Journal of Marital and Family Therapy
1998, Vol. 24, No. 2, 189-202

LIFE ON THE LINE: THE THERAPEUTIC POTENTIALS OF COMPUTER-MEDIATED CONVERSATION

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In what ways are computer networking practices comparable to face-to-face therapy? With the exponential increase in computer-mediated communication and the increasing numbers of people joining topically based computer networks, the potential for grass-roots therapeutic (or antitherapeutic) interchange is greatly augmented. Here we report the results of research into exchanges on an electronic bulletin board devoted to the topic of suicide. Over an 11-month period participants offered each other valuable resources in terms of validation of experience, sympathy, acceptance, and encouragement. They also asked provocative questions and furnished broad-ranging advice. Hostile entries were rare. However, there were few communiqués that parallel the change-inducing practices more frequent within many therapeutic settings. In effect, on-line dialogues seemed more sustaining than transforming. Further limits and potentials of on-line communication are explored.

> The new invention...means social change, new thought and new feelings. The invention alters society and eventually is used in ways that were at first quite unthinkable.
>
> *Colin Cherry*

As many cultural commentators propose, the information superhighway—most specifically, the Internet—is beginning to have revolutionary effects on cultural life, extending from families, friendships, and communities to broad systems of education, government, medicine, and more. In principle, the Internet enables anyone on the globe, equipped with computer and telephone lines, to communicate with anyone else about any topic or concern. The Net is not a single entity or an agency, nor is it owned by any one compa-

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We are indebted to Pablo Bozkowski and Mary Gergen for their critical commentaries on an earlier draft of the manuscript.

ny. Although originally generated under U.S. military auspices, the Net has grown with little planning or restriction by government or industry since it was made available to the public (Gleick, 1994). There are enormous repositories of information and ongoing dialogue available to participants on the Net, some open to all users and others restricted in various degrees. Users of the Net can conduct research into legal matters, search the shelves of the Library of Congress, locate job listings, search for vacation spots, access current magazines and newspapers, send pornographic pictures, carry on conversations with celebrities, and more. Closely related to therapeutic concerns, it is possible for users to participate in discussion groups on virtually any topic they choose, from parenting issues, Argentine politics, social theory, sexual deviance, and scuba diving, to art and experimental aviation. In effect, thousands of people who previously had difficulty connecting with others of similar predilection have found a new medium of convenient, inexpensive, and continuously available communication (Silberman, 1994).

Of specific interest to therapists, individuals connected with each other through the Net can approximate a virtual community (Rheingold, 1994). The community is virtual because it does not exist in a single geographic locale, does not involve face-to-face interchange, and is often constituted by communication that does not take place in real time (but rather through messages posted at one time and answered at another). The most accessible means to the Net for the general public is through online services (connecting personal computers through modems) such as Prodigy, Compuserve, and America Online (Achenbach, 1994). At the end of 1993 there were approximately 15 million members of the Net community, as many people as there are living in Poland or Colombia. It is expected that by the end of the century the population of the Net will be greater than that of any country except China or India (Gleick, 1994; Rheingold, 1994). A significant number of these virtual communities are specifically concerned with issues of substantial personal significance, among them love, loss, suicide, sex, drug recovery, depression, child abuse, eating disorders, and grief.

The substantial and rapidly increasing number of available conversation partners makes attention by the therapeutic community imperative. There are important respects in which the growth of the therapeutic professions over the past century can be traced to the deterioration of traditional family and community life (Gergen, 1991). As the number of dependable and available partners for intimate conversation has diminished, troubled persons turn increasingly to therapists. "Talking cures" operate, then, as important surrogates for significant others in daily life. To what degree can the vital expansion in network intimacy serve deteriorating family, friendship, and community functions? Or, in terms of professional repercussions, of what therapeutic value is communication in the virtual community? This latter question invites specific inquiry into a number of significant issues: In what degree do virtual communities duplicate the essential process of therapy? In what ways might networked interchange prove harmful to participants? In what ways is therapy superior to network processes? Are there certain people who would benefit more from one form of interchange than the other? Can and should therapy and network processes be used in tandem, and should therapists themselves press forward enthusiastically to build network practices? The present study is designed to inform discussion on these and related issues.

It is important to note a precedent for technologically mediated therapy. Specifically, as the telephone became part of the everyday life of most Americans, family therapists

began to address the potential of the telephone as a medium for therapy and supervision (e.g. Haley, 1977; McGoldrick, 1972; Wright, 1986), and more recently as a resource in conducting family therapy (Hines, 1994; Springer, 1991). Springer (1991) presented a case study in which family therapy was conducted almost exclusively over the telephone. The utility of telephone family therapy (TFT), outlined by Springer, includes bridging geographical distances when a family member is in residential treatment, and involving noncustodial parents and extended families in the therapy process. Springer also suggested that TFT can encourage equal sharing of power between clients and their therapists, be a time-management tool for therapists, and provide a transitional bridge for individuals leaving inpatient care.

Some believe that the telephone can be one of the least invasive methods of intervention available to a therapist. Wenger-Keller (1994) presented a case in which an isolated Amish family was able to obtain needed help through long-distance telephoning. As Wenger-Keller described it, her long distance call had apparently been enough to set something in motion that allowed the family to set themselves right. She also pointed out that for this family it was important to solve their problems with a minimum of intervention from outside of their local culture. Hines (1994) foresees that family therapists may soon be able to bring the entire family visually into the therapy office via satellite communication and advanced telephone technology (such as video phones).

Given the optimism for the therapeutic deployment of the telephone, the challenge of computer mediated communication becomes all the more significant. Although sharing certain features with telephone communication, and inferior in terms of capacities for real-time dialogue and the communication of emotional nuance, computer networks do have substantial advantages, including:

- The opportunity to contact persons across the country who share a specific problem;
- Low-cost communication at a distance;
- The possibility of posting messages to await reply at a convenient time;
- The availability of a written record for further examination and deliberation;
- The lack of social markers (e.g., gender, race, age, ethnicity, deformity) that might stimulate prejudice;
- The availability of multiple opinions from widely divergent standpoints;
- Personal anonymity; and
- The ability of persons to serve in the "helping role" in addition to being a recipient ("the victim") only.

It is within this context of a dramatically expanding population of network users, precedents for electronically mediated therapy, and numerous advantages of computer networks for intimate exchanges, that the present inquiry was conducted.

PURPOSE OF PRESENT RESEARCH

What, then, are the therapeutic potentials inherent to network conversation? How does such communication compare to what takes place within the therapeutic setting? Such questions are much easier asked than answered. In addition to the problem of pre-

cisely defining what therapy is, standards for effective therapeutic process have been the source of continuous debate within the field. Nor is it clear that professional views would be shared in other sectors of society. However, the lack of unequivocal answers to such questions should not prevent the investigator from adopting a theoretical lens, not because it will reveal therapeutic reality as it is, but because it is just such conceptual frameworks that enable the dialogue to proceed in productive directions.

In certain respects a social constructionist standpoint (Gergen, 1994) provides especially useful leverage for future dialogue. Rather than a focus on specific psychological or family process changes, which are themselves inevitably controversial, the focus is on the discursive potential of the therapeutic process. From a constructionist standpoint therapy can be understood as a form of conversation, and depending on the moves made within this conversation, life changes may be facilitated (see, for example, White & Epston 1990; McNamee & Gergen, 1991; Freedman, 1993; Anderson, 1997). Within this framework, then, we move to a consideration of the forms of discourse common to therapeutically oriented groups on the Internet. If we focus on conversations specifically devoted to divorce, suicide, drug use, molestation, and the like, what are the major discursive forms in use? How do they compare with common practices within the therapeutic profession? In what sense do they offer more, in what sense less, than traditional therapies? Given the range of discursive actions typical of network relationships, we are positioned to ask more directly about the potential, the limitations, and the dangers of network relationships in comparison to common therapeutic practices.

RESEARCH PROCEDURE

There is an enormous and ever-expanding range of conversational contexts on the Internet, ranging from intense intellectual debate, the exchange of information, and engagement in various games, to interviews with celebrities and sexual fantasy exchanges. Clearly, such conversations vary dramatically in their relevance to issues of therapy and community. We attempted to select an Internet site that seemed most directly comparable to the therapeutic context, that is, a site at which people discuss difficult personal and/or family problems. If there is indeed something akin or comparable to therapeutic practice, it might be anticipated to appear in this context. Of the three online services we explored—namely, Prodigy, Compuserve, and America Online (AOL)—AOL provided the most relevant resources in this area and therefore was chosen as the principle vehicle for gathering information. In particular, AOL features a particular domain of sites termed Issues in Mental Health. Within this domain are bulletin boards treating a wide variety of topics, including alcoholism, child abuse survival, and parenting. We focused on a discussion group specifically treating issues in suicide. The conversations on this site were tracked and transcripts collected over the course of approximately 11 months. Although confidentiality of the participants is typically ensured by their use of "screen names" (e.g., Foxfire, Sharing X), as an extra precaution we use fictitious screen names in the protocols reported here.

Our initial attempt was to code all entries on the bulletin board in terms of *conversational* moves, that is, in terms of the kind of contribution that the entry made to the ongoing interchange. Our coding was informed by three particular sources: (1) a range of diverse coding systems attempting to describe communication processes; (2) a specific

concern with categories relevant to the therapeutic process, as currently understood; and (3) the entries on the protocols themselves. Thus, such categories as "asks questions" and "gives opinion" are highly typical in conversation analysis, and quite serviceable in the present proceeding. However, categories such as "gives support" and "offers reframing" are infrequent to conversational coding in general, but highly relevant to therapeutic process. At the same time, while categories such as "self disclosure" and "reprimand" are not categories often used to describe therapists' verbalizations, they were virtually demanded by an immersion in the protocols themselves. The coding categories were developed in two phases. In the first phase the senior investigators read through protocols and developed an initial scaffolding. Further alterations resulted from a second phase, in which the research assistants responsible for the coding (Lisa Gebhart and Ann Wilson) were asked to test the adequacy of the scheme and to suggest additional categories.

For further refinement, we distilled and integrated a number of categories in such a way that they could speak more cogently to issues of therapeutic value. Specifically, our concerns were focused on five broad categories of discourse:

1. Help is sought by participants in the network (*help-seeking interchange*). Do participants request help from others or present personal problems in a way that invites helpful comments from others?
2. Responses to help-seeking either ask for or offer information (*informative interchange*). For example, do respondents seek further information, offer helpful information, furnish advice on matters of daily functioning, make predictions, etc.? Included here are discursive actions that frequently occur among friends or relatives (and in social work visitations) but are seldom a mainstay of therapeutic practice.
3. Responses to help seeking offer personal support (*supportive interchange*). Do the participants express nurturance, sympathy, warmth, and understanding to those in need of help? Such responses (including, for example, expressions of empathy, support, and affection) are characteristic of close relationships within a community, as well as of many support groups and many forms of group therapy. With the exception of some humanistic therapies, they are not the central ingredients of most psychotherapeutic practices today.
4. Responses to help-seeking directly facilitate growth or transformation (*growth-promoting interchange*). Do participants offer commentary or questions that attempt to generate new alternatives to existing understandings, or open a way for new patterns of action? Here we were concerned with forms of discursive activity commonly found in contemporary therapeutic practice, including attempts to interpret the cause of the problem (e.g., locating psychodynamic or family history sources), reframing the account (e.g., encouraging a different way of narrating events), and metacommentary (e.g., discussion of relationships and their functioning). One subcategory necessitated by the protocols, but not typical of therapy, was that of challenging authority. Here we included instances in which respondents encouraged the help seeker to question or challenge the institutions in which he or she participated.
5. Responses to others attempt to bring about change through punishment (*puni-*

tive interchange). Here we were not only sensitized to various discussions of "flaming" (hostile correction of others) on the Internet, but to the common cultural tendency to change others through admonishment or criticism. We included here as well expressions of doubt regarding the truthfulness of a participant's account, which we viewed as a punishing means of demanding the truth.

The specific coding categories used within each of these five domains are as follows:

1. Help-seeking interchange includes the coding categories: *request for help* with a personal problem; *problem disclosure* (reveals a personal problem, complains of shortcomings, stresses, worries, etc.).
2. Informative interchange includes the coding categories: *request for information* on the problem situation; *advice offered* or suggestion made for actions to alleviate the suffering or problem situation; *prediction* for the future.
3. Supportive interchange includes the coding categories: *empathy* (identifying the problem as one which is also shared by the respondent, or with which the respondent is personally familiar); *support* of another through agreement, congratulations, boosting of esteem, etc. (i.e., you sound like a bright person, you give good advice); *gratitude* for something said or implied; *normalization* of a stated problem (indicating its commonly shared features); *humor* giving a positive or light touch to the problem statement; *attraction*, warmth, or love directly expressed.
4. Growth-promoting interchange includes the coding categories: *interpretation* of the psychological, social, ideological, or material roots of the problem in question; *reframing* of the problem or complaint (offering alternative means of constructing the events or actions in question); *metacommentary* on the individual's relationships or the interchange itself (how the network conversation is proceeding, or might otherwise be directed); *challenges to authority* (e.g., therapists, parents, societal values) designed to help the individual challenge existing structures, demands, or expectations.
5. Punitive interchange includes the coding categories: *refutation* (doubt in the individual's description or account of the problem); *critique* or condemnation of the individual or his or her actions.

The two research assistants were trained to use the coding system, which focused on "thought units" within the postings. Because of the length of many postings, several coding categories were often used. The total of 232 entries yielded 564 coded actions, suggesting that most messages were relatively brief (the average message contained 2.43 discursive moves). In their coding, the assistants reached an inter-rater reliability of over 0.90.

RESULTS: SPEAKING OF SUICIDE

In the present research we recorded all entries to the AOL suicide bulletin board for an 11-month period between November 1994 and September 1995. During this period there were 98 contributors to the bulletin board, who made a total of 232 posts to

the network. While this suggests that over the 11 months the participants posted fewer than three messages each (x = 2.37), this mean masks the general pattern of contributions. A closer analysis reveals that approximately a quarter of the participants (24) posted 61% of all entries to the board (of which a subgroup of 10 posted 41% of all entries). In general, then, while the site is occasionally visited by a range of casual or uncommitted participants (61 participants contributed only a single message), there is a nucleus of individuals who remain within the network for an extended period and contribute with substantial frequency. Let us consider more closely the content of the network entries.

Help-Seeking Interchange

Direct requests for help were relatively infrequent—only 17 requests over the period (each made by a different person). In the simple cases, participants simply request direct advice or help (e.g., "Does anyone have experience with homeopathic remedies for depression?"). Other entries were far more intense:

> What does one do, namely me, when he has been suffering through a horrifying depression for two years, has been on every medication from Ativan to Zoloft (without success), parents/friends don't understand, is gay, has no one to love, feels sick all the time, has attempted suicide once...has a physician and psychiatrist who have almost given up on curing me...is without a shred of self confidence, self-worth/esteem, and believes that he should have the right to die? Where is hope?

In striking contrast, self-disclosure (the revealing of personal problems in such a way that help is invited) was one of the most frequently used forms of discourse in the entire sample. Of the 564 coded actions, almost a fifth (17.9%) featured personal disclosures. The quality of these disclosures is scarcely captured by the categorization. Many of them were highly intimate in character and were charged with emotional energy. The following post is representative:

> I was very depressed for a couple of years. I've been on antideps for a long time, a couple of years ago I hit bottom. So I was hospitalized a bunch of times. Last fall I took a massive dose of pills and was well on my way to la-la land, but was found, cleaned out and hospitalized again. I was given ECT and that has helped me rise out of depression, yet I still want to die... I just wish the ground would open up and swallow me up. I look at the undersides of eighteen wheelers and want to drive under them. I pray to be hit by lightning. I've even gone out nights to the bad sections of town hoping for a drive-by shooting. My depression is stable now, I want to die, but I don't want my husband to suffer through a suicide.

Informative Interchange

It is important to note that reactions to help-seeking postings were generally both reliable and rapid. A small but significant proportion of the responses to help-seeking included some form of information exchange. With some frequency (n = 54; 10% of total responses) participants asked each other questions (e.g., "How many ECTs are they giv-

ing you?"). Slightly more frequent were attempts to offer useful advice (n = 66; 11% of total). Perhaps the aspect of this advice most important to therapeutic practice is its range. Unlike many therapeutic treatments, which tend to be rather narrow in their view of appropriate remedies, the Net provides an enormous range of advice:

> When you feel especially awful, do nothing. Be inert.
> Prozac or other drugs can help.
> Be mellow and take very good care of yourself . . . like a good day of rest and a good book.
> The single most helpful ideas in my life have come from intelligent exploration of my own inner pain.
> By the way, read about seasonal affective disorder. You may have it.
> Call someone, anyone just to change pace. Get out of your home to be around people. Any distraction can help.
> Howard, call your doctor now.

One of the most touching entries in the entire sample was that of a 13-year-old participant who offered advice to a mother distraught when she found her own adolescent child was suicidal:

> I know that I really don't belong here, I am 13. But I have insight into a suicidal teenager's mind. Feel lucky that he even told you... I realize that you, too, must hurt. But just him telling you is an absolutely extraordinary sign. It means that he trusts you, that he wants and is counting on you to help him. The problem is what you are concerned about. Don't be. I don't know if it's something that you could egg out of him. Especially if the problem has something to do with you. (I'm not trying to place blame, just show options.) Get him someone to talk to. He seems to have a very open communication line, seeing that he even told you. He might just go with it and get help.

In a handful of cases (n = 11; 2% of total), participants made predictions that might be useful to the help seeker in evaluating the future. In effect, participants often treated each other much as neighbors or acquaintances, exchanging practical information on their common problems.

Supportive Interchange

Although participants in online discussions of suicide frequently exchange information and advice, there is a far greater tendency to offering various forms of support. The most frequent form of discourse in the entire sample was that of empathic understanding (n = 101; 18% of total responses). The following illustrate the quality and intensity of these offerings:

> I really do feel and share your pain.
> I understand where you are coming from.
> I celebrate with you. Happy living!!!

With almost equal frequency, contributors expressed support for each other (n = 97; 17% of total). Again, excerpts give a better sense of the quality of this support:

> Rhoda, good luck with your new medication.
> Glad to hear you are doing well. Hang in there.
> I am glad you survived.
> Keep in touch. I read every morning and will be here for you.

Participants also expressed a significant degree of gratitude for each others' responses to them (n = 33; 6% of total). In important respects, these added to the highly supportive ambiance:

> Thank you for taking the time to answer my cry in the night. I did take an overdose of pills and was in ICU for two days. I still wonder why they even tried to stop me. But I guess someone is telling me there are people like you, who don't even know me and yet care enough to send me and answer. Thank you. You will never realize how much that means to me.

> Thank you for your support concerning my deep death wish. I really appreciate your notes and e-mail. As I've said before, this is the group therapy I've been looking for. One can count on the caring and trust and, most of all, understanding and belief that is found here.

In contrast to these forms of support, very few participants made use of humor in these exchanges (n = 7; 1% of total) or of normalizing remarks (n = 14; 2% of total) that might help others to see that theirs are very normal reactions to situations (e.g., "Everyone on this board knows where you are coming from; we've all been there"). Perhaps most significant, we counted no direct expressions of attraction (except various ritualized statements, e.g., closing a post with much love). While there is clearly a great deal of intimate exchange taking place on the network, participants seem reluctant to express (and possibly feel) strong forms of attraction to each other.

Growth-Promoting Interchange

The extent of supportive interchange on the suicide network stands in dramatic contrast to the amount of growth-promoting entries. Of the 564 discursive acts recorded, only three could be confidently classified as an interpretative attempt to provide a psychological, social, or other explanation for any action. Likewise, there were few attempts (n = 2) to speak metadiscursively, to comment on the nature of relationships. There were only four attempts by participants to reframe each others' descriptions or explanations of their actions. Of all attempts at redirecting or rechanneling action, the only significant activity was in terms of challenges to authority. Here there were 13 (2% of total) criticisms of various forms of existing institutions or authority, including, for example, therapists, psychiatrists, and the mental health and medical establishments. If we view these growth-promoting contributions as most similar to modes of therapeutic intervention (outside the more humanistic or Rogerian domain), we find that network participants not only fail to engage in these activities but are likely to question the authority of traditional therapy.

Punitive Interchange

In general we found sparing use of punitive discourse in network exchanges on suicide. There were 18 instances (3% of total) in which participants expressed doubt in another's narrations, but these were generally mild in tenor (e.g., "I agree with you, except on one issue: You do have a choice").

There were also a handful of cases in which participants attempted to reprimand or criticize each others' actions or opinions (n = 14; 2% of total). Often this was in response to being helped (e.g., "I do not have that choice or control!!! It is taken away from me every time some bleeding heart like you comes along to try to show me the error of my ways") Most frequently, however, such attempts seemed to be aimed at improving the other (e.g., "You're just plain lazy").

Summary of Results

To summarize the emerging picture of interchange on this "suicide network," it is useful to consider the distribution of the various conversational contributions. The vast preponderance of network interchange is in the areas of self-revelation (or help-seeking) on the one hand, and empathic and encouraging responses on the other. In a broad sense, the group provided much that might otherwise be obtained from intimate friendship. The participants remained at a "safe distance" but offered valuable resources in terms of validation of experience, sympathy, acceptance, and encouragement. If there is an important secondary role played by the participants, it might be described as "neighborly"; to substantial degree, the participants asked provocative questions and gave each other broad-ranging advice. Although participants occasionally attacked each other, such hostilities were seldom intense. While these forms of community resources were abundantly evident, there was far less of the type of communication more typically identified with extant schools of therapy. In our view, participants were more content to help each other through the dark times than propel each other to change the conditions or courses of their lives. In effect, the communiqués were more sustaining than transforming.

PARTICIPANT VIEWS ON THERAPEUTIC EFFICACY

As our results suggest, network communication possesses limited but significant therapeutic potential. This conclusion, however, is based on our studied surmise as outsiders to the interchange. To supplement our work, and to open the door to participant voices, we initiated more direct interviews with a small number of network participants. Specifically, we posted a general message asking interested participants to answer questions about their experience's online. We posed a variety of questions, asking, for example, what, if anything, was derived from participation in the network; how the conversations might have changed their life; how the process might be improved; and what concerns they had regarding this form of interchange. We also asked whether the network relationships might replace professional therapy.

Because those rejecting network discussions were unlikely to respond, there was reason to anticipate a strong tendency toward positive evaluations. Indeed, the evaluations almost invariably endorsed this form of interchange. Among the greatest assets of the network, from the participants' perspective, was the constant availability of similar people for interaction. The following excerpts help to convey the quality of respondents' sentiments:

> It's always helpful when you know there are others like you out in the world, regardless of the situation. My parents always treated me like I was abnormal, so I get a lot of reassurance knowing that I'm "not the only one" with this problem or that one.

> To pretty much sum up my own experience with this medium, I feel that it is absolutely invaluable. The last year...has been, to put it mildly, the low point in my (and my family's) life...I no longer sleep a full night... This message board has been my rock, as it is always available to me, and people are checking in on a daily basis. It is enough to know that you are never alone in the battle and there is always another person (or 12!) there to help you through the rough times.

> I am very thankful for these online support groups and miss them when I am away! Now that I have a laptop I can take them with me.

Importantly, several participants mentioned the help they had received (increased strength and insight) by virtue of their being able to help others. As one wrote, for example, "Having others to discuss these feelings with has motivated me to look for reasons and solutions, not just to my problems, but to theirs as well." The implications of such remarks are far reaching. All traditional psychotherapies (and most group therapies) rely on a clear delineation between the role of the professional and the client; the former treats, and the latter is the object of treatment. However, in the online context, each "client" is also thrust into the potential position of responsible helper. By playing this role, many seem to derive salutary rewards.

In response to questions about the effects of the online conversation on their lives, the participants were less forthcoming. The changes were never dramatic; however, to say that they were subtle is not to say that they were unimportant. As one participant wrote, "My life hasn't changed drastically over the last couple of months, but when you're as deep as I am in muck, the small things are sometimes the most important." Others simply expressed their gratitude for the constancy of the support, the opportunity to express themselves openly (e.g., "Sometimes it just helps to write, thereby venting frustrations") or the availability of useful information (e.g., "When I have a question regarding treatment of my daughter and am looking for experience rather than medical opinions, I usually have an answer within hours—often less").

Perhaps because of the subtlety of the effects of online conversation, participants were generally reluctant to close the door to institutionalized forms of therapy. Many were critical of therapy, but the door was typically left open. Consider the following excerpts:

> I don't know that a message board could "take the place of counseling or therapy," but it helps. Having been through a lot of counseling, I can honestly say that in some cases it's better to talk to your peers. Someone going through what you're going through. All therapists are book-trained. Not all have the same first-hand knowledge of your situation. If I had been raped, I'd want to talk to someone who knew what I felt by experience, not by reading about it in a textbook.

I don't think this could take the place of counseling, but it is somewhat therapeutic just being able to "talk" with others in the same place.

I did enter into traditional therapy at the beginning of the diagnosis, and though I can't say it didn't help, pretty much all it did was reinforce my own knowledge that I am capable and doing the best job I know how, that I can't feel guilty when things go wrong, etc. I get the same messages here for lots less money and much more frequent counseling. I can "speak" to people online virtually 24 hours a day, 7 days per week.

DISCUSSION AND IMPLICATIONS

It appears from the present investigation that within certain domains, a substantial degree of "therapeutic work" can and does spontaneously take place on the Internet. In certain respects, these conversations may be viewed as superior to many psychotherapeutic practices. Much therapy is guided by certain a priori rules of conduct (for example, distinguishing between therapist and client, restricting therapist discourse to "professional" talk, operating within a question-and-answer format), but online interchange is far richer and virtually open-ended. To an important degree, participants in the suicide bulletin board offered conversation that would not only duplicate that found in informal community relations (informational interchange), but also that found in close friendships and more humanistically oriented therapies (supportive interchange). There were also entries that approximated more directed forms of therapy (growth-oriented interchange), but these were rare occurrences. Throughout these exchanges, participants also maintained a high degree of respect and care for each other. Seldom were they punitive, and there were no instances of intense hostility.

At the same time, it is important to be sensitive to the limitations of the present research and the positive conclusions suggested thus far. Our sample is very small; a broader scan of available networks would be useful in fostering confidence in our conclusions. Further, we cannot ascertain from the publicly posted messages the extent of interchange taking place in private dialogues (or face-to-face settings). Participants have the option of inviting each other into private interchange or meeting outside the electronic space. While there was little evidence in the protocols we examined that such conversations were either frequent or significant, we cannot rule out their significance. There are further problems in the particular way we have categorized the conversational entries and discussed their therapeutic potential. There are many forms of classification possible, each serving different theoretical purposes. We have no means of defending the present set of distinctions on empirical grounds. The distinctions made here have primarily been favored by the social constructionist view of conversational realities. Their utility lies less in their verity than in their capacity to generate useful discussion. Also, we have made a number of questionable decisions. For example, we have placed "requests information" in the category of "informative interchange," although questions are also a common staple in growth-promoting therapies. Further, the very use of the phrase *growth-promoting* presumes a reality and a value system that must be viewed as situated and contingent. We cannot be certain that the opportunity to help others (instead of being helped) or to reveal secret desires and actions are more

or less "growth-promoting" in the long run than other actions. Much depends on one's definition of "growth."

In addition to the limitations of the specific research methodology, it is important to consider certain problems inherent in these electronically mediated relationships. As a rule, the "virtual community" lacks a range of very specific, and possibly valuable, characteristics of traditional, face-to-face communities. The cast of characters on the Internet is transient; in the present case, only a small percentage of the participants remained online and available over time. Further, communication lacks the subtlety and richness of face-to-face interchangeparticularly in terms of gesture, gaze, and tone of voice. Most important, we feel, electronic communities have little means of generating interpersonal responsibility. In particular, participants cannot depend on each other's continued presence, cannot be certain that they make any "real difference" to each other (since there is no means of knowing the degree of the other's involvement), and have no means of knowing whether the other's words are genuine or merely a guise.

Can these forms of grass-roots communication can take the place of traditional forms of psychotherapy? Would the well-being of the population be better served by investments in electronic facilities instead of in professional therapeutic services? As we found, the more specialized forms of intervention developed within therapeutic circles are infrequently duplicated on the network. Such a result suggests that as long as a positive conception of professional therapy remains within the culture, grass-roots online interchange is not likely to replace traditional therapeutic forms. It may provide valuable support, but in its present form, it does little transformative work. Further, unlike participants in virtual communities, therapists are ethically committed to the welfare of the clients; as a rule, they are reliable and can be trusted. The character of the technology also ensures a continuing role for professional therapy: Online communication is textual and therefore inaccessible to those who are illiterate; machine technology is also costly and therefore unavailable to the poor.

We believe there is a strong invitation here to give vigorous attention to ways in which professional expertise and electronic facilitation can be combined in the long run. We say this especially in light of the potential of network inputs for harm as well as good. For example, the following inputs to network conversation yielded no reaction by any other participants on the Net:

> Death is the only solution to life and the only way to control your destiny...I don't know if I am depressed anymore or just plain...

> I am pissed...feeling great thanks to Jim Beam. Got tired of docs.

Consider Bob's response to Vick in the following interchange:

> [Vick] Today after many years of indecision, I have decided to commit suicide. I really should have done it a long time ago, but I always held on to the hope that better times were ahead. They are not. Actually, they are the worse ever. Perhaps this is a last cry for help, but to be honest, I don't want any help. So maybe it's just to leave a note, just to let people know that I was here.

> [Bob] I applaud your decision to take matters into your own hand and do something about the pain in your life. I wish I had the guts that you have.

Many who work with the suicidal view both failure to respond to suicide threats and encouragement of suicide as counterproductive or unethical. The responses of trained professionals seem much to be desired. There is currently a movement to combining professional expertise with electronic media (see, for example, DeAngelis, 1997). Increasingly we find online advertising for therapy and counseling services, and counselors who provide "virtual therapy." Further deliberation and exploration is essential. To indicate the importance of these investments, we close with the following post from the suicide network:

> Tonight is very hard for me. I want to thank you all for being there for me. I will not be able to come in this room anymore and don't know how much you have meant to me. With everything else I need to cut back on some of my expenses. I will miss you all. I hope you have a wonderful life. You will be in my thoughts. I still believe you saved my life and I am most grateful.
>
> With much love and sadness, goodbye, Norma

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