

Research Article

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The Functions of Narrative Passages in Three Written Online Health Contexts

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Abstract: This paper investigates and compares the functions of narrative passages in three computer-mediated health practices centering on advice-giving: (1) email counseling at a UK university, (2) online forums providing peer support for quitters of smoking, and (3) anti-smoking websites by UK governmental, commercial and charitable institutions. We found that the functions of the narrative passages are manifold and often overlapping. They range from seeking advice, giving advice, indicating/seeking agreement, supporting a claim, showing compliance with advice given to reporting on progress and success. In a second step, these insights were linked to how the narrative passages were used for identity construction and relational work. The results show that narratives are employed to create various identities, such as authentic advice-seekers, active self-helpers, successful quitters and advice-givers. Our comparison reveals that narrative functions utilized in all three practices exhibit nuanced differences due to medium factors and interactional goals of the practices. Finally, in these contexts of self-improvement, narratives document stability or transformation in the sense of clients' improved health and smokers' change to becoming non-smokers respectively.

Keywords: narrative, computer-mediated communication, identity construction, positioning, mitigation, boosting, expertise, trust, credibility, relational work

1 Introduction

In this paper we explore the role of online personal narratives that occur in three different forms of e-health settings: email counseling exchanges, online support forums to stop smoking, and anti-smoking websites (all in English). Narratives have been described as means of making sense of the world, ordering or sharing human experience, and creating involvement (see, e.g., Johnstone 2003, 2008; Klapproth 2004; Page 2012). We explore the different functions of narratives in the mentioned health contexts, in which people are occupied with the project of transforming the self and aspiring to change. Previous research has signaled that personal narratives occur in abundance in computer-mediated contexts. However, more research needs to be conducted to gain fuller insight into online narratives, for instance with respect to their interactional and interpersonal functions (Bamberg 2013: 3; De Fina and Georgakopoulou 2012: 121) This paper contributes to this ongoing research on personal narratives in computer-mediated communication (CMC) by addressing the following two research questions: (1) What are the functions of the narratives (in different forms and shapes) in three distinct online health settings?, and (2) what kind of interpersonal strategies of relational

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work do we find for positioning narrators and their audience in the narratives? The paper first revisits important input from previous research to provide the theoretical background for the study (Section 2). In Section 3 we give information on the different data sources and outline our methodological steps. Section 4 presents the results and is followed by a discussion in Section 5.

2 Theoretical backdrop: Narratives and identity construction in an online health context

Our study interface taps into research from four fields: the study of narratives, identity construction combined with relational work, computer-mediated communication and health communication. We cannot give comprehensive overviews for each field here but aim at succinctly outlining our theoretical position.

In this paper, we consider narratives to be embedded in the three computer-mediated practices and to exhibit different degrees of narrativity (Carranza 1998; Ochs and Capps 2001; Page 2012). In other words, our data usually does not yield full narratives that can be easily compared to the structure of personal, oral narratives (containing abstract, orientation, complicating action, evaluation, resolution and coda) described by Labov and Waletzky (1967) and Labov (1997, 2013). On the one hand, this is because the practices observed do not put a special emphasis on narratives as the form to be employed for interaction. In other words, sharing personal experience in narrative form is not the purpose of the practices *per se*. This is in contrast to CMC contexts that are more prone to making use of small or even tiny narratives such as, for example, tweets or Facebook status updates (Bolander and Locher 2015; Dayter 2014, 2015; Zappavigna 2012). On the other hand, we deal with written and asynchronous practices rather than face-to-face, oral practices, so some differences to the Labovian oral narrative template are to be expected. Nevertheless, all narratives examined here have in common that their writers reflect on their experience and thus share a ‘reportable event’ (Labov 1997: 398) and clearly display a personal voice. This differs from passages that, for example, concentrate on information giving or advice. Our take on narratives is thus open for different types of narrative forms within our data. They range from brief, personalized testimonials of successful quitters of smoking on professional websites to brief personal narrative passages by contributors in the peer-to-peer forums, and key narrative passages within the email counseling exchanges (see below). Crucially, these narratives are embedded within the CMC practices. Within these, there are some passages that lean more towards the narrative mode as opposed to others that are more informative. This contrastive comparison allows us to identify the narrative passages in the first place (see the comments on methodology below).

We also approach narrative as a communicative process (see De Fina and Georgakopoulou 2012: 24), that can serve as a means for discursive identity construction. Adopting a constructionist approach to identity and hence viewing identity as a social, discursive, emergent and relational phenomenon (Bucholtz and Hall 2005, 2010; De Fina 2003; Hall and Bucholtz 1995, 2013), we study how the texts are composed and how different voices emerge. The notion of positioning as developed by Davies and Harré (1990) is helpful in that it gives us an entry point into understanding how the interactants position themselves vis-à-vis each other when taking their own and their addressees’ face concerns into account.¹ They are thus engaging in relational work, which results in identity construction (Locher 2013). In many health contexts it is vital for advisors or information-givers to develop an identity that projects expertise and invokes credibility and trust for a number of reasons. For example, online, professional health campaigns on anti-smoking wish to persuade their readers to quit and therefore have an interest in appearing knowledgeable yet not patronizing. This dilemma of finding the appropriate voice for a particular target group has also been described in Locher’s (2006, 2010; Locher and Hoffmann 2006) work on a professional health advice column targeting US college students. The fictional advisor Lucy uses a number of strategies – among them humor and the display of expert knowledge – to appear professional and approachable at the same time.

¹ We endorse the move to combine the study of identity construction with relational work, but cannot elaborate on this connection here due to limitations in space (see, e.g., Hall and Bucholtz 2013; Locher 2008)

Interestingly, Lucy uses personal experience to illustrate her points only rarely² – a fact that may have to do with Lucy being a fictional persona created by a team of health practitioners and/or because the expert persona of the agony aunt in the genre of the advice column does not usually reveal personal experience when doing her job. For the three online contexts of this study, it is of interest to establish where narrative passages occur, what their functions within the texts are and what roles they play in constructing the identities of interactants. Bamberg *et al.* (2012: 180) have argued that narratives help people “construct a sense of continuous self—one that fuses past and future orientation into one’s present identity.”³ In our data, where the transformation of the self is one of the key aims, narratives can be used to not only make sense of, but also to reflect on and recognize ongoing change. This power of the narrative form in health contexts is of course well established in the literature in psychology and the medical humanities (e.g. Charon 2006; Gygas and Locher 2015; Labov and Fanshel 1977), yet it warrants more research for the online context.

A number of studies of online health practices have looked at what functions narratives have and how they are linked to identity construction. These studies have shown that narratives can be used to give advice in a mitigated way, to express support and highlight common ground, to criticize behavior of other participants or to warrant previously made claims (e.g. Armstrong *et al.* 2011; Harrison and Barlow 2009; Kouper 2010; Page 2012; Richardson 2003; Rudolf von Rohr 2015; Sillence 2010; Veen *et al.* 2010). Several studies have indicated how narratives can be used to construct identities, for example as experts, novices, or communities. Harrison and Barlow (2009) argued that recounting personal experience fostered tellers’ identity as knowledgeable and facilitated identification between participants in an online self-management program for people suffering from arthritis. Kouper (2010) described how sharing personal experience helped to convey experience and back up claims in a motherhood community blog. Armstrong *et al.* (2011: 14) discussed how narratives were employed to establish a “reliable” identity in an online diabetes community, but also facilitated bonding with each other.

Contributing further to this rich interface, we aim to uncover the discursive functions that narratives carry out and their specific interpersonal effects in three different e-health practices. As shown, previous studies have looked at how narratives are connected to issues of trust, credibility and support in online health practices. However, we explore new aspects by explicitly linking the narrative functions to the advice-giving context, in which the focus lies on improving interactants’ health. The empirical analysis of three practices allows us to compare the use of narratives regarding interpersonal effects and how these functions are tied to constructing identities linked to stability and transformation. To do so, we will first turn to describing our data in more detail before elaborating on our methodology.

3 Data and method

The data of this paper consists of personal narrative passages that recount personal experience in three settings (Table 1): (1) email counseling exchanges obtained from a university in the UK, (2) online forums providing peer support for smoking quitters in English, and (3) anti-smoking websites by English governmental, commercial and charitable institutions. These data sets are part of our larger research project in which we look at the use of relational work and identity construction in online health practices that focus on supporting at least one interactant to change attitudes or behaviors. When we were invited

² The corpus consisted of 280 responses that were analyzed in detail with respect to their textual composition into discursive moves. Of the 2705 established discursive moves, only 11 were allotted to the category ‘own experience’ that comes closest to displaying a narrative, personal experience (Locher 2006: 76). For example: “In this respect, Lucy, too, went to a large Ivy League, and was unused to the large classes, competition, and lack of attention that went along with it.” (LA 113, emotional health, ‘Uncomfortable with college stresses’), “Everyone will not agree with Lucy, but Lucy pumps up her vitamins, taking a stress-B formula.” (LA 24, general health, ‘Can’t sleep’) (Locher 2006: 67).

³ Bamberg *et al.* (2012: 177) speak of three dilemmatic dimensions for identity construction: “(a) the navigation of agency in terms of a person-to-world versus a world-to-person directionality; (b) the differentiation between self and other as a way to navigate between uniqueness and a communal sense of belonging and being the same as others; and (c) the navigation of sameness and change across one’s biography or parts thereof.”

to contribute to this special issue, we revisited our data with a focus on narratives, which revealed that narratives in different form and length were abundant in our datasets. Thus, we decided to look at all three datasets as they share an inherently advisory nature despite the differences in medium and situation factors (Herring 2007). A comparison of the results across the individual datasets reflects integral elements of the interpersonal and interactional aspects of not only the individual practices but also the overall nature of online health advice practices. Our dataset for this paper consists of a selection of data from our overall research project. While all data from the email counseling sub-corpus was used, we selected specific samples from the smoking cessation forums and the website sub-corpora. Selection criteria for these two sub-corpora are explained below.

Table 1: Overview of data

Data source	Location / sites	Interactants	Source size
Email counseling exchanges	A counseling service of a UK university (confidential)	5 clients (students of UK university), 1 counselor (BACP senior accredited, trained in online counseling)	5 threads (10-12 emails per thread) 52000 words; range: 2000-6000 (client) and 5600-8400 (counselor)
Online forums for smoking quitters	UK non-commercial peer support groups: <i>Smokingisbad</i> ; Independent <i>Nosmokingday.co.uk</i> ; Linked to British Heart Foundation	Peers, i.e. smoking quitters Between 3-14 interactants per thread	15 threads (a1-a7; b1-b6) Between 11-19 posts 22011 words
Anti-smoking websites	UK non-profit, commercial and governmental websites	Professionals, charities, broad audience	30 websites/ 17 featured testimonials

The data for the *email counseling corpus* was collected from a professional counseling service of a British university, its target audience being its staff and students (our study focuses on student counseling). The counselor is a senior accredited member of the British Association for Counselling and Psychotherapy and has received specialized training in online counseling. The service is free of charge and confidential. While the counseling service provides traditional face-to-face counseling, it also offers various online counseling approaches, such as email, instant messaging, or videochat counseling. We focus on email counseling due to its relevance for establishing identities in a written online context. Students can choose whether they would like to be counseled face-to-face or online; hence all the students in our dataset opted for email counseling voluntarily. Clients contact the counseling service for advice on various issues (such as depression, anxiety, relationship issues, psychological support during illness). Email counseling is considered short term therapy and consists usually of 8-12 emails. Our corpus consists of five email threads, produced by five clients (one thread per client) and one counselor who participated in all threads. Two of the five email threads consist of emails only, meaning that the counseling content is in the body of the email. In the other three threads, however, counselor and client sent back and forth a password protected word document containing the content of the counseling. This change of procedure was introduced as the counseling service initiated a more confidential procedure for their email counseling services. We gained retrospective informed consent, i.e. interactants were only asked to participate in our study after the entire counseling had taken place. These considerations were taken, on the one hand, to avoid the observer's paradox, on the other to safeguard the counseling process itself for counselor and clients. Additionally, all data were anonymized by the counselor herself to ensure the clients' anonymity.

The corpus of the *two online forums* consists of 80 threads, posted between March and April 2012 and dealing with the beginning of the journey to quit smoking from which a sub-sample was selected for this paper. Both forums are publically available, open access and share a similar purpose, which is providing a platform of help and support for people who have decided to stop smoking: (a) *SmokingisBad*⁴, (b)

⁴ To safeguard the confidentiality of participants, we refer to this online support group using a pseudonym, *SmokingisBad*.

*nosmokingday.co.uk*⁵. With respect to ethical issues, this study adhered to the heuristic principles outlined by the Association of Internet Researchers (Ess et al. 2002; Markham et al. 2012). Posters appear to be aware of the public nature of their forum interaction in terms of the public-private dimension, as they sometimes explicitly indicate that they have left someone else a private message. Forum (a) is a small online community with 2,379 members and 162,975 posts overall at the time of sampling. Forum (b) is a large online support group with 48,043 members and 256,437 posts at the time of sampling and is linked to the British Heart Foundation. The sub-sample for this paper was established after a thematic analysis of the overall corpus, which showed that requesting help is the most common topic. Therefore, we chose requesting help for a detailed analysis. It consists of fifteen threads dealing with explicit requests for advice or support. This topic is particularly interesting in terms of the creation of expertise and authenticity, since initiators bring about the advice-giving frame including the asymmetry in knowledge (see Locher 2006: 4) associated with it. In four out of the fifteen threads, participants request experiential advice, which invites respondents to share their experience in narrative form. Nonetheless, participants who respond to threads also employ narrative passages without an explicit trigger.

The overall corpus of the websites consists of 30 sources, including governmental, commercial and charity websites. The websites were all publically accessible and situated in the UK (according to their URL or content), offering instructions or support on smoking cessation. The corpus was captured in 2012 to circumvent the dilemma of constant updates. Subsequently, a thematic content analysis was conducted to illustrate the most common topics, which showed that 17 of the 30 sources featured narrative testimonials. The commercial websites that promoted nicotine replacement therapy did not include testimonials.

We adopt a discourse-analytic approach for our qualitative analysis. This means that we especially looked for narrative passages in the different datasets and then discussed these passages in light of the two research questions:

- (1) What are the functions of the narratives (in different forms and shapes) in three distinct online health settings?
- (2) What kind of interpersonal strategies of relational work do we find for positioning narrators and their audience in the narratives?

The procedure for identifying passages for the three sources was adapted for each practice and is described separately in the sections below. Our aim was not only to find relevant narrative passages but to also establish how they are embedded within the practices. Finally, we discuss and compare our results, pinpointing possible factors that lead to different functions of narratives.

4 Results: The functions of narrative passages – from self-reflective personal narratives to fabricated testimonials

Narrative passages were found in all three practices, exhibiting specific overlaps in terms of their form and function: narratives are more prototypical in the counseling exchanges; forums contain narrative passages that exhibit lesser degrees of narrativity; and websites use testimonials that are on a continuum of narrativity (from entire stories to one-sentence quotes) but are fabricated. In our subsequent discussion of results, we do justice to this continuum of narrativity in that we first look at functions in the more prototypical narratives of the email counseling corpus (Section 4.1). In Section 4.2, we outline the functions of (the less elaborate) narratives in the peer-to-peer forums. Finally, narratives occurring on the websites are discussed last because of their fabricated nature and their strategic location (Section 4.3). All these functions are described in more detail in the following sections, and will be discussed in Section 5 from a comparative perspective. The link to identity construction will be made continuously.

⁵ For copyright reasons, we refer to the group's original address. However, names and location markers have been changed for both groups to minimize any potential harm to participants.

4.1 Private email counseling

Narratives are a fundamental part of counseling (Bercelli et al. 2008; Fasulo 2007; Labov and Fanshel 1977). Clients can state their problems by narrating specific experiences such as a falling out with a loved one or general recurring experiences (e.g. regular panic attacks) that trouble them. Furthermore, clients may report on their therapeutic work outside of counseling (such as applications of learnt coping strategies) by narrating experiences. Counselors, on the other hand, do not use personal narratives themselves (as it is not considered professionally appropriate behavior (Green 2010: 6)). However, they may strategically trigger clients' narratives to arrive at a better understanding of a problem a client mentioned or to uncover success that the client might not have been aware of so far.

We have identified 105 narrative passages in the email counseling corpus, of which 59 were stating a problem, and 46 were assessing a specific situation or coping strategy. The 105 passages were analyzed regarding their function and (other-)positionings for both client as well as counselor. The narrative functions are (1) *seek advice*, (2) *support a previously made claim*, (3) *show compliance with advice*, and (4) *report on progress or success*. These four functions are not mutually exclusive. Clients use narratives in a multifunctional way. This is especially apparent for the functions 'showing compliance with advice' and 'reporting on progress', as they can be accomplished simultaneously. We will go through all functions separately, nevertheless, and illustrate them with examples. We continuously show how they are connected to specific positionings.

4.1.1 Seek advice

Seeking support or advice can be done in various ways, such as requesting advice directly, describing one's mental health status, or telling a narrative. While directly asking for advice or support occurs rarely in our data, narratives are often used to ask for support or advice more implicitly. The narratives are understood as obtaining advice, on the one hand, due to the context in which they occur (counseling as a practice can be seen as seeking and giving support). On the other hand, stance taking and explicit mention of discrepancies of what clients experienced versus what they wish had transpired can be seen as indications that clients are seeking advice. While directly asking for support can carry face-damaging potential, an indirect appeal through a narrative may do less so. Furthermore, narratives allow the clients to not only give facts about their life, but also interweave their personal perspective, more elaborate emotional descriptions (via stance taking), and so on.

In example (1), the client narrates how she had to give a presentation at work.

- (1) *I had a presentation the other week, and it went so badly, as soon as everyone was looking at me I just messed it up so much, it was really embarrassing, I really didn't want to go to work for the next few days out of sheer shame, I left early because I was upset. I think that was a real kick in the teeth because I felt as if it was a chance to show I was hard working and educated, and that I was capable and deserving of working in that environment.* (Client 5)

The client evaluates her experience as negative (*it went so badly*). She describes her emotional upheaval (*embarrassing*) and the perceived emotional repercussions (*sheer shame, upset, real kick in the teeth*) through stance lexemes. She contrasts this subjective perception with her ideal of a presentation and what she wanted to show (*I was hard working*). This discrepancy indicates that she is seeking support on how to deal with this particular situation and possibly similar situations in the future. Strikingly, the client does not follow up the narrative with a direct request for advice, but moves on to a different topic of discussion. The counselor responds by reminding the client of advice they have discussed in previous emails (not shown in the example). The repetition of advice implies that the counselor interprets the client's narrative as seeking advice, even though the client does not explicitly request advice. We argue that the counselor's response with advice corroborates our interpretation that the narrative is used to seek advice.

The example illustrates, on the one hand, how clients use narratives to describe their issues in more detail and with clear emotional stance. Subsequently, the counselor uses the clients' narratives as triggers to make these issues explicit in order to work on them therapeutically. On the other hand, the narratives are used to construct the clients' as well as the counselor's identities: clients construct themselves as advice-seekers by, for example, highlighting a discrepancy between subjectively perceived and their idealized version of experiences. These descriptions of discrepancies simultaneously construct the counselor as advice-giver by implicitly asking for advice.

4.1.2 Support a previously made claim

The function of supporting a previously made claim is closely related to the function of seeking advice or support. Whereas the previously discussed function occurs as a first instance (and usually in the first email by the client), the function to support a previous claim occurs afterwards. After clients have introduced specific distressing issues, the counselor asks clients to share more details about them. For example, the counselor can ask a client, who has stated she feels depressed, to share how the depression manifests itself. The clients can subsequently answer to such an inquiry by narrating a specific experience. Through these interactional steps (specifically illustrated with example (2) below), both counselor and client reiterate their institutionalized roles as advice-giver and -seeker. The counselor continues to position clients as advice-seekers by asking them to elaborate on their previously mentioned troubles (which positioned them as advice-seekers in the first place). Clients follow suit by not only stating the troubles again, but reinforcing their roles by sharing more details about their troubles.

Example (2) illustrates a case in which a counselor requires further information from the client, but does not explicitly elicit a narrative. The client states in her first email (not shown in the example) that she has been feeling *quite down* recently. The counselor subsequently inquires about the client's well-being in more detail by asking her to rate how she feels *on a scale of 0 (feeling the worst you have ever felt, and suicidal) to 10 (everything is fantastic)*. While a client could just give the counselor a number and a general description, client 5 illustrates her state of well-being with the help of a narrative about emotional *crashes* she experiences. Since these crashes are recurring continuously, the client does not recount one particular occasion, but generalizes these multiple reportable events in a collective telling:

(2) *sometimes I just get these crashes, when I hit like 2 (not suicidal) and I'll be sat in my room not being able to sleep and crying and stuff. And it doesn't have to be anything big that causes it, it'll be say ill have a day where I'm just in work all day and I don't really have anyone who I talk with at work, there all older, and maybe it'll be a long day and maybe ill get home and ill be sat there feeling abit shitty, and maybe ill burn my dinner or maybe my boyfriend is too busy to talk or something, and its like all this can just pile up into me just being so over upset and I know its not all that reasonable for me to be upset but I just builds up into a massive thing like I guess snowballing into something.* (Client 5)

The client illustrates her rating by describing possible triggers (*I don't really have anyone who I talk with at work, maybe ill burn my dinner*) and her emotional reaction towards them (*feeling abit shitty, being so over upset*). Finally, she describes her emotional state during the crashes (*not being able to sleep and crying and stuff*). She acknowledges that these emotional reactions are *not all that reasonable*, indicating that she recognizes them as being problematic. Example (2) shows how a previously made claim is given more legitimacy and further clarification through the personal narrative, which can subsequently lead to a more appropriate therapeutic intervention.

Similar to the function of seeking advice, supporting a previous claim also reinforces the identities of the client and counselor as advice-seeker and advice-giver respectively. While the counselor's accidental elicitation of further troubles narratives can already be seen as a reinforcement of the mentioned interpersonal dynamic, the narratives legitimize the previous positionings of client and counselor even further.

4.1.3 Show compliance with advice

Narratives can be used to illustrate how clients comply with advice given earlier by the counselor. The counselor routinely suggests coping strategies on how to deal with issues such as anxiety or low self-esteem, often asking clients to reflect and report on how these strategies have worked for them. Clients' responses in the form of narratives range from minimal to expansive narratives, and from negative to positive evaluations.

Client 4 works on identifying and clarifying certain memories of the past that are connected to specific people. The counselor suggests writing a letter to these people (that the client does not send) as a therapeutic tool to identify emotions and clarify memories. Client 4 responds with the following minimal narrative that contains several references to the emotional element of the experience, highlighting the evaluative component of the narration:

(3) *I've had a go at writing to [PERSON]. It helped clarified some issues and express some thoughts but I still felt a bit reserved in what I wrote. I found it hard to acknowledge to myself that nobody was going to read it!* (Client 4)

Client 4 demonstrates that she has complied with the advice by recounting her experience of writing the letter and evaluates the strategy as partly helpful (*helped clarified some issues*) but *hard* to perform. The counselor is, thus, presented with the option to take up the client's struggle.

The function of compliance with advice given does not correspond specifically to one kind of relational work only. Whereas the compliance aspect of the function reinforces the advice-seeker and advice-giver identities established in the early exchanges (and the previously mentioned narrative functions), the evaluation of the experience can accomplish various types of identity work. Example (3) reinforces the counselor's identity as advice-giver despite the slightly negative evaluation of the suggested strategy (which could be interpreted as a challenge to the counselor's authority as advice-giver, but does not seem very strong in this case). The client focuses the negative evaluation on herself, noting that she found it hard to carry out the strategy, positioning herself still as advice-seeker.

4.1.4 Report on progress / success

Reporting on progress is a vital aspect of counseling as clients can show they are moving from an initial advice-seeker towards an active self-helper. Narratives are a very effective way of illustrating how progress has occurred and manifested itself in actual experiences. Such success narratives can occur in two ways: clients notice and demonstrate their progress through narratives, or clients respond with illustrating narratives after the counselor indicated clients' improvement.

Example (4) illustrates how a client describes her improvement without an elicitation by the counselor. The client describes how she applied an analogy (*feelings are like the weather*) the counselor previously used for a different issue:

(4) *I like your idea about describing feelings as weather and I used it when speaking to my Dad about my plans at Uni next year. I have told him that I plan on coming home every three weeks but when I do I will be at home for three full days at a time so I will spend more time with my family and mum at those times. I have also said to him he could always bring my mum down to [PLACE] for a couple of days in between the times when I am at home so that I would be able to see them but also be able to keep up with my studies. He realized my commitment to my degree and my passion for my subjects and has since been a lot more supportive of my decision. He respects that if I don't spend enough time in [PLACE] then I won't be able to keep up with studying.* (Client 2)

Rather than simply stating that she talked to her father and came to an agreement with him, the client illustrates in detail how she brought about that agreement. Her narrative thus not only highlights her

success, but also her transition to a more active self-helper by applying an analogy in a different context than initially introduced by the counselor.

In example (5), client 1 writes a success narrative that was elicited by the counselor. In the previous email, the counselor assessed that “[i]t sounds like you are making positive progress, and challenging your anxiety, even though it’s really tough.” The client reveals that she recognizes her progress by narrating a personal experience in the subsequent email:

- (5) *You’re right, I am making progress – I had a panic attack on Wednesday (I missed my flight to [PLACE]!), but managed to calm myself down relatively quickly by thinking logically. I made it back eventually!*
(Client 1)

The client elaborates on her progress by reflecting on how she successfully applied techniques that the counselor and client developed together in counseling. The client manages to boost her success through the illustration of the narrative.

Reporting on success or progress through narratives is essential for specific changes in identity work. Whereas the two functions mentioned first focused mainly on doing identity work with respect to positionings as advice-seeker and advice-giver, ‘reporting on success and progress’ re-positions both the client as well as the counselor. The client is constructed as a more active participant and active self-helper, and the counselor possibly as a person of praise and encouragement. These positionings also reinforce each other (e.g. if the counselor praises progress, she positions the client as an active self-helper). Success narratives therefore index transformation of identities and the clients’ change to improved mental health.

4.2 Public online forums on smoking cessation

In the forums, narrative passages are used for a range of purposes, whereby they nearly always have a bonding effect. Forum members share narratives to understand each other, to show that they care and to motivate each other to post again. Help-seekers invest in establishing their credibility or authenticity to have their request taken up. Responding forum members are granted expertise as being part of the online community; however, each respondent, i.e. help-giver, needs to individually write their expertise or credibility into being (Harvey and Koteyko 2013; McKinlay and McVittie 2011). One important means to achieve these effects is resorting to narrative passages. Even though the functions of narratives often depend on the posting role of participants, all participants employ narrative passages. Help-seekers, which are participants who initiate a thread (i.e. initiators), use narrative passages to (1) *prepare a request for advice*, (2) *indicate and seek agreement* and (3) *show compliance with advice*. The list mirrors the likely sequence of these functions, with the last function being restricted to posts beyond the initial one. In turn, help-givers, or participants who respond to threads (i.e. respondents), employ narrative passages to (4) *reassure*, (5) *give advice*, (6) *support a claim* and, like help-seekers, (7) *indicate and seek agreement*. In the case of help-givers, the list of functions depicts in what position they appear in a post since help-givers do not necessarily contribute more than once. These functions can overlap with each other, for instance narrative passages can support a claim while also indicating one’s agreement. At the same time, some functions entail patterns of relational work. Respondents become advice-givers when their narratives are used for advice and adopt experienced quitter identities when they give advice or reassure. However, interpersonal functions are not restricted to single functions of the narratives but can emerge in different discursive contexts. Further, some interpersonal functions recur or are implicit in nearly every narrative passage in these practices, such as bonding and/or contrasting one’s smoker versus one’s non-smoking identity, carrying clear rhetorical force when employed by help-givers. The seven functions will be illustrated according to posting role in sequence, jointly presenting the use of the function indicating and seeking agreement for both help-seekers and -givers. The link between the function of the narrative passage and identity construction will be elaborated throughout.

4.2.1 Prepare a request for advice

Initiators use narrative passages to prepare requests for advice, so respondents have the necessary background to reply to and to take the initiators' request seriously. These narrative passages can contain statistics of how long initiators have stopped, the initiators' method to stop smoking, particular challenges the initiators are facing and information with respect to initiators' health. Apart from situating the initiators' requests for advice, the narratives contribute towards establishing the initiators' authenticity as legitimate contributors, letting initiators adopt positions of struggling or new quitters (see Harvey and Kotevko 2013: 167). Example (6) is from an initiator's second post, replying to someone's question of what method she is using to quit.

(6) *I am using the inhalator and gum, I haven't found it too bad, however, today I got a little excited at the thought of finishing work and lighting up, only to remember I'm not smoking. It wasn't a great feeling to be honest. Thinking abt ciggys a lot, is that natural lol? (a3)*

Even though the initiator evaluates her second day as not *too bad*, she illustrates a challenge she has faced with a minimal narrative (*today I got a little excited...*). By evaluating how this episode made her feel (*wasn't a great feeling*), she positions herself as a humble recent new quitter. Thereby, she orients to community discourse since the beginning of quitting is constructed as an ongoing battle where finding it easy would not fit. In fact, when requesting help initiators index their insecurity and their struggles in some way (in narratives but also other text passages), as it may work as an involvement strategy to have their question taken up.

4.2.2 Indicate and seek agreement

Sometimes both initiators and respondents use narrative passages to confirm what has been said in a previous post or to seek agreement from other contributors, displaying their interest in aligning with other contributors. On the one hand, posters back up another forum member's earlier claim by indicating their agreement through narratives. This can grant the latter an expert position. On the other, they also index common ground since both members have lived through the same experience. Further, if contributors seek agreement, they want to have their experienced position accepted while also trying to connect with other members. In the preceding interaction to example (7), a respondent provided an extensive list of possible physical withdrawal symptoms one can experience after quitting, which was challenged by another respondent. As a result, several participants reacted by backing up the earlier respondent. The respondent in (7) reflects on her own experience, with which she shows her allegiance with the first respondent, conceding to his expertise on the matter.

(7) *[...] I have been shocked at getting ALL those symptoms you mentioned and the fact that they have all been caused by stopping smoking (still on patches, though, so still getting some nicotine) (b4)*

This example also illustrates how narrative functions can overlap as the respondent uses the narrative passage to support the information given by the earlier respondent and to agree with him.⁶ She emphasizes her agreement by writing *all* in capitals, which also boosts her position as being on the earlier respondent's side.

⁶ See Bolander (2013) for a discussion of agreements and disagreements in blog responses.

4.2.3 Show compliance with advice

Initiators can also use narratives to show that they comply with previously imparted advice without having to explicitly say so. By indexing their compliance through narratives, initiators position themselves as community members who value the others' input without threatening their own face by overtly accepting advice. In example (8), the two pieces of advice preceding the narratives are shown as well to illustrate how the initiator (I) takes up the recommendations of two respondents, (R1), (R2).

- (8) *R1: I was afraid of missing my morning ciggie so I hade juice instead of tea, it was a differnt routine if you know what I mean, it does help*
R2: [...]My morning cig was the one I enjoyed the most. Like R1 I also stopped having a coffee first thing and have juice instead. [five posts in between]
I: [...] actually the craving wasn't as bad - I just altered my 'running order' that I do when I get up! (b3)

In her first post the initiator expresses her worry that she cannot do without her morning cigarette, which is immediately answered by R1 and R2. The first respondent uses a narrative passage to establish relations of similarity with the initiator but also to give advice from an experienced position of a successful quitter (*I was afraid*). The second respondent also positions herself as similar to the initiator and the first respondent (*My morning cig*). She uses a narrative passage to show agreement with and support the claim of R1 (*Like R1, I also*), which gives the first respondent additional authority and positions the two respondents as alike. The initiator does not react right away and there are five other posts in between, before she reports back the next day on how she dealt with the dreaded cravings in the morning. The initiator adopts an identity of successfully embarking on her quitting journey (*wasn't as bad*). She supports her claim with a short narrative passage (*just altered...*), which also shows that she complied with previous respondents' advice to change her routine.

4.2.4 Reassure

Respondents use narrative passages to reassure initiators that their experiences are normal and that they should not worry (on normalization see Locher 2006; Placencia 2012). Such narratives usually occur in the first position of a respondent's post. They involve establishing relations of similarity either through explicit linguistic means or the sequence of posts. In (9), the initiator's post (I) invites answers that negate his fear of having to stop his smoking cessation medication for having disproportionate side-effects. The first respondent (R1) follows suit, putting the initiator's emotional turmoil down to quitting, and not Champix (*I don't think the champix...*). Thereby, she implicitly advises the initiator not to discontinue the drug.

- (9) *I: I am using Champix to quit smoking and a friend raised the concern that it might be causing me to deal with this worse than I otherwise may have. Is this likely to be the case? I'm afraid if I come off the Champix I'll lose my quit. Any advice would be appreciated.*
R1: I don't think the champix is making it worse at all hun tbh the early days of quitting is a very emotional time for us all [six posts in betwen]
R2: I also think it's the early quit, I cried lots in the very early days, and still do have the odd low day. Of course a relationship break up is adding to this, and no wonder it's getting you down.. (a6)

The second respondent (R2) agrees with R1 and other respondents regarding the psychological effects of stopping smoking on the initiator's wellbeing, which is indexed by the adverb *also*. Further, she uses her own experience (*I cried lots*) to reassure the initiator that his feelings are normal. Simultaneously she adopts an experienced position of someone who has gone through the *very early days* of quitting herself. In the context of the entire interaction, R2's contribution can also be understood as implicit advice that it is not necessary to stop taking Champix.

4.2.5 Give advice

While respondents often give direct advice (mostly in the imperative form), they also resort to narrative passages. Thus, respondents recount their own experience to provide action alternatives for how they dealt with the initiators' situation. This type of advice positions respondents as experienced quitters because they have successfully overcome the same challenge as the initiator, which sometimes can also have a reassuring effect or be used to support a claim (see Example 9). Respondents frequently begin their narratives by establishing how the initiator's and their own experience are comparable. This makes respondents' advice all the more powerful since they now give advice as successful quitters. Example (10) is a response to an initiator who has complained of *unbelievable cravings* and is trying to quit cold turkey.

(10) *I also quit cold turkey and things that helped me through the first two weeks were ice-pops, I couldn't get enough of them. Knitting the odd time to keep the hands occupied. Looking up on the internet about smoking and the damage it does (and on the flip side how much my body was already starting to heal in just a few short hours). [...] I also slept A LOT. Stopping smoking left me feeling totally shattered so I slept when I could get the opportunity. Figured if I was sleeping I wasn't craving also.* (b1)

The respondent shares a narrative passage to let the initiator know how she handled cravings. She ensures her legitimacy as advice-giver through the use of the particle *also* since she chose the same method of quitting smoking. She uses the evaluative verb *helped* to signal that the ensuing list could also work for the initiator without being directive. Further, she indexes that she has transformed from smoker to non-smoker (*was already starting to heal*), which gives her advice additional rhetorical force and positions her as a successful quitter.

4.2.6 Support a claim

As pointed to in examples (5) and (7), narrative passages can be used as warranting strategy to back up respondents' advice, statements or evaluations (see Richardson 2003). Referring to their own smoking experience grants respondents authority and expertise as they indicate the effectiveness of advice or the truthfulness of a promise. Narrative passages that support a claim can take shape in short sentences to more full-fledged narratives. There is some overlap between this function and 'indicate and seek agreement', in that the latter can also be used to warrant content. We treated it separately to highlight the nuanced differences: Indicating and seeking agreement is always interactional and often has a bonding aspect to it. In contrast, supporting a claim can occur within the same respondent's post.

Example (11) is a reaction to a help-seeker who is on his third day of quitting smoking and who wonders whether it is normal for time to pass slowly. The respondent introduces her and her husband's experience. This lets her display a personal voice and create a personal frame to precede and give authority to her assessment, instead of just encouraging the initiator:

(11) *[name], me and hubby quit cold turkey too.
i went from 30 a day and he went from 40 a day to zero.
its tough but you can do it.
it really is only week one that seems sooooo vile.* (a5)

The respondent uses the adverb *too* to align her and the initiator's experiences, pointing out their commonality regarding their method of quitting smoking. She establishes a contrast between her former smoking with her current non-smoking identity (*30 a day to zero*), which highlights her success. Further, by mentioning her transformation to a non-smoker, the respondent brings about her own authority and boosts her ensuing assessment (*its tough but you can do it*). Moreover, she presents being a non-smoker as possible future scenario for the initiator.

4.3 Public, professional online websites on smoking cessation

Narratives on the public professional smoking cessation websites appear in the form of testimonials, differing in their degree of narrativity (see Carranza 1998). Testimonials are brief narrative passages presented by ‘real’ people who supposedly have used the services offered on the website to quit smoking, painting the picture of a possibly smoke-free future for readers. Thus, the overall purpose of testimonials is to support the usefulness of the entire website or of particular services offered, enticing readers to get in contact with them, too. They differ from narratives in the email counseling and the smoking cessation forum data in that they can be assumed to have been fabricated and have been strategically placed on the websites by the providers.

Some of the websites invite narrative testimonials in an open call on the website (*Have you already quit smoking? Then you’re an inspiration! Would you be happy to tell your story to the media? Email Us*, www.quit.org.uk). This suggests that the displayed testimonials are genuine. In other cases, the origin of the testimonials is less clear. Our analysis showed that testimonials are diverse regarding form: they range from short sentences or quotes in direct speech (always using first person pronouns) to elaborate narratives, which can be entirely in the first person or shift from third person to first person. Generally, website providers or health experts in our corpus do not use a narrative voice. Due to the fact that testimonials are embedded within the websites, there are several layers to and challenges for their analysis, such as multi-modality, non-sequentiality, and the composite nature of websites (see Koteyko 2009; Kress and van Leeuwen 2001).

Apart from their overall function, testimonials create specific interactional and interpersonal functions as a composite element of the website. To understand the functions of testimonials in-situ, it is important to take into account their locations, which fall into four categories: (1) *header*, (2) *sub-page*, (3) *sidebar* and (4) *links*. Testimonials in the form of headers are short one-sentence quotes, which encourage readers to read or click on by creating like-you identity relations. If testimonials are accorded their own link on a sub-page, they can feature more elaborate narratives. The titles of these sub-pages (e.g. *Real life quitters*, *We’ve QUIT*, *SUCCESS STORIES*) indicate that testimonials make websites more approachable, giving ‘normal’ people a voice. When testimonials appear in the sidebar, they tend to be short one-sentence statements, promoting the advantages of not smoking. They are used to warrant information in the text body (enhancing credibility) or to diversify content. Some testimonials are only linked or available as downloadable content, such as videos on YouTube or PDF documents. These testimonials also work similarly to the ones on their own sub-page, with videos potentially making the narratives more forceful by increasing the authenticity of narratives. On an intra-textual level, the functions of testimonials partly overlap with the ones described in the other two datasets.

Intra-textual passages within narratives have four main functions, which can be linked to acts of positioning: (1) *provide background* (2) *give advice/information on quitting*, (3) *endorse a stop smoking service* and (4) *promote advantages of being smoke-free*. The narrative passages that provide background describe personal details or the quit smoking history of quitters, helping to establish authenticity and their identities as people like the readers. Giving advice entails the position of credible advice-givers whereas endorsing stop smoking services constructs content client identities for quitters. If the advantages of being smoke-free are promoted, quitters (sometimes implicitly) contrast their smoking with their non-smoking identities. Some identity positions repeatedly emerge from the narratives independent of their functions: for example, positions of similarity are the driving force behind the popularity of testimonials. In a larger context, testimonials also contribute to positioning websites as trustworthy. In the next sections, the four intra-textual functions of testimonials will be illustrated and the link to identity construction will be discussed.

4.3.1 Provide background

Providing background is of vital importance for making the voices of story-tellers authentic and enabling identification with readers, which fosters a successful uptake of testimonials. It sets the scene for quitters as it introduces and frames their story. This function predominantly occurs if testimonials are located on specific sub-pages, which is also when they exhibit greater degrees of narrativity. In example (12), under

the title of *Personal story*, we are presented with the story of Judi who has managed to give up smoking (*Five years smokefree*). The entire narrative shifts between 3rd person narrator and direct speech, which is the smoker's personal voice.

(12) **Meet Judi. Proud Mum of two. Five years smokefree.**

Judi Cooke became a smoker aged 16. For the next 15 years, Judi smoked around 10 cigarettes a day. She tried to quit on her own time and time again, but didn't succeed. That changed in 2005, when Judi called Smokefree Norfolk.

"There were quite a few reasons I wanted to quit, but the main reason was because I wanted to have children. I was very aware that smoking must have taken a toll on my health, plus it was costing me a fortune! I just didn't want to be a smoker anymore."

[...] (www.smokefree.norfolk.nhs.uk)

The first lines of the narrative lead up to what made Judi quit smoking for good (*when Judi called ...*). The narrative introduction creates an authentic and credible ex-smoker identity by sharing Judi's smoking history in numbers, which serves as basis for identification for readers. Once the readers know Judi's background, which indexes her legitimacy as former smoker, she is accorded a voice in direct speech, explaining her reasons for quitting.

4.3.2 Give advice/ information on quitting

Testimonials are used to give advice or convey information on quitting that has been discussed in other locations. Thus, readers are constructed as advice- and information-seekers while the portrayed quitters are the expert source. The transmission of knowledge seemingly happens between peers who have gone through similar experiences. Successful quitters have undergone the transformation to non-smoker that readers aspire to, which boosts the trustworthiness of advice/information (and ultimately of the provider). Moreover, it reinforces important messages on the website and makes their uptake more likely. When parts of or the entire testimonial are used to give advice/or information, it is not flagged as such, except for one case in which the header *tips* is cross-referenced with testimonials, *diaries*. In example (13), the title of the testimonial summarizes the gist of the actual advice presented in the narrative:

(13) **Never give up giving up**

I have found that by continuously trying to stop smoking that I have learnt by my previous failures, therefore I have not failed second or even third time of trying i.e. I always smoked a lot whilst fishing so first time of packing up I found fishing and not smoking was so difficult that I succumbed to a cigarette, but next time of giving up I was totally prepared and I found this with numerous things where I smoked a lot i.e. drinking and so on. (www.stopsmoking.org.uk)

The quitter positions himself as experienced, using the self-reflective structure *I have found* to index that he is pondering on his long quitting history. Further, he constructs himself as having found success through perseverance and practice (*learnt from my previous failures*) which makes him a trustworthy advice-giver. On that basis, he relates a story to advise readers to be aware of their triggers, which is common advice on stop smoking websites and in the forums.

4.3.3 Endorse a stop smoking service

Due to the fact that the majority of testimonials are located on regional stop smoking websites that offer off-line support, successful quitters refer to how this support helped them with quitting in many testimonials. Therefore, they are positioned as content clients, featuring an implicit recommendation for readers on how

to achieve success. Praising the effectiveness of stop smoking services resonates with advice on the website, where it is repeatedly stated that smokers are *four times more likely to quit with help*.⁷ In addition, having clients praise the services offered is more trustworthy than if website providers only asserted that their services are great. Example (14) is located under the sub-header *inspirational success stories of clients who quit smoking*, which explicitly labels the quitters as (successful) clients from the start:

- (14) *BILL, 65, SMOKED FOR OVER 50 YEARS ‘My grandchildren kept on at me to stop and finally I’ve done it. I went to the group at Wellspring Healthy Living Centre. We all quit at the same time and I couldn’t have done it without group support over the seven weeks. We all just hung in there and stuck to the programme. I wish I’d stopped years ago. I feel absolutely on top of the world.’ (www.bristolstopsmoking.nhs.uk)*⁸

The introduction to the narrative provides background on the story-teller, establishing grounds for identification for readers. He constructs himself as having managed to quit after a long time (*finally I’ve done it*), changing tenses from present perfect to past simple to share how his success came about. The quitter relates that the support of his group was invaluable, using first person plural pronouns combined with the pronoun *all* to index that he strongly identified and felt part of a collective (*We all just hung in there*). He concludes his narrative by regretting not having stopped before, which contains an implicit recommendation to readers to learn from his mistakes and stop now, too.

4.3.4 Promote the advantages of being smoke-free

Testimonials are employed to echo the advantages of being smoke-free, which are amply promoted in other sections of smoking cessation sites. Again testimonials reinforce other content on the sites. Promoting the advantages of being smoke-free usually occurs at the end of a narrative passage as a sort of lesson learnt or a Labovian coda. If quitters promote the advantage of being smoke-free, they always contrast (implicitly or explicitly) their current non-smoking identities with their time as smokers, pointing to how their transformation improved their lives. Even the most reduced testimonials have a promoting quality, hinting at how successful quitters are glad of the change they have undertaken (indexed by adverbs such as *finally, now* and the superlative *best*). In example (15), a longer narrative told from a 3rd person perspective is resolved in direct speech by the quitter herself:

- (15) *“All my spare money went on cigarettes,” she added. “Now I’ve been saving my money. I treated my husband to a meal and I bought a school uniform for my grand child which I couldn’t do before.”*
(www.smokefreehertfordshire.nhs.uk)

The quitter uses the temporal adverb *now* to contrast her former (financially wasteful) smoking identity with her new identity as a non-smoker (*saving my money*). She tells the story of how not smoking enabled her to partake in new activities (*treated my husband, etc.*), which she compares with her smoking days. The fact that this final evaluation is rendered in direct speech enhances the rhetorical force and credibility of the success story.

5 Discussion

In the results section, we discussed the narrative functions that are carried out in each practice separately, showing that some of the functions occurred in several practices. However, even if functions of narratives are closely connected, there are subtle differences and nuances in use, which have to do with the practice in which they appear. A comparison of these functions over all three practices also reveals important

⁷ For example on www.smokefree.nhs.uk.

⁸ The websites from (13) and (14) have changed their URL in the meantime.

aspects of how narrating experiences can be used for identity construction: for instance, highlighting the transformation interactants are undergoing or have undergone in the past. Table 2 gives an overview of the functions that narratives have in each practice. In the case of email counseling and online forums, it shows in what sequence the functions are likely to occur in interaction. With respect to the testimonials, we indicate their overall discursive function as a means to support the usefulness of the websites, listing their intra-textual functions in brackets.

Table 2: Narrative functions according to sub-corpora, presented in order of likely sequence of occurrence

Email Counseling	Online Forums		Websites
Clients	Initiator	Respondent	Testimonials
		Reassure	
Seek advice	Prepare a request for advice	Give advice	
Support a claim		Support a claim	Overall function: support the usefulness of websites (intra-textual functions: - Provide background - Give advice & information on quitting - Endorse stop smoking services - Promote advantages of being smoke-free)
	Indicate & seek agreement	Indicate & seek agreement	
Show compliance with advice	Show compliance with advice		
Report on progress / success			

Narrative passages are only used to ‘reassure’ by forum respondents. They share their experience to reassure initiators that they have faced similar challenges. Thereby, they normalize initiators’ worries and create common ground. In counseling, the counselor frequently reassures clients as well that what they go through is normal. However, counselors do not employ personal narratives for this as they focus on the clients’ experiences rather than their own. While reassuring also occurs in the website corpus, it is not a typical function of testimonials. Reassuring is topic-bound and mainly occurs outside testimonials when touching upon the issue of relapsing in specifically designated advice sections.

The functions of narratives that ‘seek advice’ and ‘prepare a request for advice’ refer to closely related activities around seeking advice. In email counseling, clients use narratives to seek advice implicitly, whereas initiators in forums use narratives to situate their subsequent explicit request for advice. In fact, in the requesting help threads of the sub-corpus,⁹ there is always an explicit request for advice, which invites reactions from other respondents. The preparatory narrative may thus be a strategy to ensure a successful uptake of the explicit request. The fact that email counseling clients utilize narrative passages to seek advice might have to do with the institutionalized activity of counseling, which implies that there is an advice-seeking and an advice-giving role. Therefore, explicit requests for advice can become dispensable. In the forum data, there is also an advice-giving frame but the role distribution is less institutionalized. This may be why interactants bring about the advice-seeking frame themselves more explicitly, making concrete requests for advice more likely to occur. The narrative passages are part of step-wise building up to explicit advice-seeking. They help initiators signal to respondents that they are legitimate and authentic quitters.

⁹ We purposefully selected threads containing explicit requests to ensure the advice-giving activity is brought about in the interaction. In the entire corpus, however, 15 out of 80 (18.75%) threads featured explicit requests for help.

Narrative passages are employed to ‘give advice’ by respondents in the forum data and by narrators in testimonials. Narrators relate how they dealt with problems around quitting in both contexts. In the forum data, narrative passages are part of the interactive practice, emerging as reactions to initiators’ request for advice. Moreover, initiators were explicitly interested in advice in narrative form in four cases. In contrast, narrative passages give advice on what the reader could be dealing with in testimonials. Tellingly, the professional website providers do not use narratives themselves to give advice but leave it up to people ‘like the reader’. Further, the email counselor does not use narrative passages when guiding clients as she cannot share personal, reportable events from her own life due to rules of professional conduct.

Using a narrative passage to ‘support a claim’ is particularly connected with warranting a stance that has been taken before. Email counseling clients use narratives to support a previously made claim that relates to being an advice-seeker, legitimizing their need for counseling. In contrast, respondents in the forums employ narratives to highlight their positioning as experienced quitters, thereby legitimizing their role as advice-givers. Finally, testimonials also have legitimizing functions on several levels: the entire narrative pinpoints the usefulness of the website as a whole, narrators authenticate their former smoker identities and explicitly endorse stop smoking services.

The function ‘indicate and seek agreement’ through narratives is used in forums by initiators and respondents, which can be attributed to the peer-to-peer nature of the practice. Contributors want to be part of the community in these supportive contexts. Therefore, using narratives to seek and indicate agreement with other members performs important face-enhancing relational work. Email counseling clients do not signal common ground by highlighting shared experiences that both client and counselor have gone through. Clients also do not need to position themselves as equal members of a community. While clients can signal agreement with the counselor in the exchanges overall, they do not use narratives to foreground agreement itself as the most important interactional goal of that text passage. Due to the uni-directional nature of websites, indicating and seeking agreement does not appear as a function of testimonials. It only occurs to a reduced extent in other subsites where the voice of the addressed reader is represented, such as in FAQs.

‘Showing compliance with advice’ in the form of a narrative indicates that advice given before was followed in both email counseling and smoking cessation forums. This specific use of narratives allows the interactants to confirm the uptake of advice implicitly, i.e. they do not have to explicitly state that they have followed the advice. Initiators in forums hardly ever explicitly confirm the uptake of advice in our dataset. Concerning identity construction, the narratives showing compliance are used to different effects in the two practices. Email counseling clients recount how they applied suggested coping strategies. By giving a negative or positive evaluation, they position themselves as either still being advice-seekers, or having moved towards active self-helpers. In the requesting help threads, instead, initiators resort to narratives of compliance to show they moved away from their advice-seeking identity by recounting how they dealt with their initial problem. Thereby, they still signal that they have taken the input to heart. This strengthens their ties with the group, and positions them as community members.

Finally, the function ‘report on progress and success’ is highly relevant to the email counseling corpus. Clients can illustrate their progress through success narratives. The narrative functions ‘report on progress’ and ‘show compliance with advice’ are closely related and overlap at times in the counseling corpus. Success narratives differ from narratives that show compliance in two possible ways: on the one hand, they foreground the client’s progress, rather than compliance with specific advice given. On the other, success narratives can also occur independently from previous advice, i.e. the counselor’s input. In other words, clients can report on their overall improved well-being through a narrative that illustrates their progress. Success narratives are often more elaborate and convincing than clients simply stating that they have progressed. Successful experiences of coping with difficult situations are actual manifestations of progress. When clients narrate such successful experiences, they highlight their move towards active self-helpers. In the forum data, reporting on progress is also present in narratives but is subsumed under other narrative functions. For instance, respondents tell their success stories to reassure and to display their authority, but not to primarily emphasize progress. Similarly, testimonials are actually success stories in this context but their main function is to warrant the usefulness of services provided and to enhance the credibility of websites and not to document progress as such.

In the context of the researched health practices in which improving the self is one of the main concerns, Bamberg et al.'s (2012) notions of stability and transformation in identity construction are highly relevant. In email counseling and the requesting help threads, narrative passages are used to construct authentic, stable identities as advice-seekers at the beginning of the exchanges. The functions 'seek advice' and 'support a previous claim' help to confirm the clients' initially institutionalized role as advice-seekers. In the forum data, the function 'prepare a request for advice' signals authenticity of initiators as advice-seekers. This rather stable positioning at the beginning can undergo a transformation throughout interaction. Clients, for example, highlight a transformation towards active self-helpers by illustrating how the application of coping strategies was successful and by 'reporting on their progress'. For respondents in the forums and narrators of the testimonials, the importance of accomplished transformation becomes apparent in that it is specifically used to display their expertise as successful quitters. Narratives depicting stability and transformation are, therefore, an integral means by which interactants create authenticity, credibility and authority.

6 Conclusions and outlook

Our aim was to analyze the functions of narratives, their interpersonal effects and their connection to identity construction in three online practices that intend to improve interactants' health. Some of the functions of narratives we found coincide with the ones uncovered in previous studies, such as advice-giving and supporting a claim (see e.g. Harrison and Barlow 2009; Kouper 2010; Locher 2006; Page 2012). The analysis of narrative functions, but particularly also their comparison over the three datasets, yields interesting aspects of narrative use, such as who utilizes narratives, to what interpersonal and intrapersonal effect, and how the online health advice context influences the narratives and their effects.

Our analysis revealed that personal experiences are narrated by lay people in these practices. The professional counselor refrains from employing narrative passages herself, but tries to trigger some from her clients. In the same vein, the health experts on the websites let lay people re-tell their success stories in testimonials. Our results confirm Locher's (2006) findings for a health advice column where the expert – with a few exceptions – also abstains from sharing personal experiences.

We further showed that narratives are utilized to construct different facets of participants' identities and are thus a means of performing relational work. Narratives may highlight stability in initial contributions of help-seekers in forums and counseling clients, warranting these participants' identities as authentic advice-seekers. Moreover, narratives are used to qualify advice-givers as having authority. For example, narrators tell their successful experience to give advice from an expert position in the forums. The stories by successful quitters legitimize situated content and the services offered by websites. Finally, narratives document transformation in the sense of clients' improved health and smokers' change to becoming non-smokers. Importantly, different interactants highlight either stability or transformation in different practices (at times at specific points during the interaction) in order to achieve the specifically intended interpersonal effects.

Some of the narrative functions are connected to specific identity positionings (e.g. seek advice), while other functions can result in constructing participants in various ways. Therefore, a particular narrative function does not automatically entail specific identity work *per se*, but needs to be looked at in context. For example, a function such as showing compliance with advice can position a counseling client as an advice-seeker or an active self-helper depending on the client's evaluation of the advice applied. Additionally, the use of narratives to back up claims or to support another point is used in all three datasets but to varied interpersonal effects and identity work. The use of testimonials to support the usefulness of websites clearly differs from how clients and peers are employing narratives to strengthen a point or legitimize their own authenticity in interaction.

Further, our analysis showed how the computer-mediated context influences the functions of narratives and the identity construction therein. The "persistence of transcript" (Herring 2007) permits clients to refer to earlier tellings of narratives, encouraging self-reflection and allowing for the possibility to witness their

transformation in their own writing. Similarly, help-seekers can index their compliance with advice in context without overtly declaring it. Thus, they position themselves as responsible for their own success while still granting expertise to help-givers. Testimonials can be hyperlinked in websites (PDFs, YouTube), which makes it challenging where to draw boundaries for analysis. Additionally, testimonials have to be viewed as composite elements of websites whose (co-)location meaningfully enhance and support content.

Finally, there are aspects of the narratives in our datasets that we did not elaborate on in this paper. To begin with, we have seen that narratives are not only pervasively used throughout all three practices, but also to very specific interactional or interpersonal effects. What we could not show was how these narratives came into being and how they were taken up. Future research could take into account how narratives are interactionally and sequentially embedded and by what other discursive activities they are surrounded. For example, it would be worthwhile to study how and when narratives are explicitly elicited by the counselor in email counseling. The next question then is whether interactants take up explicit elicitations of narratives and what the repercussions of uptake or refusal would be. Similarly, how forum participants embed or elicit narratives within the developing interaction needs to be further investigated. Furthermore, we have analyzed a specific topic in the forums (requesting help). Analyses of other topics might broaden the functions and identity work of narrative outlined in this paper (e.g. implicit advice-seeking) or even reveal new ones. Moreover, other online health practices might add to the range of narrative functions and the ways in which narratives can be linked to identity work. Especially practices in the context of the Web 2.0 where authorial control is harder to maintain by health providers might yield interesting results for comparison. In the same vein, the effects of the hyperlinked nature of computer-mediated practices on online narratives also deserve further study.

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