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Online Help Seeking

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Elaine Greidanus

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Examining Committee

Robin Everall, Educational Psychology

Michael Carbonaro, Educational Psychology

Patricia Boechler, Educational Psychology

Barb Paulson, Educational Psychology

Rosemary Foster, Educational Policy Studies

Marvin Westwood, University of British Columbia

ABSTRACT

When stress becomes distress, people seek to decrease their psychological pain using methods that seem convenient and appropriate. In an increasingly technology-based society, the Internet provides opportunities for individuals in distress to seek information and connections with others. Research on Internet-based help services indicates that many people seek help online because of the anonymity and control afforded by the communication medium. This study explored the experiences of 10 people who sought help for mental health concerns and used the Internet as part of the process. Participants were recruited from online sources and posters placed in Internet cafes. Transcripts from the community message boards and blogs helped to support the reports for some participants. Basic qualitative inquiry was used to help understand these experiences and represent them in a way that facilitates understanding in others. Results of this study indicate that the role of the Internet in the process of help seeking is perceived differently, based on participants' individual differences. However, the results also indicate ways that online and offline resources can be combined to facilitate early help seeking and seamless transitions between helping services. This study highlights the unique implications of online help services for adolescents and those seeking help online for suicidality, highlighting the benefits and challenges of online help. Implications of this study support the necessity to develop an integrated online/offline mental health strategy, as well as clear guidelines for online counselling. Recommendations are made for online service providers and directions for future research are suggested.

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Chapter 1: Introduction

As a counsellor for people struggling with mental health concerns, I have listened to many stories about turmoil, despair, ambivalence, and hope. As witness to these stories, I am often struck by how important it is for them to be heard and for their experiences to be acknowledged. It seems less important to them that I truly understand than that I attempt to understand – that I listen and empathize. Many people seeking help today tell their stories in ways that are sometimes unfamiliar to many in the helping profession who did not grow up with today's technologies. Increasingly, these stories are being told online as adolescents write messages in discussion groups, support groups, personal webpages, and weblogs or 'blogs' (online diaries). Although it is abundantly clear that these Internet-based communication tools are an increasingly central part of common social behaviour, little is known about how people understand the role of online resources in the processes of looking for help for mental health concerns.

Some empirical studies explore aspects of people's experiences seeking help online; however, many of these studies focus on the content of online interactions over weeks or months and are unable to contextualize the online activities within the events, relationships, and experiences of their everyday lives. The focus of this project is to explore the question: how do people who seek help on the Internet for mental health concerns experience the process of seeking help? The focus is on how they create meaning out of their experiences seeking help; how they tell their stories.

I have several reasons for exploring this topic. In my life, I have found friendships online that were personally meaningful. I also recall having difficulty talking to parents, teachers, and other adults about my online relationships, as there was a general perception that online people were not real and therefore online experiences were not real experiences. I have heard this story echoed by clients who I talk to and in the literature about people who use the Internet for social support. In 1998, Miller and Gergen discussed an early message board where people talked about being suicidal and reported that participants shared validation of experiences, sympathy, acceptance, and encouragement. Since this early study, many others have also concluded that online social interaction can be a very real experience for those involved. Furthermore, if understood within the context of the participants' lives, professionals may consider these online experiences when working with clients therapeutically.

Purpose of the Study

The purpose of this study is to facilitate understanding of the help seeking experiences of people who look online for help dealing with concerns about their mental health, including depression, anxiety, suicide, and life transitions. The Internet is having almost revolutionary effects on cultural life, relationships, education, and problem solving. "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" (Miller & Gergen, 1998, p. 189). Although it is clear that the Internet is being used by many people as they seek help, it is important to learn more about the goals of people who look for help online, the

degree to which those goals are met, how they experience online relationships, and how they contextualize those experiences in their offline lives. An exploration of these questions informs an interpretation of the experiences of participants in the study. This interpretation facilitates understanding among online help seekers, helping professionals, and researchers that encourages positive relationships and connection within communities where people seek help.

Definition of Terms

The terminology used in this thesis are defined as follows:

The **Internet** is the system of interconnected computer networks that carries various information and services, such as electronic mail (email), online chat, and the interlinked web pages. The term **online** refers to anything that is based in the Internet, and **offline** refers to anything that is not Internet-related (King & Moreggi, 1998). **Web-based** is another term that is used to refer to anything online.

Computer-Mediated Communication (CMC), online communication, and **Internet-based communication** refer to communication between people that occurs through the Internet via a computer. Examples of CMC are: email, websites, chat rooms, and instant messaging. **Email** is a message that is sent from one person to one or many others through the Internet. A **website** is an Internet-based space where individuals can write messages, post pictures, and exchange information. A **message board** is the part of a website where individuals read messages left by others and write messages to others. A message board may be accessible to everyone who has access to the Internet, or it may be password

protected and only available to those with access. A **thread** is one part of the message board that contains a single conversation. A thread is analogous to a single conversation that occurs in a room where many people are talking to each other. A **message/post** is a single message within a conversation thread. **Chat** refers to a conversation that can only be seen by those in the conversation and messages are read as they are written in real-time. **Synchronous/Asynchronous** refers to the temporal nature of the exchange of messages. Communication online can be exchanged as quickly as it is written, but most often messages are left and responded to at a later time. Conversations that occur in real-time (in which messages are read as soon as they are received and responded to immediately) are called **synchronous** and conversations that occur intermittently are called **asynchronous**. Message boards and email are generally asynchronous, whereas chat is synchronous.

Suicide is the intentional act of self-injury that results in death. **Suicidal ideation** includes thoughts about self injury that may or may not result in death.

Mental Health Concerns refers to a wide range of issues and feelings that may cause a person to seek help. These concerns are often associated with feelings of distress, anxiety, depression, and/or suicidal ideation. However, these concerns may also relate to stressful life transitions for which one feels the need for support.

Order of Presentation

The chapters of this thesis are organized as follows:

Chapter One, Introduction, introduces the topic of interest and provides

a rationale for the study.

Chapter Two, Exploring the Literature, presents a review of the literature on adolescent Internet use, adolescent development, adolescent help seeking, Internet-based self-help, suicide, meaning-making, and issues related to completing research on the Internet. The focus of the review is to provide scaffolding for an understanding of adolescent help seeking online. Previous research is presented to enlighten past understandings, but not to limit future understandings of the phenomena under study.

Chapter Three, Methods, is a description of the principles of interpretation that will guide this study. Basic qualitative inquiry, and the procedures for how it will be used, are described.

Chapter Four, Narratives, provides an introduction to the participants and a narrative summary of their stories.

Chapter Five, Results, presents further analysis of the narratives in the form of summaries of key aspects of the participants' experiences.

Chapter Six, Discussion, presents a summary of the main findings of the study, along with recommendations for online helping professionals. The discussion also includes comments on the method of the study. The final section provides a summary of key findings, limitations of the study, and suggestions for further research.

Chapter 2: Exploring the Literature

Internet Use

Increasingly, people use the Internet with the comfort, ease, and skill that allows them to integrate Internet use into their daily activities, ways of thinking, and understanding of the world. Lenhart, Purcell, Smith, and Zickuhr (2010) found that Internet use is not only a main mode of communication in youth and young adults, but has risen dramatically for adults. In fact, social networking has risen for adults and decreased for youth and young adults, and 11% of American adults over 30 maintain a personal blog. Although recent trends indicate that online communication is on the rise for American adults, Canadian researchers have focused on adolescent media use over the past decade and have found that 94% of over 4000 youth grades 4 – 11, from all provinces in Canada, report that they have Internet access in their home (Media Awareness Network, 2005). This statistic is an increase from 2001, when 79% of adolescents reported the same. This study also found that 37% have a personal computer with Internet access, 77% play games online, and 66% talk to friends online. By comparison, a 2005 report of American adolescent computer use found that 87% of youth ages 12 – 17 use the Internet, 51% access the Internet on a daily basis, and 55% use online social networking sites (Lenhart, Madden, & Hitlin, 2005). These findings have led researchers to the conclusion that the Internet has replaced the television as the prime leisure activity for adolescents (Lenhart, Rainie, & Lewis, 2001). Currently, these adolescents comprise a portion of those who seek help online. As these adolescents grow into adult help seekers, their perceptions and experiences

online will form the background for how they view the role of the Internet in their processes of help seeking.

Communicating Online

Online activities include “surfing” (looking for information, pictures, or interesting websites), playing games, shopping, email, and text-based messaging, among an ever-expanding number of activities. Many of these activities include some component of communicating with others online. As a result, people are becoming adept at using a variety of online communications technologies designed to foster relationships as well as facilitate information-sharing (Borzekowski & Rickert, 2001).

A study published by the Media Awareness Network in 2001 reported that half of Canadian adolescents at that time had met new friends online. Although most relationships begin and develop face-to-face, there is an increasing influence of computer-mediated communication in these relationships. Despite the almost ubiquitous use of computer-mediated communication, people still perceive online communication differently. Where one member may view reading messages as they would reading a book, another may feel strongly that they are connecting directly with “real” people. In fact, adolescents who frequently use the Internet see themselves as better at making friends and making people laugh (Media Awareness Network, 2005).

Although some researchers (Kraut et al., 1998; Kraut, Scherlis, Mukhopadhyay, Manning, & Kiesler, 1996) have posed concerns about the effect of Internet use on adolescent well-being, the research results remain equivocal,

leading other researchers to conclude that there is no consistent effect of Internet use on measures of well-being (Gross, Juvonen, & Gable, 2002).

The Digital Divide

Although many adolescents and young adults are adept at using the Internet, others are not as comfortable or fluent, creating a rift between those who are and those who are not. This phenomena has been termed the “digital divide” and has been used to describe a divide that occurs between socioeconomic groups or countries that have varying levels of Internet access, where youth from higher income families and countries are more likely to be online (DeBell & Chapman, 2003). The term has also been used to describe the generational divide, where children and adolescents are often more skilled and comfortable with digital technology than their parents (Subrahmanyam, Greenfield, Kraut, & Gross, 2001).

In many cases, a digital divide results from limitations in experience, interest, opportunity, and/or ability. In 2001, Borzekowski and Rickert suggested that public Internet access points could provide the opportunity to minimize the size of the digital divide for those who are interested. In 2003, Holloway and Valentine suggested that Internet access in schools could also begin to bridge the divide between students with varying levels of Internet access at home. As a result of increases in Internet availability such as these, the most recent studies looking at Internet use suggest that because there is almost 100% access to the Internet in Canada and the USA, the digital divide no longer refers to the difference between those with and without access to technology, but rather relates to the continuum

between those with easy access (e.g., being able to access Internet in privacy, which is conducive to online help seeking) (Melrose, 2006).

Summary

People today are adept at using the Internet for a wide range of activities, including seeking information and connecting with others. Because of differences in access and comfort with technology, Internet-based friendships, communities, and spaces are often misunderstood by those who are less fluent in online communication. These misunderstandings can interfere with establishing relationships between those with different levels of fluency (e.g., between a technology-fluent client and a traditional counsellor, or a technology-fluent adolescent and a less technology-fluent parent). Learning about the online activities of more fluent individuals can help develop understanding of experiences of online relationships, spaces, and communities. This can create a basis for understanding how the Internet has become one of the first places that people now turn to in times of distress.

Help Seeking

When life changes occur, distress may manifest in different ways for different people. Some people turn inward rather than turning to others for help (Jagdeo, Cox, Stein, & Sareen, 2009). Some people turn to information, research, and published material to find answers and solutions (Puustinen & Rouet, 2009). Many, however, turn to other people for advice and comfort. The Internet has changed the form and accessibility of information and even social forms of help.

Modern help seekers look for help both online and offline when experiencing distress.

Reasons for Seeking Help

People may seek help for specific physical or mental health concerns, relationship concerns, or educational concerns, or they may not be immediately clear about what they wish to seek help for. Adolescents reported that the most common problems for which they would seek help were interpersonal problems with friends and family, health, and school (Boldero & Fallon, 1995; Fallon & Bowles, 1999; Gallagher, 2004). In adults, current research has focused on health-related online help seeking (Ybarra & Suman, 2006). Ybarra and Suman (2006) found that 30% of people seek health information online. The researchers also found that those who seek information online also tend to go on to seek social support of some kind because of what they see online. This supports the suggestion that health resources have the ability to powerfully influence attitudes and behaviours of those who seek help online. Ybarra and Suman concluded that the online help seekers were proactive in looking for and finding the medical help they needed.

Sources of Help

The sources from which people seek help vary with the nature of the concern. Some research suggests that the process of seeking information can itself be a source of coping for some (Puustinen & Rouet, 2009; Van Dongen-Melman & Sanders-Woudstra, 1986). More recent research has elaborated on this idea, suggesting that help seeking has two functions: information seeking and

relationship development (Sullivan, Marshall, & Schonert-Reichl, 2002).

However, Puustinen and Rouet point out that the introduction of Internet-based technologies blurs the distinction between information seeking and help seeking. Suzuki and Calzo (2004) further suggest that when adolescents look for help, they find support in the form of personal opinions, information, and emotional support.

Research into sources of help has focused on adolescent use of informal and formal sources of interpersonal support. Sharing personal experiences with others seems to be important for many. Gallagher (2004) interviewed 15 adolescents about help seeking. All 15 adolescents reported that teens should talk to someone they know and trust if they need help. Although some researchers found that adolescents often seek help from teachers (Moran, 2007), other researchers have found that adolescents are most likely to seek help from friends and family (Boldero & Fallon, 1995; Gallagher, 2004).

Further research into what is perceived as appropriate sources of help suggests that it isn't enough to have the status of family member or friend. Specific relationship factors have been shown to influence how sources of support are perceived. Sullivan et al. (2002) found that those who are perceived as nurturing are more likely to be perceived as a source of help.

Facilitating Help Seeking

Recent literature indicates that a secure attachment style predicts help seeking behaviour (Moran, 2007). Also, the value that adolescents place on confidentiality is highlighted by Rideout's 2002 findings that 82% of adolescents report that confidentiality is very important when seeking health information.

Wilson and Deane (2001) conducted a focus group with adolescents and asked them how to reduce barriers to help seeking and how to facilitate appropriate help engagement. The adolescents reported that relationships and trust were key factors in help seeking. Therefore, it is no surprise that the adolescents also reported that peer networks are essential to seeking information and support. They also reported that they would be more likely to seek help for a problem if they knew peers who had also done so:

...social networks are not only direct sources of help but also appear to be involved in supporting students to access more specialist services... The experience of others as sources of information and reassurance featured prominently in the focus group transcripts. Having peers present information and experiences with help seeking may provide a source that is more accepted and credible (pp. 360-361).

In addition to providing a context of trust, peer networks that include other adolescents with similar problems help adolescents to feel normalized and validated (e.g., “that makes a lot of sense,” “many people feel that way in that situation”). Participants reported that they are more likely to seek help when they feel like they are not the only one experiencing the problem (Wilson & Deane, 2001). Raviv, Sills, Raviv, & Wilansky (2000) found that adolescents are more willing to tell their friends to seek help than they are to seek help themselves.

Researchers have also found that previous experiences seeking help predict future help seeking behaviour (Jagdeo et al., 2009). Wilson and Deane (2001) found that adolescents who reported previous positive experiences seeking help also reported that they were more likely to seek help again. This finding has been replicated in a longitudinal study, which found that previous positive experiences seeking help predicted future help seeking (Moran, 2007).

Barriers to Help Seeking

Researchers have identified many barriers to help seeking. The Center for Suicide Prevention (1999) summarizes the common barriers to help seeking, including: cultural attitudes, previous unsatisfactory contacts with professionals, issues of confidentiality, occupational roles, belief that no one can help, fears of negative repercussions, and a lack of knowledge of helping resources. Researchers have found that many people avoid seeking help because they perceive a stigma whereby seeking help implies mental illness (Barney, Griffiths, Jorm, & Christensen, 2006). Jagdeo et al. (2009) found that 15 – 20% of American and Canadian respondents in two national surveys stated that they would not seek help for serious emotional problems. As a result, those who fear stigma may be more likely to seek help using informal resources because it is less likely to be perceived as formal help seeking (Menna & Ruck, 2004).

Wilson and Deane (2001) report a common reason why people do not seek help is that they do not want to “bother” other people with their personal problems. This finding was supported by Gould, Munfakh, Lubell, Kleinman, & Parker (2002), who also found that adolescents often perceive that their problem isn’t “big enough” to bother others with.

Although friends and family are the most common source of help, some reported that they did not seek professional help because they perceived their family and friends as sufficient in providing support. However, research has also found that children and adolescents are less likely to seek help from friends and family if the same friends and family were perceived as the source of the distress

(Gould et al., 2002; Lindsey & Kalafat, 1998; Raviv et al., 2000). Gallagher (2004) replicated many of these findings by interviewing 15 adolescents about barriers to seeking help. These adolescents reported 6 barriers to seeking help: therapist mistrust, quality of relationship with therapist/counsellor, social consequences, denial/minimization, belief about counselling/therapy, and external/environmental barriers.

Models of Help Seeking

In 1981, Kessler, Brown, and Broman reviewed research on adult help seeking behaviours and suggested that there are three stages to help seeking: recognition of a problem, belief that outside help is needed, and contact. This model suggests that intra-personal factors such as denial or inability to recognize the seriousness of a problem may prevent people from seeking help. An understanding of the type of help available and the extent to which it will be helpful for them will also influence a person's likelihood of utilizing that resource.

There are many potential pathways to accessing help. These include parents, peers, teachers, school counsellors, and directly to professionals. However, research suggests that adolescents are most likely to seek help in the context of established relationships such as parents and peers (Gallagher, 2004). Carter, Menna, and Stanhope (2004) found that adolescents who perceive that they have more problems are more likely to seek help and from a greater number of sources, suggesting that adolescents link perception of their problem to their help seeking behaviour. Depending on the message they receive from these

people, they may find appropriate support from these sources, be encouraged to continue seeking help, or they may be discouraged and withdraw from the help seeking process (Menna & Ruck, 2004). Therefore, the process of help seeking cannot be limited to a single help seeking event because experiences of help seeking determine future help seeking experiences.

Fallon and Bowles (2001) found that the process of help seeking is not straightforward, but involves many individual variables that are difficult to predict, and therefore caution is recommended when applying a universal model of help seeking to the experiences of individual help seekers. Cauce et al. (2002) emphasize the importance of considering help seeking behaviour within cultural contexts, allowing for the contributions of outside factors. If help seeking is understood as a process that occurs over time and is moderated by help seekers' understandings of their experiences seeking help, then future research must explore those understandings of help seeking experiences to determine how to best encourage positive help seeking behaviour. For example, Wilson and Deane (2001) asked adolescents about their positive experiences seeking help and reported that adolescents are more likely to maintain engagement with services if they perceive that they have choices about the treatment options.

Help Seeking Online

People experiencing emotional distress have traditionally sought solace in fantasy, including movies and books. Recently, the Internet has developed to the extent that it can provide avenues of escape via online games and adopting alternate identities online. Once online, people are seconds away from engaging

in many different types of online activities, including help seeking. Therefore, the Internet may provide an avenue where people seek information and interpersonal support (Eastin & LaRose, 2004; Suzuki & Calzo, 2004). Researchers have found that people seek and find help online for many different reasons, including sexual health, romantic relationships, friendships, school concerns, mental health issues, and addictions (Alexander, Peterson, & Hollingshead, 2003; Suzuki & Calzo, 2004).

Researchers have also looked at the differences in help seeking behaviours for specific age groups. Gould et al. (2002) found that 20% of adolescents surveyed reported seeking help online for emotional problems in the last year. Adolescents often use Internet-based forums to discuss sensitive and “taboo” topics because of the anonymity afforded online (Finn, 1999; Suzuki & Calzo, 2004). Internet-based resources have been seen as a way for adolescents to seek help when they may be confused about whether or not there is a problem or if that problem is worth seeking professional support for (Gould et al., 2002). This is because adolescents will seek information long before they will seek help. Many go online to compare their experiences to those of other adolescents and decide if they are normal or not (referred to as “lurking”), which brings them to a place where they might seek help. This process represents a subtle transition to help seeking. Gould et al. (2002) found that adolescents sought help online for romantic problems, friend problems, and family problems, and academics, but tended not to seek help from their parents and friends. It appears that adolescents seek help online when they do not feel comfortable accessing their regular support

resources. However, Gould et al. also found that adolescents who seek help online report accessing offline resources as well.

Finn (1999) explored the process of help seeking online for issues related to disability. The author found that those seeking help online find two types of support: task-oriented and socio-emotional. Those who sought help posted messages cathartically expressing their feelings and experiences, asked questions, and sought information and advice. Responses provided empathy, friendship, universality (“you are not all alone”), and advice. Gross et al. (2002) found that loneliness increased the likelihood of adolescents using the Internet to communicate with others. Tichon and Shapiro (2003) described the process of seeking social support online. Highly emotional messages suggest that the participants in their study empathized with one another and were able to offer personal suggestions based on shared experiences. Participants in this study also shared information, self-disclosure, advice, companionship, and humour.

Tichon and Shapiro (2003) outline a general process for seeking support online, which begins with the use of self-disclosure to elicit social support. Participants then use self-disclosure to provide social support and to share reciprocal companionship in a stable online relationship. This finding has been supported by further research examining how adolescents use an online discussion for concerns related to suicide (Greidanus & Everall, 2010). Yalom (1995) suggests that people practice self-disclosure in group therapy in order to move on to disclose to others in their “real” lives. Internet-based groups may perform a

similar function. In fact, Menna and Ruck (2004) suggest that seeking help online may be viewed as a sign of resilience.

Summary

Those who seek help do not always find support helpful (Gould et al., 2002). Therefore, there is considerable room for improvement in adapting resources to meet the needs of those experiencing emotional distress and encouraging them to seek the help they need. Knowing the path that people may take to finding help will facilitate understanding barriers to seeking help in general, and perceptions of the role of the Internet in the process of accessing help. For example, because previous positive experience seeking help predicts future help seeking behaviour, and because the Internet is often the first place that adolescents look for help, it is important that seeking help online be an encouraging experience for them. Because online help seeking is a pervasive phenomena, an understanding of the role the Internet plays in the process can help service providers to empathize with experiences of the process of seeking help. Telling the stories of how people seek and find help online may help others to normalize their experiences and inspire future help seeking. Finally, understanding how help seekers view the role of the Internet may lead to development of Internet-based resources that support traditional counselling.

Internet-Based Self-Help

Communication technologies (such as the telephone) began as relatively simple modes of communication, but have developed over time to allow types of human interaction that are distinct from previous forms. When first introduced,

telephone communication was criticized for lacking the visual cues present in face-to-face communication. Despite this, telephone communication has facilitated help seeking by allowing anonymous communication for reporting crime, abuse, and for seeking help (distress lines, kids help phone, etc). In fact, increased personal distance created by lack of visual cues has created an opportunity for a different type of communication and therefore also a different mode of interpersonal relationships.

It's important to recognize that people have always used the most appropriate technology for mutual help, whether it be the letter-writing 'committees of correspondence,' the telephone networks for a group buddy system, or the church mimeograph machine for an interactive newsletter. So, too, online mutual help will always piggyback on the expanding and practical technology, having started with local home-based BBSes and forums on Compuserve, it has moved on to the Web sites accessible through local Internet providers or Web TV. As the technology continues to change rapidly, we can expect people and groups to utilize the most practical and economical forms of online technology and services (Madara, 1999, pp. 38-39).

In many ways, Internet-based communication is merely the newest way that people use the technology available to find the help they need. There are many differences between traditional forms of communication and Internet-based communication, and these differences create both barriers and opportunities for those seeking help.

Individuals seeking help online often look for information and/or personal connection. In the past 10 years, researchers have studied numerous forms of online help, with few consistent terminologies. Part of the difficulty with consistent definitions of online help results from the novelty of the subject. However, online help services themselves are currently being developed and

changed in ways that make consistent definitions difficult. One recent attempt to elucidate the range of online help services by Barak, Klein, and Proudfoot (2009) outlines helping services from a counselling psychology perspective. The authors provide a framework for defining services based on 4 components: content, multi-media use/choice, interactive online activities, and type of feedback/support provided. Based on these components, the authors describe the key features of online activities that have been used for therapeutic purposes (including health-information websites, email, chat, podcasts, blogs, etc.). A key distinction is made between “self-guided web-based therapeutic interventions” and “human-supported web-based therapeutic interventions.” This distinction provides a background for a brief overview of how online help seekers have used both self-guided and human-supported websites when looking for help online.

Internet help seekers often begin their search by exploring a number of websites before finding one within which they feel comfortable writing their own personal messages. In fact, 84% of Internet users report having participated in online groups (Horrigan & Rainie, 2001). These networks form the basis for online mutual help groups, which enable participants to engage in supportive interactions through bulletin boards, email, and chat rooms (Rapaport, 1991). Online communities are networks of relationships that exist in cyberspace, rather than real space. These communities create the opportunity for specific populations to engage in supportive communication with networks of others who experience similar challenges (Walther & Boyd, 2002; Wright & Bell, 2003). King and Moreggi (1998) suggest that “all self-help and mutual aid organizations have in

common the fact that members participate with the expectation of receiving emotional support, sharing personal experiences, and finding new ways to help themselves cope with their shared problems” (Self-help online, para. 4). Early researchers noted that online groups provide social support, practical information, shared experiences, positive role models, empowerment, and the opportunity to help others (Madara, 1999).

Researchers who study online communities have referred to them using a number of different terminologies including: online support groups, online self-help, etc. For this project I will use the term online mutual help group (OMHG) (Salem & Bogat, 2000) because it preserves the interpersonal community aspect of these groups and does not imply (as does the term online support group), that the interactions that occur online are a written version of offline support groups. This section focuses on the advantages and disadvantages of OMHGs as a unique forum for finding social support online.

Advantages of OMHGs

Internet-based support not only provides an opportunity to help adolescents who are in crisis, but online communities provide a number of benefits over face-to-face groups. These advantages stem from the differences in the setting in which online groups form and operate, namely, the Internet.

Accessibility. Internet-based support can be accessed by anyone with Internet access (Madara, 1999). Therefore, individuals who do not have access to traditional support services due to geography (Griffin, 2004; Wright & Bell, 2003), cost, or schedule restrictions, may access alternative services online

(Eaglesham, 1996; Meier, 2000). Because the Internet is available all the time, individuals may connect with others online regardless of the time of day (Madara, 1999; Waldron, Lavitt, & Kelley, 2000). Online services are less intrusive than a telephone call because an individual may leave a message at any time and receive a message only when they desire to (Madara, 1999). OMHG's may also be more accessible to those who would not otherwise seek help because of feelings of shame (Gauthier & Chadoir, 2004; Salem & Bogat, 2000) or because they are otherwise restricted (e.g., controlling relationships, physical disabilities, or under age of consent for professional services) (Finn, 1999).

Lack of barriers online. Early Internet-based communication researchers noted that online groups allow many people to overcome some of the traditional barriers to face-to-face services (Madara, 1999). Some people feel more comfortable communicating online than offline because the technology allows for more control over how individuals present themselves and are perceived by others. Most notably, people communicating online are able to limit the degree to which their online identities reveal their offline identities. Individuals who do not wish to be identified online can interact anonymously, which allows them to feel more comfortable disclosing personal experiences and engaging socially (Eaglesham, 1996; Joinson, 2001; Salem & Bogat, 2000; Wright & Bell, 2003). Anonymity is often discussed in the same context as privacy because being anonymous allows many of the benefits associated with privacy, including feelings of protection, security, freedom, and peace of mind. Therefore, anonymous individuals are able to act in public with a feeling of privacy.

Although this disinhibition can open the door for antisocial behaviours, such as “flaming” (sending a verbally abusive message to someone), it can also open the door for appropriate personal disclosure, cathartic writing, and help seeking.

Members of online communities often reveal information that is related to the purpose of the community, and are able to withhold information (such as social status, background, and demographics) that may otherwise result in social stigma (King & Moreggi, 1998; Madara, 1999; Salem & Bogat, 2000; Wright & Bell, 2003). Wood and Smith (2001) also suggest that participants feel less judged by others online because of the lack of nonverbal cues to connote disapproval. Participants who use the Internet for self-disclosure are able to control the amount of information they wish to share. This permits participants to regulate their emotional engagement with an online community. Researchers have consistently reported that identity control is especially important for communities where participants are dealing with substance abuse (Cunningham, Humphreys, Koski-Jännes, Kypri, & van Mierlo, 2006; Cunningham, Selby, Kypri, & Humphreys, 2006).

Hyperpersonal effect. In 1996, Walther described the phenomenon in online communication that he referred to as the “hyperpersonal effect,” where people feel they can better express themselves online than offline. This occurs because a person sending a message prepares the communication more mindfully and the resulting message communicates more intense connection. Because less information about others is available, online communication also allows the receiver of the message to develop idealized perceptions of the person who sent

the message because the receiver “fill[s] in the blanks” regarding how they imagine the other (Rheingold, 1993; Waldron et al., 2000).

Wright and Bell (2003) observe that Internet-based communities can also foster an instant, heightened sense of “sameness” within the group. This may occur because people establish relationships in online groups based on the commonality that brought them together. These factors intensify the perception of personal connection because there are no cues to highlight interpersonal differences. In other words, Internet-based communication leads to increased projection, transference, and counter-transference in online relationships (Childress & Asamen, 1998). Group members do not need to take the time to seek out commonalities to build a relationship and are more likely to immediately discuss very personal events and feelings related to their topic of concern. This sense of “sameness” often creates a basis for heightened feelings of empathy among group members. In fact, Wright and Bell state that “... due to greater similarity, it is possible that people in computer-mediated support groups are better than other sources at conveying empathy, and they are ultimately better able to provide emotional support” (p. 49).

Wright and Bell (2003) also relate the hyperpersonal effect to interpersonal theory, stating that online relationships represent “weak-tie networks,” where people come in frequent contact with each other, but are not necessarily close (e.g., neighbours, service providers). One of the functions of these relationships is to access diverse information and discuss risky topics without negative consequences to close primary supportive relationships (King &

Moreggi, 1998). Joinson (2001) found that online communicators reported increased private self-awareness and decreased public self-awareness, which allowed for greater self-disclosure online than in face-to-face discussions.

Writing. The main mode of Internet-based communication is type-written. Text-based communication lacks non-verbal and paralinguistic cues that occur in face-to-face interactions. Early researchers predicted that this would result in low socio-emotional content (Rice & Love, 1987) and increased potential for misinterpretation (Childress & Asamen, 1998). However, further research and thinking about Internet-based communication has resulted in the observations that these communications can be highly emotional, personal, meaningful, and positive (Eaglesham, 1996; Muncer, Burrows, Pleace, Loader, & Nettleton, 2000; Tichon & Shapiro, 2003). “The lack of tactile sensory feedback and the privacy of being in ones own home contribute to a different sense of being connected socially” (King, 1995, The psychology of test-based relationships, para. 1).

Although mostly written, Internet-based communication can also include tags to indicate emotional tone, music clips, pictures, and links to other sites online. This allows an alternate avenue of expression for those who are not comfortable communicating verbally or in face-to-face situations (King & Moreggi, 1998; Salem & Bogat, 2000). Messages written online also take longer to create than verbal language. This allows the writer more time to carefully consider their words, edit, and review their entry at a later time (Walther, 1996). However, King (1998) suggests caution when interpreting written communication. Although written communication may be more carefully thought

out than verbal communication, it is also possible that the writer is writing “off the top of their head.” This may make the writer seem more confident about their ideas than they really are because the thoughts were committed to the written word. Therefore, written communication can seem well thought out, more intense, and permanent, even when the writing only truly represents the author’s ideas and experiences at a single point in time.

Online relationships. The Internet has become a place where people can find information, connection, and friendship. Internet websites increase the range and diversity of possible social networks (King & Moreggi, 1998). Online relationships may begin online, grow online, and end online, or they may develop into offline relationships (Katz & Aspden, 1997). People met online may be perceived as sources of information, or they may be perceived as friends, confidants, and/or sources of emotional support. Relationships are formed and deepened by self-disclosure (Tichon & Shapiro, 2003). Telling something personal to another person can change how one thinks of themselves, the other, and the relationship. Self-disclosure often facilitates others to also share their stories, creating a social exchange and establishing a basis for friendship and community. This is common in offline group therapy (Tichon & Shapiro, 2003; Yalom, 1995).

Online community. Online relationships often develop in the context of, and form the fabric of, online communities. Rheingold (1993) describes the types of online communities, including purely online communities and online communities augmenting offline communities (either beginning online or

beginning offline). Bresnahan and Murray-Johnson (2002) found evidence of strong community bonds in an online discussion group characterized by mutually supportive interactions between members experiencing life transitions: “The analysis of messages exchanged by women in this study has shown it is possible to develop meaningful, socially supportive relationships in the context of a computer-mediated discussion group” (p. 405). Meaningful social support has also been found to create the basis for community in which members feel comfortable disclosing personal information (Tichon & Shapiro, 2003).

Meier (2000) used qualitative and quantitative analyses to examine a support group for social workers and found that the amount of group cohesion was related to member responsiveness, perceived similarity, and desire to continue in the group. In her study, Meier concluded that the online community that formed exhibited group cohesion and identifiable member roles and provided a basis for members to engage in social support, resulting in high member satisfaction and stress reduction. In an analysis of four support groups, Alexander et al. (2003) examined how group membership is defined, how social support is provided, and how groups are interdependent with their context. The finding that OMHG's provide social support for the members has been replicated numerous times in the literature (Barrera, Glasgow, McKay, Boles, & Feil, 2002; Eaglesham, 1996).

Salem and Bogat (2000) found that the universal access of Internet-based groups facilitated the formation of groups that include the following characteristics: ease of access, comfort with computers, and large numbers of

group members. The degree to which one uses the Internet as an interactive resource varies from very little interaction (surfing websites for posted information) to highly interactive (email exchange or online group chatting). In fact, Internet users are able to carefully control the degree to which they interact, even if they are a part of an interactive community. New community members often begin by reading the messages of others, but not posting messages themselves. Those who do not post their own contributions are called lurkers (Salem & Bogat, 2000). Lurking may be a common part of the process of engaging in an online community, similar to an individual in group therapy who listens to others for a few sessions before engaging. However, where silent group therapy members are clearly present in the room, lurkers are truly invisible to the rest of the online community. Because lurkers can safely observe the online groups, they can decide whether to become involved; therefore, when they decide to write a message, they have made an informed decision to join the community (Salem & Bogat, 2000). In fact, Salem and Bogat found that participants reported that they joined the community because of being inspired by the stories told by other participants.

Disadvantages of OMHG's

Researchers have also noted a number of potential disadvantages of Internet-based communication (Waldron et al., 2000). Many of the disadvantages relate to the written mode of communication and are therefore also closely tied to the advantages of online communication. In this way, whether any feature of Internet-based communication is interpreted as an advantage or disadvantage

depends on the context in which the communication occurs and the goals of that communication. The most commonly observed criticism of online communication is the lack of paralinguistic and nonverbal cues. Because nonverbal cues are important for the expression of emotion, many people believe that emotional meaning is lost in Internet-based communication. Wright and Bell (2003) extend this observation to suggest that the social gap created by missing nonverbal information creates the opportunity for individuals to engage in hostile behaviour known as flaming. Flaming occurs when an individual sends verbally abusive messages to someone. Although flaming is undoubtedly abusive behaviour and can destabilize the safety of an online community, the consequences of such online behaviour depends greatly on the response of the community. For example, a community that is able to collectively disagree with a flamer's message may create an opportunity to model positive advocacy for other members of the group and thus re-establish the group as a safe place to express oneself and that the community will protect them against a form of abuse.

Anonymity is another commonly noted feature of online communication that has led to perceived advantages and disadvantages (Barak, Boniel-Nissim, & Suler, 2008). For example, the anonymity available online allows individuals to communicate free of discrimination, but also prevents professionals from confirming the facts of the stories online. Miller and Gergen (1998) suggest that community members also "have no means of knowing whether the other's words are genuine or merely a guise" (p. 201). However, although facts about an individual may not be "true," a healing community may depend more on how

community members interpret genuineness than the extent to which genuineness was intended by the author. The benefits of OMHG's lie in the sense of empathy and social engagement that individuals develop by engaging in the group (Holmes, 2005).

Where the lack of barriers online is the hallmark benefit of Internet-based services, this lack of barriers can also be interpreted as a lack of boundaries. King and Moreggi (1998) suggest, "the Internet is, essentially, anarchy. If someone, anywhere in the world, wants to put out information or provide services by email, there is very little that can stop them" (p. 4). However, this general lack of structure can be ameliorated within specific websites by careful website planning, strategies for safety, and careful moderation by professionals. Waldron et al. (2000) discuss a number of other potential sources of harm to online group participants, including: misunderstandings, loss of anonymity/confidentiality, barriers to external support, relational harm, and group harm. However, they also suggest a number of factors to help reduce potential harm, including: establishing ground rules, active monitoring, peer monitoring, expanded access to decision-making information, and reporting violations to ground rules.

Research on OMHG's

Research on OMHG's describes these online communities as a source of social support for participants. Numerous studies have explored how online relationships provide social support (Eastin & LaRose, 2004), the types of support provided (Muncer et al., 2000; Tichon & Shapiro, 2003), and the impact of social

support on Internet-based communities (Bresnahan & Murray-Johnson, 2002).

This section highlights some key studies in this area.

Salem, Bogat, and Reid (1997) were among the first to describe OMHG communications. This study explored the content of an OMHG for persons suffering from depression. High levels of support, acceptance, and positive feelings characterized communications. The authors found that participants communicated in ways that were similar to face-to-face groups, but were higher in emotional support and self-disclosure. The online group communications also included advice, information, and the use of humour. Members not only sought help, but also helped each other by offering support. This early study supports the contention that OMHGs provide a unique form of help.

In 1998, Miller and Gergen looked at the transcripts of Internet-based discussion boards for comparison to traditional therapeutic practices. These authors used AOL discussion boards for treating issues in suicide. Eleven months of messages were coded in terms of (a) help seeking interchange, (b) information interchange, (c) supportive interchange, (d) growth-promoting interchange, and (e) punitive interchange. The researchers found that participants wrote messages requesting help far less frequently than they wrote messages of self-disclosure (17.9%). These messages were often emotionally intense and personal. Participants also offered specific information (10%), advice (11%), empathic understanding (18%), general support (17%), and gratitude (6%). “To an important degree, participants in the suicide bulletin board offered conversation that would not only duplicate that found in informal community relations

(informal interchange), but also that found in close friendships and more humanistically oriented therapies (supportive interchange)” (p. 200). By contrast, very few messages were considered by the authors as typical non-Rogerian psychotherapeutic interventions. Punitive messages were also rare. The authors conclude that:

The vast preponderance of network interchange is in the areas of self-revelation (or help-seeking) on 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... In our view, participants were more content to help each other through the dark times than to propel each other to change the conditions or courses of their lives (p. 198).

The researchers conducted interviews with participants in order to assess perceived effectiveness, asking how the conversations effected their lives, how the process might be improved, what concerns they had, and whether Internet-based groups might replace traditional therapy. Participants reported that helping others was an important part of their experience. Participants also reported that the online boards did not change their lives, but that the support was important to them.

Alexander et al. (2003) reviewed four OMHG's for: cancer, attention deficit hyperactivity disorder, depression, and alcoholism. The authors used qualitative analysis to explore the process of support provision between group members. The main types of support in common between the groups include information sharing, social/emotional support, empowerment, and advice. However, the researchers found that the groups differed according to the group

identity and the goals of the group members. For example, the group for depression was more focused on sharing and highly emotional stories, and therefore also included more emotional support than the other groups. Emotion was often expressed by using text-based smiley-faces :) and virtual hugs (((HUG))). The cancer group included more informational advice than the other groups. The authors also found that members of Internet-based support groups also tended to be members of offline groups. Therefore, the online groups were able to provide important support, specific to the needs of the members, but did not replace the offline resources.

Griffin (2004) reviewed online communities on various personal topics, including tinnitus, asthma, and bipolar disorder. The researcher found that the content of the bipolar group included more personal disclosure than the groups formed around more medical topics. Furthermore, the bipolar group tended to talk about their personal lives apart from the diagnosis more than the medical groups. Griffin also notes that different communities appeared to have different group goals. Some groups appeared to focus on information sharing and problem solving, whereas others focused on developing relationships. “It is clear that, although these groups have different interaction styles, they all offer various ways for people to re-think their self-story... the audience to our story helps us to look at it in new ways” (p. 63).

Although the literature reviewed here provides a basis for understanding how OMHG can be used by those seeking support online, most Internet users are involved in several different types of online activities that have been less explored

in the online support literature. For example, many adolescents create personal webpages that include pictures, links to friends' webpages, and personal blogs. Allowing participants to describe their experiences seeking help online will facilitate a broader understanding of the context of those experiences, both online and offline. Although there is much potential for using online communication to help adolescents who are thinking about suicide and who may not seek help otherwise, little research is available on how adolescents use the Internet as a source of support.

Summary

OMHG's are unique forms of community based on relationships characterized by self-disclosure and social support in a written medium. Holmes (2005) contributes much needed temperance to the often heated debate regarding the advantages and disadvantages of online communities, stating that "the longer the Internet has been around, perhaps, the less people are inclined to engage in polarized debates about its benefits versus harmful qualities" (p. 94). This author also found that interviews with online story-tellers have revealed that they describe the Internet as a useful instrument, rather than a unique and life-changing vehicle:

People described how as part of their everyday lives they used the Internet to share experiences with people who understand them, to air their thoughts and feelings, to connect with people who have information to share, to get time-limited support in dealing with a situation, to escape people who seem to have unrealistic expectations... (p. 94).

In fact, as research on Internet-based communication continues, it seems clear that online communication is better understood as a form of communication that has

far more in common with offline communication than it has differences (Holmes, 2005). Therefore, human experiences engaged in and expressed online can both reflect important offline experiences and inform our understanding of both online and offline experiences. Barak, Boniel-Nissim, and Suler (2008) conclude that OMHG's are best viewed as a resource to foster non-specific personal empowerment, rather than specific treatment interventions. Research reviewing OMHG's suggests that online help is best understood as an adjunct to traditional forms of therapy and must be carefully and professionally planned and facilitated (King & Moreggi, 1998).

Online Counselling (Cybercounselling)

The National Board for Certified Counselors (as cited in Manhal-Baugus, 2001) defines *cybercounseling* as “the practice of professional counseling and information delivery that occurs when client(s) and counselor(s) are in separate or remote locations and utilize electronic means to communicate over the Internet” (p. 550) This definition includes webpages, email, and chat room counselling. The efficacy of online counselling is not as well-known as the efficacy of face-to-face counselling; however, one recent meta-analytic study found that in studies involving a total of 9,764 participants, there were no significant differences in effect size between face-to-face and online counselling. The authors suggest that these findings support the adoption of online counselling as a legitimate therapeutic activity and call for more extensive study into the development and integration of online counselling (Barak, Hen, Boniel-Nissim, & Shapira, 2008).

Counsellors providing online single-session counselling to Australian youth found that online counselling involved less emotional intensity than face-to-face, an observation which the authors concluded had pros and cons (Bambling, King, Reid, & Wegner, 2008). The advantages and disadvantages of online counselling were described by Maples and Han (2008):

Advantages:

- Access to those who would not otherwise have access.
- Aspects of media can expand and improve counselling (videos, websites, behaviour tracking).
- Increased access to mental health services to those who are unable to leave their homes.
- May increase honesty by decreasing defensiveness and vulnerability.
- May increase immediacy, which improves efficacy of services as interventions may occur at the point that the client is ready to change.
- Decreases discrimination.
- More opportunity to “shop around.”

Disadvantages:

- Does not offer human interaction in the same physical way that some say is “essential” to counselling.
- Lack of nonverbal may increase miscommunication.
- Slow down in writing decreases spontaneous responding.
- Can limit access to services to those who are tech savvy.
- Lack of research.

- Lack of recognition.

All forms of counselling have strengths and weaknesses. The integration of technology into counselling provides the opportunity to continue to think critically about counselling and make changes to improve the process. Haas, Benedict, and Kobos (1996) outlined the criticisms of psychotherapy by telephone, which are similar to the criticisms of online counselling. Not surprisingly, these authors also concluded that specific procedures and structures need to be put in place to ensure the best interests of clients. Barak, Klein, and Proudfoot (2009) suggest that steps can be taken to overcome the disadvantages. For instance, those using online communication can use extended wording to describe their points, using punctuation and emoticons to place emphasis in text, and making the process of expressing emotions intentional. Counsellors may also make plans for emergency situations and clearly outline these to clients prior to beginning therapy. The authors also recommend specialized training covering the unique characteristics of online clinical work.

Summary

Cybercounselling is one avenue of online help that is currently available. Because of the novelty of this form of counselling, research continues to describe the potential advantages and disadvantages, and studies are beginning to describe treatment effects. Overall, it is clear that cybercounselling is a form of online help that is here to stay and will continue to be a focus for researchers as they attempt to discern the role of online therapy in the experiences of those seeking help for emotional distress.

Making Meaning

Everyone experiences their lives through the filter of their cultural understandings, past experiences, and expectations of the world. Therefore, different individuals may interpret similar experiences differently. As these experiences are integrated by the individual, meaningful links are made to other experiences, concepts, and emotions that make up the person's understanding of them self in the world. Narrative theorists emphasize the role of the story in the way people make meaning of their experiences. In fact, narrative self-disclosure can help the story-teller place their experiences within a coherent narrative frame.

Narrative Meaning-Making

Tichon and Shapiro (2003) suggest that narrative self-disclosure helps people "make sense" of their experiences by organizing the events. "Narratives are first person accounts of experiences that are in the story format having a beginning, middle, and end" (Merriam, 2002, p. 186). White and Epston (1990) found that self-disclosure facilitates the building and changing of stories that can be healing. David Epston began writing therapeutic letters to his clients which helped them to describe their experiences and beliefs, solicit support for their life changes, and provide support to others. Pennebaker, Mayne, and Francis (1997) found that disclosure in the form of writing helped people to make sense of their experiences. This process is similar to many self-help groups where people share experiences and support to make meaning of their experiences and create changes in their lives. However, Tichon and Shapiro (2003) emphasize the importance of self-disclosure within the context of a supportive community. In fact, the social

companionship that develops allows experiences to be witnessed and empathized with, and are thereby imbued with social meaning as well as personal meaning.

Making Meaning Online

Online self-disclosure often has a narrative form (Tichon & Shapiro, 2003). Griffin (2004) suggests that OMHG's can be a forum for self-disclosure and re-storying, suggesting that online self-disclosure holds many of the benefits of traditionally non-social disclosure, such as journaling (anonymity, time to write thoughts, ability to change writing), but with the added benefits of having the stories witnessed and supported by others:

Participants in these groups are trying, in a sense, to look for new ways to conceptualize the narratives they tell themselves about their illnesses, their problems, and their lives. By performing these stories for others, online or face-to-face, a person opens the story up to alternative interpretations (p. 13).

OMHG's provide a unique context where members can express themselves.

Community members do not have social and cultural cues that may create assumptions or biases. Stories are told in a context that is different from face-to-face dialogue and therefore community members are able to create an alternate story or set of beliefs about themselves and their relationships (Eaglesham, 1996).

The role of writing online has also been viewed as one way to foster empowerment through self-expression and responding support, as well as a sense of control (Barak, Boniel-Nissim, & Suler, 2008).

Issues Related to Completing Research on the Internet

The Internet is a very new, but fruitful, source of potential data for the study of human behaviour. Because online interaction is always recorded, it

provides a vast potential data set for gaining a deeper understanding of human behaviour, social interaction, personal experience, and online communication. The text-based nature of Internet-based communication captures rich stories of human experiences that are difficult to collect through other forms of communication. These stories may provide further insight into offline experiences, or they may describe experiences that are unique to Internet-based communities.

Although the benefits in terms of access and quantity of this type of data seems apparent from a researcher's point of view, Internet-based research also raises important concerns about data quality and the treatment of human participants (Waldron, Lavitt, & Kelley, 2000). Ethics in conducting human research requires that researchers honour the dignity of the participants (Canadian Psychological Association [CPA], 2000; Frankel & Siang, 1999). In Internet-based research, there may be a tendency to separate data from the person because the person is not physically present to advocate for their words and experiences. The onus is on the researcher to consider the potential harm to the participants compared to the benefits of the research (Frankel & Siang, 1999).

Internet-based research allows for many of the same research designs as offline research, including: surveys, interviews, content analysis, etc. The ethical issues that arise in survey research include concerns about reliability and validity of the data as well as technical requirements for maintaining the security of data (Keller & Lee, 2003; Nosek, Banaji, & Greenwald, 2002; Pittenger, 2003). However, this study focuses on the issues surrounding the use of online message

boards and interviews as sources for data collection: Is online data public domain and therefore subject to analysis without participant consent? What considerations need to be made for the perceived privacy of the participants? How should data be reported in order to respect the autonomy of the participants? Under what conditions is informed consent required? From whom is informed consent required?

Public Domain

The issue of whether the Internet is a private or public domain is widely debated in the literature and is central to an ethical consideration of observational online research (Frankel & Siang, 1999). Most of the data are available to anyone who has access to the Internet. Although it may seem intuitive that individuals who post on a public site also give their consent for anyone to read what they have written, the individual may not consider that what they write may be studied in detail by researchers.

Considerable discussion in the area of ethics in Internet-based research begins with the question of whether easily accessible online data should be public or private (King, 1996; Kitchin, 2002, 2003; Kraut et al., 2004). This distinction is practically significant for researchers who need to determine whether Internet-based research should be considered observational research (where participants are unaware that they are under study), or “human subjects” research (where participants are aware of the research and therefore informed consent is required) (Frankel & Siang, 1999). Kraut et al. suggest that online discussions are exempt from “human-subject regulations” (e.g., informed consent) if the data is public

and records existed prior to the beginning of research. Based on this rationale, Kraut et al. suggest that observational research methodologies can be applied to some online data, with reasonable modifications made to assure that the dignity of the participants is respected.

Many studies in the area of online support research have considered the data public domain (Kitchin, 2002, 2003; Miller & Gergen, 1998) and make the argument that participants understand the public nature of the Internet and will not post information that they do not wish to be circulated. Other researchers argue that researchers have an ethical responsibility to understand and respect the participants' expectations about how their communications will be used by those who read them (Frankel & Siang, 1999; Sixsmith & Murray, 2001). In most cases, Internet-users may not consider that researchers will use their communications.

The potential harm of using data from uninformed participants is that if the participant identified either him/herself or the online community, the author may feel betrayed or violated if they felt that the researcher did not respect their experiences (Waldron et al., 2000). Such participants may also be less likely to participate in the online community if they feel it is no longer a safe place. To ameliorate this risk, Kraut et al. (2004) states that "Even seemingly anonymous snippets of text posted in an online diary... or online forum may be traced back to individual posters through the use of Internet search engines. Therefore, to preserve anonymity, researchers should disguise pseudonyms and alter quoted text" (p. 109; see also Salem & Bogat, 2000; Waldron et al., 2000).

Anonymity

Whether someone is identifiable has implications for the risks to the participant and whether the data collected can be exempt from regulations that apply to human participants in research (including requiring informed consent from participants). However, the question of identifiability is not as clear online as it is offline (Kraut et al., 2004). Participants often use pseudonyms to effectively mask their offline identity, but use the same pseudonym in many online communities (Bassett & O’Riordan, 2002). Therefore, researchers must also protect the online identity of participants. Researchers must be careful not to use quoted text directly from online sources as they can be easily traced back (through Internet search engines) to the original source, therefore revealing the identity of the online community. Finally, Pittenger (2003) suggests that finding participants from a number of different groups can increase anonymity.

Expectation of Privacy

The concept of privacy refers to the control one has over access to their personal information. The extent to which one believes that access to their personal information will be restricted to the group within which they disclosed that information constitutes their expectation of privacy. Whether online communication should be considered public or private depends partly on the expectation of privacy (Kraut et al., 2004), which can be estimated by considering the online context of the communication. Features to consider include: accessibility (Frankel & Siang, 1999), the number of people in the community, whether membership is restricted or open, if the presence of lurkers (those who read, but do not write messages) is visible or not, and whether the forum has

posted explicit policies about recording communications (Pittenger, 2003). Each online communication forum varies on these factors. On one extreme are unmoderated bulletin board forums, and on the other is a one-on-one private chat or email exchange. Therefore, one must consider each source of data on a case-by-case basis (Kraut et al). Pittenger suggests that researchers “seek and respect the rules of the virtual community” (p. 53). One of the ways that researchers have traditionally done this is by obtaining informed consent from their participants.

Informed Consent

Respecting the dignity of participants is reflected in the process of informed consent (Frankel & Siang, 1999). Whether or not informed consent is required for researchers to use data posted on the Internet has been the source of considerable discussion in the literature on research ethics and the Internet. Kraut et al. (2004) outlines a decision-making process for whether informed consent is required for Internet-based research. According to the author, the requirement for informed consent may be waived if data is not collected through intervention or interaction with an individual. The requirement of consent may also be waived if the research involves minimal risk, waiving risks will not adversely affect the rights of the subjects, the research cannot be practically carried out without the waiver, and participants will be provided with pertinent information after participation.

According to Kitchin’s (2002) interpretation of the Tri-Council’s research ethics guidelines as they apply to Internet-based data collection, anything that is posted on the Internet for a purpose other than research may be used by

researchers without obtaining consent. This rationale is based on the Tri-Council's *Policy Statement* that "minimal risk" means that participation in research may result in harm no greater than those encountered by the participant in everyday life. Since the messages written online occurred over the course of everyday life, then the potential harm is not greater for having participated in research, as long as the researcher does not disclose the identity of the participant or online community (Kitchin, 2002, 2003). However, if researchers join an online community for the purpose of collecting data, informed consent is required to use that data for research purposes.

Although some researchers do not believe that consent is required to collect data from message boards and listservs that have no restrictions to access, other researchers have opted for a more cautious approach by posting a message to the entire group requesting permission to use the message for research purposes. In one study, Gould et al. (2002) posted such a message before and after collecting the data, in order to inform and achieve consent from members who may have joined after the initial message was written. Having not received feedback from any members that requested her to not use the data, Kleinman assumed implied consent from the group. Even so, the author changed pseudonyms, paraphrased quotations, and did not report the name of the original online community.

Parental Consent

Similar to the question of informed consent is the question of parental consent. When conducting anonymous research online, a researcher often cannot

determine the age of the participants. Researchers working with children and adolescents must consider the regulations put in place to protect children and adolescents from harm in research (Wagener et al., 2004). These regulations were established because children and adolescents are deemed to lack the cognitive and emotional ability to make informed judgments regarding their participation in research. However, waivers of parental consent can be obtained in cases where (a) research involves no more than minimal risk, (b) the waiver of parental permission will not adversely affect the welfare of research participants, and (c) the research project could not be practically carried out without the waiver of parental permission (Diviak, Curry, Emery, & Mermelstein, 2004). Researchers who work to minimize the risks to adolescent participants and are contentious when informing adolescent participants and obtaining consent, may obtain a waiver of parental consent in order to afford adolescents the benefit from research that can improve their health and well-being. This standard has been acknowledged and support by the decisions of Research Ethics Boards that have granted waivers for projects meeting these criteria (Pittenger, 2003; Sieber, 1992).

Summary

Many people today spend time on the Internet and are most comfortable seeking information and help online. This observation provides an opportunity for professionals to reach those who have been shown to avoid seeking help, especially when they are feeling intense emotional distress. Previous research indicates that online help groups offer advantages over offline resources that allow many people to seek help when they might not otherwise do so. Although

there is no doubt that people are seeking help online, it is still unclear how adolescents situate help seeking online within their overall experience of being distressed, feeling suicidal, and seeking help offline. This study focuses on how relationships, life events, barriers, and opportunities create context and meaning for the help seeking experiences of those who seek help online.

Research Questions

My goal in this study was to understand and describe the experiences of people who seek help using the Internet when feeling emotionally distressed. Based on narrative theory, which suggests that the meaning of experiences is represented within the context of live events, relationships, and time I also wondered:

1. What are the salient events that contribute to experiences of seeking help?
2. How do people experience key relationships in the process of seeking help?
3. How do people organize their stories of seeking help?
4. What role does Internet-based communication play in these stories?

Chapter 3: Method

Rationale for the Method

The qualitative interview is a process by which people build an understanding of an experience together. An empathic research relationship is important in qualitative research and requires the researcher to meet the participants within their worldviews and co-create an understanding of their experiences (Merriam, 1998).

The intellectual task of the analyst, therefore, is to engage in a dialectic between theory and the data, avoiding theoretical imposition on the one hand, and atheoretical description on the other, in the quest for a coherent rich interpretation that allows *a priori* theory to be changed by the logic of the data (Thorne, Reimer Kirkham, & O'Flynn-Magee, 2004, p. 11).

In this study, I focused on providing authentic descriptions of the participants' experiences, as well as searching out alternative linkages, exceptional instances, and contrary cases as a way of expanding new understandings of the process of help seeking, rather than merely confirming old ones.

In qualitative research, data collection and analysis are not exclusive processes (Lincoln & Guba, 1985). In fact, my previous experiences while working on my Master's thesis with an online community for suicidal adolescents informed my pre-understandings that contextualize my perspective of this study. Throughout this study I had opportunities to compare my pre-understandings to the experiences reported by the participants. During the initial interviews I asked questions that were guided by my understanding of the academic literature, as well as what I have learned about the process of help seeking from participants in my Master's thesis. The responses to these questions led to both confirmations of,

and challenges to, my pre-understandings. One example of this involved my own preconception that people who look for help online are those who feel comfortable online and have a high level of technological fluency. Although many of the participants did report feeling very comfortable communicating online, one participant stated that he generally had quite a lot of difficulty with the technological aspects of online help seeking. This exception led me to deconstruct and reconstruct my understanding of the role of technological fluency in the process of help seeking online.

Although initial questions in the first interview were often formed from my previous conceptualizations of experiences of help seeking, these conceptualizations were expanded through the process of the interview and the process of creating the initial narrative summaries. By reflecting on these, I chose questions for the second and third interviews that elaborated on those aspects of their experiences that were not previously described.

Participant Selection and Recruitment

Participants in this study were selected using “purposive sampling” (Merriam, 1998), a process whereby individuals who were able to provide rich stories of seeking help online were interviewed. All participants stated that they either had sought help in the past or were presently in the process of seeking help for feeling distressed, and their help seeking process included looking online. This group was of interest because they were able to provide a rich description of being in the state of seeking help - the experience that is the target of this study. All participants stated that they were willing and able to share details of their

experiences at length and consent to the data being published in a dissertation and other publications. In addition to these criteria, participants were selected based on availability and willingness to participate. In order to create an atmosphere of trust, I used appropriate self-disclosure about my interest in the participants' experiences.

Participants in this study volunteered in three groups: those who responded to a message posted on a specific suicide-prevention website, those who volunteered in response to an advertisement requesting volunteers posted on a common online classified site (Kijiji.com), and those who volunteered in response to an advertisement poster in Edmonton, Alberta.

Suicide-Prevention Website Participants

Some of the participants were members of a specific online community and wrote messages on a message board in the category of "suicide" (the specific name of the website is undisclosed to protect the anonymity of the online community). I wrote invitation messages in the "suicide" section of the *****.com message boards to identify myself and invite online community members to volunteer for this study (see Appendix C). Participants from this site contacted the program volunteers who sent them the attached message (see Appendix D) and access to an email account that was set up specifically for the participant to use in this study. The participants used this email address to contact me. This procedure allowed the participants from this site to remain completely anonymous by using an email address that is not connected to their offline identity. Using their study email address, the participant received detailed

information about the study (see appendix A), I confirmed that the participant met the study inclusion criteria, and a time was established to meet in a chat room for the first interview. Participants gave consent at the beginning of the first interview for the use of interview data, emails, and their online messages (see appendix B). Every interview included the statement that s/he was in the process of seeking help for suicidal thoughts and ensured each were aware of the crisis chat service available on the *****.com site and provided with the crisis number of a local telephone distress line.

Classified Ad Site, Kijiji.com

Interested individuals volunteered in response to an online advertisement, posted in the “Volunteers” section of Kijiji.com. Ads were placed online in this section for all major cities in Canada (see Appendix F). The participant received detailed information about the study (see appendix A) and confirmed that they met the study inclusion criteria. A time was then agreed on to meet in a chat room for the first interview. Informed consent was discussed at the beginning of the first interview (see appendix B).

Poster Ad in Edmonton, Alberta

Notices advertising the study were posted at the University of Alberta and in local Internet coffee shops (see Appendix G). Upon making contact with me, prospective participants received detailed information about the study (see Appendix A) and confirmed that they met the inclusion criteria. A time was then agreed on to meet in a chat room for the first interview. Informed consent was discussed at the beginning of the first interview (see appendix B).

Number of Participants

The number of participants used in this qualitative inquiry was determined by specificity of the experience under study, the nature of the topic, and the quality of the data. In this study I pursued the concept of saturation of the data. I continued to interview participants until I found that the experiences of help seeking reported were accounted for and understood. In total, this study includes ten participants who participated in between one and three interviews each. In total, twenty interviews were completed.

Data Collection

Data for this study was collected from multiple sources, including transcripts of online interviews and transcripts of online message boards. Ten participants completed an initial interview to tell his/her story of seeking help online. A summary of the interview (in narrative form) was sent following the first interview. Each provided feedback on the narrative summary, confirming and/or making changes to the content and form. Seven participants completed a second interview to elaborate on their experiences of seeking help. Three completed a third interview.

In-Depth Interviews and Procedures

Participants were encouraged to schedule the interview for a time and place where they would be able to write freely about their experiences with minimal distractions. Participants were also encouraged to ensure that the computer they used was located in a place where they feel that their information could be kept private. I asked the participants at the beginning of the interviews,

and during the interviews, if they felt comfortable with the conversation. The participants' responses regarding their comfort level helped to lead the path of the interview.

The initial interviews were guided by open-ended interview questions (see appendix D), which were designed to elicit the participants' descriptions of their experiences seeking help, including descriptions of experiences to contextualize help seeking, reflections on their experiences both online and offline, and specific examples of experiences that they found either helpful or not helpful. However, the interviews were semi-structured and maintained the flexibility to allow the participant to talk about what was important to them about their experiences seeking help. Questions for the second interviews were based on the analysis of the first interviews and were designed to further elicit rich descriptions of the participants' experiences seeking help. Because the interviews occurred online, the transcripts from the sessions were saved and constituted the transcripts for the interviews. A journal was used to record notes, including: observations, reflections, and emerging insights into understanding the participants' narratives (Merriam, 1998).

Online Data Sources: Message Boards and a Blog

For participants who wrote messages on the participating public online message board site, I obtained consent to include their messages as data to inform the analysis. These messages were written before the date of the second interview and include messages written to other community members and volunteers. The replies from community members are included in the data to provide contextual

information, but are not quoted directly or described with any specific details. These messages were collected by the website staff as part of the regular practice of the program. After receiving consent, I informed the program staff which message threads I needed and they made a copy of the files for me. One participant agreed to allow the personal entries from his online journal (blog) to be used as supplemental data for this study.

Data Analysis

Each participant's interviews, emails, and preliminary narrative summaries were organized in chronological order into a single data file and then integrated into a single narrative. This final narrative included a rich description of each person's experiences and was organized in chronological order around content topics. Narratives were written in the first person to preserve the voice of the participant. The narratives echoed each participant's personal narrative styles and differed in the extent to which events, relationships, thoughts, and feelings were emphasized. However, the narratives typically begin with an outline of the circumstances surrounding the help seeking behaviour and some history of the participant's previous experiences seeking help. Where appropriate in the temporal sequence of events, descriptions of online help seeking experiences were described along with the participant's perceptions and interpretations of these experiences. The experiences of asking for help online and offline were written along with descriptions of the form and content of help provided by online and offline sources. Comments on the outcome of asking for help were included in cases where the participant identified an outcome. Most narratives include some

description of what the participants hoped for in their help seeking. Finally, any concluding comments or advice that participants had for other help seekers was included.

Chapter IV presents the participants' narratives. Each narrative focuses on the process of help seeking experienced by individual participants and also represents my understanding of the participants' experiences. Each participant was given the opportunity to provide feedback on the initial narratives in the second interview, and suggested changes were included. Reading the initial narrative summaries provided an opportunity for participants to read their own stories and comment on the experience of reflecting on their experiences of seeking help (e.g., "it looks good to me," "it is weird to read my own story, but it really describes what happened"). Three participants provided more detailed comments, thus engaging in a process of literally co-writing the narratives of their experiences.

Participants' online messages helped to inform the narratives and descriptions of key experiences by providing insight into how the participants described events *at the time* versus in retrospect. Some of the messages also helped contextualize the experiences by providing information about how the messages written by the participants were responded to by other online community members. These observations were combined with the interview data to support the narrative descriptions.

Throughout the process of compiling the integrated narratives, using a word processing computer program, I also began to organize categories of key

experiences described by participants that are the focus of Chapter 5. The key experiences described in the Results section are experiences of seeking help that stood out as being poignant and relevant to an emerging understanding of the process of help seeking online. Some of these key experiences expand on analytic frameworks constructed by other researchers by adding to the depth and breadth of the descriptions, whereas others describe unique and novel aspects of the participants' experiences.

The process of creating integrated narratives was used to identify, compile, and describe the key experiences. I began by reading and re-reading all of the data (emails, interview transcripts, narrative summaries, and supplemental online data) as a whole to identify novel and poignant features of the participants' experiences. The key features that were identified both reflected what participants reported were the most important aspects of the process, as well as my understandings of how the data reflected on previous work on the process of seeking help online.

The next stage of analysis involved identifying quotations from interviews and narratives that exemplified the key features described. This was done by re-reading the data for rich examples of each key feature and integrating the quotations into appropriate sections. Some effort was made to utilize quotations from each participant in a representative fashion.

Evaluating the Study

It is important to critically evaluate the quality of all research. Support for the trustworthiness of the products of this study is based on the thoroughness and

clarity of understanding of my own theoretical perspective and stance relative to this study. Furthermore, the rigor with which I integrate these understandings into the process of implementing the study is supported by clearly elucidating the methods that extend from my theoretical perspectives (Caelli, Ray, & Mill, 2003). To integrate the concept of the hermeneutic circle, I engaged in critical reflexivity by keeping a reflexivity journal.

The position here is that any researcher inevitably brings to a project his or her pre-understandings and assumptions, which in turn will shape the way that the research is conceived and carried out. From this perspective, it is good qualitative research practice for researchers to record and describe their reflections on the inquiry process (McLeod, 2001, p. 199).

Lincoln and Guba (1985) suggest that *trustworthiness* is a criterion for evaluating the worth of qualitative research. The four criteria used to assess trustworthiness include: credibility, transferability, dependability, and confirmability. *Credibility* refers to the extent to which the participants' stories correspond to the researcher's interpretation of those stories, and is demonstrated in this study by multiple interviews to ensure that the participants' experiences fit with my interpretation. Data was also collected from more than one source (triangulation), enhancing trustworthiness. "An advantage of these sources is that they have not been created for research purposes" (McLeod, 2001, p. 140). Member checking was completed by allowing the participants to read the reconstructed narratives and provide me with feedback. *Transferability* refers to the extent to which the results of this study will be meaningful for those not included in the study. Transferability is facilitated by clearly outlining enough details of the study (including research setting and participant characteristics) to

allow others to make their own decisions about the correspondence between participants in this study and other populations (McLeod, 2001; Merriam & Associates, 2002; Thorne et al., 2004). *Dependability* in qualitative research is demonstrated by clear documentation of the research process, including: methods, procedures, process notes, and decision points. An audit trail was maintained that includes transcripts, analysis procedures, and a researcher journal. *Confirmability* refers to the extent to which the researcher's interpretations are grounded in the participants' stories. It is demonstrated in this study by a clear audit trail that supports clarification of the interpretations of the data.

Ethical Considerations

Canadian Code of Ethics

Specific ethical procedures outlined in this section are based on the principles, values, and standards that apply to all areas of psychology in Canada, including research (CPA, 2000). Literature on the ethical considerations for Internet-based research highlights conscientious examination of ethical issues and specific details of the study methodology. There are many types of research using the Internet, and whether a particular ethical consideration is relevant depends on the specifics of a study. Guidelines for planning and evaluating research using Internet-based data reviewed previously in this document also contributed to ethical considerations relevant to this study.

Consent

Observational data was collected from the online message boards for two of the participants. These messages were posted on a public Internet site that is

registered in all major search engines and available to anyone with Internet access. A note on this message board website clearly stated that messages written may be used for ongoing evaluation and research. The data were neither private nor identifiable to the researcher. With the exception of the messages posted by the interview participants, informed consent was not sought from the members of the community who post on the message boards. The data collected from the interviews was collected with the informed consent of the participants interviewed. In compliance with the Canadian Code of Ethics for Psychologists (CPA, 2000) and the University of Alberta (Faculties of Education and Extension Research Ethics Board), all participants were informed of the nature and purpose of this research study, as well as their rights to confidentiality and anonymity (see Appendix B). In addition to establishing informed consent at the outset of the study, I revisited, explained, and obtained consent throughout the research process. In the interests of fully informing and engaging the participants in the research process, consent to use participants' messages posted on the message boards was also established.

Anonymity

The common convention of using pseudonyms in research to protect anonymity does not apply as clearly to Internet-based research. Although the participants described are anonymous on the website (in the sense that their real names are not associated with their online pseudonyms), the pseudonyms used online may be the same pseudonyms they use elsewhere online. Furthermore, direct quotes used from online message boards/blogs can easily be searched back

to the original board with the original author. Therefore, in this study the pseudonyms were changed to *new* pseudonyms and direct quotes were not taken from the message boards (message board quotes were slightly paraphrased so that they cannot be found on the Internet). All transcripts and archives were altered to protect confidentiality and anonymity. All research material will be kept in a locked filing cabinet in the researcher's office. Transcripts will be kept for a minimum of five years.

Potential Risks of the Study

In this study I explored the experiences of people in the process of seeking help for feeling distressed and even suicidal. The potential risks of the study were conceptualized as separate from the risks that the participants were already experiencing. It is expected that participants may state that they are upset and request information on how to contact further help. The participants in this study had already engaged in the help seeking process in various ways. Participants from the suicide-prevention website were also aware of the access they have to chat online with a crisis intervention volunteer. Having had experience working as a suicide crisis worker and counsellor, I felt comfortable meeting with the participants where they were in their experiences and trying to understand their perspectives.

In this study, I took precautions to protect the participants from harm. Throughout the interviews, I checked in with the participants to see if they were feeling uncomfortable with the discussion or their overall participation in the study. If any participant had stated that they did not wish to continue with the

interview or their participation in the study, the participation would have been stopped. However, although participants occasionally stated that they felt emotional discussing aspects of their stories, they always declined ending the interview early for that reason. All participants were debriefed at the end of the interview and provided with referral information for crisis and counselling services if they wanted it.

University Ethics Submission

This research project was designed and completed in accordance with the standards of the University of Alberta. A detailed proposal was submitted to the Faculties of Education and Extension Research Ethics Board to obtain approval for the proposed research procedures. Approval was also obtained through the agency that supports the online community studied in this project.

Chapter 4: Narratives

Introduction to the Participants

The participants in this study were not required to report their ages. However, based on spontaneous reports from participants, the range of ages in this study is 14 to 55. Two of the participants were under the age of 18, four of the participants were completing undergraduate degrees in university, and four of the participants were over 40 years of age. The participants in this study also ranged in geographical location. Two participants lived in Ontario, six lived in major cities in Alberta, and two lived in rural Alberta. Although it was anticipated that the volunteer participants would mainly represent the adolescent developmental stage, the participants who volunteered for this study were mainly young adults and adults.

Participants in this study vary in terms of their comfort level with technology. Each of the participants contacted the researcher using email, indicating at least some comfort with email technology. Marnie described her technology familiarity, saying, “I spend too much time online. I honestly spend my entire evening/morning online...” Similarly, Thyra described her familiarity with technology-based communication, saying:

we used to talk online every night when school was on. We'd stay up super late talking, and having these intense emotional chats. Which we couldn't do at school coz we were always in a group and when we hung out at weekends. We'd always be at the mall and stuff and doing stuff and lets face it, its always at 3 am when people feel most emotional – an online is the only place to turn at 3am.

Sarah also described fluency with technology, saying, “Sometimes I go on the website from school or from my friend's house. But usually I go on when I'm

alone in my room.” Armand, Kimberly, and Erica also described technological fluency and familiarity. Debbie, Jason, and Margaret reported comfort with most Internet-based technologies, but did not describe using the Internet more than a few hours per day. In contrast, Marcel described a low comfort level with Internet-based technology.

Narrative Summaries

I Sarah, Young Woman in Edmonton, Alberta

Sometimes I go on the website from school or from my friend’s house. But usually I go on when I’m alone in my room. I need to know that I can stay anonymous. I feel comfortable talking online because I don’t have to say who I am before I am allowed to talk about what I’m going through. I was worried that they might track my IP address, but I see that the people who run this site want us to feel comfortable. It says we will stay anonymous. That really makes me feel a lot more comfortable. I really don’t want any more problems. Being reported is the last thing I need right now.

I was nervous to write my first message on the board. I feel safe and scared at the same time. I am scared that I would get in trouble from my parents or family because they wouldn’t like it if they knew I was talking about them. I had heard of the message board and read some messages before I decided to write about my own situation. I was scared of what people would think. I thought: I hope they don’t just tell me that I’m in a bad situation. I already know that. But reading the messages made me feel not so alone. Like other people were going through really bad stuff. Like me. People wrote messages back to them. I wanted

to see if anyone would post back about my story. I just want to know if someone will read my messages. I want to know if anyone will respond at all. I remember that someone wrote that I was strong to write here in the first place that I had courage and strength. It made me feel good because it made me think that maybe I do have the strength and courage to keep going. I re-read that message over and over all day. Even at school I logged on and read it again. I had good thoughts that day. I thought that it wasn't my fault and that there are ways to change when I am ready.

On one website I went to, the counselors took three or more days to write back to me. That was really frustrating. Especially because I am so scared of what people think. It was so hard to write the message in the first place. When they don't write back I wonder if they think my situation is too bad. Or I think maybe they have forgotten about me. Sometimes I check ten times a day to see if anyone has written back to me. Every time there is no message I feel bad.

I always think about looking for help because I don't want to live like this anymore, but I'm just too chicken to get help. I always lie when people at school ask me about what is happening at home. I lie because I heard about a girl at my school who told the truth and I didn't like what happened to her. She was taken away from her home and put in a group home. Even though I sometimes wish I was going to be taken away, the thought doesn't last very long because I am more scared of going to a group home than my family. Even though they hurt me, at least I have my own bed and room. And my own computer. The scariest part is that I don't know what would happen if I told someone.

Just being able to write it out is to me the same as saying it out loud to someone to make it real in a way. Real as in knowing that it isn't just a bad dream that I can't get away from. It is real and I *could* get away if I ever felt ready enough or not scared or weak. If I knew that I wouldn't get in trouble and that I'm not bad for telling or lying, then it would be easier to talk to someone. It is easier online because no one knows me here. No one sees me. So its easy to tell the truth online. It helps just to write things down. I just want to get it out I guess. I write just what I feel inside.

I read the threads from other people and I look at some of the resources on the site. I didn't call any of them for a long time. I just looked at the site and I felt hope that one day I'll have the guts to call one.

Eventually I did get help. It was very hard but I had had enough and couldn't take it any longer. I have been connected with a social worker and she has promised that it would be ok because she was going to keep an eye on my family. I let myself hope that she would help, but it feels like she listens to my parents more than me. Part of me wants to keep trying to get help, but the part of me that is afraid that it will just make things worse usually wins.

I was in the hospital for a while because I was hurt. It wasn't great to be in the hospital because they made me do things that I didn't want to do. But even though I had to do stuff I didn't want to, I still didn't want to go home when it was time to leave. When I got home I felt like everyone was ignoring me. It was like they thought I'd made up what they did. But I didn't. I felt like a ghost in my house. There are times when I feel panicked and depressed. When those time go

away I feel sorry for the things I said when I was upset. But even though I feel sorry, I don't feel happier. It feels like I don't remember how to feel happy.

Emails are a good place to vent. Sometimes I don't know if the person I send emails to will be mad or frustrated so it is good to hear that I am not judged by what I write. It is always good to hear that because it feels like everyone else is judging me. It is really hard to convince myself that other people aren't judging me. Often I judge myself and tell myself that I don't deserve to be happy. When people tell me that I do deserve to be happy – I have a really hard time believing them.

I wish other people knew how things really are for me – but I am afraid to tell them. It is hard to put it into words because when I think about it or write it down, I look at the words and see my own weaknesses instead of seeing hope. The feelings of feeling judged drown the feelings of hope. It is frightening to feel hope because the feeling is quickly followed by the thought that I will be disappointed again. Sometimes it feels like trying to find help is five steps back for every step forward. At times like that I keep to myself and crying seems like the only thing to do.

Sometimes I just need a place to vent where I know no one will judge what I say. It helps to know there is someone out there who will just listen. It is hard to say the things that are going badly and for some reason it seems harder to find and say about anything about moments of happiness, even when I see them.

2 Armand, Man in Rural Alberta

I recently had to move out of my home due to a marriage breakdown and spent hours on the internet looking for help and support. My wife and I decided that we couldn't live under the same roof so I decided to find a place because there are children involved. Of course it takes some time to find a place so I spent 3 nights in a hotel and that's where I was the most depressed and hurt and where I spent the most time online. Once or twice I went online for support from work, when I was in real rough shape. It was really important for me that the forums were anonymous. I don't think I would have posted if they weren't. I don't know what I would have done.

Mostly, I felt lonely. It seemed like one moment I had a family and the next I was alone. I lost my family, my home, my happiness, my financial stability... I lost myself. I felt incomplete. I suddenly felt so alone and lonely and heartbroken. The tears wouldn't stop. I missed my family, my home, my pets, my life. Weekends sucked the most. I just wanted to lay in bed and cry all day. While I sat there alone in unfamiliar surroundings I felt so utterly alone. When you've lived with a wife, 2 kids, 2 dogs and a cat for years and are suddenly alone in a quiet room it's tough to be alone again. I'm not normally a "feel sorry for myself" kind of guy, and I'm also normally very composed and organized in my thoughts. More of an analytical type of person rather than an emotional one. Through the divorce I have felt way more confused and emotional than normal. I had to make a connection with someone. I spent hours browsing the 'net looking for support, and found a few good forums.

I actually work in an office as a manager and a good portion of my background is IT, so I'm pretty comfortable with computers overall. I use some kind of social networking just about daily. When I went online to look for help, I didn't really have much of a sense of what I was looking for. Just something to help me cope. Something to fill the lonely hours. I started by googling for chat groups involving divorce or separation. I looked in the yellow pages too. There was some useful info, but I didn't call anyone.

I was looking for instant gratification and found the Internet provided that in a quick time. I found a forum on the Internet that got feedback on within minutes and it helped. I didn't know if it was moderated or not, but at the time I didn't care because I was getting desperate for some compassion. The helpful responses were the ones that shared that they "know how you feel" and that it will be ok, that kind of stuff. Just that I wasn't going through this alone. For a while there I was without Internet access for a few days and I felt even more disconnected. I was relieved when it finally got hooked up.

At first I found a lot of chat rooms seemed to be mostly crap. Lot's of talk about nothing. Lot's of "webcam" proposals. Proposals to see them on cam by going to their site and paying. There is a lot of crap on the 'net. A new private message would pop up every minute on most of the chat rooms I checked out. Very annoying. Public chat rooms didn't work at all. Chat rooms for the most part seem to be all about porn or just random talk. I wouldn't suggest anyone feeling lonely or despondent use them. It was frustrating spending all that time wading through all the crap that's out there before I found what I was looking for.

Public discussion forums just seemed more mature and professional, although I'm sure there are plenty of bad forums out there too. I think having to register added some legitimacy to it. On the forums, I read messages before posting. Sometimes people can be cruel and when someone is looking for support and compassion. A hurtful or mean spirited reply can be painful. No one responded to any of my posts with mean comments, but I saw examples on other forums. I guess it's the type of members on the forum that can make it a good or bad one. Although it feels like nothing will help right now and there is no light at the end of the tunnel, I'll give it a shot. When I decided to post, I chose the one that seemed the most honest and compassionate.

I read a number of forums before choosing where to post myself. In the other threads that I saw and the responses, it seemed like a group of peers that were all sharing a common bond of sorts. Much like a support group. The only discussion board that I posted on was a divorce support forum with a bunch of other people who were going through or had gone through similar experiences. The people who commented on my messages provided 100% emotional support for me. I saw that on the forums sometimes there is more practical advice given, such as finding an apartment, etc. For me was only looking for the emotional support side. It was the emotional support that was most helpful, much like a support group you would attend. Knowing that I wasn't alone. That others shared my experiences. I found the comments of others very helpful. Honestly, finding that forum was a godsend. None of the others forums were helpful. Once I found

this one, I stopped looking. I haven't found any new sites in a while. I got comfortable with that one and have just stayed there.

Some of the messages I really identified with at the time. I read ones that dealt with the pain, heartbreak, fear. Topics that I might be able to become a participant in that may help me or at least give me some comfort in knowing I wasn't feeling this way alone.

The most common piece of advice was: hang in there, these feelings are normal and they will pass with time. I think most people realize that the feelings are a normal part of the process and it will get better in time. So it wasn't really much help in the present, but it always helped when someone replied that they know what you're going through and they are there to listen and lend moral support. It was most helpful when they replied specifically to your messages. Some people left messages for me about whether I should get help offline. A couple comments on my own topic that strongly encouraged seeking a therapist and even meds (anti-depressants). I am still considering seeing the therapist and if a therapist suggests meds, then maybe I'd try that too. I commented on some other people's messages. I saw others reaching out in pain and i know it helps to receive positive comments so I reached out to help. Somedays you want to help others and some days you want others to help you. Most of my responses were typically like what i wanted to hear. The same "hang in there, this will pass, I know what you're feeling, you're a good person" kind of stuff. Of course I was sincere and meant what I said. Sometimes I wondered if people were less authentic because it was anonymous, but repeated visits to the site and you get to know the same people

after a while. There is always an initial caution with someone you haven't met yet, but it doesn't take long to figure out a personality. Those that aren't authentic usually don't stick around long.

One fairly common thread piece of advice on the forums was that keeping a journal helps, so I started a blog, which seemed to help. At first I thought starting a blog would be silly, but after the first post or two I found it helpful. I like that I can pour my heart out and no one can ever identify me. It's not new for me to "pour my heart out," but not something I've done a lot of in my life. It could be a male thing. I don't think I could have done that if it wasn't anonymous. I would have probably just kept a journal under my bed. Even though being anonymous is important to me, I want to share my feelings too, but I'd like to share anonymously. :D No one commented on my blog, but I think it would be cool if there were comments because it would mean people are reading it. Of course I would hope they would be nice comments. Having comments that ridicule me wouldn't be too cool. When I read my blog over I can replay the emotions, a little less intense perhaps, as I felt them from passage to passage. I would recommend writing a blog or a journal to someone who is feeling down. I would highly recommend keeping it anonymous though, if you're going online with it because there may be things you write in there that are too personal to be out in the public domain for people you know to see. Kind of like a diary is always kept secret. Eventually I stopped updating my blog because I've been real busy and I haven't felt the need to write down my thoughts. I was using it as a kind of therapy. I got through the grief stage I guess.

The thing about going online is the anonymous factor, although I think sometimes face-to-face could be better. If I have to be identified I think I would go the person to person route. After posting online and starting the blog, I decided to try and find a psychologist and started looking through the yellow pages. Is it weird that I want to find a woman psychologist? The thought of opening up and crying in front of another man just feels wrong to me. I looked into seeing a psychologist to help work through this. When I called the psychologist, I found out we were childhood friends. She was unable to take any new clients and referred me to a colleague of hers, but I haven't called her yet. I had seen a marriage counselor in the past, but many years ago and with a different relationship (we never married). I hated it. It certainly made an impact on me avoiding therapy now. I believe that you have to find the right therapist, someone you fell comfortable with. I guess that's similar online and offline.

I met another recently separated guy who told me about the support group. I haven't gone yet. I suppose it will be dependant on my state of mind over the next while. Sometimes think I may be over the worst of it, but then I have weekends where I'm so depressed I don't want to get out of bed. I still have not gone to see a therapist because there are days when i feel like i'll be fine without one, then the next day i'm like damn, i should have made an appointment. I found out about a divorce support group in town that i may or may not attend as well. I didn't end up getting counseling offline because there was a cost involved, and there was the inconvenience of scheduling appointments. But I would recommend that for someone dealing with a deeper depression.

I still frequent the same online forum and found a great divorce support chat room. This one is exactly what I was looking for originally. It is frequented only by other separated/divorced individuals and the conversation is more mature, respectful and legit. I just found it and have only been there once so far, but the nice thing about chat is that it's in real time. When i was there, all of the chatters (only 3 at the time), were long time members and seemed to have become quite good friends. They were all very supportive of me. I really feel like I get to know some of them. I still have regular conversations with about a half dozen people. I became closer to some than others. I can think many of the group I am close with have others they are close with that I am not. We are rarely all on at the same time. But I've made some new friends, and now I offer support to others who need it. I think I offer more support now than before. I have compassion for those that are going through a rough time with a separation. Mostly I offer emotional support, words of encouragement.

Overall, I'd say that looking for help online took a while to find something genuine, but once I found it it was invaluable to my healing process. I continued to use online help in the form of divorce support chat groups. I still visit there from time to time, it is like a peer support group, many of us have come to know each other and gather to chat about anything, often lending moral support to those that need it at the time. We always sympathize with each other in the chat room because we have all been through the same types of issues. I don't think it would be much different than a divorce support group that meets every week at a local meeting place. It feels supportive. I think you get the same responses you would

get in “real” life, but I also think people may tend to be more open online because of the anonymity factor.

I eventually a much better place to live. Closer to work, nicer place, better environment. I see some of the kids regularly, but one (my daughter) hasn't spoke to me in quite some time. It didn't take too long to adjust. I am moving forward and accepting my new life with a positive outlook. That has always been my way, I'm an eternal optimist. I see much more clearly now than I did before. Mostly I had time to heal. Time to think. Online helped me to understand my feelings by realizing what I was going through, and lifted my spirits because I was able to talk things out, often there was humor involved. I think humor is very important.

3 Erica, Young Woman in Edmonton, Alberta

This is the hardest work I have ever done. There have been times when I didn't care if I lived or died. I felt alone and I just wanted the pain to stop. I don't really want to die, I want compassion. I have had a difficult journey but I'm getting there. There was a lot o abuse while I was growing up. I was estranged from my family for quite sometime when I was really sick. They couldn't understand me at all. While we were estranged they (my parents) did a lot of research about mental illness and when I did contact them we talked for a long time as they did get some understanding about me. My Mom told me she always felt a void while I was not in contact. But I had to so what I had to do to recover. I reached out about two years ago to my mom when I realized there's nothing more important than family. I although I am ashamed to admit this, I called her on the phone one day and just kept at her until she was crying I asked her if I made her

cry she said yes and I retorted that I was glad that she knew how it felt to hurt.

Now my mom cares about me and phones me all the time. She's hard to get off the phone sometimes love her to death though.

When I was estranged from my family I was in and out of hospital and seeing my Psychiatrist twice a week. When I first started seeing my Psychiatrist he was my anchor. He was the first person that I could trust and open up to without him expecting anything in return. When I was in hospital I would see him for about half an hour everyday and do group sessions in the afternoons I have a difficult time with trusting people who were as sick if not sicker than I. I guess it's a basic trust issue. I did trust him though. I found the therapy sessions exhausting so most of my time was reading articles he suggested and sleeping I was exhausted. My Psychiatrist never encouraged me to look for help online. Actually told me not to read certain books. However I believe that I should decide what I choose to read. He didn't want me seeking help on-line or in reading material but I disagree I feel that knowledge is the best tool. I think he was worried that I would become more upset or that I might encounter things that would cause a setbacks to my therapy. I felt at times he was overprotective but I will say he was working very hard with me too at first.

I stopped seeing him because after a while I was going in mainly to get RX refills and listen to him talk about things like house revelations, his sports car racing his pool table. I felt I could get refills from my GP. I had come to a point where I felt that I had said all I had to say and the last two years were habit not help. I don't give up easy I heard probably want to much information about him

and his family than was professional. I honestly wish I had looked for a counsellor or psychologist instead of taking that first antidepressant. I saw my psychiatrist and thanked him for all he has done for me and admitted I would rather not return. My GP had asked that I ask him if he would be available (not on-demand) should she run into anything she was not comfortable with and he agreed so I am comfortable with that.

My relationship with my GP is very good I feel that I can tell her anything. She is very supportive in that she did offer to take it upon herself to do my meds and talk if I need but I did get my Psychiatrist to let her know he would be available if need be I don't like to burn bridges and all is amicable. She doesn't treat me like I have "psycho" painted on my forehead she looks past that part of me and instead directs her attention to myself as a whole not as a psych. patient and that's it. She is very encouraging about any step forward I take and offers suggestions as to how to step further in the right direction I quit smoking with her help and have started to look for a part-time job too. I'm very proud of myself. I mostly turn to my GP now because I feel I can be totally open and honest with her.

Trusting has always been really difficult for me. To this day I have to really feel out situations to allow myself to trust and that is making it difficult for me to make friends I have good acquaintances but not good friends. I have tried to connect with my partner, but he just doesn't understand. Actually, he became angry with me the last time I tried to talk to him and now I am afraid to tell him when I feel depressed. I feel like I have to behave myself at home.

I called the Distress Line once and was treated with the utmost respect. I know I can get numbers there for counselling, it's just that most of them are too costly for me. I had a close friend who was taking psychology, but she passed away and I really miss talking to her. She was always there for me. I often feel like I have no one else to talk to. I find "normal" people don't want to hear it. So I looked online. I was feeling very alone and I thought maybe someone else was feeling similar and wished to talk to someone. I was looking for someone who understood what I was going through. I'm in disability so I can't afford anything that you need to pay for... so I go online for support that is free. I actually didn't see any sites where you had to pay.

I usually access the Internet from home – when no one is around. Usually I type in something like "mental health chat rooms" into a search engine. I look a lot on the MSN network search engine, which is American – so I find it hard to find Canadian sites on MSN. I also looked at video streaming by doctors about mental illness. Some sites I looked at had message boards and some were chat sites. On one site I posted a message with a profile about myself – I only revealed what I wanted and I could block people from reading my profile. I decided to reveal only the fact that I was on antidepressants and was very depressed "Having yet another bad day". I usually only revealed very minimal information until I got a feel for who I was talking to. I never disclosed much about my own suicidal thoughts. I guess the main reason for not disclosing is that since I became ill and long before I have always thought of suicide as a "blanket" or safety net if you will. But I did talk about depression and I discussed the medications I was on as

did many others and got feedback on other people's feelings about meds and the kind of care they were getting. I actually didn't find it that helpful for myself, but I realized that Americans don't receive comparable care to what we get here in Canada. Some of the Americans were very angry – I guess I felt lucky in that way.

When I look at a new site, I just go through it and if it doesn't feel right, then I move on to another. When I joined the chat room I would read messages for a while to get a sense of the room. I can tell when one doesn't feel right when it feels like there is no compassion between people. Some people are nasty and co-dependent to the point where I started to feel unsafe. Most of the chat sites just felt gloomy – it felt like a chat room full of mentally ill people. I didn't start to feel really uncomfortable until people started to recognize my name and then there was a couple of people who would lean on me too hard. Then I felt threatened. I remember specifically one man who seemed to control a lot of the conversations... he seemed very unkind and even vulgar. I found it shocking to hear this fellow tell someone to "kill yourself and get it over with" He was not speaking to me but I saw what happened. That started to feel very unsafe. I'd usually visit the chat room every day for a couple of weeks until I realized that it wasn't for me. I started to realize that there was no supervision in these rooms and no monitoring – after a while it felt like exposing myself to more abuse. When I look back now I can see that what I was really looking for was compassion – someone to listen and talk to. On many of the sites I only found people who leaned on me too much.

I remember one time I felt upset and went to a suicide site - I remember that the homepage was dark purple with black writing that said "Do you really want to do this?" I stared at it for several minutes and closed the page. I didn't really want to die. Not with that in front of me I asked myself what I was even doing there.

Another site really stays in my memory as well- it was a suicide site and I went there because I was feeling suicidal and had a plan - I didn't tell anyone that though. I believe it isn't the kind of thing that you tell strangers. I would never have told anyone online that I was looking for some type of solace. The site looked really promising at first - you could read some of the messages and people sent "hugs" and "flowers" to each other. It seemed really supportive. And you could remain anonymous. It was really disappointing though because when you actually registered for the website (it was free, but you had to register) then you gain access to more rooms that's where all hell breaks loose. That is where the worst of the chat is - once you register. At first there was a fellow who seemed to be in somewhat of an authoritative order but I still believe it was for show only. Once you registered, there didn't seem to be any moderation at all. I felt scammed. We all know that every time a site gets a hit its good for business and that the feeling I left with. You get to see the surface, but once you go in its like people sucking the life out of each other. There were slashers quite proud of the carvings they themselves carved on their bodies, someone committed suicide and people talking about sites where you could go to get the necessary apparatus to commit suicide. One man obviously took to my messages and would not leave me

alone. He was suicidal and quite obviously out of hope – it was too heavy for me. I was frightened at people saying they were signing out and may never be back. There was one experience that made me realize that the site was way too much for me to handle. One girl said she was signing out and may never be back. I attempted suicide once and I know where she was at I'm certainly not qualified to take up that kind of distress. It almost felt like rape. It was cruel and quite honestly I was shocked. I have been admitted to the hospital and I assumed that it would be somewhat like group sessions, but I really didn't feel like I got any support or compassion - I spent more time offering help than receiving it. I was only on that site for one week.

After that website I stopped looking online and became very depressed. I made a plan and told my common-law partner that I was going to kill myself as I have all the time in the world and the resources to do it and that is when he became so angry at me. He doesn't know that pain. He doesn't understand why I say things like that. I wanted him to hold me and tell me things would get better. I wanted him to understand my pain.

One time I went to a Bi-polar site but found that most of the people on there were experiencing quite different things than I was. I did not pursue that site. That was when I started feeling that the internet was not the place for help. Honestly it seemed like not very many people were interested in having an educated discussion – depression and mental illness is not a joke. You can complain all you want but I pride myself on my insight and I wanted something more than what these sites offered I wanted an intelligent conversation to express

myself and it's just not there. The lack of supervision just made it seem like a lot of sick people complaining.

I don't go on facebook or anything like that – I think I see the Internet as something to do, somewhere to get information, but not a place that holds a lot of hope. Actually, probably the place that I have found the most support online is an online game club. I have met some very nice people on that site I have been a member for about three years and I quite enjoy it. You get so you recognize names and they supply a guest book and instant messaging just on the site. It goes nowhere else and it is very closely monitored. You can't use bad language or be unkind to people there without being reported and I think it's a great site. I love to walk and if I'm not myself my online gaming friends will tell me to "shoe up" and go for a walk so I will feel better and I often do. It clears my head. They have trusted me with some very private moments and I them. It is a much different scenario than an mental illness chat room. They offer help and advice which I can take or leave and I can allow myself to trust them. We always have a good laugh and the more I can laugh the better I feel. I appreciate the advice, but online advice hasn't ever made me change my mind about offline help. I have a sister-in-law that is a nurse and if I have medical questions I can turn to her. She is very helpful if there is something I don't understand but she does not interfere in my doctor's advice about help or meds. She will explain things to me in layman's terms.

Even though some of the sites I found were not very good, I don't believe it was harmful. It helped that I knew that I had the option of stopping any on-line

chat that was making me uncomfortable. It was important to realize because although I believe it did I don't feel that just bitching is therapeutic I think it's ok to disagree and converse and I find a lot of people with mental illness don't think the same way. They are disabled and choose to keep it that way.

Chatting online can be as tiring as one on one therapy at times but I know those same people are there for me tomorrow as I for them and we always end our conversations with a laugh.

4 Debbie, Woman in Calgary, Alberta

I've been depressed for a very long time - since my teens. I haven't really seen any counsellors until recently though. Two years ago someone close to me died and it sent me over the edge so I knew I needed help. Last year was the first time I contacted a counsellor for help. I was prescribed an anti-depressant medication and when I stopped taking it I had some weird side effects – so I thought talking to someone in person would work. My family doctor told me to meet with a counsellor at Social Services at the hospital. It was actually a bit of a relief to have someone listen to me. She spent about an hour with me and gave me some information, like the phone number to the mental health line, she was nice. I could only meet with her once, though, because the hospital was too far for me to travel. I also met with a public health nurse at one point. She was just annoying. Too overbearing. I don't deal well with overbearing. It seemed like all they gave me was a bunch of numbers to see people I can't afford - and couldn't drive so I gave up on that.

The phone number assistance was okay, but I had trouble finding private time to call -- too many people around or couldn't find the time to call. When I did call I didn't really enjoy it.

After a while I got tired of searching for people and my family kept telling me it wasn't worth it, and to ignore the depression and to get better without meds and treatment. I had no support from family and friends. I tried to tell them about how bad I was feeling, but generally they just said "ignore it" or "put a happy face on." So I don't talk about it anymore to them.

I usually access the Internet from home. I have a newborn. The convenience of the Internet is huge for me. I just typed in whatever I was looking for into a search engine. I typed "depression, suicide, paxil, anti-depressants, advice columnists, mental health" stuff like that.

I found an advice columnist where I could submit my questions to that got answers back. I got advice about how to deal with my problems with depression. Most of the time I was told to get professional help. It was alright for awhile. I found info on the drugs I was taking and just a few links to websites of places in the city to go to but I have not gone to them. Not really a lot of them that were all that helpful, but I'm still looking. The ones that were most helpful were ones where you could post your problems and just general people would give you advice. It was kinda fun to read through the replies - I got some interesting advice. One time I posted with a problem that I was having with a family member who would always put me down and I got some replied telling me what to say to this person when they would put me down. I tried the advice out and it actually didn't

work all that well – actually created more tension and anxiety... but it was nice that people offered advice.

Over time I've tried out a few different websites but now it is mostly just two of them. Some of them had chat options, but there was never anyone around. They were all very similar really, but I went to the ones where there were more replies. I also preferred replies that seemed sincere and actually gave some sort of solution. Some of the replies I didn't care for, but it was pretty easy for me to just ignore them.

Sometimes I would read the messages of other people and some of the questions I could relate to and I would go back to read the replies... if it sorta related to what I was going through. I only sometimes responded myself I even responded with "I went through that" or "am going through that." It is helpful in a way. But mainly I just read.

I use facebook as well but I don't say anything about being depressed. My contacts shouldn't know I am depressed.

I think I know what I'm looking for – a community or a person who might be able to offer some advice or solution to something quickly. A quick reply is really needed. Privacy is also really important.

5 Marnie, Woman in Ontario.

I've been on the internet since I was 7 or 8 years old. I swear by facebook and msn. I access the internet from College and from home now. I've had depression for about 6 years and I've even attempted suicide in the past. If people found out about me and my suicide attempts and my depression I would probably

lose a lot of friends and probably receive a lot of harassment. I already lost my job due to my depression. Others will talk about you and you'll be labelled crazy. It's been a long struggle, but nothing in life is easy.

I've tried to tell people before but this year is the first time someone listened so it doesn't feel like they are generally supportive of me. I think they mostly try to avoid it. I asked one professor for help a few months ago, but he got spooked and made some comment to another professor. The other professor also noticed me not attending classes and reported me to a counsellor. The counsellor contacted me for an appointment and said I had to meet with them otherwise they were going send someone to come get me. So at the end of April I went to a counsellor at the college, but it made the situation worse. I got passed around like crazy, in one week I probably seen 4 or 5 counsellors. I felt worse and tried to back out of the counselling.

The first time I looked for help online was March 2009. I typed in depression forum and a group called "Personal Stories Sharespace" popped up. It pretty much helped to save my life. Its a different type, you create "stories". You'd have check it out to understand, but the person who created it is a god-send.

I actually join as many sites as I can. There are three that I regularly visit. I also looked for mental health/depression, suicide help forums, online e-mailing counselling and other online communities. Most of the sites I visit are discussion boards. When I first go to a website, I always read messages written by other people first to make sure I wouldn't be judged and I want to see if people felt the

same way as me. I depend on those sites. People online can relate to me because I can tell they have been depressed and suicidal too.

At the beginning of May 2009 I stopped going to counselling because I wasn't ready. But because I didn't e-mail the counsellor back, she sent the police to my apartment, hauled me out of bed, and took me to the ER where I sat in a holding cell for 7 hours. It was horrible. I wanted to go back to only getting online help, but I got apprehended by the police and then after that I was forced to attend counselling. I went 5 times after that. One counsellor I was seeing right after the police incident was causing more problems and the online help provided support. I think I saw the same counsellor twice, but every other time I went it was with a new person. I never knew who I was seeing. It was very disorienting. It seemed like they were "textbook" counsellors. You can say how you feel and those people don't slap you with a diagnosis and toss you on meds. Thinking back I'm not really sure what to make of the experience going to the ER. Afterwards I felt worse because no one checked up on me for three weeks. For those three weeks I was a mess. I had one counsellor who made a difference, but then he just up and left. Again the counsellors just up and left me alone again that's when I went online again.

I get a lot out of going online for help. Sometimes it's just being able to vent. Online you can vent without having the fear of someone throwing you in the mental ward or on medication. Feeling understood is really important too. Online is great for that. The people I met online don't see just another college student having a crisis. They listened to my life story, and helped me figure out how to

put my life experiences to use. They showed me that yeah, I have been through a lot. I just wanted someone to help me stop hurting and they did that. They teach you coping methods and even e-mail you daily to check on you. I was surprised that some of the people I met online had a similar life to me. It's great to read about because you see that if others can survive it, so can I.

I've asked for specific advice sometimes about offline help. I got a lot of people telling me not to go for help or if I did, only continue to go if it helps. They told me where to go, and most importantly, how to ask for help. I also had some pretty bad advice too. I was trying to find others that could help me figure out how to get involved with my own community and help raise suicide awareness, when a pro-suicide person messaged me and started calling me a sadist and just bashing the snot out of me, and I had already had a down day and that didn't help. But the next day I had 18 people supporting me and told the pro-suicide person to shut up and that they supported my cause. There's the good and the bad. It was actually the best feeling.

Online teaches you to work with others and support others. When I read other people's messages I felt like I knew their pain. I mean counsellors are great and all but we go back to the whole, been there, done that scenario. I can't cure people, but I can help others to the best of my ability. I used to be self-centered but now, I'm changing my educational path so I can help people. I have a vision on how I want to see things change. And I have the same people that helped me supporting me.

Since I started taking the medication I have been having memories. They thought the meds would calm me down and fix everything. But instead my memory got more clear and I remembered something I didn't want to remember. I had a 100% breakdown over something I remembered and when I tried to talk to them they wouldn't see me. Then I got more depressed and destructive. I found myself trying to jump off a bridge at 2am. I'm not really sure what stopped me from jumping off the bridge. It was like suddenly I snapped back into reality or something. I knew it wasn't me making these choices. I kept telling myself no, I made a promise to a lot of people that if I tried something I would contact them first. I pretty much got in an argument with myself. Right after that I approached the professor. I told him that things weren't going well I needed him to say ANYTHING positive. I needed somebody to not judge me and to listen. He said to keep looking forward. He recognized that I am trying and am facing a struggle. Now I'm not afraid that he's going to freak out and call the police. He talks about the future and he's the only one that believes I will have one. Even though he felt he couldn't help me, he did help me because I explained to him I didn't need him to help me, that he didn't have to be an expert to listen to me. Sometimes important support comes from less-expert places. I need someone who will listen when I'm hurting and will help me out of a crisis. Not someone to fix me.

My friends and online people e-mail me and make me feel better and encourage me. They just point out how intelligent I am. They tell me that they have faith that I can make a difference because I have such a strong belief and goal. Others around me in everyday life just don't even care, because they don't want

to hear about it. When someone says they have faith in me, it gives me a reason to live. Most of those people are suicide survivors.

The counselor who I saw at student counseling who took me to the ER has been really helpful. He doesn't treat me like just another student coming thru into his office. I think he's the first person I've managed to have a sort of a bond with. It's because of him that I'm still here. He always gives me my space and respected the fact that I didn't like people too close to me. Plus I don't get along with female counsellors, only male, so that helped a huge deal. He looks past the depression and can bring out the positive side of me. I feel like I can trust him because he respects me as a person. He never pretended to understand me in the beginning. He made it clear he didn't know ANYTHING about me. He worked slowly made sure that when he was worried about me over something, he was worried about me as a regular person and not a patient... he treated me like a regular person. Plus he never pushed meds on me. He's left for the semester to work on a paper, but he keeps in touch even though he's out of office. I usually email him unless I'm 100% out of my mind then I'd call him to take me to the ER. I don't email him often, only if I'm in a bad situation. E-mail is easier, because you're more willing to discuss things or be more open about certain topics. Plus I'm more likely to send an e-mail than to pick up the phone in a bad situation. Even though I know I can't get a reply right away I feel better because I know that I have made contact... but see this is where online help works, because you can get a response 24/7.

When the offline counsellors had me put on those meds back at the end of May beginning of June they wrote a letter to the doctor about my mental health and the negative events in my life and that letter got on my medical record.

One Friday my heart stopped and I was home alone and I had to drag myself to find someone to help me. No one was around when the attack happened. It was scary... I had no pulse at points and I couldn't get any air, and my body was numb. I originally panicked and went to call the counsellor but then fell and couldn't get up. I then realized I needed 911. Once I could get to the phone, I just hit one of the numbers on my phone and texted 911 to my friends because I couldn't get enough air to call 911 myself. They called 911 for me and got here asap. My friends can sometimes look past the mental illness but it still causes problems. Like when they called 911 they at first thought it was because I had attempted suicide and they called 911, told them my address and number and then got here asap.

The ambulance came to get me, they found my meds, learned they were to treat depression. They dropped me off at the front doors and walked away (literally). The nurses read my chart and talked to me like they would a mentally ill person. Just their tone of voice, attitude, the way they would explain things... they would talk to me like I was 5... I've been to the Emergency Room for other illnesses and injuries all my life and never once been treated like that by nurses and paramedics. I wanted to punch the nurse right out. I'm pretty sure they treat the drunks better than they were treating me. I was offended. I would never treat somebody with that lack of respect. She was lucky I couldn't move my arm. I

went home. I couldn't sleep. I was terrified if I slept I would not wake up. It wasn't pleasant and I ended up not receiving what I needed and just left. When they got to the hospital they sent a mental health nurse to talk to me. Well they read the letter, told me all my symptoms were virtually nothing and gave me no treatment. That letter caused a lot of the problem. I left that hospital with no treatment so now that counsellor I've been working with is trying everything to get me the medical care I need. He's getting me into see a doctor who promises to look past that letter. If I didn't trust this counsellor to help me then I don't know. What would be the point in living if you keep getting physically sicker and sicker and can't get medical help??? All because of a letter on my file. As soon as you are labelled mental ill, everything is in your head. Because I'm young and mentally ill doctors and paramedics assume I'm 100% healthy.

Four of my friends had followed behind the ambulance to the ER and stayed with me. I honestly should have called the counsellor because he would have set them straight buuuuut I wasn't expecting that treatment...or lack there of. But I haven't contacted the counsellor yet about it. He only knows about the incident with doctor recently. So I'm not sure entirely what will happen. I can't imagine he'll be thrilled.

Recently my mom killed my cat and I was a mess. I received tons of support online from people who could relate and helped me come to terms with it. They take a really bad situation and help look at the less distressful side of it. Obviously not all responses were good but they deal with the situations better than the offline people. I think the less details someone knows about you and

current situations the easier it is to see it as an isolated incident of sorts. They just gave their condolences about her (my cat) passing and that it was obvious that I had an amazing bond with her. They focused on the positive things. I still went my counsellor to make sure that I stayed sane but I think for comfort online still helped a ton.

Over time grew to not rely on online help as much, I think because I found an amazing counsellor. My counsellor kind of sat down with me and told me that in a crisis situation where your life could be on the line, you need offline help. It's really about finding a balance of online and offline. I think there also has to be boundaries as to when you chose online vs offline help. In a crisis situation you should seek offline help, but at the same time you should in advance make sure you know where to go for that help. Online help is great for everyday anxiety, or sadness, stresses, anger. A person on the other side of the computer can't take the knife out of your hand. You need someone you have a trusting "relationship" with to help you. That way you trust you made the right decision and don't have second thoughts or regrets later. I still hesitate to call him after hours, crisis or not, so online sometimes can help you to convince you to make that call. I think that balance is important.

I've definitely realized that whether you choose online or offline help, it's up to you to decide when and how to use it. As well you need to be careful judgement wise. If you feel suicidal, like you have a feeling you are going to harm yourself, then you need offline help asap. I like online help but leave it to a professional to get you help. As well make sure that you sit down with the

counsellor and determine how much availability that counsellor has...like with me, I find out, can I call them 24/7 if there's a crisis...or can they give me a list of numbers of who or what to call? But my counsellor also knows the online communities help me. I always go online before contacting my counsellor after hours. I'm always on the fence about which is better, but if you can find good offline help, then do it. I know not everyone is going to be as lucky as me to find a counsellor who goes above and beyond, and so you have to do, what you have to do to survive and keep yourself going.

6 Marcel, Man in Rural Alberta

I live in Alberta and I usually access the Internet from home. My son committed murder and when he was a teenager and so he went to live in the prison psychiatry ward. He struggled with finding answers to what had happened, but the professionals couldn't or wouldn't give him what he needed and he committed suicide 5 years later. I can't understand why any of this happened. It still tortures me and my family, but I am compelled to find the answers I need. I'm not always sure where to look, but I need to keep trying to figure it out. I need some main questions answered. Like why did my son commit murder? Why did he commit suicide? Tough questions, but there has to be an answer. No one that I saw had these answers - they couldn't or wouldn't answer them. All of the therapists would keep trying to get off the main questions. I've looked everywhere and will go anywhere to find answers.

I've been looking for help offline for over ten years now. I figure I've met with more than twenty different counsellors over the years: counsellors, social

workers, psychologists, doctors, priests, and others. I even talked to someone in the prison psych ward. I met with a counsellor a month ago. Many times but to no avail. I didn't find any of the counsellors helpful at all. I just need answers about my son and I haven't found any by talking to counsellors so far. Some of the individual counsellors found it too embarrassing to talk about. It is horrible to a lot of people. Not something that most people are willing to think about, let alone talk about. Professionals need to know what they are doing and be in it for the right reasons. It is harmful when professionals prove they aren't qualified. I believe that people have problems that need to be addressed and if I can I want to help professionals understand how to help others as well.

Everyone has issues to deal with and its only good when their issues have been resolved in a positive manner. I've discovered that a lot of professional counselors had not done this and therefore carried it with them for others to see. To me this is not very professional of them and the fact they are allowed to try and help others is unhealthy for those who they are trying to help. When I tried to express my feelings of sorrow on a particular subject rather than them listening to me, they were reacting to their own sad feelings which i found bizarre. IT WAS TWO YEARS AGO THAT I TOOK TRAINING AS A CRISIS LINE OPERATOR, I FOUND THAT THE TRAINING WAS NOT ADEQUATE. THAT THE TEACHER HAD NOT DEALT WITH HER OWN ISSUES OF AS WELL AS OTHER OPERATORS. MAYBE EXPECT TOO MUCH AND I HAVE SET MY STANDARDS TOO HIGH, BUT AT THE END OF THE TRAINING I FELT I WAS NOT READY TO PERSUE THIS JOB. I DID NOT

FEEL THAT THEY WERE QUALIFIED TO TEACH, LET ALONE HELP ANYONE. If i was a counsellor i would be concentrating on my clients needs at the time not my own.

I actually have a little training in the social work field and I was very disappointed in what I discovered – no one seems to have knowledge of the troubled mind. It seemed like all the people I met with were either poorly trained, or in it for the wrong reasons. They just don't seem to have the knowledge, so they change the conversation to talk about what they do know. I was disappointed when the counsellor kept diverting the issue. It really seemed like many of them had not dealt with their own issues and I ended up counselling them. Which seemed funny at first, but then I felt disgusted that people were in the business that shouldn't be. Money is a big issue too because if you didn't want to or couldn't afford the prices, they were no longer interested in your case. That's how I could tell that they weren't in it for the right reasons. Besides that, they would always get off answering the main questions – what I really need to know.

I don't mean to offend anyone by saying that many professionals are not helpful. I don't want to appear bitter. I have just had some bad experiences. I believe that help can be available for people who are fighting for their lives, as I am. I have hope that answers can be found and that help should be more easily available to people who need it. I couldn't find the answers offline so I went online.

It is not always easy for me to communicate online. I prefer to talk on the telephone or meet someone in person. But I'll look anywhere for the answers I

need to find, even online. It is sometimes very frustrating to try to find any kind of credible information online though. It takes a long time. I searched google for “suicide prevention,” “mental health,” and “crisis lines.” I found the website for the crisis line here, which is a women’s shelter. It had information about dealing with mental health problems and gave out phone numbers of people I’d already talked to. The web site offers a little more privacy than going somewhere in person. All I really got from the website was a phone number but not too much to look at. I didn’t see any discussion boards or chat rooms. I didn’t read anything that other people had written about their own experiences. Other than the phone number I didn’t see anything that was very helpful. Since I’d already called the phone numbers, they weren’t helpful either.

I THINK MAYBE I SHOULD TRY GROUP THERAPY BUT IT IS HARD TO FIND A GROUP OF PARENTS WHO HAVE EXPERIENCED SOMETHING AS AWFUL I HAVE. I’ve never went to group yet because the problem was too embarrassing. I have not found any local support groups here. I may consider starting my own support group but I don’t know the proper way to advertise this. I GUESS MOST COUNSELLORS GO BY THE BOOK, BUT IN MY OPINION I THINK PERSONAL EXPERIENCE IS THE BEST TEACHER.

I HAVE NOT FOUND ANY MORE HELP ONLINE, but I was watching Criminal Minds on TV and on there was a Psychiatrist who said that they still are not sure why some children kill, so i guess I will never get the answer. I will have to learn to deal with it in another way.

7 Kimberly, Young Woman in Edmonton, Alberta

Seven years ago I saw a counsellor for 3 years until she quit her job. She was the one who originally recommended that I look for help online. But it was a few years before I actually did look online for help.

Then 2 years ago i saw a psychiatrist for 18 months until he took a different job and 3 months ago i started seeing another counsellor. In counselling it felt good to get things off my chest and actually say them out loud to another person. It doesn't feel like i'm drowning in it as much. I also feel safe enough to act more like the real me. It'd tiring pretending to be happy all the time. The words of encouragement and support and suggestions for changing my life for the positive are always a great help.

The first time I looked for help online was about 2 years ago. I think I was just tired of feeling alone and scared and i was at the point of thinking about suicide and i remembered my counsellor had suggested trying the internet to find others that shared the same problems as me. I decided to give it a try before i committed fully to the idea of suicide. I did a search for PTSD and childhood abuse survivors. i'm pretty sure i used yahoo.ca - I mainly ended up looking at blogs and some poetry other people had written that had been thru the same things as i had. People were writing about there daily lives and their struggles and accomplishments...those were the ones i found more useful. Reading about someone else who was afraid to sleep because of nightmares or some other issue i struggle with as well and then hearing about how some people are able to improve their lives helps make me feel less alone and it also gives me hope. Some of the

blogs were just about someone's normal day; for example: went to work and now i'm headed to the movies. And then they'd write about the movie.

It was really helpful to read stories of people who went through similar things as I did. It was also helpful to read about the "side effects" of the abuse. It made me feel better by realizing that what i'm going through is normal and it also helped explain somewhat why i'm reacting this way. I still have nightmares and flashbacks and they can be very bad at night and for me it's easiest and most comfortable to look for help online when it's the middle of the night. I guess i'm just looking for a way to not feel so alone with my fears. I usually go online at night time... times when there isn't really any way to get help offline. I generally use the Internet from home, but sometimes from work.

The biggest thing i wish i could find is an online chat with a crisis worker for times when i am feeling suicidal and am not comfortable going to the hospital or even calling a crisis worker. A lot of the time I was really looking to find a person who would understand somewhere in those websites. There were some discussion boards and chat rooms. The discussion boards are good most of them are on topic but in the chat rooms i find at a lot of times most people aren't talking about anything relevant. i think with the chats i'm a bit nervous because i don't know the others or how they might react to things i might say. With a counsellor you pretty much know they are going to be supportive but in a chat room you're flying blind. When the others in the chat room weren't interested in what i asked or said it's frustrating and it's a bit of a hit to my self esteem. On the flip side when i do get a bit of a conversation going i usually feel better and less

alone....sometimes it's just nice knowing i'm not the only one up at 4 am. That's what i'm looking for some form of human contact and feeling like i belong. I've only ever been on chats at night and i found them through searches. I don't remember the specific sites. I think one of them is childhoodabusesurvivors.com I don't save the address for privacy reasons.

Even when the discussion isn't that helpful it is sometimes still nice just to chat... the quality is sometimes hit or miss, but when I feel alone – it is nice to have someone else out there.

I'm always careful about my privacy. I always write anonymously or with a fake name. i've never been able to do any sort of group support of therapy at all and even in individual counselling there are things i can't say that i can online...where no one knows me and they can't see me. I feel more safe online when i see another post or a conversation in a chat room that is similar to what it is i want to say and it's received well then i feel safe enough to “say” it. Basically i let someone else test the waters on first. I can see what kind of reactions they get and decide if it is safe for me to say something. 99% of the time the feedback is very supportive. People will often tell me they've done or felt the same way. They also offer words of encouragement and tell me i deserve to get better. The 1% of the time it's bad it's usually someone who says i deserve what happened or that i'm crazy or that i should “get over it” When I get feedback that isn't supportive, i try to just brush it off as some immature person who doesn't understand but honestly it hurts and it's hard not to believe them. It's easier to believe the bad stuff then the good. Have others in the online group responded to those kinds of

negative comments? Most of the times it's happened they others have responded to defend me but a couple of times it was just ignored. No one has ever agreed with the negative comments. I don't respond to them. I'm not interested in starting a fight.

Discussion boards tend to be way more on topic. There is one in particular i visit often. It's mostly the same 30 or so people who post on it...so you kinda get to know each other a bit. The people are very accepting and the site is very easy to use and they is a wide range of topics posted that i can relate to. It's free too - I've never used anything like that online that I need to pay for.

Most of the information that i found online seemed to be basic or surface level info and i would find it useful to have things explained more in depth. I've tried some of the online diagnosis tools in the past but i don't think those were helpful to me at all because i just started to think i had disorders i didn't really have. The sites that i've visited have been thru searches and sometimes when you search for child abuse or something related to that you can end up getting some awful sites. I remember finding one site that actually was a support site for parents who think they have the right to abuse their own kids.

If someone is looking for help online i would suggest starting with a known site...a government site or something like that or maybe a site recommended by someone. I'd probably also caution them that most of what they put online isn't confidential... for offline i think finding help that you feel safe and comfortable with and who you can relate to is the way to go and that sometimes it takes a few tries. It's hard to stick with it – but it's worth it.

8 Jason, Man in Edmonton, Alberta

I have been and still now getting some online help of OCD and past abuse. I have used an online counseling site and some websites where people who have the same issue come together and talk. I always used fake names, as with every one else or most people there. It was mostly a matter of safety because when you are talking to mentally ill people it is best to be safe. I never met anyone in person that I met online first. I looked at information sites sometimes. Especially on topics like addiction. I have looked at counselors online but I haven't talked to any of them yet. Most of them seem to be new age psychics. Not my thing.

I had tried faith based therapy at one point, but had a lot of faith abuse growing up. So its good to vent in that case. I can reason truth, but the emotional abuse is still there, thought I can reason throw the lie, I still had the emotion to deal with.

I had a problem when I was like 9 or 12 year old. Later, when I was a teenager I was living with addict and was abused a lot a school. I had a speech problem and could sleep like 5 hours a night deal, due to stress. I went to see a Doctor about it when I was 16 because was eating very little so I asked to see a Pycoligest and my mother set up an apointment I and I went in. My mom was supportive, but she was a large part of the problem to. One more or less has to grow up in an addick house hold, to really under stand. When I went to see the therapist, we talked first, but medication was all they really did. I went to the normal head Doctor about 10 years ago. It was a really bad idea because I started using pills for OCD. The pills were to help with sleeping and sadness, Toff-ra-

nall. It nearly killed me with heart problems and just generally made me feel numb. I was in my teens then and it was a huge battle uphill. I stopped taking them. They told me you just can't just stop, am like "these pills are killing me here."

I saw a counselor 10 years later... about one year ago. It was an NLP therapist. I also started a more normal talk and faith based therapy. It went really good. Some things at that time seemed to go from bad to worse. There was some people in my family with drinking problems and that how I got sick myself with OCD and sadness.

I met the Neuro Linguistic Processing (NLP) therapist at a comedy club. He runs a speed dating deal and also does hypnotherapy. So I started talking and said I have been going through a lot. I had one session with him as a client then I started as a student in the NLP area. I think I had about 13 classes before Kevin got his health problems. Remember NLP is about taking your power back. There are a lot of addicts in my family and I thought if I could get past some memories. I now have learned to water down past events so I can get on with life. People like me who grow up in an addict household, we learn to give up power over our lives and it's the same for most of the normal psychology out there you give your control over to the pills really. I am slowly been getting better over the last year since I started therapy.

Sadly my NLP teacher got health problems but I knew I still need help so I started looking online for help a few months ago. A friend of mine is his sister does therapy online and he told me that she is really good. What I am doing with her is just talk by E-mail and she writes back. I pay her per email for the

counseling. You can pay a large sum once per month, though. I email her about every 2 or 3 days and she gets back to me in about one day. I did talk to her once in person. She can be helpful to talk to because she has some insight. When I email my online counsellor I more or less what going on in my day to day life. She works mostly with Addiction, all kinds as well as with emotional or personality disorders. Her style is less facts but more of how a mother or a friend would move some one, some time with kind words or get you ass in gear way. Sometimes advice and sometimes encouragement.

I'm not sure she is really my style. She is more of the Faith base and AA way of looking at things and just venting. She is more for venting to and she is good at talking kindly to you, but as for deep thinking or planning not so good. I need more plan and strategy, ok some one dose some thing, what can i do? but she is really good to talk to. I like to look at the padderns plan and cycals or padderns we have in life and think what to do different. I am really not in to the how DSM give people a label or say its a born thing. I really do not believe that. Like, these some relationship paddern for my self, but am not sure I wish to talk about them. I see padderns I see with other people that I will talk about. When you are growing up if some one said to you woman can do high end jobs you would be hurt by this, thought now you can reason and prove this is a total lie, there is the emotional problem to deal with this. It helps me to reason through it.

I really like talking to using email. It's very good, I can write a few times a day in small amounts. I like being able to write in smaller bits because if some thing come to my mind, i can talk about it in small amounts and not a big vent

once a week. With writing you can miss what the other person says for example, I can say am fine :) or I can say am FINE in a mean way, by writing it hard to tell. She is good but I wish she was better at helping me to plan and focus and think differently.

I have also used discussion boards on websites too. Not the best use of time, just people whining most of the time then asking question or coming up with ideas. Tough there were some stories i found helpful. Years ago i was going out with this woman who had a personality disorder. She could be warm sometimes, then change. Her voice was all most robot like, and she would just leave her friends and make no contact with them, it was really odd. I just use a normal MSN search and found these chat room that gave me some insight about this disorder. At the end of the relationship she would act so odd. I remember i was doing some reading on addiction at the same time and came across this in a book that was her to a T. Looking that up led me to the discussion boards. But MSN closed the discussion boards for some reason. Yahoo has some, but I no longer look at them. Life goes on, new and more heather relationships. Why waste time on old one that have ended? So I don't go on those kinda of websites anymore.

Most of it was not good, most of it was just poor me ba ba ba ,,,, but some time people would say some thing of use and that would help a lot. So sometimes it sounds like a person would need to be patient in the discussion boards for a while to see something helpful. I went in looking for info, but often would be giving advice much of the time. I would ask a question and more often would

keep asking until it became i was giving advice at times. But some time some one would say some thing to me that would stop me in my tracks in a good way.

I think online is a safer way to do therapy. I tried to work with some people i know who have Bi-poler disorder. It can be scary to be around that. So online is safer for the therapist. I guess the negatives are when you write it is not easy to get the full feel of the words. I think I would like to be an online therapist in the future. The only other time I asked for help again was 2 years ago. The first time was really bad. Really bad. I don't feel comfortable talking about it. Not now, I live well now, and healthy.

9 Margaret, Young Woman in Edmonton, Alberta

I am very familiar with the Internet, sometimes it feels like my second home. I have a blackberry that I often use to check my email, chat, and check things online sometimes. Its actually quite a lot faster and more convenient than using my laptop J. I can walk and chat at the same time. But I usually use the internet at various times during the day, but usually in the afternoon, evening and middle of the night and it is generally from my home in Edmonton.

Looking for help on the Internet was the only way I could find help so no one would find out. It was the first time I'd told anyone that I was gay and it was extremely important that I was anonymous online. It was really good. It made me feel like I was going to live a good life even though I wasn't "normal" and that I would be bashed for it.

I tried to commit suicide when I was 12 because of who I was. I knew I liked girls when I was 12, but I was also a major tom boy and I stood out a lot

because I didn't wear skirts or dresses and I hung out with all boys all the time, and I was really different from my classmates and they didn't like my presence very much because I made them feel uncomfortable and I was just getting fed up with how I was being treated. I was also getting fed up with how my parents were treating me because they would take me shopping and when I didn't want to buy "girly" clothes they were really mean to me. I grew up in a smaller city with very, very conservative parents and I wasn't allowed to interact with "fags" or "dykes" or watch TV shows that had gay characters so I really certain that ALL people were like that and that I would never be able to live as a lesbian. I was really certain that all people were very against homosexuals. I did feel lonely because I felt there was absolutely no one I could ever talk to about my feelings that were driving me mad having them repressed.

It was basically a build of many things, everything was fine when I was original and being myself when I was in the 6th grade, but as soon as I moved to the 7th grade to junior high the girls in my grade became VERY unaccepting and called me horrible names and I was a bit larger back then and I was kicked out of the gym by my peers many times for bringing the team down because I couldn't run very fast, and I was never welcome to hang out with any of them, and they gave me dirty looks when I walked down the hallway and rumours were always flying about me and called me "fatso" in front of the whole school during assemblies and other times and it was just so hard not having any friends or anyone to talk with, and having to go home to parents who judged me because I wasn't who they wanted me to be. I just got fed up and overdosed on Tylenol. I

took the Tylenol in the morning on the walk to school thinking that I would just pass out and die or something at school but I ended up puking during math class and I guess it wasn't enough to kill me and I got in a lot of trouble from the school as well as my parents. I didn't tell anyone at the school that I'd taken the Tylenol until after I puked. I had no one to tell. However I did mention to someone a few days before that that I was thinking of doing it and they said "good, i hope you die" and that was what made me decide to do it for sure. After I puked they phoned my mom and she came and picked me up and took me to the hospital, and that part is kind of vague and then I had to see a bunch of counsellors who basically made me feel guilty for doing it and then I had to see the school counsellors several times a week on a schedule for 1 year. It wasn't the greatest experience. The counsellors didn't make me feel much better. They were always making comments that the way I dressed and the way I looked brought on the "bullying" and thus it was my own fault. I saw three different counsellors: one from the government, and 2 school counsellors. I don't think the counsellors helped me feel better in the years following. I saw a counsellor for about two and a half years after I tried to commit suicide until I was done Jr. high. I brought a few things away from the experiences with the counsellors. The girl from the government tried to teach me to not care what others did or thought of me and just try doing something like focusing on school work or a project of some kind and I think that was something helpful that I still think about. I haven't seen a counsellor since then.

I do believe it was a friend I eventually became close with that helped me gain more confidence and feel better about myself. Shortly after I tried to commit suicide a boy in French class sat beside me and started talking to me. He was exactly what I needed at the time. He ended up being gay as well so I think we both knew we had a special connection and he loved me for who I was and that was what made me feel better eventually. It took me a couple years though. We are still best friends today. Life got better every year after that.

In grade 11 I considered going to a counsellor, but I didn't because of my not so good experiences with them in the past. I decided I would deal with it myself. I didn't know at all what to do, because I was brought up and taught to hate gay people and I had the mind frame that being gay meant bad things and I was in a dilemma because I was sick of hiding my true self and sick of boys wanting me and always having to come up with stupid excuses and I wanted to be honest with the people around me but at the same time I was SO afraid that really bad things would happen such as being beat up or being pushed out of school or losing anything that I had worked all those years to have. I was in distress because I knew I was gay but I didn't know what to do because I didn't want to tell anybody and get hurt.

I went online and saw some basic sites that lesbian had made saying their stories and had postings of other people's stories and the global situation on gay acceptance and what to do if you're bashed and things like that: statistics, gay pride information, jokes, things like that. Having been brought up in such a home of gay hatred I never knew anything existed like gay pride, or gay marriage or that

there were even as many gay people in the world as there are I found the sites helpful because I was able to learn what the gay lifestyle was like. It was really good to see the websites, it made me feel like I had hope in this world even though I was gay. I really had no idea that gay people were actually allowed to be out and proud in this world and not be shot dead. Pretty much everything I found was helpful, I didn't run into anything that wasn't helpful.

I needed someone who understood what I was going through. I started out by searching for social networking sites for gay people so that I could see if there were in fact other people out there like me. I ended up finding sites that were just general information and a few others that were social networking sites. It was a plain old social networking site where you could search for people based on their sexual orientation and it was via emails on the site that we communicated. There are discussion boards on the site, but I didn't read them or write on them. I just didn't feel the need to use it. I had a pretty specific idea of what I was looking for - I wanted to talk to just one person, and not a group of people. I picked a girl who lived far away who I identified as a lesbian and I picked her because she looked nice and she sounded nice from what she had typed in her descriptions.

I decided on social networking site because I wanted to talk to another gay woman who might have gone through what I was going through at some point in her life and help me decide what to do. I basically wanted to talk with someone who would not be attached to my life in any way or know anyone I knew who I could talk with. I found a girl a couple years older than me who had gone through what I was going through and helped me. I at first just said hi, and then we talked

casually for a few emails then I told her I had messaged her because I had noticed an important similarity between us that no one knew about me and I wanted to know what it was like for her when she told people. Sending her the emails and bringing up the subject made me feel very afraid and uncertain about myself. It was scary because telling someone made it reality and not something I could keep repressed any longer and I was also afraid of what came after telling her, such as telling friends and family. She knew what I was talking about and told me what she did to tell her friends and family and told me how she felt before she told others, and told me the amazing feeling of having people know and being able to live being yourself and she was very understanding. It felt good to know that I wouldn't feel the way I did for the rest of my life and it felt good to know that there were other girls out there feeling the same way I did so I would never be alone. It was about six months that she stayed by my side and helped me whenever I was in distress.

After the one girl, I didn't make an effort to contact any more people online. We met in person a couple of times, and we still stay in touch. I would say that they others who are upset should try and find 1 specific person who will take the time to listen and understand the situation, and someone who lives far away because if they're local they can always find a way to link you to someone else and everything you can say can get back to friends or family.

After talking to the girl I met online I eventually felt ready to tell people offline and I ended up telling a few close friends first, and started my first secret relationship with a girl, and a few months later another one with a different girl,

and finally told my parents about one year later and I was sent to bible camp for a few months and when I returned home and still wasn't straight I was kicked out and now I live in Edmonton. I am fine with it now, I knew it would happen the way my parents think about gay people. It was definitely expected that I would be kicked out, and I am fine with it because being myself is more important to me than living at home. and I am definitely liking Edmonton a lot, it's my new home.

I think the person I met online had a very positive effect on me because she stood with me for so long. If I was upset I knew I could just text her and she would reply right away. I think I would be in the same place I am now if I hadn't met her and it had been someone else. I just think it would maybe have taken longer for me to get the courage to be out of the closet if it wasn't for her encouragement.

I think online help can be similar to offline help. I would really want emphasized is for anyone who's recommending using the internet that they warn clients about coming across negative websites and maybe make some kind of plan if they do come across some of the bad ones. If you do come across a bad one, it is good to have someone to talk to about it. A friend or someone from a support group... anyone you could talk to right away would be a good idea. Also knowing how to go about reporting a website if it looks like something illegal.

I found the best sites through more of a chain thing. i started looking up specific conditions and such from known organizations like Ontario mental health and then i would find a link to other sites and more links from there. Bad sites are obvious, for example people pro abuse but for the others looking at comments

other users have posted and seeing whether they are negative is another sign. Usually it's just one person who is negative but every now and then it seems like some sort of group negative mentality thing occurs and they gang up on someone. People think they can say things like that probably for the same reasons i can say some of the more private things. it's the feeling of being anonymous and maybe also feeling like the person you are responding to is somehow seen as less human or real.

I usually write under a fake name and i've done searches for that name to see what comes up and pretty much everything i've ever posted has come up and what surprised me the most was some of the chat logs that someone had saved came up in the search. I even found an email i had sent someone one time. It's kinda scary. I use facebook under my real name but i don't post anything too personal on it. I have added a couple of people i've met through online support chats to my facebook but they are people i've gotten to know a bit better and who understand my wanting to keep things private. I've talked to them on the phone a few times but because of distance i've never met any of them in person.

I've called a crisis line 3 times when i was feeling really scared and suicidal and i'm still alive so it helped but i found that because it was a stranger i was talking to that it was harder for me to be as open and honest as i wanted to be. It didn't have the anonymity of the internet quite as much and it didn't have the built up more trusting and safer relationship i've had with counsellors. It was more of a last resort before actually going to a hospital and i don't think i'd have the guts to do that. When I called the crisis line they asked me how they could help

me and tell me that there was hope and that my problems could be helped and they would try to reframe the way i thought of certain situations in my life and they all strongly encouraged me to go to a hospital. I guess in the end it always felt a little like they were trying to pawn me off on the hospital...I know they were just trying to do what was best for me and what they are trained to do but it kinda felt frustrating. It's a bit ironic i think because of feeling frustrated it distracted me from my thoughts of suicide which helped keep me alive.

I started seeing a counsellor again beginning in May and i see her about once a week. This is a new counsellor and it's pretty much the same type of relationship as i've had in the past with the other counsellors. As for the online support I don't really go looking for new websites i mainly stick with the same 2 or 3. I've gotten used to used to them and gotten to know some of the people who use them.

I don't have much to do with family and because i work alot i think i'm probably closest to my co workers. One of my coworkers is my best friend and it helps having her at work because she understands when i'm not always in the most focused or best of moods.

The interent has been mostly a positive experience but a trial and error one. I think online help can be similar to offline help. I think all lot of people see the internet as being cold and impersonal but it isn't always. I've ended up meeting some wonderful people online.

10 Thyra, Young Woman in Edmonton, Alberta

I usually use the Internet from home in my own room, but sometimes I go online from my friends' places. I usually check facebook at friends' places, just coz it's what we do, I guess.

I enjoy telling the story about myself. It's pretty long, but I don't mind telling it. All of my friends have heard about it, so it's pretty open now days. I lived in England til I was 10. In England I never had any bullying from others in my class. I mean, there was a bit, but nothing serious... England was innocent. Sort of like... a childhood. I actually stayed in touch with Charlotte – my best friend since I was 4 – and I visited her, and she visited me, and we went on like that etc. Summer 09, I went there to stay with her for 10 ish days. It was pretty amazing, I hadn't been there in a couple of years. I'm from here now, but it was great seeing the country again. Reminded me of who I used to be... It was lovely.

My parents and I moved to Alberta for grade 6. Grade 6 was ok, but Junior high was the hardest 3 years of my life. In grade 7 I met three friends and we were a very close group. It felt like it was us against everyone else. We were not the “popular, blonde” group, but we were together because we just didn't seem to be able to do things the way others thought was “right.” Sarah was blonde and pretty and danced around in mini skirts. All the guys loved her which made her confident. So when Sarah would parade around, and the rest of the group would make us all feel isolated.

I felt totally lonely. I just felt like I wasn't worth anything, so I was pretending to be someone else. I was trying to hide, but the more I tried to hide, the more I felt exposed. So I wrote poetry... and music... and I cut... and that

seemed to be enough. It was the hardest 3 years of my life. It may not sound like a big deal, to feel alone for 3 years, but it felt pretty bad.

Then we met more girls like us and the group of us together had a defense against the taunting. But I don't think any of us at that point, really cared about each other – its just that all of us were isolated and used each other as a defense against feeling different all the time. It was all we had. We being my "friends" at the time, and even though we all hurted, we didn't talk about it. I hated myself and I felt totally broken and our own group didn't care about each other.

We let our lives revolve around them, we cared what they said and thought... now, if someone tried to do that, I'd shrug it off and walk away, and then prolly rant to my friends about it, and then we'd prolly end up laughing, or crying, or somethingggg, but then, we stood there and took it. I was afraid of the people who bullied us, and tormented us each day. The bullies all laughed at us right from the start. It was all verbal abuse... mocking us, talking about us loud enough so we'd hear... [and this was every day]... and i remember one time, my friend [who all the guys loved], made some reference to a bra in gym class, and the rest of the class, the 'bullies' walked around mimicing her and dong stupid stuff, just dumb stuff that seems so insignificant. But now I know they were just as broken as we were.

In Jr. high I only felt confidence from cutting. It's hard to remember exactly when it started... I think it was grade 7 or 8. I used to cut when I was feeling alone. Feeling empty. feeling useless, worthless. wanting to die. I don't really know if I actually wanted to die. I remember, sometimes, I cut myself

pretty deep, but looking back it wasn't obviously suicidal. I didn't overdose or jump off anything... just sometimes I cut deeper when I felt like I wanted to die. I don't know what I was really thinking about that. It was pretty hard, I also took to poetry and song writing, nobody knew. Not back then. But what else do angsty 13 yr olds do when they feel broken in their lives? They turn to the Internet.

I started playing a game online. It has no real purpose, you just do stuff and talk to people. But for me it was a sanctuary, it was my lifeline at the time. I just joined this game site randomly for something to do. I even told people my real name on the site. I know that a lot of people could have gotten seriously hurt from turning to the Internet as a sanctuary, but I didn't really think about it at the time. I didn't really care. I was lucky, I wasn't hurt, I met Tracey and she was really nice. I loved her instantly – sort of latched onto her and I guess she felt the same way. That really helped.

Tracey stopped me from cutting. She was [is] 4 yrs older than me and even today she is my big sister. When stuff would happen at school, I'd come home and talk to her. It was pretty amazing. She'd understand. I probably won't meet Tracey for a few years, she lives far away, but I love her. I didn't need a counselor because I had her... Tracey was it. I basically only talk to Tracey online, a few times on the phone... but mostly MSN. My parents never even knew about Tracey. I couldn't tell them. I just couldn't. I feel like I can't tell my parents because they wouldn't get that she's real, they wouldn't get how she helped me all this time. They'd tell me I was an idiot for meeting her online, and assume I'm talking to a 50 yr old predator. I do tell my parents about most of my offline

friends though. They've seen them when they come over or when I get dropped off somewhere.

I didn't really look for help online other places. I didn't really use big search engines back then... this was about 5 years ago. I was on a social networking site: bebo. That sometimes made me feel worse though because my pretty friends would post pretty pictures of themselves. Then guys that I liked would comment – and that would make me feel even worse about myself. Bebo is real life, so you use your real name on that. And it was sort of, a junior high phase. We all had it, we all talked to each other on it... if school wasn't bad enough!

I met a whole bunch of new people in High School and life started to look up. In grade 10 I had very different feelings. Sometimes I hated myself. Sometimes I loved life. Sometimes I would feel amazing because I met new people who were awesome – but sometimes I felt alone because I had secrets I couldn't tell them. The cutting thing was hard to step out of, just because it had been such a big part of my life for the past 3 years. It was hindering the new friendships because I felt like there was so much I couldn't tell people. One of my friends told me that ice and elastic bands has the same effect.

Grade 11 was a bloody brilliant year. I met even more new people. I was cutting less in grade 11 and Tracey had sort of disappeared. Life was good though, it really was. I still hated myself, low self esteem, but life was good anyway because I had friends around me and I was happy. I got closer to a couple of friends.

All was good until October 11th. I was at home, listening to some music that I really loved and made me cry. So I went online left a comment on a music website saying it was good emotional music. A few days later this guy, Derek, replied to my comment and we ended up talking. Derek lived in BC and we talked about music. I think he was a confidence boost because in grade 9 my best friend broke my heart. That was really hard. Unlike him, Derek needed me and gave me confidence. I loved that guy. We wrote poetry and music together. He played guitar and I'd sing (over the computer microphone) but I became dependent on him. With Derek, we wrote/sung about hating life and ourselves, and we connected that way. I realized that I couldn't have stayed like that anyway. I didn't know what I was doing. I befriended him through his hard breakup because I tend to be everyone's counselor. We talked on MSN most of the times and I sort of helped him. He was in rough shape too. Sometimes he was suicidal. I saved him and he saved me, but it totally drained me. I friggin' regret befriending him. I had my "real friends" during the day and Derek was my "night life." As a result I didn't sleep, my grades were falling, and I was fighting with my parents because they knew I wasn't sleeping – but I couldn't tell them about Derek. I told a few of my friends, the open minded ones.

After about 5 months Derek slowly faded away and disappeared. A lot was going on at the time. At the same time my two other best friends went away. They just seemed to find people who were similar to who they were changing into.

I went to a psychologist once in grade 11, coz my dad and I were fighting all the time. My dad had returned from his business contract in England. My dad and I were fighting a lot, so he was like: MY DAUGHTER NEEDS COUNSELING. So he tried to find the best one in the city, [nice of him, I guess], but then I ended up with this one. If that was the best in the city. I don't need counselingggg. Dad researched psychologists and she was supposed to be the best – but she was useless. I just needed someone to listen to it all, I was actually excited to see the psychologist the first time round, before id met her, because even though it was my dads idea. She started trying to tell me to see stuff from my dads perspective. My dad was listening into the whole conversation through the door. I know because the counselor, opened the door to get her drink, and my dad jumped back.

I kinda want to be a psychologist, so I've thought about what I think she should do differently a lot. I think she should have actually listened instead of making dumb notes. She just looked completely bored. She should have stopped trying to give me advice. I didn't need advice. She shoulda stopped clock watching, and telling me when to sleep, and eat, I don't need a nutritionist. She just should have at least pretended to care. I didn't need advice. Mostly I needed to stop fighting with my dad. She was all “HOW DO YOU FEEL?” and I was like “I'D FEEL BETTER IF I WASN'T HERE.” {LMAO} I was really obnoxious, but she so deserved it. I think I have a mild form of bipolar disorder, cyclothymia, self diagnosis, except - I'm probably totally wrong. But anyway, I asked the counselor chick about it. Like, what it was, and she's all “YOU WILL

HAVE TO LOOK IT UP.” Isn’t she supposed to know that stuff?! I thought it could be a healthy thing, but then I went there, and it was just ridiculous and she signed me up for a second session before I could object.

I saw that counsellor twice. The second time, she was worse than the first. She asked about my friends, so I started telling her, and then she said “okay Thyra, 13 minutes left, let’s wrap this up a bit.” I thought: was she counting?! She’s the one who asked me about my friends. Gahh. Overall counselling wasn’t helpful at all... and it didn’t make things worse either. I just labelled her as insignificant, I was at the stage where I needed change, and I was so ready to make it happen. After the second session I told my dad I was never going back and I threw out her notes. I was like screw it. I’m dealing with this. I have enough people who care in my life and enough people to listen. I just decided I didn’t need her and refused to go back. Then Derek and I officially ended things. That ‘counseling’ and shit was just useless. Me and my dad ended up not fighting as much because I became a lot happier. I think me being happier stopped us from fighting.

A positive life’s revolution was in action my dad and I stopped fighting. I was right - I didn’t need a counselor =] I started sleeping at normal times. Tracey came back into my life and there were lots of positive emotions. These people were also positive influences on my life, so between online AND real life. I was happy and therefore there was no reason to fight with my dad =]

Grade 12 was the best year of my life. Tracey came back! Right when I needed her more than anything. Tracey and I started the revolution - the revolution allows us rebel against who society expects us to be. We realized that

we're always trying to be like everyone else and we end up getting hurt because we'll never quite be like everyone else and so it only makes sense that we end up feeling hurt. The revolution means we are doing things our own way. It built our confidence. A whole bunch of us from school formed our own group. I love us. We have so much fun now. We don't fit a stereotype - we're the misfit kids. My group are the kids who don't care about stereotypes. I actually made really close friends with people in other groups too. I hate cliques, and so obviously, I hang out with other people too. These people are just my main friendship circle. I went to New York on a school English trip in January 09 and had the best time and met so many new people, who I'm still super close with! The revolution opened me up entirely! I'm a different person now. I don't feel alone anymore.

In high School, me and my friends hung out by the counsellor's office. She let the group use her waiting room as a hang out, and gave us free chips. She knew us and would joke with us. I went to see her when I was fighting with my parents again and I considered cutting. I thought I'd get an outside perspective on the whole issue. The counselor came half an hour late, which was okay, coz I was hanging out with people. She didn't understand it really, but she was okay. She was nice, I liked her. She wasn't much help, but she tried unlike the other one. She DID know what cyclothymia was though, so I was impressed.

I met some amazing people in grade 12. One girl I met really understands me and I understand her. We talk on the phone and online, sometimes really late at night. I met her because one day I had a really bad night for some reason and I had cut and I kept failing tests and my teacher told me I was useless. We were

watching a movie in English class and I was trying to be cheerful, but I was actually scratching my wrist under my desk. I was really scared. But she was sitting beside me and when she saw my arm she just pulled me into her arms and hugged me really tight for the whole movie. I love hugs, so after, I was walking to social class, and I texted her, and i asked her how she knew and she was like “i jsut did <3 ”, =] I felt complete after that. Understood. Connected, it felt amazing, I cant even explain, it was scary though, so I was shaking a lot. Lots of my friends helped me to stop cutting because of this closeness in the friendships. I opened up, and so people open up to me. It works, I love it! These days I tell everyone everything. It's the best way to live. We all hang out at the mall the same way I did with people in jr high, except, these friendships I've made in highschool mean something because we know the truth about each other. There are no secrets. It's real. We feel close. I love the feeling. “You mean a lot to me. I love you.” And I knew they mean it.

These days I still feel really bad sometimes. Sometimes I even feel like hurting myself. The other day I squeezed a paperclip because I felt alone. All of my friends are dating and I'm not. But then I realized that I was feeling bad because I DO care about myself now. I still felt kinda crappy, but it made me realize that I am doing a lot better than in Jr High. I care about myself now and I want to have close relationships. It feels amazing.

Chapter 5: Results

“(Seeking help on) the Internet has been mostly a positive experience, but a trial and error one” (Margaret)

The process of seeking help is complex and modern communication technologies available today provide new forms of help seeking. This analysis looks at the relationship between online and offline help seeking as a heuristic to allow an examination of some aspects of the experience of help seeking in a technical culture.

Participants in this study described their experiences seeking help online and offline. Participants began seeking help at different times in their lives and for different reasons. Each participant was motivated to seek help by something in their offline lives and continued to seek help through a variety of potential sources. Some participants were able to clearly articulate the type of help they were looking for and expressed a clear understanding of why their experiences seeking help followed the path it had. However, there were also poignant instances where participants described the desperation that led them to “seek-out” or “go-online” without having a clear idea of what it was they were looking for at the time. In fact, it seemed that the more “in distress” or “in the midst of the process” participants were at the time of the interview, the more common it was that they described the feeling of needing help, without clearly saying what it was they needed. It could be the case that this is the more common state of mind of those in the beginning stages of seeking help and their understanding of what it was they were looking for only emerged later, possibly related to a retrospective

understanding of what they were looking for influenced by what it was they found that helped them to feel less desperate and alone.

Help Sought

A look at the process of help seeking begins with an examination of what the participants reported looking for (i.e., what type of help it was they were seeking). Because there were more similarities than differences between the participants' descriptions of what they sought online vs. offline, the experiences described here reflect both. It should be noted that this section addresses those aspects of help that have a relational component, because the focus of this study is on the process of help seeking in the context of relationships and other life experiences. However, participants also commented that non-relational aspects of online and offline help seeking were also part of "what helped," including distraction (e.g., "just surfing" or playing online games rather than cutting or when having difficulty sleeping) and "just venting."

Compassion

"When I look back now, I can see that what I was really looking for was compassion" (Erica). Compassion was specifically described by two participants as an important element of their search; however, the experience of wanting someone to understand and be sympathetic to their experience of pain was described by all of the participants. When asked what he was looking for online, Armand stated, "(someone to) help me or at least give me some comfort in knowing I wasn't feeling this way alone." Marnie described what she was looking

for by saying, “I need someone to listen to me when I’m hurting and will help me out of a crisis.”

Participants stated that they felt compassion from comments of people who did not necessarily experience the same things as they had, but expressed caring and compassion anyway. Erica described a form of compassion online when website members sent each other “hugs” and “flowers” to each other to show support. Erica’s experience of feeling compassion was echoed by others who described how they felt compassion online.

Some participants expected helpers to have experienced the same problem as they did in order to feel compassion. For example, Kimberly described that she found it helpful to read “about someone else who was afraid to sleep because of nightmares” as she struggled with recurring memories of past abuse. Similarly, Margaret stated that it was important for her to connect with others who had experienced the struggle with sexual orientation, saying, “I needed somebody who understood what I was going through,” and later, “I wanted to talk to someone who went through this and could help me to decide what to do.”

Participants also described seeking compassion from offline sources. In Erica’s case, she clearly described that compassion from her offline partner was the help she valued most, but was unable to attain. “I wanted him to hold me and make things better. I wanted him to understand my pain.”

Information/Advice

“The most helpful were ones where you could post your problems and just general people would give you advice” (Debbie). Most participants reported

experience with seeking specific information online. Debbie described looking for health information online by using an online diagnostic tool to help her understand if she really had “depression.” She went on to describe the other forms of health information she looked for:

I usually access the Internet from home. I have a newborn. The convenience of the Internet is huge for me. I just typed in whatever I was looking for into a search engine. I typed ‘depression, suicide, paxil, anti-depressants, advice columnists, mental health’ stuff like that... I found an advice columnist where I could submit my questions to that got answers back.

Margaret described initially looking online for information about homosexuality and how others live openly as homosexuals. For her, the information and stories that she found online dramatically changed her perception of how her life could be because prior to going online, she believed that it was not possible to be openly homosexual and be accepted by others.

Although some searches began looking for “information,” participants’ accounts of looking for information often transformed into looking for advice from people with similar experience. Debbie described looking for specific advice about how to deal with depression, saying, “I think I know what I’m looking for – a community or a person who might be able to offer some advice or solutions to something quickly.” Describing helpful information/advice websites, Debbie stated, “the most helpful were ones where you could post your problems and just general people would give you advice... I tried the advice out and it actually didn’t work all that well... but it was nice that people offered advice.” In this case, it seemed that whether the advice was perceived as helpful or not helpful

was based on how the help seeker understood the underlying intention of the advice giver, regardless of the content of the advice.

Participants described receiving advice about medication, relationships, feelings, self-care, and other topics of concern to them. Marnie described one experience of requesting online advice: “Sometimes I ask people online about how to stop abusing medication because if I get enough medications and get in a panic, I overdose. People tell me ‘just flush them down the drain’ and ‘call someone to come take them away.’” She also described looking for “ways to avoid self-harming and keeping myself together. I ask others about how to talk to the people supporting me offline, like what the boundaries are and such. For example, going back to the whole memory thing and needing to tell someone. I ask them if they think it is appropriate to tell someone I trust, even if they aren’t a counsellor. So far no one I’ve talked to online is sure yet.”

Marnie described what she was looking for by saying, “What I’m looking for is someone to understand and share my experiences. I look for coping methods and its helped me so drastically it’s amazing.” Armand found that “the most common piece of advice was: hang in there, these feelings are normal and they will pass with time.” Jason described the process of seeking information online as being complicated, saying, “I went in looking for info, but often would be giving advice much of the time. I would ask a question and more often would keep asking ‘til the point it became i was giving advice at times. But some times some one would say some thing that would stop be in my tracks in a good way.”

The participants in this study described specific advice as being welcome on some occasions and not in others. Not surprisingly, the difference seemed to be that participants appreciated advice when they asked for it and generally did not appreciate advice that was not requested. One clear example of this was Thyra's description of her experience with her offline psychologist: "she should have stopped trying to give me advice. I didn't need advice." It also became clear that advice might be perceived as positive in some cases, regardless of whether or not the advice worked out.

Summary

Participants in this study sought help online and described looking for a specific type of help (information/advice) in some cases, but more emotion-based help in other cases (compassion/connection). Participants experienced help in the context of how they sought help, meaning participants who were looking for advice found such advice helpful, whereas participants who experienced more diffuse emotional pain often found specific advice to be unwanted. In general, participants who experienced emotional pain that they did not yet understand also expressed seeking others who had similar experiences.

Help Found

Participants described finding help in a number of online locations, including online information sites, discussion boards, blogs, and chat rooms. However, online message boards were used most of the time. Although participants described finding what they were looking for (e.g., advice, compassion), in some cases what they found helpful online was somewhat

different than what they described looking for. On the other hand, some participants seemed unclear about what they were looking for, but were still able to describe what it was they found that was helpful.

“Hearing and being listened to” (Marnie)

The importance of feeling heard was evident in both online and offline sources of help. Armand reported posting messages on a number of sites, but found that the websites where he received replies developed into stronger sources of help than others where he imagined his messages were unread. Similarly, Armand stated that on his personal online journal (blog) he enjoyed the thought that someone might be reading his messages and witnessing his story and hoped that they would respond with a comment on the website. The desire to feel heard was also evident in offline sources of help as well. Thyra described feeling unheard by her offline psychologist, saying, “I think she should have listened instead of taking dumb notes. She just looked completely bored.”

Participants consistently described experiences of feeling understood as being helpful and experiences of feeling misunderstood as being alienating and negative. There seemed to be important differences in how participants experienced feeling understood/misunderstood online vs. offline. In particular, Marnie said, “sometimes I feel better hearing and being listened to by people offline... it feels more real, like it will actually make a difference.” However, she also stated that “online people can relate, but offline people usually can’t. Nobody likes to look another person in the eye and admit they’ve been depressed and/or suicidal.” This observation that feeling understood offline can be more helpful

seemed to be commonly balanced with the observation that being ignored or misunderstood offline was more hurtful. By contrast, feeling understood online was more common and was comforting, but feeling misunderstood was easier to ignore. Debbie described this process by saying, “sometimes I would read the message of other people and some of the questions I could relate to and I would go back to read the replies... if it sorta related to what I was going through. I only sometimes responded myself... I responded with ‘I went through that’ or ‘am going through that.’ It is helpful in a way. But mainly I just read.”

“Someone to hold my hand” (Sarah)

Participants commonly described feeling unable to change their circumstances on their own and needing someone with whom to share their pain and gain strength. This was articulately described by Sarah, the youngest participant, who struggled with making the decision to disclose her situation to someone who may be able to help her. In her struggle, she described longing for someone to take that step of her path with her. She stated, “i want someone to hold my hand... (I) think it is very important to me and that it would make me feel better, then what the heck is my problem..WHY CANT I JUST REACH OUT AND DO IT... i am hopeless.” Despite feeling strongly compelled to reach out and believing that it was the best decision for her, Sarah felt unable to make the change in her life without support:

I am afraid that they will say that this won't ever change and I don't know that is judging but..? I don't want it left in my hands to change...and that might not make sense I want someone to hold my hand and really DO it for me..I can't do this by myself..I am too little of a person and I am weak and I just plain scared tell me that it will be ok and call for me so I don't have to do it and maybe be with me...

Armand expressed an experience of gaining strength from the support of others by describing the most helpful sites he used: "I still frequent the same forum and found a great divorce chat room... this one is exactly what I was looking for originally. It is frequented only by other separated/divorced individuals and the conversation is more mature, respectful, and legit." Armand continued to use the support group over the months between the first interview and the third interview, describing the experience as providing him with a sense of connection to others with similar experiences of pain and loss.

"Someone to believe in me" (Marnie)

Marnie provided poignant examples of one component of what was perceived as help, when she described how people online "point out how intelligent I am. They tell me that they have faith that I can make a difference." Marnie described that this particular type of support was important to her when she struggled with feelings of depression and thoughts that she was unimportant. Marnie stated that her experiences with offline counsellors led her to feel neglected and unimportant, whereas her experiences receiving encouragement online actually renewed her confidence in herself, as well as helped her to continue to seek help.

Participants also described encouraging experiences seeking help offline.

Kimberly described finding offline psychotherapy helpful:

Then 2 years ago i saw a psychiatrist for 18 months until he took a different job and 3 months ago i started seeing another counsellor. In counselling it felt good to get things off my chest and actually say them out loud to another person. It doesn't feel like i'm drowning in it as much. I also feel safe enough to act more like the real me. It's tiring pretending to

be happy all the time. The words of encouragement and support and suggestions for changing my life for the positive are always a great help.

The encouragement of others was also a strong theme in Thyra's description of what she found most helpful. In Thyra's case, she understood the encouragement of others to be part of a fundamentally different way of thinking that she and her friends began to believe in, calling it "the revolution": "The revolution opened me up entirely! I'm a different person now I don't feel alone anymore... I care about myself now and I want to have close relationships. It feels amazing." Although not all participants reported specific words of encouragement to be helpful, in these cases it is apparent that "finding someone to believe in me" was an important part of the participants' paths to feeling strong.

Summary

Participants in this study described what they found helpful online and offline. It is important to note that the participants' responses to being asked what was helpful were almost entirely based on feeling connected to others in ways that provided them with empowerment and hope. Although participants later commented that medical intervention or medications also were necessary for their treatment, they did not describe these as "helpful" in connection to being asked what form of help they looked for and found. Participants' accounts of finding help involved feeling heard by others, connected to others who would "hold my hand," and feeling as though someone believed in them. After feeling helped, participants also described trying to help others.

Helping Others

Participants in this study differed in their accounts of helping others. Where some participants described the process of helping others as being central to what was helpful for them about seeking help online (e.g., Marnie describes growing into a position of advocacy for people struggling with depression and suicidal thoughts/behaviours), others describe only occasionally writing messages to others. However, most participants described contributing to online helping communities at some point when seeking help online.

Although participants generally describe the experience of reading messages written by other online help seekers as comforting and normalizing, they also described instances of being irritated and aggravated by other online help seekers. In these cases, the other help seekers were described as being “needy” and too aggressive online. One participant described feeling particularly uncomfortable when the needs of others online were overwhelming to her:

One man obviously took to my messages and would not leave me alone. He was suicidal and quite obviously out of hope – it was too heavy for me. I was frightened at people saying they were signing out and may never be back. There was one experience that made me realize that the site was way too much for me to handle. One girl said she was signing out and may never be back. I attempted suicide once and I know where she was at I'm certainly not qualified to take up that kind of distress. It almost felt like rape. It was cruel and quite honestly I was shocked (Erica).

Similarly, Thyra described a relationship with another online help seeker which was characterized by very intense connection and resulted in a close friendship for a time, but ultimately became too much for her to manage and she ended the relationship. Marnie also described a complex relationship with another person online that highlighted her feelings about helping others online:

I once got asked to participate in a suicide with another person... I wanted to help that person, I think the more depressed you are, the more you want to help others that are hurting. I was shocked but stayed up til 4 am talking to that person. You know how that person feels and you can usual put your own beliefs aside. Online teaches you to work with others and support others.

All of the participants reported examples of being impacted by the stories of others and feeling compelled to help. It is particularly interesting to note that the two participants who reported the most helping behaviours, Thyra and Marnie, also reported the most diverse application of philosophy of helping. Both described feeling energized and excited about applying what they experienced from the help of others to create change in the world.

Process of Help Seeking: Online/Offline Complimentarity

The participants in this study described a complex relationship between online and offline sources of help. Much of this complexity is likely due to the many forms of help available online and offline, as well as the many different ways that those forms of help were perceived by participants. One aspect of seeking help online that stood out was the ability of participants to utilize this diversity of resources to continue seeking help until they found that they needed. They described their understandings of how their experiences offline affected their online help seeking behaviours, as well as how their online experiences affected their offline lives. More specifically, I summarized those aspects of their stories that help to illustrate how these features relate to each other over time and in the context of other life events and relationships.

Different Paths to Online Help

Participants reported differences in how comfortable they felt looking for help online. Marnie described her initial online help seeking experiences as an extension of her regular online social behaviour: “I swear by MSN and facebook, I’ve been on the internet since I was probably 7 or 8.” Margaret also described feeling very comfortable with communicating online, as did Armand. Marnie, Margaret, and Armand also reported using online help in a highly interactive and social way. By contrast, Jason and Marcel reported that navigating computers in general was not an easy activity for them. Both Jason and Marcel reported using online help mostly for information seeking, with limited online social interactions.

Most of the participants described looking for help online first during moments of desperation and loneliness:

I remember one time I felt upset and went to a suicide site – I remember that the homepage was dark purple with black writing that said: ‘Do you really want to do this?’ I stared at it for several minutes and closed the page. I didn’t really want to die. Not with that in front of me I asked myself what I was even doing there (Erica).

Armand described looking for messages online when he first separated from his wife:

I read the ones that I identified with at the time. I read ones that dealt with the pain, heartbreak, fear. Topics that I might be able to become a participant in that may help me or at least give me some comfort in knowing I wasn’t feeling this way alone.

For Armand, he initially went online when he felt lonely and what he looked for was evidence that there were others in the world that felt the same way he did; evidence that he was not alone. By seeking out mood-congruent websites and messages, both Erica and Armand eventually found websites and communities that helped them to feel less alone.

The role of information-seeking online was evident as a common first stage of the process of help seeking. The previous section describing information help seeking provides more detail regarding the participants' experiences with this. After initial experiences of feeling understood or receiving helpful information, participants described taking the next step in becoming involved in the online communities by posting messages themselves. Sarah described being active in reading online message boards and seeking information about where she could get help, but was hesitant to write messages online and was extremely reluctant to contact offline sources of help, even though she had the information to do so. In her case, the role of online help was primarily a way to contemplate help seeking, make connections, and process her feelings in ways that she felt safe:

I wish others knew how things really are for me – but I'm afraid to tell them. It is hard to put it into words because when I think about it or write it down, I look at the words and see my own weaknesses instead of hope... Sometimes it feels like trying to find help is five steps forward. At times like that I keep to myself and crying seems like the only thing to do.

Similarly, Armand began seeking help online and used online forums to contemplate and discuss the possibility of accessing help offline. By contrast, however, Jason's experiences with online help seeking were a direct result of a referral from an offline counsellor. Although he had some experience looking for help online using message boards, which he describes as being sometimes helpful and sometimes not helpful, he saw his experiences with online counselling as being more akin to his experiences with offline counselling than with online help seeking. In fact, he described his online counselling experiences as involving an

ongoing helping relationship with someone he saw as being in a position to offer him expertise in mental health issues. Kimberly also described originally seeking help online on the recommendation of an offline counsellor: “Seven years ago I saw a counsellor for 3 years until she quit her job. She was the one who originally recommended that I look for help online. But it was a few years before I actually did look online for help.”

Following the experience of receiving feedback from someone in a social forum (e.g., message board, email, chat), participants described beginning a process of evaluating Internet sites and deciding which of them were most helpful:

Over time I’ve tried out a few different websites but now it is mostly just two of them. Some of them had chat options, but there was never anyone around. They were all very similar really, but I went to the one where there were more replies. I also preferred replies that seemed sincere and actually gave some sort of solution. Some of the replies I didn’t care for, but it was pretty easy to just ignore them (Debbie).

Participants in this study describe different paths leading them to look for help online. Some began looking for help online prior to seeking help face-to-face, whereas others began looking for help online as a result of first seeking help offline. Although some participants had no experience seeking help offline, most of the participants discussed some previous experiences seeking help from that source.

Previous Experiences Seeking Help

Some participants talked about how their previous experiences seeking help affected their decisions on seeking help at the time of the interviews. Debbie reported positive initial experiences seeing a counsellor, but no continuity of care.

She had difficulty travelling to the counsellor after she was discharged following the birth of her child. “(The counsellor) spent about an hour with me... she was nice, listened, but since I couldn’t see her again I resorted to the net for help...”

Debbie described being depressed beginning in her teens, but only started seeking help online because she had “basically no support from friends and family” after the birth of her baby:

I was looking for support from friends and family, but they just told me to ignore it, put a happy face and move on... I saw a counsellor but they all just told me to ignore it, put on a happy face and move on... I saw a counsellor, but all they gave me was a bunch of numbers to see people I can’t afford – and couldn’t drive so I gave up on that – even talking on the phone to some help line I tried but didn’t enjoy it.

In Debbie’s case, there were two main aspects of her experiences with offline counsellors that impacted her decisions regarding where to continue seeking help: her perception of the counsellor as someone she felt comfortable talking to, and the accessibility of the offline services. In her case, she would have continued to see a counsellor face-to-face if accessibility had not been an issue.

Marnie reported similar difficulty with the accessibility and coordination of face-to-face services that led her to look for help online: “I got passed around like crazy, in one week I probably seen four or five counsellors. They even sent the police to my house.” She also reported lack of follow-up as contributing to her motivation to seek help online, saying:

I was worse after (a short stay in an inpatient psychiatry unit) because no counsellor checked in on me till three weeks after... So far 3 weeks I was a mess... That’s when I went back to online help. You can say how you feel and those people don’t slap you with a diagnosis and toss you on meds.

Marnie's negative experiences with offline services influenced her comfort level with counsellors and physicians following these experiences. However, she also expressed her belief that at a certain point in a crisis, face-to-face resources are necessary. In her case, she shifted her reliance on either online or offline resources depending on how depressed she was and whether she had access to a face-to-face counsellor with whom she had developed sufficient rapport.

Erica stated that she first looked for help online when she began to feel as though her "(psychiatrist's) heart (was) really not in it anymore... I had come to a point where I felt that I had said all I had to say and the last two years were habit not help." Erica reported that as she developed trust with her family physician, she ended her relationship with her psychiatrist and replaced it with a combination of regular meetings with her family physician (who consulted the psychiatrist) and online help.

Margaret's experiences with offline help led her to feel that no offline resources would allow her to feel safe enough. Therefore, she saw online help as the only option that would allow her to express her homosexuality. Margaret reported that she considered asking for help offline "when I was at my limit and wanted to tell someone I was gay, but because of my not so good experience with them in the past, I decided I would deal with it myself." Armand made a similar decision. He reported negative experiences with a marriage counsellor. When asked how these experiences affected how he felt about seeing a counsellor he stated, "it affected me for sure. I believe that you have to find the right therapist, someone you feel comfortable with." In fact, Armand reflected that this mirrored

his experiences looking for help online. Specifically, Armand encountered a number of chat rooms and websites that he found unhelpful and even offensive before finding one that he found supportive.

One poignant example of previous experiences with help seeking came from Marcel, who reported seeking numerous professionals and summarized his experiences with them by saying:

I've been looking for help offline for over ten years now. I figure I've met with more than twenty different counsellors over the years: counsellors, social workers, psychologists, doctors, priests, and others. I even talked to someone in the prison psych ward. I met with a counsellor a month ago. Many times but to no avail. I didn't find any of the counsellors helpful at all.

Because of his commitment to finding what he needed, Marcel moved his help seeking online. Although many counsellors may see this move as a therapeutic setback (withdrawing from therapy), it is interesting to note that Marcel did not see it that way. While he did not find many online interactions helpful, he did eventually state: "I was watching Criminal Minds on TV and on there was a Psychiatrist who said that they still are not sure why some children kill, so i guess I will never get the answer. I will have to learn to deal with it in another way." It seems that his experiences seeking help from other people did not help him understand his trauma, but some aspect of the television show connected with his experience.

Jason described originally seeing a "normal head Doctor" when he was 16, describing how these experiences affected his perceptions of professional psychologists and psychiatrists:

we talked first.. but medication was all they really did... Bad idea. using pills for OCD... the pills were to help with sleeping and sadness... it nearly killed me with hart problems... they told me you just can't just stop... am like these pills are killing me here... I have only ask for help again the last 2 years now... the first time was really bad. Really bad.

Jason later began seeing a Neurolinguistic Processing (NLP) counsellor and was eventually referred to an online, email-based counsellor, but had not been to a professional psychologist or psychiatrist since his early negative experiences. Part of the explanation for Jason's avoidance of professional psychology and psychiatry may be found in his understanding of what qualities a good counsellor should have. Jason described a previous history of addictions in his family and stated that he believed that no one who had not had similar experiences could understand his problems. Reflecting back on his early experiences seeking help, he stated, "it was (bad)... but not now, I live well now, and healthy."

Professional Offline Support and Rejection of Online Help

Participants reported their experience of whether offline counsellors collaborated with online help seeking or expressed disapproval of online help seeking. When asked whether her psychiatrist suggested any online resources, Erica responded:

No, actually. (My psychiatrist) even told me not to read certain books. However, I feel that it is I who decide what I choose to read. He didn't want me seeking help on-line or in reading material but I disagree. I feel that knowledge is the best tool... (He told me not to go online because he thought) that I would become more upset and perhaps be led by someone who was not a leader – that I would encounter things that would cause major set back to my therapy.

This single instance of a face-to-face mental health professional discouraging online help seeking resources on the whole may represent a more common

assumption among mental health professionals regarding online resources.

Unfortunately, only one participant recounted any conversations with offline mental health professionals regarding the pros and cons of online help seeking. As a result, it is clear that few offline mental health professionals discussed in this study were open to talking about online resources at all, and those who did generally highlighted the dangers rather than the potential benefits of online help.

Not Much Different Than Therapy

During the interviews, participants were not directly prompted to compare online and offline help, but some spontaneously reported their perceptions of similarities and differences between the two. When asked to describe what was most helpful about online help, Armand reported:

I continued to use online help in the form of divorce support chat rooms... it is like a peer support group, many of us have come to know each other and gather to chat about anything, often lending moral support to those that need it at the time. It is always a sympathizing for the other in the chat room because we have all been through the same types of issues. I don't think it would be much different than a divorce support group that meets every week at a local meeting place.

In a similar comparison between online help and therapy, Erica stated that she “found that chatting online can be as tiring as one on one therapy at times.”

Marnie also commented on the difference between online and offline help saying, “Oh its the best feeling. I mean I think the biggest difference between online and offline. In a counsellors office you feel like a bug under a microscope. But when you have 18 everyday people from all walks of life supporting you, its like “WOW.” However, she also highlighted the limitations of being supported online by people who do not know you as well as people in your offline life:

I'd suggest someone look for offline help first. Online can help you in certain situations, but those people on the other end won't provide the support and comfort you need. Offline people know you and are familiar with you.... Online is good for coping and venting but offline help will be the biggest support in times of survival.

Fear and Safety: Where Online Help Fits in the Balance

Participants described experiences of fear and safety in the process of seeking help. Experiences of feeling afraid of something offline were common in participants' descriptions of what led them to seek help online:

I was nervous to write my first message on the board. I feel safe and scared at the same time. I am scared that I would get in trouble from my parents or family because they wouldn't like it if they knew I was talking about them (Sarah).

Fearing her family, Sarah felt more safe writing messages online: "ya cause it is so much easier to just wirt it out rather than say it when you are scared or feel alone and afraid to talk to someone cause you have no trust."

Despite feeling safer online, Sarah also described feeling afraid of the consequences of seeking help online. In particular, Sarah described writing a message on a board expressing her fear that if she took the step to reach out, she would only feel more hurt:

I am afraid that if I do write here, it will take too much time for you to write back. It was really hard to wait for the last response... I wish you would put yourself in my shoes... I'm waiting here never knowing how long it will take or even knowing if you read what I wrote. I don't even know what you would do with it. I don't know if you would call the police or if you did already. Not knowing is the worst part. I just can't get over this fear. Please don't think I'm awful for this. I am what I am and I think what I think and feel what I feel and that is all I've got. it is the best that I have to work with (a message written to one of the message boards, copied by Sarah into the online interview).

Being afraid was the feeling that Sarah described as preventing her from asking for the kind of help that she believed that she needed most. Each time Sarah thought about reaching out to her family, friends, or professionals, she was overwhelmed with fear that the situation would only become worse, not better.

Experiences related to being bullied or abused were common in participants' descriptions of feeling afraid:

I tried to commit suicide when I was 12 because of who I was. I knew I liked girls when I was 12, but I was also a major tom boy and I stood out a lot because I didn't wear skirts or dresses and I hung out with all boys all the time, and I was really different from my classmates and they didn't like my presence very much because I made them feel uncomfortable and I was just getting fed up with how I was being treated. I was also getting fed up with how my parents were treating me because they would take me shopping and when I didn't want to buy 'girly' clothes they were really mean to me. I grew up in a smaller city with very, very conservative parents and I wasn't allowed to interact with 'fags' or 'dykes' or watch TV shows that had gay characters so I was really certain that ALL people were like that and that I would never be able to live as a lesbian. I was really certain that all people were very against homosexuals... as soon as I moved from the 7th grade to junior high the girls in my grade became VERY unaccepting and called me horrible names and I was a bit larger back then and I was kicked out of the gym by my peers many times for brining the team down because I couldn't run very fast, and I was never welcome to hang out with any of them, and they gave me dirty looks when I walked down the hallway and rumors were always flying around about me and called me 'fatso' in front of the whole school during assemblies and other times and it was just so hard not having any friends or anyone to talk with, and having to ho home to parents who judged me because I wasn't who they wanted me to be and I just god fed up and overdosed on Tylenol (Margaret).

Erica described ideally wanting help and support from her common-law partner:

"I tried to connect in this way with my common-law partner, but he gets very angry and doesn't want to hear it... He doesn't understand why I say things like that." However, Erica also described experiences of offline social support changing: "while we were estranged they (my parents) did a lot of research about

mental illness and when I did contact them we talked for a long time as they did get some understanding about me.” These experiences of feeling afraid offline highlight an aspect of online help that was common throughout the participant interviews: the Internet can be a refuge for people who are afraid of something offline. In these three examples, the people that Sarah, Margaret, and Erica would have otherwise sought help from were seen as the source of what they feared. When offline was not safe, the anonymity and control offered online provided the safety necessary for each participant to seek the kind of help they felt they needed.

Online as Training for Offline

Participants alluded to the role that online experiences played in relation to their offline help seeking experiences. Marnie reported seeing her online experiences as a way for her to develop confidence in offline interactions:

(I used to feel uncomfortable talking to people) but now I’m open enough about my depression that it wouldn’t bother me if I did. It took time for me to get comfortable, but I am ☺ ... Online is easier just because nobody knows who you are or you're not face-to-face with them, but even now I'm becoming more comfortable directly talking offline. Online talking & support has created a stronger confidence that way.

Armand used his online blog to explore his feelings about contacting a psychologist offline. Armand reported in his interview that he saw himself as a man who did not express his emotions to others, and rarely let his emotions overwhelm him. However, he found safety in the anonymity of his blog to express feelings of sorrow and explore the idea of talking to a professional:

Posted by AL at 4:14 AM 0 comments
Pain

Today I found a room that I can rent. It's a more than I planned to pay and it's pretty far from my work but the living space is enough and at least I can feel somewhat comfortable there.

Today I arranged to go back to our home to collect some clothes and stuff while my wife and kids weren't there. **THAT WAS HARD!** The moment I walked in the door and was surrounded by all the things I remember that made our life together I started bawling and the waterworks never stopped until I was packed and away from there. In fact I am crying again now just thinking about it as I type this.

I decided to try and find a psychologist and was looking through the yellow pages. Is it weird that I think I want to find a woman psychologist? Thinking of opening up and crying in front of another man just feels wrong to me

Summary

Participants in this study described their experiences looking for help both online and offline and at times discussed how they saw the two forms of help complimenting or contrasting one another. A diversity of paths led the way to online help seeking, showing that participants are persistent and creative in their efforts to find the help they need. Among the experiences that affected participants' help seeking efforts at the time of the interview, previous negative experiences seeking help often led participants to look for help online. Also, participants who experienced fear of seeking help offline also saw online help as a refuge. However, throughout the stories of the participants in this study, it is clear that the distinction between online and offline is not as clear as it may have once seemed:

It all depends on the people, on the people, and just the setting really – about if online or offline is better :) I don't like separating the worlds, especially because 99.999 percent of people I talk to online [everyone minus Tracey] are people I also hang out with in real life (Thyra).

“Telling my Story.” What is Unique About Telling One's Story Online

Telling their stories online was an important part of the process of seeking help for participants in this study. Sarah described writing messages about her story as being a way for her to make sense of her situation:

Just being able to write it out is to me the same as saying it out loud to someone to make it real in a way. Real as in knowing that it isn't just a bad dream that I can't get away from. It is real and I *could* get away if I ever felt ready enough or not scared or weak. If I knew that I wouldn't get in trouble and that I'm not bad for telling or lying, then it would be easier to talk to someone. It is easier online because no one knows me here. No one sees me. So its easy to tell the truth online. It helps just to write things down. I just want to get it out I guess. I write just what I feel inside.

For Sarah, being able to tell her story to someone was significant because she felt unable to tell anyone in her offline life about how she felt. Through the process of the interviews, Sarah wrote about her experiences and read the summary of the interview. After reading the interview, she expressed feeling validated by seeing that someone else (myself) understands what she is saying, but also feeling ashamed for what she perceived as weakness in not being able to get the help for herself that everyone online told her to get. Sarah was very eloquent and articulate in her ability to write about feeling hurt, ashamed, and afraid, and used her ability to describe her feelings as one way to express herself and make sense of her situation:

I think it is that I know when I am writing that I am able to express what I really feel and that my biggest fear is that if I call someone, that I won't be able to get out what I want and they won't understand me and then it will be a waste of time or if I cry too much... and of course calling someone, I am scared I will be caught or that no one will come and help me.

She described feedback from others in this process as also being very important. The importance she placed on how others perceive her feelings was indicated by the amount of anxiety she described while waiting for responses to her messages.

This anxiety was also indicated in her emails with myself. Although I was clear that sometimes it may take a few days to respond to her emails, she would often write emails asking, “Are you still there?” if I had not responded immediately. She also indicated the importance she placed on other people’s opinions of what she wrote by frequently ending messages with an apology for seeming weak or being afraid. By being able to express her fear and describe her anxiety, Sarah was able to seek help in the ways that she felt able to, while expressing her limitations. By sharing her story (including both her fears and hopes) over the course of the time she was involved in the research project, she was able to make progress in being able to ask for help.

Participants used different technologies to tell their stories. Armand described acting on the advice he got online to begin “journaling.” Rather than begin a traditional paper-based journal, he created an online journal (blog):

One fairly common thread piece of advice on the forums was that keeping a journal helps, so I started a blog, which seemed to help. At first I thought starting a blog would be silly, but after the first post or two I found it helpful. I like that I can pour my heart out and no one can ever identify me. It’s not new for me to “pour my heart out,” but not something I’ve done a lot of in my life. It could be a male thing. I don’t think I could have done that if it wasn’t anonymous. I would have probably just kept a journal under my bed. Even though being anonymous is important to me, I want to share my feelings too, but I’d like to share anonymously. :D No one commented on my blog, but I think it would be cool if there were comments because it would mean people are reading it. Of course I would hope they would be nice comments. Having comments that ridicule me wouldn’t be too cool. When I read my blog over I can replay the emotions, a little less intense perhaps, as I felt them from passage to passage. I would recommend writing a blog or a journal to someone who is feeling down. I would highly recommend keeping it anonymous though, if you’re going online with it because there may be things you write in there that are too personal to be out in the public domain for people you know to see. Kind of like a diary is always kept secret. Eventually I stopped updating my blog because I’ve been real busy and I haven’t felt the need to write down

my thoughts. I was using it as a kind of therapy. I got through the grief stage I guess.

Armand also valued the process of writing his story in a forum where someone else would see it and possibly respond. Although Armand did not express as much of a need for others to respond, he did express more concern about the responses of others to the messages that he posted on website forums.

When asked what it was like to read through his own blog, Armand expressed, “I tend to only write in it when I’m feeling down, and it helps with that somewhat. I think too, if I keep up with it will make an interesting story over time.” This feeling was echoed by other participants who also expressed going online to write more often when they felt down than when they felt ok. In fact, an examination of Thyra’s online postings compared to her description of her own story in the interviews also indicated that her help seeking messages were most often written during her darker moments. Armand expresses this in the following excerpt from a blog post:

Posted by AL at 9:33 AM 0 comments

Sunday, April 5, 2009

Despair Begins

This is the first message of my path through separation and perhaps divorce. Four days ago my wife of years said it had to be the end now. We had been here before, but this time it seems certain... I really have no one but my selfishness and self-centered attitude to blame.

Now I have spent 3 nights, going on living in a hotel and I really can't afford it. I scramble to find a room to rent. Seems that no one wants to rent a room to a man going through a painful separation.

I'll be honest, since I can be since I'm relatively anonymous here, but I have cried many rivers of tears in the past three days... I have lost my family and my home and my happiness and my financial stability... I've lost myself. I feel incomplete.

I spent hours on the internet looking for support, and found a few good message boards, and a common piece of advice is that keeping a journal

helps. Though it feels like nothing will help right now and there is no light at the end of the tunnel, I'll give it a shot.

Posted by AL at 8:16 PM 0 comments

Only Texting

Exchanged a few texts with my son today. He is hurting now and can't talk so instead we are "texting" He says they all love me and miss me. They want me to be ok. (pause for tears.....)...

Posted by AL at 9:04 PM 0 comments

Tuesday, April 28, 2009

Sad

My third post tonight. I feel really sad right now, all I have left is this blog. My family is ignoring me. Are they're waiting for me to call them?

...

In these messages, Armand expressed his feelings at the time that he was feeling them, and it is clear that he found the online forum to be a safe place to express himself in a way that he was not able to do otherwise. Highlighting the importance of anonymity before expressing the depth of his sorrow indicates that he found the online forum gave a feeling of freedom to express himself. When later given the opportunity to read his story that was put together for this research project, Armand commented:

It was very interesting to read my own story. I didn't realize how much really we had discussed I did print and keep a copy I thought it was well understood, laid out. What stood out to me is the lack of support I am able to find. Also a lot of loneliness. I thought it was pretty accurate.

Although some participants saw writing messages as a complex, reflective process, they also described part of the experience of writing as "just venting":

People would let me vent first of all and venting is the most important. Online you can vent without having the fear of someone throwing you in the mental ward or on medication. Just being able to vent helps. We don't so much as need someone to fix the problem as some to listen and say 'I understand' and know they truly understand. There are no magic words (Marnie).

Although the term “venting” is generally used to describe a type of cathartic verbal expression, it seems that some participants found this concept useful in describing a part of how they felt about writing messages online. It seemed that there was variability in whether participants felt their messages on message boards were meant to express feelings versus message boards being a forum wherein they could engage in a process of problem-solving. Jason even described his experiences exchanging emails with his online counsellor as being more like a forum for venting than counselling:

I'm not sure she is really my style... She is more for venting to and she is good at talking kindly to you, but as for deep thinking or planning not so good. I need more plan and strategy... but she is really good to talk to. I like to look at the padderns plan and cycals or padderns we have in life and think what to do different.

Even though Jason preferred a more active style of interaction with his online counsellor, he was able to find some benefit in his emails with her as generally supportive and a forum for telling her the story of his day, his feelings, and thoughts as they occurred; just venting.

Summary

Participants in this study described telling their stories as being very important to their process of seeking and finding help. Although this finding has similar features to what participants found helpful (being listened to), it is presented separately because the participants expressed that the process of writing (regardless of whether anyone read the message) was important to them. While they also found responses helpful, they were not necessary to the experience of telling one's story.

Summary of Key Features

The results of this study highlight many ways in which participants demonstrate creativity and resilience in looking for and finding the help they need. Previous experiences seeking help sometimes led participants to look for help online due to lack of offline resources or negative offline experiences. However, face-to-face counsellors also sometimes demonstrated awareness of online resources and encouraged participants to look for help online.

The distinction between online and offline worlds is quickly becoming blurred. Similarly, participants reported that online and offline help seeking are not separate, but entwined processes. Participants often found it difficult to articulate the help they needed and went online because it was convenient and felt safe. Their experiences online affect their choices to seek help offline, just as their previous experiences offline influenced their help seeking choices. Those who look for help online find compassion, connection, and encouragement to make real changes in their offline lives that sometimes include accessing face-to-face mental health resources. The relationships that develop online feel very real to participants who are fluent in technology use. However, those who feel less comfortable using the Internet still find information, advice, and community online.

The Internet is a unique forum for telling one's story. The participants in this study reported feeling alone and unheard. As a result, they went online and used message boards, blogs, chat rooms, and email to relay their experiences to others. Each participant found this process meaningful and some reported that

telling their stories online was a key part of healing for them. Unlike offline journaling, telling one's story online can include a component of community, where others respond and thereby engage in the developing narrative of the participants' experiences. This was evident both from participants' experiences of telling their stories online as well as their experiences in the interview and narrative review process for this study.

Chapter 6: Discussion

The findings of this study offer a significant contribution to understanding the complexity of looking for help by adding depth to the research presently available on the subject. Each of the participants' experiences was unique and highlighted key issues in the process of seeking help. Some of their stories revealed common elements, allowing an enriched discussion of the more common issues. The stories of the participants in this study provide a starting point to explore the implications of using the Internet in the process of seeking help both online and offline.

The exploration of the process of help seeking experienced by the participants in this study creates a basis for understanding the experiences of others who seek help using the Internet, and provides a context for the development of models of mental health service delivery that effectively integrate novel communication technologies. By elucidating the role of online services in the process of help seeking, it is hoped that helping professionals may be provided with the means to increase their understandings of the experiences of those they aim to help. This chapter will highlight the main findings of this study, describe how participants in this study viewed the role of online support, explore possibilities for integrating online and offline helping services, discuss the implications of online help for specific mental health populations, and present the implications of these findings for those who provide helping services. Specific recommendations are offered for those developing online helping services.

Main Research Findings

One of the first findings that emerged from the participants' stories is that the process of help seeking online is quite different than traditional models of seeking help offline (Kessler et al., 1981). Because of the nature of Internet-based communication, online help provides opportunities to seek help at early stages in the help seeking process and allows types of help that range from informal conversations and information gathering, to structured online counselling. Because of the novelty of online services, few guidelines or structures exist to regulate online helping services.

Another important finding is the variety of perceptions of the role of online help. All of the participants viewed online help as an important part of their own experience of seeking help. However, the participants' also experienced different strengths and weaknesses of online and offline services that allowed them to meet different needs at different times. The description of the different faces of online help leads to participants' suggestions of how online and offline helping resources can be combined to maximize the best of both forms of help.

The unique stories of the participants in this study highlight individual differences in experiences of going online. These differences result in specific implications for mental health populations who seek help online. Younger participants reported increased comfort with technology, which led to different experiences communicating and developing relationships online. These differences can be understood in the context of current literature on adolescent development and technology use, resulting in recommendations for developing online helping resources for this population. Another specific population that

emerged in the stories of participants is those who are thinking about suicide. The reports of the participants in this study are considered in the context of current literature on suicide and implications for the pros and cons of online suicide prevention resources.

The recognition that online and offline helping resources have different roles yields implications for those who develop online helping services and counsellors working with clients who also seek help online. Because early intervention is protective for mental health issues, encouraging early help seeking online can provide an opportunity for help seekers to have positive experiences seeking help, promoting further participation in making positive mental health decisions that may include face-to-face help. Recommendations are made based on the findings of this study.

Finally, the unique method used in this study revealed strengths and weaknesses of online recruitment and online interviews. These are discussed in the context of the goals of this study and my own experiences as both a researcher and a counsellor.

Going Online When Upset: Seeking Help or Seeking Distraction?

Contrary to traditional models of help seeking (Kessler et al., 1981), results of this study suggest that online help seekers do not necessarily recognize that outside help is required prior to accessing online helping services. It is clear in their stories that participants do not experience the process of help seeking as a linear set of stages whereby they gain insight into the nature of their problems prior to seeking a single, specific form of help, as has been suggested in

traditional models of help seeking (Kessler et al., 1981). The difference lies in the ease of access of Internet-based resources, which permits online help seekers to “go online” when they feel distressed before they have cognitively processed their understanding of their feelings and made a conscious decision to seek help. Some researchers have observed that individuals experiencing emotional distress access online media (entertainment, games, online shopping, “just surfing”) as a form of mood management called “affect-dependent stimulus arrangement,” in which distraction is one method of emotion regulation (Leung, 2007). Although this type of online behaviour is not considered help seeking in this study, the ease with which online behaviour can change from “just entertainment” to social interaction makes a priori distinction impractical. Rather, this study has relied on the participants to define the aspects of online behaviour they found helpful in their processes of seeking help. This approach is supported by Leung, who also found that people seek social support online during times of stress by using a variety of online communication tools (e.g., MSN, online games with communication features). Engagement in these kinds of “unofficial online helping activities” must be considered as activities that can be closely related to help seeking because these “unofficial” activities may lead individuals to seek more formal helping services (online or offline). Online helping services (such as a mutual support message board, online crisis chat, or cybercounselling) can provide similar types of support as “unofficial” activities and may also help individuals begin to process and moderate their own emotional states, and provide information, insight, or referrals to other helping resources.

Throughout all of the stories of help seeking, it was clear that participants' understandings of their experiences seeking help online occurred in the context of events, relationships, and other help seeking experiences in their lives.

Participants sought help where they felt safe at the time, and their understandings of safe places to look for and to find help changed throughout their lives. Despite these differences, all of the participants in this study demonstrated commitment to seeking help and persistence in finding creative ways to access the help they felt they needed. When participants found unhelpful online resources they may have been upset, but they kept looking. This resulted in support seeking behaviour whereby participants sought different forms of help in a sequential pattern, spending more time in places they felt safe and helped – until those places were no longer helpful.

Participants in this study described many combinations of seeking help online and offline. They described patterns of changing needs depending upon their life circumstances, and different perceptions of help based on previous experiences. Participants who first accessed online supports because of their availability, later followed up with offline resources and decreased their online support usage. Conversely, if a rupture occurred in offline services (loss of funding, access changes, therapist changes jobs, or a therapeutic rupture occurs), participants may turn back to online support. Although the respective services may perform very different functions, help seekers demonstrate flexibility in using available resources to help meet their needs. Similar to the results of this study, Leung (2007) also found that help seekers were not limited to offline social

support, but demonstrated flexibility by accessing different types of online social support (e.g., MSN) to meet their emotional needs.

When I originally began to think about the role of online help in the overall process of help seeking, I wondered if help seekers generally went online before or after looking for help face-to-face. As I learned about their experiences from the participants, I began to realize that the role of online help seeking is more complex and individual than I had originally considered. In some cases, participants reported going online without even knowing that they were looking for help (precontemplative). There seems to be a role for online help seeking at every stage in a person's process – from experiencing distress and contemplating what to do, through maintaining changes that have been made. Participants' perceptions of the role of online help varied depending on their level of distress, current level of support, and previous experiences receiving help.

The Different Faces of Online Help

The variety of views of online help represented in this study echo those described in the literature. Although many researchers have moved beyond debating the question of whether online help is better or worse than offline help, there remains ongoing examination of the data to support the efficacy of various aspects of technology-mediated counselling tools (Barak, Hen, et al., 2008). Despite the difficulty of isolating factors that may hinder or improve mental health, the pursuit of understanding these factors and their relationships is worthwhile and one way of understanding the experiences of those seeking help. The methods employed in this study serve to highlight the issues in online and

offline help that have not been previously addressed in the research literature. Indeed, the stories of the participants in this study indicate that no single conceptualization of the nature or comparative utility of online helping resources is yet possible. However, participants' descriptions of how online and offline helping resources relate to each other can be useful for both researchers and practitioners working with clients who seek help online.

Participants in this study described their views of online help differently throughout their experiences seeking help online. At times participants felt that online help was better because it was more accessible, because people online understood their unique experiences best, or because online services are anonymous. At other times participants felt online services were not as good as offline services, but were "good enough" to meet their needs and more "usable" because of accessibility. Finally, participants also described online helping services as being neither better nor worse, but simply very different than offline services, therefore creating a different niche of help. Following a description of the participants' perceptions of the role of online help, this discussion will provide an overview of participant's experiences combining online and offline help and the implications for helping services.

Online Help is Better Because it is More Accessible

"The only thing I can emphasize on is that offline help will only stick by you so long, while online help is there 24/7 and for as long as you need it. I only have one person offline who supports me whenever I need it."

Participants in this study sought help because they felt desperate and hopeless. They had difficulty critically evaluating different types of help, so instead they sought a source of comfort that seemed safe and available. Seen in this light, participants expressed that they sometimes found online help to be superior to offline help for a variety of reasons. The most common reason related to accessibility. Participants commented that online support is more available than offline support. This finding is consistent with other studies that conclude that Internet-based resources are more accessible in terms of time, geographical proximity, and financial accessibility (Griffin, 2004; Wright & Bell, 2003).

Participants reported that financial limitations prevented them from accessing any kind of service that required payment. Participants' financial resources were limited by age, being a student, having a disability, and having dependent children. This finding is similar to those of other studies that have found that online support users often choose online help for financial reasons (Eaglesham, 1996; Madara, 1999; Meier, 2000). Participants in this study found that there were many free services available online. They evaluated the financial and practical merits of online vs. offline resources and expressed the view that online communication methods have benefits that may balance out the limitations. Therefore, participants found that in some ways online services offered something that met their needs in a far more convenient way than face-to-face services. This finding is consistent with those of other studies, suggesting that online services can offer accessibility that is superior to offline services, resulting in more available and consistent help (Maples & Han, 2008). The increased accessibility

of online resources has been thoroughly discussed by other authors, including a discussion on the implications for cost-efficiency, access for rural populations, and access for populations with limited mobility (Madara, 1999).

The implications of the accessibility of online helping resources for the delivery of mental health services have been discussed in terms of increased access to health information and some forms of mental health information and support. The results of this study echo those of other studies and provide yet another impetus to continue to explore the benefits and limitations of online resources.

Online Help is Better Because Other People Online Understand me Better

Participants in this study also expressed the belief that relationships developed online could be superior in some ways to those developed offline. Online communication allowed access to others who provided them with encouragement and strength when they needed it most. The people they met online were available not only at important times in their lives, but also at important times of the day. Because people with similar Internet-surfing habits often forge online support relationships, these relationships continue regardless of the time of day. This availability is also an aspect of online communication that has been found in other studies on the benefits of online relationships (Waldron et al., 2000).

Online communication allows people to meet and connect with others from entirely different backgrounds. Participants in this study reported that they found that connecting with others online allowed them to connect with others by

overcoming their differences. This has been observed in other studies that note that online relationships can feel closer than offline relationships, known as the hyper-personal effect whereby individuals feel closer to others online due to the nature of online communication (Walther, 1996). Rhee (2009) elaborated on this concept, suggesting that the mode of online communication causes users to behave in more hostile or collaborative ways than they normally would offline. Rhee suggests that how behaviour online differs depends on how they understand the role of online interactions. This conclusion was supported participants' stories in this study, which stated that they felt an increased sense of connection with others online when they were in the mental state of seeking help from others.

Far from experiencing online relationships as "less real," participants in this study valued their connections with online and offline friends equally. In a discussion of the mental health implications of developing an online identity, Rhee (2009) concluded that it is healthy to have ego states that are context dependent (i.e., to feel and behave differently in different situations); however, Rhee also concludes that it is most healthy for individuals to have shared ego boundaries. This conclusion supports the suggestion that connections between online and offline lives are therapeutically beneficial. Indeed, the participants in this study reported experiencing benefit from communicating with friends both online and offline (e.g., talking to a friend from school on MSN in the evening). Participants also reported benefiting from integrating aspects of their offline lives into online relationships (e.g., talking about their experiences offline and/or

asking for advice). Therefore, participants in this study valued the normalizing effect of talking to others online that had similar offline experiences.

The type of help available online includes information (statistics, contact information, advice, stories of others with similar experiences, images of different possibilities), as well as opportunities for connections with others who have had similar experiences. This is especially poignant in the case where individuals feel unique in their experiences. This finding supports those of other studies that have highlighted the importance of online resources for people who feel isolated in their experiences (Barak, Boniel-Nissim, & Suler, 2008). Participants in this study felt that feeling normalized online gave them hope that their offline lives could be different. They reported feeling desperate to find support without feeling judged because there are no face-to-face resources that are truly anonymous and allow access to others with similar experiences. Offline experiences of being judged by others led participants to withdraw from offline supports and view online resources as the only possible source of help. When individuals who seek help online maintain shared ego boundaries, without communicating specific identifying information to others, Internet-based communication can provide normalizing experiences while maintaining total anonymity (Rhee, 2009). For the participants in this study, this is a unique and appealing combination.

Online Help is Better Because it is Anonymous

The importance of anonymity has been widely acknowledged in the literature addressing online support services (Barak, Boniel-Nissim, & Suler, 2008). Marx (1999) defines anonymity as the identifiability of identity knowledge

and ‘fully anonymous’ as the inability to identify a person based on any of the dimensions of identity knowledge. Marx refers to the types of identity knowledge, including legal name, locate-ability, pseudonyms linked to name or location, pattern of knowledge, social categorization, and symbols of eligibility.

Anonymity is widely thought to cause people to feel less restrained and more self-expressive (Marx, 1999). However, there is variability in whether feeling less restrained leads to increased anti-social and hostile behaviour online versus more therapeutic emotional disclosures (Suler, 2004). Although participants in this study reported viewing hostile online communications, they also reported that they found anonymity online helpful because it allowed them to reach out when they feared the consequences of disclosing their situations to others offline. They prioritized anonymity over accessing offline resources, and therefore sometimes felt that online resources were their only option. This finding was similar to that of Santor, Poulin, LeBlanc, & Kusumaker (2007) who studied young people with mental health concerns and found they were most likely to seek help online on an ongoing basis. They also found that help seeking online was positively associated with visits to the school guidance counsellor and professional referrals. Focusing on a single website promoting health and early identification of mental health difficulties, the authors found that the site was successful in its goals of helping young people. Similarly, the participants in this study described becoming more open to the possibilities of making changes offline after seeking help online. The results of this study also call attention to how the anonymity associated with online counselling can be perceived as attractive. One participant expressed his

interest in becoming an online counsellor because he felt that online counselling was a safer approach for the counsellor. He expressed that he had a desire to help people, but did not feel safe meeting some clients face-to-face. Because he used email-based online therapy as a client and also planned to become an online therapist himself, he provided his opinion that Internet-mediated communication tools can decrease risk that may be associated with working with clients with mental health concerns. The focus of this study was to explore the experiences of online help seekers, but this finding suggests that this participant also acknowledged the value of technology from the perspective of the counsellor. The same attributes of Internet-based communication that make online help appealing to clients may also appeal to counsellors, resulting in profound implications for professional counselling. Shaw and Shaw (2006) surveyed over 300 online counselling sites in 2002 and reviewed current practices in online counselling and found that fewer than half of the online counsellors followed accepted practices on 8 of the 16 items the authors identified as essential to ethical practice. The authors also found that those who identified themselves as licensed by a professional body scored higher than those who did not. The results of this study support the importance of ensuring that online counselling practices do not develop ahead of guiding ethical standards. This finding has been supported by other authors, such as Chester and Glass (2006), who suggested that online counsellors see online help as an extension of face-to-face counselling work, rather than fundamentally different. Therefore, models of blended online/offline therapy need to be developed and research completed to assess the efficacy of this

blended approach. “Although opinion may be divided on the merits of online counselling, it seems apparent that the future of counselling will include an online modality” (p. 158).

A Cheap Version of “Real Help” is Better Than Nothing

The results of this study indicate that one way the participants viewed online help was from a “better than nothing” perspective. At some points participants reported that their first preference would be to access offline help, but for various reasons they were unable to and viewed online help as a substitute. Although availability is an aspect of all the ways that participants viewed online help, the “better than nothing” perspective suggests that at times participants felt that the limitations of Internet-mediated communication led to online help being a less-preferable option. At times participants in this study stated that they would prefer to see a counsellor face-to-face, but could not. Therefore, they viewed online help as one way to access a form of help with limited resources.

Participants also acknowledged that face-to-face social networks could be preferable to online social support, but stated that financial and practical limitations prevented them from developing friendships offline. Participants did not report that they felt that online relationships prevented them from developing connections face-to-face, as has been suggested as a concern by some researchers (Maples & Han, 2008). Participants in this study felt that Internet-based services could be one way to develop relationships online that would turn into face-to-face friendships. Although most of the online relationships discussed in this study remained exclusively online, participants did develop some online relationships

into offline friendships, which provided sources of social support. This movement from online to offline implies that participants felt a preference for offline friendships.

The participants in this study acknowledged that face-to-face counselling would be more appropriate than online counselling for serious mental health concerns. They sometimes felt that their own problems were sufficiently dealt with using online support resources, but sometimes stated that face-to-face supports would be better if they were more accessible. This preference for available, trustworthy face-to-face services was also supported by the participants' reports that their online support usage tended to decrease when their face-to-face supports became available and helpful. In this context, online support is used as an adjunct to offline support. This finding supports those of other studies that suggest that online support services can be used alongside traditional face-to-face services (Barak, Hen, et al., 2008). In fact, Sampson, Koldinsky, and Greeno (1997) suggested that online counselling via videoconference may be one method for clients to begin the counselling process in a way that feels more safe to them that may continue offline. Participants in this study viewed online help as sometimes preferable to offline help, at times inferior but more accessible, and sometimes they found that the kind of help that Internet-mediated resources offered was very different than what was available offline.

The finding that participants used online services as a method to begin the process of help seeking is supported by other studies that have found that online services may be in an ideal position to facilitate critical decision making in online

help seeking. Santor et al. (2007) suggests that online services should be integrated into the pathway-to-care model of mental health services by developing health promotion websites that focus on helping people to develop more effective help seeking behaviours rather than focusing directly on improving health.

A Different Sort of Help

The results of this study indicate that online help is also understood as a qualitatively different type of help than offline help. Participants described the characteristics of online help at the time as being unique and therefore set apart from the kind of help that is possible from professionals offline. Participants in this study described two ways in which online communication allowed them to get a different type of help than offline. The value that participants placed on the nature of written communication was also evident in the results of this study. Participants felt that the process of writing emails was inherently helpful. They used email to write when they felt distressed and found it helpful to be able to write to a friend when they felt upset and know that the friend would read the email. Because Internet-based communication is available 24/7, help seekers are able to benefit from writing to friends at any time of day. Although writing has been utilized by forms of therapy for many years (White & Epston, 1990), writing an email to someone who may receive it the instant you send it increases the sense of having ones' words witnessed by another and therefore changes the experience of writing. Participants also highlighted the unique ability of Internet-based resources to connect individuals with very different backgrounds and experiences (Barak, Boniel-Nissim, & Suler, 2008). These differences between offline and

online forms of these helping tools were perceived in a positive light. However, participants in this study also identified ways in which the nature of online helping services prevented them from receiving some types of help. One participant commented that he felt that written messages prevent one from “getting the full feel of the words.” This comment supports the suggestion that some people find online communication limits one’s ability to express themselves in some ways. However, the participant that made this comment also stated that he did not feel completely comfortable with Internet-mediated communication. In fact, other participants stated that they felt very differently, saying that they felt that written words had more intensity than spoken words.

Online Help Can’t Save You

“Online help can't save you, but you generally receive more support online than offline. Although it's the offline help that can save you when you're in a crisis.”

Participants in this study felt strongly that regardless of the benefits of online help, online resources are not capable of providing the type of intervention that is sometimes necessary in times of crisis. They acknowledged that when they felt really scared and suicidal, calling a crisis line had been a life-saving decision. The observation that online help has physical limitations is a common professional criticism of online services that lead counsellors to warn clients against online services. The finding that participants are also becoming aware of the limitations of online helping services and make conscious choices to access offline help in crisis situations lends support to the suggestion made by

researchers that clients may be supported in accessing online help while also being informed of its limitations (Barak, Klein, & Proudfoot, 2009). Participants in this study believed that online helping services have a role, but the role may be limited in cases of serious risk for harm. The findings of this study highlight limitations of offline help, but also suggest ways online and offline sources of help can work together.

Combining Online and Face-to-Face Help

“I think there also has to be boundaries as to when you chose online vs. offline help. In a crisis situation you should seek offline help, but at the same time you should in advance make sure you know where to go for that help. But for everyday anxiety, or sadness, stresses, anger, online help is great. My counsellor kind of sat down with me & told me that in a crisis situation where your life could be on the line, you need offline help. A person on the other side of the computer can't take the knife out of your hand. You need someone you have a trusting “relationship” with to help you. That way you trust you made the right decision & don't have second thoughts or regrets later. I still hesitate to call him after hours, crisis or not, so online sometimes can help you to convince you to make that call.”

The stories of the participants in this study provide insight into how they made decisions regarding where to seek help. The results of this study suggest that some participants hesitate to access offline support “after hours” even in a crisis situation, despite having a strong therapeutic relationship with their counsellor. For those who feel comfortable accessing online resources, these resources can play a supporting role to offline services, even in a crisis situation. It is important to note that the participants in this study acknowledged that the anonymity and accessibility of online resources are the features that both allow online resources to feel safe, yet also prevent them from being effective in a crisis.

Oravec (2000) outlined the long history of healthcare integrating technology, including: telephone counselling, telepsychiatry, computer-simulated non-directive therapies for smoking cessation, short-term crisis intervention, long-term therapy, and self-help efforts. The authors suggest that we can learn from these early efforts of integrating technology into healthcare because many of the lessons are similar. Oravec suggests that one such lesson is that online counselling may be most appropriate when face-to-face rapport has already been established. When participants in this study talked about using telephone support lines, they reported that it was more difficult than going online because crisis help lines are often answered by different people each time a help seeker calls the number. This result was exemplified by one participant who stated:

I found that because it was a stranger i was talking to (on the crisis help line) that it was harder for me to be as open and honest as i wanted to be. It didn't have the anonymity of the internet quite as much and it didn't have the built up more trusting and safer relationship i've had with (face-to-face) counsellors.

The participants' suggestion that an ongoing relationship with a counsellor ought to be established prior to the onset of a crisis is supported by counselling research reinforces the importance of the therapeutic relationship (Hubble, Duncan, & Miller, 1999). Participants in this study valued having a relationship with a face-to-face counsellor because a good relationship with a counsellor allowed for a greater sense of connection and safety. However, they also valued talking to a stranger in some situations because it allowed anonymity. This finding supports that of Gould et al. (2002), concluding that those who seek help online often combine online help with face-to-face help.

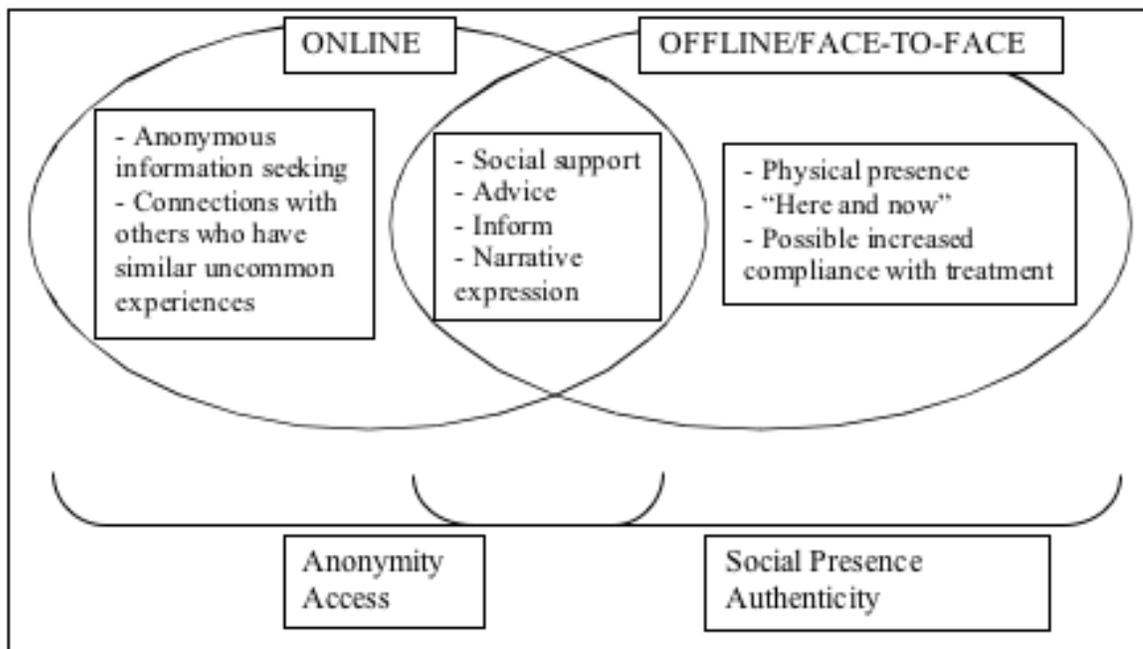
Participants in this study stated that it is necessary to use careful decision-making when choosing help resources. Few studies have explored how help seekers make the decision regarding whether to seek help online or offline. So far, there are no available resources for helping counsellors facilitate the development of these critical reasoning skills with their clients. However, the importance of the development of critical reasoning skills for clients who are using online resources has been proposed for general Internet use, (Varnhagan, 2007) and can be applied to online help seeking (Barak, Boniel-Nissim, & Suler, 2008). Shaw and Shaw (2006) proposed a 16-item checklist that can be used to assess ethical online counselling practices (see Appendix H). This checklist may be used by clients who are considering online counselling, or therapists who are considering making referrals to online counsellors. Some of these items may also be used to assess other forms of online help.

This study provides one example of an online help seeker who was helped by a face-to-face mentor to decide what type of help she needed in different situations by making a list of which form of help was most appropriate, depending on the level of crisis. As a result, the participant was able to articulate her process for deciding where to seek help:

I've definitely realized that whether you choose online or offline help, it's up to you to decide when and how to use it. As well you need to be careful judgement wise. If you feel suicidal, like you have a feeling you are going to harm yourself, then you need offline help asap.... As well make sure that you sit down with the counsellor and determine how much availability that counsellor has...(can you) call them 24/7 if there's a crisis...or can they give me a list of numbers of who or what to call?

The participants in this study did not tend to have a clearly articulated plan or process for seeking help online or offline. Even those participants who demonstrated critical decision-making regarding choosing help services also acknowledged that during a crisis their own abilities to think critically were diminished. Therefore, participants felt that it was important to develop a clear plan regarding how to access resources, prior to the onset of a crisis. Having a plan in place that included how to access both online and offline resources and which to choose allowed some participants to decrease overuse of face-to-face services when it was not necessary, while still accessing face-to-face resources when necessary. Integration of online and offline resources in this way may allow for more comprehensive mental health care and long-term support.

The findings of this study suggest that online and offline services can be integrated in a combined model of helping resources. The following diagram summarizes the participants' accounts of the strengths of online and offline resources. This diagram depicts those aspects of online resources that are unique to the online environment, aspects of face-to-face resources, and aspects that may either be online or face-to-face. Rather than depicting help seeking as a linear process, this model suggests that help seekers may begin looking for help in a format that fits with their concerns, needs, and ability (in terms of geography, time, and finances). Regardless of where they begin looking for help, they may simultaneously access other resources and shift their usage depending on external factors as well as experiences receiving help.



This diagram highlights the complexity of what brings people to look for help and it indicates a beginning point to understand the interaction between online and offline help. It can be used as a basis for examining the ways in which online and offline help can be combined to maximize the strengths of both for various populations, including different ages, geographical regions, and those with mental health diagnoses. One example of this integration is suggested by Barak, Boniel-Nissim, and Suler (2008) who found that online support groups offer non-specific empowerment, which is needed to handle specific conditions of distress and lead someone to continue searching for more specific forms of help. Therefore, the role of online support groups may be best viewed as providing non-specific empowerment. The healthfulness of integrating online and offline helping resources is also supported by Rhee's (2009) research on the "virtual ego," suggesting that facilitating opportunities to combine areas of one's online and offline lives can facilitate using strength gained in one domain to make changes in

another. Indeed, none of the participants in this study claimed that their online and offline lives were totally separate.

Participants in this study described how they balanced looking for help online and offline. Some participants said their face-to-face counsellors recommended online services to augment traditional therapy:

i was at the point of thinking about suicide and i remembered my counsellor had suggested trying the internet to find others that shared the same problems as me. I decided to give it a try before i committed fully to the idea of suicide. I did a search for PTSD and childhood abuse survivors... those were the ones i found more useful. Reading about someone else who was afraid to sleep because of nightmares or some other issue i struggle with as well and then hearing about how some people are able to improve their lives helps make me feel less alone and it also gives me hope (Kimberly).

In this case, the counsellor recommended that she use the Internet to seek a community of others who shared her experiences. Few researchers have looked at the best ways for counsellors to use online resources as an adjunct to therapy (Maples & Han, 2008). The main challenge for counsellors is a lack of familiarity with online helping resources. Simply put, it is easier to avoid recommending online resources than to become familiar with the pros and cons of online services. Counsellors may also have ethical concerns about recommending that clients use a resource that they are unable to control. Whether or not counsellors feel comfortable recommending their clients look for help online depends on how the counsellor sees the nature of online helping services. Counsellors may perceive that suggesting online help resources may be considered “social support” in the same way as suggesting a client join a social club. However, counsellors may also think of online helping services as a form of group therapy, which

would be a much more carefully considered referral. The diversity of forms of online help make this a complex issue. Further work is required to develop practice recommendations for counsellors working with clients who would benefit from online help services.

In this study, participants found a combination of online and offline resources were the most helpful. The variety of places where participants found help indicates that help seekers are not limited by the same perception of “what is helpful” as professional counsellors may tend to be. The implication of this observation is not that professional counselling services may be replaced by less formal services, but rather that following clients’ own reports of what they have already found helpful may assist counsellors in tailoring their practice to maximize clients’ own intuitive perceptions of what is helpful for them. Furthermore, professional counselling services may best integrate these concepts by learning how to formally integrate technologies into their counselling practices. Finally, the necessity for combining online and offline help is also supported by the findings of researchers looking at the experiences of counsellors. In fact, counsellors themselves report increasing comfort levels with using technology in counselling, as well as in professional development (Kennedy, 2008).

Summary

Participants described various ways that they viewed online help compared to offline help. They saw limitations and benefits of both online and offline help, and their opinions of which they found more helpful generally

changed depending on the type of help they felt they needed. Participants did not have one perspective throughout their experiences; they sometimes found aspects of online help better, but at other times found aspects of face-to-face helping resources better. Although some may interpret the variations in the participants' perspectives as capricious, it is my conclusion that the participants in this study demonstrated creativity and resilience in finding the helping resources that worked for them and conceptualized the available resources in the way they needed to at the time. The implication of this conclusion is that those developing service delivery models for mental health issues would be wise in considering the ways to best integrate the strengths of both online and offline forms of help.

Online Help for Specific Mental Health Populations

The stories of the participants in this study highlight the diversity of perceptions and approaches to seeking help. Participants reported different experiences of online help based on the contexts within which they sought help. The individual differences between participants also highlight key issues in the area of online help seeking. The finding that younger participants demonstrated and reported greater comfort with online communication and help seeking leads to a discussion of the impact of adolescent development issues on their experiences of seeking help online.

Adolescents and Emerging Adults - Growing up Digital

The nature of the Internet is interactive and versatile. Anything you can imagine is either available online or can be created online. Because of this versatility and capacity, the Internet can provide static information and

entertainment (websites, online videos, pictures) or interactive resources (online diagnostic tools, chat rooms, discussion boards) and games. For this reason, the Internet has become a primary source of information and communication for those who have access to it. Children who have grown up with access to this technology (generally those born between 1982–1997) have been described as the “Net-Generation” (N-Gen) (Tapscott, 1998). Tapscott argues that N-Geners think differently because their lives are integrated with interactive technologies:

With the advent of the Web, millions of children around the world are routinely gathering online to chat, sometimes to discuss a common interest, such as sports or the guitar, but often with no specific purpose to the conversation other than to be with, and interact with, kids their own age. Instead of hanging out at the playground or variety store, or going home to watch TV, more and more kids are logging on to their computer and chatting with their buddies from as far away as the other side of the world and as close as next door (p. 56).

Rather than anti-social, this behaviour can be understood as a different type of socializing, where adolescents have a real sense of self that exists in a real experiential space (Holloway & Valentine, 2003). However, because of the nature of the Internet, the boundaries of self-defined by that space are different than the boundaries defined in the “real” world. Similarly, the types of behaviours and interactions have different possibilities and consequences than those offline. For example, Waskul and Douglass (1997) found that adolescents explore their sense of identity online by changing various features (gender, age, personality) to learn how these changes influence how they are perceived by others. In fact, Burnett and Marshall (2003) state that communicating using different technologies plays a role in partially reconstructing the social self by “creating new opportunities for reflection, perception, and social experience” (p. 60).

This exploration can also extend to the exploration of risky behaviour (e.g., sexuality, challenging authority) in a space that is perceived as safe (Subrahmanyam, Greenfield, & Tynes, 2004). In fact, 18% of American adolescents say they have looked online for sensitive information in 2001 (Lenhart et al., 2001) and 31% use the Internet to access health information in 2005 (Lenhart et al., 2005). However, the anonymity that allows youth to feel safe online often does not provide as much protection as the youth assume. Greenfield (2004) reviews ways that adolescent developmental issues (such as sexuality and peer relationships) play out online. She suggests that none of the developmental issues are unique to online interactions, but that core developmental issues can be amplified and transformed on the Internet and that parental monitoring is essential. In order for children and adolescents to gain the benefits of Internet use and avoid the dangers, they must learn critical appraisal skills so they can learn to protect themselves online (Varnhagen, 2007). Despite concerns of safety, some authors believe that youth generally use the Internet in sophisticated and well-informed ways (Holloway & Valentine, 2003).

N-Geners currently range in age, including both modern adolescents and emerging adults. Emerging adulthood has been proposed by Arnett (2000) as the transitional time that adolescence and adulthood overlap, approximately ages 18–25. This time is characterized by many life changes that are more common for young people in industrialized countries. The modern trend to postpone transitions such as marriage and prolonged periods of schooling contribute to a high degree of demographic diversity and instability. Research indicates that this

stage is not merely a refusal to “grow up,” but rather involves careful consideration of the costs and benefits of an adult identity (Arnett, 2007).

Although the adolescent developmental stage has been researched more than emerging adulthood, the research presented indicates that emerging adults face many of the same developmental challenges of adolescence.

Participants in this study who volunteered from the online suicide prevention site were younger than those from kijiji.com. However, the difference in age and website was also associated with a difference in comfort level with technology, typing speed, and general enthusiasm for participating in the research project. Both participants who volunteered from the online suicide prevention site expressed eagerness to participate, used expressive forms of typing in emails and interviews (emoticons, capital letters, use of punctuation, expressive language), and typed faster and for longer periods of time than other participants. These differences may be related to stage of life, available experiences with technology, and time available for interviews, but they also may be related to generational differences such as those described by Tapscott (1998). Specifically, Net-Generation (N-Gen) individuals tend to be more comfortable with expressing emotions and exploring identity online.

Adolescent and Emerging Adult Help Seeking

Adolescents utilize a variety of coping strategies when they feel distressed. Some of these may include: self soothing, talking to peers and parents, remaining isolated, using defensive structures, risk-taking behaviours, and behaviours that exert control. Although most adolescents engage in some amount

of seeking social support, many adolescents avoid seeking help for many problems that tend to respond best to professional intervention (Menna & Ruck, 2004). In fact, help seeking is an important part of adolescent well-being and resilience (Ebata & Moos, 1991). Adolescents seek help and avoid seeking help for a number of reasons, some of which can be linked to adolescent developmental themes. Finally, issues and concerns of help seeking related to suicidal adolescents illuminate an examination of some benefits of Internet-based help seeking. The results of this study clearly indicate that some adolescents and emerging adults feel comfortable seeking help online and see it as a gateway to other help seeking activities.

N-Geners may be in an ideal position to maximize the benefits of online help. Rhee (2009) suggests that the degree to which an individual will benefit from online interventions depends on the degree to which their online and offline egos are integrated prior to going online. Meaningful online experiences depend on a well-developed virtual ego, which is partially determined by offline ego and partially by online experiences (Marx, 1999). The adolescents and young adult (N-Gen) participants in this study reported the most comfort with online technology and the greatest fluency. Furthermore, they reported the most resistance to seeking help offline, while describing their experiences seeking help online in great detail and with personal meaning. Finally, the N-Gen participants in this study often blurred the distinction between online and offline lives. Although they acknowledged the differences between online and offline communication, they tended to have friends who they communicated with both

online and offline. These participants viewed online and offline relationships as “friends” and online and offline support as “helpful.”

All adolescents experience transitions, which they must integrate into their understandings of themselves and the world. This process often results in feelings of stress, which can contribute to transitional difficulties including mental health problems. Many adolescents demonstrate resilience by connecting to friends, family, and professionals as they need support (Everall, Bostik, & Paulson, 2005). Adolescent developmental factors may also contribute to unique challenges for adolescents seeking help. The findings of this study are supported by the literature that suggests that adolescents experience significant barriers to seeking help, including accessibility issues and fear of the consequences of seeking help. However, the discussion of these results in the context of adolescent development and technology use provides hope that developmentally appropriate technology-based helping services may be developed that allow adolescents to overcome the barriers they currently face seeking help. These findings also contribute to helping adolescents develop critical reasoning skills regarding online help service use.

Suicidal Help Seekers

“People also need to know about what it is like to look for help online. As much as I hate to admit it, look for offline help first. Online can help you in certain situations, but those people on the other end wont provide the support and comfort you need. Offline people know you, and are familiar to you. Anybody who is in a crisis situation will tell you right off the bat “Nobody here (offline) is listening”. That right there says that person needs the comfort of familiarity. Online is good for coping and venting but Offline help will be the biggest supporter in terms of survival. I guess a combination is good.”

Alao, Soderberg, Pohl, and Alao (2006) reported that adult mental health patients seek help online using various methods when feeling suicidal. This fact presents both potential pros and cons. When someone who is suicidal goes online, the Internet can be used to enhance suicide attempts by providing information on how to increase lethality or provide encouragement to attempt suicide (Becker, Mayer, Nagenborg, El-Faddagh, & Schmidt, 2004). These findings led other researchers to suggest that suicide websites ought to be regulated (Biddle, Donovan, Hawton, Kapur, & Gunnell, 2009). On the other hand, Grohol (2008) found that there were fewer pro-suicide sites than there were support sites.

In 2002, the International Society for Mental Health Online reported common myths and facts about online clinical work, suggesting that one of the most common myths is that suicide prevention and crisis intervention are impossible online (Fenichel et al., 2002). Rather, this group suggested that emotional connections online have been shown to prevent suicide attempts. Guidelines for managing suicide risk continue to improve with ongoing research. Recent research provides recommendations for suicide screening, risk assessment, management strategies, and collaboration with other health care professionals (Bryan, Corso, Neal-Walden, & Rudd, 2009). However, most suicide prevention services do not yet consider the place of online help seeking for suicidal individuals. Although initial meta-analysis of online psychotherapeutic interventions have found similar effect sizes as face-to-face interventions, these studies have not yet included treatment for suicidal clients (Barak, Hen, et al., 2008). Models need to continue to develop to maximize current research to

inform practice and include modern technologies to improve delivery and continuity of care.

Suicidal Adolescent and Emerging Adult Help Seeking

Research on the experiences of suicidal adolescents indicates that cognitive development, identity formation, and autonomy seeking are also important factors in adolescent suicidality (Everall et al., 2005). Huff (1999) found that levels of stress were related to suicidal ideation for adolescents and that sources of stress were often related to adolescent developmental issues including grades in school; fights with friends, siblings, and parents; trying to make new friends; problems with body image; difficulty with teachers; physical changes; close relationship changes because of illness; substance use; feeling lonely; close peer relationship breaking up; losing a pet; pregnancy; death; and losing a job. Although many of these stressors are amenable to intervention, adolescents may feel more isolated because of the personal fable wherein they view their feelings as so unique that no one else could understand them (Elkind, 1981).

N-Geners are adept at developing online selves with which they explore new aspects of identity. As a result, they may create online personae that differ from their offline experiences in many ways. One implication of this for online suicide prevention is that it increases the ambiguity already present in assessing suicide risk with anonymous people online. However, when absolute risk assessment is not possible, there remains benefit in helping N-Gens to explore their feelings and thoughts related to suicide in a context that provides an online community culture that encourages healthy behaviour and decision-making.

Indeed, just as N-Gens expect their education to be infused with technology, so they may also expect mental health providers to integrate technology with extant mental health resources.

Adolescents who seek help for suicidal feelings, thoughts, and behaviours generally do so in ways that are consistent with other forms of help seeking behaviour. Carlton and Deane (2000) found that few adolescents experiencing psychological distress seek professional psychological help. Furthermore, Woods (1997) also found that suicidal adolescents reported that they were less likely to seek help from their parents than non-suicidal adolescents, but were equally likely to seek help from peers.

Carlton and Deane (2000) hypothesized that increased personal-emotional distress leading to suicidal ideation would result in higher levels of help seeking in adolescents. In a non-clinical sample of 221 students who completed a measure of Attitudes Toward Seeking Professional Psychological Help and the Suicidal Ideation Questionnaire, they found that adolescents recognize the potential seriousness of suicidal thinking, but reported that higher levels of suicidality indicated a lower likelihood of seeking help. The researchers suggest that focus on identity development may actually cause adolescents to reject external sources of help. They also suggest that the lack of help seeking behaviour may be related to the cognitive distortions associated with distress whereby those in psychological distress are unable to use innovative or creative problem-solving. Suicidal adolescents may not only have a passive approach to dealing with suicidal ideation, but may actively avoid help seeking.

Gould, Greenberg, Munfakh, Kleinman, and Lubell (2006) found that suicidal adolescents reported avoiding seeking help because of feelings of self-reliance and shame. Specifically, the adolescents reported that they felt they should be able to solve their problems themselves and that they often did not think the problem was serious enough. The authors suggest that Internet-based strategies may be one way of helping to get around these barriers. However, Internet-based resources must be developed further before they can become an effective strategy (Gould et al., 2002).

Understanding help seeking behaviour for suicidal adolescents involves an understanding of the adolescents' reasons for their suicidality as well as the severity of the symptoms. Suicidal ideation is often related to specific life concerns such as interpersonal conflict, health concerns, or psychological pain. If the source of the conflict is peers and/or family, adolescents may feel that their only avenue for help is cut off. In these cases, seeking help online may provide a solution.

The results of this study suggest that online resources can be used as part of a suicide prevention strategy for adolescents. This is supported by the work done by Asarnow, Berk, and Baraff (2009) who studied suicidal youth and concluded that interventions for suicidal youth must include relevant and long-term follow up. Strategically planned integration of online services may increase the ability of professionals to follow-up with suicidal clients in a way that is relevant and effective. This kind of integration may build upon the strengths of current online help services found in this study and improve upon them by

applying methods of evaluation (such as the ethical checklist suggested by Shaw & Shaw, 2006). Ongoing research regarding the efficacy of such integration would be necessary not only to establish best practice guidelines, but also to adapt practice guidelines to changing technologies. It seems clear that the development of such practice guidelines would require recognition and representation of the role of online technologies in mental health prevention and intervention. In fact, Maples and Han (2008) recommend that online services should be integrated into the national suicide prevention strategies for the United States and South Korea.

Summary

The results of this study both support and add to the available literature on how online and offline help seeking are currently used by adolescents and emerging adults, and people who are experiencing thoughts and feelings related to suicide. The participants in this study represented all age groups; however, those in the adolescent and emerging adult stages of life were more comfortable and fluent using online help resources in a consistent and integrated way. Those participants who reported thoughts, feelings, and behaviours related to suicide pointed out the weaknesses of online help for suicidality, but also clearly described experiences where seeking help online for suicidality was helpful for them. Considering that the adolescent population has been difficult to access with mental health resources, it seems clear that integrating online help resources with “what works” may be a key strategy in developing consistent, effective, accessible care for these mental health populations.

Recommendations for Delivery of Online Helping Services

Increasingly, those who utilize mental health resources are expecting care to be integrated with various technology-enhanced tools (Maples & Han, 2008). The participants in this study described ways in which they used Internet-based technology to help them find information, develop connections, access emotional support, learn about offline resources, engage in a process of discussing mental health care options with others, and make decisions for themselves. Throughout the interviews, participants' stories highlighted areas of weakness in some online helping tools and identified suggestions for improvement.

Select Target Audience/Population

When designing an online helping resource, it can be helpful to understand the perspective of those who seek help online to understand the type of search that brought the person to your website. The participants in this study described beginning their searches for help by typing words that described their experiences into a search engine. Leung's (2007) findings support this, suggesting that individuals seek out affect-congruent online stimuli when stressed in an attempt to manage moods. Therefore, it would be helpful for online helping resources to be aware of whom they want to attract to their site and learn how search engines work so that they can maximize traffic from the types of users they want. One suggestion is carefully selecting keywords that describe their website by including words that describe the feelings that people may be experiencing when they look for the site. For example, if a website is designed to target survivors of child abuse they might include the obvious keywords "child abuse," but also "flashbacks" and "depression."

Intentional Visual Layout that Describes the Service

Participants described finding the visual layout of websites to be important when seeking help online. When in a state of distress, participants often searched through many websites, spending mere minutes or seconds on each one.

Therefore the initial visual layout of the site impacted whether the participant continued to explore the site content or not. Because of the numerous types of online resources that a site may potentially include (information, discussion boards, forums, chat, email with a professional, social networking), it is important for websites to be clear on the type of service that is available on the site. The results of this study help to describe the mindset of someone searching for help online by describing the experiences. These experiences are characterized by a desire for instant gratification. Participants responded to websites where they got relevant, helpful feedback within minutes. When they searched for help online, participants made quick evaluations regarding the sites that they would spend time looking into and found that their first impressions of a website determined whether they would begin to engage in the online community. First impressions of the online community determined whether they would commit to returning to the site on a later occasion. The implications of this result provide a challenge to online help providers because immediate, personal feedback requires continual population of the website. The most efficient way to have an active online community is to provide open access to many users. However, this creates the challenge of directing and managing the type of online activities (i.e., the online helping services) that are provided.

Encourage Supportive Relationships

Despite the critique that online communication is not well-suited as a means to developing a meaningful therapeutic interaction, there is no doubt that the participants in this study found online communication to be sufficient and sometimes superior in some ways as a method of developing meaningful, helpful human interactions (Maples & Han, 2008). Participants reported that these online human interactions were helpful, even when there were no obvious moderators or professionals involved, because they felt desperate for compassion. Feeling connected to others online allowed participants to feel less alone. This emphasis on meaningful interactions was evident in the narratives of participants who developed relationships online and then continued those relationships face-to-face. The participants were clear that they felt online relationships were meaningful and affected them emotionally. Some participants found these meaningful relationships online and maintain the relationships without ever meeting the rest of the group face-to-face. In fact, the most supportive online experiences may occur in online communities designed for purposes other than support. One participant found that even though she used online mental health support sites, the most supportive community for her was found through an online gaming site. She described this community as respectful and supportive.

Create and Maintain Online Community

Successful online support communities can be carefully designed and moderated. Just like offline communities, online communities are based on a matrix of relationships, which are modified by communication (Barak, Boniel-

Nissim, & Suler, 2008). These communities are characterized by norms, values, and culture that are determined by the context of the community and the behaviour of those who contribute to its structure. As such, those who plan online helping communities can create and modify the behaviours of the community members just as one might an offline community. In online communities, those who moderate the activity of the online communications are referred to as moderators. In this way, carefully planned moderation of online helping communities can create spaces where those looking for online help feel safe and comfortable expressing their feelings and exploring other help seeking options.

Keep it Free

All of the participants commented on the importance of online helping services being free. Although the most common reason was that participants either simply did not have the money or did not want to spend their money on online helping services, they also described more complex emotional reasons for their resistance to paying for online helping services. Participants felt that asking for money indicated that those running the online service do not actually care about them, but rather are “just in it for the money.” Therefore, being asked to pay a fee makes participants suspicious about the intentions of those offering help. The second way in which participants feel uneasy about paying for online services involves anonymity. Due to the nature of online payment, it is not possible for participants to truly remain anonymous on a service they have paid for. Thus, deciding to charge a fee for an online helping service not only limits the usability of the service to those able and willing to pay, but it also fundamentally changes

the nature of the online community from one based on mutual support to a one based on individual-centred, capitalist values.

Maintain Anonymity

Due to the nature of Internet-based technologies, the degree of anonymity online varies. Participants in this study all reported that when they initially went online to seek help, they felt that anonymity was essential and they would not have posted if they had not felt their messages were anonymous. Although they acknowledged a role for non-anonymous help, participants highlighted the importance of being anonymous when seeking help for the issues they faced. One participant felt that posting an anonymous blog was one way that Internet-based technologies could be used by someone in distress. When creating a blog, one has the ability to use one's own name or a pseudonym. Therefore, a person can write a blog that resembles a public diary or can write an anonymous account of one's experiences and opinions. In order to benefit from the blog, the participant in this study felt that he needed to be anonymous in order to avoid being identified by others at his work and in his community. Another participant valued anonymity because of fear of being investigated by social services or the police. From her perspective, she was not ready for formal involvement at the time that she began looking for help online. In fact, at the time that she began looking online for help, she was careful to remain anonymous and because she found a place that she felt safe, she was able to explore other help seeking possibilities.

Develop Connections with Other Help Service Providers

The results of this study highlight the ways in which online helping service providers may view their role in the process of help seeking. Websites that maintain the anonymity of online help seekers may not be able to actually locate the users in order to report them to police or other helping services. Although this has been a criticism of online support services that are not able to mobilize emergency services, it is the same limitation that participants value in anonymous online services. Therefore, anonymous online services have access to a population of help seekers that are the least likely to seek help offline – those who value their anonymity and do not want emergency intervention. However, the results of this study suggest that anonymous services have a key role in providing life-saving intervention for help seekers by engaging with them in the decision-making process of when, where, and how to seek help both online and offline.

Leung (2007) found that children and adolescents use the Internet (both entertainment and social functions) for mood management and social compensation to buffer the effects of stressful events. Participants in this study also turned to online resources when they felt overwhelmed; but after finding comfort online, they began to explore other help seeking options using the online community for ideas and feedback. Therefore, online helping services often have access to people early in their process of help seeking and may be able to encourage those who begin seeking help online to continue to explore other resources that may be more appropriate to their concerns. The participants in this study believed that individuals reporting suicidal intent are best helped using offline resources as a life-saving measure. However, they also felt strongly that

people in distress should be given every opportunity to make their own decisions regarding whether or not to access offline resources. Therefore, online help volunteers could be trained to help users explore their options and create an online culture of support. Other online community members may also help encourage online help seekers to explore offline resources when appropriate. In fact, other online help seekers are in a unique position to share positive experiences and offer advice regarding how to access the most beneficial offline services. However, there is also a delicate balance between encouraging online help seekers to access offline resources and appearing to be trying to “pass off” the responsibility for supporting someone who has come to trust a particular online community. In other words, online communities should both continue to provide appropriate support, while helping the member to explore what would be in their own best interest. Margaret’s experience with looking for the most appropriate help services highlights many of these points:

I’ve called a crisis line 3 times when i was feeling really scared and suicidal and i’m still alive so it helped... It was more of a last resort before actually going to a hospital and i don't think i'd have the guts to do that. When I called the crisis line they asked me how they could help me and tell me that there was hope and that my problems could be helped and they would try to reframe the way i thought of certain situations in my life and they all strongly encouraged me to go to a hospital. I guess in the end it always felt a little like they were trying to pawn me off on the hospital...I know they were just trying to do what was best for me and what they are trained to do but it kinda felt frustrating. It's a bit ironic i think because of feeling frustrated it distracted me from my thoughts of suicide which helped keep me alive.

Sarah’s feelings about the way in which people forcefully encouraged her to get help offline also serves as an illustration of how well-intentioned statements and

policies of websites can be perceived as less supportive to those on the other end of the keyboard:

they push too alot to get kids to call...honestly I am not complaining ..I hope but it is SOOO hard to get that courage to do it and when things keep happening it it like making it harder and to me pushes me back further and further away in doing it. when things keep happening i lose that courage I might have had like the day before maybe and then it pushes me back farhter and I can't do it or even think about. I do really really want to tell some, so it is out there and the truth is out there and i don't have to pretend anymore but I DON'T want anyone to feel sorry for me and I DONT want anyone to think I am different in anyway because I am going through this.

Online helping services are in a unique position to provide an important and life-saving intervention for those who are in the process of deciding whether to seek help offline or not. The results of this study suggest that online help seekers who feel overwhelmed, confused, and desperate may be helped to make better decisions by receiving support and encouragement from well-trained volunteers and helping community members in the context of a well-developed helping website.

Comments on the Method

The method used in this study was unique in two ways: participants were mainly recruited online, and interviews were conducted online. Both of these provide a unique context for interpretation of the data. In addition, this method also provided practical challenges and benefits.

Online Recruitment

Online recruitment was chosen because participants who volunteered for this study were more likely to be comfortable communicating online for the interview than participants recruited offline. Most participants did indeed

demonstrate a basic comfort level with communicating online; however, there were differences between participants who volunteered via the kijiji.com posting and the online suicide prevention website. The main difference was the age of the participants, with the participants who volunteered from the online suicide prevention site being younger than those from kijiji.com. However, the difference in age and website was also associated with a difference in comfort level with technology, typing speed, and general enthusiasm with participating in the research project.

Another aspect of online recruitment included the observation that although all of the participants found the anonymity of the Internet important in the help seeking process, not all of the participants emphasized needing to remain anonymous throughout the interview process, saying, “you can use my name if you want to, that’s ok” and “it doesn’t matter if you use direct quotes from my online messages.”

Challenges and Benefits of Online Chat for Interviews

“It sort of put us all down to the same level - words, it's hard to explain, but yo uget it =] I'm pretty comfortable talking online” (Thyra).

“writing here to you and by email and on the site is SOOOO much easier to do than to call someone” (Sarah).

The literature on the nature of online communication provides a background for understanding the challenges and benefits of online chat for the interviews in this study. Because of anonymity, online chat was chosen as a method of communication for the study interviews. It was thought that

participants who actively engage in online help seeking and volunteer to participate in an online interview may also find it easier to express themselves in an online interview for the same reasons they sought help online. It has been suggested that computer-mediated communication can limit the degree to which messages convey emotional content online (Wright & Bell, 2003). During the online interviews, participants in this study commented that they found that reading words prevented them from “getting the full feel of the words.” Other participants in this study expressed a comfort level with text-based online communication by responding to the study advertisement via email. The participants who volunteered through the online suicide prevention site felt most comfortable communicating online. These participants expressed their comfort with writing online by stating their preference, but also by using icons to indicating positive feelings (a sideways smiley =]) during the online interview.

Written interviews are better. Participants in the study expressed a range of opinions regarding their comfort with technology. One participant began the interview using her Blackberry while walking and seamlessly transitioned to using her laptop for the chat once she arrived at her destination. Other participants expressed that they found the online format of the chat convenient. As described in the section on participants expressing their stories online, participants generally found it beneficial to express themselves using words, and found online forum and blogs helpful in processing and making sense of experiences. When asked, participants said that they found it “normal” to type about their experiences. Although it took some time to get used to the pace and rate of typing, they found

that this was not much different than face-to-face communication. Participants found that over time, and after more than one interview, the interviews with myself became more natural.

From my point of view as the researcher, online interviews were beneficial in that they allowed participants to feel anonymous and safe. In this study, I also felt very comfortable expressing myself online because I have 14 years of experience with online communication. The convenience of online recruitment allowed for easy representation in this study of online help seekers throughout Canada, as the nature of online interviews did not limit the study to those who were within a similar geographic proximity to myself. However, having also conducted face-to-face interviews, there were aspects of the online interview that were not ideal. Although some participants were clearly comfortable and efficient at communicating via synchronous text, others were not able to express themselves via text as quickly as they would have been able to face-to-face. There were also times when, as the interviewer, I had difficulty understanding the meaning of the participants words. In some cases I was able to clarify, but in others I still feel as though there are aspects of the participants' experiences I would understand more fully if I had additional access to more verbal or nonverbal cues. Upon reflection, the benefits of online interviews make them worthwhile for those participants who prefer this method of communication, but those participants who would have preferred telephone-based or face-to-face interviews may have provided more rich descriptions of their experiences using those methods of communication.

Online communication is meaningful. "I am very familiar with the Internet, sometimes it feels like my second home... I think all lot of people see the internet as being cold and impersonal but it isn't always. I've ended up meeting some wonderful people online" (Margaret).

Although participants varied in their comfort level and efficiency with online communication, all of the participants expressed that they found online communication meaningful in some way. Being familiar and comfortable with online communication helped participants feel as though they were able to express themselves in a meaningful way online. The participants in this study expressed finding online communication meaningful by their descriptions of connections with others online, as well as the way that online communications helped them to feel better when distressed. Few studies have used online communication for interviews; however, various interview methods have been used in qualitative research in order to target specific populations or experiences (Merriam, 1998). The results of this study suggest that online interviews can be used effectively as a method for participants to describe their experiences seeking help online. Although further research using both online and face-to-face interview methods may better compare the two, the purpose of this study was to gain meaningful descriptions of the participants' experiences. In this study, the online interview method was perceived by the participants as a meaningful way to express their experiences.

Summary

Although the main portion of the data in this study was from the interviews, supplemental sources of data added important depth and breadth to understanding the experiences of the participants. It was expected that data from other websites (blogs and message boards) would help provide richness to the descriptions of the participants' experiences; however, the role of email communication for some participants was surprising. The participants demonstrated innovation in expressing themselves in the ways they felt most comfortable by finding communication methods that worked for them, thus allowing them to express experiences they may not have been able to with a different data collection process.

Research Participation and its Place in the Online Help Seeking Process:

Challenges of Being a Scientist-Practitioner

In some ways, the process of conducting interviews regarding mental health issues resembles the interviewing process for counselling. This observation was evident both in participants' comments regarding the research interview, as well as my own experiences as a researcher who also has experiences as a professional counsellor. One participant wrote in his blog that he completed the online anonymous interview to help someone with their Ph.D. in counselling psychology. About the interview, he stated that he actually found it helpful to talk about his experiences and hoped that his participation was helpful for me. These comments were reiterated in the interview when he stated, "now that I'm feeling good about everything it's nice that I can be of assistance to your study." In some

ways, his interest in helping in the research project is similar to the finding that those seeking help online also often offer help as well.

Other participants in this study described feeling similar relief from talking in the research interviews as they felt talking “in therapy.” Participants commented that being able to talk about their experiences led them to, at times, shed tears during the interviews and reflected that this reminded them of how therapy sometimes felt. These expressions of emotion in the interview supports the validity of online interviews as a meaningful experience. Participants also commented that reading their narrative summaries also led them to reflect on their experiences and realize something new about how they look for help online. This process of reflection and insight also shares something with the counselling process (Hubble et al., 1999). When asked what it was like to read her story, another participant stated that the interview made her realize how much she used the Internet for support, saying that she had not previously thought of her Internet use as support-seeking and looking at her own story written down as a single narrative made her feel “self-conscious.” However, it also seemed accurate to her. Similarly, another participant stated that viewing her story prompted her to realize how much she felt alone and lacking support. She also expressed that the process of reading her own narrative provided her with insight and a feeling of being understood. These reports highlight the aspect of narrative theory that suggests that the process of organizing the narrative of an experience can be helpful (White & Epston, 1990). Although the focus of this study was to elucidate the experiences of participants in order to contribute to the understanding of their

experiences, it appears that the participants found the process of telling their stories helpful for themselves.

My experience of the interview process was characterized by ongoing examination and re-examination of my role as a researcher and my role as a counsellor. Anticipating this challenge, I began the study by developing an informed consent process whereby I emphasized my intention to maintain the confidentiality of the research participants, regardless of what they disclosed in the interviews, as long as they did not also disclose their identity. Although this role clarification was necessary and anticipated, it became clear that negotiating role clarification with participants involved being actively aware of how the goal of the research interview (describing experience) differed from the goal of therapeutic interaction (influencing a change in the client's experience). This stated difference in goals influenced how I responded to most of the participants' statements. For example, as a counsellor I would have spent more time in the interview with Jason developing an understanding of his relationship with his parents and how this relationship may relate to his development and present difficulties. However, although these would be appropriate foci if Jason were a counselling client, the question of his present functioning and its history were not within the scope of this research interview, unless Jason stated that he believed they were significant in his experiences of seeking help online. In Jason's case, he was quite clear that he did not want to talk about his early life experiences in the research interview. Therefore, I maintained the focus of the interview on what Jason felt was important to express about his experience seeking help online.

I saw my connection with each participant in this study as a relationship that was based on a mutually-established understanding of the goals and tasks of the research, that was facilitated by a bond with the participant. In this way, I believe a type of relationship was established that was conceptually similar to the “therapeutic alliance” discussed by psychotherapy researchers, including Hubble et al. (1999), but with goals that make the description “research alliance” a better description. Having explored the influence of the differences between therapeutic goals and research goals using the example of my interview with Jason, my interviews and emails with Sarah provide an example of how I found myself frequently clarifying the tasks of the research project. In emails and interviews with Sarah, she frequently commented on her perception of herself as being “weak,” “unable,” and “hopeless.” My training and experience as a counsellor recognized these as ideal statements to begin a discussion exploring her core beliefs about herself and perhaps begin to explore and identify exceptions to her understandings about herself. However, as a researcher I felt that such an exploration would not be in line with what Sarah and I had agreed the interviews and email would include (tasks). Although I saw room within my “research alliance” to occasionally provide supportive statements, I also allowed Sarah to fully describe her perception of herself.

Summary

Participants in this study described their experiences seeking help at times in their lives when they felt alone and desperate. Feeling this way, some sought help from professional health care providers, teachers, friends, and family. Others

did not feel comfortable asking for help offline, so they went online first. Regardless of where they began looking for help, each participant in this study accessed online help at some point in their journey seeking help. They described limitations and benefits of both online and offline help. Their perceptions of the benefits of help sources changed throughout their journeys, highlighting the need to match helping services with participants' changing needs. Participants in this study accessed helping resources they felt were safe and accessible. They ceased to access resources they no longer felt were helpful, but also demonstrated commitment to relationships and communities where they felt valued and respected.

Future Research Directions

This study has provided some useful results on a group of help seekers who sought to access help both online and offline. While this study provides depth and breadth to current discussions on the topic, there is a need for more research in this area.

The issue of integration of online and offline resources is understudied at this time. Further research may focus on how mental health practitioners may develop a variety of online tools to facilitate current practices. Specifically, telephone suicide hotlines can be supplemented or replaced with online discussion boards and crisis chat services. Research on the efficacy of such services can provide information regarding future directions for planning suicide prevention strategies on a national or international level. Because online services are accessible worldwide, these forms of prevention service lend themselves well to

international collaborations. Another form of integration of online and offline resources involves individual counselling practices. Although online counselling is a growing industry, there is little research on the ethical, practical, legal, and therapeutic implications of counselling online. Specifically, further research is needed to elucidate which populations and interventions lend themselves to effective translation to online counselling methods.

Participants in this study felt strongly that their experiences with hospital-based crisis services lacked consistent follow-up. Ongoing research is needed to assess patients' experiences of emergency mental health services and suggestions made for improvements that facilitate ongoing positive therapeutic relationships between patients and health care practitioners.

Participants in this study reported various methods of online support (discussion boards, emails, chat groups, social online gaming, etc.). Further research may explore the benefits of each of these forms of online support and provide recommendations for the development of consistent online support protocols (e.g., recommendations for which services are most cost-effective for specific populations). Such protocols would greatly assist health care providers making referrals to online services. Furthermore, collaborative research with other professional disciplines (such as computing science) may result in the development of novel designs for online helping service tools (e.g., developing formalized online support services within online games such as Second Life).

Final Reflections

Having completed this project, I recognize the value of my experience of the process and the understandings and insights I have received. My original goal was to provide a context wherein those who seek help online can tell their stories and contribute to the growing literature on the topic. I am honoured to have been a part of the telling of the participants' stories and helping others in the process. Through the process I have been deeply touched by the openness with which participants talked about the pain and desperation that led them to look for help, as well as their fears and anxieties about seeking help. I have been impressed by the strength that they demonstrated by seeking help anyway, and by volunteering to be a part of this study and thereby contributing to a literature that will help others.

References

- Alao, A. O., Soderberg, M., Pohl, E. L., & Alao, A. L. (2006). Cybersuicide: Review of the role of the Internet on suicide. *CyberPsychology and Behaviour, 9*, 489 – 493.
- Alexander, S. C., Peterson, J. L., & Hollingshead, A. B. (2003). Help is at your keyboard: Support groups on the Internet. In L. R. Frey (Ed.), *Group communication in context: Studies of bona fide groups* (pp. 309 – 334). Mahwah, NJ: Erlbaum.
- Arnett, J. J. (2000). Emerging adulthood. *American Psychologist, 55*, 469 – 480.
- Arnett, J. J. (2007). Suffering, selfish, slackers? Myths and reality about emerging adults. *Journal of Youth and Adolescence, 36*, 23 – 29.
- Asarnow, J. R., Berk, M. S., & Baraff, L. J. (2009). Family intervention for suicide prevention: A specialized emergency department intervention for suicidal youth. *Professional Psychology: Research and Practice, 40*, 118 – 125.
- Bambling, M., King, R., Reid, W., & Wegner, K. (2008). Online counselling: The experience of counsellors providing synchronous single-session counselling to young people. *Counseling and Psychotherapy Research, 8*, 110 – 116.
- Barak, A., Boniel-Nissim, M., & Suler, J. (2008). Fostering empowerment in online support groups. *Computers in Human Behaviour, 24*, 1867 – 1883.
- Barak, A., Hen, L., Boniel-Nissim, M., & Shapira, N. (2008). A comprehensive review and a meta-analysis of the effectiveness of Internet-based

- psychotherapeutic interventions. *Journal of Technology in Human Services*, 26, 109 – 159.
- Barak, A., Klein, B., & Proudfoot, J. G. (2009). Defining Internet-supported therapeutic interventions. *Annals of Behavioural Medicine*, 38(4), 4 – 17.
- Barney, L. J., Griffiths, K. M., Jorm, A. F., & Christensen, H. (2006). Stigma about depression and its impact on help-seeking intentions. *Australian and New Zealand Journal of Psychiatry*, 40, 51 – 54.
- Barrera, M., Glasgow, R. E., McKay, H. G., Boles, S. M., & Feil, E. G. (2002). Do Internet-based support interventions change perceptions of social support?: An experimental trial of approaches for supporting diabetes self-management. *American Journal of Community Psychology*, 30, 637 – 654.
- Bassett, E. H., & O'Riordan, K. (2002). Ethics of Internet research: Contesting the human subjects model. *Journal of Ethics and Information Technology*, 4, 233 – 247.
- Becker, K., Mayer, M., Nagenborg, M., El-Faddagh, M., & Schmidt, M. H. (2004). Parasuicide online: Can suicide websites trigger suicidal behaviour in predisposed adolescents? *Nordic Journal of Psychiatry*, 58, 111 – 114.
- Biddle, L., Donovan, J., Hawton, K., Kapur, N., & Gunnell, D. (2009). Suicide and the Internet. *British Medical Journal*, 336, 800 – 802.
- Boldero, J., & Fallon, B. (1995). Adolescent help-seeking: What do they get help for and from whom? *Journal of Adolescence*, 18, 193 – 209.
- Bresnahan, M. J., & Murray-Johnson, L. (2002). The healing web. *Health Care for Women International*, 10, 1 – 12.

- Bryan, C. J., Corso, K. A., Neal-Walden, T. A., & Rudd, M. D. (2009). Managing suicide risk in primary care: Practice recommendations for behavioural health consultants. *Professional Psychology: Research and Practice, 40*, 148 – 155.
- Burnett, R., & Marshall, P. D. (2003). *Web theory: An introduction*. London: Routledge.
- Caelli, K., Ray, L., & Mill, J. (2003). ‘Clear as mud’: Toward greater clarity in generic qualitative research. *International Journal of Qualitative Methods, 2*(2), 6 – 24.
- Canadian Psychological Association. (2000). *Canadian code of ethics for psychologists* (3rd ed.). Ottawa, Ontario, Canada: Author.
- Carlton, P., & Deane, F. (2000). Impact of attitudes and suicidal ideation on adolescents' intentions to seek professional psychological help. *Journal of Adolescence, 23*, 35-45.
- Carter, A., Menna, R., & Stanhope, L. (2004, March). *Help-seeking among adolescents: How are symptomatology, attachment and demographic characteristics related?* Poster session presented at the Society for Research on Adolescence Biennial Meeting, Baltimore, MD.
- Cauce, A. M., Domenech-Rodriguez, M., Paradise, M. Shea, J. M., Cochran, B., Srebnik, D., et al. (2002). Cultural and contextual influences in mental health help seeking: A focus on ethnic minority adolescents. *Journal of Consulting and Clinical Psychology, 70*, 44 – 55.

- Center for Suicide Prevention. (1999). *Barriers to seeking help. SIEC Alert #35*. Retrieved from www.suicideinfo.ca/csp/assets/alert35.pdf
- Chase, S.E. (2005). Narrative inquiry: multiple lenses, approaches, voices. In Denzin, N.K. & Lincoln, Y.S. (Ed) *The SAGE handbook of qualitative research 3rd Edition*, Sage Publications, California, USA. Chester, A., & Glass, C. (2006). Online counselling: A descriptive analysis of therapy services on the Internet. *British Journal of Guidance and Counselling*, 34, 145 – 160.
- Childress, C. A., & Asamen J. K. (1998). The emerging relationship of psychology and the Internet: Proposed guidelines for conducting Internet intervention research. *Ethics and Behavior*, 8, 19 – 35.
- Cunningham, J. A., Humphreys, K., Koski-Jännes, A., Kypri, K., & van Mierlo, T. (2006). Formative evaluation and three-month follow-up of an online personalized assessment feedback intervention for problem drinkers. *Journal of Medical Internet Research*, 8(5), 1 – 9.
- Cunningham, J. A., Selby, P. L., Kypri, K., & Humphreys, K. (2006). Access to the Internet among drinkers, smokers and illicit drug users: Is it a barrier to the provision of interventions on the World Wide Web? *Medical Informatics and the Internet in Medicine*, 31, 53 – 58.
- DeBell, M., & Chapman, C. (2003). *Computer and Internet use by children and adolescents in 2001*. Washington, DC: National Center for Education Statistics.

- Diviak, K. R., Curry, S. J., Emery, S. L., & Mermelstein, R. J. (2004). Human participants challenges in youth tobacco cessation research: Researchers' perspectives. *Ethics and Behaviour, 14*, 321 – 334.
- Eaglesham, S. L. (1996). *Online support groups: Extending communities of concern* (Doctoral dissertation). Available from ProQuest Digital Dissertation database (ProQuest document ID: 739921091).
- Eastin, M. S., & LaRose, R. (2005). Alt. Support: Modeling social support online. *Computers in Human Behaviour, 21*, 977 – 992.
- Ebata, A. T., & Moos, R. H. (1991). Coping and adjustment in distressed and healthy adolescents. *Journal of Applied Developmental Psychology, 12*, 33 – 54.
- Elkind, D. (1981). *The hurried child: Growing up too fast too soon*. Reading, MA: Addison-Wesley.
- Everall, R. D., Bostik, K. E., & Paulson, B. (2005). I'm sick of being me: Developmental themes in a suicidal adolescent. *Adolescence, 40*, 963 – 708.
- Fallon, B. J., & Bowles, T. (1999). Adolescent help-seeking for major and minor problems. *Australian Journal of Psychology, 51*, 12 – 18.
- Fallon, B. J., & Bowles, T. V. (2001). Family functioning and adolescent help-seeking behaviour. *Family Relations, 50*, 239 – 245.
- Fenichel, M., Suler, J., Barak, A., Zelvin, E., Jones, G., Munro, K., et al. (2002). Myths and realities of online clinical work. *CyberPsychology and Behaviour, 5*, 481 – 497.

- Finn, J. (1999). An exploration of helping processes in an online self-help group focusing on issues of disability. *Health and Social Work, 24*, 220 – 231.
- Frankel, M. S., & Siang, S. (1999). *Ethical and legal aspects of human subjects research on the Internet*. Retrieved from <http://www.aaas.org/spp/dspp/sfri/projects/intres/main.htm>
- Gallagher, L. A. (2004). Urban adolescents' views of the causes of and help-seeking strategies for psychological problems. Available from ProQuest Digital Dissertation database (ProQuest document ID: 3103277).
- Gauthier, D. K., & Chaudoir, N. K. (2004). Tranny boyz: Cyber community support in negotiating sex and gender mobility among female to male transsexuals. *Deviant Behavior, 25*, 375 – 398.
- Gould, M. S., Greenberg, T., Munfakh, J. L. H., Kleinman, M., & Lubell, K. (2006). Teenagers' attitudes about seeking help from telephone crisis services (hotlines). *Suicide and Life Threatening Behaviour, 36*, 601 – 613.
- Gould, M. S., Munfakh, J. L. H., Lubell, K., Kleinman, M., & Parker, S. (2002). Seeking help from the Internet during adolescence. *Journal of Academic Child and Adolescent Psychiatry, 41*, 1182 – 1189.
- Greenfield, P. M. (2004). Developmental considerations for determining appropriate Internet use guidelines for children and adolescents. *Applied Developmental Psychology, 25*, 751 – 762.

- Greidanus, E. & Everall, R. D. (2010). Helper therapy in an online suicide prevention community. *British Journal of Guidance and Counselling*, 38, 191 – 204.
- Griffin, C. A. (2004). *Self-disclosure and response in online support groups* (Doctoral dissertation). Available from ProQuest Digital Dissertation database (ProQuest document ID: 765275961).
- Grohol, J. M. (2008). Study misses internet's greater collection of support websites. *British Medical Journal*, 336, 905 – 906.
- Gross, E. F., Juvonen, J., & Gable, S. L. (2002). Internet use and well-being in adolescence. *Journal of Social Issues*, 58, 75 – 90.
- Haas, L. J., Benedict, J. G., & Kobos, J. C. (1996). Psychotherapy by telephone: Risks and benefits for psychologists and consumers. *Professional Psychology: Research and Practice*, 27, 154 – 160.
- Holloway, S. L., & Valentine, G. (2003). *Cyberkids: Children in the Information Age*. London: RoutledgeFalmer.
- Holmes, B. (2005). *"Me on-line": Narrative identities of people with arthritis* (Master's thesis). Available from ProQuest Digital Dissertations database (Publication no. AAT MR13315).
- Horrigan, J. B., & Rainie, L. (2001). *Online communities: Networks that nurture long-distance relationships and local ties*. Washington, DC: Pew Internet & American Life Project. Available from: www.PewInternet.org
- Hubble, M., Duncan, B., & Miller, S. (1999). *The heart and soul of change*. Washington, DC: American Psychological Association.

- Huff, C. O. (1999). Source, recency, and degree of stress in adolescents and suicide ideation. *Adolescence, 34*(133), 81 – 89.
- Jagdeo, A., Cox, B. J., Stein, M. B., & Sareen, J. (2009). Negative attitudes toward help seeking for mental illness in 2 population-based surveys from the United States and Canada. *The Canadian Journal of Psychiatry, 54*, 757 – 766.
- Joinson, A. N. (2001). Self-disclosure in computer-mediated communication: The role of self-awareness and visual anonymity. *European Journal of Social Psychology, 31*, 177 – 192.
- Katz, J. E., & Aspden, P. (1997). A nation of strangers? *Communications of the ACM, 40*, 81 – 100.
- Keller, H., & Lee, S. (2003). Ethical issues surrounding human participants research using the Internet. *Journal of Ethics and Behavior, 13*, 211 – 219.
- Kennedy, A. (2008, August). Plugged in... Counselling Today. Retrieved from <http://www.counseling.org/Publications/CounselingToday.aspx>
- Kessler, R. C., Brown, R. L., & Broman, C. L. (1981). Sex differences in psychiatric help-seeking: Evidence from four large-scale surveys. *Journal of Health and Social Behaviour, 22*, 49 – 64.
- King, S. A. (1995). Using the Internet to assist disaster mental health efforts Retrieved [fill in todays date here] from the World Wide Web: <http://www.concentric.net/~Astorm/suicide.html>
- King, S. A., & Moreggi, D. (1998). Internet therapy and self help groups - the pros and cons. In J. Gackenbach (Ed.), *Psychology and the Internet:*

Intrapersonal, interpersonal and transpersonal implications (pp. 77-109).

San Diego, CA: Academic Press. Retrieved from

<http://webpages.charter.net/stormking/Chapter5/index.html>

- Kitchin, H. A. (2002). The Tri-Council on cyberspace: Insights, oversights, and extrapolations. In W. van den Hoonaard (Ed.), *Walking the tightrope: Ethical issues for qualitative researchers* (pp. 160 – 174). Toronto, Ontario, Canada: University of Toronto Press.
- Kitchin, H. A. (2003). The Tri-Council Policy Statement and research in cyberspace: Research ethics, the Internet, and revising a ‘living document’. *Journal of Academic Ethics, 1*, 397 – 418.
- Kraut, R., Olson, J., Banaji, M., Bruckman, A., Cohen, J., & Couper, M. (2004). Psychological research online: Report of board of scientific affairs' advisory group on the conduct of research on the Internet. *American Psychologist, 59*, 105 – 117.
- Kraut, R., Patterson, M., Landmark, V., Kiesler, S., Mukhopadhyay, T., & Scherlis, W. (1998). Internet paradox: A social technology that reduces social involvement and psychological well-being? *American Psychologist, 53*, 1017 – 1031.
- Kraut, R., Scherlis, W., Mukhopadhyay, T., Manning, J., & Kiesler, S. (1996). The HomeNet field trial of residential Internet services. *Communications of the ACM, 39*, 55 – 63.
- Lenhart, A., Madden, M., & Hitlin, P. (2005). *Teens and technology: Youth are leading the transition to a fully wired and mobile nation*. Washington, DC:

PEW Internet and American Life Project. Retrieved from
www.pewInternet.org

Lenhart, A., Purcell, K., Smith, A., & Zickuhr, K. (2010). *Social media and young adults*. Washington, DC: PEW Internet and American Life Project.

Retrieved from www.pewInternet.org

Lenhart, A., Rainie, L., & Lewis, O. (2001). *Teenage life online: The rise of the instant-message generation and the Internet's impact on friendships and family relationships*. Washington, DC: Pew Internet & American Life

Project. Retrieved from www.pewInternet.org
Leung, L. (2007). Stressful life events, motives for Internet use, and social support among digital kids. *CyberPsychology and Behaviour, 10*, 204 – 214.

Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.

Lindsey, C. R., & Kalafat, J. (1998). Adolescents' views of preferred helper characteristics and barriers to seeking help from school-based adults. *Journal of Educational and Psychological Consultation, 9*, 171 – 193.

Madara, E. J. (1999). From church basements to World Wide Web sites: The growth of self-help support groups online. *International Self Help and Self Care, 1*, 37 – 48.

Manhal-Baugus, M. (2001). E-therapy: Practical, ethical, and legal issues. *Cyber Psychology & Behaviors, 4*, 551–563.

Maples, M. F., & Han, S. (2008). Cybercounseling in the United States and South Korea: Implications for counselling college students of the millennial

- generation and the networked generation. *Journal of Counseling and Development, 86*, 178 – 183.
- Marx, G. T. (1999). What's in a name? Some reflections on the sociology of anonymity. *The Information Society, 15*, 99 – 112.
- McLeod, J. (2001). *Qualitative research in counselling and psychotherapy*. Thousand Oaks, CA: Sage.
- Media Awareness Network. (2001). *Young Canadians in a wired world: Phase I*. Ottawa, Ontario, Canada: Author. Retrieved from <http://www.media-awareness.ca>
- Media Awareness Network. (2005). *Young Canadians in a wired world: Phase II*. Ottawa, Ontario, Canada: Author. Retrieved from <http://www.media-awareness.ca>
- Meier, A. (2000). Offering social support via the Internet: A case study of an online support group for social workers. *Journal of Technology in Human Services, 17*(2/3): 237-266.
- Melrose, S. (2006). Facilitating help-seeking through student interactions in a WebCT online graduate program. *Nursing and Health Sciences, 8*, 175 – 178.
- Menna, R., & Ruck, M. (2004). Adolescent help-seeking behaviour: How can we encourage it? *Guidance and Counselling, 19*, 176 – 183.
- Merriam, S. B. (1998). *Qualitative research and case study applications in education*. San Francisco, Jossey-Bass.

- Merriam, S. B., & Associates. (2002). *Qualitative research in practice: Examples for discussion and analysis*. San Francisco: Jossey-Bass.
- Miller, J. K., & Gergen, K. J. (1998). Life on the line: Therapeutic potentials of computer-mediated conversation. *Journal of Marital and Family Therapy*, 24, 189 – 202.
- Moran, P. (2007). Attachment style, ethnicity and help-seeking attitudes among adolescent pupils. *British Journal of Guidance and Counselling*, 35, 205 – 218.
- Muncer, S., Burrows, R., Pleace, N., Loader, B., & Nettleton, S. (2000). Births, deaths, sex and marriage... but very few presents? A case study of social support in cyberspace. *Critical Public Health*, 10, 1 – 18.
- Nicholas, J., Oliver, K., & O'Brien, M. (2004). Help-seeking behaviour and the Internet: An investigation among Australian adolescents. *Australian e-Journal for the Advancement of Mental Health*, 3, 1 – 10. Retrieved from www.auseinet.com/journal/vol3iss1/nicholas.pdf
- Nosek, B. A., Banaji, M. R., & Greenwald, A. G. (2002). E-research: Ethics, security, design, and control in psychological research on the Internet. *Journal of Social Issues*, 58, 161 – 176.
- Oravec, J. A. (2000). Online counselling and the Internet: Perspectives for mental health care supervision and education. *Journal of Mental Health*, 9, 121 – 135.

- Pennebaker, J. W., & Mayne, T., & Francis, M. E. (1997). Linguistic predictors of adaptive bereavement. *Journal of Personality and Social Psychology*, *72*, 863-871.
- Pittenger, D. (2003). Internet research: An opportunity to revisit classic ethical problems in behavioral research. *Ethics and Behavior*, *13*, 45 – 60.
- Puustinen, M., & Rouet, J. (2009). Learning with new technologies: Help seeking and information searching revisited. *Computers in Education*, *53*, 1014 – 1018.
- Rapaport, M. (1991). *Computer mediated communications: Bulletin boards, computer conferencing, electronic mail, and information retrieval*. New York: John Wiley & Sons.
- Raviv, A., Sills, R., Raviv, A., & Wilansky, P. (2000). Adolescents' help-seeking behaviour: The difference between self- and other-referral. *Journal of Adolescence*, *23*, 721 – 740.
- Rhee, C. (2009). *Essays on virtual ego development* (Doctoral dissertation). Available from ProQuest Digital Dissertations database (Publication no. AAT 3356071).
- Rheingold, H. (1993). *The virtual community: Homesteading on the electronic frontier*. Reading, MA: Addison-Wesley.
- Rice, R. E., & Love, G. (1987). Electronic emotion: Socioemotional content in a computer-mediated network. *Communication Research*, *14*, 513 – 527.
- Rideout, V. (2002). Generation RX.com. *Marketing Health Services*, *22*, 26 – 30.

- Salem, D., & Bogat, G. A. (2000). Characteristics of an on-line mutual-help group for depression. *International Journal of Self Help and Self Care, 1*, 247 – 265.
- Salem, D. A., Bogat, G. A., & Reid, C. (1997). Mutual help goes online. *Journal of Community Psychology, 25*, 189 – 207.
- Sampson, J. P., Kolodinsky, R. W., & Greeno, B. P. (1997). Counseling on the information highway: Future possibilities and potential problems. *Journal of Counseling and Development, 75*, 203 – 212.
- Santor, D. A., Poulin, C., LeBlanc, J. C., & Kusumaker, V. (2007). Online help promotion, early identification of difficulties, and help seeking in young people. *Journal of the American Academy of Child and Adolescent Psychiatry, 46*, 50 – 59.
- Shaw, H. E., & Shaw, S. F. (2006). Critical ethical issues in online counselling: Assessing current practices with an ethical intent checklist. *Journal of Counseling and Development, 84*, 41 – 53.
- Sieber, J. (1992). *Social research on children and adolescents*. Newbury Park, CA: Sage.
- Sixsmith, J., & Murray, C. D. (2001). Ethical issues in the documentary data analysis of Internet posts and archives. *Qualitative Health Research, 11*, 423 – 432.
- Subrahmanyam, K., Greenfield, P., Kraut, R., & Gross, E. (2001). The impact of computer use on children's and adolescents' development. *Applied Developmental Psychology, 22*, 7 – 30.

- Subrahmanyam, K., Greenfield, P. M., & Tynes, B. (2004). Constructing sexuality and identity in an online chat room. *Applied Developmental Psychology, 25*, 651 – 666.
- Suler, J.R. (2004). The online disinhibition effect. *CyberPsychology and Behavior, 7*, 321-326.
- Sullivan, K., Marshall, S. K., & Schonert-Reichl, K. A. (2002). Do expectations influence choice of help-giver? Adolescents' criteria for selecting an informal helper. *Journal of Adolescent Research, 17*, 509 – 532.
- Suzuki, L., & Calzo, J. P. (2004). The search for peer advice in cyberspace: An examination of online teen bulletin boards about health and sexuality. *Applied Developmental Psychology, 25*, 685 – 698.
- Tapscott, D. (1998). *Growing up digital: The rise of the Net Generation*. New York: McGraw-Hill.
- Thorne, S., Reimer Kirkham, S., & O'Flynn-Magee, K. (2004). The analytic challenge in interpretive description. *International Journal of Qualitative Methods, 3(1)*, Article 1. Retrieved from http://www.ualberta.ca/~iiqm/backissues/3_1/pdf/thorneetal.pdf
- Tichon, J. G., & Shapiro, M. (2003). The process of sharing social support in cyberspace. *CyberPsychology and Behaviour, 6*, 161 – 170.
- Van Dongen-Melman, J. E., & Sanders-Woudstra, J. A. (1986). Psychosocial aspects of childhood cancer: A review of the literature. *Journal of Child Psychology and Psychiatry, 27*, 145 – 180.
- Varnhagen, C. K. (2007). Children and the Internet. In J. Gackenbach (Ed.),

Psychology and the Internet: Intrapersonal, interpersonal, and transpersonal implications (2nd ed., pp. 25 – 42). New York: Academic Press.

Wagener, D. K., Sporer, A. K., Simmerling, M. Flome, J. L., An, C., & Curry, S.

J. (2004). Human Participants Challenges in Youth-Focused Research: Perspectives and Practices of IRB Administrators. *Ethics and Behaviour*, 14, 335–349.

Waldron, V. R., Lavitt, M., & Kelley, D. (2000). The nature and prevention of harm in technology-mediated self-help settings: Three exemplars. In J. Finn & G. Holden (Eds.), *Human services online: A new arena for service delivery* (pp. 267 – 393). New York: Haworth.

Walther, J. B. (1996). Computer-mediated communication: Impersonal, interpersonal, and hyperpersonal interaction. *Communication Research*, 23, 3–43.

Walther, J. B., & Boyd, S. (2002). Attraction to computer-mediated social support. In C. A. Lon & D. Atkin (Eds.), *Communication technology and society: Audience adoption and uses* (pp. 153 – 188). Cresskill, NJ: Hampton Press.

Waskul, D., & Douglass, M. (1997). Cyberself: The emergence of self in on-line chat. *The Information Society*, 13, 375 – 396.

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: W.W. Norton.

- Wilson, C. J., & Deane, F. P. (2001). Adolescent opinions about reducing help-seeking barriers and increasing appropriate help engagement. *Journal of Educational and Psychological Consultation, 12*, 345 – 364.
- Wood, A. F., & Smith, M. J. (2001). *Online communication: Linking technology, identity, and culture*. Mahwah, NJ: Lawrence Erlbaum.
- Woods, M. E. (1997). Adolescents help-seeking and nonlethal suicidal behaviour. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 58(6-B)*, Available from ProQuest Digital Dissertations database (Publication no. 740158361).
- Wright, K. B., & Bell, S. B. (2003). Health-related support groups on the Internet: Linking empirical findings to social support and computer-mediated communication theory. *Journal of Health Psychology, 8*, 39 – 54.
- Yalom, I. D. (1995). *Theory and practice of group psychotherapy* (4th ed.). New York: Basic Books.
- Ybarra, M. L., & Suman, M. (2006). Help seeking behaviour and the Internet: A national survey. *International Journal of Medical Informatics, 75*, 29 – 41.

Appendix A: Sample Information and Invitation Letter to Participants

UNIVERSITY OF ALBERTA

Faculty of Graduate Studies

Department of Educational Psychology

Information Letter

Project Title: Adolescents seeking help online for suicidality

Principle Researcher: Elaine Greidanus

Research Supervisor: Dr. Robin Overall

To Participant X:

Hello! Thank you for responding to the invitation to share your experiences about looking for help. My name is Elaine and I am working on a Ph.D. in Counselling Psychology at the University of Alberta. I am interested in how adolescents look for help when they feel they need it. I am also interested in how teens experience relationships on the Internet. I hope to learn about teens who look for help online so I can share what I learn with other professionals to help them also understand how teens use the Internet to find help. I also hope that by participating in this study, you will gain insight into your own experience.

As a participant in this study:

- 1) You will be given an explanation of the study and be provided with an opportunity to discuss any initial questions or concerns that you may have.

- 2) You will be asked to participate in 2 online chatroom interviews that will be saved. Each interview will be approximately one and a half hours and we will talk about your experiences looking for and finding help both online and offline.
- 3) After each interview, transcripts of the interview will be given to you to review in order to verify the accuracy of the transcript. In addition, preliminary findings will also be provided for your review and feedback.

All information collected (i.e., interview transcripts and posted messages) will be sorted so that your name is not associated with it. A coding system will be devised to organize the data. This will be done to ensure your privacy, confidentiality, and anonymity. The write-up of the findings will not include any information that can be linked directly to you. Transcripts will be secured in a locked filing cabinet and will be kept for at least five years following the completion of the study. Any research personnel that may be involved in this study will sign a confidentiality agreement and will comply with the University of Alberta Standards for the Protection of Human Research Participants

<http://www.ualberta.ca/~unisecr/policy/sec66.html>.

Given the importance of this research, the findings of this study may be reported in academic journals and presented at conferences. Your name and other identifying information will not be used in any presentations or publications of the study results. The plan for this study has been reviewed for its adherence to

ethical guidelines and approved by the Faculty of Education, Extension and Augustana Research Ethics Board (EEA REB) at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Chair of the EEA REB at (780) 492-3751.

Thank you for considering your participation in this study. If you wish to participate, please send an email to Elaine@*****.com Using the following email account that has been set up for you to use for this study. To ensure your anonymity, please only use this email address to contact me and do not use your full name.

I understand that my participation in this study is completely voluntary and I can withdraw my involvement at any time. I understand that I have every right to opt out of this study without any penalty and any collected data will not be included in this study.

Principle Researcher:

Elaine Greidanus

University of Alberta

Department of Educational Psychology

Psychology

Elaine@*****.com

Research Supervisor:

Dr. Robin Overall

University of Alberta

Department of Educational

robin.everall@ualberta.ca

Thank you for considering your participation in this study.

Sincerely,

Elaine Greidanus, M. Ed

Ph.D Student

University of Alberta

Department of Educational Psychology

Appendix B: Sample Consent Form

UNIVERSITY OF ALBERTA

Faculty of Graduate Studies

Department of Educational Psychology

Consent Form

Project Title: Adolescents seeking help online for suicidality

Principle Researcher: Elaine Greidanus

Research Supervisor: Dr. Robin Overall

Thank you for your interest in participating in this study. The purpose of this study is to understand the experiences of adolescents who seek help online for suicidality. This information could benefit other adolescents who seek help for suicidality and those working with adolescents.

You are be invited to participate in the following:

- 2 online interviews that will be saved. Each interview will be approximately one and a half hours.
- After each interview, transcripts of the interview will be given to you to review in order to verify the accuracy of the transcript. In addition, preliminary findings will also be provided for your review and feedback.

All information collected (i.e., interview transcripts and posted messages) will be sorted so that your name is not associated with it. A coding system will be devised to organize the data. This will be done to ensure your privacy, confidentiality, and

anonymity. The write-up of the findings will not include any information that can be linked directly to you. Transcripts will be secured in a locked filing cabinet and will be kept for at least five years following the completion of the study. Any research personnel that may be involved in this study will sign a confidentiality agreement and will comply with the University of Alberta Standards for the Protection of Human Research Participants

<http://www.ualberta.ca/~unisecr/policy/sec66.html>.

Given the importance of this research, the findings of this study will be reported in my Ph.D. dissertation and may be reported in academic journals and presented at conferences. Your name and other identifying information will not be used in any presentations or publications of the study results. The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Faculty of Education, Extension and Augustana Research Ethics Board (EEA REB) at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Chair of the EEA REB at (780) 492-3751.

While we do not anticipate distress, some people find that talking about their experiences reminds them of low points in their lives. In the case that this study evokes distressing memories or feelings, referral information to low or no cost counselling agencies in your area will be provided.

I understand that my participation in this study is completely voluntary and I can withdraw my involvement at any time. I understand that I have every right to opt out of this study without any penalty and any collected data will not be included in this study.

Please indicate your consent to participate in this study by responding to this email using the email address assigned to you for this study and copying the following statement in your reply, including your given study pseudonym name: (Please do not use your real name or any email address not assigned to you by this study)

Having read and understood all of the above, I agree to participate freely and voluntarily in this study.

If you have any questions or concerns about this research, please contact:

Principle Researcher:

Elaine Greidanus

University of Alberta

Department of Educational Psychology

Psychology

Elaine@*****.com

Supervising Researcher:

Dr. Robin Overall

University of Alberta

Department of Educational

(780) robin.everall@ualberta.ca

Thank you for your participation in this study. I look forward to beginning our interviews in the near future.

Appendix C: Invitation Message

“Hi everyone. My name is Elaine and I am honored to have been reading many of your messages over the past few months. I am a student at the University of Alberta and I am trying to learn more about what it is like for teens to look for help for feeling suicidal. I am interested in hearing about your experiences! The program has allowed me to write a message here to you and ask if anyone would be willing to chat with me some time and tell me more about what this is like for you. I hope to learn from your stories and use them to help other students, teachers, and counsellors understand what it is like for you when you are looking for help. Just like you are on this site, you will remain anonymous for these interviews – you will use a made up name and email address and the interview will be a chat here on the website. I’m not part of the program, but if you want to talk to them I will be able to give you a crisis line phone number or the crisis chat information. Thanks everyone! If you are willing, please contact (link to – the program coordinator’s email address) and they will give you more information and access to an email address for this study. Take care everyone – and keep posting!”

Appendix D: Sample of Interview Questions

Note: These guiding interview questions are intended to be open ended and will be mainly used to elicit participant accounts of experiences of seeking help and the meaning of those accounts in their lives. Follow-up questions will be asked to obtain more detail and allow for personal experiences and meaning to be shared. The following questions may not necessarily be discussed in this order during the interview process.

Demographic questions

- (1) What country are you from? What country do you live in now?
- (2) Are you male or female?
- (3) From where do you access the Internet?

Guiding questions for in-depth interview:

- (1) I'd like to hear about how you came to the ***** website
- (2) Who have you talked to looking for help?
- (3) What happened in these experiences?
- (4) What was it like for you to look for help?
- (5) What got in the way of feeling helped?
- (6) What was helpful for you in overcoming feeling distressed?
- (7) How did you come to look online for help?
- (8) What was it like to look for help online?

- (9) Where did you go online for help?
- (10) What was it like?
- (11) What was most helpful for you?
- (12) What was the least helpful?
- (13) What was it like for you to participate in this interview?
- (14) Does anything in particular stand out for you?
- (15) Is there anything you would like to add?

Appendix E: Email for Those who are Interested in Participating in the Study

After the participant contacts the program coordinator and expresses interest in the study, the program coordinator will send them the following email:

“Thank you for expressing interest in Elaine’s study. Your anonymity is important to us so we have set up an email address for you to use to connect with Elaine. Please do not send her emails from your regular email address, as it may include personal information. It is important that Elaine does not have any personal information on you for safety reasons. For this study you will use a special email address that has been set up for you to use. You will receive an email at this address from Elaine in the next 3 days. This email will outline the details of the study. You will then be able to respond to the email with any questions you have. To access the email address that you are to use for this study follow the following steps:

- (1) go to www.yournewemail.com
- (2) in the “user name” field type: Yournewemail
- (3) in the password field type: Yourpassword

This will bring you to the email account that you are to use for this study. Please check this email every few days until the study is completed.

Thank – you.”

Appendix F: Kijiji.com Ad

Title: Ever looked for Help Online?

“Have you ever searched the Internet when you were upset, stressed, or depressed? Many people begin looking for help online, but we still don’t know how useful this type of online help is for people. Research can help us to understand the role that the Internet plays in the search for help.

I am a Ph.D. student at the University of Alberta and I am trying to learn more about what it is like for people to look for help when feeling distressed or suicidal.

I am interested in hearing about your experiences! I hope to learn from your stories and use them to help researchers, teachers, and counsellors understand what it is like for you when you are looking for help. Your insights will help improve services for online help seekers.

I am looking for individuals to participate in one or two online interviews regarding their experiences of seeking help online when they feel distressed or upset.

Who: anyone who has looked for help online when feeling overwhelmed

Where: the interviews take place in an online chat room

When: the interview dates are scheduled between yourself and the researcher. The length of each interview will vary. As long as it takes to discuss your experience.

If you are interested in participating in this study, please email elaineg@ualberta.ca (or respond to this ad) and type “Online Help Study” in the subject line. I will email you back with a few questions and set up an interview time.”

Appendix G: Poster Ad

Have you ever searched the Internet for help when you were upset, stressed, or depressed?

Many people begin looking for help online, but we still don't know how useful this type of online help is for people. Research can assist us to understand the role that the Internet plays in this search for help.

I am a Ph.D. student at the University of Alberta and I am trying to learn more about what it is like for people to look for help when feeling distressed or suicidal. I am interested in hearing about your experiences. I hope to learn from your stories and use them to help researchers, teachers, and counsellors understand what it is like for people when they are looking for help. Your insights will help improve services for online help seekers.

I am looking for individuals to participate in one or two online interviews regarding their experiences of seeking help online when they were feeling distressed or upset.

Who: anyone who has looked for help online when feeling overwhelmed

Where: the interviews takes place in an online chat room

When: the interview dates are scheduled between yourself and the researcher. The length of each interview will vary. As long as it takes to discuss your experience.

If you are interested in participating in this study, please email **elaineg@ualberta.ca** and type “Online Help Study” in the subject line. I will email you back with a few questions and set up an interview time.

Appendix H: 16-Item Checklist for Ethical Online Practice (Shaw & Shaw, 2006)

1. Counselor gives full name
2. Site identifies state of practice
3. Counselor lists degree(s)
4. Major and college given for degree
5. Site lists contact addresses and/or phone number
6. Obtains client's full name and address
7. Clearly states no minors
8. Obtains clients age or date of birth
9. Intake procedures required before counselling
10. Statement that online counselling is not the same as face-to-face
11. Statement that not all clients are appropriate for online counselling
12. Referral/suggestions for inappropriate clients
13. Statement that the Internet is not secure
14. Secure site or encryption
15. Statement about situations when confidentiality is breached
16. Requires client to execute waiver