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**“So now I’m panic attack free!”:
Response stories in a peer-to-peer online advice forum on preg-
nancy and parenting***

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Abstract

This paper examines the functions of stories in an online peer-to-peer advice forum on pregnancy and parenting, particularly drawing attention to how parents as advice-givers use stories in health-related discussions. The analysis shows that stories are multi-functional, serving to establish rapport with advice-seekers, give and support advice, express and substantiate agreement or disagreement. The results add to the current scholarship by showing that response stories can be used to give etiological (causal) assessments of others’ health issues, thus delivering a diagnostic opinion.

1 Introduction

In recent years, studies have offered ample evidence that a constantly growing number of parents and parents-to-be use the Internet as a primary source for health information, advice and support on pregnancy, parenthood, and children’s health and development, as well as various aspects of day-to-day child care (see Plantin/Daneback 2009 for a detailed overview of these studies).

Online peer-to-peer support groups on pregnancy and parenting have been found to play a key role in sharing and enhancing health-related knowledge, promoting community building, and providing emotional and practical support (Evans/Donelle/Hume-Loveland 2012; Fletcher/StGeorge 2011; Gundersen 2011). Telling stories is central to these activities, as it allows parents and expecting parents to articulate personal experiences and communicate their understanding of their own or their children’s health issues as shaped into narrative form (Haukeland/Moland/Sundby 2008). In fact, the sharing and exchanging of personal experiences in such groups is a default activity that offers fertile ground for stories to emerge (Kouper 2010). As Frank (2013: 53–54) puts it, facing health concerns typically provides a call for stories: individuals produce stories to make sense of experiences and share them with others; correspondingly, others ask to hear them.

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This paper focuses on response stories that occur in health-related peer discussions in an online advice forum on pregnancy and parenting. Response stories are stories advice-givers share in their replies to advice-seekers' problem messages, or other advice-givers' messages. The paper addresses, in particular, the questions of what kind of stories advice-givers produce and what these stories do in these discussions. Understanding what stories do in peer support communities is essential in order to address the larger issue of peers engaging in interaction in the absence of experts (e. g. health consultants and specialists).

Employing a discourse analytical perspective, this qualitative study aligns with previous studies that define stories as contextualized activities (Bamberg 2007; Georgakopoulou 2007; Ochs/Capps 2001). The particular definitional criteria for identifying the stories in the forum discussions are described in the methods section. At this point, it is important to note that the terms "narrative" and "story" are treated interchangeably in this paper, with neither term referring to an overarching category or a distinct type of narrative activity (cf. Frank 2013).¹

The paper is organized as follows. The next section provides background on stories and storytelling outlining important relevant research to contextualize the present study. This is followed by a description of the data and methodology used for the analysis. Then, the results are presented and discussed, followed by a conclusion and implications for practice.

2 Background

Stories and storytelling have long been the focus of research across different disciplines (e. g. linguistics, psychology, social anthropology, literary studies) and from diverse analytical approaches. The relationship between narrative and health, in particular, has consistently garnered scholarly attention in the humanities, social sciences and medicine. Studies have found that stories of illness, disability, and healing mediate life disruption, interpret illness experiences into the larger context of an individual's life, and even reaffirm cultural values (Frank 2013; Kleinman 1988; Mattingly/Garro 2000; Orgad 2005).

Previous research in online health communication settings has underlined the important, multifunctional role of stories. Such research has shown the central function of stories in negotiating and constructing identities such as sufferers, patients, experts, caregivers, and community members (Armstrong/Koteyko/Powell 2011; Bar-Lev 2008; Harrison/Barlow 2009; Stommel 2009). Studies also illustrate how identities constructed through stories serve crucial functions regarding online socialization, information sharing, and advice seeking and giving. For example, in her study of an online support group on eating disorders, Stommel (2009: 175) describes how identity work in newcomers' personal stories legitimizes their membership in the group and facilitates their acceptance by group members. Harrison/Barlow (2009) examined an online self-management program for people with arthritis and found that participants use stories to project their "expert patient" identity, thus legitimizing their authority to give advice.

¹ There is a considerable diversity of definitions and understandings of the terms "story" and "narrative". However, a full review of those is beyond the scope of this paper. See De Fina/Georgakopoulou (2011) for an overview of different approaches.

Studies of online health contexts have also shown the key role of stories in advice interactions among peers. Participants that align themselves as advice-seekers use personal stories to establish a problem and provide background, preparing the ground for advice solicitation (Morrow 2006; Page 2012; Sillence 2013). With regard to advice-giving, studies have demonstrated that advice-givers use personal experience stories as a strategy to deliver direct or indirect advice. For example, Kouper (2010) shows how personal experience stories in an online motherhood community were the preferred indirect advice-giving strategy on sensitive topics. Similarly, Harrison/Barlow (2009: 108) underscore the function of short narratives as indirect advice, “enabling advice givers to avoid being prescriptive”. Such studies illustrate that stories perform important relational work. Stories have a face-enhancing function of fostering and negotiating solidarity, and creating involvement (Harrison/Barlow 2009; Thurnherr/Rudolf von Rohr/Locher 2016; Veen et al. 2010). For instance, in a study of a bodybuilding forum focusing on health matters, Page (2012) found that participants use personal experience stories to establish common ground before they give direct advice. In a similar vein, Thurnherr/Rudolf von Rohr/Locher (2016) showed that participants in two online forums on smoking cessation use stories to indicate agreement with other forum contributors, demonstrating alignment with others and establishing common ground.

However, scholars have also noted that stories shared in such online settings can have face-threatening potential (Page 2012; Veen et al. 2010). For instance, Veen et al.’s (2010) study on a celiac disease support forum shows that participants use personal experience stories to indicate disagreement with how other forum participants interpret experiences with the disease. Page (2012) found that participants in the bodybuilding forum also use stories to deny common ground, threatening the social cohesion of the group.

To summarize, a common denominator emerging from these studies is the need for further research in order to obtain a more nuanced understanding of story functions in different online settings.

3 Data and methods

3.1 Data description and contextual information

The data for this paper were drawn from an American peer-to-peer online advice forum on pregnancy and parenting. The data comprise 28 stories identified in advice-givers’ replies to messages in 17 health-related discussion threads. These stories form part of a larger corpus of 121 stories identified in advice-givers’ replies in a sample of 50 archived discussion threads. For the purposes of this paper, only the discussions that focused on health-related matters were selected ($n = 17$). The stories are prompted by problem messages or advice messages, and thus are heavily embedded in the discourse context in which they are produced. Problem messages refer here to discussion-initiating messages posted by forum participants who need advice on health-related issues that affect themselves and/or their children. Advice messages are replies to the problem message, or other replies. All messages posted in the advice forum are in English. By initiating and participating in the discussions, forum participants purposefully align themselves as advice-seekers and advice-givers.

The forum in question is publicly available and is part of a larger online support community profiled as an online place for parents and parents-to-be to exchange ideas, share experiences, offer each other support and build networks. The community offers a variety of forums among which a designated advice forum. In this advice forum, discussions gravitate, albeit not exclusively, toward a variety of physical and mental health concerns such as developmental delays, speech disorders, labor pain management, depression, anxiety, and self-harming. Other discussion topics revolve around family relationships, discipline strategies, and education. This online community is part of an American media site that focuses on content about entertainment, family, education, and lifestyle.

A disclaimer by the advice forum administrators warns participants against relying on the advice given in the discussions as a substitute for medical attention or diagnosis. Forum participants use the terms *forum* and *board* indistinguishably in the discussions, and therefore no technical distinction between the two terms is made here (for a distinction, see Arendholz 2013).

The examples used in this paper are verbatim from the advice-givers' messages and have not been corrected for grammar or spelling errors. The name of the community is substituted for [Name of Online Community], and names of places and participants are removed to protect the identity of the participants. Due to space constraints, the problem messages are not shown, but are briefly summarized to provide context for the examples. Finally, a list of acronyms occurring in the examples is given at the end of the paper.

3.2 Methodology

This study adopts the view of stories as contextualized activities situated in specific discourse contexts and occasions for telling (Georgakopoulou 2007; Ochs/Capps 2001). Following Herman (2009), a story is defined as the reconstruction of experience that features the following narrativity elements, or, in other words, what makes a stretch of discourse count as a story: 1) event sequencing, 2) situatedness, 3) worldmaking/world disruption, and 4) experientiality: "what it's like" for individuals to have experienced what is narrated. These narrativity elements are not a matter of either/or, but rather operate in a gradient manner (e. g. from more to less temporally fixed events, from a clear to a diffused teleological focus), creating a broad spectrum of narrative possibilities that accommodates from more to less prototypical stories (cf. Ochs/Capps 2001). Once the stories were identified in the advice-givers' replies, I examined their composition applying the descriptive and analytical vocabulary outlined by Labov (1972, 1997). In brief, according to Labov (1972: 369–370), a fully developed narrative exhibits the following components: the abstract, which typically announces the story summarizing it; the orientation, which identifies the time, place, persons, and circumstances; the complication, which answers the question "Then what happened?"; the resolution, which indicates the outcome of the events; the coda, which closes off the story returning narrator and audience to the time of narration; the evaluation, which includes devices used throughout a story to indicate its point.

Thematic narrative analysis was used to uncover the main themes that emerge in and across the advice-givers' stories (Riessman 2008: 53–76). This kind of analysis involves close reading that focuses on what the overall content of a story communicates by identifying the theme

or themes that emerge from its storyline. At the same time, thematic narrative analysis aims to find common thematic elements (recurrent patterns) across stories. To this end, all stories were closely read and coded for themes. In addition, content analysis was used to examine the composition of the replies featuring the stories (Locher 2006). In particular, the content analysis model used here was developed to analyze the content structure of messages posted in an online advice column by looking at the sequence of discursive units or moves that make up a message (Locher 2006: 59–61). The goal with using this analytical framework here was to obtain a general overview of the kind of discourse moves that precede and follow the stories in the advice-givers' replies. Since the author was the only coder, the coding of story themes and discursive moves was repeated twice to ensure the consistency of the coding procedure and the results.

4 Findings

4.1 Overview

The stories identified in the advice-givers' replies cover a range of different narrative types with regard to form and temporal frames. These include: fully-fledged, blow-by-blow accounts of discreet past events that conform to a Labovian definition of personal experience narratives (Labov 1972, 1997); stories of habitual events that focus on “repetition and routinization” (Carranza 1998; Riessman 2008: 97–99); fragmented accounts of events that exhibit narrative discontinuity (Ochs/Capps 2001); snapshots of past experience or “mini-tellings” (Georgakopoulou 2007). This shows that in this particular online context advice-givers configure past personal experiences in narrative format in a variety of ways, from more to less elaborate accounts.

Based on the thematic analysis, the stories were categorized into two major thematic axes: “unresolved problem stories” and “success stories”. The first revolve around unresolved health-related issues and their consequences for the advice-giver and others. Themes underlying these stories include life disruption, emotional suffering, personal responsibility, and losses. Success stories are essentially problem-solution stories that focus on how a health-related issue was resolved or successfully managed. Key underlying themes in these stories include life disruption, recovery, personal and expert responsibility, and gains.

The close analysis of the response stories in the health-related discussions shows that advice-givers use them to: 1) give implicit advice in the form of success stories, 2) legitimize preceding or upcoming advice, 3) show and support dis/agreement with other contributors' assessments or advice, and 4) give a diagnostic opinion. It is important to note that these functions can be overlapping, in the sense that a story can simultaneously give a diagnostic opinion and indicate disagreement, as we shall see in the examples. In addition, advice, assessments of the advice-seeker's problem, and displays of support mark the entry and exit points of these stories.

The following subsections present the functions of the advice-givers' response stories. The selected examples include relatively elaborate narrative accounts to best illustrate the story functions.

4.2 Giving implicit advice with success stories

Generally, advice-givers give suggestions and recommendations in their replies using imperatives (e. g. *Please take her to a specialist*); declaratives (e. g. *Perhaps she needs to have a neuropsychological evaluation*); interrogatives (e. g. *Have they tried different meds?*); conditionals (e. g. *If his Dr will not listen to him then I would find another Dr*); referrals (e. g. *there's a terrific ADHD kids board here at [Name of Online Community]*). Response stories are yet another way of giving advice in this specific online setting. In particular, when discussing health-related matters, advice-givers use success stories to deliver advice indirectly by showing how a health-related issue was resolved or managed, avoiding giving explicit advice in the message. By featuring a positive outcome, success stories show addressees the way to deal with a given problem.

Consider example (1). This is a reply to a mother who claims she experiences depression symptoms and admits to abusive verbal behavior towards her son when she disciplines him. In her problem message, she explains that she struggles with increasing violent tendencies, engaging in self-blame for repeating the pattern of abusive behavior that she had experienced as a child. Before launching the story in (1), the advice-giver expresses her emotional support emphatically:

- (1) Hi and I wanted to give you a hug!!!! I was raised the same way by my father and then throw in some alcohol and evil step parents... I too vowed that I would NEVER treat my children like that...As the years went by and I dealt with infertility, I decided that *I* was being punished because I would treat my child like that....At the time, I could not bring myself to deal with it...the infertility was bad enough. After 10 yrs I was blessed with a son...who NEVER slept and cried all day for no good reason. I was LUCKY that I broke my foot at 9wks PPD, so I could get the meds that I needed for my depression and the sleep I was so short on. I also found the positive parenting boards here on [Name of Online Community]. So much support and knowledge...and complete ideas and methods on the parent I wanted to be.

Her display of support is followed by an orientation that establishes common ground with the addressee by highlighting shared experiences and attitudes (*I was raised **the same way**; I too vowed that I would NEVER treat my children like that*). She continues with describing her own emotional struggle with self-blame that echoes that of the addressee, demonstrating understanding of her emotional state. The challenges of new parenthood mark the complicating action, followed by the turning point of the story that features the most reportable event (*I was **LUCKY** that I broke my foot at 9wks PPD*). Using capital letters for intensity, she evaluates this event as a positive catalyst, seemingly indicating that it prompted a diagnosis of postpartum depression. She then shows the successful outcome that focuses on her receiving the appropriate medication, and finding support online.

This example indicates that the resolution of the story can be understood and interpreted as indirect advice for courses of action both offline and online. Indirectness is also emphasized by the fact that the story does not co-occur with explicit advice. In this instance, the advice-giver implicitly advises the addressee to seek treatment for her depression and refers her to other sources of support within the online community. Notably, she engages in extensive rapport building with the addressee through the story before giving indirect advice. She positions herself as a peer and a mother with a similar background of emotional struggles and experience with depression. What this accomplishes is presenting her implicit advice as credible and

relevant to the problem at hand. Also, the positive outcome serves to support the implicit recommendations and suggestions.

Given the face-threatening potential of direct advice, especially on sensitive issues such as mental health, showing how to solve a problem through stories of personal experience is a less direct advice-giving strategy. This finding echoes similar observations in previous research regarding advice-giving in online health contexts (see Harrison/Barlow 2009; Kouper 2010). At the same time, by using success stories to advise, advice-givers position themselves as experts based on their first-hand experience of dealing successfully with an issue. Further, these advice-giving success stories serve an implicit argumentative function as they convey and frame advice indirectly in terms of gains. By framing in terms of gains, advice-givers focus on the positive outcome or outcomes in the stories, thus showing to addressees what they can gain by following the advice given indirectly through these stories (see van Poppel 2014: 105).

4.3 Legitimizing preceding or upcoming advice

Another function of response stories is to legitimize explicit advice given in the immediate, local context of the reply message. These stories are linked to previous or oncoming advice in the reply they occur in, serving as evidence to advocate for or against a proposed course of action. This marks the difference to the previous category presented in 4.2. Specifically, advice-givers use unresolved problem stories or success stories to illustrate why their advice that precedes or follows these stories is relevant, necessary, and actionable. They do so by framing the stories in terms of gains or losses; that is, what addressees can gain if they follow the proposed advice, or what they can lose if they do not (van Poppel 2014: 105). As a result, these stories are used for argumentative purposes in a direct manner, essentially strengthening the persuasive force of the advice that precedes or follows them in the message they occur.

Example (2) is a reply to a mother who asks for advice on how to help her three-and-a-half-year-old daughter with her speech delay. After advising the addressee to have her daughter evaluated by professionals, the advice-giver proceeds with two interlinked success mini-tellings that legitimize her advice on the basis of positive results:

- (2) I know in [Place] there is a program call ECI (early childhood intervention). It is a free service that provides speech, physical and occupational therapy. Maybe you could call and have her evaluated. [...] My son did ECI when he was little and we had no insurance. They were a great help. I have another son in speech therapy now but not through eci. He is two and a half and would not talk. Not even single words. All the sudden about three weekks ago he started talking in full senteces. I do encourage you to get her evalutated somewhere.

In (2), the advice-giver illustrates the credibility of her preceding advice by recounting and showcasing the positive results of speech therapy in her mini-tellings (*They were a great help; he started talking in full senteces*). Her final evaluative comment, the coda, summarizes both tellings and indicates the point of the narrated experiences (*I do encourage you to get her evalutated somewhere*). With the coda, she addresses the recipient directly and restates the advice, bringing the narrative tellings full circle back to the preceding advice. The example also demonstrates how the advice-giver progresses from tentatively formulated advice before the mini-tellings (*Maybe you could call and have her evaluated*) to a more assertive formulation of advice in the summarizing coda.

While success stories focus on what can be gained to support preceding advice, unresolved problem stories are framed as loss. In example (3), the advice-giver replies to a mother whose adolescent daughter engages in self-harming behavior. In her problem message, the mother enumerates the different forms of help her daughter has received without any result, and explains that her daughter exhibits self-destructive intent and no wish for recovery. The advice-giver opens her reply in (3) by displaying her empathetic stance towards the addressee. She presents herself as a former sufferer of self-harming behavior (*I feel your pain and was on the path to doing the same thing myself*), thereby expressing alignment with the addressee's position and claiming similarity of experience with the addressee's adolescent daughter. She then offers an unresolved problem story of habitual events about her eating disorder and its long-term negative consequences (presented here in abridged form), followed by advice:

- (3) I feel your pain and was on the path to doing the same thing myself. [...] I used to have a really bad eating disorder and knew what I was doing to my body was not good but did not care because I did not think that I was going to live past 30 anyway. I am now 34 and have so many health issues. I do not think that she is clearly thinking about her future.

You should take a class called [Name]. [...] You need to talk with your child and make sure that she is looking at your eyes and let her know what this is doing to you and take her to a hospital where girls are being treated for this same thing. But she really needs a support system and doctor that is familiar with this situation.

Her choice of evaluative language (e. g. *really bad eating disorder*; *knew what I was doing to my body was not good but did not care*) highlights her viewpoint at the time, confirming the self-destructive tendencies associated with self-harming disorders. She echoes the adolescent's stance towards self-harming as described in the problem message, thereby identifying with the adolescent. Returning to the present time of narration, she uses the story coda (*I am now 34 and have so many health issues. I do not think that she is clearly thinking about her future*) to underline the negative consequences and provide an evaluative comment about the adolescent. Specifically, the advice-giver establishes a comparison between her past self and the adolescent, foreshadowing a future of negative consequences. Her main point in her concluding lines is that the adolescent fails to understand or perceive the risks of her self-harming behavior. At the same time, she positions herself as a concerned peer to both mother and daughter who worries about the adolescent's future. Thus, this condensed unresolved problem story serves a cautionary function, by implicitly expressing concern and warning the addressee – and her daughter – of the long-term effects of self-harming behavior.

The advice that follows the story (e. g. *You need to talk with your child*; *But she really needs a support system and doctor that is familiar with this situation*) offers suggestions for actions that can be taken. This demonstrates that within the context of the reply, the unresolved problem story acts as a priming device for the oncoming advice. The sharing of similar experience and emphasis on negative outcomes helps to legitimize the advice-giver's right to advise. As a result, the story evaluates the advice-giver's own experience as well as the experience of the adolescent.

In sum, by giving advice, forum participants make claims as to what should be done to resolve a problem. Unresolved problem stories and success stories of personal experience serve to support and reinforce claims in previous or upcoming advice within the replies. This result is also in accordance with other studies that have shown discussion participants use personal

experience stories as a warrant for giving advice (see Morrow 2006; Page 2012). The examples also illustrate the important role of story codas in terms of restating and reformulating preceding advice, as well as providing assessments of a given problematic situation to prepare the ground for upcoming advice.

4.4 Showing and supporting dis/agreement with other contributors' assessments or advice

As shown previously, response stories can be used to implicitly show dis/agreement with other contributors' assessments and advice, or a professional expert's diagnosis. This finding supports other studies showing that stories are used to align or disalign with others by expressing agreement or disagreement (Page 2012; Thurnherr/Rudolf von Rohr/Locher 2016). There are also instances in which advice-givers use discursive moves that express overt agreement or disagreement with other contributors' assessments and advice, and follow up with a story as evidence.

These stories are essentially an elaboration of the position advice-givers take when they express agreement with other contributors. Similarly to the function of legitimizing advice, stories showing and supporting dis/agreement function as an evaluative framework through which advice-givers attempt to support a claim made in previous discourse in the thread.

To illustrate, example (4) shows a response story that supports its preceding agreement move, essentially supporting and furthering the claims of other contributors. In this particular instance, the advice-giver uses the thumbs-up emoticon in the message header to set the tone of the upcoming reply and contextualize it, signaling agreement with others.² In this example, the advice-giver replies to a mother of two who explains that she feels depressed due to her parenting responsibilities and an unhappy marriage. She further states in her problem message that she is in the process of seeking help. Other contributors in the thread respond by offering advice and assessments of the problem that deliver a diagnostic opinion (e. g. *you might want to get counselling for yourself; Situational depression can result and all sorts of odd behaviors can come from that*).

In her reply in (4), the advice-giver prefaces her story by expressing overt agreement with previously offered advice and assessments, signaling alignment with other contributors. The combination of the thumbs-up emoticon in the header and the opening agreement move emphasizes and makes more explicit the advice-giver's agreement. The success story that follows the agreement showcases the consequences of depression and the positive outcomes of receiving appropriate treatment:

- (4) I absolutely agree that you need some treatment for your depression. Growing up my mother had depression, which she treated erratically. There is no doubt that she loved my sister and I, and no doubt she wanted the best for us. Sadly there is also no doubt the profound effect her disease had upon our childhood, in ways she probably doesn't even realize to this day. I

² A message header is automatically displayed at the top of every posted message and includes the following fields: emoticon, message id number, contributor's username, addressee's username (if the message is a reply), timestamp showing when the message was posted, and total number of messages in a thread. The emoticon field is the only one that is actionable. Contributors have the option to select an emoticon from a drop-down menu before posting a message.

wouldn't have realized the effect it had upon me until I was diagnosed with depression myself and began treatment. My saving grace was medication, and I remember the day it began to work. It wasn't like something clicked and I was happy, but rather I remember having the thought 'OK, wow, this is how normal people feel, this is how I'm supposed to feel'. Gone were feelings of dread, self depreciation and hopelessness. I'm not advocating meds, obviously that's not the answer for everyone (just ask Tom Cruise!). Just relating my own experience. Granted there is a difference between a chronically depressed person and one depressed under painful circumstances, but depression manifests itself the same way no matter the reason.

With her story, the advice-giver traces her own personal trajectory with the illness from two perspectives: first, as a child affected by her mother's depression, and second, as a former sufferer. These two perspectives in the story function as legitimizing arguments for recommending treatment, showing at the same time her agreement with others' advice in the thread. By establishing a causal link between her mother's depression and her own, the advice-giver alerts the addressee to the potential effects of the illness on her children (*Sadly there is also no doubt the profound effect her disease had upon our childhood*).

The complicating action of the story focuses on the pivotal events of receiving a diagnosis and treatment, which she evaluates positively (*My saving grace was medication*). The advice-giver strategically employs direct speech at the peak of the story to dramatize her point, underlining the positive effects of the medication (*I remember having the thought 'OK, wow, this is how normal people feel, this is how I'm supposed to feel'*). She elaborates on this in the resolution (*Gone were feelings of dread, self depreciation and hopelessness*), further strengthening her positive evaluation. This positive outcome constitutes another legitimizing factor for her agreement with other contributors' advice to the addressee, as well as for her own advice.

However, her view on medication becomes more tentative in the extended story coda that brings discourse participants back to the time of narration. In this instance, the coda serves to mitigate the advice-giver's view on medication as a solution by pointing to her subjective experience (*I'm not advocating meds, obviously that's not the answer for everyone*), and bringing in an example of an alternative viewpoint (*just ask Tom Cruise!*).³ Also, she acknowledges the different kinds of depression (i. e. situational versus chronic depression).

Response stories that immediately follow agreement or disagreement moves are used to support previously made claims by other contributors in the thread. These stories elaborate on a previous claim and act as evidence to justify the viewpoint advice-givers agree or disagree on.

4.5 Giving a diagnostic opinion

Response stories can also serve to give a diagnostic opinion, offering an etiological assessment of an advice-seeker's health-related issue. The voice and actions of the professional expert in the storyworld play a key role in delivering a diagnostic opinion through these stories. Specifically, the stories in question are success stories replying to problem messages in which

³ The parenthetical comment *just ask Tom Cruise* in the story is a reference to actor Tom Cruise's highly publicized, controversial view of psychiatry as a pseudoscience and pharmacological treatments as unnecessary and dangerous (see Neill 2005).

advice-seekers complain that an administered treatment is not working adequately or at all, or request help to identify the cause of a certain health-related problem. While some advice-givers reply with assessments expressing a diagnostic opinion (e. g. *it may be a food allergy; It sounds like she may be depressed*), or advice to seek another specialist (e. g. *Try getting a second opinion; Pediatricians are good for ear infections and strep-throat but find a specialist for anxiety*), others use their personal experience with experts as a diagnostic opinion tool.

An important feature of these response stories is that they invoke the voice and authority of a professional expert (i. e. a psychologist, physician, or other health practitioner) to deliver a diagnostic opinion. More specifically, one strategy is the use of reported speech to incorporate the voice of the professional expert in the telling, as example (5) illustrates. In (5), the advice-giver replies to a mother whose 10-month old son keeps waking up in the middle of the night in a state of panic crying inconsolably. In her problem message, the mother states that the pediatrician has ruled out any physical causes and determined it is just bad dreams. She is, however, concerned that something else causes this, implicitly questioning the expert's assessment and authority. The advice-giver replies with a success story:

- (5) When my son was about that same age (he's 10 years old now), he used to do the same thing. He would wake up crying in the middle of the night for several nights and my husband and I did everything to try to calm him down. Finally, I took him to the doctor and told her everything that he does. She said that he is having night terrors. She said a lot of babies go through that and they will grow out of it. My son did it for about a month or so and then it all stopped.

To begin with, the advice-giver establishes similarity of experience (*he used to do the same thing*) and gives a diagnostic opinion by animating the expert's voice (*She said that he is having night terrors. She said a lot of babies go through that and they will grow out of it*). In the story, the doctor explains night terrors as common and part of children's normal development. In fact, night terrors (*pavor nocturnus*) are not nightmares or bad dreams but a sleep disorder involving episodes of abrupt awakening and extreme physiological arousal during slow-wave sleep (Anders 2007: 628–629). As a result, the expert voice in the advice-giver's storyworld serves to confirm the advice-seeker's concern that it is not just bad dreams, indicating implicit disagreement with the pediatrician's assessment in the problem message. It also serves to normalize the problem and reassure the advice-seeker that it is temporary. As a case in point, the story resolution confirms the doctor's assessment (*My son did it for about a month or so and then it all stopped*). In addition, it is worth mentioning that other contributors' replies in the thread that were posted before the response in (5) include assessments that the advice-seeker's son may be suffering from night terrors. Thus, the story incorporating the expert voice in (5) also indicates agreement with other contributors' assessments.

Another strategy advice-givers use is positioning the expert as a competent and responsible professional, suggesting that such qualities contribute to the successful resolution of a health issue. Example (6) is a reply to a mother whose adolescent daughter suffers from panic attacks so severe that she believes she has a heart condition. The mother explains in her problem message that medical tests have excluded any heart issues, and a clinical assessment at a later point showed no depression. Eventually, a pediatrician prescribed anxiety medication that proved to have no effect on the panic attacks. The advice-giver prefaces her story in ex-

ample (6) by expressing her understanding and awareness of the problem. She proceeds to recount a success story of personal experience that offers a diagnostic opinion:

- (6) Hi, I completely understand how frustrating this can be especially for your daughter. I had my 1st panic attack when I was 12yrs old. No doctor has ever been able to find out what was wrong with me. I've been told it's stress, nerves, depression, etc. 2yrs ago at the age of 40 I went to a doctor because of my panic attacks and he took the time to try to figure this thing out. And he did. I have SVT (supraventricular tachycardia) My heart would race all of a sudden for no reason! Sometimes it would wake me up in the night. Sometimes my heart felt like it was fluttering in my chest. [...] This would scare me so bad that I would send myself into a panic attack. (it's a very scary thing when you know your heart is not acting right) SVT is very hard to diagnose because the doc has to hear or see it to know that it is happening. Doc. put me on a 24hr heart monitor holter that I carried around for 24hrs. I had to do it 3 times before he finally could see that I was not making it up. So now I'm panic attack free! and I only have to take 1 tiny pill in the morning and 1 tiny pill at night. If your daughter thinks something is wrong with her prove to her that there is nothing wrong with her by taking her to a good doctor that will take the time to do all the necessary tests that need to be done.

As the story unfolds, the advice-giver identifies with the addressee's daughter by sharing her own experience with panic attacks, similar symptoms, and several misdiagnoses (*My heart would race all of a sudden for no reason!; I've been told it's stress, nerves, depression, etc.*). The culminating point of the story occurs when she is finally correctly diagnosed with supraventricular tachycardia, a heart rhythm disorder. She describes her condition as hard to diagnose, underlining the importance of close medical scrutiny for a proper diagnosis (*Doc. put me on a 24hr heart monitor holter; I had to do it 3 times before he finally could see that I was not making it up*).

With her story, the advice-giver offers a diagnostic opinion based on comparable experience with symptoms and misdiagnoses, implicitly challenging the anxiety diagnosis given to the addressee's daughter. In doing so, she acknowledges and validates the concerns of the adolescent that she may be suffering from a heart condition, offering a possible explanation of the cause. She underlines the meticulousness of the expert's efforts to identify the cause (*he took the time to try to figure this thing out. And he did*). The success of his efforts is mirrored in the first part of the story coda (*So now I'm panic attack free!*) in which the advice-giver presents the positive outcome of the diagnosis and treatment. She also incorporates advice in the coda, indicating the point of the story (*taking her to a good doctor that will take the time to do all the necessary tests that need to be done*). This indicates that she also stresses the responsibility of the parent to take action. Notably, the advice-giver leaves the possibility open that there may be nothing wrong, offering reassurance to the mother. With her choice of evaluative lexis (*good doctor*), the advice-giver summarizes the qualities and attributes of the "good" medical practitioner that she has been alluding to throughout the story. Ultimately, her story can be interpreted as imparting criticism to previous experts who assessed the advice-seeker's daughter.

As shown, advice-givers use response stories to offer etiological assessments of others' health issues by drawing on their personal experience with similar issues, and the voice and authority of professional experts. It is also shown that such stories can indicate implicit disagreement with a previous diagnosis as well as signal agreement with others' assessments.

5 Discussion

Previous scholarship in health communication online has underlined the importance of examining narratives in different online settings and exploring their link to local discursive activities. The main aim of this paper, therefore, was to explore the functions of response stories in health-related discussions on pregnancy and parenting and how these stories are linked to the local discursive activity of giving advice.

The analysis revealed that response stories focus thematically on a) unresolved problems and their consequences, and b) successfully resolved problems. As the examples illustrated, these stories communicate the advice-givers' understanding of a given health-related problem on the basis of similar experiences, and intend to shape future-oriented action by showing to addressees what to do. The analysis highlighted four functions of response stories in the selected discussions on health-related matters: 1) giving implicit advice with success stories, 2) legitimizing preceding or upcoming advice, 3) showing and supporting dis/agreement with other contributors' assessments or advice, and 4) giving a diagnostic opinion. Stories that fulfill the first function are those that deliver implicit advice by showing a successful course of action that resolved or helped to manage a given health issue, a result mirrored in other studies (Section 4.2). Formulating advice implicitly in narrative form leaves the evaluation of the narrated actions, events, and outcomes up to addressees. Such stories constitute an indirect advice strategy that advice-givers employ to propose and argue for a course of action, while attending to addressees' face needs, especially when sensitive topics are involved.

The results also reveal two closely related functions of response stories, namely, legitimizing preceding or upcoming advice (Section 4.3), and showing and supporting dis/agreement with others' assessments or advice (Section 4.4). In contrast to the first function category, these two functions involve stories directly linked to immediately preceding or upcoming discourse (advice) in the message they occur, and stories linked to previous discourse (advice and assessments) in other contributors' replies. Such stories are used as evidence to bolster and reinforce a standpoint expressed by explicit advice and assessments, thus asserting its validity. These findings are also consistent with other studies that have underlined the function of stories in terms of supporting claims in previous discourse.

Most importantly, the analysis showed that response stories are also used to deliver a diagnostic opinion for advice-seekers' unresolved health concerns (Section 4.5). These diagnostic opinion stories constitute a particular kind of problem-solving activity as they serve to offer etiological assessments of others' health issues in a lay online context. They are also used to confirm other contributors' lay assessments of advice-seekers' health-related issues, or challenge and criticize a professional expert's clinical assessment and diagnosis. In these stories, advice-givers use their personal experience as an interpretive lens to assess others' symptoms, conditions, and circumstances surrounding a health issue. The expert's voice, authority, and professionalism, as invoked and constructed by advice-givers in the storyworld, play an important role in delivering a diagnostic opinion and legitimizing it. Diagnostic opinion stories raise the larger issue of professional responsibility and good medical practice in terms of correct diagnoses and appropriate treatments. Another issue that arises is the validity of diagnostic opinion, be it in narrative form or not, in a lay online context in the absence of experts.

Overall, the response stories examined here frame health-related problems as shared issues and create shared situated identities. Advice-givers typically frame their stories with displays of empathy and support, orienting to relationship building within this online parenting community. In general, narrating similar experiences in this online advice context constitutes a form of support. At the same time, advice-givers use their personal experiences as credentials that qualify them to give advice on a given matter. As shown in the examples, advice-givers use first-hand, personal experience as evidence to show that they are informed about a given health-related issue and its consequences and potential solutions, thus justifying their right to advise, offer assessments, and show dis/agreement. In this regard, advice-givers use stories to articulate and convey their experience-based expertise on a given health issue.

There are several limitations to this study. First, the data collection was restricted to health-related discussions from one online advice forum, and from one English-language only parent support group. An examination of response stories in health-related advisory exchanges in other online parent support groups may have yielded additional observations or different issues for discussion. Secondly, the analysis was restricted to a very limited number of response stories. An examination of a larger story corpus may have emphasized different findings. Also, the anonymity and disembodied nature of this online written communication pose issues of authenticity in terms of the participants' narrated experiences. Yet, it is those key characteristics of anonymous online settings that foster self-disclosure in online support groups. Despite the limitations of this study, however, the results point to some interesting findings: in particular, the function of response stories as diagnostic opinion tools.

6 Conclusion

This paper demonstrates that response stories serve important functions in advice exchanges in health-related discussions among peers in an online advice forum on pregnancy and parenting. The findings support previous research and enhance existing scholarship on the functions of stories and storytelling in online peer support groups. The results suggest that online peer support groups can offer insight to health professionals on how lay individuals make sense of their own and others' experiences with health issues and negotiate expert diagnostic opinion through stories in online advice-giving contexts. Also, paying attention to the narrated experiences of lay individuals in parent support groups and their needs for advice can allow professionals to develop and improve online support resources. Further research is required, however, to examine the impact of advice-givers' response stories in terms of advice uptake and decision-making in online parent support groups as well as other peer support contexts online. Specifically, the role of personal experience stories as diagnostic opinion tools warrants further investigation.

List of acronyms

ADHD	Attention Deficit Hyperactivity Disorder
ECI	Early Childhood Intervention
PPD	Postpartum Depression

References

- Anders, Thomas F. (2007): "Sleep disorders". In: Martin, Andrés/Volkmar, Fred R./Lewis, Melvin (eds.): *Lewis's Child and Adolescent Psychiatry: A Comprehensive Textbook*. Philadelphia/Baltimore, Lippincott Williams & Wilkins: 624–632.
- Arendholz, Jenny (2013): *(In)Appropriate Online Behavior: A Pragmatic Analysis of Message Board Relations*. Amsterdam: Benjamins.
- Armstrong, Natalie/Koteyko, Nelya/Powell, John (2011): "'Oh dear, should I really be saying that on here?': Issues of identity and authority in an online diabetes community". *Health* 16/4: 347–365. doi: 10.1177/1363459311425514.
- Bamberg, Michael (2007): "Narrative analysis and identity research: A case for small stories". www2.clarku.edu/~mbamberg/publications.html [23.06.2017].
- Bar-Lev, Shirly (2008): "'We are here to give you emotional support': Performing emotions in an online HIV/AIDS support group". *Qualitative Health Research* 18/4: 509–521. doi: 10.1177/1049732307311680.
- Carranza, Isolda E. (1998): "Low-narrativity narratives and argumentation". *Narrative Inquiry* 8/2: 287–317. doi: 10.1075/ni.8.2.04car.
- De Fina, Anna/Georgakopoulou, Alexandra (2011): *Analyzing Narrative: Discourse and Sociolinguistic Perspectives*. Cambridge: Cambridge University Press.
- Evans, Marilyn/Donelle, Lorie/Hume-Loveland, Laurie (2012): "Social support and online postpartum depression discussion groups: A content analysis". *Patient Education and Counseling* 87/3: 405–410. doi: 10.1016/j.pec.2011.09.011.
- Fletcher, Richard/StGeorge, Jennifer (2011): "Heading into fatherhood-nervously: Support for fathering from online dads". *Qualitative Health Research* 21/8: 1101–1114. doi: 10.1177/1049732311404903.
- Frank, Arthur W. (2013): *The Wounded Storyteller: Body, Illness, and Ethics*. 2nd ed. Chicago/London: Chicago University Press.
- Georgakopoulou, Alexandra (2007): *Small Stories, Interaction and Identities*. Amsterdam/Philadelphia: Benjamins.
- Gundersen, Tonje (2011): "'One wants to know what a chromosome is': The internet as a coping resource when adjusting to life parenting a child with a rare genetic disorder". *Sociology of Health and Illness* 33/1: 81–95. doi: 10.1111/j.1467-9566.2010.01277.x.
- Harrison, Sandra/Barlow, Julie (2009): "Politeness strategies and advice-giving in an online arthritis workshop". *Journal of Politeness Research* 5/1: 93–111. doi: 10.1515/JP LR.2009.006.
- Haukeland-Fredriksen, Eva/Moland, Karen Marie/Sundby, Johanne (2008): "'Listen to your body': A qualitative text analysis of internet discussions related to pregnancy health and pelvic girdle pain in pregnancy". *Patient Education and Counseling* 73/2: 294–299. doi: 10.1016/j.pec.2008.02.002.
- Herman, David (2009): *Basic Elements of Narrative*. Oxford: Wiley-Blackwell.
- Kleinman, Arthur (1988): *The Illness Narratives: Suffering, Healing and the Human Condition*. New York: Basic Books.
- Kouper, Inna (2010): "The pragmatics of peer advice in a live journal community". *Language@Internet* 7: article 1. <http://www.languageatinternet.org/articles/2010/2464> [23.06.2017].

- Labov, William (1972): *Language in the Inner City: Studies in the Black English Vernacular*. Philadelphia: Pennsylvania University Press.
- Labov, William (1997): "Some further steps in narrative analysis". *Journal of Narrative and Life History* 7/1–4: 395–415. doi: 10.1075/jnlh.7.49som.
- Locher, Miriam A. (2006): *Advice Online: Advice-Giving in an American Internet Health Column*. Amsterdam/Philadelphia: Benjamins.
- Mattingly, Cheryl/Garro, Linda C. (eds.) (2000): *Narrative and the Cultural Construction of Illness and Healing*. Berkeley/Los Angeles: California University Press.
- Morrow, Phillip R. (2006): "Telling about problems and giving advice in an internet discussion forum: Some discourse features". *Discourse Studies* 8/4: 531–548. doi: 10.1177/1461445606061876.
- Neill, Ushma (2005): "Tom Cruise is dangerous and irresponsible". *The Journal of Clinical Investigation* 115/8: 1964–1965. doi: 10.1172%2FJCI26200.
- Ochs, Elinor/Capps, Lisa (2001): *Living Narrative: Creating Lives in Everyday Storytelling*. Cambridge, MA/London: Harvard University Press.
- Orgad, Shani (2005): *Storytelling Online: Talking Breast Cancer on the Internet*. New York: Lang.
- Page, Ruth E. (2012): *Stories and Social Media: Identities and Interaction*. London: Routledge.
- Plantin, Lars/Daneback, Kristian (2009): "Parenthood, information and support on the internet. A literature review of research on parents and professionals online". *BMC Family Practice* 10. doi: 10.1186/1471-2296-10-34.
- Riessman, Catherine K. (2008): *Narrative Methods for the Human Sciences*. London etc.: Sage.
- Sillence, Elizabeth (2013): "Giving and receiving peer advice in an online breast cancer support group". *Cyberpsychology, Behavior, and Social Networking* 16/6: 480–485. doi: 10.1089/cyber.2013.1512.
- Stommel, Wyke (2009): *Entering an Online Support Group on Eating Disorders*. Amsterdam/New York: Rodopi.
- Thurnherr, Franziska/Rudolf von Rohr, Marie-Thérèse/Locher, Miriam A. (2016): "The functions of narrative passages in three written online health contexts". *Open Linguistics* 2/1. doi: 10.1515/opli-2016-0024.
- van Poppel, Lotte (2014): "The strategic function of variants of pragmatic argumentation in health brochures". In: Rubinelli, Sara/Snoeck Henkemans, Francisca A. (eds.): *Argumentation and Health*. Amsterdam/Philadelphia, Benjamins: 97–112.
- Veen, Marion/te Molder, Hedwig/Gremmen, Bart/van Woerkum, Cees (2010): "Quitting is not an option: An analysis of online diet talk between celiac disease patients". *Health* 14/1: 23–40. doi: 10.1177/1363459309347478.

Bionote

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