

NEGOTIATING CONFLICT AND NEGATIVITY IN AN ONLINE COMMUNITY FOR RECOVERING HEART PATIENTS

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Abstract. When an online community has been set up to support members living with heart disease, it has a responsibility to provide a safe environment in terms of emotional security and accurate health information. Unfortunately, in online communities as in communities generally, relationships developed among members can sometimes go awry. Situations can arise where private exchanges between members exacerbate public discord and conflict erupts: occasionally with both sides having legitimate reason to feel aggrieved. At this point, a usually self-regulating community can polarise and request the moderator's intervention. What happens when the moderator is perceived to be doing nothing about the situation and members of the community take matters into their own hands? This paper discusses the implications and challenges of conflict in a therapeutic community. It acknowledges that sometimes the situation can be too complex for simple resolution and that in such circumstances, one or both of the conflicted parties may have to withdraw from the site for a period of time.

1. The Importance of Constructing a Safe Environment

Online communities are now an acknowledged additional resource for many people looking for an alternative to face-to-face support when dealing with long term health issues (Andrews, 2002; Bonniface & Green 2007). Once people met face-to-face (F2F) or communicated via telephone; now they can also connect via computer networks in a virtual community where they share common interests and interact socially, while not restricted by time, place or geography (Uridge, Green & Rodan, 2008a). In the case of online health support groups, the common interests shared can include members' medical history and ongoing medical challenges. Confidentiality is encouraged and most sites recommend that members withhold information about their real identities and locations. Many communities utilise moderators to reduce the risk of harmful or inappropriate behaviours, keep topics on track and where necessary encourage active participation. As will be discussed, the role of moderator is a complex one and is made more challenging when a community has been constituted as both an e-health support site and as a research locale. Where a site is used for research, the research approach used is often either virtual ethnography or Netnography.

Virtual ethnography can be defined as research that studies communities that routinely utilise electronic communication (Hine, 2000): the implication here is that the community may have an already-existing presence prior to members engaging with each

other on the web. In contrast, netnography is described by Nancarrow (cited in Beckmann & Langer, 2005, p. 63) as a specific methodology that studies cybercultures and virtual communities that do not have a prior existence in F2F contexts. In either case, however, the researcher is required to observe and interact with the community online. When carrying out this kind of investigation, researchers can enter a 'virtual' community in the online environment and adapt participant observational techniques such as "gathering and analysing data [...] conducting member checks and conducting ethical research" (Kozinets, 2008).

The authors have been involved in researching such a community. HeartNET is a semi-moderated lay community which principally serves a heart patient membership and which supports and encourages members' emotional health as well as facilitating therapeutic behaviour change. It achieves these ends by offering members the opportunity to help each other, and their family and friends, in a relatively safe environment (Uridge, Green & Rodan, 2008a). The fact that it is a lay community means that the moderator is not required to have professional health care skills, but would effectively be 'one of us' if they were also a heart patient. The moderator's role is based on social and administrative functions, rather than according to a professional or knowledge hierarchy; yet the person in the moderator role is often asked to mediate when conflict erupts between members. In such cases the only reasonable outcome may be withdrawal from the site by one or both warring parties until the dispute blows over.

The safety of the HeartNET environment is influenced in a range of ways, and two kinds of safety are supported: physical safety and emotional safety. In terms of physical safety, the fact that the community has a lay moderator means that no specific treatment or medication options are recommended on the site. Members are always referred to their General Practitioners (GPs) or specialist Cardiologists where queries or concern with treatment regimes are expressed. However, the accepted fundamentals of positive health are encouraged and reinforced: exercise (Bonniface, Omari & Swanson, 2006); plentiful fruit and vegetables; the cessation of smoking; and the active seeking of professional opinion and help when specific symptoms of physical or mental health cause concern. A more positive attitude towards heart disease and the belief that it is possible to increase the quality and length of life with daily health choices can help people feel more empowered in the face of a negative health prognosis and the development of a positively supportive environment which supports daily optimism is one of the aims of the site (Bonniface, Green & Swanson 2005). This aspect of the operations entails a change in focus from physical to emotional safety.

Emotional safety is supported in a number of ways. Firstly, the site is set up and constituted as part of an ethics framework which was evaluated in principle prior to the commencement of the research and which is monitored in practice by people outside the research team. Secondly, members give informed consent to establish explicitly that they realize that research is being carried out using the site and that all interactions are eligible to be used as materials for research. Thirdly, members agree to a range of conditions every time they use the site:

As a member of HeartNET, you agree not to post messages that, threaten, solicit, offend, harass, embarrass or impersonate any other person. You also agree not to post messages that violate any persons' privacy or other rights. In particular, you agree not to make slanderous comments by disclosing the name of your doctor or other health professionals. If you wish, you can make comments by referring to 'Your Doctor' in general. (HeartNET, n.d.)

A flashing icon greets members logging in whenever the terms and conditions are changed, or whenever there is an administrative message from the moderators. This beacon is used to flag an occurrence or a change while a general caveat is carried on the terms and conditions page to the effect that these are periodically updated and should be checked regularly. If there is conflict between members, or there are other concerns with the way the site is operating, the terms and conditions are reviewed and if necessary amended to create the most robust framework possible to support respectful and therapeutic communication.

An environment supporting responsible interaction is the fourth strategy for the promotion of emotional safety. Members who *'do the right thing'* are applauded by the moderator and others on the site. Positive member-activity might include reminding other members that they should make no changes to their treatment regime without first consulting their health professional. This situation may arise when there is a health scare in the media involving one or more heart medications and a member asks the site whether s/he should stop taking that medication, and what other people think about the media coverage. The climate of responsible activity is particularly important on a site that is only intermittently moderated. Since irresponsible statements or speculations can remain on the site for up to a day or so without a moderator seeing and countering these, it is important to recognise and reinforce members' safety-promoting interventions. Crucially, HeartNET's moderator acts as a check and balance after the event since members are free to post as they choose. Posts are not filtered or checked by another person before they appear on the site. Even so, the fifth way in which emotional safety is promoted is via moderator support and interaction.

Moderators occupy a complex role. Over time they are likely to spend more time on the site than any other community member, but they also have a role which is separate from that of community member. One of the features of online communities is that the quality and quantity of connection that each member has determines whether or not *'interaction on a website'* becomes, for them, membership of a community (Green, 1999). This is one reason why Rheingold's definition of an online community, as *"social aggregations that emerge from the Net when enough people carry on those public discussions long enough, with sufficient human feeling, to form webs of personal relationships in cyberspace"* (2000, p. xx), has had such an influence. It suggests that community is brought into being through affective investment. The people entrusted to moderate almost any community, but particularly one for heart patients, are required to be empathetic. It is almost impossible for an empathetic lay moderator to communicate effectively and regularly without seeing themselves, and being treated, as a member of the community. Even so, the HeartNET moderator has a responsibility for maintaining a critical distance from the workings of the community and monitoring the appropriateness of posts and exchanges and their usefulness for the overall research project.

Green (1998, p.15) identifies the moderator as being like a good umpire: *"never leaving the game having the players and fans talking more about the umpire than the game"*. Indeed, a moderator needs to be able to ensure the online site is comfortable to all, non confrontational, sets the right tone and stays within the defined rules of netiquette while maintaining and establishing trust within the community (Williams & Cothrel, 2000). The moderator is an integral part of the site and must be accepted by members as being able to deal with any and all situations that arise in an honest, acceptable and legitimate way, while ensuring that the integrity of the site is maintained. This is no easy task and the moderator of HeartNET supports the following objectives of

good moderation identified by Williams and Cothrel (2000, pp.83-84): to clarify but not edit or police the site except where there is offensive language or personal attacks on other members; to understand members' needs even if this necessitates reading between the lines and, if necessary, addressing the issue in private with the member; to keep the conversation going and on track; and to ensure members are always at the centre of attention, showing a human side and allowing members the chance to vent even if it makes others and herself uncomfortable at times. It is this interaction and uncertainty of responses that makes the online community unique, with each participant bringing their own agenda to the site (Green, 1998).

HeartNET members have a range of online communication options. They can read and exchange information and support on the site's bulletin board, chat with others in the chat room in real time and share private messages with each other. Often newer members will lurk without actively participating, in order to learn the norms and customs of the site, and the natures and personalities of some of the most active members (Preece, Nonnecke & Andrews, 2004). People do not have to be a member to lurk on the site: HeartNET provides visitors with the option of logging in using guest status and visitors are able to read and observe public interactions and open messages on the site. This facility is designed to communicate that the site is welcoming, safe and unthreatening. Visitors are unable, however, to access the chat room or private message facility, or post messages to the bulletin board: such activities are reserved for full members.

The site currently has over 800 members and on average there are 120-150 messages posted per week (Uridge, Green & Rodan, 2008b). Given that the terms and conditions of the site support its socially acceptable, understandable and practical functioning (Lazar & Preece, 2002), there should be no issues about inappropriate communication. However, the site would not be an authentic community if feelings were not involved. Talking about some of the earliest communities, at a time where the definition of an online community was controversial, Shaun Wilbur reflected that "for those who doubt the possibility of online intimacy, I can only speak of [...] hours sitting at my keyboard with tears streaming down my face, or convulsed with laughter" (1997, p. 18). Even though in many cases they will never meet, people on HeartNET may make immediate connections with others, because they have found people of like mind who are prepared to listen, share and provide support. Given that there is a strong emotional investment in HeartNET, however, it is inevitable that conflict will arise. At such times the carefully constructed, and painstakingly supported, safe online environment can be shattered for one or more members. As one HeartNET member ruefully commented: "it only takes one nasty comment to ruin the site for everyone". Fortunately, even where there has been significant conflict on HeartNET, the majority of site members continue with their everyday interactions and mutual support. For those involved in the conflict, however, the impact of discord can have devastating consequences for their engagement with the site, and with other members (Green & Costello, 2009).

The sixth way in which safety is promoted on many sites, including HeartNET, is through the injunction from the researchers and moderators that members should use pseudonyms and not reveal information about their personal details:

While HeartNET is a secure site for you to share your thoughts, concerns, feelings, and experiences we must remember that we are not exempt from the rules and

regulations that cover how we interact with each other in real-world settings. You should feel comfortable here to discuss issues that are important to you... However, a word of caution...You should always use your nominated nickname to protect your identity online. ...Some people will ignore this warning and instead choose to be completely transparent with their identities...this remains your choice...However, as a general guideline, if you wish to exchange real names with each other, best to do this outside the public domain of the Discussion Board...That, of course, is why most online sites have nicknames...they're not only fun but necessary. If you stick to this simple rule, online communication will be valid and safe. (Standing moderator message for all new HeartNET members, sequences of ... occur as in the original: there have been no deletions.)

This can set up a Catch-22 situation, and is a contrary impulse from the one which prompts the use of a self-help site in the first place, where people seek to give and receive reassurance and support in authentic ways. Self disclosure, whether on-line or F2F, can lead to greater levels of trust and can strengthen already existing ties (Preece, 1998). It can also open vulnerable people to additional risk should conflict arise.

2. Trouble in Paradise

Research undertaken by Wright and Bell (2003) found that people requiring a solution to a problem can find the internet useful as a locus for communication, since it allows them to place distance between themselves and the problem. For the person writing the post, internet communication can be a less emotive way of dealing with a situation than F2F. While this can have a positive result for the person making the post, enabling them to express themselves in an uninhibited manner, the negative implications also need to be considered. By being authentic and expressing online the fears and emotions that would usually be kept hidden in F2F interaction, individuals may open themselves to ridicule, harassment, or unwanted attention from other members who are their readers. Even given the 'distancing' effect of communication online as opposed to F2F, some matters may be unsuitable for open discussion. On other occasions, disclosure may be beneficial for the writer, but may be inappropriate or cause distress to the reader (Wright & Bell, 2003).

Online communication is very different to F2F communication with social cues such as body language, tone of voice, facial expressions and eye contact absent. Reduced social cues can be a major issue in the online environment with people exhibiting emotions that would be deemed inappropriate in F2F interactions without necessarily realising the effect that these communications are having on others. Goffman (1959, p.12), discussing face-to-face interactions, said:

At such moments the individual whose presentation has been discredited may feel ashamed while the others present may feel hostile, and all the participants may come to feel ill at ease, nonplussed, out of countenance, embarrassed, experiencing the kind of anomy that is generated when the minute social system of face-to-face interaction breaks down.

So, in F2F communication, participants are more inclined to be inhibited in order to save face. Yet somewhat strikingly similar to computer-mediated communication is that

individuals whose presentation has been discredited online (as our examples in HeartNET show) can feel hostile, embarrassed etc. Reducing, ameliorating and negating such exchanges is one of the major roles of the moderator and is as appropriate a sphere of activity for a lay moderator as it is for a trained health professional. Active moderation is a reassurance to many members. Wise, Hamman and Thorson (2006) found that moderators in online communities reduced harmful or inappropriate behaviours, thus encouraging more active participation by members. They also maintained the site, and kept topics on track.

As with other online communities, there have been some occasions where the moderator on HeartNET has had to deal with difficult situations, on a case by case basis, as and when the problems occur. Comments have sometimes been made that affect the smooth functioning of the site. Preece recognises that “one person’s clever joke is another person’s offensive insult” (2004, p.56) and this dynamic may have as much to do with the emotional circumstances of the reader as it has to do with any intent on the part of the writer (King, 1995). Conflict can eventuate from factors far more innocent than ‘clever jokes’. When norms of netiquette are broken (Shea, 1994), or seem to one or other party to have been broken; distress, anger, annoyance, frustration, and confusion may occur. Any response from a moderator has to tread a fine line between allowing people to feel confident that they can express themselves authentically, which is one form of safety; and recognising that such statements, particularly if made in an uninhibited way, can affect the sense of safety and security felt by other members. Members will only have their active status removed and be denied access to the site when all other avenues to resolve conflict have been exhausted (Green & Costello, 2009).

Some situations can start out very innocently, yet rapidly acquire a negative momentum. Denise posted a message after being out one evening and coming onto the site frustrated and angry. She had been socialising with people who were not terminally ill, as she saw herself to be, and who had been talking about their temporary aches and pains as if these were important. Denise felt she had to deal with heart-related issues far greater than a minor cold:

Denise: I was at a party this evening and was surrounded with people with all those slight ailments... you know the stubbed toe... or a common cold or some other insignificant illness... you know not life threatening... and found myself thinking you people are the biggest bunch of whimps I have ever met... mind you I knew none of these people before tonite.

As well as feeling irritated by her fellow party-goers, the superficiality of their health concerns underlined to Denise that she was dealing with a life threatening illness. Whereas the interactions with the other guests had frustrated her, they also made her feel as though she was possibly becoming uncaring. She posted on the thread for reassurance that she wasn’t uncaring or thoughtless. Other members quickly joined in to reassure her that she had no reason to be concerned about her reaction, and that it was quite normal to feel this way especially when she was going through a life altering experience that these people whom she had met for the first time that evening would have no idea about.

Helen: Seriously, I hear where you are coming from - it is sometimes difficult to show sympathy / empathy to people when they grizzle about what we can

sometimes see as slight and / or minor ailments, especially when many of us have life threatening (or at the least life altering) conditions.

Mandy: [to Denise] Don't consider yourself to be less compassionate than the next...PLEASE don't go keeping things to yourself. We don't want that..You spill anytime you like.

Joe: We are here to not only seek help about our problems, but also to help each other in time of need.

As in any conversation, others joined in and offered examples of their own. Another member posted about how she had to cope with a woman in her workplace who had taken a large number of days sick leave due to severe headaches. She wrote: "oh a little headache...boo hoo" (Josephine). Margaret took offence at Josephine's comments about headaches and told Josephine publicly that the comment had put her back up. Margaret explained that she also suffered from severe headaches and had in the past required many days of sick leave from her own place of work. HeartNET members rallied around the two disputants and tried to calm the situation. Behind the scenes, however, Margaret had also communicated to Josephine in a private message that the comments had offended her, so while the public thread quietened down, there was an escalation of the situation into a flame war (King, 1995) in exchanges between the two of them.

Messaging Margaret privately, Josephine suggested that Margaret's condition was only psychological in nature, whereas she was waiting on a heart transplant and was therefore much sicker:

Josephine: I know a lot more about you and what you've said about me than you realise I could find out too, by the way. I also looked up Inappropriate Sinus Tachycardia and I see that it may be a psychological illness. Just pretty much as I thought! Hypochondriac syndrome! If you wish to bitch at me, have the guts to say it to me, like this in a PM and stop whinging behind my back to people about (boo hoo) what I've said to you. This is a conversation now between you and me, not other ppl.

There was an almost immediate response from Margaret, even though silence and avoidance might have been a wiser course of action:

Margaret: Hmmm you've only made below the belt personal attacks on my condition, called me a hypochondriac and nutcase, made nasty comments to me on the public forum. Then you accuse me of "bitch attacks" but what do you call your private personal attack like PM's to me.

Seems like you're able to dish it out but can't take it can you!!!
Would you like me to start some personal attacks on you????

Following on from these private exchanges, one of the parties requested that the moderator intervene, and this is an appropriate role for a moderator to take. Instead of calming the situation down, however, the request for moderator involvement inflamed it further, with the member who hadn't sought help accusing the other of being a "wimp" for seeking moderation. After communication between the moderator and the two members, seeking to resolve the conflict and move on, Josephine chose to leave the site as she felt that on balance it was no longer helping her, since she felt unable to put the matter behind her. At her request, Josephine's membership was withdrawn, the thread was locked and the discussion on the site began to focus on other issues. Several weeks later the moderator received personal communication from Josephine outlining her reasons for choosing to leave the site:

You know I left because of Margaret sooking [sic] over her headaches and backstage bitching with me and then ... the first time I went into the Thursday night chats, where no one ever goes anyhow, except the group who THINK they are the bosses... I want to comment about the site. It's not helpful to heart patients at all. It is a clicky [sic] little group of gossiping sooks... It's a gossip column and the regulars always want to outdo each other with who knows what and posts it first or telling people they don't want to get lost.

Josephine was still very angry and hurt about the situation and continued for several months to vent her frustrations via personal communication with the moderator. There was little that the moderator could do in the circumstances, apart from wish Josephine well for the future and thank her for her comments.

Several months later a different misunderstanding occurred between Jacinta and Lucy. Jacinta had posted about how discouraged she was following a medical procedure which did not give her the results she had expected. She followed this up by stating that she did not think she would go back to the medical profession for help in the future and would just get on with life and treat herself. Most members picked up that Jacinta was disappointed and frustrated with the outcome, and had come onto the site to vent her anger and sadness. The moderator, believing that Jacinta was using HeartNET as a safe space within which to vent her negativity, did not intervene.

While several members supported Jacinta by agreeing how sad and challenging it was to have the procedure without experiencing a positive outcome, Lucy was upset that the exchanges were so negative:

Lucy: I am sorry Jacinta but your attitude has both confused and concerned me, I think I should add a positive to what you are saying... I find your posts very disturbing ... I am new to this disease and hopefully have enough common sense to make correct inquiries, so please do the right thing and consider what you are doing, and make appropriate enquiries.

Lucy's feedback caused Jacinta a great deal of distress and she subsequently deleted all her posts on the board, replacing them with the comment "~~It~~ doesn't matter". While Jacinta acknowledged that her initial comment may have been subject to misinterpretation she could not understand why she was the one 'singled out' and 'targeted' by Lucy, when others had written similar comments in response to her first post. Both parties made public apologies for any misunderstanding that may have arisen. They continued to debate the issue via private messaging, however, and then resorted to personal attacks.

Lucy: I need positive people in my life, and unfortunately you are not one of the positive people in the world. Maybe it would be an advantage instead of just working at your church that you actually started praying and prising [sic] God, and then you may be blessed with an approach that will help you deal with this disease.

Jacinta: I'm happy that your Doctors have been able to provide answers and support...I really am...But I don't appreciate being called a liar about things you know nothing about. I would love to be bubbly and appreciative and have all the answers and problems solved. Its just, for no, [sic] not what is happening in my life. I still would not give up mine for yours in a heartbeat.

The moderator became involved when several members commented about the fact that Jacinta had removed her posted messages. Both parties were emailed and the

moderator offered to speak with each of them to see if she could help resolve the issue. There seemed to be legitimate expectations held by both sides of the dispute. Jacinta had hoped that the site would allow her the freedom to discuss issues that she could not discuss in her immediate social group, and the site had provided Jacinta with that opportunity for self expression. Further, Jacinta had found she was not alone because others had experienced similar situations and appeared equally frustrated by their experiences. Unfortunately, Jacinta's right to express the negativity she felt conflicted with Lucy's hope that HeartNET would provide an optimistic and positive environment which would aid her own recovery.

The moderator spent some time in e-mail correspondence with Jacinta but ultimately, like Josephine, Jacinta decided that HeartNET could not provide her with what she was seeking and chose to withdraw. Lucy also left but chose not to make contact with moderator or respond to the messages and offers of help and support. While Lucy has never returned, Jacinta was still seen occasionally on the site for about three months after this incident, but never posted again.

These vignettes prompt the question: What is the difference between the culture of a community and an imagined community? Drawing on HeartNET members' comments it appears that many come online imagining a particular kind of community: for some, one that is supportive and nurturing; for others a community that is authentic and where individuals are accepted as they are; and still others where they feel a sense of belonging etc. But participants may find online that not everything said and posted in the community can be taken at 'face value'. In other words, the culture of the community is different to what they imagined.

Many imagine the culture of a good online community "as a place in which one feels comfortable and where one can enjoy easy conversations" with "like-minded people" (Gauntlett cited in Ferreday, 2009, pp.27-28). Here Gauntlett suggests that "a sense of belonging" springs from identifying with others online—that is, a shared online culture is a result of "feeling comfortable within a community of shared interests which is, crucially, based on likeness" (cited in Ferreday, 2009, p.28). However the notion of a sense of belonging does need to be explored further. Later research into online communities revealed that paying attention "to the ways in which specific online communities create norms, and provide spaces" can illuminate how identification and dis-identification works (p.29). Furthermore Ferreday claims that questions can be asked as to "why belonging sometimes fails"—as is illustrated in the HeartNET instances (p.30). Thus, by focusing on community norms and spaces it becomes possible "to make visible the processes by which some subjects might feel excluded or rejected by particular communities" (p.30)

Cultural attitudes when using technology do differ from F2F interactions. As Gunawardena, Walsh, Reddinger, Gregory, Lake and Davies point out (2002), when individuals use "the computer as an avenue for communication, lower private self-awareness allows one to feel less inhibited when changing or voicing opinions (this allows one to change opinion without *losing face*)" (2002, p.93). Other studies coincide with Gunawardena et.al (see Siegal et.al, & Matheson & Zanna cited in Gunawardena et.al, 2002, p.94). Their research found that "the anonymity available to those using the computer to communicate can be used as a permission slip to be less inhibited" (p.94). Consequently, lack of physical face can tempt individuals "to act irresponsibly" (p.94).

3. The 'Julie' effect

Comparatively rarely, but always unfortunately, a situation may arise that requires the moderator to reproach members for inappropriate behaviour and take further appropriate action. The examples which are to follow resonate with an example of discord and distress from the early days of the internet. Allucquère Rosanne Stone's (1991) classic case study of 'Julie' demonstrates how easy it can be for well-meaning people to be deceived about important matters of fact when the only evidence for the truth of what someone is saying is their internet-based communication. In this early case, the community of Julie's confidantes thought they knew all about her:

Julie was a totally disabled older woman, but she could push the keys of a computer with her headstick. The personality she projected into the 'net'—the vast electronic web that links computers all over the world—was huge. On the net, Julie's disability was invisible and irrelevant. Her standard greeting was a big, expansive "HI!!!!!!!" Her heart was as big as her greeting, and in the intimate electronic companionships that can develop during on-line conferencing between people who may never physically meet, Julie's women friends shared their deepest troubles, and she offered them advice—advice that changed their lives. Trapped inside her ruined body, Julie herself was sharp and perceptive, thoughtful and caring. (Stone, 1991)

There was a small catch: 'Julie' was a fabrication. A middle-aged male psychiatrist had joined an online conversation. He was mistaken as a woman online, and his female conversant had shared her thoughts with the male psychiatrist as if he were a woman like herself. "I was stunned," said the psychiatrist later, according to Stone (1991), "at the conversational mode. I hadn't known that women talked among themselves that way. There was so much more vulnerability, so much more depth and complexity. Men's conversations on the nets were much more guarded and superficial, even among intimates. It was fascinating, and I wanted more." He dreamed up Julie's persona as a disabled single woman with no social life of her own who wanted to talk to other women so that he could access more women's talk.

It worked for years, until one of Julie's devoted admirers, bent on finally meeting her in person, tracked her down. The news [of the pretense] reverberated through the net. Reactions varied from humorous resignation to blind rage. Most deeply affected were the women who had shared their innermost feelings with Julie. "I felt raped," one said. "I felt that my deepest secrets had been violated." Several went so far as to repudiate the genuine gains they had made in their personal and emotional lives. They felt those gains were predicated on deceit and trickery. (Stone, 1991)

To accept someone onto the HeartNET site, and give them encouragement, support and compassion, and then start to suspect that the new member may have been manipulating the situation for their own ends, raises a range of strong emotions. Further, unlike the resolution eventually wrought in the case of 'Julie', it is often the case that no-one can know for certain what is fact and what was fiction. For some members the unresolved suspicion that they may have been duped and taken advantage of means the site will never be the same for them again. According to how easy-going people are, or to how sensitive they may be to the possibility of betrayal, well-established and

authentic members may find themselves frustrated, angry, and in a lather of uncertainty; choosing sides and supporting members who feel that a challenge is in order, or allying themselves with members who feel that it is better to ignore the entire situation. In extreme cases such an incident can cause the site to implode, requiring that it be shut for a short period or even closed down permanently (Feldman, 2000).

On occasion, members may take action themselves, especially if they feel the moderator is not doing as they wish. This is what happened in the following incident. There had been speculation for several weeks that some members were not who they said they were, or were not experiencing the trials and health challenges they described. They presented as a couple, and one partner, the fitter of the two, kept the site updated on the trials of his wife. Initially, the events were so distressing that the moderator sent flowers as well as the more usual good wishes and personal support. In a matter of months this couple experienced a heart transplant; a multiple pregnancy; a stroke, coma, intensive care and flood. The biblical trials undergone by Job seemed easy in comparison. It did not take long before some members felt that too much of a bad thing was stretching their credulity.

While several members used private messaging to speculate about the veracity, indeed the possibility, of some of the circumstances described; and brought their concerns to the attention of the moderator; others chose to ignore their feelings and simply began to distance themselves from communication with the suspicious members. Even though the reported chaos became worse, the messages of support and concern quickly fell away as each new situation compounded the last. One member however, after privately voicing his suspicions to the moderator decided that she was not doing enough and chose to bring matters to a head. He sent the unfortunate couple the URL address of a site set up to address the issue of people faking illnesses online in order to gain attention. Within minutes the moderator received an email from the recipients accused of faking who requested that they be withdrawn from the site immediately and stating that they would have no further contact in the future. The moderator did as she was requested but her action, and the absence of the crisis-prone duo, did not reduce the speculation and suspicion circulating among some members. Instead, a number of people saw the withdrawal as confirming their worst thoughts. Capuch and Metts (cited in Gunawardena et. al, 2002, p.91), describe the conflict that can arise when an individual offers an *identity* that he or she wants to assume and wants others to accept". This conflict between what was written, and what many members of the HeartNET community believed to be falsehoods, is an example of *negotiating face*" (p.91). In this case it triggered conflict within the community at large where HeartNET members became involved in a struggle about the nature of the site's culture: gullible, or gritty? The moderator, on balance preferred to be gullible, rather than accusatory (appropriately or not). The URL-sending challenger preferred to risk HeartNET's culture of acceptance rather than collude with what he saw as falsity. Some other members expressed their relief that someone had finally tackled the situation.

The whole episode had a pervasively unsettling effect. In a personal communication Sarah, a long term supporter and stalwart of HeartNET, said to the moderator that *paranoia is very healthy on the NET [...] I dunno why people get so offended, it's the bloody NET for Gods sake [...] Bound to get the odd faker."* Another member constructed the two suspect members as harming the site, and stated they felt

they'd ~~been~~ kicked in the teeth and spat out". Someone else commented that they had invested a lot of time and energy in HeartNET: ~~How~~ dare another member take us for a ride". A few disgruntled members started plotting revenge, even going so far as suggesting that they would get the police to visit the suspect duo and check whether they were legitimate. Others wanted to publicly out the members for lying. Even given this negativity, however, the overwhelming response was one of concern for the wellbeing of several members of the site who had taken ~~these~~ people under their wing and given their heart and soul into the relationship". People empathized with how it must feel to learn that these people may have been deceiving them.

The moderator and researchers had been observing and evaluating the interactions, prior to the URL challenge and it was considered that the new members had actually been helpful and supportive on the site in several instances, but had exaggerated or fabricated aspects of their situation for attention. However without proof, no action could be taken, and the seeking of proof seemed to go well beyond the ethics framework and the bounds of the role of moderator. As Bob stated to the moderator, sympathizing with her comparatively powerless situation: ~~We~~ all know there have been some doubts about them - you've expressed them to me, but if one read their postings [of support] there was nothing untoward about them - in fact they were encouraging for some... Patients come in many weird shapes and sizes."

While a couple of members choose to remove themselves from the site rather than see the culture they valued undermined (as they interpreted this), the member who privately voiced his suspicions compromised the site's culture himself by flouting the HeartNET conditions of use by sending the URL to the couple. By taking this action the member could be seen to be violating the couple's privacy and their other rights as members (HeartNET, n.d.). It was later revealed by the member who took action that he had been hurt in the past on forums other than HeartNET.

It will never be certain whether, and to what extent, these people were faking their identity and their heart story, but the fall-out from the trauma has made other HeartNET participants wary of trusting newer members. Chloe summed up the general feeling in the community with an insightful comment stating: ~~It~~ will be disappointing if they are fakers and a great shame if they are not." Ultimately both parties chose to leave the site and have sought support from alternative sources; however, one person still stays in regular contact with some of the HeartNET members F2F in the real world. From the moderator's perspective, the reality is that unless she visits each new member and asks for identification and a medical certificate, it will never be known on initial contact whether a person is genuine or not.

Gundawardena (1999) describes five phases that people utilise when they are exploring areas of ~~in~~consistency or disagreement" (p.6) in an online community that need to be resolved (such as in these HeartNET examples). These stages are: 1) ~~Sharing/Comparing~~; 2) ~~Dissonance~~"; 3) ~~Negotiation/Co-construction~~"; 4) ~~Festing Tentative Constructions~~"; 5) and ~~Statement/Application of Newly-Constructed Knowledge~~" (p.6). In all the HeartNET examples given in this paper there was continuing ~~dissonance~~" on the site, despite the moderator's attempts to ameliorate the conflict. Like with F2F communication the members involved expected that others would behave in an appropriate way and that ~~an~~ individual who implicitly or explicitly signifies that he has certain social characteristics ought in fact to be what he claims he

is” (Goffman, 1959, p.13). Even with the moderator’s best intentions and efforts, computer-mediated communication, as with all other human communication, can ultimately founder and break down.

Looking to the literature, other research has shown that people create, develop and discard identities online. Catterall and Maclaran (2001) propose that many participants in online communities have at least ~~two~~ “two bodies - the corporeal and digital” with people having only a vague knowledge of who each other are until they get to know and interact with them over an extended period. Even then, people may only know what that other person is prepared to divulge. Notwithstanding the occasional troubling exception, the majority of online community members are open and honest, providing empathy and support when it is needed. Research undertaken by Preece (2000) explored interaction in 20 messages from each of 100 bulletin boards and Usenet communities and found that 36% of these samples contained at least one hostile message (pp.25-34), while in 8% of the communities more than 25% of the messages sampled were hostile. This would seem to be a generally reassuring result, and possibly in line with what might be expected if extrapolating from samples of F2F interaction in circumstances which can include ‘hot button’ topics.

Ultimately, the credibility of information and the validity and accuracy of what people write online must be assessed by each member for themselves. In online communities F2F cues are absent, and even in the wider society people cannot always be believed regardless of whether there are F2F cues or not. It must be accepted that people can deceive others about their illnesses, their medical conditions, and their online identity (Walther & Boyd, 2002).

The examples discussed from HeartNET—a grassroots initiative—raises questions about the importance of self-expression online. The authors found that while there were differences from the breakdown of communications in F2F situations, there were also similarities. Overall the major difference with a communication breakdown in computer-mediated environments is that the preservation of face is handled differently, and as a consequence some participants are far less inhibited. Even so, emotional investment is still at stake and is often evident in the emoticons and expressions people use. This HeartNET research contributes further to a debate in which other studies within the research tradition of Information and Communication Technologies (ICTs) (see Haddon, 2005, pp.81-89) also examine the culture of sharing personal information.

4. Conclusion

While the HeartNET site has had its share of problems, the vast majority of interactions are friendly and supportive. The site is set up to provide a safe space in which people can share the emotional and physical challenges arising from a heart event and it is possible to see that some conflict can arise from the legitimate expectation of two or more members to have the site embody a particular culture which will meet their needs: even though these needs may be temporarily incompatible. The example given here was when one member wished HeartNET to be a place of positivity, while another wished it to be a site for authenticity. In an ideal world, where such a conflict of ‘rights’ exists, one or both of the disputant members will be calmed and supported via the personal

messaging system. In reality, however, personal communication at such times tends to inflame rather than calm tempers.

The role and the presence of the part time, intermittent, moderator is critical to the appearance and reality of safe online interaction in HeartNET. This is even though the moderator may be perceived by members to be comparatively unwilling to act to 'protect' the site, for example by challenging people who may be fabricating information about themselves. This may be because the moderator believes that the cultural risks of 'gullibility' are less than those involved in 'grittiness'. The moderator is in a unique position whereby she needs to see the whole scope and functioning of the site, both as a research site and as a viable, supportive, interactive online community. While members have their own agendas and needs, the moderator needs to retain autonomy, objectivity and most of all a sense of humour.

A netnographic approach which involves immersion in the online community is a useful strategy when a researcher wishes to investigate issues raised by negative interactions online. This discussion of some of the negative exchanges between members on HeartNET can provide useful insights for other moderators and researchers when dealing with future events. Sometimes there are few options available for those who wish to ensure the overall smooth functioning of the site, however. In these cases it may be necessary to withdraw the community membership of one or more parties involved.

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