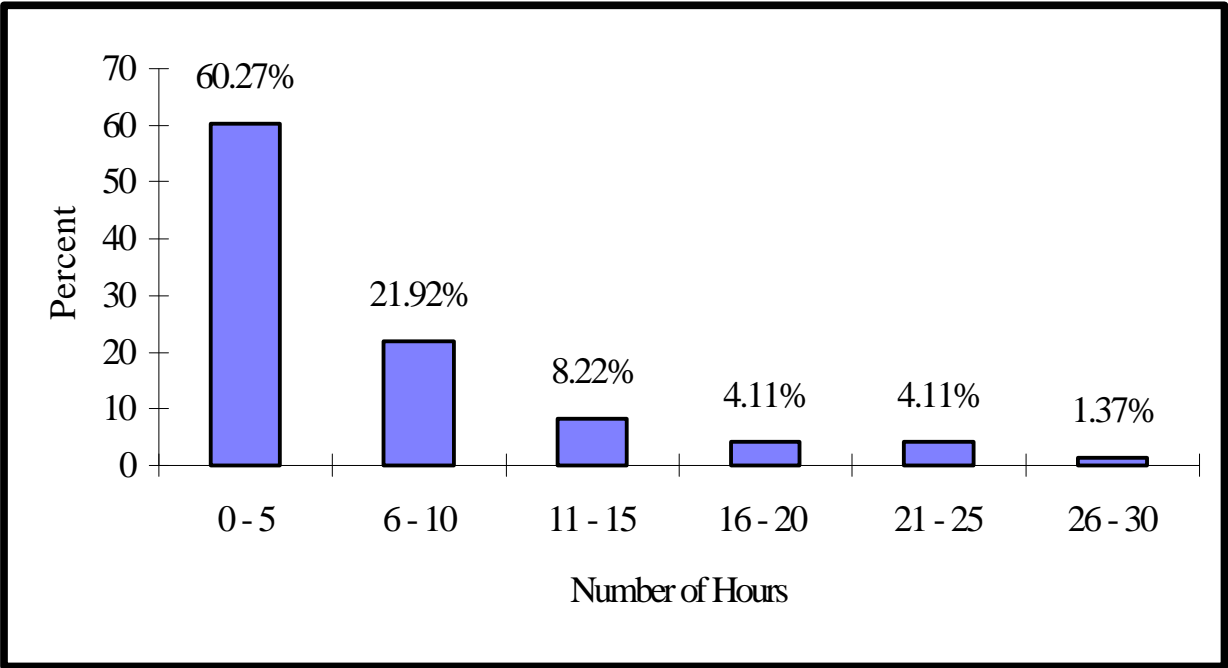




**Figure 6: Country Distribution (N=75)**

### **Frequency and Purpose of Computer Group Use**

In order to be included in the study each participant had to belong to at least 1 computer group. However, 54.67% (n = 38) indicated belonging to two groups, 26.67% (n = 17) to three groups, 12% (n = 8) to four groups, 9.33% (n = 7) to five groups, 2.67% (n = 3) to six groups and 1.33% (n = 1) to seven groups. While many participants indicated that they have been using the computer groups for less than a year, several indicated participating for longer than a year. The longest time spent using a computer group was 10 years. The time participants spend actively connected to the computer groups varies greatly with some people downloading their messages and reading them while no longer connected to the Internet. Others remain connected to the Internet while they read the posts. Figure 7 provides an indication of the number of hours study participants spend connected to computer groups per week. Table 1 provides a list of the topics covered by computer groups used by study participants, and a record of the number of people who indicated using each group.



**Figure 7: Time Connected Weekly in Hours (n=73)**

**Table 1: Computer Groups Used by Participants of this Study**

<b>Topic of the Computer Group</b>	<b>Number of Participants</b>
Abuse (Sexual, physical and verbal)	21
Adoption	2
Against Male Violence	1
Al.Anon	1
Alcoholism	4
Anxiety-Panic Attacks	6
Asthma	3
Attention Deficit Disorder	9
Cancer	1
Codependency	3
Dads-rights (Non-custodial fathers)	3
Depression	13
Dieting	1
Dissociation	3
Divorce	6
Eating Disorders	6
Family Issues	1
General Recovery	4
General Support	4
Grief	2
Learning Disabilities	1
Loneliness	1
Manic Depression	1
Medical Allergies	1
Multiple Sclerosis	2
Narcotics Abuse	3
Obesity	4
Parenting Solutions	4
Partners of abuse survivors	3
Polyamory (More than one sexual partner)	1
Quit Smoking	1
Rape	1
Recovery from cult membership	1
Single parenting	1
Social Skills	1
Step-parenting	3
Suicide	2

## **Major Themes and Coding Categories**

Table 2 provides an overview of the purposes of the study, research questions, survey questions, and the major themes identified during data analysis.

**Table 2: Overview of Study**

Purpose of the study	Research questions	Survey questions	Major themes
1. Computers as a vehicle for self-help	4. How often do participants use computer groups and for what purpose?	1. How long have you been connecting to the group(s)? 2. How did you find the group(s)? 3. How long do you spend connected to the group(s)? 4. Describe why you connected to the group(s)?	Quantitative data
2. Benefits perceived by participants  <u>Yalom:</u> 1. Hope 2. Similar experiences 3. Information 4. Altruism 5. Working through past experiences 6. Appropriate responses to others 7. Imitative behavior 8. Social aspect, interpersonal learning in safety 9. Cohesiveness 10. Catharsis 11. Existential factors	1. What therapeutic benefits /constraints do users of computer groups perceive?	5. Has connecting to the group(s) been helpful? If so explain how. 8. Have you ever participated in computer assisted therapy? If so please describe. 9. If a computer assisted group existed to deal with your particular concerns would you be interested in participating?  17. Do you have any further comments?	Perceived Benefits
3. Costs perceived by participants	2. What risks do participants in the study perceive in computer group use?	6. What has been least helpful about connecting?  Question 8. (see above)  Question 9. (see above)  Question 17. (see above)	Perceived Risks

**Table 2 continued**

Purpose of the study	Research questions	Survey questions	Major themes
4. Demographic information	3. What are the demographic characteristics of study participants?	10. Where do you connect from? 11. Age 12. Ethnic group 13. Gender 14. Geographical region 15. Income 16. Educational level	Quantitative data
5. Implications of establishing relationships and community solely through written text	6. Is written text a viable medium through which to connect to other computer group participants for support?	Question 5. (see above) Question 6. (see above) Question 17.(see above)	Use of Text
6. Implications of computer groups for mental health professionals and potential users	5. Have participants previously or currently made use of professional therapeutic services?	7. Please indicate which of the following therapy service you have used and for how long. Question 8. (see above) Question 9. (see above) Question 17. (see above)	Quantitative data  Perceived Benefits  Perceived Risks

Discussion of the major findings of this study is organized around the three major themes that emerged during data analysis: perceived benefits; perceived risks; and use of text (see table 3). The theme of perceived benefits was found to include 11 sub-categories that relate to the benefits study respondents perceive deriving from participation in computer groups. Perceived risks includes 9 sub-categories relating to the risks that study respondents perceive in computer group participation. The third major theme, use of text, includes 2 sub-categories relating to the advantages study respondents perceived from this form of communication.



**Table 3 : Major Themes and Coding Categories**

Major Themes	Categories	Key Issues
Perceived Benefits→	Shared Experience →	Hope
	Information →	Resources Global Aspects
	Support →	Empathy Helping Others Confidence Validation
	Strategies →	Solutions Interpersonal Skills
	Community →	Sense of Belonging Connection Group Cohesiveness
	Friendship →	Social Aspects
	Venting →	Feelings and Experience Conflict
	Anonymity →	Safety Distance
	Advocacy →	Social Issues
	Convenience →	Availability Time
	Professional Involvement	

**Table 3 continued**

Major Themes	Categories	Key Issues
Perceived Risks →	Noise → Conflict → Confidentiality Distance → Financial Concerns and Legal Issues Inconvenience → Problem Behavior →	Incorrect Information Spamming Repetition Flames Isolation Time Number of Posts Increased Group Use Developing New Symptoms Enhancing Existing Symptoms
Use of Text →	Writing → Use of Paralanguage	Creation of Change Clarification Record Keeping

## **Perceived Benefits of Computer Group Use**

**Shared Experience** Shared experience was often noted as a reason why people joined a computer group. People connected to a computer group in which there were others with similar life experiences to themselves. Participants discussed a number of therapeutic benefits related to the issue of shared experience:

It gives a place to hear from people that have the same sorts of problems that I do. In this way it helps to remind me that what I am going through isn't something strange and unusual, just something that needs to be dealt with.

It makes my problems seem less overwhelming.

It helps me feel connected and not alone or a freak.

It helps me put my problems in perspective knowing that others are worse than me.

I know these people will understand.

Discussing shared experiences with others was noted as a means of instilling a sense of hope in other participants. Participants noted that reading about how others with similar experiences had managed to overcome some or all of their difficulties created the hope that this was possible for them too. A 45 year old man noted:

Reading how others have experienced abuse similar to my own and how they subsequently deal and work through the repercussions of that abuse has facilitated my own recovery.

A 36 year old woman who connects through the university she studies at reflected her hope in the following way:

...that others HAVE overcome their experiences...

A man who connects to a group dealing with issues relating to alcohol use noted that:

The Internet puts me in touch with people sober 50 years who convince me it is possible...

These respondents indicate that reading about how others have been successful has given them hope that they will also overcome their difficulties.

**Information** Information giving and receiving were perceived beneficial by study respondents, as a 38 year old woman from California noted:

Seeing what others write about medication , problems they are having, books and other sources of help have sped up my own understanding, acceptance, and ability to deal with the diagnosis and the challenges that come with it. I have found too that what knowledge I have can be helpful to others in the group, and that makes me feel good.

Participants of some groups, especially those relating to physical illness and those formed to find solutions rather than only for emotional support, cited gathering information as the major benefit derived from their group. In response to a question about helpful aspects of the group one man stated the following:

Technical info - asking if other users have taken a particular med (medication), and what side effects they have had, etc.

The type of information being discussed also seemed to depend to some extent on the issue the group was formed to address. Participants in Alt.dads-rights, a group for non-custodial fathers, reported obtaining legal information from other group members. A 40 year old man from this group noted:

I am undergoing the ordeal of a divorce/child custody proceedings. Information presented and contacts made through these forums (alt.support.divorce, alt.dads-rights) have been helpful in dealing with issues related to these proceedings. Moral support has been offered, strategies on dealing with everyday issues, legal advice, legal contracts...just to name a few.

Groups centered around physical illness often provided members with scientific information about medications and the biological effects of an illness. A mental health professional who responded to the study stated:

I guess you could say I felt professionally obligated to provide facts and correct misimpressions that I feared might result in people getting improper diagnosis/treatment or not seeking services at all.

The global reach of the Internet was another aspect related to information. Participants found the global access to information helpful because they had access to research and information not yet available in their country. A male study participant from England stated:

The comparison of data on an international basis provides a feed of new treatment concepts and the possibility of finding “hidden factors”, common to sufferers of a problem, which conventional research has not yet identified.

A woman from Canada indicated another aspect of this was that access to such a wide variety of people increased the chance that someone would have the information needed:

The group had members worldwide, there was always someone who could relate, who had experienced the same symptoms, had similar experience in dealing with the medical establishment or with insurance or children of patients.

The computer groups provided participants with the opportunity to easily access information from sources all over the world.

Another key issue that emerged with regard to information was gaining access to resources. People were able to obtain specific information that allowed them to access services either on the Internet or in real life. A few participants said that face to face groups or ‘real life’ groups dealing with their specific issue were not available in their area. In these cases participants stated that their computer groups were very valuable to them:

It has been VERY HELPFUL to me; I could hardly emphasize that enough. I had great difficulty finding a local support group, but, because of the existence of the net, I am able to communicate with others in similar circumstances.

A 34 year old woman from the United States noted that:

I have been to a group for PD (panic disorders) once before and found that the interaction with other people with this same disorder was the most helpful part of the group experience. There are seldom groups available (probably no one “can” go), so the online group is a blessing!

Others discovered references to useful resources during the course of their participation in the group. Participants noted obtaining information about books, medical centers and therapists. One participant made the following comment:

I think it is important that more people become aware of the resources available on the net and that it is not regarded as just a domain for “computer nerds” - it is a very real and active part of many people’s lives.

Another stated:

Group #2 (abuse related) has actually been more valuable to me than the real human counterpart support groups which have been organized.

The computer groups were perceived as beneficial by many people because of the access they provide to information and resources. They were also perceived by some people to be a valuable resource in themselves, especially when traditional self-help groups were not available.

**Support** Support was often described by study participants as people caring about and being empathic towards each other. Participants perceived that they were supported by others because these people understood and cared about them. As a woman from Texas stated:

These people care but for no other reason that you are experiencing what they are. They can truly empathize.

Another important aspect of support was helping others. This seemed to provide participants with a sense of satisfaction and enhanced feelings of mutual support. Several study participants stated:

Secondly, it gives a chance to offer mutual support to others, which help to make me feel better about myself when I help others.

It boosts my self esteem to help others.

When I post something that has helped someone, I feel euphoric.

Others found providing support to other people helpful in their own process:

To hear and support others in their recovery strengthens my own.

Caring for others encourages me to continue.

It is a place for me to see how far I have come in my own process and to obtain support when I am having a tough time.

Confidence was another key issue related to support because participants mentioned gaining confidence as a result of the support they received from the group. Several participants noted that they used computer groups in conjunction with professional therapy services. Support from other group participants, in some cases, encouraged people to seek professional services. As one participant wrote:

It gave me the confidence to seek out personal counseling.

Validation of feelings and experiences by people with shared experiences was perceived as supportive by participants. A participant of groups relating to abuse issues noted :

Its **so** important for me to get outside validation from strangers about what I am going through.

Support in many cases was closely connected with shared experiences and stated in the form of 'me too':

Knowledge that I'm not alone in the problem - shared experiences help to validate my own.

Support encompassed several interesting key issues including: receiving support, helping others, confidence, and validation by others. All of these facets of support were perceived as beneficial by the computer group participants.

**Strategies** Strategies were defined as specific individual or interpersonal behaviors suggested by fellow group members to create change. Strategies were perceived as beneficial by participants because they provided solutions not previously considered and the opportunity to develop interpersonal skills.. Solutions referred to specific actions, such as time management and parenting approaches suggested by group members to others. Participants seemed to find it helpful to be able to refer to these behaviors when needed:

If a situation comes up, I can refer back to a conversation, and take action based on that experience.

Some participants used the group as a place to practice specific skills as can be seen in the following statement made by a 21 year old female graduate student:

...practice interpersonal skills and self-protection without the stress of potentially harmful personal contacts.

Study participants noted that they read about things others had tried and then performed the same actions themselves thus imitating solutions used by other group participants. Knowing that these strategies had worked for other group participants encouraged people to try these for themselves.

**Community.** "Community" referred to a sense of belonging to or being a part of the group. A participant of a group dealing with dissociation noted how this sense of community was beneficial:



Just the feeling of belonging, and not being some sort of freak, is a great comfort (and relieves a lot of the stress).

In response to a question about helpful aspects of computer groups a man participating in a depression related computer group stated the following:

VERY helpful. Technical info has been important, but more so the sense of community, of people who understand -- and, even, people who \*need\* me. It's a very compassionate group.

Participants noted that being a part of a community helped to create a sense of connection with other groups members. A 28 year old woman from Denmark noted that a sense of connection is created through knowing that other group members provide an audience:

Knowing that others will read and care and comment is much stronger than writing to one self.

Another aspect of community which emerged was group cohesiveness. Cohesiveness referred to the perception of the group being a special and distinct community that allowed participants the freedom to say whatever they needed to, as stated by one participant:

I can be honest about myself and my feelings.

Participants noted that sense of community was an important part of their therapeutic process:

The company of fellow-sufferers of a problem is, in itself, therapeutic.

You cannot recover from alcoholism in a vacuum: You have to do it in a society.

Community encompassed several key issues, the most important being the cohesiveness created in computer groups by the sense participants had of 'belonging'. Participants perceived this sense of belonging to a group as beneficial in allowing them to continue to express feelings and to talk about experiences with other participants of the group.

**Friendship** Friendship referred to the social aspect of computer groups. Participants wrote about establishing friendships that have continued outside of the group, and of having fun with other group members. Occasionally participants of the computer groups seem to become important persons in the lives of some participants. The connections established with other group members seemed to evolve into more enduring friendships. An interesting aspect of this was noted by the following participant:

One of the great benefits of making friends online is that I have some people as friends now that I would \*never\* have associated with had I not first met them on the ground of common pain. My own stereotypes and bigotry's are challenged and defeated by the common bonds we've formed. This is very good for me!

This person was able to establish friendships with people she would not have considered meeting in real life. The absence of visual cues and the normal societal constraints allowed her to take what people wrote into consideration and develop relationships without factors that might have discouraged her from doing this in real life. Other participants state the same phenomenon as:

I have made some very good and long lasting friendships with individuals that I might otherwise have never met.

It is perhaps interesting to note that long lasting friendships develop out of the experience. Though they may be "virtual" by reason of never or rarely meeting in person, letters continue to flow. Relationships develop. Secrets shared. Social problems worked out.

The development of relationships was very interesting in terms of social constructionist ideas. People are relying only on words on the computer screen to create relationships with others. In the absence of the usual social and cultural status cues people were able to establish connections with people they might never have considered associating with in real life.

**Venting** Venting of feelings was a commonly perceived therapeutic benefit of the computer groups and refers to expression of emotions. Participants saw their groups as:

A space to vent and discuss difficult issues.

Provides an outlet for my feelings in what I perceive to be a safe & caring environment.

As stated by a person participating in a group dealing with suicide and depression:

The group forms a community in which it is possible to be honest, and to be understood. Suicide and depression are experiences which frighten most folks. a.s.holiday (alt.suicide.holiday) people recognize the desires, and do not fear them.

Several participants noted that there was a sense of comfort in expressing emotion this way. As stated by one participant:

Sometimes it's much easier talking to a machine than a person.

Venting was particularly important with regard to conflict. Participants noted that being able to express anger and be honest about negative feelings towards others was helpful. In some computer groups conflict was tolerated once a person was accepted as part of the group. A 36 year old woman stated:

Part of ANY group is a sense of insider-outsider. Some call it 'cliques'. Those 'inside' can practically say & do anything.

Another participant wrote:

...A way to learn self-preservation skills, and the chance to practice either mediation or avoidance of conflict.

While distinct issues, conflict and the perception of anonymity were closely related. A man in a group relating to alcoholism stated:

Anonymity allowed me to be much more confrontational than I would have face to face.

**Anonymity.** Anonymity refers to the perception that others cannot identify who the person posting the message is. Anonymity was often perceived by participants even when they used non-anonymous user identifications. As stated by a person in a group dealing with abuse issues:

They can't see me, I can't see them. But you can share a lot, and you don't have to be alone.

Interestingly, safety emerged as an aspect of anonymity. Some people perceived the computer groups to be safe because they were anonymous, as stated by this person:

It feels safer for me than real life - I have control - I can get away from posts 'people' who frighten me.

Others seemed to link safety back to a sense of community. A person participating in a computer group dealing with dissociation stated:

It's a haven where trying to be 'normal' is not required in order to be socially appropriate. Safety and anonymity were commonly mentioned as a reasons why people in computer groups perceived these to be appropriate places to express thoughts and feelings of a highly personal nature. Participants stated that their groups were:

A safe place to express feelings that most people in are afraid to talk about in 'real life'.

I have panic/anxiety problems. "Talking" to others online is a safe way to connect.

In some cases the perceived anonymity of computer groups allowed people to begin to talk about issues they were not able to discuss face-to-face. This seemed particularly to be the case for people dealing with very sensitive issues, as stated by this person involved in an abuse related group:

The anonymity that is possible on the net was very helpful to me, particularly at first, because of the very personal and sensitive nature of sexual abuse problems would have made me hesitate to discuss these issues in person.

Another participant noted that:

The anonymity of being online rather than face-to-face will let some individuals express feelings that they would not otherwise express.

For some participants the perception of anonymity created a sense of being distant from others. Some group users were comfortable with group participation because they were not required to be in close proximity or to make physical contact with others. These participants did not necessarily need to keep their identity hidden, but rather could engage in a computer group while remaining somewhat detached. The ability to control this aspect of group participation was perceived as beneficial by participants. As stated by this person:

In a more self-care frame of mind, I accept the distance & detaching mode of participating in computer support groups. I participate when I can and when I am able & in ways I can.

An interesting aspect of distance emerged with regard to participants in eating disorders groups. Participants stated that not being able to see other people was very helpful to them. For example, two different women who accessed eating disorder related groups stated:

It's better when I can't see others, I can focus on the issue not on other peoples bodies.

The Internet eating-disorders group works better for me right now than a "live" support group (I've tried two live ones). In the live eating-disorders groups I was over-concerned with my own and others' appearance and weight. This is not a problem on the Internet, where I can't see anybody, so I can really concentrate on what they are saying.

Thus, the perception of anonymity seems to have several perceived benefits for many study participants, and was connected to the type of group they accessed.

**Advocacy.** Advocacy emerged as a distinct category, but was mentioned by only three participants. Advocacy referred to concern with issues on a broader level and the desire to create change in social attitudes. Being an advocate for or against specific issues was perceived as a vital part of the therapeutic process by some participants. As one woman stated:

Feminist and sexuality groups have helped me to gain a better perspective on male violence.

Another woman, involved in a group for obesity related issues noted that the group provided her with a place for:

Dealing with the social issues as well as the personal issues of fat discrimination.....

**Convenience** Convenience related to the ability computer group participants have to connect to the group whenever they need to. As noted by a woman from the United States:

One of the advantages in on-line support groups is that I don't have to get overly involved in the group. I really don't have time to get involved with more people in the area that I live in and this may sound a little arrogant, but I don't need anymore people in my life that take up time. I am very active socially, in school, my neighborhood, and community, and with my work being able to get support when I have time (which is usually the wee hours of the morning) is very important.

Availability and time were two particularly important aspects of convenience. Availability refers to ease of access, cost, and accessibility to support when needed. Participants perceived the ability to connect at any time as beneficial as stated by the following people:

There is always someone there to "listen" and offer support.

I can go to "vent" 24 hours a day.

I can post or respond even in the middle of the night, when I couldn't really contact a "live" support person without waking them up!

It's there when nobody else is. I don't have to worry about waking someone up or bothering anyone.

It gives me quick access to others experiences.

Many participants obtained access to the computer groups through work or a university and noted:

I have free access to support.

It doesn't cost me anything.

Time referred to both the amount of time spent reading posts and when "meetings" took place.

Participants noted:

I can go there whenever I want, there is no "meeting time".

It's much easier to connect without having to get a sitter in order to go to \*live\* meetings.

**Professional Involvement** The final sub-category to emerge under the theme of perceived benefits was professional involvement. Several study participants noted that they used the computer groups in conjunction with formal therapy services. Some participants indicated that the computer groups provided support between therapy sessions:

At this time it is the only means of support I have for dealing with my issues (abuse) outside of my therapy sessions. It really helps me.

Another advantage of the Internet support group is that it is always "there" - you don't have to wait until your next appointment to discuss matters that concern you. I have progressed by \*leaps\* and \*bounds\* in the 2+ years I've been in these online communities. My therapist is stunned.

A few participants indicated that they were referred to the computer groups either directly or indirectly by a therapist:

Yes. My therapists had urged group therapy, which I'd resisted (being both busy and introverted, not sure whether those are reasons or excuses). The benefit of the newsgroup has been about what I'd anticipate one would find in a live support group, only broader because it's worldwide and has many members.

I discovered the group in a "periodic informational posting" posted on the net by a psychologist who posts the names of health and psychology support groups every month or two.

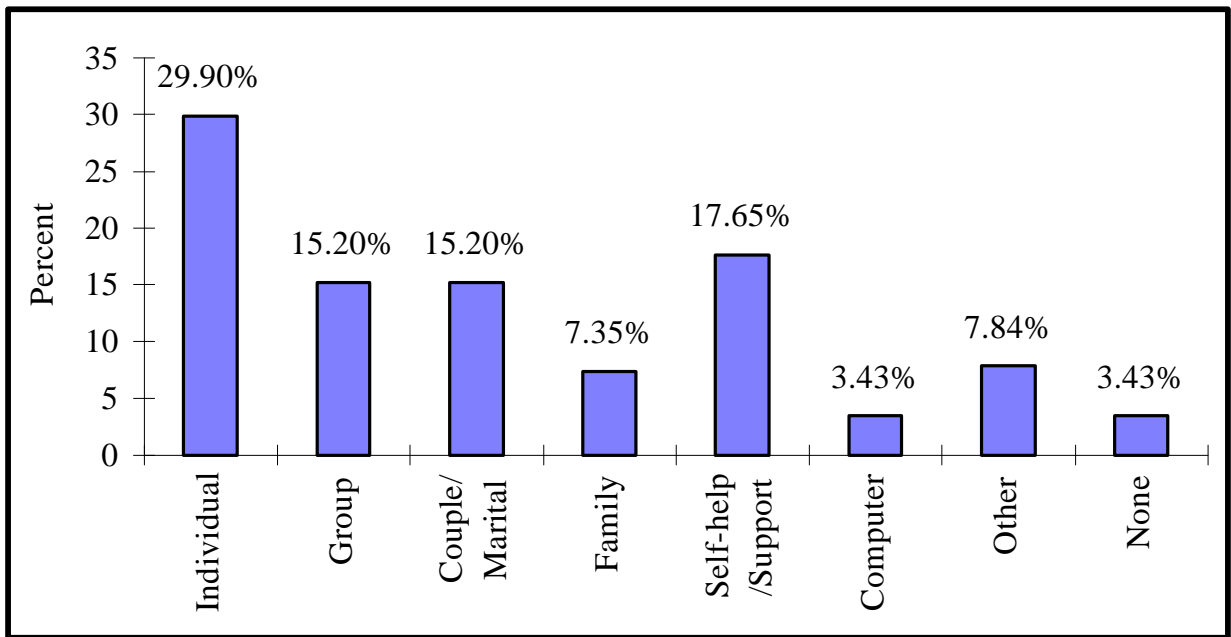
Participants who mentioned formal therapeutic services tended to see the computer groups as an addition to, rather than a replacement for therapy. The computer groups seemed to provide additional support and a forum where people had access to the feedback of a variety of people.

### **Use of Formal Therapeutic Services**

Participants were not asked to indicate whether they were currently making use of formal therapy services. However, 18.67% of study participants volunteered that they were using formal therapy services when the study took place. Figure 8 gives a breakdown of the types of therapy study participants have used.

Participants indicated a large variability in the amount of time spent utilizing formal therapy services. Table 4 gives descriptive statistics, based on the number of months spent using formal services, for each type of therapy. Examples of the category labeled other include massage, reflexology, and martial arts. The final row in table 4, labeled count, indicates that several participants used more than one type of therapy service.





**Figure 8: Use of Formal Therapy Services (n =204)**

**Table 4: Months Formal Services Utilized (n=178)**

	Individual	Group	Couple/ Marital	Family	Self-help/ Support	Computer	Other
Mean	44.75	15.15	17.06	18.21	33.34	41.43	32.95
Std. Dev.	58.06	20.49	22.44	12.77	34.76	43.57	40.39
Min - Max	(1 - 264)	(0.2 - 96)	(0.1 - 84)	(1 - 36)	(0.1 - 120)	(6 - 128)	(1 - 120)
n	59	31	28	14	28	7	11

In response to a question about whether they participated in computer therapy with a professional person, 73.33% of the study participants indicated they would be willing to try this.

Two participants stated this as:

If it was done professionally and worked with my beliefs of meds. vs. behavioralism, yes.

Yes, if moderated/facilitated.

Others, who responded positively to the idea of computer groups with a professional person, indicated that this service would have to provide something that formal therapy sessions did not in order for them to join:

Possibly, I'd try it, but doesn't particularly intrigue me - I do have a therapist I see weekly.

I am able to see a therapist in "real life" so I am not sure how much additional value there would be in doing it on the net also.

Several participants indicated that they would require further information about the style of group being proposed prior to making any commitment:

Possibly, I would want to see the group and it's specific organizational style and goals before committing myself.

It depends on the choice and content. If I feel it would be relevant, detailed enough and helpful - possibly :)

In this study, 26.67% of the participants indicated that they had no interest in pursuing computer therapy with a professional person:

No, I think I get the help I need from friends and the support group.

Not at this time, I've reached a fairly well adjusted state.

No, nor would I consider such a thing to have any real value.

Several participants raised questions about the cost of computer therapy with a professional person. Some participants indicated that they would consider involvement if it was free or inexpensive:

I might try it but I think the present newsgroups suit my needs better. If it cost money, I wouldn't do it because I already pay a lot for therapy.

Possibly - insurance and money are an issue.

No, I can't say it appeals to me. But you never know 'til you try. I guess I'd be open to it if I felt the need, it was available and promised to be cost-effective.

No because I discuss many issues with my net friends that I make that we both share common interests....If I get it free change my response to yes..

Absolutely, depending on the cost.

Yes, if I can afford it, it would be wonderful!!

Several participants identified confidentiality as a concern and indicated that this would have to be ensured prior to their joining a computer therapy group:

How will I know who is seeing my stuff?

Would be concerned about confidentiality and privacy in an environment that is NOT secure from others.

Probably not, unless someone I knew recommended it very highly, it was really confidential.....

Some participants perceived face-to-face contacts a necessary part of group therapy and would not consider a computer therapy group because this was not possible:

No, I believe therapy needs to have a face-to-face interaction that cannot be found on the computer.

Another important benefit [of group therapy], for me, was through the physical presence of the group members.

## **Perceived Risks of Computer Group Use**

**Noise**. Noise was a commonly perceived problem in computer groups and refers to posts that were not of interest, were off topic, or were vapid. A 26 year old man from the United States noted the following as a negative aspect of computer group participation:

The low “signal to noise” ratio - that is, the low percentage of useful or valuable messages.

Incorrect information emerged as a problem for some participants. Several group users noted their concern about the possible effects of incorrect information:

Lack of professional advice - someone could get hurt.

There is a fear that your advice could end up hurting the other person more than helping.

People’s answers are only opinions, not professional help.

There's no quality control: information (as opposed to discussion) is not always either current or accurate, so one really has to exercise a lot of caution.

Lack of expertise/experience of others on the group.

Spamming is a term used on the Internet to refer to advertisements and posts in groups where participants feel these do not belong. For example, people trying to sell products will sometimes post advertisements for their products on a variety of Usenet groups regardless of what the group's stated purpose or topic of discussion might be. Spamming was most commonly referred to as "useless" and "irritating". Spams were usually ignored or subject to intense flaming. "Flaming" is the Internet term used to describe posts that contain negative, sometimes extremely antagonistic messages in response to a message the flamer did not agree with. Participants perceive spamming as inappropriate and noted it as a negative aspect of group participation. A person participating in a group dealing with suicide related issues noted:

Spamming hurts more in an environment like a.s.holiday - it is more distracting, more annoying.

Another key issue to emerge was repetition. Computer support groups are open to anyone who has access to the newsgroups. Due to this, new people can join at any time and often tend to cover information that others have already seen. Some computer group participants noted difficulty in dealing with members who continued to argue rather than resolve an issue:

Having to deal with repetitive posts on the same set of inflammatory subjects for which there will NEVER be a resolution, and for which nothing constructive is ever said. Sometimes people concentrate on what's negative and unhealthy and get stuck.

**Conflict** While venting or emotional expression, even of negative emotions, was perceived as a benefit by some participants, others perceived conflict as a risk. Conflict emerged as sub-category of perceived risks and was often referred to as flaming. When members of a group disagreed or did not like what someone posted they responded with negative messages which were often perceived as extremely hurtful. Study respondents stated the following with regard to conflict and flaming:

People flame others easily. Honest questions sometimes get treated badly by others.

I do not like the arguing and bickering (flames).

When the debates are done in conversation mode they are enlightening and helpful. When done argumentatively, they tend to be hurtful and discouraging.

Without a professional to facilitate conflict goes unresolved.

A male participant from Canada stated:

On the other hand, inflections are easily lost in print, and social restraints fewer. This can lead to unusually high levels of disagreement (colloquially known as flames).

A female participant from the United States noted:

For some reason, I have found electronic hurtful statements to be twice as hurtful as those encountered in “real life”. This is probably because (my theory here) people are much more “no holds barred” when they communicate electronically; A number of social cues which keep conversations within the bounds of relative politeness are missing in electronic communication and the rude and aggressive behave accordingly.

The manner in which computer groups function seemed to allow some individuals to feel free to post whatever messages they wished to. This was perceived as a risk by others because these statements were considered confrontational and hurtful.

**Confidentiality.** Confidentiality emerged as a second perceived risk. Some participants perceived anonymity as a benefit of the computer groups, and believed that their communications were confidential because they were anonymous. However, others pointed out that the Usenet is a public forum and had concerns related to the privacy and security of the groups. A 38 year old person from New Mexico stated:

I am concerned about confidentiality and privacy in an environment that is NOT secure from others who may wish to just be voyeurs or worse.

A woman who connects to the computer group from work noted:

Worrying about posting non-anon, that someone would find out, and worrying that someone where I work could be intercepting my mail and posts.

Other participants stated:

It is easy to attribute authority to people on the net based on their messages alone, yet I know nothing about “the real person” behind the userid.

Not being able to figure out who is being truthful could be mentioned as a problem. But who knows who is being honest and not lying in “land-side” relationships. You have to protect yourself - even though you may be talking about something pretty private, you’re still in a way conversing with the general public.

Perceiving that Usenet groups are confidential is a risk in itself because in reality they are not truly confidential. Some participants were aware of this and considered this as they posted, while others appeared either not to know or were not concerned that a variety of unknown individuals read what they write.

**Distance.** Like venting, distance was perceived by some participants to be a benefit. However, other participants perceived the lack of physical contact and



physical proximity as a drawback of computer groups. Some participants acknowledged missing the physical contact:

No hugs.

A person who had experience with face-to-face group therapy commented:

Another important benefit , for me, [of group therapy] was through the physical presence of the group members. The looks on their faces, their hugs, pats, embraces, handing me tissues and teddy bears....This benefit is definitely not possible via the net. Also - in person, I couldn't hide from them they'd call me on it, at the most crucial time to get me back, before I went back to my "old ways". The power of physical presence".

Others perceived the loss of non-verbal cues, relied upon in conversation, as a problem when communicating through computer groups:

Sometimes the anonymity of e.mail and posts loses that "human" quality of touch, eye contact and presence.

Prevents body language and inflection, which can and often does lead to misunderstandings.

There is a lack of direct feedback (i.e. tone of voice, facial expressions, immediacy).

Isolation was another facet of distance for several study participants. Subsequently, there was a potential risk that by providing people with support through the Usenet computer groups may **discourage** people from seeking contact with others. For example, a 37 year old woman from the United States stated:

There's a potential to stay more isolated than I should be.

Another participant noted:

While I do not use the groups to avoid human contact, I believe that the groups online are best used in conjunction with real live human contact and not as a substitute.

Thus, while distance was perceived by some participants to be a benefit of computer groups others perceived it to be a risk. Use of the groups created the potential for persons to remain or become more isolated and not access services that might be more helpful to them.

**Financial Concerns and Legal Issues** Financial concerns and legal issues were only mentioned by a few participants, but did emerge as a perceived risk. A 32 year old woman from the United States stated:

Least helpful? If there comes a time when I can't afford to pay America online, I will lose the connection with people.

Another woman commented:

I used to be in therapy for an eating disorder, but can no longer afford it (I have no insurance). While the group is not as good as individual therapy, it is very helpful.

A mental health professional noted a unique financial concern related to computer therapy:

I spend a lot of time on it basically giving away my services! I like to help people- that's why I do what I do for a living - but I can't make a living doing it for free on the net!

Concerns related to legal issues were not diverse and were only mentioned by a few participants as a perceived risk. A man participating in a group relating to fathers rights stated:

Still does not improve family law. Very frustrating.

A 24 year old man from the United States mentioned legal issues in relation to computer assisted therapy:

I would if it were legal (wouldn't there be severe licensing constraints?)

These kinds of concerns were important to consider especially with regard to mental health professionals providing services on the Internet.

**Inconvenience** Inconvenience refers to aspects of computer group participation that participants found to be frustrating. The amount of time spent on the Internet and number of posts emerged as two sub-categories of inconvenience. Many participants noted the amount of time spent connected to the computer group as problematic for them:

I must confess that I spend entirely too much time logged in. It used to be that I would spend hours at home in the evening logged on. Now that I have Internet access on my desk at work I spend most of the day logged on, when I can.

Communicating by mail imposes certain limitations - things don't flow as in a group discussion. And it takes longer to write than to talk.....

Several participants stated it simply as:

I spend too much time connected.

Participants in busy groups perceived the number of posts to be restrictive to their level of participation, noting that:

Sometimes the volume of posts can get very large.

One 40 year old man stated:

Alt.support.attn-deficit is very busy - on the order of 70-100 messages a day. That takes a large chunk of time to keep up with them, unless I just "lurk" (right now I've got about 250 messages that I haven't read - and I'll probably just scan them without responding to any, just because I'm so behind).

Others stated:

The VOLUME of posts can be overwhelming, making personal/individual response Impossible!

Heavy traffic on the group - reading takes time, and so I have to pick and choose when I'd rather participate more fully.

The overall traffic on the Internet has made the support groups incredibly busy. Sometimes I miss things because I can't keep up.

In contrast, in less active groups some participants experienced the lack of posts and slow response time to their posts as frustrating. As one person stated:

Sometimes no feedback is given, or it takes a long time to get any answer to a question.

A 40 year old woman described this as:

Lack of immediate response.

Interestingly, participants in some groups perceive the large volume of messages to be a problem while those in less active groups perceive the lack of posts to be a problem.

**Problem Behaviors** Problem behaviors emerged as another perceived risk. This category referred to the use of symptoms or strategies described by other group members as a guide on how to become 'sicker'. A 23 year old woman involved in an eating disorder related group stated:

I must admit that sometimes I read posts of people who are worse off than me and treat them as 'how-to' guides, oh - I wish I were as sick as or as thin as that person says they are - how can I do that?

Another participant stated:

I've learned quite a bit about how to commit suicide, and been able to contact people who have tried various techniques.

Other study participants perceived their participation in the computer groups as a new form of problematic behavior. A female university student stated::

Reading the newsgroups has become a new compulsive behavior on my part, and I tend to use it to escape from work when I don't feel I can face all the difficulties involved in my Ph.D. dissertation. \*sigh\*.

Another participant noted:

Another problem is that I am somewhat addicted to reading the group and worrying about/writing to people in the group and I spend too much time doing these things.

A final issue relating to problematic behavior mentioned by participants was the focus of group members on negative aspects of difficulties. A woman participating in an abuse related group stated this as:

Folks who can't let go of the victimization related to abuse.

A 27 year old woman noted:

Well, the obesity group in particular, I unsubscribed to alt.big.folks and alt.diet because it was concentrating so much on being fat and miserable, just a lot of stories about what some ignorant person has said to someone that is overweight, or also there was a lot of concentration on what would get the weight off--a lot of people searching for a magic cure....and I've been there, I'm past it and I don't like being reminded of how depressed I was.

Refining current problem behaviors, developing new problem behavior, and getting stuck in old problem behaviors were all perceived as potential risks of computer group participation.

### **Use of text**

**Writing.** Computer groups are unique in that they take place solely through the medium of written text. While this creates many perceived benefits for participants, some noted that it required careful use of words and effort to ensure that other group members understood what was being stated in a post. As a male participant from Australia noted:

It takes a lot of skill, good training, and lengthy sobriety to be sure of communicating material of this nature accurately using only the written word between two people of the same culture and language. Trying to do it internationally with people who do not have the same language as a first language is a real challenge.

Writing was often perceived to be a starting point or catalyst for the creation of change.

Participants perceived the opportunity to reflect on what they wrote as well as what others wrote as beneficial. Several mentioned the idea of reflection as a benefit of having written posts rather than needing to respond immediately to another as was expected in conversation. The following quotes from participants highlight this aspect of writing:

Often I would use the posts as a catalyst to explore my feelings in writing.

Helps me challenge my own ideas and change.

Giving and receiving feedback helps me to monitor my progress through the process.

Reflection leads to self-discovery.

Reflect on my own and others posts.

Read posts when I need/want to.

Another aspect of writing that emerged was clarification. In addition to being able to reflect on what their own and other posts, participants mentioned that by reading over posts they were able to clarify their own thoughts and feelings. This process was enhanced when written feedback was obtained from others about these thoughts and feelings. Having written messages gave participants time to really consider what others were saying before further clarifying their own ideas and feelings. Participants stated the following with regard to clarification:

It is helpful by making me write things down in a way that clarifies them to me, making me answer questions posed by others about things I've written, by challenging me to answer other posts that are up there, and by the feedback I get from people, both feedback that helps me understand something and feedback from someone else I have helped.

It forces me to think about what I say/post before I post it.

Writing my own case history helped me clarify it and realize that I could benefit from continuing to post.

Some study participants perceived being able to keep a record of their own and others posts as beneficial. Being able to refer to specific posts when in need of support or inspiration was definitely perceived as a benefit by the following participants:

Allows me to keep posts that strike a chord with me.

I can read the posts when I want/need to.

Writing messages and receiving feedback about these messages seemed to be a complex process that occurred in computer groups. Personal meanings and ideas were clarified for individuals through writing down their thoughts and feelings. Knowledge that others would later read these messages seemed to require participants to carefully consider how others might perceive what they wrote. Written feedback from others provided participants with clues about the beliefs and ideas that others developed about them and their experiences. Having a record of these posts allowed participants to reflect upon these beliefs and to further clarify their own beliefs about their experiences. They could then post another message in an attempt to clarify or respond to the feedback received.

**Use of paralinguage** Use of paralinguage was defined as a separate category and refers to the use of characters, capital letters, and asterisks to emphasize what was written and to convey emotional tone. These were sometimes referred to as “emoticons” on the Internet. The following characters were used by participants to convey the feelings behind or intent of a statement:

Putting them in the “killrc” file normally takes care of that though. ;-) (wink).

(no wise-ass comments here) :) (smiley face).

No hugs :( (sad face).

Other participants used either capital letters or asterisks (\*) to emphasize a point they were attempting to make:

I have progressed by \*leaps\* and \*bounds\* in the 2+ years I've been in these online communities. My therapist is stunned.

It has been VERY HELPFUL to me; I could hardly emphasize that enough.

Asterisks were also used to identify words inserted to convey emotional tone:

What's the F. for? Green? \*snigger\*.

Reading newsgroups has become a new compulsive behavior on my part, and I tend to use it as an escape from work when I don't feel I can face all the difficulties involved in my Ph.D. dissertation. \*sigh\*.

The use of paralanguage seemed to be an attempt by participants to add depth and meaning to their written messages. Participants relied on paralanguage to let a reader know the intent behind a message or the spirit in which it was written. They seemed to provide some form of context within which messages should be interpreted by others.



## Chapter V

### Discussion and Conclusions

The current study had several stated purposes. The results of the study provided a rich picture of the perceived risks and benefits of computer group use by those who participated in them. Based on this information, it was then possible to compare the perceived benefits of computer self-help to an existing model of the therapeutic factors associated with group therapy developed by Yalom (1995). A second purpose of this study was to explore the implications of the use of written text in computer groups. Narrative therapy theory emphasizes the use of text as a therapeutic tool. The results from this study indicate that some of the study participants found writing to be beneficial, in particular having a record to refer to when needed. Furthermore, this study also aimed to provide demographic information about users of computer groups. In addition to the above, this study also intended to explore the use of computers as a vehicle to access self-help groups. A final purpose of this study was to investigate the implications of computer groups for mental health professionals and potential group users. The results of the study clearly indicated that the majority of the computer groups surveyed were not moderated or facilitated by a mental health professional. Thus, consistent with social constructionist theory, computer group users are relying on their own knowledge to create new beliefs and ideas about their stated concerns.

Before discussing the finding and implications of the project, however, it is important to point out certain limitations of the study. Data collected were representative only of people who selected themselves into the study. This study does not include information about people who

tried computer groups and chose to discontinue their participation. People who responded to the study questionnaire generally reported positive experiences, hence less is known about people having negative experiences with computer groups. Caution is also required when considering the generalizability of the results. The persons who participated in this study were mainly white, well educated, and earning more than \$20,000. per year. However, since this study was designed to be exploratory it can be considered an important starting point for research in this area.

Bearing these cautions in mind, the results of the study clarified several questions put forth at the beginning of the study. Of particular interest are: 1) the perceived benefits and risks associated with computer group use; 2) the use of text to establish connections to other people in computer groups; 3) the demographic information obtained in this study; and 4) the connection between known therapeutic factors and the perceived benefits identified in this study.

### **Implications of Perceived Benefits and Risks Associated with Computer Group Use**

One of the purposes of this study was to explore the use of computer self-help groups. Participants of the study clearly perceived computers to be a vehicle for accessing self-help groups. Speculation about the longevity of the Internet and computer support groups has led some to question whether these are the wave of the future or short-lived phenomena that will disappear as soon as the novelty wears off. Many of the study participants indicated using the computer groups for less than a year, with some indicating less than a month. However, other participants noted that they have been using the Internet for as long as 10 years and have been connecting to computer groups for the majority of this time. To these people the computer groups are clearly more than a curiosity soon to be abandoned. Over half of the study participants

indicated belonging to more than one group. Several participants noted that after trying out one computer group they went on to make use of groups that addressed other concerns. Thus, a positive experience in one group seemed to make participants more likely to explore other groups. Others indicated that when they did not find a group for their specific concerns, they were involved in starting a new group that was more appropriate for their needs. It seemed that study participants placed enough value upon the benefits of computer groups to want to create new ones when none meeting their specific needs existed.

The perceived benefits of computer group involvement made it an attractive choice to people familiar with computer technology. Computer groups have the added benefit of not requiring participants to be physically present. Thus, for people who have difficulty getting to face-to-face meetings computer groups were another option for gaining access to support. However, there is always the danger that people in need of professional services will not seek these out because they make use of the computer groups. So, for some people, not having to be physically present is a definite benefit, while for others this could be a risk. Another interesting aspect of computer group participation is the perception of anonymity. For some participants, the sense of anonymity was helpful in giving them freedom to write about topics they could not or were not ready to talk about face-to-face. In this respect the computer groups provided a supportive environment in which people can begin to address some of their concerns. In some cases, a positive experience in a computer group led study participants to seek professional counseling services. However, there were also several risks associated with computer group use that potential participants and therapists need to be aware of.

### **Anonymity and Isolation**

Anonymity was useful to some computer group users, but could also be a screen behind which people hid. Lack of visual contact with other people meant that there was considerable potential for unscrupulous users to mislead others. People could essentially create any identity for themselves that they wished. While this is also possible in “real life”, it is less easily detected on the Internet where people rely on text to communicate. However, this could also be a very positive benefit for people wishing to move beyond a label, diagnosis, or difficult experience. This forum could provide such persons with the freedom to experiment with new “identities” or stories about themselves. They also have access to an immediate audience to support these changes. Another troubling aspect of anonymity that should be considered, by potential users and mental health professionals, was the possibility of tracing where messages originated from even when anonymous user identification services were used. While the large majority of Internet users participate in good faith and respect the privacy of each other there are persons who do not. Some people, often called hackers, deliberately open other peoples’ messages, trace where messages came from, harass other users, and can become a significant hazard especially to people who are emotionally vulnerable. Persons connecting to the computer groups through servers related to their place of employment also need to be aware that it is quite possible for someone to monitor messages. Employers may not wish to have employees use work resources for personal benefit and can monitor messages being sent through the system. As stated, the majority of people using computer groups would not violate the privacy of others, but to assume that anonymity means privacy or that messages are safe is potentially dangerous.

Some of the study participants seemed to be under the mistaken impression that their messages were completely confidential and that they were therefore safe from detection and anonymous to others. Lack of physical proximity and visual contact with other participants seemed to contribute to participants sense that they were anonymous. When others are not observing and no immediate response is required study participants felt safe and able to write down and post things they were not able to verbalize to others. Anonymity might have been defined as being unobserved by others rather than being completely unknown to others. The fact that they were able to type about personal experiences and emotions without anyone else watching them might be considered anonymity. Simply not being seen by others might have been enough to provide a sense of anonymity and safety. Several participants pointed out that the computer groups were far from private or confidential and that users were essentially responsible for ensuring their own protection. As with face-to-face groups, agreements could be made between members to respect the privacy of others and to maintain group confidentiality. In face-to-face groups members must trust each other to respect these agreements and each person must take responsibility to reveal only what they are comfortable with others knowing about them. In computer groups this type of agreement is not a viable option because people can read messages without ever posting themselves. By doing this they can essentially remain undetected by other group members and would not be bound by any agreements made. In addition to this there is no way for group members to keep track of each other outside of the group, thus no way that errant members can be censured. Even if it was possible to prohibit such a person from participating, they would simply need to obtain a different userid and would then be able to participate again

without detection. All potential group users and therapists need to be aware that it is very much a case of “participate at your own risk”. Persons should be aware that they are writing to an international audience that could include thousands of people and need to be responsible for their own safety. Computer group users cannot assume that they are anonymous or safe and must take steps to ensure that they are comfortable with others knowing things about them that they write.

Another aspect of anonymity that needs to be considered in more detail is that of misrepresentation. People in computer groups have to trust that others are who they say they are. This could lead to people taking advice from others they either assume have had similar experiences or have training specific to their concerns. Study participants indicated that they were at times concerned that the information they got from the computer groups was not accurate or was deliberately false. While there is always the potential for people to be misled by others or obtain inaccurate information in “real life”, as stated above, it is not as easily detected on the Internet. Thus, potential participants and therapists need to be aware that it would be wise to verify information through other sources. In addition to this, study participants noted that messages were often repeated in the computer groups. While this was not likely to cause harm it was a source of irritation associated with computer group use.

The perception of anonymity also led some people to feel free to say whatever they wished without regard for the feelings of others. The potential for conflict in computer groups was high. Several study participants noted that nasty messages or flames were the most negative aspect of computer group participation. On the positive side participants pointed out that these were easier to deal with than conflict in “real life” as they could be deleted or trashed without being read.

However, these messages could be hurtful and were definite risks associated with computer group participation.

Another area of potential risk was the reaction that some people had to what others posted in computer groups. In some groups, the posts contained information or descriptions of experiences that had the potential to provoke strong negative reactions in some people. For example, a graphic description of an abusive experience could evoke memories of abuse not recalled prior to reading the message. A person in this situation is likely to be ill prepared for the intense emotions and disturbing images this could provoke. Feelings associated with these images may become overwhelming for this person who may not have anyone to turn to for immediate support. While the abuse related groups were fairly busy, there was no guarantee that someone else would be there or would immediately respond to a person in crisis. **Subsequently there is the potential for some people to have very negative, disturbing reactions to participation in a computer group** This potential risk seems to be related to the nature of the group and the topic being discussed. For example, persons participating in a computer group related to attention deficit disorder consistently reported many benefits and no negative experiences associated with their group.

While some study participants were very comfortable with the absence of physical proximity, other found this to be a drawback of computer group participation. There is the potential for computer group users to feel isolated because they are not in contact with others. This is especially the case for people who spend a great deal of time connected to the Internet and the computer groups. Isolation may in turn contribute to the potential for computer group participants to learn destructive behavior from other group members. This was particularly

apparent in the responses received from members of eating disorder related groups. Some study participants noted that not being able to see other people helped them to focus on what was being said rather than on the physical appearance of others. Thus, the absence of visual social and cultural cues allowed these participants to enter into a dialogue about eating disorders and to create new ideas and beliefs about these. It appears that the computer group context was, in some cases, quite conducive to the social construction of ideas and beliefs. Other participants indicated that this form of accessing support allowed them to become more isolated and provided new ideas for how to become 'sicker'. The potential for this was a definite risk associated with computer group use and needs to be studied further. As with any new type of clinical intervention, research is needed to establish what type of difficulties computer groups are most and least likely to be helpful with. It appears that while some people found computer groups beneficial there were others who become more isolated and developed difficulties as a result. Thus, it is also important that research be undertaken to establish contraindications for computer group participation. This information would be especially helpful to therapists wishing to consider groups as a possible resource for referral. The issue of who will benefit from computer group participation is also important when considering that some respondents indicated that their participation itself had become a new form of problematic behavior. Thus, for these people computer group participation was a risk because it became a significant disruption in their lives. Again, further research into who computer groups are beneficial for would help to establish what type of person could be at risk from becoming 'addicted' to computer groups.



It is important to take both the perceived benefits and risks into consideration when assessing the viability of computer groups for accessing self-help groups. The perceived benefits indicated that for many participants these groups became a valuable source of support. The perceived risks outlined the necessity of caution for potential users and mental health professionals wishing to refer clients to computer groups. The potential benefits and possible risks should be carefully considered prior to becoming involved in computer groups. While therapists cannot control their clients' use of computer groups they can be responsible for making people aware of these potential risks associated with computer group use. The perceived benefits identified in this study seemed to provide computer group participants with ample motivation to continue using them. However, the perceived risks should be considered by therapists when determining whether participation in the groups would be appropriate.

### **Community and the Use of Narrative Therapy**

According to Nichols and Schwartz (1995) a link has already been established between some family therapists and the self-help movement. Persons within the field of family therapy adopting postmodern philosophies have embraced the notion that clients possess valuable information about themselves and need to become equal partners in the process of their therapy. Social constructionism and narrative therapy are clearly identifiable as postmodern philosophies. Postmodern ideology is very much in tune with certain sectors of the self-help movement. It would be erroneous to conclude that all self-help is "postmodern". For example, Alcoholics Anonymous is probably the most commonly identified self-help group. Alcoholics Anonymous is based on the presumption that an alcoholic is always in recovery, in other words will never not be an alcoholic. This belief would be considered pathologizing by narrative therapists because it is

based on the idea that to remain sober a person must always be defined as “sick” or alcoholic. It cannot be denied that Alcoholics Anonymous has been helpful to some people, but others find this label a burden that becomes unhelpful to them. Labeling or pathologizing persons does not fit with postmodern descriptions of problems. However, there are several self-help groups, such as the Alliance for the Mentally Ill that strive to move away from labels and towards more positive, empowering views of people (Norton et al., 1993). These types of self-help groups are based on the idea that people have what they need to help themselves and can be assisted in accessing this knowledge by people who have dealt with similar experiences. Trust is placed in ordinary people helping each other with their difficulties. While these self-help groups do not reject the involvement of professionals, they are not considered essential for recovery or change to occur. Clearly, there are philosophical similarities between some postmodern therapies and some self-help ideology. Therapists practicing within the postmodern framework should consider self-help groups as a valuable resource. Narrative therapists, in particular, place a great deal of emphasis on the use of audience or community to support change. Depending on their philosophical leanings, some self-help groups essentially provide ready-made communities to clients in need of additional support. Persons experiencing similar issues come together to form cohesive groups in which they provide support, information, and encouragement to each other. However, it cannot be assumed that all computer groups provide the narrative therapy version of community. While differences exist, there are many similarities. For example, computer groups, like narrative therapy, make use of text in the process of change and do this with the participation of an

audience. Many study participants indicated that they derived some benefit from knowing that other members would read their posts and give them support and feedback.

Computer groups present an interesting forum for this collaborative process. It is obvious from the results of this study that some people are using computer technology to gain access to the benefits provided by self-help groups. The difference being that people using computer groups did not meet in person to create a self-help group, but relied solely on written messages to establish their communities. Study participants indicated receiving similar benefits to those documented in traditional self-help groups, and clearly considered computer groups to be a form of self-help group. Study participants noted feelings of belonging, camaraderie, and having a sense of community. Even though they seldom met in person, study participants also noted that they developed relationships with others in the group and felt safe in these groups. These relationships were developed through posting messages to each other, that is through written text.

Theoretically, computer groups fit well with social constructionist ideas. Social constructionism focuses on the use of words and how people create beliefs and ideas when they engage in dialogue. Participants of computer groups must rely only on the typed words of others to establish what others mean and to create relationships. The absence of visual and non-verbal cues, and the nuances of spoken language are missing. Participants can only read the words of others and from these attempt to understand other group members. Communication between group members is not, however, quite as sterile as it might appear. Persons using the Internet will recognize several icons and characters used to create a sense of emotional tone. In this study these were identified as “use of paralanguage.” Several respondents used smiley faces [(-:)], winks [(-;)], and sad faces [ )-:] to indicate the emotional tone of their statements. In addition to this

other respondents used asterisks \*, CAPITAL LETTERS, and **bold type** to emphasize what was being typed. All of these added to the text and helped a reader gain a sense of the person sending the message. Two respondents went a step further and inserted World Wide Web addresses into their comments. These addresses were directions to other people on where to go on the Internet to reach information about these people. They allow people to easily access information related to a message or current Website by simply going to the address. As yet, automatic links cannot be placed into the computer groups. Automatic links would allow one user to click on or select the link to be automatically connected to another site. However, newsgroups that a person belongs to can be inserted into personal webpages. This allows people who want others to know more about them to let people know which newsgroups they connect to. Inclusion of these addresses in the text allows text to become less one dimensional, and gives a more complete view of the person behind the message.

Stephen Madigan (1994) used letter writing to help establish relationships between a group of women fighting eating disorders and a woman in an isolated area. These letters accomplished two things: they established relationships through written text, and provided her with an audience to support change. It is clear from the perceived benefits that participants of this study consider written text a viable way to create relationships with other group members. It is also clear from the perceived benefits that study participants consider the computer groups to be a form of community. Study participants noted an additional benefit of computer groups not necessarily available in face-to-face groups. Conducting the group through written text provides participants with a written record of their own and others responses. Participants noted the advantages of having time to really consider what others have written before composing a

response. In addition to this, participants also noted that use of written text allowed them to consider their own posts prior to sending these.

The written record is a valuable addition as it allows participants to monitor their own and others' progress. Narrative therapist David Epston has made extensive use of letter writing to clients to provide a commentary of their therapy process and progress towards goals. Computer groups provide an automatic commentary by virtue of being conducted through written text. While this study made no direct attempt to explore this aspect of computer groups, it is an interesting area for comparison and warrants further research.

## **Computer Groups and Self-Help**

### **Demographic Characteristics**

Studies presented in the literature on traditional self-help groups indicated that participants were predominantly well educated, white, middle class women with a mean age in the 40-50 year range (Gottlieb, 1982; Hitch, Fielding & Llewelyn, 1994; Norton et al., 1993; Toro et al., 1987). Demographic information has until this point been unavailable on persons using computer groups. The results of this study rectified this and indicated that participant demographics were very similar to persons in traditional self-help group studies. Almost 60% were female, 90% were white, 71.8% earned incomes over \$20,000 per year, and 95% had some form of tertiary education. In addition to this, 17.65% of the study participants indicated that they had made use of traditional self-help groups. A notable difference between previous studies and the present study was the mean age of participants. The participants of this study had a mean age of 36.7 with a range of 20-56, which is lower than that reported in previous studies. Toro et al. (1987) reported an age range of 19-92, and Gottlieb (1982) of 16-75. Persons under the age of 18 were

intentionally not included in this study. It is only possible to speculate as to why no one over the age of 56 responded to the study. Persons over age 56 may not frequently make use of computers, they may not have access to the Internet, they may choose not to become involved in computer groups, or simply not have been interested in participating in this study. Whatever the reason, further research is required to adequately explain this difference. It can, however be deduced that participants of this study are markedly similar to those participating in traditional self-help groups in terms of demographic variables. This similarity allows some preliminary comparisons to be made between traditional self-help groups and the results of the current study.

### **Therapeutic Factors**

Yalom (1995) identified 11 therapeutic factors existing in group therapy: instillation of hope, universality, imparting information, altruism, the corrective recapitulation of the primary family group, development of socialization techniques, imitative behavior, interpersonal learning, group cohesiveness, catharsis, and existential factors. The participants of this study identified several perceived benefits of computer group participation that match some of Yalom's (1995) therapeutic factors. The following categories emerged as perceived benefits of computer group participation from study responses: shared experience, information, support, strategies, community, friendship, venting, anonymity, advocacy, convenience, and professional involvement. It was also noted earlier that some of the therapeutic factors identified by Yalom connect well with social constructionist and narrative therapy theory and are relevant to understanding computer self-help groups. In particular, the support gained from a community of people and the reliance on group members' knowledge and experience, enables group members to provide help

and support to each other. When compared to Yalom's (1995) therapeutic factors it appears that the computer group users in this study perceived similar therapeutic benefits to those obtained from participation in traditional self-help groups. Table 5 provides a comparison of Yalom's (1995) therapeutic factors to the categories that emerged in this study, eight of the categories match the therapeutic factors. Four categories falling under the theme of perceived benefits, anonymity, advocacy, convenience, and professional involvement are unique to this study and distinct from Yalom's (1995) therapeutic factors. The results of this study did not support the therapeutic factor of existential factors, and imitative behavior was identified under the theme of perceived risks. While study participants did not have physical or visual contact with other participants and could not watch or copy the behavior of others they were able to get ideas from others and use these to modify their own behavior to imitate that of other participants. However, under the category of strategies, participants mentioned reading about what others have tried and making use of these ideas themselves. These could be considered a form of appropriate imitative behavior because people are using what they perceive has been successful for others as a solution. Some participants noted discussing a variety of issues but were not specific enough for these to be defined as existential factors. Research designed to directly test for the presence of Yalom's (1995) therapeutic factors would clarify whether existential factors exist with regard to computer groups.

**Table 5: Comparison of Yalom’s Therapeutic Factors with Perceived Benefits.**

<b>Yalom’s Therapeutic Factors:</b>	<b>Perceived Benefits:</b>
<b><u>Instillation of hope</u></b> Creating a sense of hope that change can occur.	<b><u>Shared experience</u></b> Discovering that other have had similar experiences, hope.
<b><u>Universality</u></b> . Discovering similarity in experiences.	<b><u>Shared experience</u></b> Discovering that other have had similar experiences, hope.
<b><u>Imparting information</u></b> Providing information to others in the group.	<b><u>Information</u></b> Giving or receiving information within the group.
<b><u>Altruism</u></b> Helping other people	<b><u>Support</u></b> Validation of experience, helping others
<b><u>The corrective recapitulation of the primary family group</u></b> Working through past family relationships and difficulties	<b><u>Support</u></b> Validation of experience, helping others
<b><u>Development of socialization techniques</u></b> learning how to respond appropriately to others.	<b><u>Strategies</u></b> Solutions to problems and developing interpersonal skills.
<b><u>Imitative behavior</u></b> : Copying behavior of others.	<b><u>Problem behavior</u></b> Developing new symptoms and enhancing existing symptoms.
<b><u>Interpersonal learning</u></b> Developing relationships, having corrective emotional experiences in a safe environment, and social aspects of the group.	<b><u>Friendship</u></b> ; Developing relationships, social aspects of the group.
<b><u>Group cohesiveness</u></b> A sense of solidarity.	<b><u>Community</u></b> . A sense of connection with other members, group cohesiveness.
<b><u>Catharsis</u></b> Emotional ventilation.	<b><u>Venting</u></b> : Expression of emotion.
<b><u>Existential factors</u></b> Concerns about existence and meaningfulness in life.	
	<b><u>Anonymity</u></b> : Safety and distance.
	<b><u>Advocacy</u></b> : Moving beyond individual concerns to a social level.
	<b><u>Convenience</u></b> Ease of access to and availability of computer groups.
	<b><u>Professional Involvement</u></b> Connection between mental health professionals and computer groups.



Computer groups become a more viable prospect for use and referral purposes when it becomes clear that users derive benefits from participation. When compared to known therapeutic factors already established in the literature and accepted in clinical work, the results of this study indicate that there is a strong possibility that computer groups provide similar benefits to those derived from participation in traditional self-help groups. While the perceived benefits identified in this study appear to be comparable to known therapeutic factors, it is important to acknowledge that this relationship was not directly tested. Research designed to include computer groups, self-help groups, therapy groups and control groups would be better able to establish the similarities and differences between these.

### **Implications of Computer Groups for Mental Health Professionals and Potential Users**

Research previously done into self-help groups indicated that participants of traditional self-help groups have either made use of professional therapy services or do so while they are involved in a group (Gottlieb, 1982; Gould & Clum, 1993). Almost 19% of the participants of this study indicated that they were making use of professional services at the time of the study. The majority of study participants further indicated that they had previously made use of professional services. Several of the study participants indicated that computer groups were an addition to, rather than a replacement for professional services. As with traditional self-help groups, computer groups were perceived by participants to be a significant source of support. People usually continue to use services they consider beneficial. Hence, computer group participation is likely to continue as long as people have access to these groups, and consider them useful. Social constructionism and narrative approaches encourage collaboration between therapists and clients in defining what is helpful and incorporating this into the therapy framework. This has

implications for mental health professionals who work with people using computer groups, and people who might benefit from participation in these. Furthermore, therapists should begin to consider what responsibility they might have to discuss this form of support with clients and make them aware of both the benefits and risks associated with computer group use. Regardless of whether clients use computer groups or not, therapists would do well to be informed about these in order to ensure that clients get the best possible services. While therapists do not have the right or power to prevent clients from using computer groups, they can ensure that they engage in responsible professional practice and inform clients of potential dangers. For example, a therapist working with a client who is struggling with an eating disorder would want to ensure that the client did not engage in a computer group to develop more effective starving or bingeing techniques. While persons under the age of 18 were not knowingly included in this study, many children and adolescents make use of this Internet. Therapists, in particular school counselors, ought to be aware of issues concerning children's access to on these groups. Some of the information posted on computer groups can be very graphic and disturbing. For example, groups pertaining to sexual abuse are particularly prone to having members describe abusive experiences. While the intent of those posting is generally not to harm others but to provide relief to people writing about their experiences, this information may be inappropriate for children to read. Thus, school counselors need to be well-informed about these issues, particularly as more schools begin to provide students with access to the Internet. On the other hand, providing children with a forum to discuss problems in which they feel anonymous or safe could be very beneficial to them. For example, children of divorce could have a group in which to discuss concerns, difficulties and

experiences with each other. So, while there are potential risks there are also potential benefits that could be very helpful to those children in need of support. It would be necessary to find ways to ensure that a group for children was moderated and carefully monitored by an appropriate adult, such as a school counselor, in order to ensure the protection of those children participating. It can be seen that mental health professionals and potential computer group users need to pay careful attention to the discussion of the implications of perceived benefits and risk associated with computer groups use.

Although therapist participation in computer groups and the use of computer therapy falls outside the scope of this study, some interesting points were raised by study participants with regard to these issues. Therapists, whatever their training, have ethical codes for clinical practice. The American Association of Marriage and Family Therapy does not at this point include specific guidelines for the use of computers in clinical practice. However, therapists need to take care not to violate existing codes should they become involved in computer therapy. Therapists wishing to involve themselves in computer therapy need to be aware that they cannot assume that messages sent through electronic mail or the Internet are private and confidential. As was noted above, it is possible for people to open electronic mail not intended for them, and that it is possible to trace and gain access to messages. This has implications for therapist-client confidentiality, and raises legal questions about use of this medium. If a therapist does not take appropriate care in protecting client confidences that person could be legally liable for any damages that result. With no clear guidelines for use of computers, therapists who choose to become involved in computer

groups or sending messages to clients through electronic mail need to be aware of the potential risk they stand for legal action to be taken against them.

Another important issue to be considered with respect to clinical practice is that therapists cannot provide services to someone who is anonymous. Important aspects of a therapeutic contract include the therapists duty to report suspected or confirmed child and elder abuse to the relevant authorities, to ensure the safety of suicidal clients, and to warn the potential victims of homicidal threats. Obviously if someone is anonymous this would not be possible. The fact that a person is anonymous would not remove a therapist's legal and ethical obligation to take action. Again, the possible legal and ethical implications of attempting to practice therapy in this manner are of great concern. As stated, the data gathered in this study does not deal with these issues, but indicate that this is an area in need of further investigation. This is especially the case as a number of study participants responded enthusiastically to the idea of computer therapy. A person unaware of the legal and ethical issues could easily, with good intentions, become involved in potentially risky professional relationships. To take an extreme example, a person using an anonymous userid could quite easily be known to, or have a personal relationship with the therapist which would mean a violation of the dual-relationship aspect of the ethical code. It is considered unethical for a therapist to provide services to persons with whom they have an established relationship. Thus, while this medium holds great promise there are also serious ethical issues involved which must be considered prior to implementation. While these issues did not fall within the scope of this study professional organizations, such as AAMFT, need to

address the implications of computer groups for ethical codes of clinical practice to provide protection for both therapists and clients from harmful practices.

### **Implications for Future Research**

As is expected with exploratory research, several possible areas for future research were uncovered in this study. It is apparent that participants in this study are similar to those in previously documented studies on self-help groups. However, this study did not provide a direct comparison of the two groups. A comparison study between a traditional self-help group and a computer group would be better suited to exploring this similarity. Comparison studies would also be useful in assessing the efficacy of computer groups. Research designs including computer groups, traditional self-help groups, therapy groups and control groups would be required to adequately compare computer groups to other groups. By far the largest group represented in this study were persons dealing with issues related to abuse. This raises questions about whether computer groups are better suited to certain types of issues or certain types of people. Another important aspect would be finding out about people who tried computer groups and discontinued use. These people might provide additional insight into the question of what issues and to whom computer groups are best suited. It would be worth exploring this in more detail to provide more accurate information to potential users and therapists. Having knowledge about what different groups do, how they operate and who they are most helpful for would assist people when selecting a group to participate in. The variables identified in this study should be tested to see if they apply to other computer groups and other samples. The apparent similarity between these variables and Yalom's therapeutic factors also needs to be explored further.

While philosophical similarities exist between self-help groups and postmodern theories, the nature of this relationship should be explored in more detail. In particular, the applicability of narrative therapy ideas, the use of text and the creation of audience certainly warrant further exploration by professional and clinical groups. A study utilizing narrative theory and techniques within a computer group would provide more information about the connections between these ideas and computer groups. The question as to whether computer groups function like audiences or communities has implications for the possible inclusion of computer groups in narrative therapy.

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## **APPENDIX A**

Dear Computer User,

Personal computers have become a part of life for many people. As more services like e.mail, the Internet, WWW etc. become available, people will be looking for ways to use computers to enhance the quality of their lives. We are already witnessing a growing number of self-help groups being set up on the Internet in which people can talk about things that they need assistance with, and give support to others. Unfortunately, very little is yet known about how these groups function and how helpful they are to those who subscribe. Many questions need to be answered in order to help these groups to become as useful, and helpful as possible.

This study was designed to help answer some of these questions. The focus of the study is not on the particular problem or difficulties that you are seeking assistance for, but rather on your use of the Internet as a medium for getting this assistance. In order to participate in this study you must be age 18 or older. Carefully read and follow the instructions on the consent form prior to answering the questionnaire. The questionnaire should take approximately 30 minutes of your time. Please return your completed response to one of the following e.mail addresses:  
**cat@vtvm1.cc.vt.edu OR an291992@anon.penet.fi**

You are assured of confidentiality and anonymity. Your questionnaire will be given a number for monitoring completed questionnaires only. The following anonymous user id (to be included later) may be used instead of the above e.mail address. Using this service will ensure that all of your identifying information, such as, your e.mail address, your computer server, your real name, and other details that might identify who you are will be deleted prior to being seen by the researcher. Please be sure to send your response to one of the above e.mail addresses, rather than posting on the user group.

The following is a description of the study and information you should read prior to agreeing to participate in the study. If you have any questions about this study please feel free to contact us by e.mail at: **cat@vtvm1.cc.vt.edu, or an291992@anon.penet.fi** In order to maintain your anonymity we will post our responses on the user group rather than reply to your personal e.mail address.

Sincerely

Sue Eaglesham



## **APPENDIX B**

## **Informed Consent for Participation in the Study**

### **An Exploration of the Use of Internet Self-Help Groups**

**Principal Investigators:** Joyce Arditti, Ph.D., and Sue Eaglesham M.A. Ed.

**Explanation of the Study:** We would like to invite you to be a participant in a study that will examine people's use of self-help groups on the Internet.

**Purpose of the Study:** The study is aimed at gathering information about how people are using Internet services to improve the quality of their lives. The questionnaire is not aimed at obtaining detailed information about the issues you are seeking help with. Our intention is to gather information about how you are using your computer in this process.

**Procedures:** In order to participate in this study you must be age 18 or over, and consent by marking the informed consent form. Once you have consented you will be asked to fill out a questionnaire that should take about 30 minutes of your time. Do not post your responses on the user group, but rather send them to one of the following e.mail addresses **csat@vtvm1.cc.vt.edu,**  
**OR an291992@anon.penet.fi**

**Time Requirements:** The questionnaire should take about thirty minutes.

**Potential Risks:** The procedure listed above is believed to involve no more risk that you would experience in everyday life.

**Benefits:** No direct benefits are expected to be derived if you choose to take part in this study. However, findings from this study will be made available to participants.

**Confidentiality:** The information obtained in the study will be kept confidential. All participant responses will be given an identification number for tracking purposes during analysis. The data collected will be stored in a locked file cabinet in the Department of Family and Child Development at Virginia Polytechnic Institute and State University.

**Compensation:** There will be no monetary compensation for participation.

**Withdrawal and Termination from the Study:** Your participation in this study is voluntary and thus, you may withdraw at any time without penalty.

**Approval of Research:** This research project has been approved, as required, by the Institutional Review Board for projects involving human subjects at Virginia Polytechnic Institute and State University, by the Department of Family and Child Development.

**Contact Person for Questions Involving this Study** If you have any questions regarding this study, you may contact: Sue Eaglesham [sueeag@vt.edu](mailto:sueeag@vt.edu) or Dr. Joyce Arditti: [arditti@vtvm1.cc.vt.edu](mailto:arditti@vtvm1.cc.vt.edu)

**Contact Person for Complaints or Concerns** If you have any complaints or concerns regarding this study please contact Ernest Stout Chair, IRB Research Division. Phone: (703) 231-6077.

**PLEASE READ THE ABOVE FORM CAREFULLY PRIOR TO GIVING YOUR CONSENT TO PARTICIPATE IN THE STUDY.**

I have read the informed consent and the conditions of this project. I understand that my participation in this study is voluntary. I know of no reason why I cannot participate in this study.

**PLEASE SELECT THE LETTER THAT APPLIES TO YOUR RESPONSE:**

- A. I have read and understand the consent form and conditions.
- B. I have read and do not understand the consent form and conditions.
- C. I have not read the consent form.

**IF YOU RESPONDED TO THE LETTER A PLEASE COMPLETE THE FOLLOWING.**

I have read and understood the above consent form and hereby give my consent to participate in this study.

**PLEASE SELECT THE LETTER THAT APPLIES TO YOUR RESPONSE.**

- A. I willingly give my consent to participate in the study.
- B. I do not give my consent to participate in the study.

**PLEASE COMPLETE THE QUESTIONNAIRE ONLY IF YOU SELECTED THE LETTER A AND AGREE TO VOLUNTARILY PARTICIPATE IN THE STUDY. PLEASE SEND THIS COMPLETED FORM WITH YOUR RESPONSES TO THE QUESTIONNAIRE TO THE FOLLOWING E.MAIL ADDRESS:**

**[cat@vtvm1.cc.vt.edu](mailto:cat@vtvm1.cc.vt.edu) OR [an291992@anon.penet.fi](mailto:an291992@anon.penet.fi)**

## **APPENDIX C**

Questionnaire.

1. How long have you been connecting to a group for support? (If you connect with more than one group, please state how many and when you started connecting).
2. How did you find out about the group(s)?
3. How long do you spend during an average week connected up to a group(s)? (State approximate # of hours/minutes).
4. Please describe briefly why you are connected to a group(s).
5. Has connecting to a group been helpful to you? If so, please describe how this has been helpful to you?
6. What is least helpful to you about connecting to a group?
7. Please choose the letter(s) that correspond to any previous therapy you may have been involved in:
  - A. Individual therapy
  - B. Group therapy, therapist led.
  - C. Marital or couple therapy
  - D. Family Therapy
  - E. Support/self-help group
  - F. Computer assisted therapy
  - G. Other, please specify
8. Have you ever participated in computer-assisted therapy? (therapy led via computer network by a trained therapist). If so, please describe your experience.
9. If available, would you be interested in participating in a computer-assisted therapy group dealing with your specific concerns?
10. Choose the letter that corresponds to the place from which you access the Internet:
  - A. Home Computer
  - B. School
  - C. University/College
  - D. Work
  - E. Other, please specify
11. Age:

12. Choose the letter that corresponds to your race:
- A. Black
  - B. Hispanic
  - C. Asian
  - D. Native American
  - E. White
  - F. Other (please specify)
13. Choose the letter that corresponds with your gender:
- A. Female
  - B. Male
14. Please list the state you reside in in the USA or if other country please specify:
15. Choose the letter that corresponds to your average yearly income before tax:
- |                          |                           |
|--------------------------|---------------------------|
| A. Less than \$5000.     | F. \$25 000. - \$29 999.  |
| B. \$5000. - \$9999.     | G. \$30 000. - \$39 999.  |
| C. \$10 000. - \$14 999. | H. \$40 000. - \$49 999.  |
| D. \$15 000. - \$19 999. | I. \$50 000. - \$100 000. |
| E. \$20 000. - \$24 999. | J. \$100 000. and above.  |
16. Choose the letter that corresponds to the highest level of formal education you attained.
- A. 1 - 8th grade
  - B. 9 - 12th grade
  - C. Vocational and/or some college
  - D. College graduate
  - E. Graduate and/or professional school
17. Do you have any further comments?

**THANK YOU FOR YOUR PARTICIPATION.**

## **APPENDIX D**

## List of Usenet News Groups

**alt. recovery**- General topics in recovery  
**alt.abuse-recovery**- Moderated version:alt.sexual.abuse.recovery (m)  
**alt.abuse.offender recovery** Recovery for abuse offenders/perpetrators  
**alt.abuse.recovery**- Recovering from all types of abuse  
**alt.adoption**- Issues about adoption  
**alt.angst**- Angst  
**alt.dads-rights**- Support and information for single fathers  
**alt.parenting.solutions**- Help in parenting  
**alt.parenting.spanking**- Spanking  
**alt.psychology.help**- General help with psychological problems  
**alt.recovery.aa**- Recovery and Alcoholics Anonymous  
**alt.recovery.addiction.sexual** Recovering from sexual addictions  
**alt.recovery.adult-children** Adults from dysfunctional families  
**alt.recovery.codependency**- Codependency  
**alt.recovery.compulsive-eat** Compulsive eating and food addiction  
**alt.recovery.na**- Recovery and Narcotics Anonymous  
**alt.sexual.abuse.recovery**- Recovering from sexual abuse  
**alt.stigma2.height**- People far from average height  
**alt.suicide.holiday**- General discussion of suicide and techniques  
**alt.support**- All other support topics and questions  
**alt.support.abortion**- Support for those who have gone through or are going to have an abortion and their partners  
**alt.support.abuse-partners** Partners of sexual abuse survivors  
**alt.support.anxiety-panic**- Anxiety and panic attacks  
**alt.support.asthma**- Asthma  
**alt.support.attn-deficit**- Attention-deficit disorders  
**alt.support.big-folks**- Fat-acceptance with no dieting talk  
**alt.support.borderline**- Borderline personalities  
**alt.support.cancer**- Cancer  
**alt.support.depression**- Depression and mood disorders  
**alt.support.depression.manic** Manic depression and bipolar disorder  
**alt.support.depression.seasonal** Seasonal affective disorder  
**alt.support.dissociation**- Persons with dissociative disorders  
**alt.support.divorce**- Divorce/marital breakups  
**alt.support.eating-disord**- Eating disorders (anorexia, bulimia, etc.)  
**alt.support.ex-cult**- Former cult members, family, and friends  
**alt.support.fat-acceptance**- Self-acceptance for fat people/no diet talk  
**alt.support.foster-parents** Foster parents  
**alt.support.grief**- Issues of grief and loss  
**alt.support.learnin-disb**- Learning disabilities



**alt.support.loneliness**- Loneliness  
**alt.support.mult-sclerosis**- Multiple sclerosis  
**alt.support.musc-dystrophy**- Muscular dystrophy  
**alt.support.obesity**- Obesity  
**alt.support.ocd**- Obsessive-compulsive disorder  
**alt.support.personality**- Personality disorders  
**alt.support.schizophrenia**- Schizophrenia  
**alt.support.short**- Issues of interest to short people  
**alt.support.shyness**- Shyness  
**alt.support.single-parents**- Single parenting solutions and support  
**alt.support.social-phobia**- Social phobias  
**alt.support.spina-bifida**- Spina-bifida  
**alt.support.step-parenting**- Help being a step-parent  
**alt.support.stop-smoking**- Stopping or quitting smoking  
**alt.support.tourette**- Tourette's syndrome  
**alt.transgendered**- Transgendered and intersexed persons  
**soc.support.youth.gay-lesbian-bi**- Gay, lesbian, and bisexual youths support

**SUE EAGLESHAM**  
1908 Shadow Lake Road, #6  
Blacksburg, VA 24060  
(540) 552-7691

## **EDUCATION**

- Ph.D. Family and Child Development, 1996**  
**Marriage and Family Therapy College of Human Resources**  
**Virginia Polytechnic Institute & SU, Blacksburg, Virginia**  
Dissertation: Online support groups: Extending communities of concern  
Advisor: Dr. Joyce Arditti
- M.A. Ed. College of Education, 1994**  
**Counselor Education**  
**Virginia Polytechnic Institute & SU, Blacksburg, Virginia**  
Including course work in counseling theories and techniques, group counseling, counseling special client populations, consultation, DSM-IV, ethical issues, and career counseling.
- B.A. Hons. Clinical Psychology, 1992**  
**University of South Africa, Pretoria, Republic of South Africa (RSA).**  
Graduate Degree including course work in psychopathology, developmental psychology, psychological assessment, personality psychology, and clinical psychology.
- B.A. Applied Psychology and Sociology, 1989**  
**University of the Witwatersrand, Johannesburg, RSA.**

## **PROFESSIONAL EXPERIENCE**

### **FAMILY SERVICE OF ROANOKE VALLEY**

(May 1996 to Present)

Roanoke, Virginia

#### **Marriage and Family Therapist**

#### **Responsibilities:**

- Counseling individuals, couples, groups, children and families
- Clinical supervision of Masters level interns
- Participate in weekly counseling team meetings

**CENTER FOR FAMILY SERVICES**, Virginia Polytechnic Institute & SU  
(November 1994-May 1996)  
Blacksburg, Virginia

**Marriage and Family Therapist**

**Responsibilities:**

- Counseled individuals, couples, and families
- Co-led support group through Virginia Tech Adult Day Care Center

**COMPUTER SUPPORT GROUP PROJECT**, Virginia Polytechnic Institute & SU  
(May 1995 to Present)  
Blacksburg, Virginia

**Project Manager**

**Responsibilities:**

- Co-authored and obtained a grant
- Assisted in development of the survey instrument
- Collected, managed, coded and analyzed resultant data
- Conducted library research
- Supervised undergraduate assistant

**VIRGINIA TECH ADULT DAY CARE CENTER**, Virginia Polytechnic Institute & SU  
(August 1994 - June 1995)  
Blacksburg Virginia

**Graduate Research Assistant**

**Responsibilities:**

- Care of older adults
- Support group for caregivers
- Administrative duties
- Research assistant

**UNIVERSITY COUNSELING CENTER** Virginia Polytechnic Institute & SU  
(January 1994 - June 1994)  
Blacksburg, Virginia

**Counselor**

**Responsibilities:**

- Counseling students on an individual basis
- Co-led a social skills group
- Administration and interpretation of career testing
- Career counseling to groups and individuals

## **CHILDLINE FAMILY CENTRE**

(July 1991 - May 1993)

Durban, RSA

### **Counselor**

#### **Responsibilities:**

- Management of a crisis telephone line dealing with child abuse and related issues
- Design and implementation of training course for volunteer counselors
- Co-therapist of groups for child victims of abuse
- Lecturing to various groups about abuse related issues
- Supervision of volunteer counselors
- Referral to and liaison with other agencies
- Computation of monthly and yearly statistics relating to the telephone line
- Organization of workshops for professional groups
- Production of a quarterly newsletter addressing current issues and upcoming events
- Management of general office tasks

## **COPPIN JOHNSON ART GALLERY**

(March 1991 - July 1991)

Durban, RSA

### **Manager**

#### **Responsibilities:**

- Management of art gallery and a small staff group
- Administrative and banking tasks

## **FABRIC LIBRARY**

(May 1990 - August 1990)

Durban, RSA

### **Receptionist**

#### **Responsibilities:**

- Reception
- Banking
- Accounts reconciliation

## **McCULLAGH AND BOTHWELL**

(1987 - 1990)

Johannesburg, RSA

### **Receptionist**

#### **Responsibilities:**

- Reception
- Banking and sales

## TEACHING EXPERIENCE

### VIRGINIA POLYTECHNIC INSTITUTE & SU

(August 1995 - May 1996)

Blacksburg, Virginia

#### **Instructor: Human Sexuality, FCD 3314**

#### **Responsibilities:**

- Lectured 100-150 undergraduates
- Developed course syllabi
- Developed course assignments and examinations
- Graded course assignments and examinations

### VIRGINIA POLYTECHNIC INSTITUTE & SU

(Fall 1994)

Blacksburg, Virginia

#### **Guest lecturer: Principles and Practices of Counseling, EDSP 5204**

- Multicultural issues

### CHILDLINE FAMILY CENTRE,

(1991 - 1993)

Durban, RSA

#### **Training Course Leader**

#### **Responsibilities:**

- Lectured volunteers weekly over a ten week period
- Developed and implemented small group training exercises
- Clinical supervision of volunteer counselors

## PUBLICATIONS

Eaglesham, S. L. (1992). Childline Family Centre: Training course for telephone counselors. Durban, RSA: Childline Family Centre.

## PRESENTATIONS

Eaglesham, S., & Dawson, J. F. (1995). A solution-oriented model for pre-marital counseling. American Association of Marriage and Family Therapy Conference, Baltimore, MD.

Eaglesham, S. L. (1996). The use of computer technology in narrative therapy. Southeastern Family and Child Development Symposium, Greensboro, NC.

## **PROFESSIONAL DEVELOPMENT**

**LIFELINE TRAINING COURSE**,Durban, RSA 1991 (Twelve weekly training sessions)  
Lifeline Training Centre

**CHILDLINE TRAINING MODULE**,Durban, RSA 1991 (Four day training)  
Megan Bailes, M.A.

**CHILD WELFARE VOLUNTEER TRAINING COURSE**,Durban, RSA, 1991 (Four day training)  
Durban Child and Family Welfare Society

**NARRATIVE THERAPY**,Durban, RSA 1992 (One day training)  
Michael White, M.S.W.

**PLAY AND ART THERAPY WITH CHILDREN**,Durban, RSA 1992 (One day training)  
Suzanna Olivier, M.A.

**SPIRITUALITY IN COUNSELING**,Roanoke, VA 1993 (Seminar)  
M. Scott Peck, MD, PC.

**SEXUAL ABUSE COUNSELING**,Virginia Tech, VA 1994 (One day training)  
Barbara B. Duncan, L.P.C.

**BECOMING SOLUTION-FOCUSED IN BRIEF THERAPY**,Virginia Tech 1994 (One day training)  
John W. Walter, L.C.S.W.

**NARRATIVE THERAPY INTENSIVE**,Washington DC, MD 1995 (One day training)  
Gene Combs, MD, Jill Freedman, M.S.W., Jeff Zimmerman, Ph.D., Vicky Dickerson, Ph.D., and Stephen Madigan, Ph.D..

**DIVORCE BUSTING**,Washington DC, MD 1995 (Workshop)  
Michele Weiner-Davis, M.S.W.

**NARRATIVE THERAPY WITH EATING DISORDERS**,Washington, DC, MD 1995  
(Workshop)  
Stephen Madigan, Ph.D.

**GRADUATE TEACHING ASSISTANT TRAINING**,Virginia Tech, Blacksburg, VA  
Fall, 1995  
(3 day training)

**REQUIRED REPORTERS OF CHILD ABUSE**Roanoke, VA 1996 (Workshop)  
Child Abuse Prevention Council

## **PROFESSIONAL MEMBERSHIP**

American Association for Marriage and Family Therapy, Student Member  
Virginia Association of Marriage and Family Therapy, Student Member  
American Counseling Association, Student Member  
Collaborative Family Health Care Coalition, Student Member  
Childline Family Center, Member  
South African Institute of Marital and Family Therapy, Member

## **HONORS**

**Virginia Tech College of Education Merit Scholarship 1994**  
for outstanding academic achievement.  
**Phi Kappa Phi** -Honor society

## **SERVICE AND OUTREACH**

- **Durban Child and Family Welfare Society**  
Volunteer counselor, Durban, RSA, 1991
- **Lifeline**  
Volunteer counselor, Durban, RSA, 1991
- **Upward Bound**  
Managing relationship dissolution, Blacksburg, VA, 1994