ADVICE-SEEKING AND ADVICE-GIVING STRATEGIES OF MALAYSIAN WOMEN IN AN ONLINE SUPPORT FORUM FOR IVF

PUNG WUN CHIEW

University of Malaya

FACULTY OF LANGUAGES AND LINGUISTICS
UNIVERSITY OF MALAYA
KUALA LUMPUR

2017

ADVICE-SEEKING AND ADVICE-GIVING STRATEGIES OF MALAYSIAN WOMEN IN AN ONLINE SUPPORT FORUM FOR IVF

PUNG WUN CHIEW

THESIS SUBMITTED IN FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

FACULTY OF LANGUAGES AND LINGUISTICS
UNIVERSITY OF MALAYA
KUALA LUMPUR

2017

University of Malaya

UNIVERSITY OF MALAYA

ORIGINAL LITERARY WORK DECLARATION

Name of Candidate: **Pung Wun Chiew** (I.C/Passport No:

Matric No: **THA110014**

Name of Degree: **Doctor of Philosophy**

Title of Project Paper/Research Report/Dissertation/Thesis ("this Work"):

Advice-Seeking and Advice-Giving Strategies of Malaysian Women in an Online Support Forum for IVF

Field of Study: **Pragmatics**

I do solemnly and sincerely declare that:

(1) I am the sole author/writer of this Work;
(2) This Work is original;
(3) Any use of any work in which copyright exists was done by way of fair dealing and for permitted purposes and any excerpt or extract from, or reference to or reproduction of any copyright work has been disclosed expressly and sufficiently and the title of the Work and its authorship have been acknowledged in this Work;
(4) I do not have any actual knowledge nor do I ought reasonably to know that the making of this work constitutes an infringement of any copyright work;
(5) I hereby assign all and every rights in the copyright to this Work to the University of Malaya ("UM"), who henceforth shall be owner of the copyright in this Work and that any reproduction or use in any form or by any means whatsoever is prohibited without the written consent of UM having been first had and obtained;
(6) I am fully aware that if in the course of making this Work I have infringed any copyright whether intentionally or otherwise, I may be subject to legal action or any other action as may be determined by UM.

Candidate's Signature Date:

Subscribed and solemnly declared before,

Witness's Signature Date:

Name: **Associate Professor Dr. Jariah Mohd. Jan**

Designation: **Associate Professor**
Deputy Dean of Undergraduate Studies/Quality Manager
Faculty of Languages and Linguistics
University of Malaya

University of Malaya

ABSTRACT

Despite the increasing prominence of the Internet for a variety of social purposes, research on how advice is sought and given online is still lacking, especially in context where the strategies are tied to communities of a certain culture and gender. This study aimed to investigate the advice-seeking strategies, the advice-giving strategies, and the influence of culture when advice is solicited and given online among women in a Malaysian online forum on in-vitro fertilization (IVF). Six months of IVF-related messages posted in a local online forum were analyzed, in which 251 were advice-seeking messages, and 369 were advice-giving messages. The analysis took on a largely qualitative approach with some quantitative aspect of counting, incorporating Locher's (2006) system of coding messages, Kouper's (2010) typology of advice-seeking and advice-giving patterns, Ruble's (2011) message-content analysis method, and Goldsmith's (2004) model of advice. The findings revealed question-asking as the most frequently utilized strategy of seeking advice, followed by problem-description, and lastly, the least used advice-seeking strategy was to request for it explicitly. However, offering or giving advice directly ranked top as the most preferred advice-giving strategy. This was followed by the advice-giving strategies of describing one's own experiences, giving indirect advice, providing general information, referring the message-recipient to another advice source, and narrating other people's experiences. It was also found that the content of the advice-seeking messages was mostly specific to the advice-seeker's problem, with many instances of mitigation and expressions of the advice-seeker's distress. On the other hand, the advice-giving messages showed the advice-givers' tendency to bond with the advice-recipients besides the use of hedging devices to downtone the advice's impositional level. Interaction in the online forum was also governed by the fact that the communication medium was computer-mediated communication (CMC), and the presumption that the forum members were Malaysian

University of Malaya

women, and subsequently, the topic under discussion was culturally taboo. Thus, although there was freer self-expression by the participants, the manner in which they interacted still showed their interests to form close relationships, and in ways that were culturally appropriate. As such, despite the anonymity afforded by CMC, several aspects of the interaction still showed cultural influence at both message-content and discourse levels.

University of Malaya

ABSTRAK

Walaupun Internet semakin digunakan untuk tujuan komunikasi social, penyelidikan tentang bagaimana nasihat diminta dan diberikan melalui Internet masih kurang, terutama dalam konteks di mana strategi meminta dan memberi nasihat dikaitkan dengan masyarakat dan jantina yang tertentu. Kajian ini bertujuan untuk menyiasat strategi pemintaan nasihat, strategi pemberian nasihat, strategi pengurusan muka, dan pengaruh budaya dalam strategi-strategi tersebut apabila nasihat diminta dan diberikan dalam sebuah forum Internet tempatan berkaitan In-vitro Fertilization (IVF) untuk kalangan wanita Malaysia. Enam bulan mesej yang berkaitan dengan IVF dianalisis, di mana 251 adalah mesej meminta nasihat, and 369 merupakan mesej memberi nasihat. Analisis mengambil pendekatan kualitatif bergabung dengan kaedah kuantitatif yang melibatkan pengiraan, dan menggunakan sistem pengekodan mesej Locher (2006), tipologi pemintaan nasihat dan pemberian nasihat Kouper (2010), kaedah penyelidikan kandungan mesej Ruble (2011) and model nasihat Goldsmith (2004). Dapatan kajian menunjukkan pertanyaan melalui soalan sebagai strategi yang paling kerap digunakan untuk mendapatkan nasihat, diikuti oleh penceritaan masalah, dan permintaan nasihat secara berterus-terang. Walau bagaimanapun, menawarkan nasihat secara berterus-terang merupakan strategi memberi nasihat yang paling digemari. Ini diikuti dengan strategi menceritakan pengalaman sendiri, memberi nasihat secara tidak langsung, menyediakan maklumat umum, merujuk peminta nasihat kepada sumber nasihat yang lain, dan akhir sekali, menceritakan pengalaman orang lain. Didapati juga kebanyakan mesej permintaan nasihat merupakan permintaan yang khusus kepada masalah peminta nasihat dan mengandungi pelbagai strategi mitigasi serta ungkapan yang merakamkan kesusahan peminta nasihat. Sebaliknya, mesej nasihat pula menunjukkan kecenderungan pemberi nasihat untuk menjalin hubungan erat dengan penerima nasihat, selain penggunaan strategi mitigasi. Interaksi dalam forum Internet itu juga dikawal

University of Malaya

oleh medium komunikasi serta anggapan bahawa ahli-ahli forum itu terdiri daripada wanita Malaysia, dan oleh itu, topik perbincangan merupakan topik yang agak sensitif. Justeru itu, walaupun interaksi ahli forum lebih bebas, interaksi tersebut tetap menunjukkan minat mereka menjalin hubungan yang rapat, dan mereka berinteraksi dengan cara yang selaras dengan budaya Malaysia. Oleh yang demikian, interaksi Internet yang tanpa nama tetap menunjukkan pengaruh budaya ahli-ahli forum di tahap kandungan mesej dan tahap wacana.

University of Malaya

ACKNOWLEDGEMENT

It would not have been possible to write this doctoral thesis without the help and support of the people around me.

I would like to express my special appreciation and thanks to my supervisor, Associate Professor Dr. Jariah Mohd. Jan. Your advice on my research, at both academic and personal levels, is priceless. I would like to thank you for your guidance, your patience, and your invaluable knowledge and expertise on my research.

I also wish to thank the Ministry of Education for their financial support. My sincere thanks also goes to Universiti Malaysia Sarawak for giving me the much needed study leave, my Dean, as well as to my colleagues who have helped me in various ways. In addition, I also thank the libraries of Universiti Malaya and Universiti Malaysia Sarawak for their resources.

Above all, special thanks and appreciation to my family. Words cannot express how grateful and indebted I am to my father, Pung Chee Haw, and my husband, Liew Yu Yen, for all of your sacrifices. Your prayers and encouragement are a great source of sustenance and comfort all throughout my research. My special appreciation also goes to my wonderful children, Qong Qiun, Lii Jun, and Shan Jun, who patiently bore with me during the busiest times of my writing. I would also like to thank all of my other relatives who supported me in numerous ways to strive towards my goal. Last, but not least, I would like to express my deepest gratitude to my late mother, Liu Fui Jan, who was not only the most important person in my life being my mother, but also, the first person to encourage me to embark on this PhD journey.

University of Malaya

TABLE OF CONTENTS

		Page
Abstract		iii
Abstrak		v
Acknowledgement		vii
Table of Contents		viii
List of Figures		xiv
List of Tables		xv
List of Abbreviations		xviii
CHAPTER 1: INTRODUCTION		**1**
1.1	Background of the Study	1
1.2	Statement of the Problem	2
1.3	Objectives of the Study	5
1.4	Research Questions	7
1.5	Limitations of the Study	7
1.6	Significance of the Study	9
1.7	Definition of Terms	10
1.7.1	Computer-Mediated Communication (CMC)	10
1.7.2	Advice-Seeking	11
1.7.3	Advice-Giving	11
1.7.4	Discursive Move	11
1.7.5	Relational Work	12
1.7.6	Politeness Strategies	13
1.7.7	Culture	13
CHAPTER 2: LITERATURE REVIEW		**15**
2.1	Introduction	15
2.2	Computer-Mediated Communication (CMC): An Overview	15
2.3	Computer-Mediated Communication (CMC) and Gender	21
2.4	Women's Online Communication on Health-Related Concerns	24
2.5	Speech Act Theory	26
2.6	Advice-Seeking and Advice-Giving Speech Acts	28

University of Malaya

		Page
2.7	Previous Studies on Advice-Seeking and Advice-Giving	32
2.7.1	Seeking and Giving Expert Advice	32
2.7.2	Seeking and Giving Daily Advice	47
2.7.3	Seeking and Giving Peer Advice	49
2.8	Cultural Influence in Advice-Seeking and Advice-Giving	62
2.9	Communication Style in the Malaysian Context	67
CHAPTER THREE: METHODOLOGY		**73**
3.1	Introduction	73
3.2	Theoretical Framework of the Study	73
3.2.1	Theoretical Framework for Analyzing Advice-Seeking Strategies	73
3.2.2	Theoretical Framework for Analyzing Advice-Giving Strategies	79
3.2.3	Theoretical Framework for Investigating Cultural Influence in Advice-Seeking and Advice-Giving	87
3.3	Research Site	90
3.4	Sample Population	96
3.5	Data	99
3.6	Method	102
3.7	Ethical Issues	103
3.8	Reliability and Validity	104
3.9	Data Collection and Procedures	104
3.10	Data Analysis	104
3.10.1	Frame of Analysis	105
3.10.1.1	Frame of Analysis for Advice-Seeking and Advice-Giving Strategies	105
3.10.1.2	Frame of Analysis for Cultural Influence on Advice-Seeking and Advice-Giving Strategies	106
3.10.2	Analysis Procedures	107
3.10.2.1	Analysis Procedures for Investigating Advice-Seeking and Advice-Giving Strategies	107
3.10.2.2	Analysis Procedures for Investigating Cultural Influence in Messages	112

University of Malaya

Page

3.11 Pilot Study 116
3.12 Findings of the Pilot Study 119
3.12.1 Discursive Moves in Analyzing Advice-Seeking Messages (Pilot Study) 119
3.12.2 Relational Categories in Analyzing Advice-Seeking Messages 123
3.12.3 Directness, Emotionality and Specificity Levels of the Advice-Seeking Messages 125
3.12.4 Discursive Moves in Analyzing Advice-Giving Messages 126
3.12.5 Relational Categories in Analyzing Advice-Giving Messages 130
3.12.6 Directness Level, Solidarity Level and Other Facets in the Advice-Giving Messages 132
3.12.7 Summary of Pilot Study Findings 134
3.13 Inter-Rater Reliability Test of Actual Data Corpus 135

CHAPTER FOUR: FINDINGS AND DISCUSSION 138
4.1 Introduction 138
4.2 The Ways Malaysian Women Seek Online Advice on In-vitro Fertilization (IVF) 138
4.2.1 Discursive Moves in the Advice-Seeking Messages 138
4.2.2 Advice-Seeking Discursive Moves - Linguistic and Functional Analyses 143
4.2.2.1 The *Question* Move 143
4.2.2.2 The *Problem Statement* Move 171
4.2.2.3 The *Request Advice* Move 178
4.2.2.4 Ways Advice-Seeking Moves Appear in Messages 189
a) Advice-Seeking Messages with a Single Advice-Seeking Move 190
b) Advice-Seeking Messages with a Series of the Same Advice-Seeking Move 191
c) Advice-Seeking Messages with Different Types of Advice-Seeking Moves 191
4.2.2.5 Direct/Indirect Advice-Seeking Messages 193
4.2.3 Other Discursive Moves in the Advice-Seeking Messages 193
4.2.4 Relational Categories in the Advice-Seeking Messages 196

University of Malaya

Page

4.2.5 Specificity/Generality Level of the Advice-Seeking Messages 205
4.3 The Ways Malaysian Women Give Online Advice on In-vitro Fertilization (IVF) 206
4.3.1 Discursive Moves in the Advice-Giving Messages 207
4.3.2 Advice-Giving Discursive Moves - Linguistics and Functional Analyses 212
4.3.2.1 The *Direct Advice* Move 212
4.3.2.2 The *Own Experience* Move 232
4.3.2.3 The *Indirect Advice* Move 238
4.3.2.4 The *General Information* Move 242
4.3.2.5 The *Referral* Move 243
4.3.2.6 The *Other People's Experience* Move 246
4.3.2.7 Ways Advice-Giving Moves Appear in Messages 247
a) Advice-Giving Messages with a Single Advice-Giving Move 248
b) Advice-Giving Messages with a Series of the Same Advice-Giving Move 249
c) Advice-Giving Messages with Different Types of Advice-Giving Moves 250
4.3.2.8 Direct/Indirect Advice-Giving Messages 252
4.3.3 Other Moves in the Advice-Giving Messages 253
4.3.4 Relational Categories in the Advice-Giving Messages 258
4.3.5 Various Facets in the Advice-Giving Messages 267
4.4 Cultural Influence in Online Advice-Seeking and Advice-Giving 275
4.4.1 Types of Advice Sought and Given 275
4.4.2 Mitigation in Advice-Seeking and Advice-Giving 284
4.4.3 Choice of Vocabularies and Discourse Particles 286
4.4.4 Most Common Structures Used in Seeking and Giving Advice 288
4.5 Summary 291

CHAPTER FIVE: CONCLUSION **292**
5.1 Introduction 292
5.2 Advice-Seeking Strategies 292

University of Malaya

Page

5.2.1 Discursive Moves in the Advice-Seeking Messages 292
5.2.2 Relational Work in the Advice-Seeking Messages 296
5.2.3 Themes Inherent in the Advice-Seeking Messages 298
5.2.3.1 The Importance of Information-Seeking 298
5.2.3.2 The Forum as a Reservoir of Information 300
5.2.3.3 Use of Mitigation Strategies 301
5.2.3.4 Significance of Coping Strategies, Not Just Treatment 302
5.2.3.5 The Forum as a Platform for Seeking Help and Discussion 303
5.2.3.6 Making Choices about Hospitals or Doctors and Financial Considerations 304
5.2.3.7 Infertility Treatment being Protracted 305
5.2.3.8 Expressions of Emotions 306
5.2.3.9 Infertility being a Unique and Intricate Problem 307
5.2.4 Comparison between Findings of the Present Study and those of Past Studies 308
5.3 Advice-Giving Strategies 312
5.3.1 Discursive Moves in the Advice-Giving Messages 312
5.3.2 Relational Work in the Advice-Giving Messages 317
5.3.3 Themes Inherent in the Advice-Giving Messages 319
5.3.3.1 Employment of Various Types of Indirect Strategies 319
5.3.3.2 Messages with a Mixture of Explicit and Implicit Advice-Giving Moves 320
5.3.3.3 Emphasis on Positive Efforts 321
5.3.3.4 Determination to Persevere with the Treatment 322
5.3.3.5 Minimal Use of Humor 323
5.3.4 Comparison between Findings of the Present Study and those of Past Studies 324
5.4 Contributions of the Study 338
5.4.1 Combining Theoretical Models 338
5.4.2 Enabling Comparison with Other Cultures 338
5.4.3 Rendering Help to Women through Online Forum(s) 339
5.4.4 Providing and Disseminating Information 339
5.4.5 Creating Awareness on Infertility 341

University of Malaya

Page

5.5 Recommendations for Future Studies 342

5.6 Summary 343

References 345

List of Publications and Papers Presented 366

University of Malaya

LIST OF FIGURES

		Page
Figure 2.1:	Points of Articulation between Culture and Language	66
Figure 3.1:	Theoretical Framework for Analyzing Advice-Seeking Strategies	74
Figure 3.2:	Theoretical Framework for Analyzing Advice-Giving Strategies	80
Figure 3.3:	Theoretical Framework for Investigating Cultural Influence in Advice-Seeking and Advice-Giving Messages Using Crozet & Liddicoat's (1999) Model of Articulation Points between Language and Culture	88
Figure 3.4:	Layout of Malaysian Motherhood Forum	91
Figure 3.5:	Analysis Procedures for Analyzing Advice-Seeking Strategies	108
Figure 3.6:	Analysis Procedures for Analyzing Advice-Giving Strategies	109
Figure 3.7:	Analysis Procedures for Analyzing Cultural Influence in Messages	114

University of Malaya

LIST OF TABLES

		Page
Table 2.1	Miller and Gergen's (1998) Categories of Discourse	35
Table 2.2	Locher's (2006) Discursive Moves in Advice-Seeking Messages	37
Table 2.3	Locher's (2006) Categories of Relational Work in Advice-Seeking Messages	39
Table 2.4	Locher's (2006) Discursive Moves for Advice Columns	40
Table 2.5	Locher's (2006) Categories of Relational Work in Advice Messages	41
Table 2.6	Kouper's (2010) Classification of Advice	50
Table 2.7	Goldsmith's (2004) Model of Advice-Giving Techniques	51
Table 2.8	Discursive Moves in Placencia's (2012) Corpus	55
Table 2.9	Types and Frequencies of Discursive Moves in Morrow's (2012) Study	58
Table 2.10	Ruble's (2011) Typology of Advice-Seeking Techniques	60
Table 3.1	Kouper's (2010) Typology of Advice Solicitations	77
Table 3.2	Types of IVF-Related Themes	92
Table 3.3	Number of Members Posting Messages by Month	97
Table 3.4	Types and Frequency of IVF-Related Messages	99
Table 3.5	Length of IVF-Related Advice-Seeking and Advice-Giving Messages	100
Table 3.6	A Comparison of Discursive Moves in Advice-Seeking Messages between those in Locher's (2006) Study and in the Pilot Study	119
Table 3.7	A Comparison of Relational Aspects in Advice-Seeking Messages between those in Locher's (2006) Study and Pilot Study	123
Table 3.8	Directness/Indirectness Level of the Advice-Seeking Messages (Pilot Study)	125
Table 3.9	Emotionality Level of the Advice-Seeking Messages (Pilot Study)	126
Table 3.10	Specificity/Generality Level of the Advice-Seeking Messages (Pilot Study)	126
Table 3.11	A Comparison of Discursive Moves in Advice-Giving Messages between those in Locher's (2006) Study and Pilot Study	127

University of Malaya

		Page
Table 3.12	A Comparison of Relational Aspects in Advice-Giving Messages between those in Locher's (2006) Study and Pilot Study	131
Table 3.13	Directness/Indirectness Level of the Advice-Giving Messages (Pilot Study)	132
Table 3.14	Frequency of Advice-Giving Messages that had High Solidarity, High Deference, Neutral Level, or a Mixture of Solidarity and Deference (Pilot Study)	133
Table 3.15	Frequency of Various Facets in the Advice-Giving Messages (Pilot Study)	133
Table 4.1	Types of Discursive Moves Identified in Advice-Seeking Messages	139
Table 4.2	Frequency of Moves in the Advice-Seeking Messages	142
Table 4.3	Types of Questions in the *Question* Move	144
Table 4.4	Types of Closed Questions	145
Table 4.5	Types of Yes/No Questions	145
Table 4.6	Types of Alternative Questions	146
Table 4.7	Types of Open Questions	147
Table 4.8	Types of "How" Questions	150
Table 4.9	Types of Questions Based on Functions	162
Table 4.10	Mitigation in the *Question* Move	167
Table 4.11	Frequency of Advice-Seeking Messages with Expressions of Emotional Distress	172
Table 4.12	Ways Emotional Distress was Expressed in the *Problem Statement* Move	173
Table 4.13	Syntactic Structures of the *Request for Advice* Move	179
Table 4.14	Mitigation in the *Request Advice* Move	181
Table 4.15	Ways Advice-Seeking Moves Appear in Messages	189
Table 4.16	Combination of Advice-Seeking Moves	192
Table 4.17	Directness/Indirectness Level of Advice-Seeking Messages	193
Table 4.18	Relational Categories in Advice-Seeking Messages	197

University of Malaya

		Page
Table 4.19	Emotionality Level of the Advice-Seeking Messages	203
Table 4.20	Specificity/Generality Level of the Advice-Seeking Messages	206
Table 4.21	Types of Discursive Moves in Advice-Giving Messages	207
Table 4.22	Frequency of Moves in the Advice-Giving Messages	211
Table 4.23	Linguistic Forms that Helped Identify the *Direct Advice* Move	212
Table 4.24	Syntactic Structures of the *Direct Advice* Move	213
Table 4.25	Relational Categories in the *Direct Advice* Move	213
Table 4.26	Moves Preceding or Succeeding the *Direct Advice* Move	215
Table 4.27	Types of Imperatives	216
Table 4.28	Mitigation in the Imperative *Direct Advice* Move	218
Table 4.29	Types of Declaratives	221
Table 4.30	Types of Declarative Structures	222
Table 4.31	Mitigation in the Declarative *Direct Advice* Move	229
Table 4.32	Types of *Own Experience* Move	232
Table 4.33	Types of *Referral* Move	244
Table 4.34	Mitigation in the *Referral* Move	245
Table 4.35	Ways Advice-Giving Moves Appear in Messages	247
Table 4.36	Combination of Advice-Giving Moves	251
Table 4.37	Direct/Indirect Advice-Giving Messages	252
Table 4.38	Relational Categories in Advice-Giving Messages	258
Table 4.39	Frequency of Advice-Giving Messages that had High Solidarity Level, High Deference Level, Neutral Level, or a Mixture of Solidarity and Deference	266
Table 4.40	Frequency of Various Facets in the Advice-Giving Messages	268
Table 4.41	Evidence of Local Vocabularies in Advice-Giving Messages	286

University of Malaya

LIST OF ABBREVIATIONS

AF	Aunt Flow (monthly menstruation)
AIDS	Acquired Immune Deficiency Syndrome
BCP	Birth control pills
BFN	Big Fat Negative
BFP	Big Fat Positive
CMC	Computer-mediated communication
CMD	Computer-mediated discourse
CP	Cooperative Principles
D&C	Dilation and Curettage procedure
DCT	Discourse completion test
DHEA	Addition of Dehydroepiandrosterone
ER	Embryo Retrieval
ET	Embryo Transfer
FET	Frozen Embryo Transfer
FTA	Face-threatening act
ICSI	Intracytoplasmic sperm injection
IVF	In-vitro fertilization
MC	Multi choice questionnaire
MIL	Mother-in-law
OHSS	Ovarian Hyperstimulation Syndrome
OPU	Ovum/Oocyte Pick Up
PCOS	Polycystic Ovarian Syndrome
SIP	Social Information Processing theory
TCM	Traditional Chinese Medicine treatment
TVS	Transvaginal Sonography
TWW	Two-Week-Wait Period

University of Malaya

VoIP	Voice over Internet Protocol
YR	*Yahoo!Respuestas*

University of Malaya

CHAPTER ONE: INTRODUCTION

1.1 Background of the Study

The Internet has provided us with more choices of communication. Before the introduction of the Internet, means of communication was limited to face-to-face interaction, telephony, or through the written mode such as the use of letters and the fax-machines. With the development of the computers in the 1950s, and the release of the Internet for worldwide use in the 1990s (Starr, 1996), ways of communication have diversified from e-mails, to Voice over Internet Protocol (VoIP) (internet telephony) and Video Conferencing.

Due to the increased ways of communication afforded by the Internet, the Internet is slowly gaining prominence as a place where people go to for a variety of purposes (Boase, Horrigan, Wellman, & Rainie, 2006). Eisenchlas (2012) states that the use of the Internet for social networking "has grown exponentially into a cultural phenomenon that reaches every age demographic" (p. 335). Among the reasons people go online are to exchange information, to look for friends, to stay in touch with family members or friends, to find solutions to their problems, and to get emotional support.

There are several explanations why the Internet is a popular mode of communication. First, communication is not limited by space. This enables participation by a large number of users. Besides that, users can choose to communicate with a single participant, or multiple participants. In addition, with the availability of asynchronous or synchronous modes of online communication, users are able to decide whether they want simultaneous interaction, or to have delayed responses. Lastly, the anonymity

University of Malaya

afforded by the Internet can be liberating as users can express themselves more freely than in conventional methods of communication (Herring, 2001; Morahan-Martin & Schumacher, 2003).

Nevertheless, with the Internet that crosses over geographical boundaries, not much research has been done to investigate how different communities communicate in computer-mediated communication (CMC). Cross-cultural pragmatic studies in traditional forms of communication have shown that there are differences in how communities of different cultures perform certain language functions. As a result, it is also expected that there may be differences in how different communities interact in CMC. This study aims to contribute to the limited literature on cross-cultural pragmatic studies in CMC with reference to communities of specific cultures by investigating how a Malaysian community interacts online. In particular, this study examines the communicative strategies of Malaysian women when they seek and give online advice.

1.2 Statement of the Problem

There have been many studies focusing on advice-seeking and advice-giving strategies in face-to-face interactions. Some examples of these studies are Hinkel's (1997) examination on cultural differences between the Chinese and the Americans when giving advice, MacGeorge and Hall's (2014) investigation on advice in personal and professional contexts, Feng and Magen's (2015) study on advice in a range of personal configurations, Wong and Boh's (2014) research looking at advice in consultations between managers, Reid, Schmied, and Beale's (2010) investigation of how advice was given on infant feeding, and Marsden, Zick, and Mayer's (2011) study on how advice on financial strategies was offered.

University of Malaya

In contrast, investigated is more limited in studies on advice-seeking and advice-giving in computer-mediated communication (CMC). It is only recently, with the explosion in the use of the Internet, that studies have begun to look at how people interact in CMC. Locher (2006) examined strategies used by medical experts in seeking and giving advice in an online health advice column and Kouper (2010) examined advice-seeking and advice-giving strategies of mothers in a *LiveJournal* community. Morrow (2012) analyzed online advice-giving strategies in Japanese, while Placencia (2012) looked at how peer advice was given in Spanish in an online *Yahoo* service for subscribers to ask questions and receive answers to their questions. In the context of health-based social networks, there were studies on advice-exchange in online breast cancer forums or support groups (Setoyama, Yamazaki, & Nakayama, 2011; Sillence, 2013), investigation on peer advice strategies in an online breast cancer support group (Sillence, 2013), and research on how Internet sites containing patient experiences can function as useful advice to asthma sufferers (Sillence, Hardy, Briggs, & Harris, 2013).

However, as stated by Kouper (2010), a technologically-mediated context could affect the "pace, character, and the pragmatics of advice exchange" (p. 1). For instance, the breaking down of "geographical and transportation barriers" (White & Dorman, 2001, p. 694) and the anonymity of participants afforded by a CMC environment (King 1996) are two factors that make online communication very different from a face-to-face setting in which opportunities for interaction are not only increased (Harman, Hansen, Cochran, & Lindsey, 2005), but participants are also able to interact more honestly and intimately leading to more self-disclosure (Anolli, Villani, & Riva, 2005; Bargh, McKenna, & Fitzsimons, 2002) . Therefore, more studies on online communication are needed.

University of Malaya

Moreover, even fewer studies have looked at the possible impact of culture on online advice-seeking and advice-giving strategies. As western culture is perceived to be individualistic, the strategies employed when communicating could be different from those used by the eastern society. This is because the eastern society places more emphasis on collectivism (Kingston & Forland, 2008), whereby societal concerns supersede an individual's interest. Consequently, collectivist societies may view advice as helpful and supportive rather than face-threatening (MacGeorge, Feng & Thompson, 2008), thereby employing more solidarity tactics rather than hedging devices that mitigate face-threats in their communication strategies. Although there were studies on advice-seeking and advice-giving that were linked to culture, the findings in Morrow's (2012) and Placencia's (2012) studies were related to only the Japanese and Spanish cultures respectively. Hence, this calls for research on advice-seeking and advice-giving strategies in different cultural settings as findings from such studies may be different from those found in Morrow's (2012) and Placencia's (2012) studies.

In addition, previous studies on online advice-seeking and advice-giving focused on rather common issues such as health problems (e.g. Locher, 2006), parenting styles (e.g. Kouper, 2010), relationship problems (e.g. Morrow, 2012), and beauty tips (Placencia, 2012). On the other hand, discussions on taboo topics are different from discussions on mundane issues and can bring about embarrassment or loss of face. Subsequently, the sensitive nature of such topics may result in the participants employing a different set of strategies from those used when interacting on other less face-threatening topics. Thus, this necessitates studies that investigate online advice-seeking and advice-giving strategies touching on culturally-taboo topics.

University of Malaya

1.3 Objectives of the Study

Considering the limited studies on advice-seeking and advice-giving strategies in computer-mediated communication (CMC), particularly those used by society of a specific culture, the purpose of this study is to examine the advice-seeking strategies and the advice-giving strategies, as well as how these strategies are tied in with culture when advice is sought and given among Malaysian women on the topic of in-vitro fertilization (IVF) in an online forum.

IVF is an infertility treatment procedure in which the egg and the sperm are combined outside the body (Voorhis, 2007). One IVF treatment cycle takes around six weeks, and it involves several procedures such as hormone stimulation treatment, injections, egg collection, egg fertilization, embryo transfer and pregnancy tests. It has been shown that IVF could help couples to overcome a range of infertility problems, enabling them to have their own baby (Olivennes & Frydman, 1998).

Although infertility is a global problem affecting 8% to 10% of the population worldwide (*Reproductive Health Outlook*, 2003), not all cultures perceive it with equal gravity. To the Asians and the Africans, infertility is a particularly serious problem (Dyer, 2007). In these societies, having biological children plays a crucial role in strengthening a marriage (Dyer, 2007), providing assurance that the couple will be provided for in old age (Inhorn & van Balen, 2002), and ensuring continuation of family lineage (Dyer, 2007). As such, the main duty of a married couple is to produce biological children (Gerrits, 2002).

In Malaysia, childlessness is an even bigger problem for women. Culturally patriarchal, infertility is largely seen as a woman's fault (Akhtar, 2011; Evens, 2004). Consequently,

University of Malaya

a barren married Malaysian woman often suffers from criticisms, ostracism, marital breakdowns, and even abuse (Akhtar, 2011). She also has lower social status in the extended family structure, as well as in society (Hollos, Larsen, Obono, & Whitehouse, 2009; Samuel, 2006). As a result, Malaysian women with infertility problems are often quiet about their problem, desperate yet unable to seek help, for fear of being stigmatized (Nurjehan Mohamed, 2015).

Since matters concerning infertility are taboo for Malaysian women, it is difficult to investigate how these women reveal their problems to seek and give advice on infertility-related issues. Furthermore, due to the sensitive nature of the infertility topic that inhibits open discussion, many Malaysian women with infertility problems have limited knowledge on infertility. In a recent study (called *Starting Families Asia*) of 1,000 women in 10 Asian countries covering China, India, Japan, Korea, Thailand, Vietnam, Singapore, Hong Kong, Taiwan and Malaysia, many Asian women were found to be ignorant about issues concerning infertility (Asia Pacific Initiative on Reproduction [ASPIRE], 2013; *The Star*, 2012). In Malaysia, 71% of women believed infertility was "God's will" while 42% thought it was just "bad luck" (*The Star*, para 10). The study also revealed that most of them (80%) did not even suspect that their inability to conceive could be due to their partners, putting the blame wholly on themselves (ASPIRE, 2013; *The Star*, 2012).

With inadequate knowledge on infertility coupled with being in a society where women usually take the blame of infertility, there is a dire need for Malaysian women suffering from infertility to seek support for their problem. As the Internet allows one to communicate without disclosing one's identity, Malaysian women with infertility issues

University of Malaya

may find the Internet a good platform to open up and share their problems, which otherwise, might not be possible in other interaction settings.

The objectives of the study are thus, to examine how Malaysian women seek and give advice on IVF in an online forum form for Malaysian women, as well as to investigate how cultural influence is evident in the online advice-seeking and advice-giving messages.

1.4 Research Questions

In order to achieve the objectives of the study, the following research questions were formulated:

1. What are the strategies used by Malaysian women when seeking online advice on IVF as seen through the construction of the advice-seeking messages?
2. What are the strategies used by Malaysian women when giving online advice on IVF as seen through the construction of the advice-giving messages?
3. In what ways is cultural influence evident in the online advice-seeking and advice-giving messages?

1.5 Limitations of the Study

One limitation of the study is that it takes only one online forum website as its research site. This restricts the generality of the findings to other forums although the case study could provide a more comprehensive understanding of the investigated phenomenon (Gummesson, 1991) as well as capturing the emergent and immanent features (Hartley, 1994) of interaction in the online forum.

University of Malaya

The anonymous interaction platform makes it difficult to ascertain the demographic information of the online forum users. On the other hand, asking for the participant's identities would reveal the researcher's intention to investigate their interaction patterns, and this is undesirable as it would distort the authenticity of data. Thus, the investigated website is taken as a forum for Malaysian women on the basis that the forum topics deal with women-related issues, and that the forum title (*Malaysian Motherhood Forum*) contains the words "Malaysian" and "motherhood", indicating Malaysian women as the targeted audience.

The anonymity of computer-mediated communication (CMC) also makes it impossible to find out the ethnicity of the participants. Since Malaysia is a multi-ethnic country, the participants can be of any ethnicity. However, the study adopts Hermeking's (2005) definition that "culture is generally defined by nation, regardless of the …ethnic or cultural diversity within them" (Excursion Section, para 6). Furthermore, national culture has also been described as "embedded deeply in everyday life and is relatively impervious to change" (Newman & Nollen, 1996, p. 654). Consequently, the study does not attempt to relate the participants' online advice-seeking and advice-giving strategies to their different ethnic groups, but instead, regards them as generally Malaysians.

The study is also a descriptive examination on how Malaysian women seek and give online advice. The study does not compare strategies between participants of different genders (male versus female), nor participants of different cultures.

1.6 Significance of the Study

According to Herring (2011), although more studies have now focused on computer-mediated communication (CMC), "studies focusing on computer-mediated conversation

University of Malaya

in other languages and cultural contexts are [still] needed" (para 14). This study that investigates how Malaysian women communicate in an online forum contributes to the literature on Internet interaction.

Moreover, the study's contribution has greater significance since it is not only about online communicative strategies of a particular culture, but it is also about a less researched eastern culture. Previous intercultural communication studies mainly focused on only the Japanese and Chinese cultures (Lailawati Mohd Salleh, 2005), and recent online advice studies related to culture were limited only to the Japanese (Morrow, 2012) and Spanish (Placencia, 2012) cultures. As previous studies on online advice have shown strategies to differ among communities of different cultures, the present study would be able to provide new insights into how a Malaysian community's advice-seeking and advice-giving strategies may be similar to, or different from other communities.

In addition, this study is about how Malaysian women seek and give advice on a culturally-sensitive topic, i.e. infertility. As yet, not much research has been carried out to investigate how advice is sought and given among women on infertility, especially in the Asian region where societies are still largely patriarchal and societal approval plays a prominent role in an individual's appraisal. This study enables investigation into how the computer-mediated setting has facilitated interaction among Malaysian women with infertility issues. The study sheds light on the various online communicative strategies employed by the Malaysian women when seeking and giving advice on such a taboo topic that they might suffer from ostracism not only from family members, but also the society at large.

University of Malaya

Moreover, examination of the advice-seeking and advice-giving messages enables analysis into the types of advice that are usually asked and given by Malaysian women suffering from infertility problems. The findings would be useful to healthcare professionals, infertility counsellors, as well as infertility support groups as to the kinds of advice these women are most likely to seek, as well as those that they might find most helpful. Furthermore the findings of the study could also be helpful in pointing out how online forums could function as a kind of social support for scholars of social support more broadly, as well as anyone interested in assisting women who are contemplating or undergoing IVF particularly.

1.7 Definition of Terms

As certain terms frequently appear throughout the study, it is important to define these terms here so that there is no ambiguity as to what they mean or refer to throughout the study.

1.7.1 Computer-Mediated Communication (CMC)

Computer-mediated communication (CMC) is any communication that takes place on the Internet. It refers to all types of Internet tools that allow interaction to occur such as online forums, chats, blogs, emails, video conferencing, etc. When the focus is on how language is used to convey meanings and ideas on the Internet, it is known as computer-mediated discourse (CMD).

1.7.2 Advice-Seeking

Advice-seeking refers to requests for advice. Simply put, it is a speech act where one asks for information or help to a problem he/she has (Budescu & Rantilla, 2000; Heath & Gonzalez, 1995; Jungermann, 1999). The request can be explicit, indicating clearly

University of Malaya

that an interactant is asking for advice, or it can be implicit, where the request is masked under the disguise of information-asking, opinion-asking, or a narration of the advice-seeker's problem. Advice-seeking is also sometimes used interchangeably with advice-solicitation and advice-request.

1.7.3 Advice-Giving

This study defines advice-giving as a speech act that is performed when solutions, either in the form of information (Jonas & Frey, 2003), recommendations (Locher, 2013; MacGeorge, Feng, & Thompson, 2008), or opinions (Locher, 2013) are offered to a problem. Like advice-seeking, advice-giving can be given directly, or indirectly. Direct advice is explicit advice, identifiable through the use of imperatives, modal verbs, or syntactic structures denoting advice. In contrast, indirect advice is advice given implicitly without the typical syntactic forms for realizing advice, but is still clear that advice is being given based on the content and context of the message.

1.7.4 Discursive Move

Miller and Gergen (1998) defined a discursive move as "the kind of contribution that the entry made to the ongoing interchange" (p. 192). For instance, in the message where the statement "I'm really sorry" occurs, that part of the message can be labeled as an *Apology* discursive move, while "I need your advice" statement may be coded as a *Request for Advice* discursive move. Therefore, a message may consist of one or more discursive moves, depending on the types and number of ideas being conveyed.

Miller and Gergen's (1998) definition of discursive move is also the definition used by Locher (2006) when she developed the discursive move categories for her data obtained

University of Malaya

from *Lucy Answers* online advice column. Correspondingly, this study also adopts Miller and Gergen's (1998) definition of discursive move.

1.7.5 Relational Work

Relational work in the study takes after Locher and Watts' (2008) definition that describes it as "all aspects of the work invested by individuals in the construction, maintenance, reproduction and transformation of interpersonal relationships among those engaged in social practice" (p. 96). It is centered on the notion that communicative acts have both the informational and interpersonal aspects, and therefore, it suggests that all communicative acts contain some form of relational work (Locher & Watts, 2008).

With reference to the present study, relational work refers to the ways an advice-seeker or advice-giver expresses an idea and establishes a relationship with the other interactant. It is based on Locher's (2006) three distinctions of relational work: (1) face-saving relational work (strategies that mitigate a face-threatening act, e.g. hedging), (2) face-threatening relational work (strategies that threaten face, e.g. criticism), and (3) face-enhancing relational work (strategies that increase involvement between each other, e.g. bonding, empathizing with one another). These three categories of Locher's (2006) relational work are grounded on Goffman's (1967) definition of face as "the positive social value a person effectively claims by the line others assume he has taken during a particular contact" (p. 5). As such, Locher's (2006) conceptualization of relational work encompasses Brown and Levinson's (1987) classification of face as positive (one's need to be desirable and approved by others) or negative (one's wish not to be impeded by others), as well as other works that draw from them such as Lim and Bower's (1991) typology of face: (1) autonomy face (the need to be free from other's imposition), (2)

University of Malaya

fellowship face (one's want of approval and social inclusion), and (3) competence face (an individual's wish to be seen as capable).

In short, relational work in this study about online advice-seeking and advice-giving is about how advisory exchanges are negotiated at an interpersonal level, and the negotiation of these exchanges can either be face-saving, face-threatening, or face-enhancing.

1.7.6 Politeness Strategies

Politeness is an expression of concern for others' feelings (Holmes, 1995). In this study, politeness strategies refer to how the forum messages are constructed in such a way that they are culturally appropriate in the Malaysian context, i.e. reflecting the values Malaysians generally uphold such as respect, deference, humility, and being co-operative (Asmah Haji Omar, 1992; Asrul Zamani, 2002; Kuang, Wong, & David, 2011). In addition, politeness strategies in the study also refer to how face is mitigated, preserved, or boosted following Locher's (2006) categories relational work (Section 1.7.5).

1.7.7 Culture

Culture conjures different images to different people (Kumaravadivelu, 2003), but generally, it can be defined as "tools, concepts, ideologies, norms, values, [and] prejudices" of particular societies (Triandis, 2004, pp. 29-30). In this study, culture refers to the Malaysian national culture i.e., the culture that is observed, practiced, and shared by the general Malaysian population. Specifically, the study adopts Hofstede, Hofstede, and Minkov's (2010) classification of the Malaysian culture as one that has

University of Malaya

high power distance, is collectivist, is masculine, and has a low preference for avoiding ambiguity.

University of Malaya

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter presents and reviews various literatures that are related to the study. Specifically, it gives a brief overview of what computer-mediated communication (CMC) and computer-mediated discourse (CMD) entail, as well as how different types of advice are sought and given in various contexts based on the findings of previous studies. The chapter also discusses the concept of culture in the Malaysian context, and how its influence may be seen in the discourse strategies of interactants.

2.2 Computer-Mediated Communication (CMC): An Overview

Computer-mediated communication (CMC) is interaction that takes place online. Herring (2001) calls it "communication produced when human beings interact with one another by transmitting messages via networked computers" (p. 612). There are two main modes of CMC, namely asynchronous CMC and synchronous CMC (Herring, 2001; 2007). Asynchronous CMC allows users to communicate without being online simultaneously (e.g. e-mail, blogs, forums, etc.). Consequently, addressees can respond to the messages at a later time. In contrast, communication has to be in real time in synchronous CMC (e.g. chat, instant messaging, etc.). As such, messages are more ephemeral (Herring, 2001). In the case of the investigated CMC site in the present study, it is an asynchronous form of CMC whereby the participants need not be concurrently online in order to communicate with one another.

A virtual community may then develop when there is an intangible network of people communicating with one another without the constraints of geographical locations

University of Malaya

(Liao, 2016). A concept first introduced by Rheingold (1993; 1994), it refers to a group of people who exchange ideas or information with one another using the computer network.

There are several debates on whether a group of people interacting online should be defined as "communities" due to the lack of commitment concerning reciprocity, interpersonal accountability and obligation (Burrows, Nettleton, Loader, & Muncer, 2000; Miller & Gergen, 1998). However, other researchers have argued that members of an online group do share common interests (Kardaras, Karakostas, & Papathanassiou, 2003; White & Dorman, 2001), and they can engage in discussions with one another long enough to form "webs of personal relationships in cyberspace" (Rheingold, 1993, p. 6). Members of a virtual community support one another, create their own identities, and form trust among themselves (Blanchard & Markus, 2004), which eventually lead to, and enhance the sense of virtual community. They feel that they are a part of the community, "the belief that members matter to one another and to the community and a shared faith that their needs are met through their commitment to the community" (Liao, 2016, p. 338).

In addition to having shared common interests and the potential to form relationships, a virtual community also usually has a geographically local focus and adheres to certain social contracts, much like the characteristics of any other community (Rheingold, 2008). In the present study, the online community consists of Malaysian women with a shared problem, i.e. infertility, who participated in the investigated online forum with a common interest to seek, share or offer advice, and help with matters concerning in-vitro fertilization (IVF), a form of infertility treatment. Integration into the community

University of Malaya

would also mean that their manner of participation reflects the ethos of the online forum community.

As CMC is about online interaction, it is an interdisciplinary field, spanning from research in psychology (issues related to motivation and perceptions of CMC), to social sciences (research relating to gender, trust, and identity) and linguistics (studies involving language use or language production in CMC) (Beiβwenger & Storrer, 2008). In addition, CMC also consists of numerous types of tools and genres (emails, instant messaging services, weblogs, online forums, video conferencing, etc.). Subsequently, studies on these aspects of CMC are also varied. In this study, it is about language use or language production in an asynchronous CMC.

Interaction in CMC or computer-mediated discourse (CMD) is unique from other traditional forms of communication. The discourse has elements of both speech and the written texts. Computer users type, edit and sometimes, format their messages, making this aspect of CMD similar to written texts. It also lacks immediate feedback. Even in real time, typing is slower than spoken speech (Herring, 2001). On the other hand, unlike written exchanges, CMD is much faster than written communication. In addition, it uses certain features to imitate the spoken language because it lacks visual and aural cues (White & Dorman, 2001). Some examples of these features are the use of capitalization to indicate loudness of speech and emoticons to express facial expressions.

As CMD sometimes mimics the spoken language, some aspects of the discourse are deviations from the standard written language (e.g. unconventional orthography, grammar and sentence structure). These have raised the concern of some linguists. Baron (1984) for example, predicted that computer users would use "fewer subordinate

University of Malaya

clauses" and "a narrower range of vocabulary" (p. 131). On the other hand, Herring (2001) has a more positive opinion on this. She claims that most deviations from the standard language are deliberate. For instance, the deviations may be intended to reduce typing effort, imitate features of the spoken language, or for the users to express themselves in a wider variety of ways. Subsequently, insufficient knowledge of the language accounts for very small percentage of language errors.

Another main characteristic of CMD is its fragmented feature. Due to technological limitations in text-based CMD, it is also sometimes perceived as interactionally incoherent. According to Baym (1996), in asynchronous CMC, there may be moves in a message which are physically, but not functionally adjacent. In contrast, in synchronous CMC, a message may only be complete after a few turns. Hence, CMD exchanges may be unpredictable, have long gaps between messages, and have overlapping messages (Cherny, 1999).

There are several reasons why CMC is a preferred mode of communication. Firstly, physical space need not be shared. As such, "geographic and transportation barriers are absent" (White & Dorman, 2001, p. 694). This enables access to the Internet at any time and place convenient to the participants. Consequently, this allows wider reach of audiences (Baym, 2015), increases opportunities for interaction (Harman et al., 2005), promotes identity formation, and encourages formation of close relationships (Anolli et al., 2005; Bargh et al., 2002).

Secondly, participants in certain types of CMC can choose to be anonymous (King, 1996). Sociodemographic information like age, gender, and racial identity can remain untraceable. As a result, participants may be more willing to discuss sensitive and taboo

University of Malaya

topics which they might otherwise not do so in traditional face-to-face settings. Furthermore, participants are able to communicate personally within large groups (Baym, 2015). This may subsequently lead to more honest, open and intimate self-disclosure (Anolli et al., 2005; Bargh et al., 2002; Klemm & Nolan, 1998; Kraut, Lundmark, Patterson, Kiesler, Mukopadhyay, & Scherlis, 1998; Madara, 1997). Moreover, when self-disclosure is responded by validation, empathy and acceptance, this facilitates formation of close relationships (Bargh et al., 2002).

Unhindered by space and geographical issues, there is no cap on the number of participants allowed to communicate at one time (Herring, 1999). This, in turn, enables discussions that have wider and more varied perspectives. At the same time, the participants can still maintain the feelings of universality and interconnectedness among themselves because of their common interests or experiences shared (Braithewaite, Waldron, & Finn, 1999; Winzelberg, 1997).

In addition, in terms of relationship development, communication via CMC could facilitate more intimate relationship formation than in face-to-face interaction. Prior to the early 1990s, the view was that it was not possible to form relationships via CMC because of its limited interaction channels. This view, called the *Social Presence Theory*, argued that the fewer the number of channels or cues available for communication, the less warmth and involvement the interactants experience (Short, Williams, & Christie, 1976). In contrast, face-to-face interaction allowed nonverbal cues besides verbal cues, which was deemed vital to create positive impressions and to foster close, warm relationships.

University of Malaya

The *Social Information Processing* theory (SIP) later explained how relationships could also deepen in a text-based kind of CMC interaction (Walther, 1992). Although the nonverbal cues available in CMC are limited, SIP holds that interactants can adapt to the limitations imposed upon them by a medium by "altering their language in a way that compensates for the absence of nonverbal cues" (Walther, 2011). Interactants, for example, can express themselves through writing. Interpersonal impressions can be conveyed through the type of language used and the utilization of emoticons. Even the absence or presence of typographic errors and the choice of the sender's username could also create impressions in the recipient(s)'s mind(s).

SIP also functions on the assumption that if interactants are allowed to exchange messages long enough, relationships may develop to an extent that even exceeds the affiliation levels when communicating in face-to-face interactions. This is because interactants can manage their self-presentations strategically (Baym, 2015) that create positive impressions to the receivers, and the receivers may interpret the messages in a partial manner that over-enhances these positive attributes.

Furthermore, Baym (2015) argued that the absence of physical context does not necessarily denote interactants have no shared contexts at all. Online groups often share relational contexts, knowledge and history, thus capable of creating a rich social in-group environment over time (Baym, 2015).

Nonetheless, there are several disadvantages of CMC compared to face-to-face communication. Although CMC may allow a larger audience to participate in the interaction, there is still the digital divide that separates the poor, from those who can afford to have a computer and Internet access (Galinsky, Schopler, & Abell, 1997;

University of Malaya

Madara, 1997), and the computer literates from the illiterates (Dickerson, Flaig, & Kennedy, 2000; Klemm, Reppert, & Visich, 1998). As such, this limits participation in the discussions.

In addition, the use of paralanguage such as capitalization, emoticons and acronyms in text-based CMC also mean participants should know and understand what these cues mean as substitutes to the visual, aural and contextual cues in face-to-face communication (Finfgeld, 2000; White & Dorman, 2001). Otherwise, miscommunication could ensue.

Finally, while the anonymity of CMC allows greater self-expression, it can also lead to uninhibited members to use flaming language to attack and harass other members, to intentionally deceive them by falsifying identities or information, to be impulsive, and to show less empathy for others (Anolli et al., 2005; Bargh et al., 2002; Finn, 1999; Harman et al., 2005; Herring, 2001; Burrows et al., 2000). Moreover, although some inaccurate or even dangerous information may be corrected by some members, not all members are able to read the corrections timely (Dickerson et al., 2000; Winzelberg, 1997).

2.3 Computer-Mediated Communication (CMC) and Gender

With regards to computer-mediated communication (CMC) and gender, previous research has shown that providing generalizations to how women and men interact is problematic. In face-to-face interactions, Fishman (1978) claimed that women use language to express solidarity and support for one another, while men, in contrast, use it to exhibit dominance and for harassment. Similarly, Tannen (1990) argued that women frequently engage in rapport talk, or talk that aims to enhance relationship. On the other

University of Malaya

hand, men participate in report talk instead, i.e. talk which is meant to solve problems. Nevertheless, in CMC, while some studies suggest gender differences between men and women (e.g. Gurak, 1999; Hall, 1996; Herring, 1993), others indicate less apparent gendered language styles (e.g. Burrell, Mabry, & Allen, 2010; Panyametheekul & Herring, 2007).

According to Herring (1996b), typical male CMC language comprises "put downs, contentious assertions, lengthy and/or frequent postings, … sarcasm" (p. 146), while typical female CMC language is one that leans towards "supportiveness and attenuation" (p. 147), with many elements of "appreciation, thanking and community building" (ibid.). In a study by Colley, Todd, Bland, Holmes, Khanom, and Pike (2004) on informal e-mails about an imaginary summer holiday, participants were also observed to display traditional gendered language styles. The study showed men had a tendency to use flaming and offensive language while women were more prone to use language geared towards rapport- and intimacy-building.

In terms of the types of messages posted online, some research has also found that women prefer to post messages that talk about their personal experiences, intended to offer support and encouragement. In contrast, men are twice more likely to ask for or give information instead (Klemm et al., 1998). These studies support Tannen's (1990) arguments about the types of interaction men and women normally engage in.

Yet, there are also studies pointing to participants diverging from typical male or female CMC style. These participants were viewed as participating in *Gender Fluidity*, a process in which "users practice gendered behaviors that challenge dominant, traditional gender roles" (Armentor-Cota, 2011, p. 24). For example, Bellman, Tindimubona, and

University of Malaya

Arias (1993) found women to be also frequently using aggressive and assertive language in online forums while Wolfe (1999) observed that women were as prone to disagree and participate in flaming online as men. Burrell et al.'s (2010) study of online newsgroups and bulletin boards then found that women were more argumentative and confrontational than men, in contrast to the typical female CMC behavior. Stuhlmacher, Citera and Willis (2007) reasoned that the interaction setting being CMC could have led to women behaving less consistently with their expected feminine communicative styles after they observed how women were significantly more hostile negotiating in CMC than in face-to-face interaction.

On the other hand, Waseleski's (2006) study of gender and the use of exclamation points in two electronic discussion groups found that women employed a hybrid of both typical male and female CMC style. While women were identified to be utilizing flaming more than men, they also used typical female language styles of friendliness. Similarly, Huffaker and Calvert's (2005) investigation on teenage blogs also revealed that both men and women were equally cooperative with no differences favoring men as aggressive, nor differences favoring women as passive (Huffaker & Calvert, 2005). Furthermore, there are also studies that revealed both sexes as opting for more neutral language in their messages (Herring, 2008; Huffaker & Calvert, 2005).

As such, to generalize the notion of whether women conform to, or diverge from the typical gendered language styles in CMC is problematic. While some studies' findings showed women as still conforming to feminine language style in CMC, others showed a contrasting outcome, with women deviating from the traditional gendered language styles expected of them, while some other studies presented women as adopting a hybrid of still retaining certain typical female CMC styles yet adopting some typical

University of Malaya

male CMC styles. Hence, these studies point to the fact that "gendered linguistic behavior is highly context-specific" (Eisenchlas, 2012, p. 336). Perhaps, there is a need for more studies conducted on women's communicative behavior in CMC so as to gain a more comprehensive understanding of how women interact in various online settings and contexts.

As stated by Herring (2004), despite the popularity of CMC as a communication medium, the number of male users in social networking sites far outnumbers their female counterparts, and as such, when studies on interactional behavior of users in these sites are conducted, findings reveal more about men's communicative behavior, than women's communicative behavior. This calls for more research on gendered linguistic behavior in different types of contexts, particularly on women in a CMC environment where it is now becoming a preferred choice of communication medium across all demographics.

2.4 Women's Online Communication on Health-Related Concerns

In relation to computer-mediated support, there is a growing number of online support groups that provide participants new opportunities to interact, obtain information, solicit advice, and seek social support on a wide range of health concerns such as AIDS/HIV (Mo & Coulson, 2008), mental illness (Naslund, Aschbrenner, Marsch, & Bartels, 2009), asthma (Sillence et al., 2013), informal caregiving (Hughes, Locock & Zibland, 2013), and cancer (Setoyama et al., 2011). Online support groups are becoming more popular for people with health issues because not only are they able to get information from others like themselves, but the empathy and detailed experiences described by the group members also provide them a sense of social connectedness and

University of Malaya

feelings of group belonging which may aid "promote recovery, self-esteem and physical wellbeing among individuals" (Naslund et al., 2016, p. 114).

Previous studies have shown that there are more women compared to men participants in online patient support groups (Mo, Malik, & Coulson, 2009). From a sociological perspective, gender norms and traditional constructions of masculinity and femininity could be factors contributing to the different proportions of men and women participants (Courtney, 2000). Men are expected to be self-reliant, decisive, and rational, whereas women are presumed to be more dependent, nurturing and emotionally sensitive (Reddin & Sonn, 2003; Seale, 2006). Consequently, men could perceive help-seeking as indications of weakness and lacking in masculinity. In contrast, help-seeking by women does not contradict core aspects of female gender identity.

Despite the large number of women participants in online support groups, majority of studies that specifically looked at women's online communication behavior involved breast cancer (Blank & Adams-Blodnieks, 2007; Gooden & Winefield, 2007; Klemm, Hurst, Dearholt, & Trone, 1999; Owen, Klapow, Roth, & Tucker, 2004; Seale, Ziebland, & Charteris-Black, 2006) and ovarian cancer (Sullivan, 2003) online support groups. The findings of the studies generally showed that women posted messages that were more emotion-focused (Mo et al., 2009), with an inclination to discuss their feelings (Seale et al., 2006), share personal experiences (Klemm et al., 1999), lend emotional support (Blank & Adams-Blodnieks, 2007; Sullivan, 2003), and provide positive communication (Sullivan, 2003).

There were limited studies looking at how women in online support groups discuss health topics other than breast and ovarian cancers. However, similar findings were also

University of Malaya

reported on Burri, Baujard, & Etter's (2006) investigation of messages posted to an online forum for recent ex-smokers. They found that women in the online forum were more likely to post messages discussing the therapy, and messages that conveyed congratulations and emotional support.

However, in a study by Salem, Bogat, & Reid (1997) looking at communication in an online depression support group, their findings were contradictory to typical men and women behavior in online support groups. The female participants were found to prefer making structure or process comments, but male participants posted more messages describing their experiential knowledge, and were more likely to use disclosure to share experiential knowledge compared to their female counterparts (Nimrod, 2012).

To sum up, most studies on women's online communication style in health-related online support groups specifically focused on breast and ovarian cancer support groups. Women were found to prioritize emotion-focused issues, with a tendency to discuss feelings, share personal experiences and give emotional support. Nevertheless, it is also possible for studies to reveal conflicting findings. One possible reason for varying results on female online communication in health-related online support group could be sampling strategies. Results could differ if larger or smaller sample of messages were analyzed (Mo et al., 2009). In addition, the different medical conditions that are accompanied by different psychosocial needs could be another contributing factor (Mo et al., 2009).

2.5 Speech Act Theory

The *Speech Act Theory* is based on Austin's (1962) theory, and later further elaborated in Searle's (1975) idea, that in conversations, utterances can perform several functions.

University of Malaya

Basically, speech act theorists are concerned about how the speaker is able to make his/her communicative goal clear through speech, and how the listener is able to recognize and understand that intention (Austin, 1962; Searle, 1975). Austin (1962) claims that a speech act is a speaking unit that performs specific functions, and that a single speech act can be further divided into three other acts – locutionary, illocutionary and perlocutionary acts.

A locutionary act is about producing an utterance that is linguistically correct and comprehensible to the listener. An illocutionary act, however, refers to an utterance that has a communicative purpose. Thus, the question "Could I borrow your umbrella?" is not only a question, but also a request, intending for the listener to fulfill the speaker's request and to lend him/her the umbrella. According to Searle (1975), there are five classifications of illocutionary acts:

(1) Representatives –assertions that have true or false values (e.g. statements)
(2) Directives – acts that require the listener to do something (e.g. request, advice)
(3) Commisives – acts in which the speaker has an obligation to fulfill (e.g. promises)
(4) Expressives – acts that reflect the speaker's attitude or inner state (e.g. apologies, congratulations, compliments)
(5) Declarations – acts in which declarative statements are performed and no psychological state is expressed (e.g. an excommunication).

In contrast, a perlocutionary act refers to the listener's understanding and response to the illocutionary act. Among the three acts, the illocutionary act is the most important and prevalent act (Austin, 1962; Searle, 1975; Yule, 1996). This is because speakers usually have a communicative goal whenever something is uttered. Yule (1996) also states that "the term speech act is generally quite narrowly to mean only the

University of Malaya

illocutionary force of an utterance" (p. 49). As such, speech acts and language functions are closely related.

2.6 Advice-Seeking and Advice-Giving Speech Acts

Based on Searle's (1975) classifications of illocutionary acts, both advice-seeking and advice-giving speech acts are therefore, directives. Both require the addressee to do something for the addressor, which otherwise, the addressee may not have done; advice-seeking requires the addressee to give advice, while the advice-giving act expects the advice-recipient to take up the advice, although ultimately, the advice-recipient still has a choice whether or not to act on the advice.

Broadly defined, advice-seeking, or advice-soliciting, refers to a speech act in which the advice-seeker asks for information (Budescu & Rantilla, 2000; Heath & Gonzalez, 1995) and suggestions to a problem he/she has (Jungermann, 1999), while in the advice-giving act, the advice-giver gives the information (Jonas & Frey, 2003), recommendation (Locher, 2013), or opinion (Locher, 2013), aimed at solving the problem. Information is also considered as advice because it is assumed that both the advice-recipient and the advice-giver do assimilate and judge the information, as to how valid and useful it is in helping the advice-recipient (Jonas & Frey, 2003; Rantilla, 2001; Redd, 2002; Sniezek, Schrah, & Dalal, 2004). In addition, according to Kray and Galinsky (2003), a decision's quality and success are dependent on the amount and type of information one has.

Due to the multiple contexts in which advice-seeking and advice-giving can occur, these speech acts are realized through various linguistic structures. The advice given may be

University of Malaya

as clear-cut as in the form of precise, numerical information, or it may be offered implicitly as ambiguous information (Rantilla, 2001).

Although both advice-seeking and advice-giving are directives, they differ in terms of their imposition level. According to Haverkate's (1984) description of impositive and non-impositive speech acts, advice-giving is non-impositive. This is because the advice-recipient still has a choice whether to take up or disregard the advice, and that the advice-recipient is the beneficiary of the advice. Advice-seeking, in contrast, is impositive because the advice-seeker expects something from the advice-giver, and that the benefit is for the advice-seeker, not the advice-giver. MacGeorge, Feng, & Thompson (2008) define advice-giving as "recommendations about what might be thought, said, or done to manage a problem" (p. 145).

Yet, there are also other classifications of advice. Some examples of advice classifications are paid versus unpaid (Jonas & Frey, 2003; Reaby, 1998; Ackert, Church, & Englis, 2002), positive versus negative (Mintz, 2004), prescriptive versus proscriptive (Sniezek et al., 2004), solicited versus unsolicited (Hinkel, 1997; Kouper, 2010), and direct versus indirect (Kouper, 2010).

What is generally agreed by most authors is that advice performs some important adaptive functions for the advice-recipient, the advice-giver, or both. It can help improve the quality of decision-making (Yaniv, 2004; Yaniv & Kleinberger, 2000), provide emotional and social support (Reaby, 1998; Clemen, 2001), give informational support (Chentsova-Dutton & Vaughn, 2012), allow the decision-makers to shift the blame of a bad decision to the advice-giver (Thorngate, 2001), and offer the advice-

University of Malaya

givers liberty to modify their advice depending on the social relationship they have with the advice-seekers (Eisenhardt, 1989). In short, advice serves multiple purposes.

In relation to the investigated forum in the present study, the type of advice being offered is mostly of informational-support (problem-solving) and emotional-support in nature. Being an online platform for women suffering from infertility problems to seek and give peer advice, it is a forum that helps or provides the women an avenue to get information about their problem, and to help them cope with the stress resulting from their problem. Informational-support comes in the form of providing information or resources whereas emotional-support is identified through communication of caring for, and helping the other person to manage their feelings. According to Goldsmith (2009), between the two types of support, emotional-support is viewed as more effective when there is explicit acknowledgment, elaboration or legitimization of the advice-seeker's distress facing with an uncontrollable problem while for controllable problems, it is thought that informational-support is more useful.

As helpful as advice is, advice given may not be sought, and how people see advice varies from culture to culture (Hinkel, 1997; Feng & Feng, 2013). It can be seen as helpful and supportive that reinforces solidarity among group members (Cramer, 1990; MacGeorge, Feng & Thompson, 2008). Or, it may offend the hearer, being perceived as inappropriate, or a criticism of the hearer (Thompson & O'Hair, 2008). In some instances, advice may even elevate stress and create confusion, the total opposite of what is originally intended (Abel, Park, Tipene, Finau, & Lennan, 2001). In short, "advice giving requires skill, and it can elicit widely varied responses from recipients" (Feng, 2009, p. 115).

University of Malaya

As varied as the advice-recipients' responses are, the motives for offering advice are also equally diverse, depending on how they view advice-giving. Some researchers see advice as decision-making for others (Beisswanger, Stone, Hupp, & Allgaier, 2003). However, advice offered in this light does not necessarily reflect the advice-giver's own preferences, but also the advice-recipients' preferences (Beisswanger et al., 2003; Kray, 2000). Jonas and Frey (2003) reasoned that advice-givers may place more emphasis on the advice-recipients' interests, thereby suggesting advice that is desirable to the advice-recipient, rather than offering the best advice. This has been shown to be more discernible in close relationships than between strangers (Schlenker & Britt, 2001).

On the contrary, when comparing between advice given to friends and advice given in a business setting, Jonas and Frey (2003) found that advice-givers tend to give unprocessed information to their friends, but more information supporting their advice in a business context. One possible explanation provided by Jonas and Frey (2003) is the rewards (e.g. money) associated with giving business-related advice and the intention of the advice-giver to help his/her friend to weigh the different options rather than to influence him/her. Furthermore, there are also factors that influence the quality and the number of alternatives offered by the advice-giver. When advice is viewed as significant, such as when it is paid or meant for someone they care about, advice-givers are more likely to do an extensive research on the available options, resulting in more alternatives for the advice-recipients, and advice of higher quality (Jonas & Frey, 2003; Lundgren & Prislin, 1998).

With regards to the communicative behaviors of men and women in the speech acts of advice-seeking and advice-giving, previous studies have revealed that women are more likely to seek advice than men when making a decision (Kashima, Yamaguchi, Kim,

University of Malaya

Choi, Gelfand, & Yuki, 1995). In addition, when seeking advice, women prefer to get advice from people in similar situations, but men tend to seek it from authorities (Blais & Weber, 2001). Women have also been shown to demonstrate more positive communicative behaviors such as being encouraging and empathetic about the other party's situation (Carli & Bukatko, 2000). Women are also more likely to use mitigating language and hedges in their speech (Goodwin, 1990, 1997). In contrast, men disagree more with their interlocutors, and they use more directives compared with their counterparts when giving advice (Carli & Bukatko, 2000; Goodwin, 1997). Moreover, there is also evidence that men are less able to convey their emotions through language compared to women (Levant, 2003).

2. 7 Previous Studies on Advice-Seeking and Advice-Giving

There have been several studies that investigated advice-seeking and advice-giving. As advice-seeking and advice-giving are common everyday activities, they occur in various forms and in several settings including health care contexts, in radio programs, as well as in the usual, everyday situations. Older studies focused mainly on spoken, face-to-face interactions, while more recent ones looked at these strategies in computer-mediated communication (CMC).

2.7.1 Seeking and Giving Expert Advice

In a study on advice-seeking strategies in face-to-face, health care contexts, Heritage and Sefi (1992) investigated the communicative strategies of health visitors and new mothers in Britain. They looked at how these new mothers requested for advice, and how advice was given by the health visitors who visited the mothers during the few days after delivery of their babies. These visits were a standard procedure in Britain, unannounced, and therefore, not mother-initiated. Based on eight audio-taped

University of Malaya

recordings, they found that the frequency in which advice was solicited was low, and the advice-seeking strategies most often used were either the closed questions (yes/no), or the more indirect advice-seeking strategy of describing a problem. This suggested a reluctance to solicit advice on the part of the mothers. One possible reason explained by Heritage and Sefi (1992) was that the mothers could be fearful of being judged on their mothering skills and subsequently, perceived as incompetent. Asking closed questions was a display of the mother's knowledge in mothering skills, since the enquiry itself contained the mother's opinion on a certain matter and the expected response would only be a confirmation or a contradiction of the mother's enquiry. Describing a problem then was a more cautious way of requesting advice since this removed the risk of the mothers' viewpoints being refuted by the health visitors.

In a different study on advice-seeking strategies in face-to-face, health contexts, Leppänen (1998) examined interactions between Swedish district nurses and patients. As the nature of the meetings was different from that in Heritage and Sefi's (1992) study, the patients in Leppänen's (1998) study were more willing to seek the nurses' advice, hence utilizing more advice-seeking strategies. In addition, Leppänen (1998) video-taped the meetings allowing body gestures to be captured instead of audio-record the conversations as in Heritage and Sefi's (1992) study. As such, Leppänen's (1998) video-taping method identified more advice-seeking strategies compared to those found in Heritage and Sefi's (1992) study. Out of the 32 video-taped meetings, she identified four advice-seeking strategies, which were (1) patients suggesting courses of action, (2) patients describing problems within the topics already established by the nurses' questions, (3) patients describing problematic situations, and (4) patients presenting parts of their bodies.

University of Malaya

In a more public domain, DeCapua and Dunham (1993) investigated two American radio advice programs and reported that the advice-seeking strategies in public settings were slightly different from those used in the more private and personal settings of homes and hospitals. Their study identified three main advice-seeking strategies of the callers, i.e. explanation, elaboration and narration, and found that "the interactions taking place are not occurring solely for the benefit of the interlocutors themselves, but are instead functioning as entertainment and sources of information for a wider listening audience" (p. 529). The advice-seeking strategies were attempts to provide a detailed description of the advice-seekers' problems, ensuring that the advice-giver, (and possibly the other listening audience) had a more comprehensive understanding of their dilemma or problem.

Similar to the results of DeCapua and Dunham's (1993) study, Kreuz and Graesser (1993) also found that there were other participants in printed advice columns besides the advice-seeker and the advice-giver, thereby imposing constraints on the construction of the letters. In their investigation of questions in advice columns appearing in American books and magazines, they identified at least three dialogue levels:

> Level 1: Dialogue between the letter writer and the expert via 'question and answer' exchange.
>
> Level 2: Dialogue between the expert and the reader via the level 1 dialogue.
>
> Level 3: Dialogue between the editor and the expert about the quality of the level 2 dialogue. (Kreuz & Graesser, 1993, pp. 66-67)

As such, when examining the use of questions in the 432 letters directed to the expert, Kreuz and Graesser (1993) found that due to the public context of advice columns, the

University of Malaya

writer's goals when asking the questions could be as varied as "to get a problem solved, to draw the readers' attention to an issue, to solicit agreement on an argument, to get into print, and so on" (Kreuz & Graesser, 1993, p. 66). Hence, although the letters seemed private and personal, and were addressed only to the expert, they were, in fact, intended for a wider readership (Locher, 2006).

In relation to advice-seeking and advice-giving in computer-mediated context, Miller and Gergen (1998) employed a different analysis method from previous studies in their investigation of advice-seeking posts and the responses on online therapy in computer networking. They used an inductive approach to analyze the messages. Messages were examined as a whole without separating the advice-seeking or the advice-giving move from the rest of the text. As such, in their analysis of 232 messages on the topic Suicide posted on the *America Online* (AOL) electronic bulletin board, the messages were coded according to their discursive moves, i.e. "the kind of contribution that the entry made to the ongoing interchange" (Miller & Gergen, 1998, p. 192). This inductive analysis method enabled the researchers to code the discursive moves without the constraints of predetermined categories.

Table 2.1: Miller and Gergen's (1998) Categories of Discourse

Discourse Categories	**Discursive Moves**
Help-Seeking Interchange	Request for help Problem disclosure
Informative Interchange	Request for information Advice offered to alleviate the problem Prediction for the future
Supportive Interchange	Expressing empathy Offering support Showing gratitude Normalization of a problem Humor (giving a positive or light touch to the problem Attraction (warmth or love directly expressed)

University of Malaya

Table 2.1, continued

Discourse Categories	Discursive Moves
Growth-Promoting Interchange	Interpretation of the problem Reframing the problem Metacommentary of the advice-seeker's relationships or the interchange itself Challenges to authority to help advice-seeker challenge existing structures and expectations
Punitive Interchange	Refutation (showing doubt of the advice-seeker's problem) Critique (condemnation of the advice-seeker's actions)

Note. Adapted from "Life on the line: The therapeutic potentials of computer-mediated conversation," by J. K. Miller & K. J. Gergen, 1998, *Journal of Marital and Family Therapy, 24*(2), p. 194. Copyright 1998 by American Association for Marriage and Family Therapy.

From the analysis of the advice-seeking messages and the responses in Miller and Gergen's (1998) study, they found five main discourse categories, i.e. (1) *Help-Seeking*, (2) *Informative*, (3) *Supportive*, (4) *Growth-Promoting*, and (5) *Punitive Interchanges* (Table 2.1). Of these, three main advice-seeking strategies were identified in the *Help-Seeking* and *Informative* discourse categories, i.e. (1) *Request for Help*, (2) *Problem Disclosure*, and (3) *Request for Information on the Problem Situation*. *Problem Disclosure* was identified to be the most preferred advice-seeking strategy, while *Request for Information on the Problem Situation* was the least preferred by the posters. Due to the delicate nature of the discussion topic, the types of advice offered was found to be broad-ranging, with most of the focus being sympathetic and encouraging.

In the public domain of online advice columns, Locher (2006) investigated how advice was solicited and how a team of experts offered advice to the various problems addressed to an American Internet advice column known as *Lucy Answers*. Based on Miller and Gergen's (1998) coding methods, Locher (2006) used several levels of analysis in her examination of messages, starting with content structure analysis,

University of Malaya

followed by relational work analysis, and finally, the linguistic analysis of the messages. Like Miller and Gergen's (1998) method of analysis, Locher's (2006) analysis of advice-seeking and advice-giving strategies was not restricted to specific categories of message features, but rather, qualitative, open to whatever characteristics the message content revealed itself.

Locher's (2006) analysis took on both the macro- and micro-perspectives of the message content. The analysis was global at the content structure analysis level, in which discursive moves were discerned. On the other hand, a more in-depth investigation of the message content focused on the relational work in the messages and the linguistic forms used to realize the discursive moves. With regards to the relational aspect of messages, Locher (2006) has classified it into three broad categories as follows:

(1) face-saving relational work (relational category that attempts to mitigate face-threat),
(2) face-threatening relational work (relational category that threatens the face of either the advice-seeker, the advice-giver, the advice-recipient, or other readers), and
(3) face-enhancing relational work (relational category that attempts to increase the solidarity between the advice-seeker or the advice-giver with the message-recipient/s).

Table 2.2: Locher's (2006) Discursive Moves in Advice-Seeking Messages

Discursive Move	**Explanation**
Apology	The advice-seeker apologizes for the 'intrusion' Can also be interpreted as a hedging device as it acknowledges the imposition on the advisor when advice is being solicited (e.g. sorry for such long message…, sorry to disturb you…)

University of Malaya

Table 2.2, continued

Discursive Move	Explanation
Background	Background information - a move whereby the advice-seeker gives further information about a problem Can be interpreted as a move where the advice-seeker narrates his/her problem and/or illustrates his/her dilemma
Comment on previous record	A comment on a question-answer sequence previously published on LA (e.g. I was reading your message about…)
Compliment	A compliment of *Lucy* or of the site in general May be interpreted as a bonding strategy – a way to connect with the advisor(s) (e.g. Great forum)
Explanation	An explanation of a point just made; an extra type-tag indicates which element is further explained, namely 'apology', 'background', 'comment on previous record', 'compliment', 'metacomment', 'problem statement', 'question', 'request advice', 'thanks'
Metacomment	A text-structuring comment (e.g. I have two questions to ask…)
Problem statement	A specific mention of a problem that requires advice (e.g. It is difficult to get my baby to drink any milk…)
Question	An explicit question.
Request advice	A request for advice (e.g. Would appreciate your help, Please help)
Thanks	Thanks to the advisor for answering/helping Can also be interpreted as a hedging device – it recognizes the possible imposition on the advisor when advice is solicited.

Note. Adapted from "*Advice Online*" by M. A. Locher, 2006, Amsterdam, The Netherlands: John Benjamins Publishing Company, Copyright 2006 by John Benjamins Publishing Company.

At the content structure analysis level, ten discursive moves were identified as prevalent in the problem letters (advice-seeking messages) in Locher's (2006) study, namely (1) *Apology*, (2) *Background*, (3) *Comment on Previous Record*, (4) *Compliment*, (5) *Explanation*, (6) *Metacomment*, (7) *Problem Statement*, (8) *Question*, (9) *Request Advice*, and lastly, (10) *Thanks* (Table 2.2).

University of Malaya

Table 2.3: Locher's (2006) Categories of Relational Work in Advice-Seeking Messages

Relational Aspect of Messages	Explanation
Appealing (involvement/ face-enhancing)	Whether directly or indirectly, the advice-seeker displays emotions, distress and appeals to the advisor for sympathy. Can be interpreted as a strategy for stressing the urgency for help or advice. (e.g. I do not know what to do, I'm really depressed)
Bonding (involvement/ face-enhancing strategy)	The advice-seeker seeks to establish a connection with the advisor
Humor-bonding (involvement/ face-enhancing strategy)	Humor which aims at bonding the advisor or the other readers (e.g. we have an ice cream wagered on this one! I hope I'm right!)
Boosting (face-threatening strategy)	A word or phrase used to give a point more weight Can also be emphasized through the use of capitalization of words. (e.g. the ONLY possibility…)
Criticizing (face-threatening strategy)	Criticism of a previous answer by the advisor, or of the other readers
Hedging (face-saving strategy)	The use of downtoners/mitigators (e.g. I was wondering…, if you could…, how I might…)
Humor-hedging (face-saving and face-enhancing strategy)	Humor which mitigates the advice-seeker's situation or the imposition on the advisor (e.g. …besides another word I probably can't spell)

Note. Adapted from "*Advice Online*" by M. A. Locher, 2006, Amsterdam, The Netherlands: John Benjamins Publishing Company, Copyright 2006 by John Benjamins Publishing Company

On the other hand, with regards to relational work found in the problems letters (advice-seeking messages) in Locher's (2006) study, seven relational categories were identified, i.e. (1) *Appealing*, (2) *Bonding*, (3) *Humor-Bonding,* (4) *Boosting*, (5) *Criticizing*, (6) *Hedging*, and lastly (7) *Humor-Hedging* (Table 2.3).

University of Malaya

Table 2.4: Locher's (2006) Discursive Moves for Advice Columns

Move	Explanation
Advice	Telling someone what they should do or think. Realized through three types of syntactic structures – declaratives, interrogatives and imperatives)
Assessment	Assessment and/or evaluation of advice-seeker's situation
Disclaimer	Special kind of assessment - statements that point out the advice-giver's lack of competence
Explanation	Explanation of a point just made. Can be explanation or elaboration of advice, referral, assessment, or any of the other categories that precede it.
General information	General information - objective delivery of facts and information No personal connection to the advice-recipient's particular situation, but the information is relevant to the problem (e.g. Nausea usually goes away within a few days)
Metacomment	Text-structuring comments (to help the advice-recipient understand the message better) (e.g. As to your second question of…, Now, to your question about…)
Own experience	Personal experience of the advice-giver (e.g. I did yoga and it helped me…)
Referral	Statements that suggest problem should be referred to other sources
Farewell	Good-bye, closing – the last move the advice-giver may insert before signing off (e.g. Good luck, Take care)
Open category	Category for moves that do not fit into the other categories

Note. Adapted from "*Advice Online*" by M. A. Locher, 2006, Amsterdam, The Netherlands: John Benjamins Publishing Company, Copyright 2006 by John Benjamins Publishing Company.

In relation to the response letters (advice-giving messages) in Locher's (2006) data, ten discursive moves were identified: (1) *Advice*, (2) *Assessment*, (3) *Disclaimer*, (4) *Explanation*, (5) *General Information*, (6) *Metacomment*, (7) *Own Experience*, (8) *Referral*, (9) *Farewell*, and (10) *Open Category* (Table 2.4).

University of Malaya

Table 2.5: Locher's (2006) Categories of Relational Work in Advice Messages

Category	Combination of Relational Categories	Explanation
Bonding (involvement/ face-enhancing strategy)	NA	Bonding with the advice-seeker or the readership Aims to create a positive rapport (e.g. Good luck with your investigation)
Boosting (face-threatening strategy)	NA	A word or phrase used to give a point more weight Intensifies or emphasizes the force of an utterance (Holmes, 1995) (e.g. It is essential to…)
Criticizing (face-threatening strategy)	NA	Criticizing of the advice-seeker's attitudes and actions May indicate a lack of regard for the advice-recipient's feelings, wants, etc.
Empathizing (involvement/ face-enhancing strategy)	NA	Display of understanding of the advice-seeker's situation; reassurance "a cognitive awareness and understanding of the emotions and feelings of another person, i.e. an intellectual or conceptual grasping of the affect of another" (Jessner, 1996, p. 89) "the social ability to pick up behavioural and cultural cues present in what the patient is saying and doing" (Silverman & Perakyla, 1990, pp. 312-313)
Hedging (face-saving strategy)	NA	A word of phrase used to downtone the weight of an imposition "Hedges make it possible to comment on one's message while one is producing it either 'prospectively' or 'retrospectively'. The hedge signals that a word is not treated in the usual sense (as a resource to form messages with) but that it is inappropriate, insignificant, negatively evaluated or approximate" (Aijmer, 1986, p. 14) "a particle, word, or phrase that modified the degree of membership of a predicate or noun phrase in a set; it says of that membership that it is *partial*, or true only in certain respects, or that it is *more* true and complete than perhaps might be expected" (Brown & Levinson, 1987, p. 145; emphasis in original) (e.g. I think, a bit, it's possible, wonder, maybe, etc.)

University of Malaya

Table 2.5, continued

Category	Combination of Relational Categories	Explanation
Praising (involvement/ face-enhancing strategy)	NA	The advice-seeker's attitudes and actions are highlighted as good
Use of humor (involvement, face-threatening, or face-saving strategy)	Humor-bonding (involvement/ face-enhancing strategy)	Humor which aims at bonding with the advice-seeker or the readership
	Humor-criticizing (face-saving strategy)	Humor as a means to mitigate criticism of the advice-seeker's attitudes and actions – a special type of humor hedging
	Humor-hedging (face-enhancing and face-saving strategy)	Humor which mitigates the content of an imposition

Note. Adapted from "*Advice Online*" by M. A. Locher, 2006, Amsterdam, The Netherlands: John Benjamins Publishing Company, Copyright 2006 by John Benjamins Publishing Company.

However, there were seven relational aspects inherent in the advice-seeking messages found in Locher's (2006) study, i.e. (1) *Bonding*, (2) *Boosting*, (3) *Criticizing*, (4) *Empathizing*, (5) *Hedging*, (6) *Praising*, and (7) *Humor* (Table 2.5).

Examination of linguistic forms used in the discursive moves included identifying how the discursive moves were realized linguistically by looking at the common syntactic forms used for each discursive move. As the main focus of Locher's (2006) study was looking at how advice was requested and given in the *Lucy Answers* online advice

University of Malaya

column, more attention was paid to the linguistic realizations of the advice-seeking and advice-giving discursive moves.

Asking questions was the main way advice was solicited in *Lucy Answers*, i.e. the *Question* move. Of the three types of questions (yes/no, alternative and wh-), the yes/no question-type was the most preferred type. Alternative question-type was the least favored means of asking questions.

The second most utilized advice-seeking discursive move was the *Problem Statement* move. The move was also often found to occur with the *Appealing* relational work, revealing the advice-seeker's emotional state.

The third most employed strategy of seeking advice was to request for it in the form of a statement, i.e. the *Request Advice* move. The requests frequently occurred with hedging and appealing relational work, such as through the use of the verb or noun "help" and the adverb "please". As such, seeking advice in the form of a statement was considered a discursive move that required face-saving, but this was not so when soliciting advice through questions as hedging was rarely used in questions.

With regards to the *Advice* discursive move, three syntactic types were identified, namely the declarative, the imperative, and the interrogative. The declarative was the most frequently used structure, functioning as suggestions, and often appearing with the verb "suggest", while the interrogative was the second most used structure, and the imperative was the least favored syntactic structure. Both the interrogative and the imperative structures were then further classified into the interrogative or the imperative

University of Malaya

suggesting future action, and the interrogative or imperative inviting consideration and introspection.

Similarly, the *Referral* move was also realized by the declarative, the imperative, and the interrogative. However, unlike the *Advice* move, the imperative structure was utilized more often in the *Referral* move than the declarative structure. Nonetheless, when both and *Advice* and *Referral* moves were analyzed together, the declarative structure was still the most preferred way of linguistically realize the moves.

The linguistic realizations of the agentive *Advice* discursive move (in descending order of frequency) were as follows:

(1) "you" followed by the modal "can",

(2) "you" followed by modal "may" or "might",

(3) third person followed by a modal,

(4) "you" followed by modal "could",

(5) "you" followed by "need to",

(6) "you" followed by "should",

(7) "you" followed by "have to",

(8) "you" followed by modal "will", and

(9) "you" followed by "would", or "must", or "Lucy recommends".

As for the non-agentive *Advice* move, its linguistic realizations were identified to be (in descending order of frequency):

(1) *be* followed by subject predicate,

(2) the *it*-constructions,

University of Malaya

(3) "other structures" (constructions that although was initially taken for general information, functioned to give advice),

(4) noun phrase with modal "can",

(5) noun phrase with modal "may",

(6) noun phrase with modal "should",

(7) noun phrase with modal "might",

(8) "there is…" or "there are …" construction,

(9) noun phrase with modal "will",

(10) "Lucy recommends…" structure,

(11) noun phrase with modal "would",

(12) noun phrase with modal "could", and lastly

(13) noun phrase with modal "need".

In relation to the *Referral* move, the sentence constructions identified (in descending order of frequency) were as follows:

(1) "you" followed by the modal "can",

(2) "you" followed by the modal "may" or "might",

(3) to use impersonal construction such as "it is important to…" or "there are…", and lastly,

(4) an explicit recommendation in the declarative structure such as "Lucy recommends…".

The finding on the pervasive use of the declaratives pointed to the fact that the panel of advisors in the *Lucy Answers* advice column preferred to give options to their advice-seekers, rather than directives realized in the form of the imperative syntactic structure. Moreover, when the declarative advice sentences were further analyzed, most of them

University of Malaya

(62%) consisted of non-agentive sentences. This suggested a preference to give indirect advice, rather than direct advice.

The *Own Experience* move, on the other hand, was the least used advice-giving move. The move accounted for less than 1% of all the discursive moves. Hence, due to its infrequent occurrence in the messages, there was less focus on the move, except that it represented the opinion of a group of advisors in *Lucy Answers* on a personal experience.

In Malaysia, Shaidatul Akma Adi Kasuma (2012) also investigated peer advice, but focusing on the forms and functions of only directives in advice columns from a local Malaysian online English-daily. As her study only looked at the forms and functions of only directives, her analysis was based on the theoretical frameworks of Ervin-Tripp (1976), Blum-Kulka (1987) and Eken (1996), in which the directives were further categorized into different categories according to their syntactic structures.

In Shaidatul Akma Adi Kasuma's (2012) study, three main categories of directives were identified, i.e. imperatives, interrogatives, and declaratives. The imperatives were found to be the most frequently occurring form in her study, in particular, the positive imperative structure. This aspect of the findings indicated that the direct form of advice realized in the imperatives was preferred to the indirect forms of the interrogatives and the declaratives. Despite the imperatives being a more threatening syntactic structure, Shaidatul Akma Adi Kasuma (2012) reasoned that the use of the imperatives in the online advice column was appropriate since the advice was requested in the first place, and the advice-giver assumed the role of a higher authority figure. In addition, she also viewed imperatives as a positive politeness strategy. The use of the imperatives

University of Malaya

illustrated the advice-giver's effort to increase solidarity with the advice-recipients in the pretext that the employment of such a direct structure meant that the advice-giver treated the advice-recipients as "friends", rather than "strangers" (ibid., p. 178).

Nevertheless, Shaidatul Akma Adi Kasuma's (2012) findings also showed that advice was frequently mitigated. Syntactic mitigation (e.g. hints and imbedded forms), preparators and grounders were the most commonly used external mitigators in her study, while lexical hedges and softeners (e.g. modal auxiliary verbs, descriptive adverbs and probability adverbs) were the frequently employed internal mitigators. The use of the mitigation strategies thus pointed to the fact that the advice-giver still felt the need to soften the illocutionary force of advice when it was given in the online advice column.

2.7.2 Seeking and Giving Daily Advice

At this juncture, discussion on previous studies has been on institutionalized advice-seeking and advice-giving situations. Everyday advising, however, is different. This is because elements of expertise, authority and intimacy are all intertwined, creating settings which are both complex and delicate. DeCapua and Huber (1995) aimed to investigate how these three elements of expertise, authority and intimacy are manifested in personal advice exchanges among American English speakers. Data were collected through interviews, questionnaires and direct observations. The results showed that notions of expertise and authority were both present in all the advice events they investigated, and that intimacy was also an important determining factor for the advice-seeker to choose who to seek advice from. The study revealed that in the context of daily advising, there was a marked preference to turn to intimates who were more knowledgeable than themselves for advice, rather than professionals. Advice-seeking

University of Malaya

was thus, also perceived as a "rapport-building mechanism", creating an opportunity where shared values could be established (DeCapua & Huber, 1995, p. 124).

Another relevant study on daily advising in face-to-face interactions is Goldsmith's (2000) study on troubles talk conversation, i.e. "episodes in which a friend, acquaintance, family member, romantic partner, or colleague told another person what to do, think, or feel, about some problem or daily hassle" (p. 5). She looked at sequences where advice occurred in 93 episodes of troubles talk among white, middle-class, college Americans, and six patterns were identified as follows:

(1) when the advice-seeker asked for advice,

(2) when the advice-seeker asked for opinion or information,

(3) when the advice-seeker disclosed a problem,

(4) when the advice-seeker announced an action plan,

(5) when the advice-giver identified a problem experienced by the advice-recipient,

(6) when the advisor volunteered to give the advice without it being solicited.

When investigated further, it was found that advice was perceived as least face-threatening to the negative face when the advice-recipient introduced the problem-topic. Besides that, it was also found that advice-recipients perceived the advice as less threatening when there was some discussion before the advice, regardless whether the problem topic was initiated by the advisor or the advice-recipient.

However, when Kouper (2010) investigated how mothers sought peer advice in an online international forum using Goldsmith's (2000) typology, she found that only four patterns emerged from her findings as follows:

(1) when the advisee asks for advice,

University of Malaya

(2) when the advisee asks for opinion or information,

(3) when the advisee discloses a problem, and

(4) when the advisor volunteers to give an advice.

The difference in the type of advice being sought (troubles talk conversation versus peer advice on parenting), as well as the dissimilarity in the message structure between face-to-face interactions and computer-mediated discourse, were two possible contributing factors for the difference between Goldsmith's (2002) findings and Kouper's (2010) findings.

2.7.3 Seeking and Giving Peer Advice

As illustrated in the preceding sections, with the exception of daily advising or troubles talk conversations, most previous studies on advice-giving investigated expert advice, i.e. advice is given from the position of an expert to a non-expert (e.g., DeCapua & Dunham, 1993; Hudson, 1990; Locher, 2006). As such, one main linguistic aspect in such interactions involves issues of power, dominance, hierarchy and expertise (Vine, 2009). Peer advice, i.e. advice is offered from a peer to another peer, however, "has received significantly less attention" (Eisenchlas, 2012).

One main study on advice-giving strategies was conducted by Hinkel (1997), comparing how the Chinese and the English native speakers realized the advice speech act linguistically. In her study, three types of advice emerged, which were direct, hedged and indirect. This classification was based on the theoretical frameworks established by Li and Thompson (1981), Wardhaugh (1985), Brown and Levinson (1987), Lii-Shih (1988) and Wierzbicka (1991). Direct advice was defined as explicit advice-giving in which the statement had either an imperative or the modal verb

University of Malaya

'should'. Conversely, hedged advice had hedges or softeners to mitigate the effect of the advice, while indirect advice was implicit advice given with no explicit hedges, but it was still clear on what the advice-recipient could do to solve his/her problem. Hinkel's (1997) study also revealed that the Chinese had a more positive perception of advice compared to the English native speakers, viewing it as a solidarity strategy, and often included "preliminaries and small talk" which functioned to identify participants' attitudes, as well as to create a cooperative interactive atmosphere (Hinkel, 1997, p. 7).

Table 2.6: Kouper's (2010) Classification of Advice

	Category	Description of Comment
1	Direct advice	Has imperative or the modal verb "should"
2	Hedged advice	Has explicit hedges or softeners, or modal verbs other than "should" (e.g. *I think, it appeared that, I believe, it seems to me, why don't you…, isn't it better that you…, it's important…, …don't you?, …can't you*?)
3	Indirect advice	No explicit hedges, but there is enough information for the advice-recipient to act on it
4	Description of personal experience	Comment that does not fall in the direct, hedged or indirect advice category, but is an account of the advisor's personal experience in dealing with the problem the advice-seeker describes.

Note. Adapted from "The pragmatics of peer advice in a LiveJournal community," by I. Kouper, 2010, *Language@Internet, 7*, article 1, Retrieved from http://www.languageainternet Copyright 2010 by Inna Kouper.

Hinkel's (1997) study was conducted using discourse completion test (DCT) and multiple choice questionnaire (MC), and participants were asked to complete the DCT and MC based on how advice was given in a face-to-face setting. Consequently, when Kouper (2010) used Hinkel's (1997) advice classification in her study on advice messages in an asynchronous computer-mediated discourse, she found that another category of advice was also prevalent in her data – description of personal experience

University of Malaya

(Table 2.6). It was identified to be a distinctive strategy among the online forum users and was the second most frequently used strategy after direct advice. This could possibly be due to the fact that the context in which advice-giving occurs has an effect in determining the types of strategies employed. Computer-mediated discourse is unique from spoken discourse, and so, participants utilize different strategies when giving advice.

When Goldsmith (2004) conducted an extensive research on advice strategies, she found that there were other aspects in advice messages besides linguistic realizations of advice. Goldsmith (2004) believed that for advice to be successful, three conditions must be met. First, the advice must be suitably supportive for the problem. Second, the advice must be useful. And lastly, the advice must be communicated in a manner that considers the identity and face of both the advisor's and the advisee's, taking into account Brown and Levinson's (1987) idea of attending to participants' face in communication.

Table 2.7: Goldsmith's (2004) Model of Advice-Giving Techniques

No.	Aspect of Advice Message	Sub-categories	Description
1	Directness	Direct	**Direct** messages are those in which the advice-giver adopts a position of expertise and right to direct the other's behavior. There is an explicit statement of what the recipient should do (e.g. "You should…".)
		Indirect	**Indirect** messages are those that describe a situation, but do not explicitly state that the recipient must take a recommended action. For example, a giver may describe his/her similar experience and course of action, or a story or fact that support a particular action.

University of Malaya

Table 2.7, continued

No	Aspect of Advice Message	Sub-categories	Description
2	Solidarity and Deference	High in Solidarity	Messages **High in Solidarity** show that the giver likes and approves of the recipient. Examples include: use of ingroup language, humor, informal language, and reason giving.
		High in Deference	Messages **High in Deference** establish distance between the advice-giver and the advice-seeker. Examples include: hedging, use of formal language, use of apologies for imposing, short and impersonal responses.
		Neutral	Messages that do not exhibit the above characteristics are coded as **Neutral**.
3	Topics	*Other's Emotions*	Statements that address the **advice-recipient's emotion** (e.g. "I share your emotion", "try not to be so sad")
		Facets of the Problem	Statements that indicate various **facets of the problems** – cause, controllability, commonality, duration, and severity.
		Problem-Solving Actions	Statements that **spell out or suggest the actions or and joint-actions** that can be taken to solve the problem (e.g. "Try this…", "I recommend that you…", "Have you tried…")
		Attributes of the Advisor	Statements that show **the advice-giver's level of knowledge or experience** in tackling the problem (e.g. "The same thing happened to me, and this is what I did", "The situation turned out well when I …").
		Attributes of the Receiver	Statements that point to the **abilities and attributes of the advice-recipient** to cope with the problem (e.g. "I know you can make it through this", "Think of all the success you've had so far").
		Attributes of the Relationship	Statements that indicate the **type of relationship** between the advice-giver and the advice-recipient (e.g. "I'm always available if you need me", "That's what friends are for").

University of Malaya

Table 2.7, continued

No	Aspect of Advice Message	Sub-categories	Description
		Attributes of the Conversation	Comments on the **interpretation, relevance or importance of the message** (e.g. "Don't take this the wrong way, but…", "This is the most important thing to remember…", "If you are to take any advice, it should be…", "This may not apply to your situation…").

Note. Adapted from "The Communication of Advice on an Online Message Board for Language Assistants in France," by R. A. Ruble, 2011*, Journal of Language and Social Psychology, 30*(4), p. 418. Copyright 2011 by SAGE Publications.

According to Goldsmith (2004), to influence the appropriateness, utility and face-management of the advice, three factors were involved, namely (1) how the advice was initiated, (2) the level of solidarity or deference in the message, and (3) the message content pertaining to the participants' face and identities. High solidarity messages were those that showed the advisor was close to the advice-recipient. In contrast, high deference messages were messages that showed the advisor was distant from the advice-recipient. Neutral messages, on the other hand, were messages that did not display any solidarity or deference in them. In addition, Goldsmith (2004) also claimed that the content of the advice message should be context-specific and thus, proposed seven topics pertaining to the participants' identities and face, i.e. *Other's Emotions*, *Facets of the Problem*, *Problem-Solving Actions*, *Attributes of the Advisor*, *Attributes of the Receiver*, *Attributes of the Relationship* and *Attributes of the Conversation* (Table 2.7).

Consequently, Goldsmith's (2004) model of advice provided a more comprehensive coverage of the features found in an advice message compared to either Hinkel's (1997) or Kouper's (2010) classifications of advice types. Goldsmith's (2004) advice model included only the types of advice that was offered, but also the different aspects of the

University of Malaya

message content ranging from the level of solidarity or deference of the message, to the types of topics covered in the message content.

Even so, to date, there are limited studies that look at how communities of specific cultures ask for, and give advice in CMC environments. One study that investigated communicative strategies of specific community is by Eisenchlas (2012). Her study looked at whether and how advice-giving in Spanish in several Argentinian online discussion forums reflect gendered discursive practices. The study also used web content analysis and identified eight discursive moves in the messages, i.e. (1) *Bold Advice*, (2) *Assessment*, (3) *Elaboration*, (4) *Stating Shared Experience*, (5) *Discussing One's Own Experience*, (6) *Expressing Empathy*, (7) *Disclaimers* and (8) *Referrals to Professional Help*. Linguistic analysis of the advice tokens found four main syntactic realizations of the moves, which were (1) declaratives, (2) directives, (3) interrogative phrases, and (4) non-verbal or non-finite constructions.

With regards to whether and how men and women give advice in the online discussion forums, Eisenchlas (2012) found there were no significant differences in the syntactic structures of advice used by both sexes, nor were there significant differences in the syntactic structures of advice when advice was offered to either sex. However, findings pertaining to whether females were more likely than males to display emotions in their messages were complex, pointing to some instances where females met this expectation, but not in others. Nonetheless, Eisenchlas' (2012) findings are related to how the Spanish culture could have influenced their communicative strategies in the discussion forums. An investigation on the online communicative strategies of other cultures could yield very different findings.

University of Malaya

Like Eisenchlas (2012), Placencia (2012) also carried out a study examining how peer advice was given in Spanish in a CMC setting. However, her research site was *Yahoo!Respuestas* (YR), an online Yahoo service that allowed subscribers to ask questions on various topics. It was a peer-to-peer advice column and the role of the advice-giver was assumed by ordinary YR users drawing on their own personal experience.

Placencia (2012) also described YR's interactional structure using Marcoccia's (2004) description of news group as a "hybrid of interpersonal and mass communication" (p. 131). Messages may be intended for a single, specific user, or written with a wider readership in mind. In addition, instead of a dyadic structure in advice columns such as *Lucy Answers*, YR was polylogic (Kerbrat-Orecchioni, 2004), allowing multiplicity of responses by more than one user, of which some of these responses were reactions to other users' replies, rather than the advice-seeker's, and might also be targeted at more than one addressee.

There was also no editorial involvement in YR, unlike *Lucy Answers*. As such, messages in YR were largely informal, with no particular writing format, and with a mixture of spoken and written language features. In addition, the interaction was anonymous, with users using nicknames or pseudonyms.

Table 2.8: Discursive Moves in Placencia's (2012) Corpus

No.	Discursive Move	Number of Responses Containing One or More Move(s)
1	*Guidance* (advice move)	54 (90%)
2	*Assessment* (of the problem situation)	18 (30%)
3	*Farewell*	16 (26%)
4	*Experience* (own or known person's experience)	14 (23%)

University of Malaya

Table 2.8, continued

No.	Discursive Move	Number of Responses Containing One or More Move(s)
5	*Prediction*	7 (12%)
6	*Disclaimer*	4 (7%)
7	*Address*	3 (5%)
8	*Explanation*	3 (5%)
9	*General Information*	3 (5%)

Note. Adapted from "Online peer-to-peer advice" by M. E. Placencia, 2012, in H. Limberg & M.A. Locher (Eds), *Advice in Discourse*, Amsterdam, The Netherlands: John Benjamins Publishing Company, Copyright 2012 by John Benjamins Publishing Company.

Placencia's (2012) focus was on the discursive moves involved in giving advice on the topic of *belleza y estilo* (beauty and style), and the (dis)affiliation strategies of the advice-givers when performing the speech act. Her examination of the discursive moves was built on Miller and Gergen's (1998) and Locher's (2006) analysis methods. She looked at the discursive moves, the relational categories, as well as the linguistic mechanisms that made up the advice-giving messages. However, instead of looking at the number of discursive moves, her calculations were based on the number of response messages containing one or more of each discursive move. Her findings revealed nine discursive moves as can be seen in Table 2.8.

The *Guidance* move was the most employed discursive move, with its direct formulations being most common (80%), followed by conventionally indirect forms (18%), and lastly, non-conventionally indirect forms (2%). Placencia (2012) regarded the prevalent use of direct formulations in realizing the *Guidance* move as a solidarity strategy, taking into account the informal context of YR. Although (in)directness in advice formulation may depend on the advising ethos of the online research site, research has also shown directness to be linked to the discourse strategies of some Hispanic groups (Blum-Kulka & House, 1989), and as such, the preference for giving

University of Malaya

direct advice in Placencia's (2012) study could have a cultural implication. Moreover, directness has also been associated with positive politeness strategies in the Spanish culture (Márquez Reiter & Placencia, 2005).

In terms of the Spanish's affiliative strategies, Placencia (2012) noted that most of the responses displayed affiliative strategies, and only a few appeared uncooperative or disaffiliative. Among the affiliative strategies identified were the use of friendly nominal address forms which function as in-group markers (e.g. *amigo* meaning "friend" in Spanish), the use of certain discourse markers that sought affective closeness, the utilization of humor, the conveyance of empathy, and the conveyance of warm feelings through expressions of affect, caring and support, sometimes intensified through friendly smilies, capitals, repetition of characters and exclamation marks.

Closer to home, Morrow (2012) carried out a study on how advice was offered in Japanese in an Internet discussion forum on the topic of divorce. Morrow's (2012) study was significant in the sense that it focused on advice-giving in a non-western language, unlike most previous studies in advice-giving that investigated the speech act in English or other European languages. In Morrow's (2012) study, he attempted to investigate advice-giving in terms of its strategies, and how the strategies were related to the Japanese cultural values.

Morrow's (2012) research site was *Rikon*, an Internet discussion forum targeted at providing basic information for people considering divorce. Like YR in Placencia's (2012) study, *Rikon* was also a peer advice site, and the interaction setting was anonymous with advice-givers using nicknames or pseudonyms.

University of Malaya

Table 2.9: Types and Frequencies of Discursive Moves in Morrow's (2012) Study

No.	Discursive Move	Frequency
1	*Assessment*	137
2	*Advice*	81
3	*Explanation*	28
4	*Own Experience*	22
5	*General Information*	16
6	*Disclaimer*	15
7	*Greeting*	13
8	*Question*	7
9	*Apology*	6
10	*Metacomment*	6
11	*Farewell*	5
12	*Open*	2
13	*Referral*	1

Note. Adapted from "Online advice in Japanese" by P. R. Morrow, 2012, in H. Limberg & M.A. Locher (Eds), *Advice in Discourse*, Amsterdam, The Netherlands: John Benjamins Publishing Company, Copyright 2012 by John Benjamins Publishing Company.

Also using the coding system developed by Miller and Gergen (1998), and later adapted by Locher (2006), Morrow (2012) found 13 discursive moves in his analysis of advice messages posted in *Rikon*, the Internet discussion forum on the topic of divorce (Table 2.9).

Unlike other online advice studies, Morrow's (2012) findings showed that the *Assessment* move was the most frequently occurring discursive move. Morrow (2012) attributed the difference between his findings and that of Locher (2006) to the interpretation of some interrogatives. While questions inviting introspection in Locher's (2006) analysis were regarded as *Advice* moves, Morrow (2012) treated some questions in his corpus as the *Assessment* move. He explained that the distinction between the two moves was not apparent in some instances when interrogatives were used. The Japanese may avoid flat statements and prefer to soften their statements, particularly when

University of Malaya

discussing sensitive topics such as the topic of divorce. Apparently, divorce remains a social stigma in Japan (Yamauchi, Fujita, Tachimori, Takeshima, Inagaki, & Sudo, 2013), and so, when the advice is to go for a divorce, the consequences are especially grave to the advice-recipient. As such, this could be a contributing factor for the advice-givers in Morrow's (2012) study to employ more of the *Assessment* move compared to the *Advice* move. Moreover, the interrogative is one way of softening statements, and thus, it was not that easily obvious whether some of the interrogatives used by the advice-givers in Morrow's (2012) study were intended as advice, or otherwise. Maynard (2005) observed in Japanese conversations that they have a tendency to end all statements in "question-like intonation", seemingly to "turn everything into a question" (pp. 338-339).

In addition, there may be a cultural implication as to why the *Assessment* move dominated the discursive moves in Morrow's (2012) study. *Rikon* being a peer advice site, the advice-givers could have felt a stronger need to empathize with their advice-recipients, and to support their advice by showing that they understood the advice-recipients' problems. In contrast, the advice-givers in Locher's (2006) study were expert advice-givers, and therefore, concerns to bond and assess the advice-recipients' situations were less crucial.

There was also a difference in how advice was offered in Morrow's (2012) corpus, and how advice was given in Locher's (2006) analysis. The Japanese avoided using the imperative in Morrow's (2012) study, viewing it as a face-threatening structure. The only direct strategy of giving advice identified in Morrow's (2012) corpus was the advice request, framed and hedged with *–te* verb form + *kudasai*, meaning "please" in

University of Malaya

English. The other two structures identified were the indirect forms of advice using the interrogative, and the declarative using verb + *masho*, comparable to "let's" in English.

It is a common perception that the Japanese are more indirect in their interactions (Clancy, 1986; Kubota, 1999; Miller, 1994). Therefore, the absence of the imperative structure, and the marked tendency for the advice-givers in Morrow's (2012) study to use indirect forms could be culturally influenced. In addition, there were many references to social roles, and the advice-givers employed various discourse features to bond and seek solidarity with the advice-recipients such as the use of certain interactional particles (e.g. -*ne*), the choice of vocabulary that expresses empathy, the utilization of kinship terms, and the many instances of apologies.

Focusing on online advice-seeking strategies, Ruble (2011) took on a wider perspective of how advice was sought and analyzed the message content as a whole. She looked at how English-speaking language assistants in French schools sought and gave social support, so as to aid one another for intercultural adaptation on an online message board.

Table 2.10: Ruble's (2011) Typology of Advice-Seeking Techniques

No	Aspect	Sub-categories	Description
1	Directness	Direct	**Direct** messages are those in which the author directly requests assistance or advice about a problematic situation.
		Indirect	**Indirect** messages are those in which the author states a problematic situation but does not directly ask for assistance.
2	Emotion	High in emotion	Messages **High in emotion** are those that indicate that the person is experiencing emotion about a particular situation. They are characterized by the use of emoticons (e.g. :), , :(,), writing in all capital letters to express shouting (e.g. "AAAAHHHH!", "I GIVE UP!"), repeated use of punctuation such as !!!, or descriptions of strong emotion (e.g. "I am so frustrated!" "I cry every night").
		Low in emotion	Messages **Low in emotion** make no indication of the author's feelings about the situation.

University of Malaya

Table 2.10, continued

No	Aspect	Sub-categories	Description
3	Specificity	Specific	**Specific** messages include detailed descriptions of a situation that is unique to the author's experience, and address questions such as "who, what, where, why, and how".
		General	**General** messages involve very little detail, general questions not specific to a particular situation. The situation could apply to more people than just the advice-seeker.

Note. Adapted from "The Communication of Advice on an Online Message Board for Language Assistants in France," by R. A. Ruble, 2011, *Journal of Language and Social Psychology, 30*(4), p. 418. Copyright 2011 by SAGE Publications.

In Ruble's (2011) qualitative analysis of the messages, she found that components of advice-seeking messages included problem-description, expressions of feelings and advice-requests. The messages also indicated the emotionality levels of the advice-seekers, as well as the how specific the problems described were to the advice-seeker's situation. Messages high in emotion revealed the emotions of the advice-seeker, while those low in emotion showed no indication of the advice-seeker's feelings. Specific messages described problems which were specific only to the advice-seeker, while general messages described problems that could also be shared by others (Table 2.10).

Ruble's (2011) findings revealed that advice-seeking messages with high emotionality levels expressed a more urgent need for advice, inviting responses which were direct and high in solidarity. Nevertheless, there were only few such messages in her study possibly because of the advice-seeker's reluctance to reveal negative emotions that might result in face damage.

In addition, Ruble's (2011) findings showed that responses to messages with specific advice-requests tended to be indirect, showing the advice-giver's hesitancy to steer the advice-recipient towards one specific action. As such, face protection for both the

University of Malaya

advice-giver and the advice-recipient seemed to be a consideration for this finding. Moreover, requests were also inclined to be high in solidarity, and so advice-givers were likely to respond in kind to maintain the amicable relationship.

Responses to general requests were then mostly found to be indirect and low in solidarity. The advice frequently took the form of problem-description and personal experiences rather than recommendations that the advice-recipient could take. Ruble (2011) reasoned that advice was more likely to be indirect and low in solidarity because of the lack of specific information provided by the advice-seeker. Consequently, this resulted in the advice-giver feeling less comfortable and certain in giving direct advice, or to show closeness with the advice-recipient.

2.8 Cultural Influence in Advice-Seeking and Advice-Giving

Culture has been defined as "…what worked in the history of the society – tools, concepts, ideologies, norms, values, prejudices, standard operating procedures, unstated assumption, patterns of sampling information from the environment – that most members of the society teach to the next generation" (Triandis, 2004, pp. 29-30), and there are several classifications of culture. Culture can be classified according to the basic values or characteristics shared by a group of people (Hofstede, 2001; Schwartz, 1994; Triandis, 2004), and one of the most studied dimensions of culture is the individualism-collectivism dimension (Triandis, 1995).

In an individualistic culture, people are generally independent, socially detached from one another, and they value autonomy and freedom. Consequently, the types of emotions that are typically expressed by individualistic societies are ego-focused (e.g. anger, frustration, sadness) (Kitayama & Markus, 1999), and the kind of behaviors

University of Malaya

characteristically displayed by such societies are being competitive, taking the initiative, and engaging in actions that lead to self-fulfillment (Triandis, 2004).

In contrast, a collectivist society is tightly knitted, and attaches more importance to the views, values and needs of the society as a whole, rather than the individual's. Subsequently, there is greater adherence to social norms; any violation of the norms would result in negative reactions of others (Triandis, 1995). As such, collectivist societies tend to restrain their ego-focused emotions, but instead, assert more of their interdependencies and connectedness to others through greater expressions of other-focused emotions (e.g. shame, sympathy) (Kitayama & Markus, 1999). Their behaviors are also more cooperative in nature, being concerned with preserving relationships with others and ensuring that they fit in the environment (Rothbaum, Weisz & Snyder, 1982; Schwartz, 1994; Triandis, 2004).

With culture exerting such dominance over a society's values and behaviors, it is therefore, also a factor influencing the manner in which advice is solicited and offered, whom to seek for advice, and who to give it to, as well as the kinds of topics advice is usually sought and given (Bauer & Wright, 1996). In individualistic societies, the emphasis on values such as autonomy and independence lead to advice being viewed less favorably as opposed to collectivist societies. For instance, Wierzbicka (1991) asserts that among the native English speakers (individualistic societies), advice-giving is generally perceived negatively, often seen as intrusive or overbearing, and thus, is threatening to one's negative face. Consequently, advice is normally rejected in such situations. In contrast, to the Chinese (a collectivist society), the speech act of advice-giving is not viewed as threatening. Instead, advice-giving is regarded as a solidarity

University of Malaya

strategy, indicating benevolence on the part of the advice-giver, at the same time establishing the sense of belonging to a community (Hu & Grove, 1991).

Similarly, American children (individualistic society) perceive parental advice as mistrust, insensitivity and domineering (Chen & Lan, 1998), but collectivist cultures such as the Koreans (Choi, 1995) and the Chinese (Chao, 1995) see parental advice as a norm. In some instances, parental advice is even desirable, since there is this belief that the adults have the duty towards the children to guide and instruct them. Children, on their part, are to display obedience and respect towards their elders by taking up their advice (Chao, 1995). A study on American and Chinese students' attitudes towards their parents' advice on their academic achievements showed that the Chinese students were more willing to take up their parents' advice as opposed to the American students (Chen & Lan, 1998). Therefore, parents in collectivist cultures may give more advice than parents in individualistic cultures (Johnston & Wong, 2002).

As parental guidance is not as highly regarded in individualistic cultures compared to collectivist cultures, individualistic societies mainly seek advice on parenting-related issues from experts and professionals. In contrast, collectivist societies rely more on societal practices rather than professional bodies (Johnston & Wong, 2002). For example, in a study by Beasley (1998) comparing New Zealand Europeans and the Maoris, mothers of the New Zealand Europeans preferred western medical health practitioners as sources of advice, as opposed to the Maoris, who looked to their immediate and extended family members for advice and support.

However, when it comes to more sensitive and taboo topics such as those concerning sex and birth control, studies have shown that collectivist communities prefer going to

University of Malaya

other sources for information than to parents. In a study by Aarons and Jenkins (2002), they reported that Latino youth viewed parents as less approachable and too strict to discuss sex-related issues. Sex was a taboo topic, and youth were taught to refrain from pre-marital sex. Consequently, teen sexuality was associated with disobedience, and therefore, discussions on sex were discouraged (Raine, Jenkins, Aarons, Woodward, Fairfax, El-Khorazaaty, & Herdman, 1999). As a result, Latino youth's most preferred sources of information and advice were knowledgeable professionals such as doctors, nurses and counselors. Even friends or peers were not considered as good an information source as professionals for fear of their problems being disclosed to other people, and subsequently, they suffered shame as a result.

Nevertheless, detecting cultural influence in language is more complex than identifying culture in the types of topics advice is usually sought and given, or in who to seek for advice, and whom to give it to. This is because culture is embedded in language. Many researchers hold the belief that language functions in a way that is dependent on the context (Byram, 1988; Gudykunst & Kim, 1992; Kramsch, 1993; Liddicoat & Scarino, 2013). According to Gudykunst and Kim (1992), there are two types of contexts, namely (1) the external context, which is the interaction setting, and (2) the internal context, which refers to "the cultural meanings that people themselves bring into an encounter" (Paige, Jorstad, Siaya,, Kleine, & Colby, 2003, p. 181). This implies that while culture is discernible in norms, values, and practices, it can also be detected in language. Culture has been known to play a big role in influencing one's behavior and communication style (Hofstede, Hofstede, & Minkov, 2010), and one model that enabled culture to be captured in language systematically is Crozet and Liddicoat's (1999) five points of articulation between culture and language (Figure 2.1).

University of Malaya

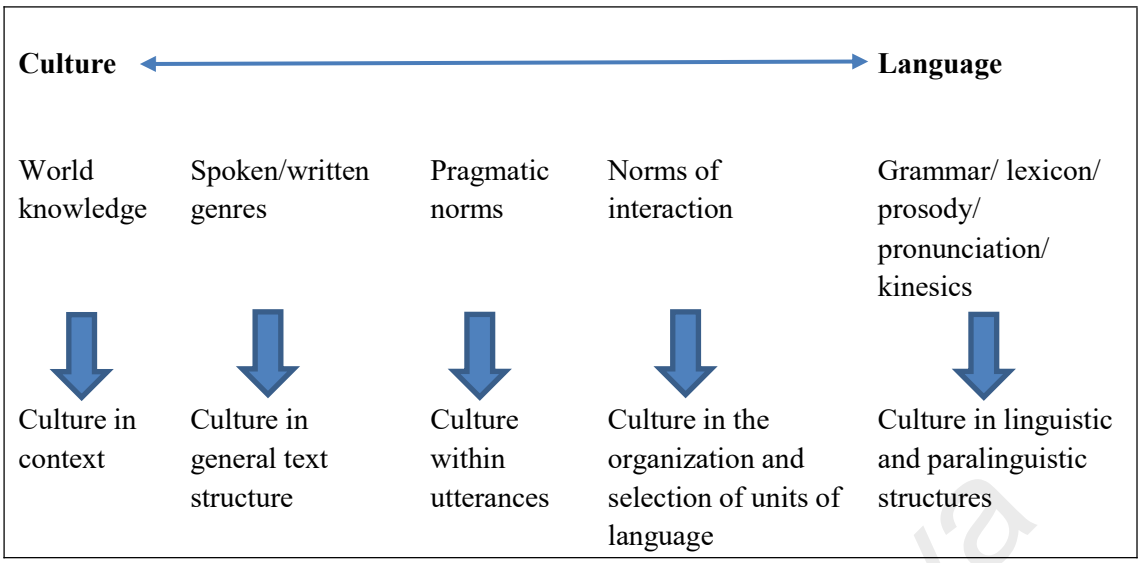

Figure 2.1: Points of Articulation between Culture and Language

Note. Adapted from "The challenge of intercultural language teaching: Engaging with culture in the classroom" by C. Crozet & A. J. Liddicoat, 1999, in J. Lo Bianco, A. J. Liddicoat & C. Crozet (Eds), *Striving for the third place: Intercultural competence through language education*, Canberra: Language Australia, Copyright 1999 by Language Australia.

Crozet and Liddicoat (1999) asserted that culture interacts with language at several levels, where some levels are viewed as being closer to culture, while others, closer to language. The first point of articulation between culture and language is world knowledge, which refers to one's cultural knowledge. This point of articulation is most related to culture, and least related to language. It is about one's understanding of culture in context, i.e. the general cultural characteristics of life in that particular society.

Culture in the general text structure comprises cultural perceptions about what constitutes an appropriate text, be it written or spoken genres. For instance, culture may be detected in how letters are written, in terms of what constitutes acceptable content, as well as the ways information is organized or structured. For example, in some cultures such as the Malays, cultural influence is seen in the small talk or pleasantries prior to a business transaction as a way to bond with one another first before getting into the actual business dealings (Lailawati Mohd. Salleh, 2005). In a computer-mediated setting, virtual communities may also have their own cultural norms which enable them to

University of Malaya

connect and build solidarity among themselves such as having shared communicative purposes, and "similar structures, stylistic features, content and intended audiences" (Herring, Scheidt, Bonus, & Wright, 2004).

Norms of language use relates mainly to the notion of how certain utterances may be evaluated by a culture. For instance, with regards to the speech act of advice-giving, in some cultures, giving explicit forms of advice may be viewed as rude or imposing, while in other cultures, such directness in advice-giving is an acceptable norm.

Culture is also evident in the norms of interaction. These norms refer to the way units of speech are organized, i.e. what is expected to say at a particular point during the interaction. This may include expressions of sympathy as a response to someone who is in trouble, or expressions of gratitude in response to some help being received.

The last point of articulation between culture and language is culture which is found in linguistic and paralinguistic structures. This level of articulation relates mostly to language, where certain choice of linguistic features (e.g. vocabularies, syntactic structures, and registers), as well as paralinguistic features (e.g. accents, intonation patterns, and body language) denotes cultural influence.

2.9 Communication Style in the Malaysian Context

In the context of the present study, it is essential to understand the Malaysian culture in order to identify cultural influence in how advice is sought and given.

Malaysia is a multi-ethnic, multi-cultural and multi-religious country (Malaysian Ministry of Higher Education, 2009). The main ethnic group in Malaysia is the

University of Malaya

indigenous Malays which comprised the Malays (50.1%) and the indigenous (11.8%) (Index Mundi, 2014). This is followed by the Chinese (22.6%), the Indians (6.7%), and finally, others which include the non-citizens (8.9%) (Index Mundi, 2014).

Consequently, cross-cultural communication may take place, i.e. when an interactant of one culture communicates with another of a different culture. Hence, the ethnic values, which are "a set of clear and uncompromising statements about what is important to a particular ethnic group" (Jamaliah Mohd Ali, 1995b, p. 71), may not apply in cross-cultural communication. In instances like this, it is imperative that one is aware of the possible differences in the backgrounds, beliefs and values of the other participant(s) and be sensitive to their feelings. Thus, judgment of what is appropriate should not be viewed from the perspective of one's own culture alone, but rather, to take into account the bigger societal domain and that includes the values and beliefs of other cultures, which may be different from one's own culture (Jariah Mohd Jan, 1999).

As such, considering the multi-ethnicity of the Malaysian society, there exist the micro culture (e.g. culture of specific ethnic groups), as well as the national culture, i.e. general values, norms and rituals accepted and practiced by the majority in a given nation (Hofstede, Hofstede, & Minkov, 2010). In other words, despite its multi-ethnicity, it is still possible to have some common or shared norms among the various ethnic groups. Observation of this national culture is particularly important if harmony is to be maintained, and according to Newman and Nollen (1996), national culture is "embedded deeply in everyday life and is relatively impervious to change" (p. 754).

Adopting Hofstede, Hofstede and Minkov's (2010) definition of national culture, the Malaysian culture would be the culture of the majority in the country, i.e. the Malay

University of Malaya

ethnic group. Lailawati Mohd. Salleh (2005) employed Hall's (1998) classifications of high-context and low-context communication and found Malay communication to be high-context based on the following characteristics:

(1) communication in the Malay culture often involves emotions and establishment of close relationships,

(2) communication is usually indirect, and the listener is expected to understand the cues,

(3) nonverbal cues play a crucial role in providing the missing information in the explicit, verbal part of the message, and

(4) the Malay culture uses mostly the analogous language, i.e. the meaning embedded in an utterance is vague, requiring the listener to "figure out exactly what the speaker means by putting into context the way the statement was said, who said it, when it was said, in which situation it was said, and other statements that were said before or after" (Lailawati Mohd. Salleh, 2005, p. 5).

The Malay culture has also been described as influenced by their religion (Asrul Zamani, 2002; Storz, 1999), and all Malays in Malaysia, by default, are Muslims. Among the values that are practiced by the Malay culture which have their roots in Islam are tolerance, humility, sincerity, social cooperation and shyness (Asrul Zamani, 2002).

With regards to culture and language, Jamaliah Mohd Ali (1995b) stated that, "Values reflect the beliefs of a certain group of people, but more significantly they may be seen in the way these beliefs are expressed in the languages of the speakers" (p. 57). In other words, language reflects the culture of the communicators. These shared norms can be manifested in both verbal and non-verbal behaviors, and Malaysians, according to

University of Malaya

Kuang, David, Lau & Ang (2011), do adhere to a communication system that specifies certain verbal and non-verbal behavior codes when interacting with others.

In a study conducted by Hofstede (1991) on culture, the structure of the Malaysian society has been shown to be hierarchical. As such, there is a clear distinction between the older and the younger members in a family setting, and between the different social statuses in an institution, or in society. Studies by Asma Abdullah (1992) and Lim (2001) also reached similar conclusions, indicating Malaysians as people who place high importance on respect for authority. Subsequently, this implies that communication, especially in decision-making processes, is usually top-down, and with behaviors that show deference and respect for hierarchical differences, either in terms of age or social status.

The study by Hofstede (1991) also pointed out that Malaysians are more collectivist rather than individualistic. Thus, communicating and behaving in ways that get the approval of society are more important than personal interests. Moreover, results from the same study also showed that Malaysians are generally more tolerant to ambiguity and mistakes (Hofstede, Hofstede, & Minkov, 2010). Consequently, communication styles tend to be cooperative and non-antagonistic in nature, maintaining harmony and unity in society.

As such, being polite and well-mannered are commendable behaviors, and some of these entail "not being forthright or assertive or aggressive, not being blunt or direct in expressing one's views, and not causing interpersonal conflict or avoiding 'loss of face'" (Asmah Haji Omar, 1992, pp. 23-24). For this reason, there are certain language features which are characteristic of Malaysian discourse in achieving the above verbal

University of Malaya

behaviors. These include phrasing utterances considerately through the use of indirectness or circumlocution (Asmah Haji Omar, 1995; Jariah Mohd Jan, 1999; Kuang & Jawakhir Mior Jaafar, 2010; Morais, 1994), responding encouragingly and positively to others' talk (Jariah Mohd Jan, 1999), avoiding giving negative feedback or challenging others (Lim, 2001), addressing people who are of higher ranking in terms of age or social standing through the use of appropriate titles (Asma Abdullah, 1996; Schermerhorn, 1994), or simply maintaining silence to avoid conflict when there is disagreement (Kuang, Wong, & David, 2011). Among the values that guide such verbal behaviors are humility, face-saving, conflict-avoidance, respect for older people, and deference for social superiors (Hofstede, 1984; Jariah Mohd Jan, 1999).

In short, communication styles among Malaysians are very much governed by the ideals, beliefs or norms that Malaysians value such as being well-mannered, respectful, humble, conflict-avoiding or co-operative. There is much emphasis on face-saving and face-boosting, in which seeking and maintaining closeness or solidarity among interactants is considered paramount in an interaction. Goffman (1967) defines face as "the positive social value a person effectively claims by the line others assume he has taken during a particular contact" (p. 5). In addition, face is not just about one's face, but also the other's face, the reason being an interaction is an activity that involves more than just the speaker alone (Ting-Toomey & Kurogi, 1998). Thus, the Malaysian communicative styles are as such that no party should be made embarrassed, be it in the form of an imposition where one feels threatened, or through a lack of appreciation or approval by the other party, even when expressing disagreements. Instead, more emphasis is on bonding and establishing solidarity among one another. As such, in the Malaysian context, the notion of preserving face is about establishing good relationships between the interactants and complying with societal norms to uphold the harmony and

University of Malaya

cohesiveness of the community (Asma Abdullah, 1996; Mustafa Daud, 2002; Jamaliah Mohd Ali, 1995a; Jariah Mohd Jan, 1999; Marlyna Maros, 2006).

However, it should be pointed out that with the technological advances that allow easier and faster means of communication to an ever increasing population worldwide, it is possible for Malaysian values to also evolve, resulting in different patterns of behavior (Kuang, Wong, & David, 2011; Lailawati Mohd Salleh, 2005). For instance, communication may become more expressive, more intimate, and bolder due to the anonymity afforded by Internet communication that allows interactants to communicate in ways that prioritize personal considerations over societal norms and practices. In addition, virtual communities in the digital world do adhere to a certain social contract (Rheingold, 2008) which may or may not conform to cultural practices in traditional communities.

University of Malaya

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter discusses the methodology used in the study. It describes the theoretical framework, sample population, research site, instrument, method, data collection and procedures, as well as the frame of analysis and procedures of the study. The chapter also reports on a pilot study conducted and the inter-rater reliability test results.

3.2 Theoretical Framework of the Study

The theoretical framework of the study consists of three parts, namely (1) advice-seeking, (2) advice-giving, and (3) cultural influence in advice-seeking and advice-giving.

3.2.1 Theoretical Framework for Analyzing Advice-Seeking Strategies

The analysis on advice-seeking strategies incorporated work by Locher (2006), Kouper (2010), and Ruble (2011) (Figure 3.1).

University of Malaya

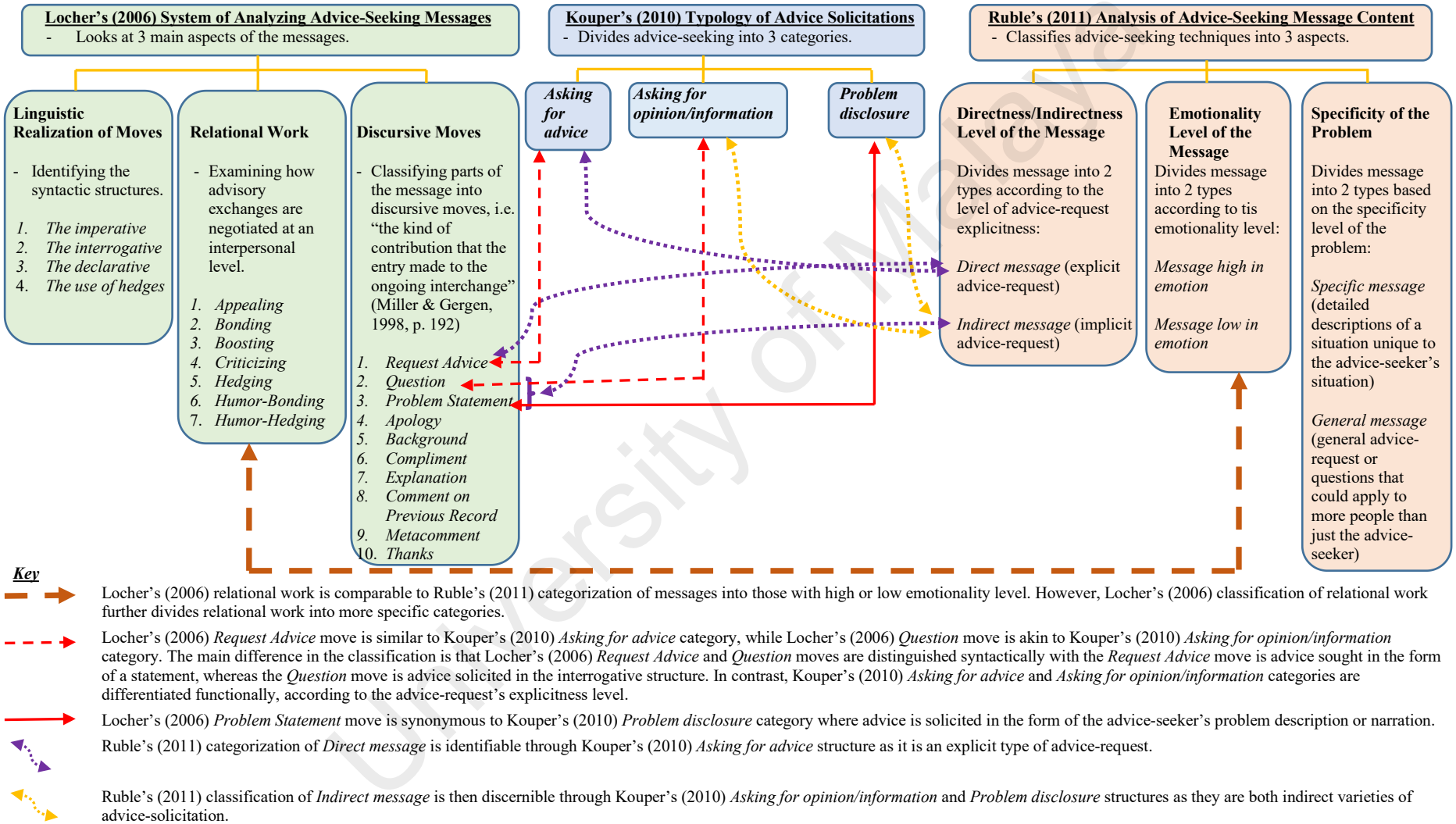

Figure 3.1: Theoretical Framework for Analyzing Advice-Seeking Strategies

University of Malaya

Figure 3.1 is a graphic representation of three models that were used to analyze advice-seeking strategies in previous studies, and how they were related to one another in their analysis techniques. The first model is Locher's (2006) system of analyzing advice-seeking messages, the second model is Kouper's (2010) typology of advice-solicitations, while the third model is Ruble's (2011) model of analyzing advice-seeking message content.

Locher's (2006) system of analyzing advice-seeking messages basically looked at three aspects of the messages, i.e. the discursive moves that could be found in the messages, the linguistic realization of the discursive moves, and the relational work inherent in the discursive moves. In her study of advice-seeking messages known as problem letters to an online advice column, she identified ten discursive moves, of which three performed advice-seeking, namely the *Request Advice* move, the *Question* move, and the *Problem Statement* move.

In the present study, examination of the advice-seeking strategies primarily adopted Locher's (2006) coding system of analyzing the messages. As mentioned in the previous paragraph, Locher's (2006) framework enabled investigation of not only the linguistic structures of the advice-seeking act, but also how other aspects of the message helped to convey the advice-request act. The framework examined the types of discursive moves found in the messages, the relational work inherent in them, as well as the linguistic structures employed in realizing the discursive moves (Figure 3.1). The framework was considered appropriate due to the similarities between Locher's (2006) study and the present study in terms of the types of the research site (asynchronous computer-mediated communication) and the research focus (advice-seeking act) (Section 2.6.1).

University of Malaya

As illustrated in Figure 3.1, the three discursive moves which performed advice-seeking in Locher's (2006) model are also similar to Kouper's (2010) typology of advice-solicitations. Locher's (2006) *Request Advice* discursive move is akin to Kouper's (2010) *Asking for Advice* category, while Locher's (2006) *Question* move is similar to Kouper's (2010) *Asking for Opinion/Information* category. Locher's (2006) *Problem Statement* move is then synonymous to Kouper's (2010) *Problem Disclosure* category where they refer to advice-seeking in the form of problem-description or problem-narration. These are three different ways of seeking advice, where one is a request for advice, one, a question performing the function of advice-seeking, and another one, a description or narration of a problem with the intention to seek advice.

Nevertheless, the two ways of seeking advice, namely advice-request and question-asking, were classified differently by Locher (2006) and Kouper (2010). In Locher's (2006) system of analyzing messages, the *Request Advice* move was distinguished from the *Question* move based on syntactic structures, i.e. a statement versus an interrogative. In contrast, Kouper's (2010) typology of advice-solicitations categorized advice-solicitations based on their explicitness levels, i.e. (1) whether the advice was directly requested by the advisee; or (2) requested less explicitly in the form of a question that asks for opinion or information (Figure 3.1 and Table 3.1). As some explicit forms of advice-request can also be in the interrogative structure (e.g. Do you have any advice on this?), in the present study, it is thought that Kouper's (2010) classification of advice-solicitations was more appropriate, and thus, Kouper's (2010) classification was used to guide the coding of the advice-seeking moves. As such, in the present study, the *Request Advice* move referred to explicit advice-request, regardless whether the request was made in any syntactic structures, while the *Question* move referred to questions asking for opinion or information which were related to the advice-seeker's problem.

University of Malaya

Table 3.1: Kouper's (2010) Typology of Advice Solicitations

No.	Advice Pattern	Description	Examples of Structures
1	Asking for advice	Explicit advice solicitation	I need your advice. What should I do? Should I do X?
2	Asking for opinion or information	Less explicit advice solicitation as advice-seeker may just want to get informational- or emotional - support	What do you think? What do you think of X?
3	Problem disclosure	Implicit advice-seeking, but may also be intended to seek sympathy, solidarity, etc.	I have this problem of…

Note. Adapted from "The pragmatics of peer advice in a LiveJournal community," by I. Kouper, 2010, *Language@Internet, 7*, article 1. Retrieved from http://www.languageainternet Copyright 2010 by Inna Kouper.

Notwithstanding, Locher's (2006) categorization of discursive moves and relational work were used with some degree of flexibility. The present study looked at a different set of data from Locher's (2006), in which the analysis was based on messages addressed to *Lucy Answers*, an American online health advice column. On the other hand, the present study involved messages composed by women seeking peer advice on in-vitro fertilization (IVF) in a local online forum. Subsequently, some of Locher's (2006) discursive moves and relational categories may be different from those identified in the present study.

At the same time, the study also utilized Ruble's (2011) model of advice-solicitations. This analysis complemented Kouper's (2010) and Locher's (2006) methods of investigating advice-seeking strategies because the model examined the message-content as a whole. As shown in Figure 3.1, Ruble's (2011) model enabled a more macro perspective of the message-content by looking at the level of directness and the level of emotionality of the message. The analysis also included one important aspect of advice-solicitations, i.e. problem-specificity, which refers to whether the advice sought

University of Malaya

was particular to the advice-seeker's situation only, or whether the advice sought was general and applicable to other individuals.

In order to ascertain the directness or indirectness of the advice-seeking messages, the present study used Kouper's (2010) classification of advice-solicitations as its reference. Messages with explicit advice-requests, i.e. those belonging to Kouper's (2010) *Asking for Advice* category, were considered as *Direct* messages, while messages consisting of advice-solicitations in either Kouper's (2010) *Asking for Opinion/Information* category or the *Problem Disclosure* category, were classified as *Indirect* messages as these were both indirect varieties of advice-solicitations.

For the purpose of identifying the emotionality level of the advice-seeking messages, the analysis used Locher's (2006) system of examining relational work as a guide. Messages which were high in emotion were messages which had the *Appealing*, *Boosting* and *Criticizing* relational categories as these categories indicated strong emotions, either to appeal to the message-recipient's sense of pity (the *Appealing* relational category), to emphasize a point being conveyed (the *Boosting* relational category), or to condemn a person or an action (the *Criticizing* relational category). Messages devoid of such strong emotions were then considered messages with low emotionality level.

Another aspect of the advice-seeking messages which Ruble's (2011) method of examining advice-seeking techniques looked at was the specificity level of the problem faced by the advice-seeker. *Specific* messages were messages with detailed descriptions of the advice-seeker's problem which might not be applicable to others, while *General* messages were messages with general advice-requests or questions.

University of Malaya

To sum up on the theoretical framework used in the present study for analyzing advice-seeking strategies, the analysis incorporated work by Locher (2006), Kouper (2010) and Ruble (2011). The analysis primarily adopted Locher's (2006) system of analyzing advice-seeking strategies, but classification of the *Request Advice* move and the *Question* move was based on Kouper's (2010) classification of advice-request using explicitness level of the advice-request as its guide. Ruble's (2011) method of analyzing advice-seeking message content was then utilized to have a wider perspective of how advice was sought in the messages, which included the directness level of the message, the emotionality level of the message, and specificity level of the problem indicated in the message.

3.2.2 Theoretical Framework for Analyzing Advice-Giving Strategies

The theoretical framework utilized to analyze advice-giving strategies was a combination of methods or models by Locher (2006), Kouper (2010) and Goldsmith (2004) (Figure 3.2).

University of Malaya

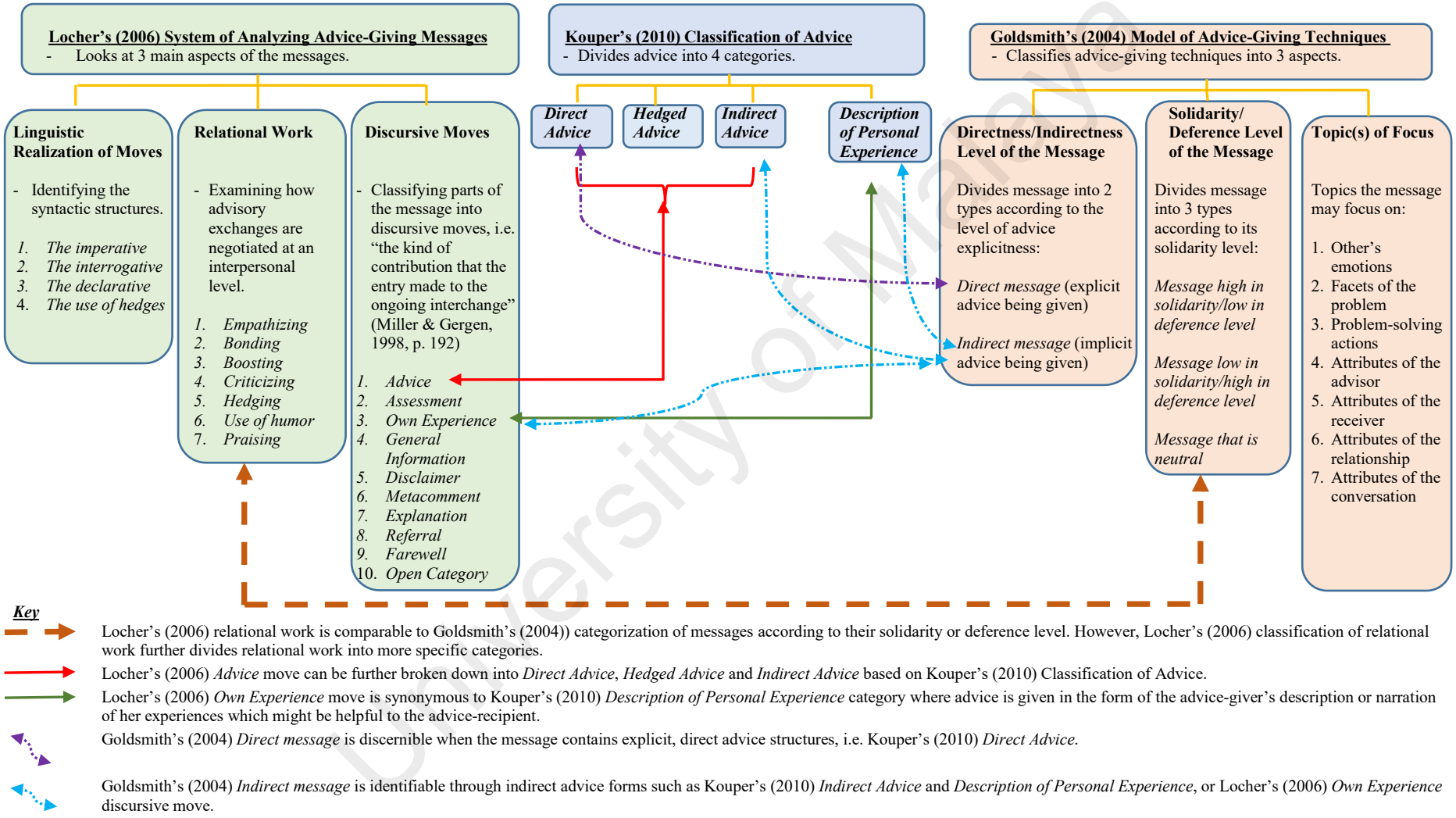

Figure 3.2: Theoretical Framework for Analyzing Advice-Giving Strategies

University of Malaya

Figure 3.2 showed three models that were employed in previous studies to analyze advice-giving strategies, and how they resembled or differed from one another in their analysis techniques. The first model is Locher's (2006) system of analyzing advice-giving messages, the second model is Kouper's (2010) classification of advice, while the third model is Goldsmith's (2004) model of advice-giving techniques.

Similar to Locher's (2006) system of analyzing advice-seeking messages, Locher's (2006) system of examining advice-giving messages also investigated three aspects of the messages, i.e. the discursive moves in the messages, the linguistic realization of the discursive moves, and the relational work inherent in the discursive moves. Locher (2006) found ten discursive moves in her examination of advice-giving messages posted in an online advice column, of which four discursive moves performed advice-giving, namely the *Advice* move, the *Own Experience* move, the *General Information* move, and the *Referral* move.

Due to the comprehensiveness of Locher's (2006) method of analyzing advice-giving messages, it was also the main model that formed the theoretical framework for investigating advice-giving strategies in the present study. As explained in the preceding paragraph, Locher's (2006) analysis method comprised several aspects, i.e. from the investigation of the content-structure to the relational and linguistic aspects of the messages. Moreover, both Locher's (2006) study and the present study looked at online advice-giving strategies in asynchronous computer-mediated communication (CMC), and thus, Locher's (2006) framework was considered appropriate to be used as the main model that formed the theoretical framework in the present study.

University of Malaya

Nonetheless, some slight modifications to Locher's (2006) framework in terms of discursive moves and relational categories were also necessary in the present study. Locher's (2006) study was based on how advice sought was later responded by a team of experts in the advice column. Thus, there were certain guidelines on how advice should be offered. In addition, the message was structured in such a way that it was organized, comprehensible and well-informed. Each advice-giving message in Locher's (2006) study was also a response to a specific advice-seeking message. In contrast, the Malaysian online forum in the present study made no specifications in how requests for advice should be carried out and responded to by the forum users. The type of advice being sought and offered was peer-to-peer advice. Given the dissimilarity between Locher's (2006) study and the present study in terms of the research site, the participants, and the types of advice being sought and offered, Locher's (2006) categories of discursive moves and relational work had to be modified to suit the corpus data. More details on the changes that have been made to the discursive moves and relational categories when the messages were analyzed are in Chapter 4.

Kouper's (2010) classification of advice was also used to guide the study's analysis of advice-giving strategies. An extension of Hinkel's (1997) advice classification, Kouper (2010) divided advice into four main types, namely *Direct*, *Hedged*, *Indirect*, and *Description of Personal Experience* (Figure 3.2). Similarly, like the categorization of advice-seeking strategies, this classification of advice-giving strategies was slightly different from Locher's (2006) method. Instead of just the *Advice* discursive move in Locher's (2006) framework, Kouper (2010) subcategorized advice into four types based on how advice was given, as well as the level of explicitness of the given advice. As such, Kouper's (2010) classification enabled identification of other discursive moves that functioned as advice-giving when Locher's (2006) system of coding discursive

University of Malaya

moves was employed. For example, Locher's (2006) *Own Experience* move can be categorized as a type of advice, i.e. advice in the form of one's personal experiences, and this discursive move is synonymous with Kouper's (2010) *Description of Personal Experience* category. In addition, Kouper's (2010) classification also enabled advice to be further divided into two types, namely *Direct Advice* and *Indirect Advice*. Subsequently, this allowed more in-depth examination of advice-giving strategies in which the strategies could include both direct and indirect ways of giving advice. Hence, Kouper's (2010) advice classifications were helpful to point out which type of advice-giving strategies was preferred, or dis-preferred, by the women in the present study.

However, Kouper's (2010) *Hedged Advice* would not be regarded as another type of advice category in the present study. This is because hedging is considered as a relational work in the present study, where its use is related to face-preservation based on Locher's (2006) system of analysis. Therefore, hedging would be examined as a mitigation technique employed by the women when giving advice.

Goldsmith's (2004) model of advice then offered a more global perspective of the messages. Goldsmith's (2004) model of advice-giving techniques allowed messages to be examined from a variety of angles. Her model allowed one to not only investigate the general tendencies of the participants to give direct or indirect advice, as well as their preference to establish more solidarity or deference between themselves and the advice-recipients. Instead, her model also allowed investigation into other facets of advice-giving that advice-givers might focus on such as underlining the attributes of the advice-giver or the advice-recipient in tackling the problem, explaining the problem, suggesting problem-solving actions, and demonstrating empathy (see Figure 3.2).

University of Malaya

In the present study, classifying the messages as either *Direct* or *Indirect* using Goldsmith's (2004) model would be based on whether the messages consisted of (1) only one or more direct advice-giving strategies, or (2) only one or more indirect advice-giving strategies exclusively. Messages which were composed with one or more direct advice-giving strategies exclusively would be considered as *Direct* messages, while messages with only one or more indirect advice-giving strategies were categorized as *Indirect* messages. The analysis on whether the strategies were direct or indirect then depended on the descriptions of advice-giving discursive moves. Discursive moves which functioned to give advice explicitly would be considered as moves giving direct advice, whereas discursive moves which offered advice implicitly were categorized as moves giving indirect advice.

Investigation into the solidarity or deference level of the messages using Goldsmith's (2004) model looked at the manner in which the messages were composed. For instance, messages that displayed the advice-giver's interest to connect with the advice-recipient(s) could be classified as messages with high solidarity level. In contrast, messages which were devoid of attempts to associate with the advice-recipient(s) were categorized as messages with low solidarity level. As this is an examination of the relational work in the messages, Locher's (2006) method of investigating relational aspects of the messages could help guide the analysis. Messages composed with relational work that was bonding in nature would be considered as messages with high solidarity level, while messages without such bonding would be regarded as messages with low solidarity level.

University of Malaya

Analysis into the various facets of the advice-giving messages based on Goldsmith's (2004) model of advice-giving techniques included investigation of seven topics which can be found in the messages. The topics are:

(1) *Attributes of the Relationship*

(2) *Attributes of the Advisor*

(3) *Problem-Solving Actions*

(4) *Facets of the Problem*

(5) *Attributes of the Conversation*

(6) *Attributes of the Receiver*, and

(7) *Other's Emotions*

Messages with *Attributes of the Relationship* are messages comprising statements that indicate the type of relationship between the advice-giver and the advice-recipient(s). These statements can be those that show how similar or different the advice-giver and the advice-recipient(s) are, or statements that show the advice-giver's level of concern or interest in the advice-recipient(s).

Messages with *Attributes of the Advisor* are statements that show the advice-giver's level of knowledge or experience in tackling the problem. Their knowledge or experiences can include what the advice-givers have done to cope with their problems when undergoing the IVF treatment, or actions that they have taken in order to successfully conceive.

Problem-Solving Actions in messages are statements that suggest the actions that can be taken to solve a particular problem. These actions may refer to what the advice-receiver can do mentally, behaviorally, or physically.

University of Malaya

Examination into *Facets of the Problem* refers to investigation on statements that indicate various aspects of the problem. These are statements that may refer to the cause of the problem, controllability of the problem, commonality of the problem, duration of certain procedures in the IVF treatment, and severity of the problem.

Analysis of the *Attributes of the Conversation* identifies the comments on the interpretation, relevance or importance of the message. These comments may take the form of how certain advice should be perceived, according to its relevance to the advice-recipient's situation.

Statements about the *Attributes of the Receiver* are statements that point to the abilities and characteristics of the advice-receiver to cope with the problem. These are statements that refer to the advice-receiver's mental attitude, or the advice-receiver's decisions to take certain actions that are deemed helpful.

Lastly, statements about *Other's Emotions* are statements that address the advice-receiver's emotion. These can also be statements that show the advice-giver's empathy towards the advice-recipients.

In summary, the theoretical framework used in the present study for analyzing advice-giving strategies incorporated work by Locher (2006), Kouper (2010) and Goldsmith (2004). The analysis largely adopted Locher's (2006) system of analyzing advice-giving strategies where the messages were examined for their content-structure, relational work, and their linguistic structures. However, identification of discursive moves that functioned as advice-giving would follow Kouper's (2010) classification of advice. Investigation into the advice-giving strategies in the present study would not only look

University of Malaya

at how explicit advice was given, but also how advice might be given through other means such as via descriptions of personal experiences or implicitly using various syntactic structures. In addition, Locher's (2006) *Advice* discursive move would also be further subcategorized into the *Direct Advice* discursive move and the *Indirect Advice* discursive move to enable a more in-depth examination of the advice-giving strategies. Goldsmith's (2004) model of advice-giving techniques then allowed the advice-giving messages to be analyzed in a more holistic manner encompassing the directness level of the messages, the solidarity or deference level of the messages, as well as the topics of focus in the messages.

3.2.3 Theoretical Framework for Investigating Cultural Influence in Advice-Seeking and Advice-Giving

The theoretical framework for the investigation of cultural influence in the advice-seeking and advice-giving messages employed Crozet and Liddicoat's (1999) model of articulation points between culture and language (see Figure 3.3).

University of Malaya

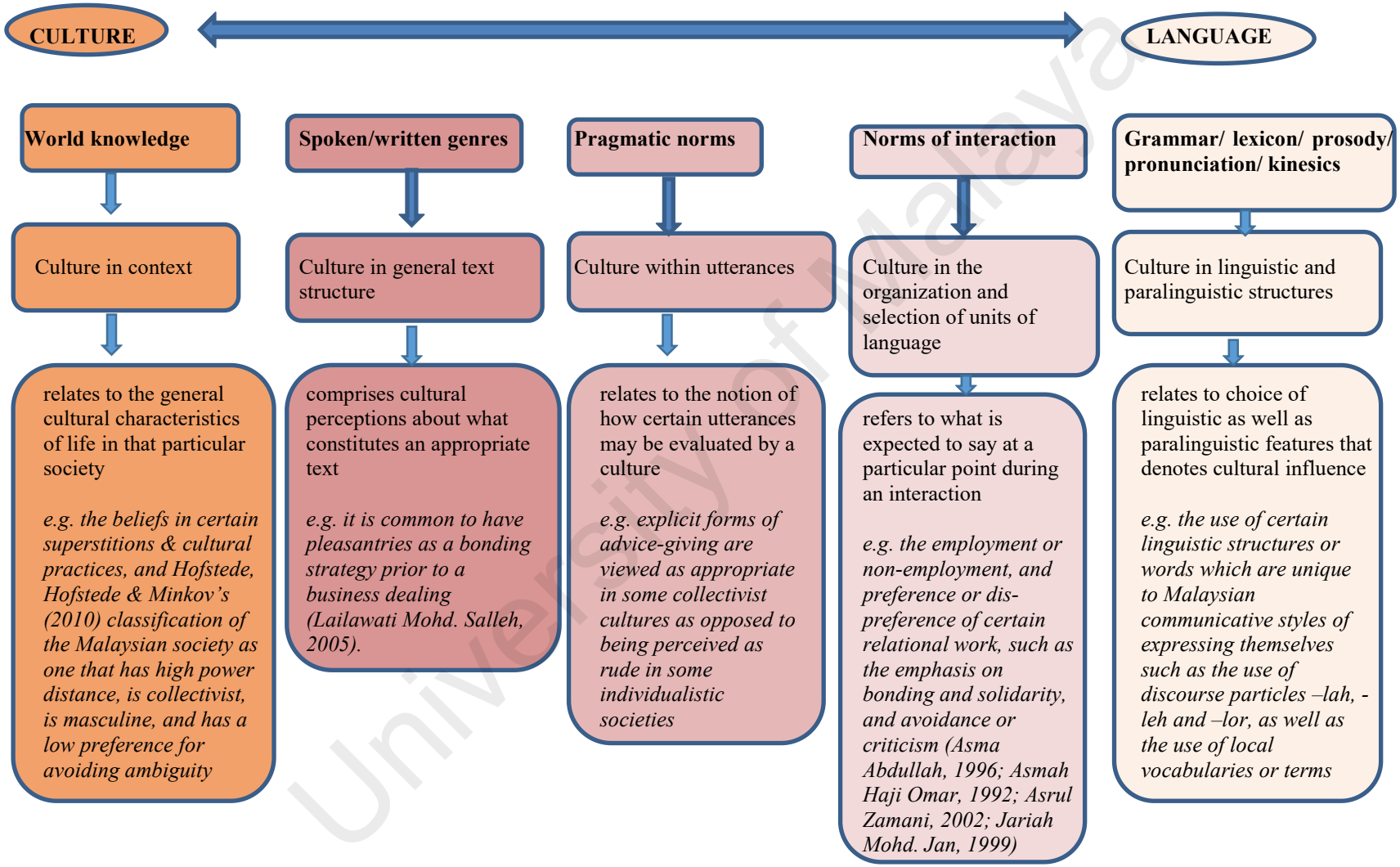

Figure 3.3: Theoretical Framework for Investigating Cultural Influence in Advice-Seeking and Advice-Giving Messages using Crozet & Liddicoat's (1999) Model of Articulation Points between Language and Culture

University of Malaya

Crozet and Liddicoat's (1999) model illustrates how "the macro levels of culture (i.e. archaic, residual and eminent) in language can be broken down into more specific features which show points of articulation between language and culture" (p. 116). According to the model, there are five points of articulation between culture and language, where one end of the continuum is more related to culture, while the other end is more language-based (see Figure 3.3). As such, Crozet and Liddicoat's (1999) model enables identification of culture in language. The articulation points between culture and language range from the macro level of cultural knowledge to the micro level of vocabulary, grammar, syntax and other paralinguistic features that exhibit cultural influence.

The first point of articulation concerns parts of the message-content showing the participants' cultural beliefs or practices, while the second point of articulation relates to certain aspects of the genre that are distinctive to the Malaysian culture such as the types of discursive moves found in the messages or the ways the messages are organized. The third point of articulation is cultural influence seen in pragmatic norms, and this is discernible through analysis of the linguistic structures used to realize the speech act, i.e. advice-seeking or advice-giving. The fourth articulation point pertains to cultural influence which can be seen in interactional norms, such as the employment or non-employment of certain relational work reflecting the general characteristics of typical Malaysian interactional norms. The fifth articulation point refers to linguistic structures or words particular to the cultural practices of certain societies, e.g. the use of discourse particles *–lah*, *-leh*, or *–lor*, and the utilization of local vocabularies among Malaysians.

University of Malaya

As Crozet and Liddicoat's (1999) model concerns cultural manifestations through language use, their model was deemed to be appropriate and relevant to the present study's objective of discerning cultural influence in the online advice-seeking and advice-giving messages composed by the Malaysian women.

In order to identify cultural influence at different points of articulation between culture and language, findings of previous studies related to Malaysian culture and Malaysian communicative behaviors, such as those by Asma Abdullah (1992), Asmah Haji Omar (1992), Jariah Mohd Jan (1999), Asrul Zamani (2002), Lailawati Mohd. Salleh, (2005), and Hofstede, Hofstede and Minkov (2010), and Kuang, Wong and David (2011) were also used.

Nevertheless, it is also prudent to note that in a computer-mediated setting, the participants in the online forum could also constitute a virtual community who abide by certain social patterns and rules (Rheingold, 2008), which may or may not conform to cultural practices in traditional communities. As such, the participants' communicative behaviors could be the cultural norms that they have already established among themselves during their interaction with one another whereby they have their own shared communicative purposes and "similar structures, stylistic features, content and intended audiences" (Herring et al., 2004).

3.3 Research Site

The study is a descriptive research of how Malaysian women seek and give advice on in-vitro fertilization (IVF) online. As such, the investigated forum is one of Malaysia's most popular online forum websites for Malaysian women based on the number of hits it receives everyday. The online forum chosen is the *Malaysian Motherhood and*

University of Malaya

Parenting Forum (http://www.malaysianmotherhood.com/forum/) (Figure 3.4). It currently has over 17,000 registered users. The *Malaysian Motherhood and Parenting Forum* is considered a suitable analysis site as it fulfills the criteria of website selection in terms of targeted audience (Malaysian women) and the prevailing types of messages in the forum (advice-seeking and advice-giving messages).

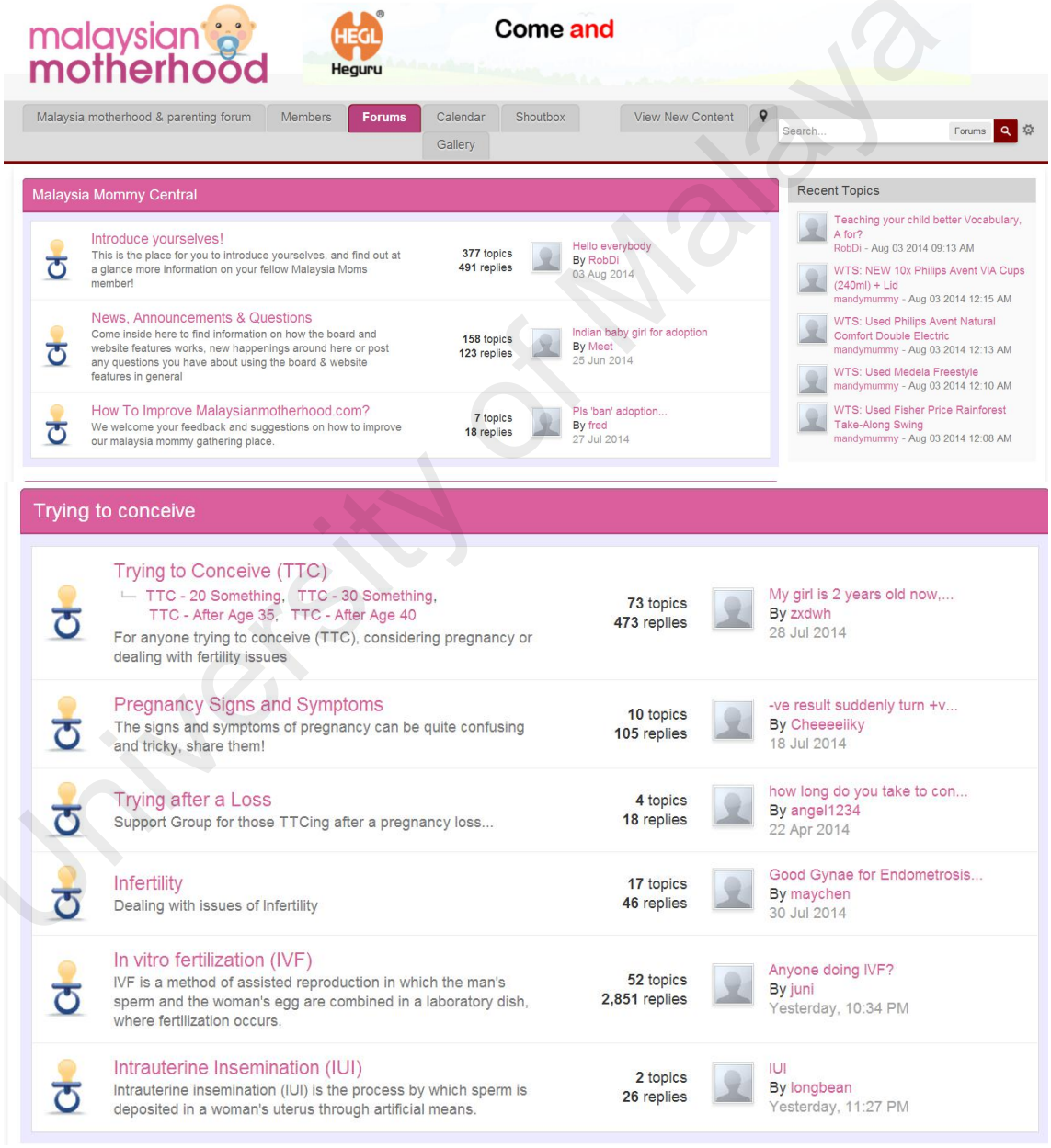

Figure 3.4: Layout of Malaysian Motherhood Forum

University of Malaya

The forum is an asynchronous, text-based type of computer-mediated communication (CMC). The mode of transmission is through message-by-message. The forum is also open-accessed, but registered membership is required to participate in the forum.

The purpose of the forum is to provide an avenue for Malaysian women to discuss and share opinions on various issues that concern them. There are many types of women-related topics in which forum members can participate in, ranging from the women's reproductive system (e.g. "Trying after a Loss", "In Vitro Fertilization", "Trying to Conceive", "Health Issue and Exercise during Pregnancy") to childbirth (e.g. "Confinement Period", "Gynecologists and Obstetricians") and childbearing (e.g. "Your Parenting Style", "Children with Special Needs", "First Time Mommy", "The Stay-At-Home Moms/Work-At-Home Moms Club", "The Full-Time-Working-Moms Club").

Nonetheless, among the discussions, the most popular issue is on infertility treatment, namely IVF. Out of 1292 messages posted from February 2012 to July 2012, 52 topics were devoted to IVF with 762 messages, i.e. the number of messages on IVF took up 58.98% of the total number of messages posted in the forum.

Table 3.2: Types of IVF-Related Themes

No.	Theme	Evidence in Advice-Seeking Messages	Evidence in Advice-Giving Messages
1	how to increase the success-rates of IVF	May I know how come cannot consume Royal Jelly and bird's nest after ER? ..May I know when can we continue to eat?	…no pesticide spray, dun do pest control during that month bcos I had read from an article that embryos dun like strong smell
2	the procedures involved in the IVF protocol	Do u need to take DHEA medicine before ivf start.	…you will be asked to take 2 jabs later on when your next period comes. One for Superfact and another for FSH to stimulate eggs…

University of Malaya

Table 3.2, continued

No.	Theme	Evidence in Advice-Seeking Messages	Evidence in Advice-Giving Messages
3	which doctors or hospitals are recommendable	May I know the TCM center that you go?	Dr. Bong is a very kind and skilful doctor…
4	the problems encountered during the IVF protocol or IVF treatment	…The first time he injected into the blood vessel & it was really painful, I turned in blue black for 2 weeks…	I also cant sleep on side when I had Ohss and I felt better sleeping v my head lifted up…
5	the experiences of mothers who managed to conceive through IVF	Please share your experience…	No worry, I got only one egg in my ivf and I make it!

The following are the types IVF-related themes commonly discussed in the forum:

(1) ways to increase the success-rates of IVF

(2) the procedures involved in the IVF protocol

(3) which doctors or hospitals are recommendable

(4) the problems encountered during the IVF protocol or IVF treatment

(5) the experiences of mothers who managed to conceive through IVF (Table 3.2)

Message 3.1

Dear Tetra
Tx a lot for the info, appreciate your response. Do you know **(1) how is Dr Ghandi's success rate?** In this forum, most of them usually **mention abt Dr Bee from CityIVF or Dr Bong from IVF Hospital.** I'm still halfway through…haven't started my gonal-f yet. **(2) I don't know how to use it as the nurse really confused us**. **(3) Appreciate feedback from all**.

However, as is evident from Message 3.1, most messages written by the Malaysian women are not confined to one theme per message. Instead, it is common to have messages that touch on two or more themes. Message 3.1 touches on three themes: (1) about IVF doctors ("how is Dr Ghandi's success rate? … mention abt Dr Bee from CityIVF or Dr Bong from IVF Hospital"), (2) about the advice-seeker's problem, in

University of Malaya

which she is confused about the proper ways to inject gonal-f, a type of follicle- and egg-stimulating medication (“ I don’t know how to use it as the nurse really confused us”), and (3) about gathering feedback from those who either have information on Dr. Ghandi, or those know how to inject gonal-f due to past experiences (“Appreciate feedback from all”).

Although there are various advertisements that appear at the top panel of the forum site, indicating its maintenance is likely to come from these advertisements, the forum is user-led and has no editorial control. It is not owned by health-professionals, and it does not dictate the types of messages posted by the women in the forum. As such, this makes it possible for the women to share and discuss any topic. Any forum member is allowed to go into the forum and start a thread, or post a message to an existing thread.

There are administrators and moderators in the forum whose role is limited to managing the forum. They are not the employees who run the site, nor do they filter any of the messages posted. Therefore, messages posted in the forum are not changed or edited. However, objectionable messages (e.g. hateful, defamatory, vulgar, etc.) can be removed by the administrators, if deemed necessary, following email requests from members.

The main language of interaction among the forum members is then English, the second official language of Malaysia. As English is a neutral language, unbiased to any particular ethnic group, having English as the language of interaction could help facilitate participation in the forum. Nevertheless, there are also some vocabularies which are of either the Malay or the Chinese origin. Therefore, this seems to indicate that the members are expected to know what these vocabularies mean.

University of Malaya

There is also no expert figure in the forum. Advice is given by fellow forum members who adopt the role of advisors. These are members who, "perceive themselves as knowledgeable" enough to offer advice (DeCapua & Dunham, 1993, p. 519) on the basis that they have either undergone at least one IVF protocol before, or at a later stage of treatment compared to the advice-recipients. The nature of the advice sought and given is thus, peer-to-peer. As such, the forum culture is one that is informal with messages written in a casual, relaxed style.

Message 3.2

Dear Babe,
I have visited the doctor last Saturday. The doctor said I probably have PCOS.
To confirm it, he want me to have hormone test 1st before advise the next step. If I really diagnose with PCOS, I need to do the laparoscopy/ovarian. I am so so so worried & scared.
The nurse had shown me the video of laparoscopy surgery. I felt it is so horrible.
Have you hear about PCOS?

Message 3.3

Hi friends,
I'm juz new here but i had read some posts all of u. Very encouragement. actually i'm 2ww after doing the ET procedure,
didnt do anything only bedrest at my sweet home n just wake up for eat n go to toilet... i feel so boring. i believe many of you experience like me... can anyone give any tips how to take care our self within 2ww after ET n wut the do's n dont's after ET?? hope anyone can help me... when i'm thinking about it...i really stress :-(because i' m active person.

Due to the forum's public participation, communication in the forum is a hybrid between interpersonal (directed to a single, specific recipient) and mass (intended for the general readership). For instance, Message 3.2 is meant for a specific forum member, Babe ("Dear Babe"), but Message 3.3 is a message targeted to all readers ("Hi friends").

Given that the forum is asynchronous, its interactional structure does not follow an interactional structure which is typical in a face-to-face setting. Messages are displayed in the same order as they are posted in the forum. Consequently, in some message-

University of Malaya

exchanges, a message can be a reply to the message immediately preceding it. However, there are also other message-exchanges where reply messages may not be positioned directly with the message they are in response to. The responses may come at different points in the message-exchanges, but are identifiable as to which message(s) they relate to because the addressee has been specified. Furthermore, the interactional structure of the forum is polylogic, which allows multiple responses to a message (Kerbat-Orecchioni, 2004).

Nonetheless, with regards to the researcher's role in this study, the researcher did not take part in any of the discussions. She only acted as an observer of the forum activities, analyzing the IVF-related messages posted from February 2015 to July 2015 for their advice-seeking and advice-giving strategies.

3.4 Sample Population

The sample population for the study is registered users of the *Malaysian Motherhood and Parenting Forum*. The participants are members who have posted advice-seeking and advice-giving messages related to in-vitro fertilization (IVF) in the forum over a period of six months (February to July 2012).

It is difficult to ascertain the demographic information of the forum members due to the anonymous setting of the online forum. However, as the forum's targeted members are Malaysian women, the participants in the study are taken to be Malaysian women, comprising primarily the three main ethnic groups in Malaysia, namely the Malays, the Chinese, and the Indians (Index Mundi, 2014). Given the multiethnicity makeup of Malaysians, cross-cultural communication is likely to take place (Hofstede, Hofstede, and Minkov, 2010), and so, the study adopts Newman and Nollen's (1996) idea that

University of Malaya

there exists the national culture whereby all ethnic groups in a particular society still share and observe some common values (Asma Abdullah, 1996).

There are several indications in the messages that point to the likelihood of the members being Malaysians. For instance, the members in the forum claimed to be Malaysians in their profiles when they indicated their locations. Names of several states in Malaysia, as well as names of recommended fertility hospitals or clinics in the country are also sometimes mentioned in the messages. In addition, local vocabularies (e.g. Malay words and Chinese dialects) and discourse particles (e.g. *-lah*, *-lor*) are occasionally seen in the messages. Furthermore, discussions in the messages sometimes include local superstitions and beliefs.

In addition, the forum members are also more likely to be women rather than men. As indicated in Section 3.3, the forum deals with mainly women-related issues, ranging from health and beauty, to child rearing.

The forum members also do not identify themselves by name, but by their chosen pseudonym. In the advice-seeking and advice-giving messages posted from February 2012 to July 2012, there were 87 pseudonyms, indicating there were 87 individuals who participated as advice-seekers or advice-givers on IVF-related issues during that time.

Table 3.3: Number of Members Posting Messages by Month

No.	Duration	No. of Members
1	1 February 2012 – 29 February 2012	25
2	1 March 2012 – 31 March 2012	35
3	1 April 2012 – 30 April 2012	25
4	1 May 2012 – 31 May 2012	27

University of Malaya

Table 3.3, continued

No.	Duration	No. of Members
5	1 June 2012 – 30 June 2012	29
6	1 July 2012 – 31 July 2012	39

Nevertheless, the participants in the study did not take part in discussions every month. As shown in Table 3.3, during the six-month period in which the IVF-related advice-seeking and advice-giving messages were posted and collected, the participants interacting in the forum varied from month-to-month, from 25 to 39 members. The participants' involvement depended on the stage of IVF treatment they were in, as well as how successful their treatment had been. A participant might be less active in the forum after a failed IVF attempt, as she had to wait between one and six months before another attempt. Similarly, once a participant had successfully conceived, she might cease participating in the discussion altogether, or shift her focus to a different topic thread which no longer focused on infertility issues.

As the forum is an avenue for exchange of ideas and sharing of stories, some participants played dual roles – sometimes functioning as advice-seekers, and at other times, advice-givers. As such, many of the participants also wrote more than one message. The participants were defined as advice-seekers when they asked for advice or help to a problem, whereby the advice-request might be explicit, or implicit in the form of information-asking, opinion-asking or problem-description. In contrast, the participants were regarded as advice-givers when they provided suggestion, information, or solution to a problem. The advice given might also be explicit, or implicit in the form of experience narration, or requiring some inference on the part of the advice-recipient.

University of Malaya

3.5 Data

Altogether, there were 1292 messages posted from February 2012 to July 2012. Of them, 762 messages were related to in-vitro fertilization (IVF).

Table 3.4: Types and Frequency of IVF-Related Messages

No.	Message Type	Frequency
1	Advice-seeking	251
2	Advice-giving	369
3	New or response messages neither advice-seeking nor advice-giving in nature, or messages posted by men	142
	Total	**762**

Out of the 762 IVF-related messages, 251 were advice-seeking messages, 369 were advice-giving messages, while 142 were messages which were either not advice-seeking nor advice-giving in nature, or messages which indicated the message-authors were men (Table 3.4).

As the study was about the online advice-seeking and advice-giving strategies of women, the data were the 251 IVF-related advice-seeking and 369 advice-giving messages posted in the forum (Table 3.4). Messages which were not advice-seeking nor advice-giving did not constitute as data and these were mostly messages of appreciation, messages updating the message-author's status, and messages which aimed to establish solidarity among themselves.

Messages which stated explicitly that they were written by men did not constitute as data since the study was an investigation of women's online advice-seeking and advice-giving strategies. These messages were minimal (fewer than five), and they were messages asked on behalf of their wives seeking advice from other members in the forum.

University of Malaya

Table 3.5: Length of IVF-Related Advice-Seeking and Advice-Giving Messages

Message Type	Longest Message Length	Shortest Message Length	Average Message Length
Advice-seeking	1358	10	89
Advice-giving	780	6	81

In terms of message-length, there were no limits to message-size. The average number of words in an advice-seeking message was 89 words, with the longest message being 1358 words long, and the shortest message consisting of just 10 words. On the other hand, the average number of words in an advice-giving message was 81 words. The longest advice-giving message comprised 780 words, and the shortest advice-giving message, only six words (Table 3.5).

Lengthy advice-seeking messages commonly included detailed narration of the advice-seeker's problem, while long advice-giving messages usually comprised a comprehensive description of the advice-giver's experience in tackling a particular problem.

Message-length was largely influenced by whether: (1) the women were newly-joined members, or (2) the women were existing or long-standing members. In the study, newly-joined members were defined as members who had joined the forum for less than one month before their first posted message was analyzed for their advice-seeking or advice-giving strategies.

Message 3.4

I'm also advised by Dr Bong to take DHEA for 2 months. Did dr explain why does DHEA doesn't work for u? Wats the birth control pills purpose actually?

University of Malaya

The length of messages posted by newly-joined members depended on how much the member was willing to write or share. Messages were short when advice-seekers revealed little about themselves. For instance, in Message 3.4, the only background information the advice-seeker provided was the shared experience between herself and the message-recipient, i.e. taking dehydroepiandrosterone (DHEA) ("I'm also advised by Dr Bong to take DHEA for 2 months").

Message 3.5

Hi everyone,
(1) I just joined and I really enjoyed reading all ur experiences here. Last yr April DH(37yo) & I(27yo) went to DDD Hospital and found out that DH has low morphology low count and low motility while I have high FSH. I did laprascopy & my tubes are alright. Thn we planned todo IUI in Apr but at d end of April, DH got diagnosed wit 3rd stage brain cancer so everything has to be cancelled. This yr June 2012 finally everything has been cleared & his oncologist gv us green light to try for baby. I just went to c Dr ABC from CCC Hospital on 16 Jul. DH sperm count has gotten much better but his morphology & motility is very low (might hv gotten worst due to his treatment) but Dr says its still alright cuz they jus need few sperms. (2) Dr did scan on me & says tht most probably I'm having low ovarian reserve T_T and I had to do a blood test to confirm tht. The blood test result will be out on 27 Jul and if it's confirmed thn I have to take DHEA (a supplements/controlled drugs) for 2 months b efore starting IVF. Sigh..... Since I'm quite sure it will come out confirmed, I told dr to gv me DHEA immediately and dr agreed. I'm really sad bout this as I was having hope to start ivf immediately afraid tht DH cancer will come bk (hopefully not!!!) I'm praying really hard tht things can go smoothly as it has been a rough year for DH & I....

On the other hand, messages were often long when advice-seekers chose to provide detailed background and describe their situations. The advice-requests were also frequently in the form of problem-description. In Message 3.5, (1) the background information was lengthy ("I just joined…need few sperms"), and so too (2) the description of the advice-seeker's problem ("Dr did scan…bk (hopefully not!!!)").

Long-standing or advanced members were defined as members who had been in the forum for at least one full month before their messages were analyzed for their advice-seeking or advice-giving strategies.

University of Malaya

Message 3.6

Hi Ladies, **Need your advice. I did my ET last Sat**. Did you'll have any symptom before your positive urine test test/beta?

Message 3.7

Hi aazam, **I got only one embryo with 4 cells for transfer, mine was day 2 transfer**. No worry about the do and don't, the nurses or embryologists will guide u through that.u are under CityIVF, right? Or u can go tot City forum at http://www.city.com for the do and don't. all the best to your opu tmr!

For longstanding members, their messages often excluded background information of themselves, as illustrated in Message 3.6 and Message 3.7. When advice was sought or given, it was usually straightforward and with little or no hedging. For example, the author in Message 3.6 began her message with an unhedged, explicit advice-request ("Need your advice"), with minimal information about herself save for the fact that she had her Embryo Transfer procedure (ET) the Saturday before ("I did my ET last Sat"). Similarly, when advice was offered, the author in Message 3.7 also did not reveal much about herself, except for the information about the number of embryos for IVF and when the transfer was ("I got only one embryo with 4 cells for transfer, mine was day 2 transfer").

3.6 Method

Consistent with the research methods used in previous research on advice-seeking and advice-giving strategies in computer-mediated communication (CMC) context such as those conducted by Locher (2006), Kouper (2010), Ruble (2011) and Goldsmith (2004), the present study's research design is also largely qualitative with some quantitative aspect of tabulating occurrences.

University of Malaya

In this study, the messages were examined qualitatively to identify the types of advice-seeking and advice-giving strategies used by Malaysian women in the online forum in terms of the discursive moves, the relational aspects inherent in these messages and the linguistic structures used based on Locher's (2006) system of analyzing advice-seeking and advice-giving messages. Other aspects of the strategies were also investigated based on Kouper's (2010) and Ruble's (2011) or Goldsmith's (2004) method of analyzing advice-seeking or advice-giving strategies. The quantitative aspect of the study came in only as numbers and percentages indicating the frequency of each strategy type in support of qualitative data.

Similarly, how culture influenced the construction of the messages was also first examined qualitatively, and then, quantitatively to determine the frequency of each type of cultural influence based on Crozet and Liddicoat's (1999) points of articulation between culture and language.

3.7 Ethical Issues

Since the forum is publicly accessible, it was not necessary to obtain informed consent from the forum members. In line with Ess and the Association of Internet Researchers' (2002) guidelines for ethical decision-making in Internet research, the identities of the message posters remained anonymous for confidentiality and ethical reasons. Moreover, to further protect the identities of the message posters and of those mentioned in the messages, all pseudonyms, names of people, dates, as well as other contact information of the forum members, were also changed.

University of Malaya

3.8 Reliability and Validity

Measures were also taken to ensure the reliability and validity of the data. A pilot study was conducted to test the suitability of the framework before it was applied to the actual data corpus. The data for the pilot study consisted of two months of messages posted from December 2011 to January 2012. In addition, an inter-rater reliability test was also carried out for both the pilot study and the actual data corpus using the percentage agreement statistic method. More about the pilot study is discussed in Section 3.11 and Section 3.12, while details on the inter-rater reliability test on the actual data corpus is reported in Section 3.13.

3.9 Data Collection and Procedures

The data of the study was accessed by going into the forum as an observer. From the forum, six months of messages posted from February 2012 to July 2012 were collected. The total number of messages was 1292.

The collected messages were then screened so that only those related to in-vitro fertilization (IVF) were taken for further analysis (N=762). The IVF-related messages were then grouped into advice-seeking messages (N=251), advice-giving messages (N=369), and messages that were neither advice-seeking nor advice-giving (N=142) (Chapter 3, Section 3.5). Messages which were advice-seeking or advice-giving were later further examined for their strategies and the influence of culture on them, while messages that were not advice-seeking or advice-giving were disregarded.

3.10 Data Analysis

This section deals with: (1) the frame of analysis for the collected data, and (2) the procedures involved in analyzing the data.

University of Malaya

3.10.1 Frame of Analysis

There are two parts to this section. The first section is on the frame of analysis for the advice-seeking and advice-giving strategies while the second section focuses on cultural influence on the advice-seeking and advice-giving strategies.

3.10.1.1 Frame of Analysis for Advice-Seeking and Advice-Giving Strategies

The frame of analysis for the data on the advice-seeking and advice-giving strategies is the web content analysis method. The method uses an expanded paradigm of the traditional research method called content analysis to analyze web pages. Content analysis is an established social science research method, defined as an "objective, systematic, and quantitative description of the content of communication" (Baran, 2002, p. 410). Stemler (2001) also describes content analysis as systematic, but more importantly, it is also a "replicable technique for compressing many words of text into fewer content categories based on explicit rules of coding" (para 1). It is, thus, an orderly, efficient inductive approach to uncover trends or patterns in large volumes of texts. For this reason, content analysis becomes a useful research method used in web analysis; hence, it is subsequently termed as web content analysis (Herring, 2010).

The web content analysis method is slightly different from the traditional approach of content analysis in that the content in web content analysis method can refer to other types of information contained in media documents besides texts such as themes, features and exchanges that can communicate meanings (Herring, 2010). Analysis of the data can then consist of both the qualitative and quantitative approaches. Messages can be examined qualitatively using some aspects of computer-mediated discourse analysis method to discern the types of discursive moves, relational work and linguistic structures used by the women when interacting in the forum, as well as other aspects of

University of Malaya

advice-seeking and advice-giving strategies in the messages. At the same time, there is also the quantitative aspect of the method whereby it also includes the counting of the codes or categories that had been inductively developed.

Considering the relevance of web content analysis to the present study's data, it was considered an appropriate research method to be employed. Not only were there voluminous texts to examine, these advice-seeking and advice-giving messages were also unstructured and heterogeneous in styles, subject to an individual's personal preferences. By using web content analysis method, the study could be exploratory, allowing coding categories to emerge from the data, revealing new coding schemes, semantic themes and structural features of the texts, offering insights into how Malaysian women interacted in the forum, at the same time, backed by the calculation of frequencies in which each feature was employed. Moreover, web content analysis was also the research method used in recent computer-mediated communication (CMC) studies on advice (Eisenchlas, 2011; Eisenchlas, 2012; Locher, 2006; Morrow, 2012; Placencia, 2012).

3.10.1.2 Frame of Analysis for Cultural Influence on Advice-Seeking and Advice-Giving Strategies

To examine the cultural influence on advice-seeking and advice-giving strategies, the analysis also took on the web content analysis method. The method was employed in a manner that discerned, and later calculated, the instances where certain aspects of the messages showed cultural influence. This included analyzing: (1) the message-content, specifically at the types of advice being sought and given, (2) the ways advice was solicited and offered in terms of the organizational structure of the message, (3) the preferred language structures used in seeking and giving advice, (4) the manner in

University of Malaya

which advice was solicited and offered with regards to the choice of relational work employed, and (5) the choice of vocabularies or other linguistic features used when soliciting and giving advice.

3.10.2 Analysis Procedures

This section is dedicated to the procedures in which data were analyzed for: (1) the advice-seeking strategies and advice-giving strategies, where the analysis comprised looking at the content-structure of the messages in terms of their discursive moves, the relational work inherent in the messages, as well as the linguistic structures employed to realize the advice-seeking and advice-giving moves, and (2) the manner in which the messages were constructed which reflected cultural influence.

3.10.2.1 Analysis Procedures for Investigating Advice-Seeking and Advice-Giving Strategies

To analyze the advice-seeking and advice strategies, the analysis was divided into seven phases (Figure 3.5 and Figure 3.6).

University of Malaya

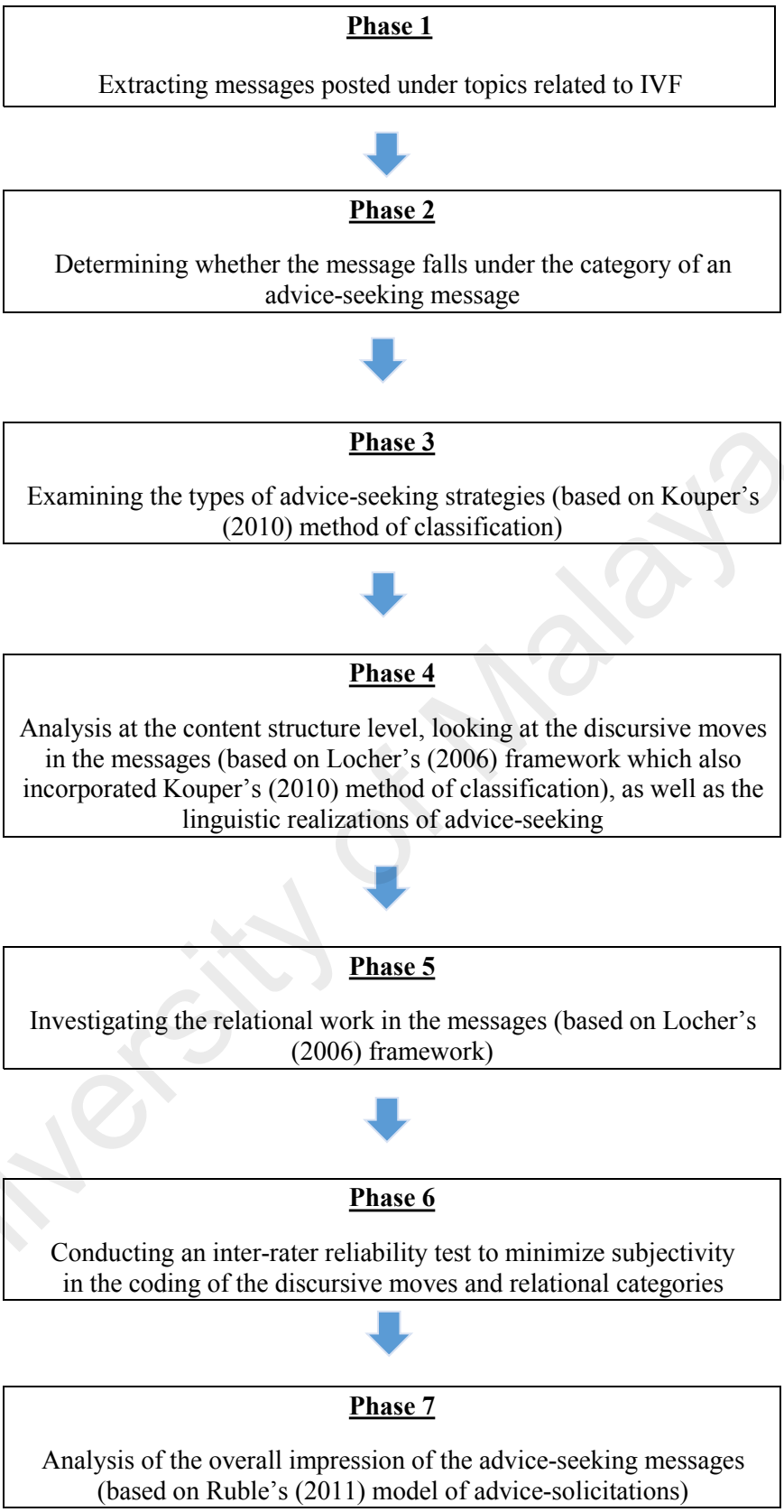

Figure 3.5: Analysis Procedures for Analyzing Advice-Seeking Strategies

University of Malaya

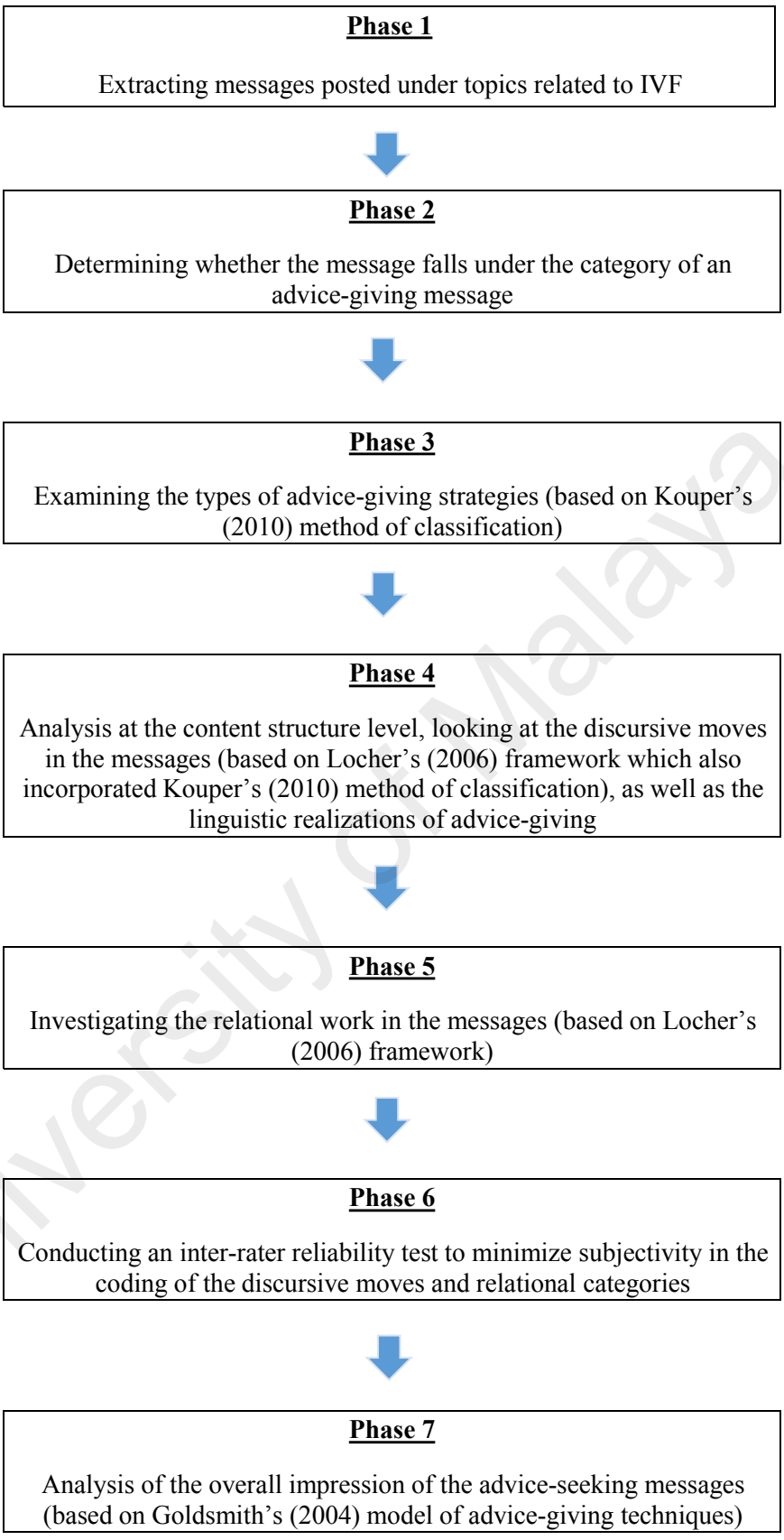

Figure 3.6: Analysis Procedures for Analyzing Advice-Giving Strategies

University of Malaya

Phase 1 of the analysis procedures encompassed extracting only IVF-related messages from all messages posted on the online forum from February 2012 to July 2012 (Figure 3.5 and Figure 3.6).

Since advice-seeking and advice-giving could take on several realizations, these advice-seeking and advice-giving messages had to be distinguished from other types of messages in the forum. As such, it was necessary to read all the IVF-related messages to determine if they fell under the categories of advice-seeking, advice-giving, or not advice-seeking nor advice-giving in nature. Advice-seeking messages were those that displayed the characteristics of the author asking for solutions or suggestions to a problem, while advice-giving messages were messages that provided solutions, information or opinions that were intended to help the advice-recipient. This was particularly important as the forum was not intended for women to merely ask questions or advice on challenges encountered. Instead, the forum was an arena for women to express themselves and share ideas and information, and as such, not all messages were advice-seeking or advice-giving. Some messages were just exchanges of information and opinions, while others were meant to give some kind of social support in the forms of encouragement and motivation. Analysis at this stage, therefore, was qualitative since at present, there is no program that can extract the various forms of advice-seeking and advice-giving messages from the corpus. This constituted Phase 2 of the analysis.

An in-depth examination of the advice-seeking and advice-giving strategies was carried out in Phase 3. The phase analyzed the types of advice-seeking strategies (Figure 3.5) and advice-giving strategies (Figure 3.6) found in the messages. This comprised examining the various categories of explicit and implicit advice-seeking and advice-giving strategies based on Kouper's (2010) method of classification. The advice-seeking

University of Malaya

and advice-giving categories then formed the basis for the coding of advice-seeking and advice-giving discursive moves in Phase 4.

Phase 4 was an analysis of the informational structure of the advice-seeking messages (Figure 3.5) and advice-giving messages (Figure 3.6). Basically, it looked at the content organization of the messages. This was to see the general structure of the advice-seeking and advice-giving messages, as used by Malaysian women in an online forum. The analysis comprised using Locher's (2006) system of analysis to examine the various discursive moves present in the messages, the frequencies of each move in the messages, the organization of such moves in the messages, as well as how these moves interacted with each other. In addition, this phase also included examining the linguistic realizations of advice-seeking and advice-giving discursive moves. The analysis basically involved identifying the syntactic forms of the moves.

As authors write, they also have in mind how to establish connection with the addressee(s) (Kreuz & Graesser, 1993; Thibault, 2002). Phase 5 investigated how relationships were established through various aspects of the message. This entailed examining how a point was conveyed at an interpersonal level. These techniques could occur at word, phrasal, or even sentence level. Furthermore, other features unique to computer-mediated communication (CMC) that represent non-verbal communication in face-to-face interaction (e.g. emoticons, repeated and successive use of certain punctuations, etc.) are also an aspect of relational work, and hence, were also investigated at this analysis phase.

Due to the inductive nature of Locher's (2006) coding system for the discursive moves and relational categories, an inter-rater reliability test was conducted to minimize

University of Malaya

subjectivity during the interpretation process. This is Phase 6 of the study's analysis procedures for the advice-seeking strategies (Figure 3.5) and advice-giving strategies (Figure 3.6). The procedure for the inter-rater reliability test followed the one carried out for the pilot study.

Finally, the advice-seeking and advice-giving messages were looked at again in Phase 7 from a more global perspective. Specifically, it identified the types of advice request and advice given by the participants, as well as other facets of the message-content based on Ruble's (2011) model of advice-solicitations (Figure 3.5) or Goldsmith's (2004) model of advice-giving techniques (Figure 3.6).

3.10.2.2 Analysis Procedures for Investigating Cultural Influence in Messages

This section of the investigation basically aimed to determine which parts of the messages had implications of cultural influence. This involved relating the various aspects of the messages to the general communicative styles of Malaysians.

Previous research on Malaysian culture have shown the Malaysian society as one that is hierarchical (Hofstede, 1991), collectivist (Hofstede, Hofstede, & Minkov, 2010) and high-context (Lailawati Mohd. Salleh, 2005). Therefore, communication was frequently respectful (especially to those in authority, either in terms of age or social standing), cooperative or non-antagonistic (an emphasis to establish solidarity and to protect each other's face), and indirect (through the use of circumlocution, contextual cues or analogous language) (Asmah Haji Omar, 1995; Jariah Mohd Jan, 1999; Kuang & Jawakhir Mior Jaafar, 2010; Morais, 1994) (Chapter 2, Section 2.8).

University of Malaya

As such, investigation of how messages were constructed with regards to culture comprised looking at the message content, the patterns and frequencies of certain discursive moves or relational categories in the messages, as well as the linguistic features used to convey the author's meanings to the message recipient. A close match between the communicative styles of the Malaysian culture with those identified in the messages signified culture as a prominent factor influencing the ways the forum members composed their messages.

Investigation on cultural influence in the data followed a five-phase analysis procedures based on Crozet and Liddicoat's (1999) model of articulation points between culture and language (Figure 3.7).

University of Malaya

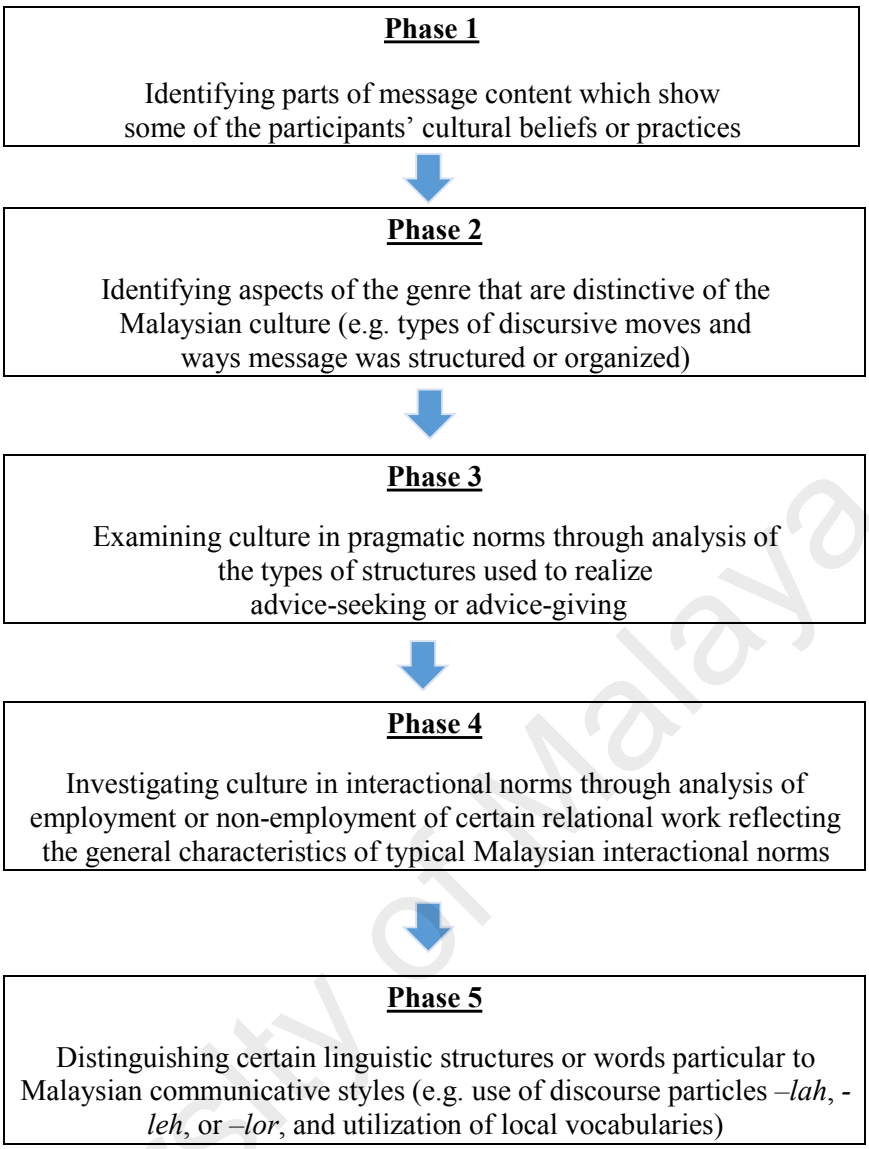

Figure 3.7: Analysis Procedures for Analyzing Cultural Influence in Messages

Phase 1 of the analysis examined the data based on Crozet and Liddicoat's (1999) first point of articulation between culture and language (Figure 3.7). The first point of articulation is world knowledge, which can be defined as the knowledge about the cultural aspects of the society in context. In the investigated forum, the world knowledge encompasses knowledge about the Malaysian culture, specifically, the cultures of the dominant ethnic groups in Malaysia. As the forum is intended for Malaysian women, participants in the forum are most likely to communicate with the assumption that all participants are indeed Malaysian women. As such, analysis on

University of Malaya

cultural influence in the advice-seeking and advice-giving messages consisted of identifying parts of the message content which showed some of the participants' cultural beliefs, superstitions, or practices.

Phase 2 of the analysis examined the messages by looking at how culture is interwoven into the general structure of the text, which is Crozet and Liddicoat's (1999) second point of articulation between culture and language. In this study, the genre being examined was computer-mediated discourse. To discern cultural influence, aspects of the genre which were distinctive of the Malaysian culture were identified, and then analyzed qualitatively. This comprised the types of discursive moves found in the messages which were absent from those identified in previous studies on advice-seeking and advice-giving strategies of other cultures, the kind of moves which were preferred by the Malaysian women which could have cultural implications, as well as the ways the messages were structured and organized which were indicative of cultural influence.

Phase 3 in the analysis of cultural influence took on the third point of articulation between culture and language, which is how culture is manifested in shorter units of text (e.g. the ways certain speech acts are realized). In the case of the present study, this consisted of looking at the structures used to seek or give advice. These structures were examined both qualitatively and quantitatively to discern whether they were similar to, or different from, the structures employed by communities of other cultures in previous studies on online advice-seeking and advice-giving strategies.

Phase 4 is investigation on culture in interactional norms. It refers to the cultural implications in the way units of speech are organized (Liddicoat, 1997). Hence, in advice-seeking and advice-giving, cultural influence could manifest itself in the types of

University of Malaya

relational work inherent in the speech acts. The employment or non-employment, and preference or dis-preference of certain relational work could reflect the general principles and characteristics of typical Malaysian interactional norms.

Lastly, Phase 5 of the analysis rests on the notion that culture is embedded in linguistic structures, words and non-verbal language. Analysis of cultural influence at this point in the present study involved distinguishing certain linguistic structures or words which were particular or unique to Malaysian communicative styles of expressing themselves. This could take the form of certain discourse particles such as *-lah*, *-leh* and *-lor* that are commonly used by Malaysians, as well as the use of local vocabularies or terms.

3.11 Pilot Study

A pilot study was carried out to test out the suitability of the framework to the messages in the present study's investigated forum. This section is a report on the pilot study that was conducted.

The data for the pilot study consisted of messages posted from December 2011 to January 2012. Altogether, there were 127 messages posted in the forum during the two months. Out of the 127 messages, 39 were advice-seeking messages, and 42 were advice-giving messages. Further examination of the messages showed that there were 32 IVF-related advice-seeking messages, and 38 IVF-related advice-giving messages.

Another researcher was enlisted to help the researcher to discern the various categories of discursive moves and relational work in the messages. The helper researcher is a lecturer teaching the English language at a local university. Discerning the discursive moves and relational work in the messages comprised reading through the messages

University of Malaya

first to identify the discursive moves and the relational aspects that were inherent in them, and then labelling and describing the moves and relational aspects. This formed the initial analysis of the data. A discursive move is a type of contribution that the move has on the interaction (Miller & Gergen, 1998). For example, "I'm sorry" is a type of apology, and hence, can be classified as an *Apology* discursive move. The relational aspects of the messages are the ways the forum members communicated with one another at an interpersonal level. For instance, when one member expresses her ability to understand another's situation such as "I know what you are going through now…", the relational category at work is *Empathy*.

It was found that not all the discursive moves and relational categories developed by Locher (2006) were relevant to the data, and other discursive moves and relational categories had to be created to better describe certain parts of the messages. Some of the explanations for the moves and relational categories also had to be modified to suit the features of the pilot study's messages. Together, the two researchers identified 15 types of discursive moves and six relational categories in the advice-seeking messages, and 17 discursive moves and seven relational categories in the advice-giving messages (details are in Chapter 3, Section 3.12).

To establish a certain degree of inter-rater reliability, an evaluator, who is also a lecturer of the English language at a local university, was then asked to independently use the same coding framework on the same set of messages. During this analysis stage, there were no discussions between the two researchers and the independent assessor. Inter-rater reliability is defined as "the extent to which different coders, each coding the same content, come to the same coding decisions" (Rourke, Anderson, Garrison & Archer, 2000, p. 6).

University of Malaya

Prior to doing the actual analysis, both the researcher and the independent evaluator did a sample exercise on ten advice-seeking messages, and ten advice-giving messages which were different from the messages in the pilot study. The exercise was done several times to allow the coders to familiarize themselves with the coding framework. Only when both coders were comfortable with the coding framework, did they proceed to code the messages independently without any collaboration.

The results between the researcher's and the independent evaluator were then compared using the percentage agreement statistic method. The percentage agreement statistic method is a common inter-coder reliability reporting method whereby the number of agreements was measured against the total number of coding decisions (Rourke, Anderson, Garrison, & Walter, 2000). The conceptual formula of percentage agreement statistic method is as follows:

$$PA_0 = A/n$$

where:

PA_0 = observed proportion of agreement

A = number of coders' consensus decisions

n = total number of decisions the two coders have made

As for the pilot study's results, the percentage agreement for the coding of moves in the advice-seeking messages was 98.70% while the percentage agreement of moves in the advice-giving messages was 98.77%. In terms of relational work, the percentage agreement for the coding of relational categories in the advice-seeking messages was 83.04%, while the percentage agreement of relational categories in the advice-giving messages was 87.04%. According to Riffe, Lacy, and Fico (1998), "a minimum level of

University of Malaya

80% is usually the standard" (p. 128). Therefore, in the case of the pilot study's results, the percentage agreement result was reliable.

Subsequently, follow-up discussions between the researcher and the independent evaluator led to the two parties' agreement in the final coding of the messages' discursive moves and relational categories.

Finally, Ruble's (2011) model of advice solicitations was applied to analyze the advice-seeking messages, while Goldsmith's (2004) model of advice-giving techniques was employed to examine the overall make-up of the advice-giving messages.

3.12 Findings of the Pilot Study

It was found that there were differences in the discursive moves and relational aspects of messages between those found in Locher's (2006) study and those in the pilot study.

3.12.1 Discursive Moves in Analyzing Advice-Seeking Messages

There were 15 discursive moves identified in the advice-seeking messages compared to just 10 found in Locher's (2006) study (Table 3.6).

Table 3.6: A Comparison of Discursive Moves in Advice-Seeking Messages between those in Locher's (2006) Study and in the Pilot Study

No.	Discursive Moves in Locher's (2006) Study	Explanation	Discursive Moves & Examples in the Pilot Study
1	*Apology*	The advice-seeker apologizes for the 'intrusion'.	*Apology* (e.g. Sorry to ask so many question)

University of Malaya

Table 3.6, continued

No.	Discursive Moves in Locher's (2006) Study	Explanation	Discursive Moves & Examples in the Pilot Study
2	*Background*	Background information - a move whereby the advice-seeker introduces herself and/or gives an introductory information about her problem.	*Background* (e.g. I am new here and have just had my 3rd ivf done …)
3	*Comment on Previous Record*	A comment on a previously posted message.	*Comment on Previous Record* (e.g. Glad to know that you are doing well. And your amino test result was healthy babies)
4	*Compliment*	A compliment of the advice-giver or of the site in general	*Congrats* - A move to congratulate the advice-giver because of some achievement or success she has experienced. (e.g. Congrats!, Congratulations on your double good news!)
5	*Explanation*	An explanation of a point just made; an extra type-tag indicates which element is further explained, namely 'apology', 'background', 'comment on previous record', etc.	*Explanation* (e.g. somemore we have to have 2 punctures for twin babies.) Note: The above example is an *Explanation* move for the *Question* move, "is it painful?"
6	*Metacomment*	A text-structuring comment	*Metacomment* (e.g. But…, … too)
7	*Problem Statement*	A specific mention of a problem that requires advice	*Problem Statement* (e.g. I just had my first ivf done in November and it's a NEGATIVE.)
8	*Question*	An explicit question.	*Question* – a question for information or opinion on various aspects about the advice-seeker herself, the message-recipient(s), or the treatment. (e.g. Do I need meet Dr before I plan for baby?)
9	*Request Advice*	An explicit request for advice	*Request Advice* – An explicit request for advice, which can be in the form of a statement or an interrogative structure. (e.g. I need some advice)
10	*Thanks*	Thanks to the advisor for answering/helping	*Appreciation* - Appreciating the advice-giver's help/advice. (e.g. Thanks, Thanks for sharing)

University of Malaya

Table 3.6, continued

No.	Discursive Moves in Locher's (2006) Study	Explanation	Discursive Moves & Examples in the Pilot Study
11	*NA*	*NA*	*Future Expectation* - A statement that expresses a future hope of the advice-seeker. (e.g. hope mine will do the same)
12	*NA*	*NA*	*Goodwill Wishes* - A statement that expresses a friendly wish. Can be a typical goodwill greeting or other types of goodwill wishes (e.g. Happy New Year, Babydust to all…"
13	*NA*	*NA*	*Planning* - A future arrangement or intention of the advice-seeker. (e.g. I'm planning to try my luck again after…"
14	*NA*	*NA*	*Providing Contact Information* - Giving information on other ways to reach or communicate with the advice-seeker. (e.g. My email is abc@yahoo.com)
15	*NA*	*NA*	*Suggesting Advice to Oneself* - An advice or suggestion that is directed to the advice-seeker herself, usually phrased with some element of hesitancy or uncertainty. (e.g. I guessed we should put aside all these TTC issues aside, and look forward for the upcoming festival celebration first)

As demonstrated in Table 3.6, the first nine moves showed similarities between the moves found in Locher's (2006) study and those in the pilot study. However, six moves that were found in the pilot study, but not in Locher's (2006) study were (1) the *Congrats* move, (2) the *Future Expectation* move, (3) the *Goodwill Wishes* move, (4) the *Planning* move, (5) the *Providing Contact Information* move, and (6) the *Suggesting Advice to Oneself move*. One possible reason for this difference is because of the nature of the advice sought, as well as the intended purpose of the forum site. The forum investigated in Locher's (2006) study was a health advice column, and so the team of advice-givers was given the role of health experts. In contrast, forum discussions in the

University of Malaya

pilot study dealt mainly with women-related issues, which provided an avenue for women to discuss and to lend support to one another. The nature of the advice sought and given was therefore, peer advice. As a platform for sharing of stories, support-seeking and support-lending, many of the messages subsequently had moves that perform such functions, and these were the *Congrats*, *Future Expectation*, *Goodwill Wishes*, *Planning*, and the *Providing Contact Information* moves.

In addition, as the role of the advice-givers was not one of an expert or authority, but of a peer, some of the advice-seekers in the pilot study also provided some suggestions to solve their own problems in their messages, hence the *Suggesting Advice to Oneself* move (Table 3.6). Subsequently, the type of advice expected of the message recipient was not necessarily a new advice, but could also be a confirmation or approval of the advice-seeker's suggestion.

The other differences between moves in the pilot study and those in Locher's (2006) study were the *Thanks* move, the *Appreciation* move, and the *Compliment* move. Instead of the *Thanks* move in Locher's (2006) study, this move was known as the *Appreciation* move in the pilot study. This was to take into account that the advice-seekers showed gratitude to the advice-giver in more ways than thanking, such as using appreciative words like "appreciate" and "grateful". Consequently, it was felt that the label *Appreciation* was more appropriate as representation of the move, instead of *Thanks*. The *Compliment* move was not found in the advice-seeking messages in the pilot study, probably because of the small number of messages analyzed in the pilot study.

University of Malaya

Another difference in the moves between Locher's (2006) and the pilot study is the manner of categorizing the *Question* move and the *Request Advice* move. In Locher's (2006) study, the *Question* move was identifiable through the interrogative structure, while the *Request Advice* move was detectable as a statement requesting advice. The distinction between the *Question* move and the *Request Advice* move was therefore, one of syntax. Conversely, the distinguishable factor between the two moves in the pilot study was functional. Explicit advice-seeking, be it in the form of a statement or an interrogative structure, was classified as the *Request Advice* move in the pilot study. As such, the interrogative "Any advice from anyone here?" was still categorized as a *Request Advice* move, and not a *Question* move, due to the request's explicitness level. On the other hand, the *Question* move comprised interrogatives which were intended to ask for information or opinion on various aspects about the advice-seeker herself, the message-recipient(s) or the treatment, with its advice-seeking illocutionary act less explicit than that in the *Request Advice* move.

3.12.2 Relational Categories in Analyzing Advice-Seeking Messages

With regards to the categories of relational work inherent in the advice-seeking messages, there were six main categories identified in the pilot study, as opposed to seven in Locher's (2006) study (Table 3.7).

Table 3.7: A Comparison of Relational Aspects in Advice-Seeking Messages between those in Locher's (2006) Study and Pilot Study

No.	Relational Category in Locher's (2006) Study	Explanation	Relational Category and Examples in the Pilot Study
1	*Appealing*	Whether directly or indirectly, the advice-seeker displays emotions or distress and appeals to the advisor for sympathy.	*Appealing* (e.g. , …a bit scare of…, I am so worry now)

University of Malaya

Table 3.7, continued

No.	Relational Category in Locher's (2006) Study	Explanation	Relational Category and Examples in the Pilot Study
2	*Bonding*	The advice-seeker seeks to establish a connection with the advisor.	*Bonding* (e.g. Our problem also no sperm, but different cause)
3	*Boosting*	A word or phrase used to give a point more weight.	*Boosting* (e.g. …NEGATIVE, They did tell us…)
4	*Criticizing*	Criticism (either of a previous answer, of the message-recipient, or of somebody else known to the advice-seeker).	*Praising* – A praise or compliment (either of a previous answer, of another forum member, of God, or of somebody else known to the advice-seeker) (e.g. …I think your egg production is pretty good…)
5	*Hedging*	The use of downtoners/ mitigators.	*Hedging* (e.g. May I know…?, I hope you can share …, Just wondering…?, Do you think…?)
6	*Humor-Bonding*	Humor which aims at bonding with the advisor or the other readers.	*Humor-Bonding* (e.g. haha, actually I scare doctor will "tercucuk" my baby **oso.)**
7	*Humor-Hedging*	Humor which mitigates the advice-seeker's situation or the imposition on the advisor	*NA*

While no *Criticizing* relational work was identified in the pilot study's advice-seeking messages, it was found in Locher's (2006) data corpus (Table 3.7). On the other hand, there was the *Praising* relational category in the pilot study's messages, but this was not found in Locher's (2006) study. Considering the nature of Malaysians is to be generally concerned about face-saving, criticisms are rare, but praises are commendable (Jariah Mohd. Jan, 1999; Lim, 2001). These are strategies to minimize face loss by choosing not to criticize, and to boost face through praises and compliments.

University of Malaya

The other difference in relational work between that in Locher's (2006) study and the pilot study is the *Humor* relational category. Humor was not frequently employed by Malaysian women and those found only belonged to the humor-bonding category (Table 3.7). The humor in the statement had another intention – to bond with the message recipient or the other readers. This was done through the use of the Malay word *tercucuk* meaning "accidentally poked", and the use of the word *oso*, which is a creative re-spelling of the word "also" that is frequently used in texting language. In contrast, message posters in Locher's (2006) study used more humor that can also be divided into either the *Humor-Bonding* category (humor that aimed to establish bonding with the advisor or the wider readership) or the *Humor-Hedging* category (humor with a mitigating effect).

3.12.3 Directness, Emotionality and Specificity Levels of the Advice-Seeking Messages

Ruble's (2011) method of analyzing advice-seeking messages was applied to the messages to look at the overall make-up of the messages. It was found that the messages could not be categorized as just direct or indirect messages since many of them contained both direct and indirect means of seeking advice. As such, another category of messages was added to the categorization – the *Mixture* category in which the message contained both direct and indirect means of asking for advice. (Table 3.8).

Table 3.8: Directness/Indirectness Level of the Advice-Seeking Messages (Pilot Study)

No.	Directness/Indirectness Level	No. of Messages
1	Indirect	17
2	Mixture	14
3	Direct	1
	Total	**32**

University of Malaya

In relation to advice-seeking messages, the women were found to prefer asking for advice indirectly the most (N=17), while the second most often occurring messages had a mixture of both direct and indirect advice-seeking strategies (N=14). Only one message consisted of exclusively direct advice-seeking structures (Table 3.8).

Table 3.9: Emotionality Level of the Advice-Seeking Messages (Pilot Study)

No.	Emotionality Level	No. of Messages
1	High	18
2	Low	14
	Total	**32**

Table 3.10: Specificity/Generality Level of the Advice-Seeking Messages (Pilot Study)

No.	Specificity/Generality Level	No. of Messages
1	Specific	28
2	General	4
	Total	**32**

In terms of the emotionality level of the advice-seeking messages, there were more messages with high emotionality level (N=18), rather than low emotionality level (N=14) (Table 3.9), and most of the messages also contained problems which were specific to the advice-seeker (N=28) (Table 3.10).

3.12.4 Discursive Moves in Analyzing Advice-Giving Messages

Some of the discursive moves identified in the advice-giving messages in the pilot study were also different from those in Locher's (2006) study. Instead of 10, there were 17 discursive moves (Table 3.11).

University of Malaya

Table 3.11: A Comparison of Discursive Moves in Advice-Giving Messages between those in Locher's (2006) Study and Pilot Study

No.	Discursive Moves in Locher's (2006) Study	Explanation	Discursive Moves & Examples in the Pilot Study
1	*Assessment*	Assessment and/or evaluation of advice-seeker's situation	*Assessment* (e.g. u indeed a strong woman…, Most of the ladies you were looking for no longer active in this forum, judging from the date of the original post)
2	*Disclaimer*	Special kind of assessment - statements that point out the advice-giver's lack of competence	*Disclaimer* (e.g. I might not be the suitable person to tell you …)
3	*Explanation*	Explanation of a point just made. Can be explanation or elaboration of advice, assessment, or any of the other categories that precede it.	*Explanation* (e.g. …is like normal pregnancy). Note: The above example is an *Explanation* move for the *Direct Advice* move, "Don't worry". …)
4	*General Information*	General information - objective delivery of facts and information	*General Information* (e.g. The long protocol is longer time and more injection involved whereas the short protocol only takes around 2 weeks…)
5	*Metacomment*	Text-structuring comments	*Metacomment* (e.g. About doctors,…, However, …, …but…, What I'm trying to say is…,)
6	*Own Experience*	Personal experience of the advice-giver	*Own Experience* (e.g. …I started yoga after my 1st failed cycle. I went for yoga for one year before attempting my 2nd ivf. And also cut down all fast food.)
7	*Referral*	Special type of advice that states or suggests the advice-recipient to refer to other sources	*Referral* (e.g. Maybe you could use this – their facebook links http://facebook...123456789)
8	*Advice*	Telling advice-recipient what he/she should do or think.	*Direct Advice* – Telling the advice-recipient explicitly what she should do or think (e.g. Work hard, …prepare yourself mentally and physically…)

University of Malaya

Table 3.11, continued

No.	Discursive Moves in Locher's (2006) Study	Explanation	Discursive Moves & Examples in the Pilot Study
9	*Farewell*	Good-bye, closing – the last move the advice-giver may insert before signing off	*Goodwill Wishes* - A statement that expresses a friendly wish (e.g. Many babydust to all…, Happy New Year to you…, All the best to u yea!!)
10	*Open Category*	Category for moves that do not fit into the other categories.	*Appreciation* - Thanking other advice-givers or other forum members for the help the message author has received (e.g. Thank you very much, Thks)
11	*NA*	*NA*	*Comment on Previous Record* - A comment on a previous message-exchange between the message author and the message recipient, or on a message posted earlier by other forum members (e.g. As Susan mentioned earlier…, I notice you have posted some questions…)
12	*NA*	*NA*	*Indirect Advice* - The advice is implicit, but there is enough information for the advice-recipient to act on it (e.g. You are not alone…, bad luck don always follow us…)
13	*NA*	*NA*	*Congrats* - A move to congratulate the advice-recipient because of some achievement or success she has experienced (e.g. Congrats to all who are …)
14	*NA*	*NA*	*Future Expectation* - A statement that expresses a future hope of the message author (e.g. hopefully can get a good news for Christmas…)
15	*NA*	*NA*	*Question* - Question that is asked, either for clarification, or phrased as a rhetorical question (e.g. Did your Dr said what's d reason of failure?, 3 ICSI cycle in the same centre?)
16	*NA*	*NA*	*Update on Author's Status* - Information that is given to keep the message recipient up-to-date on the message author's situation. (e.g. .g. I am in my 2ww…)

University of Malaya

Table 3.11, continued

No.	Discursive Moves in Locher's (2006) Study	Explanation	Discursive Moves & Examples in the Pilot Study
17	*NA*	*NA*	*Invitation for Further Contact through Another Communication Mode* - An invitation for further discussion through a different communication mode (e.g. you are most welcome to pm me…, you can send me a personal message is you want to know anything more detail)

As illustrated in Table 3.11, the first seven moves appeared in both Locher's (2006) data and the messages in the pilot study, but the remaining ten moves identified in the pilot study are different from those found in Locher's study. The main reason for the differences in the categories is because the forum site investigated in Locher's (2006) study was an advice column, while in the pilot study; the site was an avenue for sharing of ideas among Malaysian women.

In an advice column such as the one examined by Locher (2006), the advice-giver was clearly the team of health experts, and so, it was unlikely for many message exchanges between the author of the advice-seeking message and the advice-giver. Conversely, the forum investigated in the pilot study comprised a complex web of several advice-seekers and advice-givers, because anybody could fit in the role of the advice-seeker or the advice-giver. Subsequently, there were many allusions to comments made in previous posted messages, including those referring to other advice-seekers and advice-givers. As a result, there were the *Comment on Previous Record*, *Congrats*, *Appreciation*, *Goodwill Wishes*, and the *Question* moves due to the intricacy of relationships and associations among the forum members. Likewise, since the forum is also a platform for women to exchange opinions and stories, there were the *Future*

University of Malaya

Expectation and *Update on Author's Status* moves in the pilot study data, but not in Locher's (2006) data (Table 3.11).

The *Advice* move in Locher's (2006) study was also divided into the *Direct Advice* move and the *Indirect Advice* move in the pilot study (Table 3.11). This was because there were both explicit and implicit forms of advice. Explicit forms of advice were statements that tell the advice-recipient explicitly what to do or think. On the other hand, there were also statements containing information that was intended not only as additional knowledge for the advice-recipient, but also for her to act on so that she could alleviate or tackle her problem(s). The advice was thus implied, inferred through context. Indirect advice was given probably because of the need to protect each other's face and feelings when sensitive issues are discussed.

Similarly, the inclusion of the *Invitation for Further Contact through Another Communication Mode* move was also possibly prompted by face-saving concerns as sensitive topics may be more comfortably discussed through a more private communication channel.

In addition, instead of the *Farewell* move used in Locher's (2006) study, it was replaced with the *Goodwill Wishes* move in the pilot study. Wishes such as "good luck" and "all the best" did not just occur as the last move as in Locher's (2006) data, but anywhere in the messages in the pilot study.

3.12.5 Relational Categories in Analyzing Advice-Giving Messages

Likewise, due to the different nature of the forum sites, the relational categories in Locher's (2006) and the pilot study's data were slightly different. Instead of nine

University of Malaya

relational categories identified in Locher's (2006) data, only seven were found in the pilot study's (Table 3.12).

Table 3.12: A Comparison of Relational Aspects in Advice-Giving Messages between those in Locher's (2006) Study and Pilot Study

No.	Relational Categories in Locher's (2006) Study	Explanation	Relational Categories & Examples in the Pilot Study
1	*Bonding*	Bonding with the advice-seeker or the readership.	*Bonding* (e.g. …I too failed twice)
2	*Boosting*	A word, phrase or punctuation mark used to give a point more weight.	*Boosting* (e.g. I do find comfort…, …very long and stressful journey…, ... WILL get you pregnant)
3	*Criticizing*	Criticism of the advice-seeker or someone else known to the advisor.	*Criticizing* (e.g. …bear a little while pain for the sake of the babies)
4	*Empathizing*	Display of advisor's understanding of the advice-seeker's situation.	*Empathizing* (e.g. I totally understand how to you feel…,
5	*Hedging*	A word or phrase used to downtone the weight of an imposition.	*Hedging* (e.g. I might not be the suitable person to…)
6	*Praising*	The advice-seeker's attitudes and actions are highlighted as good.	*Praising* Compliments or praises about the advice-seeker, or another agency such as God. (e.g. Praise the Lord…)
7	*Humor-Bonding*	Humor which aims at bonding with the advice-seeker or the readership	*Humor-Bonding* (e.g. FYI Dr Helmi is very skillful in this…at first I also scare he "tercucuk" my babies… hahahahaha :))
8	*Humor-Criticizing*	Humor as a means to mitigate criticism of the advice-seeker's attitudes and actions – a special type of humor hedging	*NA*
9	*Humor-Hedging*	Humor which mitigates the content of an imposition	*NA*

University of Malaya

Again, humor was not a popular communicative strategy of Malaysian women, and so, did not appear frequently in the pilot study's messages. Only one type of relational category related to humor was used – *Humor-Bonding* (Table 3.12). In contrast, there were three types of humor-related categories identified in Locher's (2006) study: *Humor-Bonding*, *Humor-Criticizing*, and *Humor-Hedging* relational categories..

Another difference found in relational work between Locher's (2006) corpus and the pilot study's data is the description of the *Praising* relational category. While *Praising* in Locher's study only referred to the advice-seeker, it was found that *Praising* in the pilot study's messages could also refer to God (e.g. "Praise the Lord…" in Table 3.12).

3.12.6 Directness Level, Solidarity Level and Other Facets in the Advice-Giving Messages

Similar to the advice-seeking messages, when Goldsmith's (2004) method of analyzing the directness level of the advice-giving messages, it was found that many of the messages also had a mixture of both direct and indirect advice structures (N=15) (Table 3.13). Subsequently, the *Mixture* category was included in the categorization of directness or indirectness level of messages.

Table 3.13: Directness/Indirectness Level of the Advice-Giving Messages (Pilot Study)

No.	Directness/Indirectness Level	No. of Messages
1	Mixture	15
2	Direct	14
3	Indirect	9
	Total	**38**

The analysis revealed that the most favored type of advice-giving messages were those with both direct and indirect advice structures, i.e. the *Mixture* category (N=15) (Table

University of Malaya

3.13). The second most favored type of messages was to give direct advice structures exclusively (N=14), while the least employed means of giving advice was to give it indirectly (N=9).

Table 3.14: Frequency of Advice-Giving Messages that had High Solidarity Level, High Deference Level, Neutral Level, or a Mixture of Solidarity and Deference (Pilot Study)

No.	Advice-Giving Message	Frequency
1	High Solidarity Level/Low Deference Level	37
2	Mixture of Solidarity and Deference	1
3	High Deference Level/Low Solidarity Level	0
4	Neutral Level	0
	Total	**38**

As for the messages' solidarity or deference levels, almost all the messages in the pilot study were written in a way that was high in solidarity (N=37) (Table 3.14). This suggests that there was a tendency for the women to reach out to bond with either the advice-recipient or other forum members in their messages.

Table 3.15: Frequency of Various Facets in the Advice-Giving Messages (Pilot Study)

No.	Topic	Description	Frequency
1	Attributes of the advisor	Statements that show the advice-giver's level of knowledge or experience in tackling the problem (e.g. "The same thing happened to me, and this is what I did"	30
2	Problem-solving actions	Statements that spell out or suggest the actions or and joint-actions that can be taken to solve the problem (e.g. "Try this…")	29
3	Facets of the problem	Statements that indicate various facets of the problems – cause, controllability, commonality, duration, and severity	21
4	Attributes of the conversation	Comments on the interpretation, relevance or importance of the message (e.g. "Don't take this the wrong way, but…")	21

University of Malaya

Table 3.15, continued

No.	Topic	Description	Frequency
5	Attributes of the relationship	Statements that indicate the type of relationship between the advice-giver and the advice-recipient (e.g. "I'm always available if you need me")	14
6	Attributes of the receiver	Statements that point to the abilities and attributes of the advice-recipient to cope with the problem (e.g. "I know you can make it through this")	12
7	Other's emotions	Statements that address the advice-recipient's emotion (e.g. "try not to be so sad")	8
		Total	**135**

Analysis of the advice-content revealed that the content was mostly about how the advisor tackled a particular problem (N=30), and ways to solve the advice-seeker's problem (N=29) (Table 3.15). Other types of advice commonly found in the messages were descriptions of various facets to the problem (N=21), and the attributes of the conversation to minimize confusion resulting from advice-interpretation (N=21).

3.12.7 Summary of Pilot Study Findings

Section 3.12 has discussed the pilot study's results using Locher's (2006), Kouper's (2010), Ruble's (2011) and Goldsmith's (2004) frameworks, with some modifications. Some of these modifications took the form of adding to, removing, or rephrasing the descriptions of some of the categories in the original frameworks.

The two main factors prompting the need for the modifications were: (1) the research site, and (2) the participants. In the present study, the research site was an online discussion forum whereby the nature of advice being sought and offered was peer-to-peer. This was different from the expert advice sought and offered in Locher's (2006)

University of Malaya

Lucy Answers' advice column. The group of participants was also different for the two studies, one being Malaysian women, and the other, Americans. Consequently, the Malaysian women employed more discursive moves which showed the various ways they bonded with one another. The face-threatening relational work, i.e. the *Criticizing* category, was absent from the pilot study's data, and it was replaced by the face-enhancing relational work, i.e. the *Praising* category, indicating the women's unwillingness to threaten the goodwill among themselves and preferred instead, to protect and enhance it. It was also interesting to note that humor was not a commonly utilized strategy by the Malaysian women when seeking and giving online advice on in-vitro fertilization (IVF). The seriousness and sensitivity surrounding the issue of infertility could be a contributing factor, making humor not a popular relational strategy since it could be misinterpreted as bad taste rather than humor. This delicate nature of the topic, and the complexity of the need to connect, as well as the solidarity aspect of advice-seeking and advice-giving in the Malaysian culture, were also possible reasons for the addition of the *Mixture* category when analyzing the messages for their directness or indirectness level based on Ruble's (2011) model of advice-solicitations or Goldsmith's (2004) model of advice-giving techniques.

3.13 Inter-Rater Reliability Test of Actual Data Corpus

Due to the much bigger data corpus in the actual study compared with the pilot study, the discursive moves and relational categories for the study's actual data were likely to be different from those of the pilot study. Consequently, another inter-rater reliability test for the study's data was thus necessary to ensure that the subjectivity involved in the coding or labelling of the moves and relational categories was minimized.

University of Malaya

First, the researcher herself went through the IVF-related advice-seeking and advice-giving messages, applying the same coding framework used in the pilot study. As the actual data corpus was different from the pilot study's, a slightly different set of discursive moves and relational categories were developed during this process. Details of the discursive moves and the relational categories are in Chapter 4.

Like the inter-rater reliability test procedure for the pilot study, an independent evaluator was asked to examine the IVF-related advice-seeking and advice-giving messages. Due to procedure-familiarity and convenience considerations, this evaluator was the same evaluator who was involved in the inter-rater reliability test for the pilot study.

However, due to the larger data corpus size in the actual study compared to the pilot study, twenty advice-seeking messages and twenty advice-giving messages were used as messages for the sample exercise intended to familiarize the coders with the coding framework. These messages did not form part of the actual data corpus.

Similar to the procedure in the pilot study, the sample exercise was repeated a few times until the coders were comfortable using the coding framework. Only then was the framework applied to the actual data corpus. The coding was carried out independently. There was no collaboration between the researcher and the evaluator. The results between the researcher's coding and the evaluator's coding were then compared based on the percentage agreement method.

The comparison between the researcher's coding and the evaluator's coding revealed that the percentage agreement for the advice-seeking moves was 93.93%, and 95.92%

University of Malaya

for the advice-giving moves. As for the relational categories, the percentage agreement was 85.97% for the advice-seeking messages, and 89.82% for the advice-giving messages. Given the standard acceptable reliability result is at least 80% agreement (Riffe, Lacy, & Fico, 1998), the percentage agreement derived from the inter-rater reliability test showed that the results were reliable.

University of Malaya

CHAPTER FOUR: DATA ANALYSIS AND FINDINGS

4.1 Introduction

This chapter presents the results from the analyses of the advice-seeking and advice-giving messages found in the *Malaysian Motherhood and Parenting* online forum. The analyses are reported in three sections. The first section describes how Malaysian women seek online advice on in-vitro fertilization (IVF), the second section reports on the analyses of how Malaysian women give online advice on IVF, while the third section discusses how cultural influence is discernible in the advice-seeking and advice-giving messages.

4.2 The Ways Malaysian Women Seek Online Advice on In-vitro Fertilization (IVF)

This section presents the analyses on how Malaysian women seek advice on in-vitro fertilization (IVF) in the online forum. In particular, it provides a detailed description of the advice-seeking strategies, looking at the discursive moves, the linguistic structures used to realize the discursive moves, as well as the relational work involved in the construction of the messages. In addition, the analyses also include other aspects of the messages such as the types of advice being sought in the messages, and the preference for directness or indirectness when seeking advice.

4.2.1 Discursive Moves in the Advice-Seeking Messages

This section describes the analyses on the discursive moves in the advice-seeking messages.

University of Malaya

Table 4.1: Types of Discursive Moves Identified in Advice-Seeking Messages

No.	Discursive Move	Explanation	Examples Found
1	*Apology*	The advice-seeker apologizes or expresses regrets.	Sorry I have been missing for this forum for 3 weeks now..
2	*Appreciation*	Appreciating the advice-giver's help/advice.	Appreciate your response.
3	*Background*	Background information - a move whereby the advice-seeker introduces herself and/or gives an introductory information about her problem.	Last yr April Darling (37yo) & I (27yo) went to ABC fertility Clinic and found out that …
4	*Comment on Previous Record*	A comment on a previously posted message.	I read your post and see that you had ET on 30/6…4.2
5	*Congrats*	A move to congratulate the advice-giver because of some achievement or success she has experienced.	Congrats on your pregnancy.
6	*Explanation*	An explanation of a point just made; an extra type-tag indicates which element is further explained, namely 'apology', 'background', 'comment on previous record', etc.	Hypnotic therapy is ok but I think it can oso be abuse if d therapist is irresponsible. When we r under hypnosis we can be make to think n do according to the therapist… Note: The above example is an *Explanation* move for the *Problem Statement* move, "I m confused oso about d hypnotic therapy"
7	*Future Expectation*	A statement that expresses a future hope of the advice-seeker.	I m thinking n hoping next cycle will b different.
8	*Goodwill Wishes*	A statement that expresses a friendly wish. Can be a typical goodwill greeting or other types of goodwill wishes.	May all the ladies in here be successful as well!!!!!
9	*Metacomment*	A text-structuring comment.	But…
10	*Planning*	A future arrangement or intention of the advice-seeker.	I plan to do my 3rd ivf at Hospital CCC next month.
11	*Problem Statement*	A specific mention of a problem that requires advice.	My 2nd IVF cycle has just been abandoned...
12	*Providing Contact Information*	Giving information on other ways to reach or communicate with the advice-seeker.	You can PM me at abcdefgh@gmail.com

University of Malaya

Table 4.1, continued

No.	Discursive Move	Explanation	Examples Found
13	*Question*	A question for information or opinion on various aspects about the advice-seeker herself, the message-recipient(s), or the treatment.	Wats d birth control pills purpose actually?
14	*Request Advice*	An explicit request for advice, which can be in the form of a statement or an interrogative structure.	should I change Dr? Please advise
15	*Requesting Recipient's Update*	Asking the message-recipient for her current status/situation.	What is your status now?
16	*Suggesting Advice to Oneself*	An advice or suggestion that is directed to the advice-seeker herself, usually phrased with some element of hesitancy or uncertainty.	I was so tense during my last IVF n maybe thats why i din made it.
17	*Updating Own Status*	Statement that updates or informs the message-recipient of the author's latest situation which may be different from the previous post(s).	…today was another follow up for me. Scan and saw…

Using Locher's (2006) method of analyzing message content, analysis showed that the women in the online forum employed a total of 17 discursive moves when seeking advice: (1) *Apology*, (2) *Appreciation*, (3) *Background,* (4) *Comment on Previous Record*, (5) *Congrats*, (6) *Explanation*, (7) *Future Expectation*, (8) *Goodwill Wishes*, (9) *Metacomment*, (10) *Planning*, (11) *Problem Statement*, (12) *Providing Contact Information*, (13) *Question*, (14) *Request Advice*, (15) *Requesting Recipient's Update*, (16) *Suggesting Advice to Oneself*, and (17) *Updating Own Status* (see Table 4.1). Three discursive moves were identified as performing advice-seeking, namely the *Question* move, the *Problem Statement* move and the *Request Advice* move.

University of Malaya

Message 4.1

Hi…1st IVF with CCC 2nd IVF with Dr LLL. Both also retrieved only 3 eggs and only 1 fert with grade …Currently with Dr WWW, so he ask me to take DHEA. He told me that you can't produce the 'Quantity' of egg but i want you give me 3 or 4 'Quality' egg that's enough. After read the thread regarding the BCP, i think on sept doctor WW also will give me this medicine...don't know is ok for me or not…**should i change Dr?** Is kinda worry, this is my 3rd attempt so so worry... thanks.

Message 4.2

You have PCOS but didnt fo surgery. Then how you fix it? Did your doctor ask you do to surgery? I see 2 doctor, 2 doctor recommended me to do surgery. So now I am doubting whether should I go to survery or not. **Please advise**

The *Request Advice* move was identified to be the most explicit move performing advice-seeking. The move consisted of either: (1) structures that clearly indicated advice-request such as the use of the obligation modal "should" (e.g. **s**hould I change Dr?" in Message 4.1), or (2) words associated with advice such as "advise", "advice", "help", "feedback" and "tips" (e.g. "Please advise" in Message 4.2).

Message 4.3

I'm also adviced by Dr WWW to take DHEA for 2months. Did dr explain why does DHEA doesn't work for u? **Wats d birth control pills purpose actually?**

The *Question* move was considered a less direct advice-seeking strategy than the *Request Advice* move. This is because there was no clear suggestion that advice was being sought in the questions asked. However, since there was an expected response in the form of an answer to the advice-seeker's enquiry which may be relevant to the advice-seeker's problem, the *Question* move was considered an advice-seeking strategy. For instance, the example of the *Question* move in Message 4.3, "Wats d birth control pills purpose actually?" required the advice-giver to provide the advice-seeker the informational-support on how birth control pills could play a role when undergoing in-vitro fertilization (IVF) treatment.

University of Malaya

Message 4.4

I am new here but have been following this forum for months. **My 2nd IVF cycle has just been abandoned today due to poor egg respond! I was informed only have 1 egg of eligible size after 8 days of stimming. But was told to have 6 eggs on day 4, Dr said the rest of eggs are not growing?! I am really upset as my 1st cycle has been cancelled due to no egg was fertilised though was told 4 eggs were retrieved. Thereafter, Dr put ime on DHEA for 2 months which Dr said will improve my egg quality & quantity. However, when I see him on 2nd day of my menses after 2 months of DHEA, Dr wanted me to take 10 days birth control pill though he can see quite number of foliciles that time. He said want to regulate the size of the foliciles…Actually it really scare me when Dr can't see any folicile during scanning on D2 of my menses in this cycle. But he said this is normal as being put on BCP.** Don't know have anyone of u encounter this problem? I have been advised to continue DHEA for another 2 months, then try again...

Nonetheless, the *Question* move was still found to be a more direct strategy of seeking advice compared to the *Problem Statement* move. The *Problem Statement* move had advice-solicitation couched in the form of the advice-seeker's problem description. For example, the *Problem Statement* move, "My 2nd IVF ... put on BCP" was not only a narration of the message-author's problem, but also an implicit request for advice on what the message-author should do from that point of realization onwards, i.e. what she should do after the abandonment of her second IVF cycle due to poor egg response (Message 4.4). Therefore, this move required some inference to interpret the problem description as advice-request, and thus, recognized to be the most implicit form of advice-seeking move.

Table 4.2: Frequency of Moves in the Advice-Seeking Messages

No.	Discursive Move	No. of Occurrences
1	*Question*	355
2	*Problem Statement*	178
3	*Background*	120
4	*Appreciation*	83
5	*Comment on Previous Record*	82
6	*Request Advice*	80
7	*Goodwill Wishes*	61
8	*Explanation*	29

University of Malaya

Table 4.2, continued

No.	Discursive Move	No. of Occurrences
9	*Congrats*	28
10	*Future Expectation*	28
11	*Planning*	26
12	*Requesting Recipient's Update*	25
13	*Updating Own Status*	16
14	*Metacomment*	6
15	*Apology*	3
16	*Suggesting Advice to Oneself*	2
17	*Providing Contact Information*	1
	Total	**1100**

The analysis of data also indicated that among the three discursive moves that performed advice-seeking, the *Question* move (No. 1) was the most frequently used move (N=355), followed by the *Problem Statement* move (No. 2, N=178), and subsequently, the *Request Advice* move (No. 6, N=80) (Table 4.2). Although there were many instances of the *Background* (N=120), *Appreciation* (N=83) and *Comment on Previous Record* (N=82) moves, they were moves that helped support the advice-seeking act. More details on these moves will only be described later in this chapter (Section 4.2.3).

4.2.2 Advice-Seeking Discursive Moves – Linguistic and Functional Analyses

This section describes the linguistic realizations of advice-seeking discursive moves and the functions performed by the discursive moves.

4.2.2.1 The *Question* Move

Analysis on the syntactical structures of the move revealed that the *Question* move was realized in two main ways: (1) closed questions, and (2) open questions. Of the two

University of Malaya

types of questions, closed questions (N=224) were asked more often than open questions (N=131) (Table 4.3).

Table 4.3: Types of Questions in the *Question* Move

Question Type		Question	Frequency
a)	Closed	did u suffer any OHSS during your cycle?	224
b)	Open	What is the process for first appointment?	131
		Total	**355**

Message 4.5

Does that mean if I go to ABC Hospital and see Dr Ghopal there, the cost will be higher than Rm 15-16k? Also**, did u suffer any OHSS during your cycle? Did Dr Ghopal attend to you whenever you have an appointment or sometimes you have to see different doctor?** The last time I did my IVF (at a different hospital), whenever I have an appointment, I have to see different doctors…I feel very uncomfortable

The use of closed questions expects only one possible response (de Rivera, Girolametto, Greenberg, & Weitzman, 2005; Hargreaves, 1984; Wragg & Brown, 2001). In Message 4.5 posted by one of the forum members, it contains three closed questions, i.e. "Does that mean if I go to ABC Hospital and see Dr Ghopal there, the cost will be higher than Rm15-16k?", "did u suffer from OHSS during your cycle?" and "Did Dr Ghopal attend to you whenever you have an appointment or sometimes you have to see different doctor?" The first two questions limit the responses to either "yes" or "no", while the third question restricts the answer to either "Dr Ghopal attended to her" or "different doctors attended to her" when she went for her appointments. As such, the first two questions are yes/no closed questions while the third question is a choice or alternative closed question.

University of Malaya

Table 4.4: Types of Closed Questions

No.	Closed Question Type	Question	Expected Response	Frequency
1	Yes/No	Do u need to take DHEA medicine before ivf start?	"Yes" or "No" (and explanation for the answer)	195
2	Alternative	The doc send you to the therapy or upon request?	Choice of alternative (and the reasons for the choice)	29
			Total	**224**

Nevertheless, as shown in Table 4.4, alternative questions were not as popular as the yes/no questions. Out of 224 closed questions, 195 were the yes/no closed questions, while only 29 were the alternative closed questions.

Table 4.5: Types of Yes/No Questions

No.	Types of Yes/No Questions	Evidence in Message
1	Questions with "Do", "Did" or "Does" structure	**Did** dr explain why does DHEA doesn't work for u?
2	Questions beginning with "Is", "Was", "Are" or "Were"	**Is** there anything to do differently after a failed ivf?
3	Questions beginning with Modals, ("May", "Can", "Could", "Will", "Would")	**May** i know what is BCP?
4	Questions beginning with downgrader ("Do you mind to…", "Would you mind…")	**Do u mind to** share how many eggs retrieved & transfered for each cycle?
5	Questions with "Has" or "Have" structure	**Have** you started your medication?
6	Questions with "if" or "whether"	I wonder **if** it is normal?
7	Questions with auxiliary verbs omitted	**Any symptoms?**
8	Questions with question tags	I can conclude that the IVF could cost you around RM20k, **right**?
9	Questions in declarative structure (declarative questions)	**You got constipation during the 2ww?**

University of Malaya

There were nine main grammatical structures that formed the yes/no questions in the data (Table 4.5):

(1) questions with either the verb "do", "did" or "does" structure,

(2) questions that begin with the auxiliary verb "is", "was" "are" or "were",

(3) questions that start with modals such as "may", "can", "could", "will" or "would",

(4) questions that begin with downgrader "Do you mind to …?" or "Would you mind…?",

(5) questions with "has" or "have" structure,

(6) questions with "if" or "whether" structure",

(7) questions with the auxiliary verbs omitted,

(8) questions using question tags, and

(9) questions phrased in the declarative structure

Table 4.6: Types of Alternative Questions

No.	Types of Alternative Questions	Evidence in Message
1	"if" (+ "or)	a) m wondering **if** there is any medication to improve his sperm count b) … **if** you whether you went back to work **or** just stay at home for the whole of the 2 weeks after ET?
2	"whether" (+ "or")	a) …my concern, **whether or** not d laparascopic will help in any way? b) I'm not really sure **whether** to continue another round of IUI **or** go straight to IVF?
3	Choice of alternatives joined by "or" without "if" or "whether"	b) Will you be given a room **or** is it in an open ward? c) You are having short **or** long protocol?

On the other hand, the alternative questions were frequently realized through three main grammatical structures as follows (Table 4.6):

University of Malaya

(1) questions using "if" (and "or") ,

(2) questions using "whether" (and "or"), and

(3) questions with the choice of alternatives joined by the conjunction "or", without the use of "if" or "whether" .

Message 4.6

my son is going to be 3 yrs old. we have been TTC for almost a yr but no news. i am diagnosed with pcos be4 my 1st pregnancy. but i managed to lost 11kg for my wedding. so 6 mths after wedding, i was preggie. now tat i gained weight, it is not tat easy anymore. i am so stress and i reli dont know wat to do. i visited a gynae and he said i have to lose weight in order to get preggie. i joined a bootcamp and i exercise 3 times a week. my period came faster than usual (7 mths once) after i managed to lost 4kg but still no news.

i have contacted City Hospital (Dr Bee) for an appointment. I am very worried on the first appointment. I dont know wat to expect. **What is the process for first appointment?** any blood test and etc? **what shld i expect?** …

my period is so so so unpredictable tat i dont know when it is coming again... my last period was Jan 2012.

hope u girls able to enlighten me. thank you. baby dust to all

In contrast, an open question or a broad question makes no restriction to the length and array of possible answers (de Rivera et al., 2005; Hargreaves, 1984; Wragg & Brown, 2001). For example, in Message 4.6, the open questions asked were "What is the process for first appointment" and "what shld i expect?" The responses to these questions can be varied, depending on what the advice-giver thinks are the procedures for the first appointment with the doctor ("What is the process for first appointment") and what the advice-giver feels the advice-seeker should expect ("what shld i expect?").

Table 4.7: Types of Open Questions

No.	Open Question	Frequency	Evidence in Data
1	How	73	**How**'s their service? **How** r u handle it??
2	What	29	**What** about yours? **What** are the do's and don'ts…?

University of Malaya

Table 4.7, continued

No.	Open Question	Frequency	Evidence in Data
3	When	10	…**when** can we continue to eat? **When** actually you start showing?
4	Which	8	…**which** doctor you go to? **Which** doctor you consult?
5	Where	8	**Where** you go for Chinese herbs and acupuncture? …**where** is the most convenient hospital that i can try to get my treatment?
6	Why	3	…**why** is it that long? **Why** dint u go for FET?
	Total	**131**	

Given the range of answers for open questions is broader than that of closed questions, these questions are normally the wh-questions such as "how", "what", "when", "which", "where" and "why". Of the types of open questions, those formed with "how" were most popular among the forum members (N=73), followed by the "what" (N=29), "when" (N=10), "which" (N=8), "where" (N=8) and "why" (N=3) questions respectively (Table 4.7).

Message 4.7

Hi Jubilant, Thanks, **may i know the multivitamin and supplements that you take?** … Cabbage

There were several possible reasons why closed questions were asked more than open questions. Firstly, considering infertility problem is a taboo topic among Malaysians, some advice-seekers might be uncomfortable seeking advice, and subsequently, asking closed questions to obtain prompt, straight-forward factual answer might be preferable to engaging in lengthy, exploratory discussions on her problem. For example, in Message 4.7, the advice-seeker was just interested to know the types of multivitamins and supplements that the advice-giver took. Consequently, her enquiry took the form of

University of Malaya

a closed yes/no question beginning with the modal "may" ("may i know the multivitamin and supplements that you take?"). The advice-giver's reply was also expected to be prompt, direct and factual.

Message 4.8

Hi Cabbage, can I know the total cost for ivf + icsi that u paid in Sunny Hospital, dr HHH.

Message 4.9

My ivf + icsi cost is rm14,900 which included 4 session of mindbody fertility therapy

Secondly, asking closed questions normally does not require lengthy answers, and subsequently, it is easy and quick to answer them (Wragg & Brown, 2001). As a result, this reduces face-threat to the message-recipient as the effort expended to reply to these questions is not as much compared to that when responding to open questions. For instance, the author of Message 4.8 did not need to wait long for the reply of her question ("can I know the total cost for ivf + icsi that u paid in Sunny Hospital, dr HHH", posted on 5 July at 8:43p.m.) as Cabbage (message-recipient) responded in slightly more than 12 hours (Message 4.9, posted on 6 July at 9:06a.m.). The required answer (Message 4.9) was also short, i.e. 15 words ("My ivf + icsi cost is rm14,900 which included 4 session of mindbody fertility therapy").

Message 4.10

Hi all, can **anyone** recommend good accupuncture center Klang Valley? Wanted to try FERTILITY CLINIC before my FET. Thanks and baby dust to all!

Lastly, as responding to a closed question is easier, less face-threatening and quicker than replying an open question, asking closed questions is a good way to amass multiple replies when directed to the general audience. Like printed advice columns and advice broadcast over the radio, the online forum investigated in the present study also had a

University of Malaya

public dimension. Being a public, open-accessed forum, message-authors were aware that their messages were accessible to other readers, and as such, some advice-requests were also targeted at the general readership. For instance, in Message 4.10, the targeted readers of the closed yes/no question was the general audience, “anyone” ("can anyone recommend good acupuncture center Klang Valley?"). Consequently, the message invited multiple responses to the question.

Table 4.8: Types of “How” Questions

No.	“how” question related to…	Frequency
1.	processes and time-length of certain procedures	27
2.	fertility profile (e.g. quantity of eggs or embryos produced for the treatment, age)	14
3.	condition of the message-recipient undergoing the treatment	13
4.	manner of coping with some difficulty or pain during the treatment	8
5.	cost of the treatment	6
6.	quality of a clinic’s, hospital’s or doctor’s service/success-rate	5
	Total	**73**

The “how” questions were the most frequently asked questions. There were six types of “how” questions identified (Table 4.8). The six types of “how” questions were:

(1) procedural-related questions involving processes and duration of certain aspects of the IVF protocol (N=27) (e.g. “how long is the ‘long protocol’?” and “how long you need to take the injections for?” in Message 4.11),

Message 4.11

How is your pregnancy treating you? All good I hope... Wanted to check with you since we are seeing the same doctor. I opted for the long protocol…**how long is the 'long protocol'?** Whats the duration? **how long you need to take the injections for?**

(2) questions concerning their fertility profiles (N=14) (e.g. “How thick was ur uterus lining for the 1st IVF?” in Message 4.12),

University of Malaya

Message 4.12

All the best for your 2nd IVF. My lining was at 8mm. **How thick was ur uterus lining for the 1st IVF?**

(3) questions to do with the message-recipient's condition during the IVF treatment (N=13) (e.g. "How is your TWW going on?" in Message 4.13),

Message 4.13

I'm actually going to Klinik IVF at Shah Alam where Dr Surinder from IVF Medical Ctr does the fertility treatment. He did my laparoscopy as well..so he gave my rough cost for IVF around RM13k if i do it through Klinik IVF & if go directly to IVF Medical Ctr will be above 8k..Yesterday they gave me 2 pens 450pt & 300pt cost RM1100...is it expensive or cheap? Only ER & ET i have to go to IVF Medical Ctr rather then that the rest will be done at Klinik IVF. Since i'm staying at shsh alam, its very convenient for us. **How is your TWW going on?** Your ET wad 3 days/5days? How about the grade? Really hoping for you to get a BFP soon...

(4) questions on how the message-recipients handled some of their difficulties during the IVF treatment (N=8) (e.g. "How did u deal with it?" in Message 4.14),

Message 4.14

Anyone have Ohss? **How did u deal with it?** The bloating tummy make me very uncomfortable. I just discharge after admited 2 nights. No improvements but doc say at least no increasing

(5) questions relating to the cost of the treatment (N=6) (e.g. "How much did you spend in IVF Hospital?" in Message 4.15),

Message 4.15

Congrats on your success & wow its twins...nice. Is yours the long or short protocol? **How much did you spend in IVF Hospital?** Any symptoms on TWW? Take care & enjoy your pregnancy...

(6) questions concerning the quality of a clinic's or hospital's service as well as it success rate (N=5) (e.g. "how is Dr SSS success rate?" in Message 4.16).

Message 4.16

Tx alot for the info, appreciate your response… **how is Dr SSS success rate?** In this forum, most of them usually mention abt Dr TTT from IVF Hospital or Dr WWW from IVF Clinic. I'm still halfway through...haven't started my gonal-f yet. I dont know how to use it as the nurse really confused us. Appreciate feedback from all.

University of Malaya

As can be seen from Message 4.11 to Message 4.16, majority of the "how" questions asked by the women in the forum were related to the IVF protocol. This showed the women's particular interest in knowing more about the IVF treatment.

Message 4.17

I've been thinking so much since this morning... the failed treatment, is it due to my DH good sperm count? **is it because I don't really rest?...**

The most asked "how" questions were about the processes and duration of certain IVF procedures (Table 4.8). A closer examination of these questions in the messages showed that the women associated familiarity with the IVF protocol with treatment success. For example, as illustrated in Message 4.17, it is implied that having sufficient rest during the two-week-waiting period is vital to increase one's chances of a successful implantation. The advice-seeker suspected that one of the reasons for her failed treatment was probably her lack of rest during the treatment ("is it because I don't really rest?").

Message 4.18

I'm not sure the grade but saw some AA thingy. What did you do on your 2ww? **How long did you rested?** How is the babies doing? Actualy reading your success story now is very supportive & encouraging to me at the moment. If not for twins at least 1 will be a blessing. Take Care ya..

Similarly, the advice-seeker in Message 4.18 also possibly shared the same sentiment that adequate rest was crucial to ensure successful implantation. Thus, she asked the "how" question, "How long did you rested?", since she needed to know how long her advice-giver rested during the two-week-waiting period (2ww) so that she too, could be successful in her IVF treatment.

University of Malaya

Message 4.19

Hi Ikan I am going to be 38 end of this year. i did my 1st IVF with alor setar hospital, recommended by doctor who knows me well, it was a short protocol, where i only had 6 embroys and only 3 fertilised. 3 was transfered by none survived. I was only given jabs like for abt 12 days only.so i wasn't happy as i prefered to a longer protocol.i have done IUI for abt 2 times but IUI success rate is only abt 20%.**How old are you**, if u dont mind… Thanks for the info abt Dr. X.

Message 4.20

Hi ajaib How is your OPU on last Saturday ? **how many egg has been retrieved?** …

Another type of "how" questions usually asked by the women were questions that concerned their fertility profile, in particular, their fertility level in terms of the quantity of eggs they could produce, and their age (Table 4.8). As shown in Message 4.19, the advice-seeker was curious to know the message-recipient's age ("How old are you"), while in Message 4.20, the advice-seeker was interested in the number of eggs the message-recipient had produced during the Ovum Pick Up (OPU) or egg collection procedure ("how many egg has been retrieved?"). As such, in matters where infertility issues and IVF treatment were concerned, the women were most curious about other women's fertility profile (e.g., their age and their eggs' quality). Because infertility is not an openly-discussed topic in the Malaysian culture, these women were probably curious to know if they shared a similar fertility profile as the others.

Message 4.21

…Im 35 tis yr, **do u think I'm too old?** After all **I only produced 10 eggs**, but I notice some people produce more than 20!! …

Message 4.22

…**you are younger than me! i'm 36** and only able to produce **ONE egg in my previous IVF, luckily the only egg fertilised and implanted** and i'm at my 10 weeks of pregnancy now. quality is more important than quantity, dun be upset with the number of egg. **i think 10 eggs is more that enough** …

University of Malaya

Moreover, knowing other women's fertility profile also served another more important function for some women. Analysis of the messages revealed that this knowledge of other women's fertility profile could boost their confidence and optimism levels, especially if their fertility profiles were better than others. For instance, in Message 4.21 when the advice-seeker lamented on the small number of eggs she had produced ("I produced only 10 eggs") and questioned whether she was too old to be successful in the IVF treatment ("do u think I'm too old?"), the advice-giver responded by informing the advice-seeker that her age ("you are younger than me!") and the quantity of eggs that she produced were not as worrying as the advice-seeker had assumed ("i think 10 eggs is more that enough…"). She assured the advice-seeker by announcing her age, which was older than the advice-seeker ("you are younger than me! I'm 36"), and the fact that despite she producing only one egg for the procedure, the fertilization and implantation were successful ("only able to produce ONE egg in my previous IVF, luckily the only egg fertilized and implanted") (Message 4.22).

Message 4.23

How is your treatment going on? …

The "how" questions to do with the message-recipient's condition during the IVF treatment were also frequently asked by the women in the forum (Table 4.8). These questions were unique because in addition to finding out more about the IVF protocol through the advice-giver's treatment, these questions also had a bonding function. For example, in Message 4.23, by asking the advice-giver about her treatment ("How is your treatment going on?"), the advice-seeker was not only able to gather information about the treatment, but also, her question had a personal touch as the advice-giver was given an opportunity to describe her situation, hence, expressing herself, rather than to report objectively on the treatment.

University of Malaya

Message 4.24

Anyone have Ohss? **How did u deal with it?** The bloating tummy make me very uncomfortable. I just discharge after admited 2 nights. No improvements but doc say at least no increasing

The next type of "how" questions asked by the women in the forum were questions concerning how the advice-givers handled some of their difficulties or pain during the IVF treatment (Table 4.8). Some of the problems experienced by women undergoing IVF are the Ovarian Hyperstimulation Syndrome (OHSS) caused by high hormone levels (Nargund, Hutchison, Scaramuzzi, & Campbell, 2007), and infection during egg collection procedure (Steyaert, Leroux-Roels, & Dhont, 2000). Among the OHSS experienced by the women in the investigated forum were nausea, irritability, depression, water retention, abdominal swelling, breathing difficulties and severe pain. Consequently, advice to cope with these problems was crucial to these women if they were to persist and continue with the treatment. For instance, the advice-seeker in Message 4.24 was suffering from the OHSS of abdominal swelling, and was looking for advice on how to alleviate her problem ("How did u deal with it?"). As such, this aspect of the findings illustrated the usefulness of a peer discussion forum where members can gather all kinds of information on how various members deal with a problem, hence, broadening their knowledge bank on ways to handle a particular problem.

Message 4.25

Hi Permaisuri, I'm from Penang too. I have seen Dr. Ting in XYZ. He sounds very confident with my case if doing IVF but my hb is worried with the painful process that I have to go through as well as the potential side effects. Hence, we will go to see Dr. Z for second opinion. I heard that Dr. Z is very impatient and cool type. Is that true? **How much is the IVF cost in ABC?**

Message 4.26

Were they using the same medication for Merdeka Package? They are having the Merdeka Package again and I was thinking to take the package… **How's their service?**

University of Malaya

Message 4.27

Dear Tetra, Tx alot for the info, appreciate your response… **how is Dr Ghandi's success rate?** In this forum, most of them usually mention abt Dr Bee from IVFCity or Dr Bong from IVF Hospital…

It was found that the women also asked questions relating to the cost of the treatment and about doctors, hospitals or clinics to seek treatment from (Table 4.8). For instance, in Message 4.25, the "how" question was about the treatment cost ("How much is the IVF cost in ABC?"), while the "how" question in Message 4.26 pertained to the quality of a clinic's or hospital's service ("How's their service?"). The "how" question in Message 4.27 then asked about a doctor's success-rate ("how is Dr Ghandi's success rate?"). Information gathered from these questions was important for these women to decide which clinic or hospital to seek treatment at. This showed two concerns of the women: financial considerations, and optimizing their treatment's success rate.

Message 4.28

Hi Irene baby, Thanks for the reply.... I really wanted to do IVF too... but my hubby said he can't stand to see me suffering thru IVF process as I told him all the ladies stories from this forum... he suggested to let Dr Lee diagnose our problem first and let Dr to decide which one is the best for us... Me and my hubby have decided to drop a visit to CityJaya IVF KL for the first time tomorrow… Do I need to specify saying that I need to meet Dr Lee? **What kind of test they will do to me as a first timer?** Anyone still remember? Are they able to diagnose our problem at the very first time? Please advise... Thank you.

The "what" questions mainly asked about procedures related to IVF protocol. For instance, in Message 4.28, the advice-seeker had plans to do IVF for the first time and so, she asked the "what" question about IVF-related procedures ("What kind of test they will do to me as a first timer?") to find out the types of tests she might be put through in her first visit to the doctor. As such, the "what" question performed the function of information-seeking.

University of Malaya

Message 4.29

Hi, Priceless, Congratz on ur pregnancy... May i know how come cannot consume Royal Jelly and bird's nest after ER,… **when can we continue to eat?** after ET? Awaiting for your reply , Thanks

The "when" questions asked about time. Again, these questions were usually associated with the IVF protocol. As shown in Message 4.29, the advice-seeker was keen to know the reason when she could consume Royal Jelly and bird's nest again after the Embryo Retrieval (ER) procedure, and whether taking them after the Embryo Transfer (ET) procedure would be safe ("when can we continue to eat? after ET?").

Message 4.30

Hi Sensen22, Good to hear that you are enjowing your tww. **When will you be testing?** As for me, yesterday went for TVS, my right ovary responded well have 6 follicle in good size & only 3 in left, the rest are still small ones. My endo lining is ok at 8mm ready. Dr Ghandi upped my dosage to 262.5iu & scheduled my tvs again on 23/3. Keeping my finger crossed

Nevertheless, although the "when" questions were normally asked to find out more about the IVF treatment, some of these questions were also about establishing connection with the advice-giver, particularly with the intention to follow the advice-giver's progress in the treatment, or in her pregnancy (N=5). For example, in Message 4.30, it was obvious that the message-recipient, i.e. the advice-giver, was at a more advanced stage into the IVF treatment compared to the advice-seeker. The advice-seeker was at the initial stage of the IVF protocol whereby she had just undergone a transvaginal sonography (TVS) to determine the condition of her ovarian follicles and to measure the uterus' lining. In contrast, the advice-giver was already at the two-week-wait (tww) stage, whereby the fertilized eggs (the embryos), had been transferred into the uterus, and she was waiting to see if implantation occurred. Therefore, the "when" question in Message 4.30 ("When will you be testing?") had the purpose of allowing the

University of Malaya

advice-seeker to know the exact date the pregnancy test would be carried out, so that she could post another message to the advice-giver in future to find out about the test results after the test had been conducted.

Message 4.31

Hi, Bunnie **Which Dr shall you go for your IVF?** I'm planning to do IVF too but a bit confuse which Dr shall I choose.

Message 4.32

Hi Berharga, **Which hospital in KL did you go to?**

The next type of open questions utilized by the advice-seekers in the forum was the "which" questions. This question-type typically functioned as information-seeking, particularly in relation to the choice of doctors (e.g. "Which Dr shall you go for your IVF?" in Message 4.31), or hospital (e.g. "Which hospital in KL did you go to?" in Message 4.32) to seek treatment in.

Nonetheless, as can be seen in the examples provided in Messages 4.31 and 4.32, these questions did not only seek information which was related to the advice-seeker's problem directly. The responses to the questions also allowed the advice-seeker to know the advice-giver's own choices about doctors and hospitals. This was particularly important in the context of the women in the forum since these were women with infertility problems and knowing which doctor or hospital was the preferred choice by the advice-givers could help them make more informed choices about who and where to seek treatment from.

University of Malaya

Message 4.33

Hi God's Blessing, Congrats on your bfp. Really happy for you dear… How long are you now? Update us after your scan. Hubby must be really happy huh?.... **Where did you do your ivf?** ET day what & how many was transferred? Is this your first ivf & baby?

Another type of open questions employed by the women in the forum was the "where" questions, which were mainly used to ask about the place for getting treatment. For instance, in Message 4.33, the advice-seeker asked about where God's Blessing sought her treatment in one of her questions ("Where did you do your ivf?").

Message 4.34

Hi Garfield, Many thanks for the info, in that case I may have to take medication as well to induce the period, let me see my doc first. I am so disappointed that 11/2 month wasted waiting for AF! Did u start a fresh 2nd cycle before? **Why dint u go for FET?**

Message 4.35

Hi Cek, Not yet. I will go hospital tomorrow to start the medication and injection. **Why our cost are difference???** Do you mind to tell me how old are you? You can PM me at jenny@gmail.com.

The last type of open questions asked by the women in the forum was the "why" questions which focused on reasons pertaining to infertility treatment. For example, the advice-seeker in Message 4.34 asked the message-recipient why she had not gone for Frozen Embryo Transfer (FET) cycle protocols as part of her IVF treatment ("Why dint u go for FET?"), while the advice-seeker in Message 4.35 was puzzled (and possibly upset, indicated by the repeated question mark) with the differences between the amount of money spent by her, and by Cek, for the treatment ("Why our cost are difference???").

University of Malaya

Message 4.36

Hi Ajaib, Do you have bruises after your injections apart from rashes? **Do you know how to get to rid of it? Or how to prevent to get those bruises?** All the best to you IVF All the best to you IVF

Message 4.37

Hi …According to my doctor, **you can avoid the bruise by pressing hard at the injection wound after injection for 2 mins. Press hard but not too hard**. All the nurse in the center that i went to did that accept the doctor himself because he ask me to press it myself. This is also why I don't have bruise except for 1 time when the doctor do the injection for me :)

Analysis of the questions in the data revealed that although closed questions elicited short, predictable answers, in many instances (108 questions out of the 224 closed questions), the required response was much longer, thereby functioning as open-ended questions. For example, in the closed "yes/no" questions in Message 4.36 ("Do you know how to get rid of it?" and "Or how to prevent to get those bruises?"), the response was not a mere "yes" or "no", but instead, elaborate, with explanatory details on how to avoid the bruises, i.e. "you can avoid the bruise by pressing hard at the injection wound after injection for 2 mins. Press hard but not too hard" (Message 4.37).

It should also be pointed out here that when a string of closed questions were asked, the advice-seeker might not expect all questions to be answered sequentially in the order they were asked. For instance, the advice-giver in Message 4.37 did not answer the questions asked in Message 4.36 one by one, but provided helpful tips and advice about ways to avoid bruises after injections. As such, strings of questions such as in Message 4.36 could be interpreted as requests for the advice-giver to provide as much information as possible about the treatment or ways to minimize the complications arising from the treatment.

University of Malaya

Message 4.38

I've been thinking so much since this morning... the failed treatment, is it due to my DH good sperm count? is it because I don't really rest …I knew that IUI has low success rate... **I'm not really sure whether to continue another round of IUI or go straight to IVF?** I'm in dilemma now... please advise...

Message 4.39

Hi…If you don't mind me asking... **(1) What is the main concern for u to go for IUI earlier? Did your hubby do SA before? Is his sperm healthy?** Just to share with u my experience, **(2) I had two failed IUI before we decided to go for IVF. (3) I heard that IUI is not really efficient for low sperm count problem, but not sure how true is that. (4) Perhaps you may want to seek for doctors advice and see what is his best advice before u proceed further.** All the best! I am sure baby dust will fall on us soon! Cheers!

Similarly, the response to the closed alternative question in Message 4.38 ("I'm not sure whether to continue another round of IUI or go straight to IVF?") was not a mere statement of the advice-giver's option. Instead, the response was more complex (Message 4.39) which included:

(1) the advice-giver's request for further information so as to have a better assessment of the advice-seeker's problem ("What is the main concern for u to go for IUI earlier? Did your hubby do SA before? Is his sperm healthy?"),

(2) advice in the form of her experience as justification for what she has learned about IUI treatment ("I had two failed IUI before we decided to go for IVF"),

(3) what she understood about the efficacy of IUI treatment ("I heard that IUI is not really efficient for low sperm count problem, but not sure how true is that"), and

(4) her recommendation to seek the doctor's advice before making a decision ("Perhaps you may want to seek for doctors advice and see what is his best advice before u proceed further.")

Message 4.40

Congratulations..... I am very happy for you. **What was your BETA reading?**…

University of Malaya

Message 4.41

Hi…Im with Dr Govindah too…**beta was 1300++**. What was yours then?

Likewise, some of the open questions only required brief responses, depending on the context in which the questions were asked. For instance, the open question using "what" as in "Juz wan to know about what are the do and dont during post ET? " anticipated a lengthy answer detailing what the advice-seeker could and could not do after her ET procedure. However, when "what" was used in the question, "What was your BETA reading?" in Message 4.40, the question only required a brief response in the form of a figure, and thus, the reply she received from her question was “beta was 1300++” (Message 4.41).

Table 4.9: Types of Questions Based on Functions

No.	Question Move		No. of Occurrences		Examples Identified in Data
1.	Questions Asking for Information	a) Related to advice-seeker’s problem	215	217	Does anyone know where I can have natural IVF & what is the cost?
		b) Unrelated to advice-seeker’s problem	2		When are you going to deliver?
2.	Questions Asking for Opinion		62		Im 35 tis yr, do u think I’m too old?
3.	Questions Asking How the Message-Recipient Handles a Specific Problem		39		How did u deal with it?
4.	Questions Asking for Confirmation of Advice-Seeker’s Understanding or Knowledge		37		Think that should be natural cycle, right?
				Total	**355**

University of Malaya

As such, when the *Question* move was analyzed for its functions, it was found that the move could be divided into four types: (1) questions asking for information, (2) questions asking for opinion, (3) questions asking how the message-recipient handles a specific problem, and (4) questions asking for confirmation of advice-seeker's understanding or knowledge. Among the four types of questions, questions asking for information were the most common (N=217) (Table 4.9).

Message 4.42

Hi… I have done my 2 failed IVF in XYZ Clinic under the same doctor. Dont know should i go back to same Dr again since i still have RM 3k deposit with XYZ Clinic. **Does anyone know where I can have natural IVF & what is the cost?...**

The questions asking for information could then be further categorized into questions that were related to the advice-seeker's problem, and those which were unrelated to the advice-seeker's problem. The question in Message 4.42 was asked in connection with the advice-seeker's situation in that she had had two failed attempts in getting pregnant with IVF under the same doctor. Subsequently, she was asking if there were any forum members who knew of another clinic or hospital where she could go for another IVF and the cost of the treatment ("Does anyone know where I can have natural IVF & what is the cost?").

Message 4.43

Hi Sopi, Good to hear that you are enjowing your tww. **When will you be testing?** As for me, yesterday went for TVS, my right ovary responded well have 6 follicle in good size & only 3 in left, the rest are still small ones. My endo lining is ok at 8mm ready… Anyone who has done acupuncture or doing it now for IVF? Need some tips…

In contrast, when questions which were unrelated to the advice-seeker's problem were asked, these were normally related to the message-recipient's situation and they functioned as just a *Bonding* relational strategy in which the advice-seeker was trying to

University of Malaya

establish some kind of connection or relationship between herself and the message-recipient. For instance, in Message 4.43, the first question ("When will you be testing?") had nothing to do with the advice-seeker's situation or problem. Instead, the question was asked in relation to the message-recipient's situation in that she was currently undergoing the two-week-wait period (tww) after the IVF procedure. Subsequently, the advice-seeker was asking when the message-recipient would be doing the pregnancy test to ascertain whether the IVF was successful, i.e. the conception was successful.

As questions unrelated to the advice-seeker's problem did not function to help the advice-seeker in any way except to bond with the message-recipient, these questions were not regarded as advice-seeking. Nevertheless, there were not many of these questions (2 questions out of the total number of 355 questions) (Table 4.9), and thus, the total number of the *Question* move that performed advice-seeking (N=353) still far exceeded the other advice-seeking moves, i.e. the *Problem Statement* move (N=178) and the *Request Advice* move (N=80) (Table 4.1).

Message 4.44

Hi Ivy baby … Im 35 tis yr, **do u think I'm too old?** After all I only produced 10 eggs, but I notice some people produce more than 20!! Doc ask me go for long protocol 2 mths later he said tat it's chances higher, but since its higher chances n same amount to pay as de short protocol, I dun know y in de 1st place he suggested short protocol, a little disappointed wif my doc!! I'm totally lost n dun know wat to do!!!

Questions asking for opinions ranked second as the most frequently asked questions (N=62) (Table 4.9). While questions asking for information required objective answers, the type of answers expected from questions asking for opinions was subjective, i.e. subject to the message-recipient's interpretation or perception. For example, in Message 4.44, the advice-seeker was asking for the message-recipient's opinion on whether she was too old, considering her capacity to produce only 10 eggs ("do u think I'm too

University of Malaya

old?"). The expected response was thus, subjective, depending on whether the message-recipient thought 35 was "too old" to produce many eggs.

Message 4.45

Anyone have Ohss? **How did u deal with it?** The bloating tummy make me very uncomfortable. I just discharge after admited 2 nights. No improvements but doc say at least no increasing

Message 4.46 (Reply to Message 4.45)

Hi Sily22, Congratulation!! U r pregnant. May be more v your high beta...I also cant sleep on side when I had Ohss and I felt better sleeping v my **head lifted up**. Also i felt better **eating a little each time** or else my tummy got swelled up. I had to be admitted for 1 week and need to drain the water from my **tummy**. Think of d baby n soon your Ohss wil b over. I m happy for u.

Another type of questions occurring in the data was questions asking how the message-recipient handled a specific problem (N=39) (Table 4.9). These questions usually required the message-recipient to describe her experience in tackling the problem, and therefore, the responses were frequently lengthy. For instance, the second question in Message 4.45 ("How did u deal with it?") was a question that asked how the message-recipient dealt with the Ovarian Hyperstimulation Syndrome (OHSS) as the advice-seeker was having the OHSS symptom of experiencing abdominal bloating. The response from one of the forum members to the advice-seeker was subsequently a lengthy description of what she did to alleviate the swelling by sleeping with her "head lifted up", "eating a little each time", and having the water drained from her "tummy" (Message 4.46).

Message 4.47

Hi Squeaky, Were they using the same medication for Merdeka Package? They are having the Merdeka Package again and I was thinking to take the package. But afraid that their service or medicine given will be of lower quality one... **But since you got pregnant with the package, I think should be no problem, right?**

University of Malaya

The last type of questions identified in the six-month messages posted by the Malaysian forum members was questions asking for confirmation of the advice-seeker's understanding or knowledge (N=37) (Table 4.9). These were questions that did not specifically require novel answers from the message-recipient, but were used as a way to reassure the advice-seeker by seeking confirmation of the message-author's opinion. As such, these questions were usually tag questions whereby declarative statements were turned into questions by adding an interrogative fragment (tag). The second question in Message 4.47 illustrates this as the question sought to ask for assurance that the advice-seeker was correct, and the question structure had a question tag ("right") followed by a question mark ("?"). The question did not aim to get new answers from the message-recipient, but instead, reassurance that the advice-seeker's worry about the substandard service or quality provided by the "Merdeka Package" was inconsequential ("But since you got pregnant with the package, I think should be no problem, right?").

In short, in relation to the functions of the *Question* move performed, it was found that familiarity with the IVF protocol was particularly important to the women in the investigated forum. This was especially so in matters pertaining to IVF procedures. As such, it appears that questions asked were usually for the intention of gathering information which could enhance the women's understanding and knowledge of the treatment. This finding is significant because most women in the forum were still undergoing the treatment, and some had even completed at least one IVF cycle. Therefore, one would also expect that these women would have sufficient knowledge on the treatment form their doctors, or from their experiences. As such, this finding that showed the women still needing to know more about IVF had two possible implications. First, it could reveal the women's continual ignorance of IVF despite undergoing or having undergone the treatment. This augmented the sensitivity and negativity

University of Malaya

surrounding the infertility problem, where asking questions to their doctors might even prove to be uncomfortable for these women. Second, it could indicate the women's lack of trust whereby they felt the need to verify the information they had received from the doctor with other women undergoing the treatment. Both these implications point to the importance of the online forum not just as an information bank, but more importantly, a place where the women could connect with, as well as get support and reassurances from similar others in that virtual community.

Table 4.10: Mitigation in the *Question* Move

No.	Question Structure with Mitigation	Example in Data	No. of Occurrences	
1.	Extending question(s) to other forum members	**Ladies who manage to get pregnant**…did you'll have any symptom before your positive urine test/beta?	114	
2.	Modals (Can …?, May I…?, Would…?)	**Can** you teach me how?	32	65
		May I know what is BCP?	30	
		Would you mind sharing the cost for delivery for twins?	3	
3.	Subjectivity markers: Wonder	**Wonder** if it's normal?	21	25
	Think	**Think** that should be natural cycle, right?	4	
4.	Consultative devices (Mind…?, Do you mind…?)	**Mind** if I ask about your experience having twins?	17	
		Total	**221**	

Analysis of the data also revealed that the *Question* move was frequently mitigated. Out of 355 questions asked by the advice-seekers, 204 were mitigated in some ways. Opening the questions to other forum members was the most utilized mitigation strategy in the *Question* move (N=114). This was followed by the use of modals ("can", "may" and "would") (N=65), subjectivity markers ("think" and "wonder") (N=25), and

University of Malaya

consultative devices ("Do you mind …?", "…if you don't mind?", "Would you mind…?", "If you don't mind…?", and "Mind if…?) (N=17) (see Table 4.10).

Message 4.48

Ladies who manage to get pregnant…did you'll have any symptom before your positive urine test/beta? Did you'll do urine test or just waited for blood test? Appreciate your response. Thks.

Message 4.49

Hi, I am new here … it really scare me when Dr can't see any folicile during scanning on D2 of my menses in this cycle. But he said this is normal as being put on BCP… Don't know have **anyone of u** encounter this problem? …

As stated earlier, opening the questions to other forum members was the most utilized mitigation strategy when asking questions. In Message 4.48 and Message 4.49, by extending the questions to other forum members, the obligation to respond to the advice-seeker was not centered on one particular forum member, but diffused to anyone who wanted to reply the advice-seeker, i.e. "ladies who manage to get pregnant" (Message 4.48) and "anyone of u" (Message 4.49). This thus, had the effect of downtoning the advice-request.

In addition, by opening the questions to other forum members, it was an inclusive strategy. It indicated that the advice-seeker was intentionally reaching out to other forum members. Mitigating the questions in this way meant that not only was the *Hedging* relational category was at work, but the *Bonding* relational category was also equally evident. Opening the questions to anybody who was willing to help the advice-seeker created a sense of connection between the advice-seeker and the readership (the *Bonding* relational category). At the same time, it was also a face-saving relational work since it avoided imposition on any specific person(s) to oblige to the advice-seeker's request (the *Hedging* relational category).

University of Malaya

Message 4.50

Hi Noni22. Wow, nice to hear u enjoy yr 2ww. Thats most dificult. **Can u teach me how?** I ws so tense during my last IVF n maybe thats why i din made it…

Message 4.51

Hi Beri, Thx for the info. Very happy to know you already given birth to the two healthy princesses. Congratulation. Where you went for your labour? **Would you mind sharing the cost for delivery for twins?** Was it full term or earlier?...

Message 4.52

Hi Bayi23, I was under 2 months of DHEA and was under Dr Bong. **May i know what is BCP?** I will start my 3rd IVF on september,…

Among the linguistic features, modals such as "can", "may" and "would" were used most often as a hedging device when asking questions (N=65) (Table 4.10). As the use of modal already suggested politeness, questions formed with modals were categorized as a negative politeness strategy (Brown & Levinson, 1987). The use of modals indicated that the recipient's face had been attended to, and that the advice-seeker had been careful not to intrude or impose on the message-recipient's freedom and space. For example, the modals "can" ("Can u teach me how?" in Message 4.50) and "would" ("Would you mind sharing the cost for delivery for twins?" in Message 4.51) in the question-request gave the message-recipient the liberty to deny her ability to provide the information or advice, hence reducing the face-threat associated with requests. The modal "may" ("May i know what is BCP?" in Message 4.52) also suggested permission-seeking by the advice-seeker. The modal downplayed the imposition on the message-recipient on the merit that the message-recipient could choose whether to consent to, or to deny the advice-seeker's request.

University of Malaya

Message 4.53

Hi B, I am planning to rest for now, maybe FET in July or August. Not sure what is natural and priming uterus cycle. Doc ask me to see him 3days later when I detect ovulation using the normal Ovulation Kit. **Think that should be natural cycle, right?**

Subjectivity markers were also used as a linguistic hedging device when asking questions (N=25) (Table 4.10). They were markers that suggested a certain degree of uncertainty in the advice-seeker's conviction. When the subjectivity marker "think" was used in "Think that should be natural cycle, right?" (Message 4.53), it signaled that the author's opinion was attitudinal, and not absolute. This indication of the advice-seeker's lack of conviction softened or reduced the power of the assertion.

Message 4.54

Hi BB…This is my 1st IVF cycle. I felt very sad and disappointed that now only Dr told me that my eggs is less and not healthy. He suggest me to ale DHEA for 2 mths and redo the 2nd IVF after 2 months. I did take BCP as well on my 1st cycle with the reason to get some equal size of eggs. After tea your post I am doubt whether to follow Dr suggestion to consume the DHEA? … **do you mind to let me know your age?**

The least utilized linguistic heading device in the *Question* move were the consultative devices (N=17) (Table 4.10). In Message 4.54, the consultative device "do you mind...?" in "do you mind to let me know your age?" was permission-seeking in nature, asking if the message-recipient was willing to grant the advice-seeker her request and let her know her age. As such, the use of consultative devices also had the effects of mitigating face-threat in the questions posed.

To sum up on the *Question* move, it was the most widely used move to seek advice among the women in the forum. Most of the questions asked were information-seeking in nature, specifically related to the IVF treatment. However, there were also a few instances where questions asked also functioned as a solidarity strategy where questions

University of Malaya

were invitations for the advice-giver to share her experiences and what she did, as well as questions asking for the advice-giver's opinions on the advice-seeker's situation or what the advice-seeker should do. Mitigation strategies also frequently had the *Bonding* relational work inherent in the questions in addition to the *Hedging* relational category.

4.2.2.2 The *Problem Statement* Move

The second most used advice-seeking move was the *Problem Statement* move. Realized in various syntactic structures, the move described the advice-seeker's problem.

Message 4.55

> **(1) i'm still recovering (mentally)** from my failed ivf last week and not sure whether i have the courage to do it again. I know ivf is not 100% but as what doc said he was shocked that i didnt get pregnant as the whole ivf cycle went on so smoothly and i had so many eggs.. (maybe too many 20 **ha..ha**..quality will not be good) and only 13 eggs to fertilise came out 6 healthy embryo. 3 embryo transferred **(2) but non survive**.... **hai**..

For instance, in Message 4.55, the *Problem Statement* move was realized in the form of: (1) a description of the advice-seeker's mental anguish due to her failure to conceive ("i'm still recovering (mentally)"), and ended with (2) a conclusion of her failed IVF cycle where none of her eggs survived ("but non survive"). As the *Problem Statement* move is a form of problem-sharing, it also has the element of bonding (the *Bonding* relational work).

The *Problem Statement* move in the messages was also often composed with the *Appealing* relational category. This appealed to the message-recipient's sense of sympathy through emphatic expressions of the advice-seeker's problem. For example, in Message 4.55, the *Appealing* relational work is evident in: (a) the adjectival clause illustrating advice-seeker's mental suffering ("i'm still recovering (mentally)"), (b) the mockery laughter ("ha..ha"), and (c) the interjection "hai" to express her disappointment

University of Malaya

("3 embryo transferred but non survive…hai"). These sharing of painful experiences and emotions communicated the advice-seeker's desire for empathy or support. These appealed to the message-recipients' sense of pity and subsequently, the message-recipients might feel more compelled to help and advise the advice-seeker.

The *Appealing* relational work in the *Problem Statement* move illustrated the anguish suffered by the advice-seeker for failing the IVF treatment. It showed how important having a child of their own was, and that it mattered a lot to the advice-seeker to succeed in the treatment. Hence, to the women in the forum, seeking advice through problem-description were more than just problem-narration or description; it was also about expressing their emotional pain.

Table 4.11: Frequency of Advice-Seeking Messages with Expressions of Emotional Distress

No.	Emotional distress expressed through…	No. of advice-seeking messages
1	Adjectival clauses	142
2	Exclamation mark	96
3	Repeated full stop or period (.)	71
4	Emoticons or smileys	24
5	Repeated exclamation mark (!)	20
6	Interjections	11
7	Capitalization of words	5
8	Repeated words	4
	Total	**373**

Expressions of emotional pain could be seen through the use of adjectival clauses, exclamation marks, repeated full stop or period, emoticons or smileys, repeated exclamation mark, interjections, capitalization of words and repeated words (Table 4.11). Of all the ways to convey the advice-seeker's emotional state, adjectival clauses describing the advice-seeker's distressing mind were most common (N=142).

University of Malaya

Table 4.12: Ways Emotional Distress was Expressed in the *Problem Statement* Move

No.	*Problem Statement* Move	Emotional distress expressed through…	Evidence/Example
1	dunno it was considered lucky or not, the only egg fertilised and became embryo with 4 cells on 9/3 and they transfer the only embryo for me. i am so so so sad... think that im not going to make it again, there was only ONE :'(i have no sign at all... anyway, Dr Tee is friendly and encouraging, asking us not to give up because there is still chance, but i dun think i will success. I was crying almost everyday :'(being more upset when seeing so many ppl here with BFP! keep asking why im not one of them... sigh...	• Adjectival clauses	• **i am so so so sad…** • **I was crying almost everyday** • **being more upset …** • **keep asking why im not one of them**
		• Word repetition	• …**so so so** sad
		• Word capitalization	• … there was only **ONE**
		• Emoticon	• ... only ONE **:'(** . • … crying almost everyday **:'(**
		• Interjection and repeated period (..)	• … not one of them**…sigh…**
2	I did my 3rd IVF and again I failed. I am just speechless and devastated. I judt couldn't think of the reason w God is cruel to us..I am just hoping for a baby of our own. Why is it that hard for this dream to comes true…!! Why why why!!!! I don't think I can continue this journey anymore.	• Adjectival clauses	• I am just speechless and devastated • I judt couldn't think of the reason w God is cruel to us.. • Why is it that hard for this dream to comes true… • I don't think I can continue this journey anymore
		• Repeated exclamation mark (!!) and repeated period (…)	• Why is it that hard for this dream to comes true**…!!**
		• Repeated words and the exclamation mark (!!)	• **Why why why!!!!**

University of Malaya

Words commonly appearing in the adjectival clauses were those associated with their anguish, frustration and disbelief in their inability to conceive. For example, the five adjectival clauses below found in Example 2, Table 4.12, described the author's emotional turmoil and struggle within herself to come to terms with her unsuccessful IVF treatment:

- I am just speechless and devastated
- I judt couldn't think of the reason w God is cruel to us..
- Why is it that hard for this dream to comes true…
- I don't think I can continue this journey anymore

Message 4.56

Hi, I am new here but have been following this forum for months. My 2nd IVF cycle has just been abandoned today due to poor egg respond**!** … Dr put ime on DHEA for 2 months which Dr said will improve my egg quality & quantity. However, when I see him on 2nd day of my menses after 2 months of DHEA, Dr wanted me to take 10 days birth control pill though he can see quite number of foliciles that time. He said want to regulate the size of the foliciles. I trusted him & took BCP then wait for next menses to start my 2nd IVF. I really upset with such outcome as I trusted the Dr so much**!** …

The second most used strategy to show the advice-seeker's predicament was to employ the exclamation mark to indicate the advice-seeker's exclamatory mood. As computer-mediated discourse (CMD) is textual, expressions of emotions are conveyed using orthographic conventions (Yang, 2007), and one way to show exclamation is to use the exclamation mark (Barasa, 2010). For instance, the exclamation mark in "My 2nd IVF cycle has just been abandoned today due to poor egg respond!" and "I really upset with such outcome as I trusted the Dr so much!" (Message 4.56) functioned to accentuate the advice-seeker's disappointment with her abandoned IVF treatment and dismay with the doctor. Hence, besides the *Appealing* relational category, the *Boosting* relational work was also inherent in the *Problem Statement* move as the exclamation mark functioned to magnify the advice-seeker's problem.

University of Malaya

Message 4.57

I did my 3rd IVF and again I failed. I am just speechless and devastated. I judt couldn't think of the reason w God is cruel to us..I am just hoping for a baby of our own. Why is it that hard for this dream to comes true…**!!** Why why why**!!!!** I don't think I can continue this journey anymore.

Moreover, in 20 of the messages (Table 4.11), not only was the exclamation mark used, but they were also repeated ("Why is it that hard for this dream to comes true…!!" and "Why why why!!!!" in Message 4.57). The repeated exclamation marks added further emphasis to the advice-seeker's exasperation of failing the IVF treatment many times.

Message 4.58

dunno it was considered lucky or not, the only egg fertilised and became embryo with 4 cells on 9/3 and they transfer the only embryo for me. i am **so so so sad...** think that im not going to make it again, there was only ONE :'(i have no sign at all... anyway, Dr Tee is friendly and encouraging, asking us not to give up because there is still chance, but i dun think i will success. I **was crying almost everyday** :'(being more upset when seeing so many ppl here with BFP! **keep asking why im not one of them... sigh...**

Message 4.59

I did my 3rd IVF and again I failed. I am **just speechless and devastated**. I judt couldn't think of the reason w God is cruel to us..I am just hoping for a baby of our own. **Why is it that hard for this dream to comes true…**!! Why why why!!!! I don't think I can continue this journey anymore.

Repeated period was also a way to demonstrate the advice-seeker's emotional distress. The repeated periods could mean a pause in the author's thoughts or ideas (aposiopesis) leading to silence, as illustrated in Message 4.58 ("i am so so so sad..." and "keep asking why im not one of them…sigh…") and Message 4.59 ("Why is it that hard for this dream to comes true…"). They could indicate the advice-seeker's unwillingness or inability to express herself resulting in some loss of words. In Message 4.58, the advice-seeker was "so so so sad" and dejected that she "was crying almost everyday" and she could not understand why it was so difficult for her to get pregnant ("keep asking why im not one of them...sigh..."). As a result, her depression and frustration with her failure

University of Malaya

to get pregnant like any other women could have led her being speechless. The advice-seeker in Message 4.59 then was so upset with her third failed IVF treatment that she was "just speechless and devastated". Hence, the repeated period in "Why is it that hard for this dream to come true..." in Message 4.59 could most probably signify her loss of words to describe her anguish and disbelief of another failure.

Message 4.60

dunno it was considered lucky or not, the only egg fertilised and became embryo with 4 cells on 9/3 and they transfer the only embryo for me**.** i am so so so sad... think that im not going to make it again, there was only ONE **:'(** i have no sign at all... anyway, Dr Tee is friendly and encouraging, asking us not to give up because there is still chance, but i dun think i will success. I was crying almost everyday **:'(** being more upset when seeing so many ppl here with BFP! keep asking why im not one of them... sigh...

Emoticons or smileys were also employed in conveying emotions. Functioning as visual representation of the author's feeling(s) in CMD (Park, 2007), the emoticons or smileys used by the advice-seekers in the forum were to express their sadness and disappointment in not being able to conceive. For instance, in Message 4.60, the sad smiley :'(was a substitute for the crying facial expression, underlining the advice-seeker's disappointment and frustration in her failure ("there was only ONE :'(") and (" I was crying almost everyday :'(").

Message 4.61

dunno it was considered lucky or not, the only egg fertilised and became embryo with 4 cells on 9/3 and they transfer the only embryo for me. i am so so so sad... think that im not going to make it again, there was only ONE :'(i have no sign at all... anyway, Dr Tee is friendly and encouraging, asking us not to give up because there is still chance, but i dun think i will success. I was crying almost everyday :'(being more upset when seeing so many ppl here with BFP! keep asking why im not one of them... **sigh**...

While the emoticons or smileys functioned as visual representation of the author's feelings, interjections such as "sigh" acted as vocalization of the author's feelings. The "sigh" in Message 4.61 was the author's vocalization of a sigh to express her emotional

University of Malaya

anguish ("keep asking why im not one of them…sigh…"). The utilization of interjections was detected in 11 of the advice-seeking messages, making this the fifth most frequently employed strategy for expressing the advice-seeker's affliction (Table 4.11).

Message 4.62

dunno it was considered lucky or not, the only egg fertilised and became embryo with 4 cells on 9/3 and they transfer the only embryo for me. i am so so so sad... think that im not going to make it again, there was only **ONE** :'(…i have no sign at all... anyway, Dr Tee is friendly and encouraging, asking us not to give up because there is still chance, but i dun think i will success. I was crying almost everyday :'(being more upset when seeing so many ppl here with BFP! keep asking why im not one of them... sigh...

The use of capitalization to exaggerate a problem was found in five of the advice-seeking messages (Table 4.11). In computer-mediated discourse (CMD), capitalization of letters is understood as "shouting" or "anger" (Crystal, 2002), so when the advice-seeker used capital letters for "ONE" in "think that im not going to make it again, there was only ONE", it emphasized her anger at her inadequacy in producing eggs (Message 4.62). Thus, the use of letter-capitalization in the forum to express anger had nothing to do with the message-recipient, but rather, the advice-seeker's problem or failure to conceive.

Message 4.63

dunno it was considered lucky or not, the only egg fertilised and became embryo with 4 cells on 9/3 and they transfer the only embryo for me. i am **so so so** sad... think that im not going to make it again…

Message 4.64

I did my 3rd IVF and again I failed. I am just speechless and devastated. I judt couldn't think of the reason w God is cruel to us..I am just hoping for a baby of our own. Why is it that hard for this dream to comes true…!! **Why why why!!!!** I don't think I can continue this journey anymore.

University of Malaya

Similar to the use of the repeated exclamation marks and periods, repetition of words was employed to add emphasis to the advice-seeker's disappointment. For instance, in Message 4.63, the repetition of the adverb "so" in "so so so sad" underlined her despair - that she was extremely sad, while in Message 4.64, the repeated "why" and the exclamation mark "!" in "Why why why!!!!" highlighted the advice-seeker's incredulity, frustration and bitterness of another failure to conceive.

To sum up on the *Problem Statement* move, the move did not only describe the advice-seeker's problem, but also communicated the advice-seeker's emotional distress. There were several relational works inherent in the move, specifically the *Bonding*, *Appealing* and the *Boosting* relational work. These relational categories were often related to one another, and were instrumental in connecting the advice-seeker to the advice-giver as a solidarity strategy in the form of support-seeking.

4.2.2.3 The *Request Advice* Move

The *Request Advice* move was the least preferred advice-seeking pattern. It was a move whereby the advice-request was made most explicit by the advice-seeker, compared to the *Question* move and the *Problem Statement* move. The move was considered an explicit request for advice because: (1) the request contained the obligation modal "should", requesting a response as to what would be the desirable course of action for the advice-seeker (e.g. "Should I check my own UPT today?", "Should I change Dr?"), or (2) the request contained certain words or phrases that were synonymous to a request for advice such as "would like to know your advice", "need your advice", and "please advice". Sometimes, the word "advice" was replaced by other equivalent terms such as "tips" and "help".

University of Malaya

Table 4.13: Syntactic Structures of the *Request Advice* Move

No.	Syntactic Structure	Examples Found in Messages	Frequency
1	Declarative	Need to get advice from anyone here… I would like to know your advice what to do…	29
2	Imperative	Share with us your tww experiences and the food that you ate. Please advise.	26
3	Interrogative	Anything I need to worry or prepare for the ET? Any advice?????	25
		Total	**80**

There were three main syntactic structures used in realizing this move – declaratives, imperatives and interrogatives (Table 4.13). The three structures were used in almost equal frequencies in the *Request Advice* move, although the move appeared most often in the declarative form (N=29), followed by the imperative structure (N=26), and lastly, the interrogative structure (N=25).

Message 4.65

Hi... **I'm** a newbie.. **Need to get advice from anyone here**...**I've** been trying to conceive naturally for about 1 and half years till now since my marriage in Dec 2010. **Failed**... **many times**... **disappointed**.. I'm already 34 years old while my **hubby** is 33.. in my hubby's recent medical report... we found out that he has low sperm count and poor sperm quality..

The grammatical structure of the declarative *Request Advice* move is that the subject precedes the verb and the sentence ends with a period. In most of the declarative *Request Advice* move in the messages, the subject was found to be frequently missing (an ellipsis), as illustrated in Message 4.65. The subject in the declarative "Need to get advice from anyone here..." was not stated but understood to be "I", referring to the message-author. This feature of the declarative in the messages was just an example of the informal interaction styles among the women in the forum. As can be seen in Message 4.65, there were other characteristics of informal interaction styles such as “hi” for greeting and “hubby” for husband, the use of contractions (e.g. “I’m”, “I’ve”),

University of Malaya

incomplete sentences (e.g. “Failed...many times... disappointed”) and the use of repeated periods (“...”). This finding showed that the women were relaxed in their message-exchanges and the interaction styles largely resembled those of spoken interactions, except for the online setting and the written or typed mode.

Message 4.66

Dear Renee It's really good to know you are pregnant. May you have a smooth & healthy pregnancy. **Share with us your tww experiences & food that you ate**. Enjoy every second of this.

Message 4.67

Dear babys, You have PCOS but didnt fo surgery. Then how you fix it? Did your doctor ask you do to surgery? I see 2 doctor, 2 doctor recommended me to do surgery. So now I am doubting whether should I go to survery or not. **Please advise**

The *Request Advice* move in the imperative could either start with a verb as in “Share with us your tww experiences & food that you ate” in Message 4.66, or it could begin with a hedging device such as “please” as in “ Please advise” in Message 4.67.

Nonetheless, whether the *Request Advice* move began with or without the hedging device, the request was still friendly and non-imposing. As illustrated in Message 4.66, the imperative *Request Advice* move, “Share with us your tww experiences & food that you ate” was a request for the advice-giver to share her experiences or knowledge that contributed to her success in conceiving. This sharing constituted an aspect of camaraderie that bonded the women together. Hence, the *Request Advice* move, though in the imperative sentence structure, was still more likely to be perceived as a solidarity strategy, rather than an imposing directive. Hence, using the imperative when requesting for advice could be a common communication style practiced by the online community, and thus, might indicate intimacy and trust among members of the community.

University of Malaya

Message 4.68

Thank you Garfield for the advise. I will take note on them. I m very anxious For my ET this tuesday**. Anything I need to worry or prepare for the ET?**

The *Request Advice* move in the interrogative was explicit advice-request in the form of a question. For instance, "Anything I need to worry or prepare for the ET?" in Message 4.68 was a question that explicitly asked for the message-recipient's advice on what to do prior to the Embryo Transfer (ET) procedure.

Table 4.14: Mitigation in the *Request Advice* Move

No.	***Request for Advice* Move**	**Mitigation Used**	**No. of Occurrences**
1	**Please** *advise*	The adverbs "**please**", **do**", "**hopefully**", "**really**", "**sincerely**"	29
2	Hope **you gals** can give some advice…	Extending advice-request to other forum members ("**you gals", "ladies"**)	20
3	**Need** to get advice...	The verbs **"need", "hope"**	16
4	**can** anyone give any tips how to take care our self within 2ww after ET n wut the do's n dont's after ET??	Modals (e.g. **"can", "would" "should")**	11
5	Any advice**?????**	Punctuation marks (e.g. "**?**")	6
6	**Maybe** u can share yr "secret" of success	Probability hedging device "**maybe**"	5
7	Just **wondering**, if anyone cud advice me how to...	Subjectivity marker "**wonder**" or "**wondering**"	4
8	Wanna ask u a few things **if** u don't mind	Consultative device using the conditional "**if**" or "**whether**"	3
		Total	**94**

Like the *Question* advice-seeking move, the *Request Advice* move was also frequently mitigated (Table 4.14). The most used mitigation strategy for the move was the use of

University of Malaya

adverbs such as “please”, “do”, “hopefully”, really” and “sincerely” (N=29). The use of these adverbs denoted the advice-seeker’s earnest appeal for help. The second most utilized mitigation strategy was to extend the advice-request to all forum members (N=20), where the imposition to reply was diffused to all forum members. This was followed by the use of verbs such as “need” and “hope” (N=16), in which the use of these verbs suggested a plea for help instead of a request or a directive. Other types of mitigation strategies used in the *Request Advice* move were the use of modals, punctuation marks such as “?”, the probability hedging device “maybe”, and consultative devices using the conditional “if” or “whether”.

Message 4.69

My update: did tvs, endo lining is 7mm, no sure why it became thinner then before. Earlier was 8mm. Someone **pls** help. As for follicles, there is 27 all together between 18-25mm. ER is on Thursday. I have to take ovidrel tonight. Ladies **please** advise me what will be next after ER....

As mentioned earlier, the most used hedging device in the *Request Advice* move was the use of adverbs such as "please", “do”, “hopefully”, “really” and “sincerely” (Table 4.14). In the messages, it was found that the adverb “please” was usually placed in front of the advice-request, and sometimes, used in its abbreviated form (shortening), "Pls". For example, in Message 4.69, "pls" was used in the first advice-request (“Someone pls help”), while "please" was utilized in the second advice-request (“Ladies please advise me what will be the next after ER”). Having the advice-request phrased in this manner, it highlighted the idea of politeness and/or urgency. It was also an indication that the advice-seeker recognized the knowledge other forum members possessed which she did not possess, and thus, signaled the advice-seeker’s plea for help. Subsequently, this weakened the directive force of the advice-request.

University of Malaya

Message 4.70

Hi Minnie/Cek and all ladies I **really** welcome and appreciate any suggestions and feedback from any of you ladies concerning dos and donts especially on food. Apparently, I was told that should not take any fruits during the 1st trimester. Not too sure about that but hope to hear from you ladies. God Bless to All!!!!

Message 4.71

Hi My name is Anna. I am from Johor. I have interested to do IVF due to my husband is Azoospermia... My husband & myself was desperatly to have our own baby. But, seem look God keep testing our patience and gave us very very hard way to go through. Both of us very under pressure & sad. **Sincerely** hope someone can help & advise me. Thank you

The adverb "really" ("I really welcome and appreciate suggestions and feedback from any of you ladies concerning dos and donts especially on food" in Message 4.70) and "sincerely" ("Sincerely hope someone can help and advise me" in Message 4.71) demonstrated the advice-seeker's desperation to get advice. Consequently, the use of such adverbs made the statements function not only as an advice-request, but also as an appeal for help.

Message 4.72

Hi jenny, I am new here, seen ur previous posts in this forum and Very happy to hear about another success at TMC, congrats and take care. Can u share with us what u did during us 2 week wait? Did U stay in hospital after ur ET? Was it complete bed rest, no walking or climbing stairs? Did u travel for the jabs? Also, how many hrs to lie down after inserting Cyclogest and Progynova tab? Any symptoms? please **do** share with us if u r ok with it.. thanks

Message 4.73

Hi, I am going to start on my IVF cycle end of this month. May I know how can I prepare my husband and myself so that we can enhance the success rate? Is there any healthy diet recommended? **Hopefully** ladies here can share what to avoid too.

The adverb "do" in the advice-request in Message 4.72 ("please do share with us) was a way of expressing emphasis as well as making polite requests, while the adverb

University of Malaya

"hopefully" in "Hopefully ladies here can share what to avoid too" in Message 4.73 denoted the advice-seeker's recognition of her request being possibly intrusive, and as a result, this mitigated her expectation for an advice.

Message 4.74

I'm newbie here, would like to share my IVF experience. I had done 2 Failed IVF, first attempt with AA Ang 2nd with doctor Chong Kiang Kiang. Now i'm will go for my 3rd IVF with Dr Bong at ABC Fertility on Sept, after reading Spring's post i'm lost confidence with Dr. Bong Now . Have thinking on change doctor, should i? Hope **you gals** can give some advice.... thanks

Extending the advice-request to the general readership was another widely-used mitigation strategy in the *Request Advice* move. Its use had the effect of diffusing the directive force of the request, thus performing the relational work of *Hedging.* At the same time, its use also connected the advice-seeker with the general readership, hence functioning as an inclusive strategy, i.e. the *Bonding* relational work. For instance, Message 4.74 was intended for the general readership ("you gals"). Consequently, no specific forum member was expected to reply the advice-seeker. Moreover, by extending the advice-request to other forum members, it was also possibly a way of establishing solidarity by bringing the advice-seeker closer to the other forum members, thereby enhancing the sense of virtual community among themselves.

Message 4.75

Hi there, Is there any try before XYZ Fertility Center at Johor? I have arrange an appointment next wednesday. I so nervous & scare. **Please please anyone please** advise...

Likewise, opening the advice-request to other forum members by using "anyone" in "Please please anyone please advise..." (Message 4.75) liberated a single message-recipient from the responsibility of responding to the advice-seeker. Accordingly, this

University of Malaya

minimized the impositional level of the advice-request besides serving as a solidarity tactic to bond with other forum members.

It was observed that the advice-seekers in the forum also sometimes employed more than one hedging device when seeking advice. In the case of the advice-request in Message 4.75, the repeated "please" was also used. This subsequently reduced the advice's impositional level further by turning the request into some sort of a plea for help (the *Appealing* relational category).

Message 4.76

I'm a newbie.. **Need** to get advice from anyone here...I've been trying to conceive naturally for about 1 and half years till now since my marriage in Dec 2010. Failed... many times... disappointed.. I'm already 34 years old while my hubby is 33.. in my hubby's recent medical report... we found out that he has low sperm count and poor sperm quality...

Message 4.77

...i feel so boring... **hope** anyone can help me...when i'm thinking about it...i really stress :-(because i' m active person.

Another employed mitigation strategy in the *Request Advice* move was to use certain verbs such as "need" and "hope". In Message 4.76, the use of "need" in the advice-request "Need to get advice from anyone here" suggested some inadequacy or lacking on the part of the advice-seeker. It gave the impression that the advice-request was necessary and essential, rather than a directive. The verb "hope" in "hope anyone can help me" (Message 4.77) then took away the presumption that the advice-request would be granted. Its use suggested the advice-seeker's hesitancy and uncertainty that the message-recipients would comply with her request. This subsequently made the advice-request less imposing.

University of Malaya

Message 4.78

...I just did my OPU on 5th May and ET on 7th May (Day 2 ET). Today is my dpo-8,i saw my dr. again but only normal check up n just take medicine and injection...but no UPT or blood test for me today.. **should** i check my own UPT today ?

Message 4.79

Didnt do anything only bedrest at my sweet home n just wake up for eat n go to toilet.... i believe many of you experience like me... **can** anyone give any tips how to take care our self within 2ww after ET ...??

Modals such as “should” and “can” were also employed as a mitigation strategy in the advice-requests. As a modal commonly associated with obligation and necessity (Collins, 1991; Palmer, 1986), the modal “should” in “should i check my own UPT today?” in Message 4.78 accorded the message-recipient the authority as an advice-giver. It carried the implication that the message-recipient had the license to decide and suggest the best course of action for the advice-seeker. The modal "can" in the advice-request in Message 4.79 (“can anyone give any tips how to take care ourself within 2ww after ET...??”) then indicated optionality on the part of the advice-giver.

Message 4.80

Planning to do 2nd IVF next month, but now cough almost one week and get fever. Dont know will effect the result or not. Now thinking want to postpone my plan or not. Really scare to face 2nd fail. Any advice**?????**

According to Crystal (2002), certain punctuation marks function to emphasize a point in CMD, and in the case of the repeated question mark in Message 4.80 (“Any advice?????”), it accentuated the fact that the advice-seeker was at a loss and was appealing for someone to advise her on the most appropriate action to take. As such, the repeated question mark had the effect of conveying the advice-seeker’s advice-request as a desperate plea.

University of Malaya

Message 4.81

Hi irene, Congratulation on yr BFP. I m happy for u. **Maybe** u can share yr "secret" of success

Another mitigation device used by the women in the forum was the probability hedging device "maybe". Its use reduced the request's imposition. As illustrated in Message 4.81, the probability hedging device "maybe" showed the advice-seeker's hesitancy in her request being granted ("Maybe u can share yr "secret" of success").

Message 4.82

Hi All Just **wondering**, if anyone cud advice me how to prepare for IVF in terms of food intake and mental preparation, as I m currently going thru a slight depression all of a sudden. I feel that I will never be able to conceive again, and I dont want to go for adoption at the moment. All negative issues are popping in my head these days. Any advice?

Message 4.83

hi all… just an update from me. i had OPU on 7/3 and only one egg retrieved…i **wonder** should i continue to do the follow-ups...

Message 4.84

Hi Yooyo, How have u been? Can I get your email add so that I can PM u? Wanna ask u a few things **if** u don't mind. many tks!

Similarly, the subjectivity marker "wondering" ("Just wondering, if anyone cud advice me…" in Message 4.82) or "wonder" ("I wonder should I continue to do the follow-ups" in Message 4.83), and the conditional "if" ("Wanna ask u a few things if u don't mind" in Message 4.84) in advice-requests also implied uncertainty on the part of the advice-seeker, hence downtoning the request's imposition level. They minimized the request's force through power transference from the advice-seeker to the message-recipient. With the conditional "if", the message-recipient had the authority to decide whether to allow or disallow the advice-seeker to proceed with her advice-request.

University of Malaya

To sum up on the *Request Advice* move, it was the least utilized move to perform advice-seeking. Being the most explicit strategy for advice-seeking, it was the least preferred possibly because of its explicitness level. Malaysians are known to be indirect, rather than direct (Asmah Haji Omar, 1995; Jariah Mohd Jan, 1999; Kuang & Jawakhir Mior Jaafar, 2010; Morais, 1994). In addition, there were many evidences of mitigation as a way to downtone the imposition of the advice-request. Some of the advice-requests were also found to consist of more than one mitigation strategy, and as such, this further reduced the face-threat associated with advice-request, hence the relational work of *Hedging*, *Bonding*, *Appealing* and *Boosting*, as a way to connect with the advice-giver, as well as to accentuate their need for help, support and empathy. As such, in the context of seeking advice on infertility treatments, the use of certain mitigation strategies were observed to not only function as a politeness strategy, but they also pointed to the advice-seeker's sense of desperation and urgent need for aid. This highlighted the women's despondency and earnest wish to succeed in their infertility treatment.

However, another possible reason for the *Request Advice* move being the least utilized move to perform advice-seeking may also be that it simply is not the ethos of the online community nor a natural way to ask for advice, especially when the topic discussed is complex, and the setting is as informal as the investigated forum. Infertility and the treatment for infertility are not issues that can be explained and understood easily. With so many possible causes of infertility depending on the individual and her partner, these women with infertility problems probably had to describe their problems (the *Problem Statement* move) and ask questions about their problems and treatment (the *Question* move) more than mere explicit requests for advice (the *Request Advice* move).

University of Malaya

4.2.2.4 Ways Advice-Seeking Moves Appear in Messages

When messages were analyzed in terms of the types of advice-seeking moves utilized, it was found that the women employed three ways to seek advice – as a message with only a single advice-seeking move (Example 1, Example 2 & Example 3), as a message constructed with a series of the same advice-seeking move (Example 4), or as a message consisting of a cluster of various types of advice-seeking moves (Example 5) (Table 4.15).

Table 4.15: Ways Advice-Seeking Moves Appear in Messages

No.	Example	Ways Advice was Requested	Type of Advice-Seeking Move	No. of Advice-Seeking Move	No. of Messages
1	(***Background***) Im living in Sarawak…(***Question***) Normally what is the duration for all the process?	Composed with a single advice-seeking move	*Question*	1	43
2	(***Problem Statement***) I did my 3rd IVF and again I failed.. I am just speechless and devastated.. I just couldnt think of the reason y God is cruel to us.. I am just hoping for a baby of our own. Why isit that hard for this dream to comes true...!! Why why why!!!! I dont think I can continue this journey anymore.		*Problem Statement*	1	34
3	(***Comment on Previous Record***) Sure will do Nina, (***Request Advice***) Nina, any tips for ur success.		*Request Advice*	1	11
					88

University of Malaya

Table 4.15, continued

No.	Example	Ways Advice was Requested	Type of Advice-Seeking Move	No. of Advice-Seeking Move	No. of Messages
4	(***Congrats***) Congratz on ur pregnancy... (***Question***) May i know how come cannot consume Royal Jelly and bird's nest after ER, BTW, (***Question***) May i know when can we continue to eat? (**Question**) after ET? (***Future Expectation***) Awaiting for your reply , (***Appreciation***) Thanks	Composed with a series of the same advice-seeking move	*Question*	3	40
5	Hi buttercakes, (***Question***) RM14,900 is not nett price right? (***Explanation***) If not wrong i've spent nearly RM18-19k until blood test. (***Problem Statement***) And i dont understand why he didnt send me for fertility therapy.(***Question***) Is it we have to request or every patient will be send for therapy automatically or based on idividual need? (***Problem Statement***) Im really doubt why it is no standardisation!	Composed with various types of advice-seeking moves	*Question* *Problem Statement*	2 2	123
			Total Number of Advice-Seeking Messages		**251**

a. Advice-Seeking Messages with a Single Advice-Seeking Move

Advice-seeking messages with a single advice-seeking move comprised of either a *Question* move (N=1), a *Problem Statement* move (N=1), or a *Request Advice* move (N=1). For instance, as shown in Table 4.15, the *Question* move (an enquiry on the duration of an IVF procedure) was the only advice-seeking move in Example 1, while in Example 2, the advice-seeking move was the *Problem Statement* move (a description of the advice-seeker's emotional distress of repeatedly failing to conceive despite undergoing the infertility treatment). Example 3's advice-seeking move was the *Request Advice* move (a request for the message-recipient's "tips" for successfully conceiving).

University of Malaya

Messages constructed with a single advice-seeking move were not popular among the women. Only 88 out of the total of 251 messages were constructed in this manner. Thus, this showed that for the women in the forum, advice on IVF was more likely to be sought through a variety of strategies, rather than a simple strategy in a message.

b. Advice-Seeking Messages with a Series of the Same Advice-Seeking Move

Unlike Examples 1, 2, and 3, Example 4 was composed with a series of the same advice-seeking move, i.e. the *Question* move (Table 4.15). In other words, only one type of advice-seeking move was present, but the same move was repeated in the message. For instance, the first question in Example 4 was about why foods such as Royal Jelly and bird's nest were best avoided after the Embryo Retrieval (ER) procedure ("May i know how come cannot consume Royal Jelly and bird's nest after ER"), while the second question was when she could safely resume eating those foods ("May i know when can we continue to eat?"), and the third question was to ask whether these foods could only be consumed after the Embryo Transfer (ET) procedure ("after ET?").

Like the messages composed with a single advice-seeking move, messages constructed with a series of the same advice-seeking move were also few (40 messages). Only messages composed with a series of the *Question* advice-seeking move were found. None of the messages were composed with a series of only the *Request Advice* move, or the *Problem Statement* move.

c. Advice-Seeking Messages with Different Types of Advice-Seeking Moves

The last construction method of the advice-seeking messages identified in the data was to have various types of advice-seeking moves. For instance, Example 5 consisted of two types of advice-seeking moves – the *Question* move and the *Problem Statement*

University of Malaya

move (Table 4.15). The message started with a *Question* move, seeking for the message-recipient's confirmation of a query (that the money the message-recipient spent on the IVF procedure was not the total amount). This was followed by her explanation of why the question was asked (that she spent much more than that the amount stated by the message-recipient). The message then continued to present the advice-seeker's problem in the form of a *Problem Statement* move (that she could not understand why her doctor did not send her for fertility therapy), before asking another question related to the problem (whether the fertility therapy was something the patient should request, or was a standard procedure recommended for patient who needed it). Then, the message ended with another *Problem Statement* move (that she was troubled and puzzled as to why there was this discrepancy in the payment of the procedure, as well as the treatment for infertility).

Table 4.16: Combination of Advice-Seeking Moves

No.	Combination of Advice-Seeking Moves	No. of Messages
1	*Question + Problem Statement*	77
2	*Question + Request Advice + Problem Statement*	19
3	*Question + Request Advice*	17
4	*Request Advice + Problem Statement*	10
	Total	**123**

Messages constructed with two or more types of advice-seeking moves were most frequently found in the data. A total of 123 messages out of 251 advice-seeking messages were composed with two or more types of advice-seeking moves. The most common combination of advice-seeking move was the *Question + Problem Statement* move combination (Table 4.16). As these two moves were also the more frequently used moves for performing advice-seeking, this showed that question-asking and problem-description were the more favored ways of asking for advice in the online forum.

University of Malaya

4.2.2.5 Direct/Indirect Advice-Seeking Messages

When Ruble's (2011) method of analyzing advice-seeking messages were applied to the data, the findings revealed that the messages could not be categorized into merely *Direct* or *Indirect* messages. There were also messages that were a combination of both direct and indirect means of seeking advice, i.e. the *Mixture* category (N=46, Table 4.17).

Table 4.17: Directness/Indirectness Level of Advice-Seeking Messages

No.	Direct/Indirect Messages	Description	No. of Messages
1	*Indirect*	Indirect messages are those in which the author does not directly ask for assistance. These are messages that are composed with either a single indirect advice-seeking move (e.g. the *Question* move and the *Problem Statement* move), or a combination of any indirect advice-seeking move.	194
2	*Mixture*	This is a category of messages which includes both direct and indirect moves of seeking advice.	46
3	*Direct*	Direct messages are those in which the advice-seeker explicitly requests for advice via the *Request Advice* move.	11
		Total	**251**

Nonetheless, between *Direct* messages and *Indirect* messages, most of the messages were *Indirect* messages (N=194, Table 4.17). Only 11 messages were identified as *Direct* messages. As such, when seeking advice on IVF, the women in the forum preferred to seek it in an indirect manner to seeking it directly.

4.2.3 Other Discursive Moves in the Advice-Seeking Messages

There were also other discursive moves besides those that performed advice-seeking. Some examples of these moves were the *Comment on Previous Record*, *Background*, *Congrats*, *Goodwill Wishes*, *Appreciation*, *Updating Own Status* and *Requesting*

University of Malaya

Recipient's Update moves (Table 4.1). These moves were moves that supported or completed the advice-seeking act.

Compared to the discursive moves found in the pilot study, there was an addition of two moves identified in the actual data corpus. The two moves were *Updating Own Status*, and *Requesting Recipient's Update*. The *Updating Own Status* move is a statement that lets the message-recipient know the message-author's most current situation (e.g. "today was another follow up for me. Scan and saw…" in Table 4.1), while the *Requesting Recipient's Update* move is the message-author's request to the message-recipient to keep her updated (e.g. "what is your status now?" in Table 4.1). The need for these two moves arose from the bigger number of messages in this study compared to the pilot study. The two additional moves were found to be common among members who had been communicating on an on-going problem. Subsequently, there were regular updates on both the message-authors' and the message-recipients' status, hence resulting in these two moves.

Message 4.85

Hi Noni **(1) Congrats on your twins!!!!!** **(2) I read your posts and see that you had ET on 30/6. (3) I did mine on 6/7 and will be going for my beta test on 20/7.** Very nervous. **Can I ask if you whether you went back to work or just stay at home for the whole of the 2 weeks after ET?** Tks & take care!

Some of the moves also act as preliminaries before the advice-requests. These preliminaries frequently took the form of (1) the *Congrats* move, (2) the *Comment on Previous Record* move and (3) the *Background* move. The *Congrats* move acknowledged and applauded the message-recipient for some success that she had achieved, while the *Comment on Previous Record* move was references to the message-recipient's situation, which had been described in the previous message(s). The

University of Malaya

Background move described or gave details of the advice-seeker's situation. In Message 4.85, the advice-seeking move ("Can I ask if you whether you went back to work or just stay at home for the whole of the 2 weeks after ET?") was preceded by (1) the *Congrats* move ("Congrats on your twins!!!!!"), (2) the *Comment on Previous Record* move ("I read your posts and see that you had ET on 30/6"), and (3) the *Background* move ("I did mine on 6/7 and will be going for my beta test on 20/7").

Because the *Congrats* move, the *Comment on Previous Record* move and the *Background* move were a preface to the advice-seeking move, they delayed the advice-seeking act. Subsequently, they reduced the imposition of the advice-request and functioned as a politeness strategy.

Moreover, as the *Congrats* move, the *Comment on Previous Record* move and the *Background* move were usually moves that attempted to establish a closer relationship with the message-recipients, the *Bonding* relational category was also often inherent in these moves. For example, the *Congrats* move and the *Comment on Previous Record* move in Message 4.85 demonstrated the advice-seeker's interest in the advice-giver's previous post(s) and comment(s), while the *Background* move addressed the advice-seeker's solidarity-desire, a wish to be known to the advice-giver as someone whose situation was similar to the advice-giver's.

Message 4.86

Hi Strawberry,
(1) Congratulations on your success. (2) Can I know whether u have delivered the babies? How long are you now? How about any morning sickness? My scan is scheduled on coming Saturday. I'm having bad nausea, bloating & vomiting. Can't eat anything properly. Yesterday had bad diarhea then it stop after twice. Quite worried. **(3) All the best.**

University of Malaya

It was also noted that many of the other moves in the messages were moves that indicated the advice-seeker's friendliness and sociability, namely the *Congrats*, *Goodwill Wishes*, *Appreciation*, *Updating Own Status* and *Requesting Recipient's Update* moves. These were moves that aimed to establish connection and bond between the advice-seeker and the message-recipient. For example, the *Congrats*, *Updating Own Status* and *Requesting Recipient's Update* moves were friendly response moves, bridging the previous message to the current one, while the *Appreciation* and the *Goodwill Wishes* moves were moves of sociability expressing gratitude and encouragement or concern for the other. In Message 4.86, three of such moves were evident: (1) the *Congrats* move, (2) *Requesting Recipient's Update* moves, and (3) the *Goodwill Wishes* move. The author in Message 4.86 must have known through previous posted message(s) that the message-recipient had been successful in her IVF treatment, and hence, was congratulating her in the current message (the *Congrats* move - "Congratulations on your success"). Following that, she attempted to further bond with the message-recipient by asking her to update on her status (the *Requesting Recipient's Update* moves – "Can I know whether u have delivered the babies? How long are you now? How about any morning sickness?"). Finally, she ended the message with the *Goodwill Wishes* move ("All the best"), demonstrating her sincere wish that all would be well for the message-recipient.

4.2.4 Relational Categories in the Advice-Seeking Messages

In terms of the relational categories found in the advice-seeking messages, six relational categories were identified: (1) *Appealing*, (2) *Bonding*, (3) *Boosting*, (4) *Criticizing*, (5) *Hedging*, and (6) *Praising* (Table 4.18).

University of Malaya

Table 4.18: Relational Categories in Advice-Seeking Messages

No.	Relational Category	Explanation	No. of Occurrences	Examples Found
1	***Bonding***	The advice-seeker seeks to establish a connection with the advisor or other forum members.	666	**All the best to you on your OPU tomorrow**
2	***Hedging***	The use of downtoners/mitigators.	195	**May** I know your age?
3	***Appealing***	Whether directly or indirectly, the advice-seeker displays emotions or distress, and/or appeals to the advisor for sympathy.	182	…**mine hasn't shown up, past 30 days already and worried!!**
4	***Boosting***	A word, phrase or punctuation mark used to give a point more weight.	170	Today I am **really very** sad cause today suppose to be my ET day but end up…
5	***Criticizing***	Criticism (either of a previous answer, of another forum member, or of somebody else known to the advice-seeker).	10	**He was very careless when he treating me**.
6	***Praising***	A praise or compliment (either of a previous answer, of another forum member, of God, or of somebody else known to the advice-seeker).	3	**Praise to God!**
		Total	**1226**	

The relational categories in the advice-seeking messages were similar to the ones found in the pilot study, with the exception of the *Criticizing* relational category in the actual data corpus (Table 4.18), and the *Humor-Bonding* relational category in the pilot study (Chapter 3, Table 3.3). As these two relational aspects appeared less often in the messages, these were not popular means of expressions by the women. The *Criticizing* relational work was used only ten times in the advice-seeking messages (Table 4.18). The example given in the table was a criticism of the doctor treating the advice-seeker. The advice-seeker felt the doctor was careless ("He was very careless when he treating me").

University of Malaya

In contrast, the *Bonding* relational work dominated the advice-seeking messages (N=666). In the case of the example in Table 4.18, "All the best to you on your OPU tomorrow", the advice-seeker was shown to bond with the advisor through her goodwill wish directed specifically at the advisor, suggesting her interest in the advisor's progress in the treatment.

Message 4.87

Hi **Ladies**...
Congrats to all those who gor their BFPPPP ... & **all the best to those who ttc'ing & hope u will get your BFP soon**..
I'm new here. Brief history about myself. I'm in my late 20's. TTC'ing for 3 years now.
Manage to get BFP within a year of marriage but it was a blighted ovum & ended. It has been almost 2 years now with full of failure. Did everything which is possible. ***Clomid (4x), letrozole(3x), iui(2x), lap last year, ovarian drilling, d & c & dye for tubes right tube blocked****)=BFN, now finally into IVF. This is my first time. Really nervous & worried…*
Someone pls advise me what expect from gonal & food intake during this procedure. I'm also worried about OHSS.
Does acupunture & yoga helps? I started acupunture 2 weeks ago. **Anyone** seeing Dr Ghandi?

Message 4.88

Dear **Tetra**,
Tx alot for the info, appreciate your response. Do you know how is Dr Ghandi's success rate? In this forum, most of them usually mention abt Dr Bee from CityIVF or Dr Bong from IVF Hospital. I'm still halfway through...haven't started my gonal-f yet. I dont know how to use it as the nurse really confused us. Appreciate feedback from **all**.

Message 4.89

Dear CEK. I agree when the nurse teach us how to do the gonal-f jab very confusing too as we cannot try. U can search from youtube or website and u will find a lot very informative instruction n got teach u how to jab them. Very useful.
Sese22

Nevertheless, the *Bonding* relational work was not only used by the women to connect with specific message-recipient(s). As illustrated in Message 4.87 and Message 4.88, the *Bonding* relational work was also employed by the advice-seeker to connect with the general audience. In Message 4.87, the advice-seeker addressed the general audience as "ladies" ("Hi Ladies"), and two other references to unspecific forum member(s) were

University of Malaya

"someone" ("Someone pls advise me what expect from gonal & food intake during this procedure") and "anyone" ("Anyone seeing Dr Ghandi?"). This was the advice-seeker's first time initiating conversation in the forum, and as such, this showed that the advice-seeker understood the forum as a platform for women who have infertility problem to share and discuss their problems, hence, addressing the general audience as "ladies". By this claim of a collective identity – "ladies", the advice-seeker bridged the gap between herself and the other members. In Message 4.88, the *Bonding* relational work utilized to connect the advice-seeker to the other forum members was the use of "all", meaning "anybody" in "Appreciate feedback from all".

In Message 4.88, we could also see that from a stance of connecting with Tetra, the specified message-recipient at the beginning of the message in "Dear Tetra", the advice-seeker shifted her solidarity-desire to other forum members as well through the use of "all" in "Appreciate feedback from all". This strategy of alternating connection between interpersonal and mass was observed to occur frequently in the forum.

In Message 4.88, the strategy of shifting solidarity-desire to other forum members served two purposes: (1) to garner responses from as many forum members as possible, and (2) to maintain conversations in the forum, especially when the targeted message-recipient decided to withdraw from the forum. For instance, by initiating communication with other members, the advice-seeker in Message 4.88 had broadened her social network from Tetra, to other forum members. After all, the forum constituted an online community comprising members with infertility problems who were contemplating or undergoing IVF, and therefore, having the same communicative purposes as Sese22. As such, even if Tetra, for some reasons, no longer responded to the advice-seeker, the advice-seeker's stance to involve other readers in her message

University of Malaya

enabled her to continue her interactions in the forum. Indeed, the advice-seeker's message was not replied by Tetra, and Tetra no longer posted any more messages in the forum. Instead of Tetra replying to her message, it was Sese22 (Message 4.89), after taking the cue from Cek's (the advice-seeker) message that anybody was welcomed to respond to her message. In earlier messages not shown here, Tetra had actually made known to the others that she had successfully conceived. Hence, she could have felt it unnecessary to participate in the forum.

In addition, the *Bonding* relational work was also inherent in certain moves. For example, the *Congrats* move ("Congrats to all those who gor their BFPPPP"), the *Goodwill Wishes* move ("all the best to those who ttc'ing & hope u will get your BFP soon"), and the *Background* move ("I'm new here. Brief history about myself. I'm in my late 20's. TTC'ing for 3 years now") in Message 4.87 performed the *Bonding* relational work. The *Congrats* and *Goodwill Wishes* move functioned as an implicit face-enhancing action, where the advice-seeker was acknowledging the success and effort of the other members before turning the focus to herself. In this message, the advice-seeker was also initiating contact with an established online community for the first time. Hence, to be included as part of that community, some form of face-honoring from the advice-seeker was essential, and these two moves fulfilled this function, bonding the advice-seeker to the community. The *Background* move then provided more information about the advice-seeker, allowing the other forum members to know her better, subsequently addressing the advice-seeker's wish for solidarity with the community as another comrade with infertility problems.

Another way how bonding was commonly established in the forum was through problem revelation (the *Problem Statement* move). In Message 4.87, for example, the

University of Malaya

advice-seeker shared her problem with other forum members (the italicized part of the message). She disclosed, in detail, the cause of her infertility problem and the types of treatment that she had sought, but failed. She had:

(1) taken Clomid pills to stimulate the ovaries into releasing eggs ("Clomid (4x)"),

(2) taken Letrozole to stimulate development of multiple follicles ("lettrozole (3x)"),

(3) undergone Intrauterine insemination or IUI to artificially inseminate sperms into the uterus ("iui (2x)"),

(4) undergone laparoscopy surgery ("lap last year"),

(5) ovarian drilling ("ovarian drilling"),

(6) undergone the Dilation and Curettage (D&C) procedure for uterus lining analysis ("d & c"), and lastly,

(7) the dye test performed to check for tube blockage ("dye for tube right tubes blocked").

Message 4.90

Hi Sese22,
Good to hear that you are enjoying your tww. **When will you be testing?**
As for me, yesterday went for TVS, my right ovary responded well have 6 follicle in good size & only 3 in left, the rest are still small ones. My endo lining is ok at 8mm ready. Dr Ghandi upped my dosage to 262.5iu & scheduled my tvs again on 23/3. Keeping my finger crossed .
Anyone who has done acupunture or doing it now for IVF? Need some tips...

Similarly, the *Bonding* relational work was also often seen in operation when asking for information directly related to the message-recipient(s) in the *Requesting Recipient's Update* move, or when advice-seekers voluntarily shared information or details about themselves in the *Updating Own Status* move. For instance, in Message 4.90, the advice-seeker responded to the message-recipient's earlier message by first commenting on the message-recipient's previous post ("Good to hear that you are enjoying tour tww"), and then asking a question about when the message-recipient would be testing to

University of Malaya

verify whether fertilization was successful ("When will you be testing?" – the *Requesting Recipient's Update* move). The question was not asked because it was related to the advice-seeker's problem, but was instead, asked as a way to connect and bond with Sese22. In the same message, the advice-seeker also volunteered updates about her treatment ("As for me, yesterday went for TVS, my right ovary responded well have 6 follicle in good size & only 3 in left, the rest are still small ones. My endo lining is ok at 8mm ready. Dr Ghandi upped my dosage to 262.5iu & schedules my tvs again on 23/3" – the *Updating Own Status* move). This voluntary revelation on the part of the advice-seeker signaled her high level of ease in sharing information about her treatment, albeit rather personal. The *Requesting Recipient's Update* move and the *Updating Own Status* move indicated the advice-seeker's interest in connecting with the message-recipient, and how such online communication in the forum provided the women an avenue for freer self-expression and greater solidarity-bonding.

The *Hedging* relational category was identifiable through the use of mitigators that downtoned or minimized the imposition inherent in the speech act. In the example given in Table 4.18, the modal "may" in "May I know your age?" acted as a hedging device, suggesting permission-seeking, transferring the power to the message-recipient to either grant or deny her request.

The *Appealing* relational work was also frequently employed, and constituted the third most used relational category among the women (N=182) (Table 4.18). A relational category whereby the women expressed their emotions, the *Appealing* relational work was therefore mostly found in the women's descriptions of their problems, i.e. the *Problem Statement* move. In the example given in Table 4.18, the *Appealing* relational work was typified by the advice-seeker's communication of her worry and anxiety that

University of Malaya

she had not had her menstruation for more than 30 days after her failed IVF treatment ("…mine hasn't shown up, past 30 days already and worried!!"). This problem revelation was intended to garner the message-recipient(s)' sympathy so as to respond to her message. As the *Appealing* relational work was another way of relating in a rather personal manner to the message-recipient, this relational work also had some elements of bonding.

Table 4.19: Emotionality Level of the Advice-Seeking Messages

No.	Emotionality Level	No. of Messages
1	High	163
2	Low	88
	Total	**251**

As shown in Table 4.19, by taking a more macro perspective of the relational work using Ruble's (2011) system of analyzing advice-seeking messages, it was found that majority of the messages had indications of the advice-seekers' emotions (high emotionality level) (N=163). Many of the emotions were related to the advice-seekers' sense of vulnerability, frustration and despair on their infertility problem, which appealed to the advice-giver's sense of pity (the *Appealing* relational work).

Message 4.91

I did my 3rd IVF and again I failed. I am just **(1) speechless and devastated**. **(2) I judt couldn't think of the reason w God is cruel to us**..I am just hoping for a baby of our own. **Why is it that hard for this dream to comes true…!! Why why why!!!! (3) I don't think I can continue this journey anymore**.

Emotions in the messages was largely identifiable through the use of both linguistic (e.g. descriptions of strong emotions such as adverbs and adjectives) and paralinguistic features (e.g. emoticons, repeated words or punctuation marks and capitalization of words). For instance, Message 4.91 expressed the advice-seeker's anguish and

University of Malaya

incredulity with yet another failed IVF treatment despite undergoing the IVF protocol for the third time. Her message was highly emotional, employing various adjectives and phrases, as well as repeated words and the exclamation mark that augmented her anguish. The advice-seeker's frustration and grief were conveyed through: (1) her disbelief ("speechless and devastated") at the failed results, (2) her emotional struggle in accepting the fact that her effort in having a baby of her own was fraught with problems and complications ("I judst couldn't think of the reason w God is cruel to us", "Why is it that hard for this dream to comes trues…!!", and "Why why why!!!!"), and (3) her sense of being drowned by hopelessness in persisting with the endeavor ("I don't think I can continue this journey anymore"). Hence, when emotions were expressed by the women in the forum, these were largely negative emotions conveying the women's desperation to get pregnant, and their utter desolation in failing to do so.

The *Boosting* relational category was typified by either a word, phrase or punctuation mark that emphasized the point being given. In the advice-seeking messages being analyzed, it was found that the *Boosting* relational category was most commonly used during problem description, or when giving goodwill wishes. In the example given in Table 4.18, the *Boosting* relational work could be seen through the use of the adverb "really" and the adverb "very" to amplify the sadness the advice-seeker was feeling at the time of narrating her problem ("really very sad" in "Today I am really very sad cause today suppose to be my ET day but end up ...").

Although not frequently employed, the *Praising* relational category (N=3) was also utilized by the women in the forum when seeking advice. The relational work was mostly used as a way to honor God when the advice-seeker experienced a positive outcome from the IVF treatment. For instance, the example in Table 4.18, "Praise to

University of Malaya

God!" was exclaimed by the advice-seeker as a way to pay tribute to God for her positive beta test results, indicating her IVF treatment was successful.

To summarize on the relational work inherent in the advice-seeking messages, bonding was a prominent aspect of the women's advice-seeking strategies. Their interaction resembled very much that of a close-knitted community that drew on the commonality among themselves as a way to seek advice, presuming the advice-giver would sympathize with them and be able to provide the support and advice that they needed.

4.2.5 Specificity/Generality Level of the Advice-Seeking Messages

The advice-seeking messages were also examined for their level of specificity to the advice-seeker's situation using Ruble's (2011) method of analysis.

Message 4.92

Hi ladies, **Any tips on food intake and vitamins for preparation for IVF?** Thks.

A general advice-seeking message is a message with a problem that is applicable to anybody other than the advice-seeker, as illustrated in Message 4.92. The question on the types of food or vitamins to take in preparation for and during IVF is a question that other advice-seekers may also be interested in ("Any tips on food intake and vitamins for preparation for IVF?").

Message 4.93

I am new here. Currently undergoing IVF too. My ER has been schedule for nx tue and ET nx fri. At this moment **still taking in puregon and buserilin**… I seems to be **having nausea, very emo and so on**. **wondering if it's normal?** Tks in advance. God's bless to everyone here!

University of Malaya

On the other hand, a specific advice-seeking message contains a problem that is specific to the advice-seeker. For example, the question asked in Message 4.93 "wondering if it's normal?" for her to be "having nausea, very emo and so on" was directly related to the advice-seeker's situation in that she was "still taking in puregon and buserilin".

Table 4.20: Specificity/Generality Level of the Advice-Seeking Messages

No.	Specificity/Generality Level	No. of Messages
1	Specific	212
2	General	39
	Total	**251**

With regards to the specificity or generality level of the advice-seeking messages, most of the messages were found to contain specific information about the advice-seeker's situation or problem (N=212, Table 4.20). The need to obtain specific details about the advice-seekers showed that infertility problems and treatments were intricate and complex.

4.3 The Ways Malaysian Women Give Online Advice on In-vitro Fertilization (IVF)

This section presents the results on how Malaysian women give advice on IVF in the online forum. Specifically, the section provides a detailed analysis of the advice-giving strategies, which includes examining the discursive moves, the linguistic strictures of the moves, as well as the relational work involved in the construction of the messages. In addition, other aspects of the messages such as the types of advice being given in the messages, the preference for writing direct or indirect advice-giving messages, as well as other facets of the advice-giving messages, are also discussed in this section.

University of Malaya

4.3.1 Discursive Moves in the Advice-Giving Messages

In relation to discursive moves in the advice-giving messages, a total of 21 discursive moves were employed. These 21 moves include – (1) *Apology*, (2) *Appreciation*, (3) *Assessment*, (4) *Comment on Previous Record*, (5) *Congrats*, (6) *Direct Advice*, (7) *Disclaimer*, (8) *Explanation*, (9) *Future Expectation*, (10) *General Information* (11) *Goodwill Wishes*, (12) *Indirect Advice*, (13) *Invitation for Future Contact through Another Communication Mode*, (14) *Metacomment*, (15) *Other People's Experience*, (16) *Own Experience*, (17) *Question*, (18) *Referral*, (19) *Requesting Recipient's Update*, (20) *Updating Own Status*, and (21) *Welcome* (Table 4.21).

Table 4.21: Types of Discursive Moves in Advice-Giving Messages

No.	Discursive Move	Explanation	Examples Found
1	*Apology*	To apologize or to express regret.	Sorry to ask dis question Sorry for late reply
2	*Appreciation*	Thanking other advice-givers or other forum members for the help the author has received.	Thanks Thank you.
3	*Assessment*	Assessment or evaluation of advice-seeker's situation.	It's not good if your fever goes on for a few days. You are so young!
4	*Comment on Previous Record*	A comment on a previous message-exchange between the author and the message-recipient, or on a message posted earlier by other forum members.	That's a good question… Sad to hear your story too and it was almost like my first ivf.
5	*Congrats*	A move to congratulate the advice-recipient because of some achievement or success she has experienced.	Congratulations! Congrats
6	*Direct Advice*	Telling the advice-recipient explicitly what she should do or think.	Don't worry… Remember to take very good rest this 2 weeks
7	*Disclaimer*	Special kind of assessment – statements that point out the advice-giver's lack of competence.	I'm not sure which day dr Wee will be in… About ivf with donor I'm not sure

University of Malaya

Table 4.21, continued

No.	Discursive Move	Explanation	Examples Found
8	*Explanation*	Explanation of a point just made.	…is like normal pregnancy. Note: The above example is an *Explanation* move for the *Direct Advice* move, "Don't worry".
9	*Future Expectation*	A statement that expresses a future hope of the author.	Hope can learn some tips and tricks from there Hope that my morning sickness can go off soon
10	*General Information*	Objective delivery of facts and information.	Dr Too provides egg donation services. The more eggs you have the quality of the eggs will be lower
11	*Goodwill Wishes*	A statement that expresses a friendly wish.	...wish babydust will coming to u too All the best to you
12	*Indirect Advice*	Implicit advice, but with enough information for the advice-recipient to act on it.	It's good if you can do FET with another doctor whom you are more comfortable with. What you consume daily also play an important part.
13	*Invitation for Further Contact through Another Communication Mode*	An invitation for further discussion through a different communication mode.	Feel free to drop me email at babiesbabies@gmail.com
14	*Metacomment*	Text-structuring comments	…but… About…
15	*Other People's Experience*	Personal experience of other people other than the advice-giver.	And my frenz follow and … her urine pregnancy test is positive… My ex-colleague was done her IVF at Peace Hospital last yr and she got a girl now.
16	*Own Experience*	Personal experience of the advice-giver.	I did not have complete bed rest, but definitely did cut down on … I was given injection suprefat and gonalf…

University of Malaya

Table 4.21, continued

No.	Discursive Move	Explanation	Examples Found
17	*Question*	Question that is asked, for clarification or further information, or phrased as a rhetorical question.	Is this your 1st cycle of IVF? Did u take breakfast before ET?
18	*Referral*	Special type of advice that states of suggests the advice-recipient to refer to other sources.	…u can go to City forum at http://www... You can also visit cityivf site: www…
19	*Requesting Recipient's Update*	Asking the message-recipient to update her status/situation.	Share ya after your scan next week! Let me know how ur check up went with Dr. Ngoo.
20	*Updating Own Status*	Statement that updates or informs the message-recipient of the author's latest situation which may be different from the previous post(s).	I just went to the doctor yesterday, he prescribed gonal… Last Saturday I just did my 2nd detail scan…
21	*Welcome*	To welcome the message-recipient to the forum.	Welcome… …big welcome to the family …

Six discursive moves were recognized to perform advice-giving: (1) *Direct Advice*, (2) *Own Experience*, (3) *Other People's Experience*, (4) *Indirect Advice*, (5) *General Information*, and (6) *Referral*.

The *Direct Advice* move is explicit advice-giving. It is usually identifiable through the imperatives, modal verbs of obligations (e.g. should, have to, need to, must), and advice-related words (e.g. advise, help, suggest). In the two examples given in Table 4.21, the *Direct Advice* move was identifiable through the negative imperative in "Don't worry…", and the positive imperative in "Remember to take very good rest this 2 weeks".

University of Malaya

In contrast, the *Indirect Advice* move is implicit advice-giving whereby advice has to be inferred. In the first example of the *Indirect Advice* move in Table 4.21, the advice-giver's implicit advice was for the advice-recipient to change to another doctor whom she was more comfortable with for the Frozen Embryo Transfer (FET) procedure ("It's good if you can do FET with another doctor whom you are more comfortable with."), while the second example's indirect advice was for the advice-recipient to watch her daily diet ("What you consume daily also play an important part.").

The *Own Experience* and *Other People's Experience* moves are also implicit advice-giving, but framed in the form of a description of the advice-giver's own personal experience (*Own Experience* move) or other people's experience (*Other People's Experience* move). In the first example of the *Own Experience* move in Table 4.21 ("I did not have complete bed rest, but definitely did cut down on…"), the advice-giver was conveying on what she did during one of the IVF treatment stages, as an implicit form of advice that the advice-recipient could emulate her actions if she wanted to. The second example of the *Other People's Experiences* move ("My ex-colleague was done her IVF at Peace Hospital last yr and she got a girl now") carried the implied advice that the advice-recipient could consider having her treatment at Peace Hospital since her ex-colleague was successful in her treatment at the same hospital.

The *General Information* move is advice given as an objective piece of information. In the two examples given in Table 4.21 ("Dr Too provides egg donation services" and "The more eggs you have the quality of the eggs will be lower"), the advice was factual, but deemed useful for the advice-recipient.

University of Malaya

The *Referral* move is advice that refers the advice-recipient to other sources for help. Both examples of the *Referral* move in Table 4.21 ("…u can go to City forum at http://www..." and "You can also visit cityivf site: www…") were advice that referred the advice-recipient to a website source for information.

Table 4.22: Frequency of Moves in the Advice-Giving Messages

No.	Discursive Move	Frequency
1	*Direct Advice*	330
2	*Own Experience*	309
3	*Indirect Advice*	306
4	*Goodwill Wishes*	186
5	*Comment on Previous Record*	134
6	*Question*	79
7	*General Information*	73
8	*Explanation*	61
9	*Metacomment*	48
10	*Updating Own Status*	46
11	*Appreciation*	30
12	*Congrats*	28
13	*Apology*	27
14	*Assessment*	27
15	*Referral*	22
16	*Disclaimer*	18
17	*Requesting Recipient's Update*	14
18	*Future Expectation*	11
19	*Welcome*	10
20	*Other People's Experience*	6
21	*Invitation for Further Contact through Another Communication Mode*	1
	Total	**1766**

Analysis of the data also indicated that of the six types of discursive moves that performed advice-giving, *Direct Advice* (No. 1, N=330) was the most often used advice-giving move (Table 4.22). This was followed by the *Own Experience* (No. 2, N=309), *Indirect Advice* (No. 3, N=306), *General Information* (No. 7, N=73), *Referral* (No. 15,

University of Malaya

N=22) and *Other People's Experience* (No. 20, N=6) advice-giving moves subsequently. The results of these findings thus revealed that the advice-givers in the forum preferred to give advice in three main ways, i.e. offering explicit advice, using one's experiences and giving implicit advice.

4.3.2 Advice-Giving Discursive Moves – Linguistics and Functional Analyses

This section provides analyses on the advice-giving discursive moves used in the messages.

4.3.2.1 The *Direct Advice* Move

The *Direct Advice* move ranked top among the Malaysian women as the most utilized online advice-giving strategy on IVF. It was the most explicit method of giving advice as the illocutionary act was made clear through its linguistic structures.

Table 4.23: Linguistic Forms that Helped Identify the *Direct Advice* Move

No.	Linguistic Form	Examples Found in Messages	Frequency
1	Imperatives	**Press hard** …	252
		Don't worry…	
2	Modal verbs of obligation	You **should** trust your doctor…	38
		You **need to** do the SA test…	
		You **must** eat well so that…	
3	Words associated with advice-giving	My **advice** to you – you no need to…	11
		I **suggest** you start taking probiotics…	
		I would **recommend** for you to go slow with…	

In the investigated messages, some of the typical linguistic forms that helped to identify the *Direct Advice* move were the imperatives (e.g. "Press hard" and "Don't worry"), the modal verbs of obligation (e.g. "should", "need to" and "must"), and words associated with advice-giving (e.g. "advice", "suggest", and "recommend") (Table 4.23).

University of Malaya

Message 4.94

Please do not worry. You should trust your doctor. I'm also under Dr FFF (this is my first IVF) and just had my blood test done this morning....Its a BFP!!!! Dr FFF is a very kind and skillful doctor... **you need not worry at all**. **Just follow doctor's instructions, eat well and sleep well.**

As illustrated in Message 4.94, the *Direct Advice* move was perceivable through the imperative structures ("Please do not worry" and "Just follow doctor's instructions, eat well and sleep well"), as well as the modal verbs of obligation, "should" ("You should trust your doctor") and "need" ("you need not worry at all").

Table 4.24: Syntactic Structures of the *Direct Advice* Move

No.	Syntactic Structure	Examples Found in Messages	Frequency
1	Imperative	Have FAITH and CONFIDENCE!	252
2	Declarative	I think you should get someone to ta pau food for you instead of going out.	74
3	Interrogative	Why don't you try standing up and putting 1 leg on the toilet seat?	4
		Total	**330**

There were three main syntactic structures of the *Direct Advice* move namely (1) the imperative, (2) the declarative, and (3) the interrogative. The imperative was employed far more frequently (N=252) than other structures when realizing the *Direct Advice* move (Table 4.24). Therefore, it appears that when explicit advice was given, the women were more likely to give it in the imperative structure, hence making the advice sound more authoritative and persuasive.

Table 4.25: Relational Categories in the *Direct Advice* Move

No.	Relational Category	Example	Frequency
1	*Hedging*	…**pls** don't give up.	140
2	*Bonding*	Don't worry too much **dear**.	20
3	*Bonding-Hedging*	What I'm trying to tell you all dear friend never give up and lose hope…	18

University of Malaya

Table 4.25, continued

No.	Relational Category	Example	Frequency
4	*Boosting*	Have **FAITH** and **CONFIDENCE!**	15
5	*Boosting-Hedging*	Just don't give up so early yet!	5
6	*Bonding-Boosting-Hedging*	Please take good care of yourself and everyone here will praying for you!	4
7	*Boosting-Bonding*	Take good care and rest more dear!	3
		Total	**205**

Nevertheless, the *Direct Advice* move was also frequently hedged. For instance, as illustrated in Table 4.25, the *Direct Advice* move was often accompanied by the *Hedging* (N=140) and *Bonding* (N=20) relational categories.

Message 4.95

Thank you...Tomorrow is the OPU and Thursday will be the ET. A bit nervous : (As for you, **pls** don't give up. Lots of baby dust for you...

Message 4.96

Hi...I'm ok. Stil having bloating & vomiting. Really feeling so uneasy & tired of it. Why do u have to go thru amnio? My dr didn't recommend me to do any type of syndrome test coz for twins it wouldn't be accurate unless do amnio. But he told for my age the risk is lower. Hope all will go well for you. Don't worry too much **dear**... Take care.

In Message 4.95, the *Hedging* relational work was characterized by the adverb "pls" in "pls don't give up" as a strategy to soften the advice, while the *Bonding* relational category which intended to claim closeness with the advice-recipient was represented by the endearment term "dear" in "Don't worry too much dear" in Message 4.96.

Message 4.97

Hi...Good to know that you have seen Dr NNN and going to have your next IVF. Do have **FAITH** and **CONFIDENCE!** Do not worry about the sperm quality, I think this can be solved by ICSI

University of Malaya

The *Boosting* relational category embedded in the advice was also often motivational. As demonstrated in the advice "Have FAITH and CONFIDENCE!" in Message 4.97, the advice was to uplift the message-recipient's spirits rather than a directive order that the message-recipient had to oblige to. The capitalization of the words "faith" and "confidence", and the exclamation mark, "!" after the advice diverted the message-recipient's attention away from her failure to more positive attributes so as to encourage her to persevere with the treatment. Subsequently, although advice offered was direct and explicit, the context in which it occurred made the advice less face-threatening.

Table 4.26: Moves Preceding or Succeeding the *Direct Advice* Move

No.	Preceding Move	Frequency	Succeeding Move	Frequency
1	***Indirect Advice***	**45**	***Goodwill Wishes***	**39**
2	***Own Experience***	**42**	***Indirect Advice***	**34**
3	*Comment on Previous Record*	23	*Own Experience*	32
4	*Goodwill Wishes*	15	*Explanation*	23
5	*Question*	11	*General Information*	6
6	*General Information*	8	*Metacomment*	6
7	*Apology*	7	*Comment on Previous Record*	5
8	*Congrats*	7	*Updating Own Status*	5
9	*Explanation*	6	*Requesting Update*	4
10	*Updating Own Status*	6	*Appreciation*	3
11	*Assessment*	5	*Disclaimer*	2
12	*Metacomment*	5	*Question*	2
13	*Appreciation*	4	*Assessment*	1
14	*Referral*	3	*Congrats*	1
15	*Future Expectation*	1	*Other People's Experience*	1
16	*Requesting Update*	1	*Welcome*	1
	Total	**189**	**Total**	**165**

Additionally, the move was also often preceded or succeeded by less face-threatening moves such as the *Indirect Advice, Goodwill Wishes,* and *Own Experience* moves (Table 4.26).

University of Malaya

Message 4.98

Hi Sonata, Sorry for late reply…**wish bb dust will come to u soon. Don't give up urself and think +ve always**…

Message 4.99

Hi Bb, No worry, **I got only one egg in my ivf and I make it! :) now is around 21 weeks of pregnancy. Do have faith and think positively. All the best to you!** Xaxa

For instance, in Message 4.98, the *Goodwill Wishes* move, ("wish bb dust will come to u soon") preceded the *Direct Advice* move ("Don't give up urself and think +ve always"), while in Message 4.99, the *Direct Advice* move ("Do have faith and think positively") is preceded by the *Own Experience* move ("I got only one egg…21 weeks of pregnancy"), and succeeded by the *Goodwill Wishes* move ("All the best to you!"). Both the *Own Experience* and *Goodwill Wishes* moves were intended to hearten and encourage the message-recipient. Hence, this finding signaled that the functions of certain moves such as the *Goodwill Wishes* move and the *Own Experience* move in Message 4.98 and Message 4.99 were instrumental in fostering closer relationships between the advice-giver and the advice-recipient, thereby minimizing any perceived face-threat in the messages.

Table 4.27: Types of Imperatives

Imperative	No.	Examples	Frequency	Percentage (%)
Positive	1	…**relax** and be positive!	169	67.1
	2	**Just** follow doctor's instructions…		
Negative	3	…**don't** stop to put hope & effort..	83	32.9
	4	**Never** give up!		
	5	**Please** do not worry…		
		Total	**252**	**100**

University of Malaya

The imperative in the *Direct Advice* move was also observed to be of two types – the positive imperative and the negative imperative. The positive imperative began with either the bare infinitive form of the verb, or sometimes, the verb was hedged with a hedging device preceding it. For instance, in Example 1 ("…relax and be positive!" in Table 4.27), "relax" was the bare infinitive used to form the imperative, while Example 2 ("Just follow doctor's instructions…") has the downgrader "just" as a hedging device before the verb "follow". On the other hand, the negative imperative was negated imperative using either "don't" or "do not", as in "don't stop to put hope & effort" or "never" as in the negative imperative "Never give up!" (Examples 3 & 4). Like the positive imperatives, negative imperatives could also be hedged such as the imperative in Example 5 ("Please do not worry…"), whereby "please" was used as a hedging device.

Nevertheless, as illustrated in Table 4.27, between the two types of imperatives, the positive imperative was more favored by the women when giving advice on IVF online. More than 67% of the imperatives (N=169) were positive imperatives. As such, this is indicative of the women's tendency to tell the advice-recipient on what to do, rather than on what not to do.

The imperative in the investigated forum, however, did not perform its usual function of giving orders and instructions normally associated with the imperative. Instead, the imperative used by the women when giving advice was often motivational and inspirational. For instance, Example 1 ("…relax and be positive!"), Example 3 ("…don't stop to put hope & effort…"), Example 4 ("Never give up!") and Example 5 ("Please do not worry…") in Table 4.27 were advice to give the advice-recipient moral support, and to boost her spirits and confidence in herself. As such, although the

University of Malaya

syntactic structure of the imperative itself was imposing and face-threatening, the context in which it occurred was not.

Table 4.28: Mitigation in the Imperative *Direct Advice* Move

No.	Mitigation Used	Frequency	Advice
1	Giving reasons	44	…dun do pest control during that month **bcos I had read from an article that embryos don't like strong smell…**
2	Downgraders (Try, Just, If possible)	33	**Try** to avoid cold drinks, spicy food and sour food. **Just** relax and wait… **If possible** try to rest it out at home till…
3	Adverbs (Please, Pls, Do, Maybe)	26	**Please** do not worry. **Do** have faith and confidence! **Maybe** go for some holiday…
4	Term of endearment (dear)	8	Don't give up **dear**…
5	Extension of advice to other forum members (galssss, women, those of you)	7	…dun worry, **women**…
6	Inclusive Strategy (Let's, our, we, us)	5	**Let's** forget it for awhile…
7	Performative Hedges (What I am trying to tell you…)	1	**What I'm trying to tell you** all dear friends never give up and lose hope…
8	Interjection (well)	1	**Well**, take a break and…
	Total	**125**	

Moreover, some of the imperatives in the *Direct Advice* move were also found to be mitigated (Table 4.28). Subsequently, this could help reduce the directive force of the given advice.

Message 4.100

Spring,
I guess you might have heat rashes instead of allergy. You will have to drink plenty of water. After my ET, I took 5 full days bed rest instead of 3 as per advised by both doctors. I rest mostly on bed. You can have movie marathon all day long. Just dun get nervous and be happy… **dun do pest control during that month bcos I had read from an article that embryos don't like strong smell**…

University of Malaya

The most frequently used mitigation strategy in the *Direct Advice* move was the provision of reasons for the advice (N=44) (Table 4.28). In Message 4.100, when the advice in the negative imperative "dun do pest control during that month" was followed by the reason "bcos I had read from an article that embryos don't like strong smell", that justified why the particular advice was given, hence, reducing its directive force.

Message 4.101

Hi Bani **Try** to avoid cold drinks, spicy and sour food. Cut down on caffeine as well. Most importantly, relax and be happy. Folic acid is very important. When I did my first IVF last month, I have 12 follicles, but only 2 were fertilized, due to sperm quality. I have a BFN, waiting for FET now. Good luck!

The second most used mitigation device in the imperatives were the downgraders (N=33). The downgraders often occurred before the imperative and they minimized the directive's impact by giving an impression that there was this possibility of non-compliance. For instance, the downgrader "try" in "Try to avoid cold drinks, spicy food and sour food" in Message 4.101 signaled that the some allowance was given to the advice-recipient to decide whether to act on the advice, i.e. to stay away from cold drinks and spicy or sour food.

Message 4.102

Hi JingJing, **Please** do not worry. You should trust your doctor. I'm also under Dr. Fong (this is my first IVF) and just had my blood test done this morning…It's a BFP!!!!!!!! Dr. Fong is a very kind and skillful doctor, so you need not worry at all. Just follow doctor's instructions, ear well and sleep well.

The adverbs were the third most often occurring hedging device utilized to give advice in the imperative (N=26). The adverbs weakened the directive force of the advice. To illustrate, the adverb "please" in "Please do not worry" in Message 4.102 mitigated the imperative, making it sound like a caring request rather than a directive.

University of Malaya

Message 4.103

Hi Bunga, sorry to hear about your bad experience with Dr. Bubu. Initially I wanted to visit Dr Bubu but he is too busy with his appointments. So I have decided to go for another Dr. I am currently under Dr Zizi. So far the experience with him is quite good and the nurses are pretty friendly…In regards ti your story, why cant you use the frozen embryo?...I think you have to speak to Dr Bubu again on the most cost effective way…Don't give up **dear**. I am sure you will have your little one soon. Let's pray for each other! Cheers!

Another type of mitigation strategy employed in the imperative when giving advice was the use of endearment terms such as "dear" (N=8). As the endearment term "dear" is often used when addressing someone out of love and fondness, the use of this term by the advice-giver in Message 4.103 illustrated her care and affection for the advice-recipient ("Don't give up dear"). This had the effect of transforming the imperative into a less face-threatening form of advice.

Message 4.104

The package for IVF is RM 14,900…During the 2ww, is quite torturing for me. Had OHSS symptom. Tummy bloated about 4 inches. Oh gosh…feeling like bursting. Lasted for almost 7 days. I also have nausea and no appetite at all. But dun worry **women**, it's all very worth when u see the Beta HCG is positive!!!

The next type of mitigation strategy used in the imperative was the extension of the given advice to the rest of the forum members (N=7). As shown in Message 4.104, having the advice intended to the general audience, i.e. "women", had the effect of trying to reach out to other forum members, hence diffusing the face-threat associated with giving advice ("But dun worry women").

Message 4.105

Dear OhOh, Thanks for the info. Do not be sad, maybe should go holiday and relax. **Let's** forget it for awhile…get the body rhythm on the right track so maybe miracle will happen, naturally…

University of Malaya

The use of inclusive pronouns such as "us", "our" and "we" was another mitigation strategy utilized in the imperatives (N=5). As demonstrated in Message 4.105, the contracted "us" in "Let's forget it for awhile" suggested solidarity, and that the advice was not directed solely at the advice-recipient, but also the advice-giver herself. This consequently reduced face-loss normally attributed to the advice-recipient.

Message 4.106

I want to share with all of you about my experience…I've been through 7 iui…and after iui I started ivf treatment twice with fresh cycle with no success and now I'm pregnant with 3rd attempt of ivf with FET…**What I'm trying to tell you all dear friend** never give up and lose hope…God know the best…

Message 4.107

Hi Ayu, Sorry for your BFN. **Well**, take a break and go somewhere else for a holiday with ur hubby**.** Should give urself and hubby a good rest after the roller-coaster period. I understand the pain, as I failed my first ivf too…

The last two types of hedging devices employed by the participants when giving advice in the imperative form were the performative hedges (N=1) and the interjection "well" (N=1). Message 4.106 and Message 4.107 illustrated how the performative hedge, "What I'm trying to tell you all dear friend" and the interjection "well" that preceded the imperative had the effect of weakening the directive force of the advice speech act. They precluded the advice. Delaying the act's illocutionary goal, they thus mitigated the message's propositional content.

Table 4.29: Types of Declaratives

No.	Declarative	Examples	Frequency	Percentage (%)
1	Positive	You must eat well so that…	65	87.8
2	Negative	You should not stress yourself…	9	12.2
		Total	**74**	**100**

University of Malaya

The second most often used structure in the investigated messages was the declarative (N=74) (Table 4.29). The declarative has the structure of a sentence, but functioned as a suggestion or advice for the message-recipient. The grammatical structure of the declarative was to have the sentence begin with a subject, followed by a predicate.

Like the imperatives, the declaratives were also divided into two main types: (1) positive or affirmative declaratives (N=65), and (2) negative declaratives (N=9). Of the two types of declaratives, the positive or affirmative declaratives were more often utilized by the participants. Again, this highlighted the tendency of the women in the forum to give advice in terms of what the advice-recipient should do, rather than what the advice-recipient should not do.

Table 4.30: Types of Declarative Structures

No.	Declaratives that begin with the…		Frequency		Advice
1	pronoun "You" or "U"	with a suggestion that a recommended course of action is being offered using the modal "should"	9		**U should** trust your doctor…
		with a strong suggestion of obligation or necessity using "have to"	6		**You have to** take more rest…
		with a suggestion of necessity using "need" or "needn't"	6	29	**You need** to do the…
		with a suggestion of warning or emphasis using "better"	5		**You better** check with your doctor…
		with a strong suggestion of obligation or necessity using the modal "must"	2		**You must** eat well…
		with a suggestion of ability or possibility using "can"	1		**You can** call and ask the nurse…

University of Malaya

Table 4.30, continued

No.	Declaratives that begin with the…		Frequency		Advice
2	hedging device	subjectivity marker/ possibility hedging device (maybe)	9		**Maybe** ttcian out there should try…
		conditional clause (if)	5		**If** you are in a hurry to get pregnant, then better…
		provision of reason	4	24	You must…**coz you are carrying twin**…
		inclusive pronoun (we)	3		**We** should not …
		performative hedge (what I want to say is)	2		**What I want to say is** if you are really…
		interjection (well)	1		**Well**, you should…
3	pronoun "I"	hedged with the subjectivity marker "think"	8		**I think** you have to…
		hedged with the modal "would"	7		**I would** like to advise that…
		followed by "suggest"	3	20	**I suggest** you start taking…
		followed by "recommend"	1		**I recommend** it as a good place to…
		hedged with the subjectivity marker "feel"	1		**I feel** it's good to follow…
4	Noun phrase as impersonalized formulation		1		Going out for a meal is not recommended…
		Total	**74**		

There were four declarative structures identified in the data: (1) the declarative that began with the second personal pronoun "you" or "u" (N=29), (2) the declarative that began with a hedging device (N=24), (3), the declarative that began with the first personal pronoun "I" (N=20), and (4) the declarative that was impersonalized (N=1) (Table 4.30). Of the five structures, the declarative that began with the second personal pronoun "you" or "u" was most popular among the participants (N=29), while the least favored declarative was the impersonalized declarative (N=1).

University of Malaya

Message 4.108

Ladies, you **must** eat well **so that you can increase the chances of conceiving**. What you consume daily also play an important part. Yes some foods/supplements are expensive but it is really worthwhile spending your hard earn money on yourself and for your baby. Good luck to those are TTC!

Message 4.109

Babyyyy, No need to worries…Have to very hardworking to practice your self hypnosis. It really help and works when you do egg collection and embryo transfer. You **have to** keep reminding yourself that everyday I will getting better and better. Nothing to worries as god always be our side…

Message 4.110

Hi Puteri…You **should** consult your doctor before take vitamin or supplementation. I was asked not to take my supplementation as some of them will reduce the effect of injections that we are taking. All the best to your IVF

Message 4.111

I go to work the next day after ER but after ET I was MC for 2 weeks. You wont feel pain after ER or ET. But for me I got vomited 3 times in the hospital before check out after ER maybe because of the anesthetic. You **need to** save your leave because after ET, once you got 2 line, every 4 days you need to go for injection till 12 weeks. Good luck and all the best to you, ya.

When the declarative structure that began with the second personal pronoun "You" or "U" was employed by the advice-givers, the intended message was to remove any ambiguity as to who the advice was intended for, and to emphasize the importance and gravity of following the advice. As such, the declarative beginning with the second personal pronoun was often accompanied by modals of obligation or necessity such as "must" ("you must eat well so that you can increase the chances of conceiving"), "have to" ("You have to keep reminding yourself that everyday I will getting better and better"), "should" (You should consult your doctor before take vitamin or supplementation"), and "need to" ("You need to save your leave because…") (Messages 4.108-4.111).

University of Malaya

Nonetheless, the declarative structure that started with the second personal pronoun "You" or "U" was also sometimes mitigated through the provision of reason for the advice. In Message 4.108, by informing the message-recipient the reason why the advice was important ("so that you can increase the chances of conceiving"), the advice became less imposing and face-threatening.

Message 4.112

Hi Cek, My tummy show up after 4 months, maybe cos I had twins…I did travel cos dr bee told me to be extra careful and preterm is high if I stress or travel. I had to be admitted for 1 week for early labour and after tat I did all it takes to rest. You **better** don't travel overseas now tat u hav twins. Ask your doctor for a letter…

It was also found that five of the advice-giving messages even had the structure "better" to indicate the seriousness of the advice, functioning as a form of warning. For instance, the structure in Message 4.112, "You better don't travel overseas now tat u hav twins" communicated the suggestion that failing to heed the advice might bring about some undesirable outcome. Subsequently, this syntactic structure of the declarative was perhaps the most imposing of the four declarative structures.

Message 4.113

Hi gemuruh, Sorry for the late reply…Don't give up urself and think +ve always….so far dr. can see d bb sac but d heartbeat still not yet n d nurse also told me, their branch have Merdeka package (11,600 only). I think the price quite reasonable. **Maybe** ttcian out there should try dis package.

The second most used structure in the declarative *Direct Advice* move was to begin the advice with a hedging device. Among the hedging devices, the subjectivity marker, in particular, the possibility hedging device "maybe", was used most often at the beginning of the declarative advice (Table 4.30). Its use signaled a lack of conviction on the part of the advice-giver. As shown in Message 4.113, by having the adverb "maybe" in front of

University of Malaya

the declarative (Maybe ttcian out there should try dis package"), it indicated that the advice was subjective, being a reflection of the advice-giver's opinion. This minimized the face-threat associated with advice-giving.

Message 4.114

Hi Soso I know how you feel…do prep your body well for the FET and all the best! **If** you really want something, then you must believe in it to make it happen…

The conditional "if" was the second most popular hedging device employed to begin a declarative when giving advice. In Message 4.114, the conditional "If you really want something" before the advice ("you must believe in it to make it happen…") suggested the advice was only applicable provided some conditions were fulfilled, i.e. that the advice-recipient really had that strong desire to have a baby. As such, its use weakened the imposition on the advice-recipient by giving her the power to either accept or reject the advice.

Message 4.115

Hi Cek, I am doing well…Baby is now 20w4d…You must **take good care and rest more** ya **coz you are carrying twin…**

Giving reasons was also employed as a mitigation device. As shown in Message 4.115, by justifying why the advice was important (to "take good care and rest more") because the message-recipient was carrying twins ("coz you are carrying twin.."), it gave the impression that the advice was given out of care and concern. This had the effect of softening the advice's directive force.

University of Malaya

Message 4.116

Hi Ross, Welcome! U are not alone. There are many experiences we can share for all. I had 3 unsuccessful IVF…I m planning to do my 4th ivf……I m afraid when to start…all of us sacrifice a lot, time and cash to have our own baby but…**we** should not give up.

The next type of hedging device used to begin advice in the declarative form was the personal pronoun "we". As illustrated in Message 4.116, the use of personal pronouns was an inclusive strategy. The pronoun "we" in "we should not give up" had the effect of downtoning the advice's directive by implying that the message was intended not only for a single advice-recipient, but also the advice-giver herself, and possibly all other members in the forum.

Message 4.117

Hi, I would like to share my experience as well. I had done several failed IUIs, then I switched to Dr Bobo from DEF Fertility for further investigation. Dr Bobo had done laparoscopy before my first IVF attempt with him. After the laparoscopy done on last year, I had conceived naturally…But unfortumately I had miscarriage in the 10th weeks…I decided to proceed with IVF…I m pregnant again with my first IVF attempt…**what I want to say is** if you are really decided to with the doctor then you must believe his skill and experience, and I strongly believe that you must have some lucks with the doctor…

Message 4.118

Hi Puteri...Long time haven't been here, am attacked by morning sickness. It makes me so suffer, cannot eat and sleep well **Well,** you should talk to your doctor…Are you too stress with the jabs or what? If the jabs bother you too much, maybe you can get help from husband

The last two hedging devices used to start a declarative were then the performative hedge "what I want to say is…" and the interjection "well". Because both hedging devices acted as a preface before a given advice (Message 4.117 and Message 4.118), they reduced the face-threatening aspect of advice-giving. For example, in Message 4.117, the performative hedge "what I want to say is" preceded the advice that the advice-recipient must have belief in the doctor's skill and experience ("what I want to

University of Malaya

say is if you are really decided to with the doctor then you must believe his skill and experience"). Similarly, the interjection "well" in Message 4.118 came before the advice "you should talk to your doctor" ("Well, you should talk to your doctor").

Message 4.119

Sos, After ET, for the 1st 3 days, try to bedrest as much as possible unless visit toilet or shower. Your uterus area should be as calm as possible for the embryo to attach well. Going out for a meal is not recommended…I **think** you should get someone to ta pau food for you instead of going out…

Message 4.120

Dear all…I **would** like to advise that stress will pretty much affected the result of ivf. The package offer by ABC Fertility which included mindbody fertility therapy which helping us to relax our mind and reduce stress throughout the whole process of ivf…

The third type of declarative structure identified in the messages was the declarative formed with the pronoun "I". As a *Direct Advice* move, this declarative structure often either used modal verbs of obligation such as "should" and "must", or contained words that explicitly indicated advice was being given such as "suggest", "advise" and "recommend". Like the imperatives, the declarative structure was also frequently hedged, particularly with the subjectivity marker "think" and the modal "would" (Table 4.30).

As shown in Message 4.119, the subjectivity marker "think" in "I think you should get someone to ta pau food for you instead of going out…" showed hesitancy on the part of the advice-giver. Its use suggested the advice-giver's lack of confidence in her advice, thus avoiding offence and imposition on the advice-recipient. The marker gave the impression that the advice was at best, only the advice-giver's conviction of what would be the best course of action for the advice-recipient; other forum members might not share the same view as the advice-giver. The modal "would" in "I would like to advise

University of Malaya

that stress will pretty much affected the result of ivf" was a politeness strategy that signified a polite recommendation was being conveyed (Message 4.120).

Message 4.121

Sos, After ET, for the 1st 3 days, try to bedrest as much as possible unless visit toilet or shower. Your uterus area should be as calm as possible for the embryo to attach well. **Going out for a meal is not recommended**…I think you should get someone to ta pau food for you instead of going out…

The least favored structure among the forum members when giving direct advice was the declarative in an impersonalized formulation. It was the least imposing declarative structure since the subject "you", i.e. the message-recipient, was implied ("Going out for a meal is not recommended" in Message 4.121).

Table 4.31: Mitigation in the Declarative *Direct Advice* Move

No.	Mitigation Used	Advice	Frequency
1	Provision of reason (because, as, since, so that)	You must eat well **so that** …	14
2	Subjectivity markers (think, feel)	I **think** you should get someone to…	9
3	Possibility hedging devices (maybe)	**Maybe** you should try for…	9
4	Modals (can, would)	I **would** recommend for you to have food… You **can** take the medication…	7
5	Conditional clauses (if)	**If** you really want something then u …	4
6	Inclusive pronouns (we, us, our)	…**we** should not give up…	2
7	Performative hedges (what I want to say is)	…**what I want to say is** if you are really decided to go to the doctor then you…	2
8	Interjection (well)	**Well**, you should talk to your doctor	1

University of Malaya

Table 4.31, continued

No.	Mitigation Used	Advice	Frequency
9	Extending advice to other forum members (ttcian, women, gals)	Maybe **ttcian** out there should try dis package…	1
		Total	**49**

As illustrated in Table 4.31, even when some of the declaratives did not begin with a hedging device, they were still mitigated. Among the mitigation strategies used in the declaratives, provision of reasons ranked top (N=14), while subjectivity markers (N=9) and possibility hedging devices (N=9) were the second most frequently utilized mitigation tactics. As providing reasons for advice given had the effect of warranting the advice as necessary, this helped mitigate the advice's force. In the example provided in the table, the provision of reason was identifiable through the phrase "so that" in "You must eat well so that…". Subjectivity markers such as "think" in "I think you should get someone to…" and possibility hedging devices like "maybe" in "Maybe you should try for…" then decreased the impositional level of the advice by suggesting a sense of uncertainty on the part of the advice-giver.

Using modals was the next most popular mitigation strategy (N=7). Employing "would" in giving advice such as the example in Table 4.31 ("I would recommend for you to have food…") denoted politeness, while other modals such as "can" referred to the advice-seeker's ability in solving a problem ("You can take the medication…").

The conditional clause was another employed mitigation device. In the example given in Table 4.31, the conditional "if" in "If you really want something then u…" downplayed the advice's force due to the suggestion that the advice was only applicable if some conditions were fulfilled.

University of Malaya

Other hedging devices employed in the declaratives were inclusive pronouns, performative hedges, the interjection "well", and extending advice to other forum members. Inclusive pronouns such as 'we", "us" and "our" implied non-exclusiveness of the advice, in that the advice was meant for not only the message-recipient, but also the advice-giver and all other forum members (e.g. "…we should not give up…"). Performative hedges such as "what I want to say is" in "what I want to say is if you are really decided to go to the doctor then you…" and the interjection "well" as in "Well, you should talk to your doctor) functioned as a preface to the advice, whereby the delay in the illocutionary act reduced the face-threatening aspect of the advice. Extending the advice to other forum members then diffused the face-threat from being centered on only one advice-recipient to many other forum members. For example, in the advice "Maybe ttcian out there should try dis package", the advice was applicable to all women undergoing the IVF treatment.

Message 4.122

Hi Puteri, Erm…I think should be no problem to delay the jab for one day only…I remember the embryologist told me to take the jab around the same time and do not differ by more than half an hour. **Why don't you just take the jab before you go for work?** I always took the jabs before I went for work…

Finally, the interrogative formed the last syntactic structure used by the women in the investigated forum when giving advice online (N=4). It was the least used form. Although framed as a question, it functioned as a suggestion or advice, as is shown in Message 4.122. The interrogative "Why don't you just take the jab before you go for work?" was not intended to seek an answer from the message-recipient, but rather, it was a suggestion for the message-recipient to take up.

University of Malaya

To sum up on the *Direct Advice* move, it was the most frequently employed move to perform advice-giving by the women in the forum. The move had the most explicit structure for performing advice-giving. As such, the finding on the *Direct Advice* move being the most frequently used move indicated that the women in the forum had a tendency to give explicit advice in matters concerning infertility issues and treatment. Moreover, the most utilized structure for realizing the move was the imperative, hence, giving more directive force to the advice given. However, instead of being face-threatening or imposing, the *Direct Advice* move was often mitigated, and this was realized through the use of not only hedging, but also bonding and being inspirational or motivational. Subsequently, the type of advice that was usually offered by the women in the forum was not so much on what the advice-recipient should do due to her negligence or heedlessness, but rather, the advice was more towards boosting the advice-recipient's spirit so that there was emotional support for the advice-recipient, enabling her to think positively in order to persevere with the treatment.

4.3.2.2 The *Own Experience* Move

The *Own Experience* move was the second most employed advice-giving move (N=309) (Table 4.22). It is basically a unique category of indirect advice whereby the advice is phrased as the advice-giver's personal experience.

Table 4.32: Types of *Own Experience* Move

No.	Types of experiences	Advice	Frequency
1	Advice-giver's own treatment	1 day after the OPU there will be a bit of stomach cramp. It's like that. The 1st time I had IVF the pain only came the next day but for the 2nd IVF I had stomach cramp on the same day of the OPU. The stomach cramp will be gone after 1 day.	251

University of Malaya

Table 4.32, continued

No.	Types of experiences	Advice	Frequency
2	The doctor or hospital or type of fertility treatment offered by a hospital	I am currently 24 weeks pregnant after doing ivf with Dr CD. He is very friendly n caring to patient. Although the charge there is a littlebit more than other clinic, but I think is worth. N the nurse there also very friendly. Dr CD also have very good technique when transfer the embies...	96
3	What the advice-giver did at certain stages of the treatment	I was rest at home for one week after ET and continue working on the 2nd week.	90
4	Procedures of the IVF treatment	I am also currently undergoing the IVF cycle now. I opted for the long protocol as well. When you are on suprfact, your menses will be delayed...maybe 3 to 4 days from your actual day. As for me, I did not have mood swings, but I have very bad headache for the first 3-4 days. Now I don't have headache anymore, just some allergy. My tummy area has develop some rashes and its very itchy. Doctor gave me some cream to apply, but only for 5 days. Now I am on day 20 of the suprefact injection. Doctor have increased it 0.1 now. I will be starting on the Puregon injection next week...	76
5	Advice-giver's previous failed treatment	My first IVF was long protocol and seems ok but still end up with BFN. I was depressed for sometime...maybe its the first time failure and I was not prepared for it then.	39
6	Description or background of the advice-giver's infertility problem	For me, I have good quality eggs, but my hubby's sperm was really bad that the embryologist unable to pick 10 good one so embryo quality maybe affected. Suppose to do more analysis on him but he travels. So, we are in a dilemma too.	36
7	Types of food or diet followed by the advice-giver	FYI, I took 2 kampung eggs daily during the IVF treatment.	23
8	Traditional methods of treatment	I am doing foot refleks everyweek now. After each session, I feel sleepy and warm. Maybe that is the qi flowing. My MIL getting superstitious too taking me to temples and burning "Fu" to drink, but hey anything that works, I do not mind.	19

University of Malaya

Table 4.32, continued

No.	Types of experiences	Advice	Frequency
9	Embryo adoption	I had adopted embryos from two different families at QQ Medical Center. One embryo made it and become my dearest son. He is so special and precious to us...We cannot have our own due to my husband's condition.	2
		Total	**632**

As shown in Table 4.32, there were nine main types of personal experiences found in the advice-giving messages. These experiences were related to the:

(1) advice-giver's own treatment (N=251),

(2) doctor or hospital or type of fertility treatment offered by a hospital (N=96),

(3) what the advice-giver did at certain stages of the treatment (N=90),

(4) procedures of the IVF treatment (N=76),

(5) advice-giver's previous treatment (N=39),

(6) description or background of the advice-giver's infertility problem (N=36),

(7) types of food or diet followed by the advice-giver (N=23),

(8) traditional methods of treatment (N=19), and

(9) embryo adoption (N=2).

Hence, the kind of advice that was most often narrated or described was advice pertaining to the advice-giver's own treatment (N=251), followed by advice concerning the advice-giver's experiences with certain doctors or hospitals or treatments (N=96), and experiences relating to what the advice-giver did at certain stages of the treatment (N=90). As such, advice-giving in this form demonstrated the advice-giver's openness in sharing personal information and experiences, thereby fostering closer and more intimate relationships between the advice-giver and the advice-recipient(s).

University of Malaya

The least occurring type of experiences was to do with embryo adoption. This possibly indicated the integral importance of bearing one's own biological children instead of adopting another's embryos (N=2).

Message 4.123

For those who have been struggling with TTC, I can truly understand the difficult journey and the disappointments. **I have PCOS** and **have been TTC for 7 years**. I **have been thru 6 IUIs and 1 IVF** with a **clinic in Kota Rina** - which ended up with one successful clinical pregnancy with one IUI but ended with a miscarraige at 9 weeks. It was **emotionally painful** for me. After my failed attempt with 5 IUIs and 1st IVF - I **tried acupuncture and chinese herbs** with a famous **centre in HJ** (it was costly eventhough it was TCM) but I didn't responded well and my PCOS symptoms continued without much improvements. I gave up on TCM and decided to **change my diet** after months of reading health books and articles. I **took herbalife** for two months only which then I lost like 3 kgs. After I stopped hrebalife I **took pure fruit and vegetable juices** every morning for breakfast and **took omega-3 fish oil** supplement daily. I also started to **consume organic produce and wholefoods** (especially coloured fruits and vegetables) as much as possible - **avoided dairy food and wheat based produce as well as processed food**. My health improved tremendously and my weight was maintained within healthy BMI range without much problems. You cannot consume royal jelly and bird's nest once ER has been done.

I almost gave up on hope of being a mother after the subsequent IUIs and 1st IVF attempt failed as well as TCM...but I am glad I didn't I am currently experiencing my first (now at 7 months) after switching to **Dr AB of ABC Hospital** last year. It was my first attempt with Dr AB after one failed IUI and laproscopy surgery. This time the IVF procedure with Dr AB was a much better experience than the 1st one with a previous Dr at another clinic in KR. The 1st IVF I had with the previous Dr was pretty bad as I suffered from OHSS and had to be hospitalised for 3 days. I did inform Dr AB of my previous OHSS experience with the 1st IVF before and he had advised me to take protein drink supplements during the course of my **injections** and after **egg retrieval** to ease off the OHSS effects. It really helped. It is really important to get an experienced and skillfull doctor.

To my surprise, my number of eggs pick-up on my Egg Retrieval day was good compared to my 1st IVF attempt after a total change of diet and supplements. In my 1st IVF attempt, I had only 4 eggs retrieved and 3 eggs fertilized and the grade was only average. Which I think it is one of the reason why it failed. But on my 2nd IVF attempt, I had 18 eggs retrieved and with Dr AB's recommendation waited for **Day 5 transferred** - which resulted in 6 blastocyst formed with very good grades. I am going to be 38 this year. So Ladies, don't give up hope. It was a really tough journey for me but with lots of prayers and god's blessing and grace - I am pregnant and I am sure you will too...

However, some of the *Own Experience* moves also consisted of more than one type of experience as indicated in Message 4.123. The *Own Experience* move in the message gave a background of the advice-giver's infertility problem ("I have PCOS"), and the extent of her problem which was long-drawn ("have been TTC for 7 years"). The move

University of Wales

also described the advice-giver's previous failed treatments ("have been thru 6 IUIs and 1 IVF"), which left her devastated ("was emotionally painful"), and the steps she took to improve her condition, which included following a certain type of diet ("tried acupuncture and chinese herbs", "change my diet", "took herbalife", "took pure fruit and vegetable juices", "took omega-3 fish oil", "consume organic produce and wholefoods", "avoided dairy food and what based produce as well as processed food"). At the same time, the advice-giver also described her experiences with various doctors and hospitals ("clinic in Kota Rina", "centre in HJ", "Dr AB of ABC Hospital"), as well as the various procedures of the IVF protocol ("injections", "egg retrieval", "Day 5 transferred").

Message 4.124

Dear all, For those who wish to start an ivf program maybe can seek an opinion with dr bong, ABC Fertility Centre. He was kind and responsible person…Besides that I would like to advise that stress will pretty much affect the result of ivf. The package offer by ABC Fertility which included mindbody fertility therapy which helping us to relax our mind and reduce stress throughout the whole process of ivf. This therapy is hypnosis therapy. **(1) At first I wouldn't believe it works to me.** Im used to be a negative thinker and lose hope on pregnancy but till I meet up dr bong and he said I can attend the hypnosis therapy for free which included in ivf package, so I decided to give a try. At first session, I met the therapist mr kong and he so kind and was a good listener. I started to changed after that. Stressed turn to become energy and **(2) I become more positive. (3) I become more relax and calm**. Even during the egg collection and embryo transfer im just relax. During the waiting process of 2 weeks im just so enjoy while waiting. Perhaps for those so stress and desperate out there can give a try for this fertility hypnosis…

Linguistically, the *Own Experience* move mostly followed the structure of a narrative as it was an account of the advice-giver's experience. For example, the *Own Experience* move in Message 4.124, the narration of the advice-giver started with how she was (1) skeptical of the hypnosis therapy in combating stress ("At first I wouldn't believe it works for me"), but later, (2) had a more positive outlook of life ("I became more positive"), and (3) becoming more relaxed and calm through the therapy ("I become more relax and calm").

University of Malaya

Message 4.125

Hi Miau
(1) I vomit 3-4 times after OPU after 4 hours of bed rest in the ward. That time I thought I am ok to go and the nurse give me a cup of milo and 3 slice of biscuits. I ate and didn't feel anything until I proceed to the counter to make my payment and the nausea attack me and I suddenly feel dizzy. That is where I keep on vomiting out all the milo and biscuits. They say is quite normal to vomit. Some people body cannot take the anesthetic that why will vomit. Make sure you have a nice breakfast before your ET. **(2) My ET took me 25 mins, a very painful 25 mins because I have introvert uterus.**

However, not all of the *Own Experience* moves were structured following the sequence from the time the advice-giver faced a problem, to the time she succeeded in overcoming it. In some messages, the *Own Experience* move was just an account of what happened to the advice-giver, or what she did in a particular situation. For instance, (1) the first *Own Experience* move in Message 4.125 was a narration of the events that happened and the advice-giver's experience after undergoing the Oocyte Pick Up (OPU) procedure ("I vomit 3-4 times after OPU…all the milo and biscuits"), while (2) the second *Own Experience* move briefly described the advice-giver's experience during the Embryo Transfer (ET) process ("My ET took me 25 minutes…introvert uterus").

To sum up on the *Own Experience* move, it was a move that played a prominent function in the advice-giving messages probably because of its context and relevance to the issue being discussed. Infertility is a complex problem and its treatment could span over a few months with several procedures and processes (Meldrum, Silverberg, Bustillo, & Stokes, 1998). In addition, as it is common to have complications during the treatment, several cycles of IVF may be necessary before experiencing success. As such, in relation to the women in the forum, sharing of experiences constituted a pivotal aspect of their interaction.

Moreover, because each woman's treatment and experience was unique, the forum therefore provided a conducive environment for the women to share their experiences.

University of Malaya

Subsequently, the forum served as a kind of reservoir of various types of information in the form of shared experiences that women could tap into and benefit from. For instance, as can be seen in Message 4.123, Message 4.124 and Message 4.125, although the *Own Experience* move was a narration or description of experiences, it was packed with information that the advice-recipient might find useful. The *Own Experience* move in Message 4.123 described various experiences relating to the advice-giver's infertility problem, her treatment, her diet, and her experiences with different doctors. Message 4.124 described a therapy which the advice-giver found helpful in combating stress, and in her description, she talked about her psychological transformation, and provided information on who the therapist was and that the therapy was part of an IVF package. The *Own Experience* move in Message 4.125 was a narration of the advice-giver's experiences during the OPU procedure, and in it, she provided details on her body's response towards the OPU procedure, including what she ate, her dizziness, and when and how often she vomited.

4.3.2.3 The *Indirect Advice* Move

The *Indirect Advice* move was the third most utilized form of advice-giving after the *Own Experience* move (N=306) (Table 4.22). As opposed to the *Direct Advice* move, the *Indirect Advice* move was implied advice. As such, the advice had to be inferred from context, with indications on how the move may be interpreted as advice. For example, the information or advice could be related to the advice sought by the advice-seeker in previous message(s), or was related to other forms of advice given in the message. This type of advice was usually given in the declarative and interrogative structures in the data.

University of Malaya

Message 4.126

Sorry for your loss, but glad that you are staying positively... **it's good to give yourself a break and come back again when you are ready.** Good luck.

For instance, the inferred advice in Message 4.126, "it's good to give yourself a break and come back again when you are ready" was for the message-recipient to take a break from her infertility treatment temporarily. Thus, although the advice was phrased in the form of a declarative and seemed to be making an evaluation of an action, in the context of the advice being given to the advice-recipient, the intended propositional content was for the advice-recipient to take up that course of action. The advice-recipient had just failed an IVF treatment and the advice-giver was advising the advice-recipient to take a break from trying to conceive, and to only try again when the advice-recipient was emotionally and physically ready to go through another IVF protocol.

Message 4.127

Try to avoid cold drinks, spicy and sour food. Cut down on caffeine as well. Most importantly, **relax and be happy**. **Folic acid is very important**. When I did my first IVF last month, I have 12 follicles, but only 2 were fertilised, due to sperm quality. I have a BFN, waiting for FET now. Good luck!

Similarly, the declarative in Message 4.127, "Folic acid is very important" was not only informative in nature, but also to indirectly advise the message-recipient to take folic acid during the course of her infertility treatment. The declarative would have functioned as information-giving had the statement been followed by why folic acid was crucial. However, instead, the declarative was preceded by three other pieces of advice related to dietary requirements in the form of the imperative ("Try to avoid cold drinks, spicy and sour food", "Cut down on caffeine as well" and "relax and be happy"). As such, the declarative "Folic acid is very important" was also more likely to function as another piece of advice, implying that folic acid was a food supplement that the advice-recipient should take.

University of Malaya

Message 4.128

Can someone pls assist to advise on how many times can we actually use gonal jap? It's a pen type & mine consist only 450pt. I manage to use it only 3 times. Now I'm going back to the hospital to get more. How about others? Is all of yours is also 450pt per pen?

Message 4.129

Hi Cek, **Ur doc didn't tell u when to jab the gonal f pen?** Mine is once a day at 8pm. Mine pen is 375

Besides the declarative structure, the interrogative was also used in some messages to realize the *Indirect Advice* move. In Message 4.128, the advice-seeker, i.e. Cek, was puzzled on how she should use the Gonal-F Pen, and thus, was asking for advice on the number of times she could use the pen ("Can someone pls assist on how many times can we actually use gonal jap?"). As such, when the interrogative "Ur doc didn't tell u when to jab the gonal f pen?" was asked in the advice-giver's message (Message 4.129), it was not a question intending to ask for information from the advice-seeker, but rather, it was implied advice in that the message-recipient should refer to her doctor on the time of day to inject the Gonal-F Pen. It was an indirect advice inferring that the doctor should have informed the message-recipient more details about when to inject using the Gonal-F Pen, a pen that is preloaded with medication designed to stimulate the development of follicles.

Indirect advice was used in Message 4.129 probably because the advice carried the implication that the doctor was careless to have missed out this aspect of dispensing medication to the message-recipient, yet the advice-giver was also trying to protect the doctor's face by not accusing the doctor blatantly. By giving indirect advice in this manner, the advice-giver avoided explicit criticism of the doctor. This was probably necessary because at this point, the advice-giver did not know whether the advice-

University of Malaya

recipient's perception of her doctor was aligned with the advice-giver's, and giving advice in an indirect manner could function as a face-saving relational work.

Message 4.130

Hi Otty and Jojo So sorry for your BFN. But don't give up, try again and you will get your BFP. **Although my beta test is next Wed, but I have strong feel of AF coming soon. I know I will get BFN again! But I will never give up and will try again. I believe we will success one day and share our happiness here!** Cheers

Another strategy employed to mitigate face-threat in the *Indirect Advice* move was to divert the focus from the advice-recipient to the advice-giver. The indirect advice in Message 4.130 illustrated this point where the advice came in the form of the advice-giver's determination to persevere with the treatment despite her frustration and suspicion of having her menstruation or Aunt Flow (AF) soon and getting another Big Fat Negative pregnancy test result (BFN) ("Although my beta test is next Wed, but I have strong feel of AF coming soon. I know I will get BFN again! But I will never give up and will try again. I believe we will success one day and share our happiness here!"). The intended illocutionary force of this account of the advice-giver's resolve to continue trying to have a baby was to advise the message-recipient to also persist with her effort despite any failure.

In short, although the *Indirect Advice* move came third as the most employed advice-seeking discursive move, it still played a crucial role as an advice-giving strategy in the forum. An implied form for advice, it was a useful discursive move to minimize face-threat associated with advice-giving, particularly when used in conjunction with other more imposing advice-giving discursive moves such as the *Direct Advice* move in the imperative structure. Nonetheless, one notable aspect of the *Indirect Advice* move observed in the messages was that sometimes the advice was given from the advice-

University of Malaya

giver's perspective on what she herself would do as a way to encourage the advice-recipient to do the same. This type of advice was unique in the sense that the advice-recipient was not told on what to do, but that the advice was implied based on the advice-giver's conviction and resolution on how she should proceed with her treatment.

4.3.2.4 The *General Information* Move

The *General Information* move was advice given in the form of an objective, factual piece of information. Despite it being the fourth most utilized advice-giving move, it was employed much less frequently (N=73) compared to the *Direct Advice* move (N=330), the *Own Experience* move (N=309) and the *Indirect Advice* move (N=306) (Table 4.22). It was found that the *General Information* move was mostly information either about the IVF package offered by hospitals, about the doctors, or about certain procedures of the IVF protocol. It was also a move often found to occur as a response to a question asked by the advice-seeker(s) in a previous message(s).

Message 4.131

The package for IVF is RM 14,900. This inclusive all medication until ur day of Beta HCG blood test to confirm whether it's '+' or '-'…Erm…I think mine is short protocol. Coz I started medication on 16th Jan and ended with Beta HCG blood test on 6th Mar…During the 2ww, is quite torturing for me. Had OHSS symptom. Tummy bloated about 4 inches. Of gosh…feeling like bursting. Lasted almost 7 days...But dun worry women, it's all very worth when u see the Beta HCG is positive!!! All the best for those who is undergoing the treatment. Dun worry too much, just take the courage to reach this conceiving journey…

As shown in Message 4.131, the *General Information* move ("The package for IVF is RM 14,900. This inclusive all medication until ur day of Beta HCG blood test to confirm whether it's '+' or '-'") was a factual statement on the cost of the IVF package and what it entailed. As it dealt with facts, its linguistic structure was usually in the declarative.

University of Malaya

In brief, the function of the *General Information* move in the advice-giving messages was basically to provide factual information to the advice-recipient. It usually served as a response to an information-query asked by the advice-seeker(s) in an earlier message(s). Although it was the fourth most used advice-giving move, its use was much more limited compared to the *Direct Advice* move, the *Own Experience* move and the *Indirect Advice* move. This showed that providing factual information was not as significant a feature of the women's interaction as giving direct or indirect advice, and sharing one's experiences. One possible reason for this finding could be the interaction setting being a discussion forum. Therefore, the main activity of the forum was discussion of a particular issue or topic, rather than mere provision of information.

4.3.2.5 The *Referral* Move

Another advice-giving move identified in the advice-giving messages was the *Referral* move. It was an advice move in which the advice-giver referred the advice-recipient to other sources for information, help or advice.

Message 4.132

Dear JoJo I was diagnosed with PCOS by my doctor…but not serious. I did blood test and urine test, also vaginal scan, doc prescribed to me Clomid to be taken on day 3 to day 7 for my coming period…and advise me go back to see him on day 16 after my period, **you may log in to this web www.pcos123456789.com.my there are more info about PCOS**. Hope it helps to reduce your worried. Baby dusts to all trying for baby…good luck all.

Among the sources the message-recipients were asked to refer to were Internet websites, their doctors, embryologists and nurses at the fertility centers, and other forum members. In Message 4.132, the section indicated in bold is a *Referral* move advising the message-recipient to refer to a website for more information about Polycystic Ovarian Syndrome (PCOS), an endocrine disorder sometimes experienced by women

University of Malaya

undergoing IVF ("you may log in to this web www.pcos123456789.com.my there are more info about PCOS").

Table 4.33: Types of *Referral* Move

No.	Types of Referral	Advice	Frequency
1	Information about the doctor/hospital and the services provided	You may google for more his information	4
2	Information about IVF cost and the kinds of procedure/treatment involved	You can go to their web page to view further…	4
3	Information about complications associated with IVF treatment	you may log in to this web www.pcos123456789.com.my there are more info about PCOS.	4
4	Evaluation of IVF success rate based on the message-recipient's profile	Perhaps you may want to seek for doctors advice and see what is his best advice…	3
5	Types of diet during the IVF treatment	You may refer to: Page 74 – where Jaja shared with us that she ate two kampong eggs per day	3
6	Indicators of conception success	Lining measurement…u can always check with your doctor when they are doing the transvaginal scan	2
7	Next step after IVF failure	Get advice from him again and see what could be done	1
8	Information on accompanying infertility treatments to increase chances of IVF success	Acupuncture…check it online	1
		Total	**22**

As illustrated in Table 4.33, a total of eight types of referrals were identified in the advice-giving messages and these were related to:

(1) information about the doctor or hospital and the services provided (N=4),

(2) information about the cost of IVF and the kinds or procedures or treatment involved (N=4),

(3) information about the complications associated with the IVF treatment (N=4),

University of Malaya

(4) evaluation of the IVF's success rate based on the message-recipient's profile (N=3),

(5) the types of diet during the IVF treatment (N=3),

(6) the indicators that showed a successful conception (N=2),

(7) the next step to take after an IVF (N=1), and

(8) information on accompanying infertility treatments that could help increase the chances of an IVF success (N=1).

The most common source for referrals was going to the Internet for information. Other sources of referrals were the doctors and the discussion forum itself. These referrals were mainly advice that advised the message-recipient on matters pertaining to the doctors or hospitals and the services provided, the cost for the IVF treatment, the procedures of the IVF treatment, and the complications or problems related to the IVF treatment.

Table 4.34: Mitigation in the *Referral* Move

No.	Mitigation Used	Advice	Frequency
1	Modal "can"	You **can** try to call them at 03-12345678 to check	9
2	Modal "may"	You **may** log in to this web www.fertilityabc.com	4
3	Subjectivity marker "maybe" or "perhaps"	**Perhaps** you may want to seek for doctors advice and see what is his best advice…	3
4	Consultative device "do you mind"	**Do you mind** asking Ms Zee JL11111?	1
		Total	**17**

Table 4.34 shows that the *Referral* move was also frequently mitigated. Among the mitigation devices employed, the modal "can" appeared the most times (N=9), followed by the modal "may" (N=4). Like the modals in the *Direct Advice* move, the modals in the *Referral* move functioned to minimize the advice's directive force. As demonstrated

University of Malaya

in the table, the modal "can" in "You can try to call them at 03-12345678 to check" gave an impression that the advice was only relevant provided the message-recipient had the ability, granting her the permission to disregard the advice, while the modal "may" in "You may log in to this web www.fertilityabc.com" suggested tentativeness in the advice.

4.3.2.6 The *Other People's Experiences* Move

The least used advice-giving move was the *Other People's Experiences* move (N=6, Table 4.22). This was a move whereby other people's experiences other than the advice-giver's were used as advice.

Message 4.133

Hi Cek, **My friend who hv successful IVF on the 1st time told me that she ate a lot of EGG WHITE during her IVF treatment – 2 eggs everyday for few months before and after ET**…Since my friend had successful IVF, So I followed her advice but I didn't take 2 eggs everyday. Sometimes I just take 1 igg (kampong egg).

Similar to the *Own Experience* move, the *Other People's Experiences* move was also an indirect move, using the failure or success of other people's experiences as a strategy to persuade or dissuade the message-recipient from thinking or doing something. For example, the *Other People's Experiences* in Message 4.133 ("My friend who hv successful IVF on the 1st time told me that she ate a lot of EGG WHITE during her IVF treatment – 2 eggs everyday for few months before and after ET…") was an account of the advice-giver's friend of what she ate, i.e. egg white, during her IVF treatment that led to her successful conception. Thus, the move functioned to indirectly inform the message-recipient that taking egg white while undergoing the IVF treatment might improve one's chances of conceiving.

University of Malaya

4.3.2.7 Ways Advice-Giving Moves Appear in Messages

There were three main ways how the advice-giving move(s) appeared in the messages – as a single advice-giving move (Examples 1-5), in a series of the same advice-giving move (Example 6), or in a cluster of various types of advice-giving moves (Example 7) (Table 4.35).

Table 4.35: Ways Advice-Giving Moves Appear in Messages

No.	Example	Ways Advice was Given	Type of Advice-Giving Move	No. of Advice-Giving Move(s)	No. of Messages
1	***(Own Experience)*** I took centrum, vitamin E and folic acid for several months, then I went to QWE for Chinese herbs and acupuncture, herbs I had taken for quite some times but acupuncture was done for 2-3 months prior to IVF. When I started IVF, I stop all the herbs and supplements as instructed by doctor. ***(Appreciation)*** Thanks.	Composed with a single advice-giving move	*Own Experience*	1	36
2	**(*Appreciation*)** Thank you Momie. ***(Updating Own Status)*** Tomorrow is the OPU and Thursday will be the ET. A bit nervous : (***(Metacomment)*** As for you, ***(Direct Advice)*** pls don't give up. ***(Goodwill Wishes)*** Lots of babydust for you…	Composed with a single advice-giving move	*Direct Advice*	1	33
3	***(Apology)*** Sorry for the failed cycle. ***(Indirect Advice)*** I'm happy to know you are being positive. ***(Goodwill Wishes)*** All the best for the next try.	Composed with a single advice-giving move	*Indirect Advice*	1	23
4	***(General Information)*** In metropolitan, there is embrio donation program but we have to find the recipient on our own. ***(Explanation)*** I get to knw this from embryologist ms. loo.	Composed with a single advice-giving move	*General Information*	1	6

University of Malaya

Table 4.35, continued

No.	Example	Ways Advice was Given	Type of Advice-Giving Move	No. of Advice-Giving Move(s)	No. of Messages
5	***(Appreciation)*** Thanks, dear. ***(Disclaimer)*** About ivf with donor I'm not sure. ***(Referral)*** You can check this info at STU website. ***(Goodwill Wishes)*** Hope to hear a good news from you soon.	Composed with a single advice-giving move	*Referral*	1	2
6	***(Indirect Advice)*** You hav done wats best but sometimes things don't turn out as we wanted. ***(Indirect Advice)*** Next time, it may be different.	Composed with a series of the same advice-giving move	*Indirect Advice*	2	27
7	***(Comment on Previous Record)*** There's another thing I forgot to mention. ***(Direct Advice)*** Don't take white rice. ***(General Information)*** White rice doesn't have nutrition. ***(Direct Advice)*** Take brown rice or multigrain rice. ***(General Information)*** Organic shops will sell it. ***(Direct Advice)*** Don't take so much sugar, caffeine, and cold drinks. ***(Direct Advice)*** Take less red meat as well. ***(Direct Advice)*** Eat more nuts for protein instead of meat. ***(Goodwill Wishes)*** All the best in your ivf. ***(Direct Advice)*** Don't worry, ***(Own Experience)*** I started taking all these healthy food 3 weeks before I started the ivf. ***(Indirect Advice)*** It will still help.		*Direct Advice* *General Information* *Indirect Advice* *Own Experience*	6 2 1 1	242
		Total Number of Advice-Giving Messages			**369**

a. Advice-Giving Messages with a Single Advice-Giving Move

Advice-giving messages with a single advice-giving move comprised of either a *Direct Advice* move (N=1), an *Indirect Advice* move (N=1), an *Own Experience* move (N=1), a

University of Malaya

General Information move (N=1), or a *Referral* move (N=1). In Example 1, Table 4.35, there was only one advice-giving move, i.e. the *Own Experience* move, in the form of the advice-giver narrating her personal experience of what she did before and during the IVF treatment, while in Example 2, its only advice-giving move was the *Direct Advice* move, advising the message-recipient to persevere with her effort to conceive ("pls don't give up"). Example 3 consisted of the *Indirect Advice* move, with the advice that the message-recipient should continue thinking positively ("I'm happy to know you are being positive"), while the advice-giving move in Example 4 was the *General Information* move, with the advice-giver giving objective, factual information about the embryonic program in Metropolitan Hospital ("In metropolitan, there is embrio donation program but we have to find the recipient on our own"). Finally, Example 5 had the *Referral* move as its advice-giving move whereby the advice-recipient was being referred to other sources for information she required ("You can check this info at STU website").

There were not many messages constructed with only a single advice-giving move. Less than one-third of the advice-giving messages were constructed in this manner (100 out of 369 advice-giving messages), with a marked preference for the *Own Experience* (N=36) and *Direct Advice* moves (N=33).

b. Advice Giving Messages with a Series of the Same Advice-Giving Move

Messages constructed in a series of the same advice-giving move were similar to messages constructed with a single advice-giving move, except that the advice-giving move was repeated. For instance, in Example 6, it consisted of a series of the same advice-giving move, i.e. the *Indirect Advice* move, advising the message-recipients (1) not to harp on their failure, blaming themselves for it ("You hav done wats best but

University of Malaya

sometimes things don't turn out as we wanted"), and (2) to take stock that there was always the possibility of a success in future (Next time, it may be different").

Like the messages consisting of only a single advice-giving move, messages constructed in a series of the same advice-giving move were few (27 out of 369 advice-giving messages). It was the least preferred type of advice-giving messages, comprising only about 7% of the total advice-giving messages.

c. Advice-Giving Messages with Different Types of Advice-Giving Moves

Most of the advice-giving messages were made up of a variety of advice-giving types. More than 65% of the messages (N=242) were constructed with two or more different types of advice-giving moves.

Example 7 illustrates how an advice-giving messages with different types of advice-giving moves was composed. The message started with the *Direct Advice* move, recommending the message-recipient not to take white rice ("Don't take white rice"), followed by the *General Information* move, offering information on why taking white rice was discouraged ("White rice doesn't have nutrition"). The message then continued with another *Direct Advice* move, advising the message-recipient to take brown rice or multigrain rice instead ("Take brown rice or multigrain rice"), and this was subsequently followed by the *General Information* move informing the message-recipient where the rice could be obtained ("Organic shops will sell it"). The advice-giver then proceeded to give several pieces of advice in three *Direct Advice* moves about the types of food recommended to increase the chances of IVF success ("Don't take so much sugar, caffeine, and cold drinks", "Take less red meat as well", and "Eat more nuts for protein instead of meat"), before the message ended with the *Own*

University of Malaya

Experience ("I started taking all these healthy food 3 weeks before I started the ivf") and *Indirect Advice* moves that implied tailoring one's diet for the IVF procedure was still beneficial at this stage of IVF preparation ("It will still help").

Table 4.36: Combination of Advice-Giving Moves

No.	Combination of Advice-Giving Moves	No. of Messages
1	*Own Experience + Indirect Advice*	59
2	*Own Experience + Indirect Advice + Direct Advice*	48
3	*Own Experience + Direct Advice*	39
4	*Indirect Advice + Direct Advice*	33
5	*General Information + Own Experience + Indirect Advice + Direct Advice*	16
6	*General Information + Own Experience*	11
7	*General Information + Own Experience + Indirect Advice*	7
8	*General Information + Indirect Advice*	4
9	*Own Experience + Referral*	4
10	*General Information + Direct Advice*	3
11	*Direct Advice + Referral*	2
12	*Indirect Advice + Referral*	2
13	*General Information + Indirect Advice + Direct Advice*	2
14	*General Information + Own Experience + Direct Advice*	2
15	*Own Experience + Other People's Experience + Indirect Advice*	2
16	*Own Experience + Other People's Experience + Indirect Advice + Direct Advice*	2
17	*Own Experience + Indirect Advice + Referral*	1
18	*General Information + Own Experience + Referral*	1
19	*General Information + Own Experience + Indirect Advice + Referral*	1
20	*Own Experience + Indirect Advice + Direct Advice + Referral*	1
21	*Own Experience + Other People's Experience + Direct Advice*	1
22	*Own Experience + Other People's Experience*	1
	Total	**242**

Of all the combination of different advice-giving moves, the combination of the *Own Experience* and *Indirect Advice* moves was the most frequently occurring cluster of

University of Malaya

advice-giving moves in a single message (N=59), followed by the combination of the *Own Experience*, *Indirect Advice* and *Direct Advice* moves (N=48), and subsequently, the combination of the *Own Experience* and *Direct Advice* moves (N=39) (Table 4.36).

4.3.2.8 Direct/Indirect Advice-Giving Messages

Based on Goldsmith's (2004) model of advice-giving techniques, it was found that *Indirect* advice-giving messages (N=189) far exceeded *Direct* advice-giving messages (N=33) (Table 4.37). The findings also revealed that the messages could not be simply divided into just *Direct* and *Indirect* messages. Instead, many messages were made up of a combination of advice-giving moves, including both direct and indirect advice-giving moves, i.e. the *Mixture* category (N=147)

Table 4.37: Direct/Indirect Advice-Giving Messages

No.	Direct/Indirect Messages	Description	No. of Messages
1	*Indirect*	Indirect messages are those that describe a situation, but do not explicitly state that the recipient must take a recommended action. These are messages that are composed with either a single indirect advice-giving move (e.g. the *Indirect Advice* move, the *Own Experience* move, the *Other People's Experiences* move, the *General Information* move, and the *Referral* move phrased as an indirect manner of offering advice), or a combination of any indirect advice-giving move.	189
2	*Mixture*	This is a category of messages which includes both direct and indirect moves of advising the message-recipient.	147
3	*Direct*	Direct messages are those in which the advice-giver adopts a position of expertise and right to direct the other's behavior.	33
		Total	**369**

Thus, the findings using Goldsmith's (2004) model of advice-giving techniques showed that the women in the forum were still careful about the manner in which they gave

University of Malaya

advice, and preferred to minimize the imposition level of the advice-giving act by having messages that offered exclusively indirect advice rather than direct advice. Hence, despite the fact that seeking advice and giving advice were perceived as a solidarity strategy in an eastern society, the manner in which advice was given was still centered on protecting the advice-recipient's face. Therefore, there were more messages which were composed with either one or more indirect moves, rather than messages which consisted of solely the *Direct Advice* move.

The findings on having more messages composed of a variety of indirect advice could also indicate the relationship between how advice was sought and how it was given. Most of the advice-seeking messages also consisted of more indirect messages with the *Question + Problem Statement* combination as the most frequently occurring combination (Section 4.2.2.4). As such, when advice was sought indirectly in a variety of ways, advice-givers were also perhaps likely to respond in a similar manner.

4.3.3 Other Moves in the Advice-Giving Messages

Like the other moves in the advice-seeking messages that functioned to support the advice-seeking act, there were also other moves in the advice-giving messages that helped complete the advice-giving act. These moves were the *Goodwill Wishes, Comment on Previous Record, Question, Explanation, Metacomment, Updating Own Status, Appreciation, Congrats, Apology, Assessment, Disclaimer, Requesting Recipient's Update, Future Expectation, Welcome* and *Invitation for Further Contact through Another Communication Mode* moves (Table 4.21).

Due to the bigger data compared to the pilot study, there were also new discursive moves found in the actual data corpus such as the *Apology* move, the *Requesting*

University of Malaya

Recipient's Update move, and the *Welcome* move (Table 4.21). These were moves that showed solidarity and camaraderie among the forum members. Both the *Apology* and *Welcome* moves were an expression of the advice-giver's consideration towards the advice-recipient. For example, the *Apology* move in the table, "Sorry to ask dis question", indicated the advice-giver was thoughtful of the advice-recipient's feelings, apologizing to the advice-recipient in case the question asked may be sensitive. The *Welcome* move (e.g. "…big welcome to the big family…" in Table 4.21) signaled the advice-giver's wish that the advice-recipient felt accepted into the forum through her warm reception of the advice-recipient into their "big family". The *Requesting Recipient's Update* move then, was an expression of the advice-giver's friendliness in that she desired future contact with the advice-recipient (e.g. "Share ya after your scan next week!" in Table 4.21), while the *Other People's Experience* move (e.g. "And my frenz follow … her urine pregnancy test is positive …" in Table 4.21) illustrated the attempt to bond with the advice-recipient through sharing of information involving other people's experience, i.e. a friend's experience.

Message 4.134

Hi Bb…No worry about the do and don't, the nurses or embryologists will guide u through that…**all the best to your opu tmr!**

Similar to the structure of the advice-seeking messages, the advice-giving messages also frequently had moves that attempted to claim closeness with the message-recipients, i.e. moves having the *Bonding* relational category. In Message 4.134, the solidarity between the advice-giver and the advice-recipient was expressed through the *Goodwill Wishes* move by wishing the advice-recipient that she would be successful in the Ovum Pick Up (OPU) procedure the next day ("all the best to your opr tmr!").

University of Malaya

Message 4.135

Hi Siss I'm sorry about the OHSS, hope you are recovering well. **Congrats on your bfp**. It's worth the suffering you went through. Take care dear.

Message 4.136

Hi Strawberry **Thanks for sharing on pre & post OPU**. You have to take more rest, hope can hear good news from you soon. Many babydust to all of us!!!!

In Message 4.135, camaraderie was shown through the *Congrats* move that conveyed the advice-giver's happiness for the message-recipient's success in conceiving ("Congrats on your bfp"), while the *Appreciation* move in Message 4.136 ("Thanks for sharing on pre & post OPU)") communicated the advice-giver's gratitude for the help and information she had received on the Ovum Pick Up procedure.

Message 4.137

Hi Deeng, **Sorry to hear about the pain both you went through**. Don't worry, all will fall into place properly soon. Take care dear.

Bonding could also be established through the *Comment on Previous Record* move. The move functioned as a bridge between the previous message and the current one as in "Sorry to hear about the pain both you went through" in Message 4.137, suggesting the previous message had been read, and that the advice-giver was responding with sympathy for the message-recipient.

Message 4.138

Hi Ikan You need to do the SA test and blood test and vaginal scanning on the very day when u go for check up, I did tat in my day 5 of my period and so did the other couple. Then Dr Bing will look into the reports and decide when u can start the cycle, again it may depend on the situation…But you are young, unlike me, so the chances is better for you**. Let me know how ur check up went with Dr. Bing.**

University of Malaya

Message 4.139

Hi gemuruh, Sorry for the late reply…Don't give up urself and think +ve always….**Anyway just to update myself: Yesterday I went to follow up at KL branch, so far dr. can see d bb sac but d heartbeat still not yet…**

The *Requesting Recipient's Update* move ("Let me know how ur check up went with Dr Bing" in Message 4.138) and the *Updating Own Status* move ("Anyway just to update myself: Yesterday I went to follow up at KL branch, so far dr. can see the bb sac but d hearbeat still not yet…" in Message 4.139) were moves that intended to keep both the advice-giver and the advice-recipient updated on each other's development.

Message 4.140

Hi bess, **Welcome to the forum**. I was in your dilemma too. But for my case, it's easier for my hb and I to decide to go for IVF very quickly because of my age. For your case, I think as long as you are below 30 and have plenty of good eggs and sperms (from your hb), go for IUI first. Wishing you all the best and lots of baby dust…

Message 4.141

Hi Kara Not able to read ur message, u may need to drop me an email…**Feel free to drop me email at abc@gmail.com...**

On the other hand, both *Welcome* ("Welcome to the forum" in Message 4.140) and *Invitation for Further Contact through Another Communication Mode* ("Feel free to drop me email at abc@gmail.com" in Message 4.141) were friendly moves that helped make the message-recipient feel welcomed, accepted and supported in the forum.

Message 4.142

Hi Ofis Sorry to hear about the test result. Read it somewhere that TCM need longer time somewhere between 3-6 months. **Did you feel your qi flowing after TCM? Which TCM did you go to?** I am doing foot reflex everyweek now. After each session, I feel sleepy and warm. Maybe that is the qi flowing…

University of Malaya

Apart from moves that sought to connect with the message-recipient, the other moves were moves pertaining to the advice being given. These were the *Question*, *Assessment* and *Disclaimer* moves. Among the three moves which were associated with the given advice, the *Question* move occurred the most frequently (N=79), compared to the *Assessment* (N=27) and the *Disclaimer* moves (N=18) (Table 4.22).

Unlike the questions asked in advice-seeking, the questions posed in the advice-giving messages were not to find out information or opinion on matters related to the advice-giver herself, but to ask questions in order to learn more about the message-recipient so as to better understand and assess the message-recipient's problem. For instance, in Message 4.142, there were two questions posed by the advice-giver: (1) "Did you feel your qi flowing after TCM?", and (2) "Which TCM did you go to?". The first question was an *Assessment* move in the interrogative form, in which the advice-giver was trying to determine the effectiveness of Traditional Chinese Medicine treatment (TCM) on the message-recipient by asking whether she could feel her blood circulatory system (*qi*) functioning more efficiently after receiving TCM. The second question was a *Question* move finding out the TCM center the message-recipient had gone to.

Message 4.143

Dear Cheria Thanks dear. **About ivf with donor I'm not sure**. You can check this info at ABC Fertility website. Hope to hear a good news from you soon.

The *Disclaimer* move was a move that expressed the advice-giver's insufficient knowledge or ability to help the message-recipient. For example, the *Disclaimer* move in Message 4.143 ("About ivf with donor I'm not sure") conveyed the advice-giver's lack of knowledge whether ABC Fertility provided IVF treatment with egg donation services for women who were unable to conceive using their own eggs.

University of Malaya

4.3.4 Relational Categories in the Advice-Giving Messages

In terms of relational work in the advice-giving messages, the types of relational categories found in the data corpus were the same as the ones in the pilot study. Altogether, seven relational categories were identified: (1) *Bonding*, (2) *Hedging*, (3) *Boosting*, (4) *Empathizing*, (5) *Praising*, (6) *Criticizing*, and (7) *Humor-Bonding* (see Table 4.38).

Table 4.38: Relational Categories in Advice-Giving Messages

No.	Relational Category	Explanation	No. of Occurrences	Examples Found
1	*Bonding*	Bonding with the advice-seeker of the readership.	964	Take care **dear**.
2	*Hedging*	A word or phrase used to downtone the weight of an imposition.	494	**Please** do not worry.
3	*Boosting*	A word, phase or punctuation mark used to give a point more weight.	181	**DON'T GIVE UP!!!**
4	*Empathizing*	Display of the advisor's understanding of the advice-seeker's situation.	85	**I can truly understand** the difficult journey and the disappointments…
5	*Praising*	Compliments or praises about the advice-seeker, or another agency such as God.	2	**Praise the Lord and thanks be to God!**
6	*Criticizing*	Criticism of the advice-seeker or someone else known to the advisor.	2	…**I found out through blogs and friend experience that my doctor is a cheater…**

University of Malaya

Table 4.38, continued

No.	Relational Category	Explanation	No. of Occurrences	Examples Found
7	*Humor-Bonding*	Humor which aims at bonding with the advice-seeker or the readership	1	I lied to my boss, I told him balik kampong for one week, **hahahahahahah**
		Total	**1729**	

Similarly, like the relational work in the advice-seeking messages, the *Bonding* relational category ranked top as the women's most preferred means of relating to one another in the forum when giving online peer advice related to infertility issues (N=964) (Table 4.38). This was followed by the *Hedging* (N=494), *Boosting* (N=181), and *Empathizing* (N=85) relational categories respectively. *Praising* (N=2), *Criticizing* (N=2) and *Humor-Bonding* (N=1) relational categories were less frequently employed by the women.

Message 4.144

Dear Cek,
I agree when the nurse teach **us** how to do the gonal-f jab very confusing **too** as **we** cannot try. U can search from youtube or website and u will find a lot very informative instruction n got teach u how to jab them. Very useful.

One way bonding was expressed by the advice-givers in the forum was by communicating the notion of 'belonging in the family', in that everyone, including the advice-giver, shared the problem of infertility. This was largely expressed through the use of inclusive pronouns, extension of advice to other forum members suggesting comradeship such as "ttcian", "women" and "gals", as well as the adverbs implying "in addition" such as "too" and "also". For instance in Message 4.144, the advice-giver started her message by saying that she also shared the same worry as the advice-recipient, Cek, having had the same confusing experience of trying to understand the

University of Malaya

nurse when she could not try it first with the nurse's guidance at the clinic through her affirmative or agreement answer "I agree" to the experience Cek had described, as well as the adverb "too". This was *Bonding* relational work because the advice-giver was conveying the message that she empathized with Cek's apprehension about using the gonal pen. Moreover, her claim at a collective identity through the personal pronouns "us" and "we" further showed her projection of solidarity with Cek.

Message 4.145

Hi Sese22…. **(1) Relax & stay calm during your 2WW... (2) Started my gonal today. I'm quite nervous**. All **we** need is at least 1 sticky bean**. (3)** All the best **dear**.

In addition, bonding was also frequently typified by sharing of personal experiences, as well as having the advice, questions, comments, updates, or goodwill wishes conveyed in a personalized, and sometimes, endearing manner. For instance, in Message 4.145, the *Bonding* relational work was evident in (1) the way the advice was given in the *Direct Advice* move ("Relax and stay calm during your 2WW"), (2) how the advice-giver shared her updates on her treatment ("Started my gonal today. I'm quite nervous") in the *Updating Own Status* move, and (3) how she offered her goodwill wishes in the *Goodwill Wishes* move ("All the best dear").

The *Direct Advice* move was personalized through the use of second personal pronoun, "your", intended only for the message-recipient who was having her two-week-waiting period (2WW) ("Relax & stay calm during your 2WW"). Moreover, the content of the advice was friendly, non-imposing, and was in Sese22's best interest, i.e. to calm the anxiety or apprehension Sese22 might have during this period. Hence, what was considered imposing as an explicit, direct form of advice, Cek mitigated face-threat by making her advice supportive and encouraging which inclined towards solidarity and bonding.

University of Malaya

Further bonding was also seen in the advice-giver's voluntary update on her treatment which included her anxious emotional state ("Started my gonal today. I'm quite nervous"). This unsolicited information-disclosure indicated an increased level of intimacy between the advice-giver and the advice-recipient.

Furthermore, the advice-giver used the first person plural pronoun "we" in "All we need is at least 1 sticky bean" to indicate that this was the hope of both herself and the advice-recipient. This use of the first person plural pronoun "we" was a face-enhancing relational strategy, suggesting comradeship, and thus, signified that the advice-giver was claiming both herself and the advice-recipient were in this together, working for the same dream.

The bond between the advice-giver and the advice-recipient was further emphasized when the advice-giver used the endearment term "dear" in "All the best dear". It gave the impression that the advice-recipient as a close companion. The use of the first person plural pronoun "we" and the term of endearment "dear" is what Brown and Levinson (1987) termed as positive politeness tactics, strategies which were instrumental in redressing a possible face-threatening act, and in the case of Message 4.143, it was the advice about being hopeful that both the advice-giver and the advice-recipient would be successful in conceiving.

Message 4.146

Hi…**I m enjoying my tww. Sleep and eat and do nothing. my ET is 3 days**. **I got 2 Grade 1 & 1 grade 2 embryos.**

In Message 4.146, the *Bonding* relational work was inherent in the *Own Experience* move whereby the advice-giver described her two-week-waiting (TWW) experiences

University of Malaya

("I m enjoying my tww. Sleep and eat and do nothing"), as well as her provision of information on her Embryo Transfer (ET) procedures and her embryos' grades ("my ET is 3 days. I got 2 Grade 1 & 1 grade 2 embryos"). The willingness of the advice-giver to share her experiences showed her connection with the advice-recipient, while her boldness in revealing information on her embryos' grades although some women might find it rather personal and sensitive, was an indication of a high level of solidarity-bonding and self-expression between the advice-giver and the advice-recipient.

Message 4.147

The package for IVF is RM 14,900. This inclusive all medication until ur day of Beta HCG blood test to confirm whether it's '+' or '-'. But this exclude antenatal follow up, like now…During the 2ww, is **quite torturing** for me. Had OHSS symptom. Tummy bloated about 4 inches. Ogh gosh…**feeling like bursting**. Lasted for almost 7 days, I also have **nausea** and **no appetite** at all. But **dun worry women, it's all very worth when u see the Beta HCG is positive!!! All the best for those who is undergoing the treatment.** Dun worry too much, just take the courage top reach this conceiving journey…**Those who failed, dun give up**. Try again…

Similarly, the *Bonding* relational work was seen in how the advice-giver related her personal experiences during the TWW in Message 4.147. However, different from the experiences described in Message 4.146, the narration of the advice-giver's experiences in Message 4.147 was about her pain and struggle during that period ("quite torturing", "feeling like bursting", "nausea", "no appetite").

Nevertheless, the sharing of experiences still constituted a solidarity strategy where the advice-giver was not only addressing her competence face, but also the advice-recipient's need for answers, as well as the advice-giver's desire to maintain their relationship. Moreover, towards the end of her narration, she comforted the forum members by amplifying or boosting (using the adverb of degree "very" and the repeated exclamation mark "!!!") the fact that all inconveniences were negligible once conception was achieved ("it's all very worth when u see the Beta HCG is positive!!!").

University of Malaya

In her consolation when encouraging all women to be courageous in facing the difficulties and to persevere to the successful conclusion of being pregnant, she used the word "women" ("Dun worry women"), implying that she was aware that her message had a public dimension to it. Similarly, her addresses in the goodwill wish "All the best for those who is undergoing the treatment") and advice (Those who failed, dun give up") that followed were forum members who were currently going through the treatment and those whose treatment was unsuccessful. Thus, the *Bonding* relational category was inherent not only in the way the advice-giver connected with an individual message-recipient, but also in how she reached out to bond with the mass readers.

As face-preservation is also culturally important in the Malaysian context (Asmah Haji Omar, 1992), the *Hedging* relational category thus became the second most utilized means of relating with the advice-recipients among the women (N=494), as shown in Table 4.38. The use of hedging mitigated the face-threat associated with advice-giving. For instance, in the example given in the table, the hedging device "please" in "Please do not worry" reduced the imposition on the advice-recipient by transforming the directive into a request or a plea.

Message 4.148

I think mine is a short protocol. Coz I started medication on 16th Jan and ended with Beta HCG blood test on 6th Mar (apprx 7 ½ weeks). I'm not sure how long is the long protocol… Bigmama

Message 4.149

Hey Bigmama, tq for the info. I **think** short protocol is right after AF which is abt 1 cycle. **Long 1 is more than 4 weeks**. Enjoy your pregnancy.

Even so, the *Hedging* relational category was not only employed to mitigate the impositional level of advice. When opposing the information given by Bigmama in

University of Malaya

Message 4.148 on whether her protocol was the short or long protocol ("I think mine is a short protocol"), the advice-giver in Message 4.149 utilized the subjectivity marker "think" to indicate hesitancy. Furthermore, her disagreement was also supported by an explanation of the typical duration a long protocol might take ("Long 1 is more than 4 weeks"), which contradicted Bigmama's justification of her protocol being a short one, yet having taken about 7 ½ weeks for the treatment ("Coz I started medication on 16th Jan and ended with Beta HCG blood test on 6th Mar ("apprx 7 ½ weeks"). The hedging device and the explanation functioned as a face-saving relational work to reduce face-threat and face-loss.

In contrast, more face-threatening relational categories such as the *Boosting* relational category that emphasized certain aspects of the messages (N=181) and the *Criticizing* relational category that was more critical or condemning (N=2) were used less often.

The *Criticizing* relational work was used in a prudent manner so as to minimize face-loss. In fact, in both criticism instances in the messages, they were not targeted at the advice-recipient, but at others. In the example in Table 4.38, the *Criticizing* relational work was employed to criticize the advice-giver's own doctor as a way of experience-sharing and connecting with the advice-recipient ("…i found out through blogs and friends experience that my doctor is a cheater…").

Message 4.150

I had a little bit of stomach cramp but it's on and off. It's like that because of the wind. **Someone just recommended you to drink 100 plus. I think you shouldn't be drinking any soda because you want your uterus lining to be thick for the implantation of the embryo.** Because I failed I did some research. Apparently sodas are bad for the uterus lining...Wish you all the best.

University of Malaya

In Message 4.150, the criticism was directed at another forum member, i.e. "someone", who had posted a message to the advice-recipient earlier, but whose advice was not shared by the advice-giver ("Someone just recommended you to drink 100 plus. I think you shouldn't be drinking any soda because you want your uterus lining to be thick for the implantation of the embryo"). The criticism was also implicit with no open disapproval of the criticized. In addition, the criticism was mitigated using the indefinite pronoun "someone" instead of mentioning the criticized's name.

The *Empathizing* relational work was also utilized by the women when giving advice (N=85). A subset of the *Bonding* relational work, the *Empathizing* relational work was a more specific means of connecting with the advice-recipient because it was about understanding and identifying with the other party. As demonstrated in the example in Table 4.38, the relational work was typified by the use of the phrase "I can truly understand" in "I can truly understand the difficult journey and the disappointments…".

Message 4.151

Cek…**yes I was traumatized myself** when they put me on long protocol back then. Almost 1 whole month of daily injections! There wasn't any strict diet pre-ER and ET but do have a balance healthy diet…All the best!

Similarly, in Message 4.151, the *Empathizing* relational work was apparent in the advice-giver's confirmation of the advice-recipient's experience on the injections being a traumatic one ("yes I was traumatized myself"). The confirmation was a way of reassuring the advice-recipient that the daily injections were a common procedure experienced by women undergoing the long IVF protocol. By claiming that the experience was shared by both women, it was a solidarity strategy, where only those receiving IVF treatment such as the members in this online community, would be able

University of Malaya

to understand and relate to the suffering the advice-recipient was currently going through.

Table 4.39: Frequency of Advice-Giving Messages that had High Solidarity Level, High Deference Level, Neutral Level, or a Mixture of Solidarity and Deference

No.	Advice-Giving Message	Frequency
1	High Solidarity Level	361
2	High Deference Level	8
3	Neutral Level	0
	Total	**369**

When analysis of the messages was based on Goldsmith's (2004) model to examine the level of solidarity and deference in the advice-giving messages, it was also found that most of the messages were composed with a high level of solidarity (N=361, Table 4.39). The members in the forum consisted of peers who were in the same boat of undergoing IVF treatment in their effort of having a biological baby of their own. Consequently, many of the messages showed evidence of solidarity and were supportive in nature.

Message 4.152

You have done wats best but sometimes things don't turn out as **we** wanted. **Next time, it may be different.**

Analysis of the messages showed that connection with the advice-recipient was frequently established either through personal experience-sharing, or comments, advice and goodwill wishes that were affectionate and supportive in nature. For instance, in Message 4.152, the advice-giver used the second personal pronoun "you" where "you" referred specifically to the advice-recipient who had just failed her treatment. The message was made personal with the advice-giver telling the advice-recipient that she had already done what she could and there was nothing more she could do ("You have

University of Malaya

done wats best"). Connection with the advice-recipient was then further established through the advice-giver's use of the first person plural pronoun "we", whereby the advice-giver demonstrated empathy in that sometimes everyone, including the advice-giver herself, experienced failure although they had put in their best effort ("sometimes things don't turn out as we wanted"). The use of the indirect advice could also be another mark of solidarity in the message as the advice-giver was trying to encourage the advice-recipient to keep trying in a gentle manner following the advice-recipient's recent failed treatment ("Next time, it may be different").

As such, the finding on the frequent occurrences of messages with high solidarity level concurred with the results on the relational aspect of messages using Locher's (2006) method of coding relational categories, exemplified by the prominence of the *Bonding* or *Empathizing* relational categories in the data. Only eight messages were composed in a manner that was reserved or distant.

The last two relational work used by the women were the *Praising* and *Humor-Bonding* relational categories. The *Praising* relational work was less frequently employed (N=2) (Table 4.38) and in both instances, these praises were intended to honor God. In the example given in the table, the *Praising* relational work was exemplified by the advice-giver's exclamation "Praise the Lord and thanks be to God!". The *Humor-Bonding* relational work was employed to lighten the mood of the given advice (N=1). For instance, the example in the table, "I lied to my boss, I told him balik kampong for one week, hahahahahahah" was advice given with some humor in it.

4.3.5 Various Facets in the Advice-Giving Messages

With regards to the types of facets covered in the advice-giving messages, analysis

University of Malaya

indicated these four aspects were identified in most of the advice-giving messages: (1) statements that focused on the relationship between the advice-giver and the advice-receiver (N=288), (2) statements that showed the attributes of the advice-giver (N=265), (3) information detailing the actions that could help solve the advice-receiver's problem (N=259), and (4) information that pointed to the various aspects of a problem (N=213) (see Table 4.40).

Table 4.40: Frequency of Various Facets in the Advice-Giving Messages

No.	Topic	Description	Frequency
1	Attributes of the Relationship	Statements that indicate the type of relationship between the advice-giver and the advice-recipient (e.g. "I'm always available if you need me", "That's what friends are for")	288
2	Attributes of the Advisor	Statements that show the advice-giver's level of knowledge or experience in tackling the problem (e.g. "The same thing happened to me, and this is what I did", "The situation turned out well when I …")	265
3	Problem-solving Actions	Statements that spell out or suggest the actions or and joint-actions that can be taken to solve the problem (e.g. "Try this…", "I recommend that you…", "Have you tried…")	259
4	Facets of the Problem	Statements that indicate various facets of the problems – cause, controllability, commonality, duration, and severity	213
5	Attributes of the Conversation	Comments on the interpretation, relevance or importance of the message (e.g. "Don't take this the wrong way, but…", "This is the most important thing to remember…", "If you are to take any advice, it should be…", "This may not apply to your situation…")	143
6	Attributes of the Receiver	Statements that point to the abilities and attributes of the advice-recipient to cope with the problem (e.g. "I know you can make it through this", "Think of all the success you've had so far")	126
7	Other's Emotions	Statements that address the advice-recipient's emotion (e.g. "I share your emotion", "try not to be so sad")	40
		Total	**1334**

Universiti of Malaya

There were several ways how *Attributes of the Relationship* between the advice-giver and the advice-recipient were shown. The first was conveyance of comradeship. Being in the same boat, there was solidarity among the women. Subsequently, they might deem it necessary to convey this to the advice-recipient so that advice would not be viewed as a criticism of their situation, but rather, a kind and supportive gesture in terms of how they relate to one another, i.e. *Attributes of the Relationship* (N=288) (Table 4.40).

Message 4.153

I am so sorry. Its ok to cry. **We cried too back then,** i**t's like losing a child**. Time will heal, **trust me.**... I think this is the reality of IVF. Some will face failure, some succeed...my in laws boiled nutritious chicken soup for me, for a week or so. Why not you rest for 2 months, take care of your body, emotionally get over this incident, then only start a new cycle?

For instance, in Message 4.153, the advice-giver empathized with the advice-recipient, telling the advice-recipient that she was sorry for her loss ("I am so sorry"), and that she understood the extent of her grief and loss having gone through the same experiences ("We cried too back then, it's like losing a child"). Using empathy as a leverage, she asked the advice-recipient to trust her ("trust me"), advising the advice-recipient that the pain would go in time. Thus, the basis for the advice and the nature of the relationship between the advice-giver and the advice-recipient was that of comradeship, and its implication was that the advice-recipient could trust and count on the advice-giver's advice.

Message 4.154

I hope everything will go on smoothly. Pls stay positive. I've not heard about the water in the uterus. **I'll pray for u dear**. Have u googled about this?

Another way of illustrating *Attributes of the Relationship* was the communication of the idea of mutual support-lending. For instance, "I hope everything will go on smoothly"

University of Malaya

and "I'll pray for u dear" in Message 4.154 were implications that the advice-giver was concerned for the advice-recipient's state of being when undergoing her treatment.

Message 4.155

I took a 2 weeks' leave during my 2ww. I really rest a lot. A colleague of mine only rest for 3 days after ET. So I really got doubt about this. **All the best to u guys who trying. We are here to support each other.**

The statement "All the best to u guys who trying" in Message 4.155 was the advice-giver's wish for the advice-recipient(s) to succeed in their IVF while "We are here to support each other" was the advice-giver's viewpoint of what the forum signified to the women, i.e. a platform for mutual support-lending.

Message 4.156

Please do not worry. You should trust your doctor. **I'm also under Dr Bong** (this is my first IVF) and just had my blood test done this morning…It's a BFP!!! Dr Bong is a very kind and skilful doctor, so you need not worry at all. Just follow doctor's instructions, eat well and sleep well.

Message 4.157

Good luck for ur ET tmr…I am sure u can get mental support n advice from other sisters too, we understand d whole ivf isn't easy n will give support each other ya! I am goin for OPU tmr, keeping my finger cross! **If everything goes smoothly, my 2ww falls roughly d same time as u**…

In addition, messages with *Attributes of the Relationship* could also be statements that showed how similar or different the advice-giver and the advice-recipient were, either in relation to the doctor that they were seeing, or the stage of treatment they were in. For instance, the statement "I'm also under Dr Bong" (Message 4.156), was an *Attributes of the Relationship* statement illustrating their similarity with regards to the doctor they were seeing, while the statement "If everything goes smoothly, my 2ww falls roughly d same time as u" (Message 4.157) was an *Attributes of the Relationship* statement

University of Malaya

showing the likeness between the advice-giver and the advice-recipient in terms of the stage of IVF treatment they were in, i.e. they were both at the preparatory stage for embryo transfer, after which, they would wait for two weeks (2ww) during the luteal phase support stage before taking the test for pregnancy.

Message 4.158

Don't worry is like normal pregnancy. Only some ppl will experience severe morning sickness due to the hormone. And you may need to go for your antenatal check up more frequent. Besides, you might need to slow down if you are working from week 24 onwards. Mutiples pregnancy with higher chance of premature delivery…**Share ya after your scan next week!** Remember to take very good rest this 2 weeks

Another type of statement indicating the type of relationship between the advice-giver and the advice-recipient(s) was a statement that showed the advice-giver's level of interest in the advice-recipient(s) (e.g. "Share ya after your scan next week!" in Message 4.158). The statement showed the advice-giver's interest to keep up-to-date with the advice-recipient's progress during the treatment.

Message 4.159

Hi...**before I started IVF I did took a lot of multivitamin and supplements, at the same time I went for Chinese herbs and acupuncture, just to make sure my body is ready and strong enough to take up the challenge.** Ya, I wish this is your turn and many baby dust falls on you, good luck!!

The second most frequently appearing facet in the advice-giving messages was the statement showing the *Attributes of the Advisor* (N=265) (Table 4.40). These were statements indicating the advice-giver's level of knowledge or experience in tackling a problem. As such, messages with this facet of the advice strengthened the association and rapport between the advice-giver and the advice-receiver. For instance, in Message 4.159, the advice-giver narrated her experiences and the actions she took that led to her successful pregnancy ("before I started IVF I did took a lot of multivitamin and

University of Malaya

supplements, at the same time I went for Chinese herbs and acupuncture, just to make sure my body is ready and strong enough to take up the challenge"), before she expressed her goodwill wish that the advice-recipient would also be successful in having her own baby.

Message 4.160

I am so sorry. Its ok to cry. We cried too back then, it's like losing a child. Time will heal, trust me.... I think this is the reality of IVF. Some will face failure, some succeed...my in laws **boiled nutritious chicken soup for me, for a week or so. Why not you rest for 2 months, take care of your body, emotionally get over this incident, then only start a new cycle?**

The messages also often included problem-solving actions that the advice-recipients could take to alleviate or solve their problems, i.e. *Problem-solving Actions* (N=259). In Message 4.160, some of the problem-solving actions recommended by the advice-giver were to have "nutritious chicken soup" for a week, "rest for 2 months", have proper care of the body, and to be "emotionally" over the failed treatment before starting a new cycle ("boiled nutritious chicken soup for me, for a week or so. Why not you rest for 2 months, take care of your body, emotionally get over this incident, then only start a new cycle?"). Problem-solving actions was a pivotal aspect of the advice-giving messages in the forum probably because the forum was an avenue for women to discuss their infertility problems which they could not easily and openly do so in other means of communication.

Message 4.161

You will need to check your weight (and stomach) at the same time for OHSS. The vomiting is due to all the wind. The doctor should prescribe some whitish liquid medication to help you with the vomiting and wind. Do take lots of 100 plus (hydration) and high protein drink (help release bloating). All the best! I am glad to see many ladies came out and join us in our discussion here!!! Let's keep this growing so we may help other ladies who is having difficulty in TTC. **It's been a lonely journey in real life**…

University of Malaya

As illustrated in Message 4.161, the women's journey trying to conceive (TTC) was described as "lonely" ("It's been a lonely journey in real life"). Subsequently, these women were in dire need to receive advice that could help them out of their situation.

Message 4.162

I am so sorry. **(1) Its ok to cry. We cried too back then**, **(2) it's like losing a child. (3) Time will heal**, trust me.... I think this is the **(4) reality of IVF. Some will face failure, some succeed.**..my in laws boiled nutritious chicken soup for me, for a week or so. Why not you rest for 2 months, take care of your body, emotionally get over this incident, then only start a new cycle?

In addition, considering the intricacies of infertility problems and the emotional complexities associated with it, the advice given was also frequently about infertility being a multifaceted problem, i.e. *Facets of the Problem* (N=213). This showed the complexity of infertility problems and treatments. For example, Message 4.162 presented four facets of the infertility treatment:

(1) the commonality of response to the failure of the treatment through expressions of grief, i.e. crying ("Its ok to cry. We cried too back then"),

(2) the severity of the despair in response to the failed treatment ("it's like losing a child"),

(3) the duration taken to get over the grief due to a failed treatment ("Time will heal"), and

(4) the low level of controllability of the treatment's success ("reality of IVF. Some will face failure, some succeed").

Message 4.163

Hi...my doctor said should try to avoid heavy workload, not to talk too much, but bed rest is not necessary. **The most important thing is remember to take medicine on time as instructed lor.** All the best o your ivf

University of Malaya

On the other hand, *Attributes of the Conversation* were utilized less often (N=143). These were statements referring to how the advice should be perceived. For instance, in Message 4.163, the advice-giver was telling the advice-recipient that of all the advice given by her, the most crucial to take note of was to have her medicine timely ("The most important thing is to remember to take medicine on time as instructed lor").

Similarly, aspects of the messages pertaining to the advice-recipient such as the advice-recipient's emotions (*Other's Emotions*) and her characteristics or abilities (*Attributes of the Receiver*) appeared less frequently compared to other features found in the messages (e.g. A*ttributes of the Relationship*, *Attributes of the Advisor, Problem-Solving Actions* and *Facets of the Problem*). One possible reason for this might be the nature and seriousness of the infertility problem. Infertility problems are personal and complex, where sometimes; even doctors are not able to find out the cause of infertility (Meldrum, Silverberg, Bustillo, & Stokes, 1998). The advice-recipient is also already likely to be highly upset and desperate to find ways to conceive. As such, infertility is not a problem that can be easily solved by the advice-recipient herself, nor is it advisable to focus on the negative emotions of the advice-recipient.

Message 4.164

Sorry for the failed cycle. **I'm happy to know you are being positive**. **All the best for the next try.**

In instances where the advice-recipient's abilities or emotions were mentioned in the advice-giving messages, they were usually encouraging and positive. For instance, in Message 4.164, the advice-giver's strategy was to avoid contemplating on the advice-recipient's recently failed treatment and to shift the focus to being positive ("I'm happy you are being positive") and to move on ("All the best for the next try").

University of Malaya

To sum up, the findings revealed that all facets listed in Goldsmith's (2004) model of advice-giving techniques could be found in the advice-giving messages posted in the online forum. Facets which appeared more frequently were those touching on the relationship between the advice-giver and the advice-recipient, statements relating to the advice-giver's knowledge or experience, statements that suggested problem-solving actions, as well as statements that pointed to the various facets of the infertility problem. On the other hand, statements that were less commonly touched on were statements commenting on the interpretation of the message, statements referring to the advice-recipient's abilities, and statements that addressed the advice-recipient's emotions. A possible factor influencing the frequencies of the types of statements was the nature of the infertility problem being personal and complex.

4.4 Cultural Influence in Online Advice-Seeking and Advice-Giving

This section examines whether the forum members' interactions also reflected their cultural beliefs when advice was sought and given.

4.4.1 Types of Advice Sought and Given

It is notable that despite the technological improvement in infertility treatment, tradition still played a significant role in the participants' lives. There were messages containing advice pertaining to the participants' beliefs in traditional remedies and superstitions related to fertility and pregnancy. Out of the 251 advice-seeking messages, 16 messages showed evidence of the participants' beliefs in the efficacy of traditional remedies and superstitions to improve one's fertility, while 27 of the 369 advice-giving messages illustrated the advice-givers' open-mindedness and faith in alternative traditional remedies, as well as their superstitious beliefs in observing cultural taboos.

University of Malaya

Message 4.165

Hi there…I was wondering if any of you see a Chinese sinseh and take traditional Chinese medication prior to doing IVF?...Any advice? Chinese sinseh told me last time that I was suffering from **"cold uterus".**

With regards to the traditional medicinal practice of the three main ethnic groups in Malaysia, i.e. the Malays, the Chinese and the Indians, it is based on the humoral medical theory that a person's health condition depends on the harmonious balance of humors in the body. A balanced body is a healthy body while imbalances cause illnesses (Laderman, 1987). For example, in Message 4.165, the participant was thought to suffer from *Yang* (upward, hot and strong) deficiency which subsequently made the temperature of her womb too "cold" to enable fertilization and implantation to take place. The Chinese physician *sinseh* (physician) had diagnosed her infertility problem as having an insufficiently responsive uterine lining to the progesterone hormone, or "cold uterus" as termed by the physician.

Message 4.166

Hi Ladies…Someone pls advise me what to expect from gonal & food intake during this procedure. I'm also worried about OHSS. Does acupuncture & yoga help? **I started acupuncture 2 weeks ago**…

Message 4.167

Hi everyone!..**am thinking of doing acupuncture for a few months first** before starting the 2nd IVF treatment, **Anyone here whos done acupuncture before your IVF and got pregnant? How long did u do the acupuncture treatment for?**

In Message 4.166 ("I started acupuncture 2 weeks ago") and Message 4.167 ("am thinking of doing acupuncture for a few months first"), the participants believed that acupuncture, a form of ancient Chinese medicine using fine needles inserted into the skin at certain meridians on the body, could help in improving blood circulation (*qi*) and restoring balance in the body, thereby treating infertility.

University of Malaya

Message 4.168

Hi mommies and mommies-to-be, I am just wondering, during the 2ww, **did you take any special food, tonic, ginseng to increase the chances of implantation?** Please share…

Message 4.169

Hi Jen, How r u? I'm feeling better now. Bloating reduced. **I'm also taking kampong egg last 1 week**. Started before ER. DH also taking it…

Message 4.170

Hi all…I heard that embryos with day3 and day5 have higher chance to get pregnant, is that true? **The nurse told me not to eat banana, pineapple and watermelon during this period. I forgot and ate pisang goreng on the way back to my home…**

Message 4.168, Message 4.169 and Message 4.170 showed the participants' conviction that there were certain types of food that aid implantation, while some thwart implantation. The participant in Message 4.168 was asking about whether certain types of food and herbs (e.g. ginseng) could help the chances of implantation ("did you take any special food, tonic, ginseng to increase the chances of implantation?"), whilst the participant in Message 4.169 revealed her traditional belief and practice of taking free-range chicken eggs (*kampong* egg) to increase her fertility ("I'm also taking kampong egg last 1 week"). On the other hand, the content in Message 4.170 showed both the nurse's and the participant's cultural belief that fruits such as bananas, pineapples and watermelons are not conducive for implantation ("The nurse told me not to eat banana, pineapple and watermelon during this period. I forgot and ate pisang goring on the way back to my home"). It is the Malay, Chinese and Indian belief that bananas and watermelons are "overly cold" fruits, while pineapples are too acidic and "hot", and thus, may cause a miscarriage if consumed by pregnant women (Lim, 2011; Liu 2004).

University of Malaya

Message 4.171

Hi Api, I started my 2nd IVF immediately after the 1st failed IVF. That's why I didn't have much time to go for acupuncture. Only managed to take 1 week of the **herbs** before I had to start the morning injection. When I started the IVF I still went for acupuncture every week. Only stopped acupuncture when I started the night injection…According to the sinseh he said the acupuncture will only help 10%. **90% will be from the herb**…All the best to you.

Similarly, cultural beliefs in restoring imbalances in the body were also seen in the ways advice was given in the forum. There were recommendations for the advice-recipients to resort to traditional remedies such as taking "herbs" (Message 4.171). Herbs were thought to be able to restore the *ying-yang* balance in the body, increasing one's fertility up to "90%" as a result (Message 4.171).

Message 4.172

Hi Lembut, Thanks for the wishes. My beta result is positive. I'm so happy. FYI, I took 2 **kampung eggs** daily during the IVF treatment. All the best and good luck to you.

Message 4.173

Hi Bb, I am so sorry. Its ok to cry. We cried too back then, it's like losing a child. Time will heal, trust me…I think this is the reality of IVF. Some will face failure, some succeed…my in laws boiled nutritious **chicken soup** for me, for a week or so. Why not you rest for 2 months, take care of your body, emotionally get over this incident, then only start a new cycle?

Other types of traditional diet found in the advice-giving messages were to eat "*kampung* eggs" (Message 4.172) and drink "chicken soup" (Message 4.173).

Message 4.174

Hi YY…u should not stress yourself and do heavy activity…n most important the food u eat…don take **spicy and sour food**…n don take **watermelon, pineapples n acidic fruits** coz it will harm our little embryo…

University of Malaya

Message 4.175

I heard stay away from **papaya banana mango pineapple** help to thicken the lining…Better safe than sorry…Of coz stay away **spicy food** too…

On the other hand, some types of food were believed to be best avoided such as "spicy and sour food" as well as certain fruits such as "watermelon", "pineapples", "acidic fruits", "papaya", "banana" and "mango" to improve one's chances of pregnancy and carrying the baby to full term (Message 4.174 and Message 4.175). The Malays, Chinese and Indians share beliefs that fruits like papayas and pineapples are 'corrosive' or 'sharp', and so, unsuitable for women trying to conceive (Lim, 2011). These fruits are purported to thwart conception and induce miscarriages. In addition, their cultural beliefs also divide foods into hot and cold, depending on the effects on the body (Liu, 2004; Manderson, 1981b). Thus, during pregnancy, the woman's body is considered to be in a hot state, and subsequently, consuming hot food (food that has heat-inducing qualities) such as spicy food and certain fruits (e.g. durians, mangoes, papayas, pineapples) would be detrimental to the health of both the expectant mother and her fetus. Hot food is associated with "disease and sterility", while cold food is linked to "health and fertility" (Laderman, 1987, p. 357). As such, for women trying to conceive and maintaining their pregnancy until delivery, it is advisable for them to avoid hot food (Laderman, 1983). For the advice-recipients in Message 4.174 and Message 4.175, they were advised not to consume spicy and sour food, as well as to stay away from water melons, pineapples, papayas, bananas and mangoes.

Message 4.176

Hi Vera. Boba is a muslim Chinese, so you can speak Cantonese, English or malay to him it doesn't matter at all. He is a fertility specialist, so he does almost everything in regards to fertility such as acupuncture…**smoke** (to make our womb warm)…

University of Malaya

Another type of traditional practice for improving one's fertility found in the advice-giving messages was the practice of going for vaginal steam baths, i.e. "smoke" (Message 4.176). Vaginal steam baths or "smoke" as termed by the advice-giver in Message 4.176, is a traditional practice in which the vagina is bathed using steam from a blend of herbs. It is alleged to be able to improve blood circulation in the vagina, cervix and uterus (Fatin Hafizah Mohd Shahar, 2011; Manderson, 1981a).

Message 4.177

Hi everyone…I have just received news about my first IVF attempt that its negative. Am sad…I am just wondering, something happen in my house during my 2ww…**my in-laws were shifting things around** and on that night, I felt crampy and discomfort in the womb and also tired. **After that day, there is no longer any symptoms or signs. I am not sure, if this is "pantang"?**

The second aspect of the messages that reflected cultural influence was the participants' belief in cultural pregnancy superstitions. For example, the participant in Message 4.177 was wondering whether her miscarriage during the two-week-wait period could be caused by the moving of furniture in the house by her in-laws ("my in-laws were shifting things around… After that day, there is no longer any symptoms or signs. I am not sure, if this is "pantang"?"). It is a *pantang* (taboo) to move heavy furniture around the house when a pregnant woman is in the house. It is believed that the house represents the womb, and so, moving furniture around the house may disturb the condition in the womb which subsequently, could lead to a miscarriage.

Message 4.178

Hi Oten…I am doing foot reflex every week now. After each session, I feel sleepy and warm. Maybe that is the qi flowing. **My MIL is getting superstitious too taking me to temple and bring "Fu" to drink**, but hey anything that works, I do not mind. I believe there is hope, good luck!

University of Malaya

Message 4.179

Hi miaubaby…I do inform my boss that I am doing IVF so that easy for me to apply leave but **I did not tell my parent and hometown relative because pantang reason** and don't want to get stress up by them also…

Likewise, superstitions or taboos relating to fertility and pregnancy were also among the advice offered in the messages. In Message 4.178, the participant related her mother-in-law's superstitious belief about *fu* (charm) which could help her get pregnant ("My MIL is getting superstitions too taking me to temple and bring "Fu" to drink"), while in Message 4.179, the participant was superstitious about informing other people of her pregnancy as it is a common belief among the Chinese and the Indians that an expectant mother should keep her pregnancy a secret until at least the fifth month of pregnancy to ensure that her unborn baby is safe and to avoid a miscarriage ("I did not tell my parent and hometown relative because pantang reason").

Message 4.180

Your in-laws were not pantang? **(1) My mum said moving things around the house will affect the baby unless you get out of the house and don't see it. (2) Even for ET my mum said don't do it during the ghost festival.** Don't worry, try again. I'm sure you'll get it the next time round. Don't lose hope.

Message 4.180 then revealed the superstitious belief that (1) moving furniture around the house when a woman is expecting could harm her fetus ("My mum said moving things around the house will affect the baby unless you get out of the house and don't see it"), and that (2) any endeavor to conceive during the ghost festival would end in misfortune ("Even for ET my mum said don't do it during the ghost festival").

Message 4.181

I've been analyzing every symptom of OHSS ever since after ET. Last time round, OHSS came almost after ET. But **as of today, it seems so much better than what I've experienced before** (**touch wood**). Tummy bloated & sore, I guess that's normal…

University of Malaya

On the other hand, Message 4.181 showed the women's superstitious belief that touching wood could counter effect any negative repercussions resulting from what she had said ("as of today, it seems to much better than what I've experienced better (touch wood)").

Message 4.182

Hi all
Need to get advice from anyone here…**I've been trying to conceive naturally for about 1 and half years now since my marriage**…Failed…many times…disappointed. I'm already 34 years old while my hubby is 33…in my hubby's recent medical report…we found that he has low sperm count and poor sperm quality…I've done medical check-up too…all ok…

Message 4.183

Hi… life is full of **emptiness**, **frustration**, **depressed** when effort is not been awarded : (. **All sorts of treatment such as Chinese herbs, acupuncture, feng shui, vitamins, massage**…etc…before the ivf procedure, hope to get answers and advice…

been TTC for 5 years. Me 35. **Hubby low sperm motility**.
02 IUI BFN
03 IVF : oct 2010 1st icsi 07 mature egg only 01 fertilized BFN
May201 2nd icsi 07 mature egg only 02 fertilized BFN
Oct 2011 3rd icsi 09 mature egg with 04 fertilized BFN

been thinking of doing the 4th icsi but afraid of failure again…

Message 4.184

I did my 3rd IVF and again I failed…I am just **speechless** and **devastated**…I just couldn't think of the reason y God is cruel to us…I am just hoping for a baby of our own. Why is it that hard for this dream to come true…!! Why why why!!!

The other facet of message content that had elements of culture embedded in it was the implicit suggestion that bearing one's own children was paramount for a married couple. For instance, Message 4.182, Message 4.183 and Message 4.184 illustrated the participants' effort in trying to conceive.

The participant in Message 4.182 had been trying to conceive naturally for one and half years ("I've been trying to conceive naturally for about 1 and half years now since my

University of Malaya

marriage…"), while the participant in Message 4.183 ("been thinking of doing the 4th icsi but afraid of failure again") and Message 4.184 ("I did my 3rd IVF and again I failed") had even undergone three in-vitro fertilization (IVF) or intracytoplasmic sperm injection (ICSI) protocols. When these participants had failed to have children of their own, the failure hit them hard. The words they used to describe their feelings were "emptiness", "frustration", "depressed", "speechless" and "devastated" (Message 4.183 and Message 4.184). Moreover, the participant in Message 4.183 even took it upon herself to increase her chances of conceiving through various traditional methods such as consuming Chinese herbs, going for acupuncture and massages, and modifying *feng shui* ("All sorts of treatment such as Chinese herbs, acupuncture, feng shui, vitamins, massage"), although it was her husband who had infertility problem ("Hubby low sperm motility"), and not her.

Message 4.185

Hi Jojo, Oten, Sorry to hear of your unsuccessful ivf. Some of us in this forum r lucky and succeeded ion one cycle. I congratulate n envy them. But **many of us need more cycles before we succeed**. **I had 4 ivf cycles before I finally hav my babydust.** If I had stop after my 3rd cycle, I really don't know how I will feel now…

Similarly, with regards to advice offered in the forum, cultural influence was also seen depicting the central theme of progeny through the notions of perseverance and persistence in the treatment. None of the advice in the six-month data suggested defeat or recommending the alternative of child adoption no matter how bleak the chances seemed to be, or how many times the advice-recipient(s) had failed in her effort to conceive. For instance in Message 4.185, the advice was to go for another attempt, rather than abandoning the effort ("many of us need more cycles before we succeed"). She used herself as an example of one who needed four IVF cycles before she finally had her own child ("I have 4 ivf cycles before I finally hav my babydust").

University of Malaya

4.4.2 Mitigation in Advice-Seeking and Advice-Giving

Mitigation was found in all the three advice-seeking moves – the *Question* move (204 out of 355 *Question* moves), the *Problem Statement* move (168 out of 168 *Problem Statement* moves), and the *Request Advice* move (80 out of 80 *Request Advice* moves). As mitigation to reduce face-threat is a characteristic of Malaysian communicative styles, this is another feature of the messages which reflects cultural influence.

Likewise, analysis of the advice-giving messages also showed that the messages were generally composed with some mitigation (Table 4.28, Table 4.31 and Table 4.34). Some of the hedging devices employed were modals, conditional clauses, downgraders, subjectivity markers, performative hedges, inclusive pronouns, interjections, and provision of reasons for the offered advice. Even the impositional level of the imperatives in the *Direct Advice* move were softened due to the nature of the advice being inspirational and encouraging, rather than commanding and authoritative (Section 4.3.2).

Message 4.186

I am now in 2ww, most of d time staying at home n rest…when's ur OPU? During d dy of OPU, don be too nervous as u will be completely knock out during d procedure, by d time u wake up u will be back to ward…n after d procedure u will be given rest for 4-6 hrs, during tat time u might start to feel like period pain…if so, ask for some pain killer from nurse to make u feel better…**All d best to u!**

In addition, findings revealed that besides the advice-seeking and advice-giving moves, there were also other moves that helped support the act (Section 4.2.3 and Section 4.3.3). They constituted up to 45% of the total moves in the advice-seeking messages, and about 41% in the advice-giving moves, making them a rather prominent feature of the messages. These moves were instrumental in buffering the face-threat associated with the advice-seeking and the advice-giving acts. They performed the bonding role of

University of Malaya

either linking the present message to a previous message(s) (e.g. *Background* move, *Comment on Previous Record* move), or expressing solidarity with the message-recipient (e.g. *Congrats* move, *Goodwill Wishes* move*, Updating Own Status* move). For example, the *Goodwill Wishes* move in Message 4.186 ("All the best to u!") expressed the advice-giver's wish that the advice-recipient would have a smooth-sailing Ovum Pick-Up Procedure (OPU).

Message 4.187

Hi Rosamund, **So sorry for your disappointment and words cant describe how sad you feel** but take it as a test from God, He always has the road ready for us to walk through…

On the other hand, in Message 4.187, the advice-giver's empathy with the advice-recipient's situation was conveyed through the *Comment on Previous Record* move ("So sorry for your disappointment and words cant describe how sad you feel").

Supportive moves such as the *Goodwill Wishes* move in Message 4.186 and the *Comment on Previous Record* move in Message 4.187 expressed the advice-giver's sociability and friendliness towards the advice-recipient. They communicated the implicit message that the advice-giver was not only interested in giving advice, but also to claim closeness with the advice-recipient, thereby mitigating face-threat.

This interest to bond with one another in the forum was even more apparent when investigations into the relational aspects of the messages showed the *Bonding* relational category to be the top most employed relational category (Section 4.3.4).

University of Malaya

4.4.3 Choice of Vocabularies and Discourse Particles

The participants in the forum also made use of local vocabulary in their messages which were indicative of their cultural backgrounds (Table 4.41).

Table 4.41: Evidence of Local Vocabularies in Advice-Giving Messages

No.	Evidence	Local Term	Origin	Equivalence in English
1	…I told him **balik kampong**…	*Balik kampong*	Malay	Gone back to hometown
2	…said **pantang**…	*Pantang*	Malay	Taboo
3	…she say… "**kesian** la…I **tengok** u **cucuk cucuk banyak** jab…**semoga ini** round success ya"…	*Kesian*	Malay	Take pity on
		Tengok	Malay	See
		Cucuk	Malay	Been injected
		Banyak	Malay	Many
		Semoga	Malay	Hopefully
		Ini	Malay	This
4	…I forgot and ate **pisang goreng**…	*Pisang goreng*	Malay	Banana fritters
5	…took 2 **kampung eggs**…	*Kampung*	Malay	Free range
6	…to **ta pau** food…	*Ta pau*	Chinese	Pack/take away
7	…go **yam cha** with friends…	*Yam cha*	Chinese	Chinese-style tea involving drinking tea and eating dim sum
8	…to temple and bring "**Fu**" to drink…	*Fu*	Chinese	Magical charm

Balik kampong, *pantang*, *tengok*, *kesian*, *tengok*, *cucuk*, *banyak*, *semoga*, *ini*, *pisang goreng* and *kampung* are Malay words, while *ta pau*, *yam cha* and *fu* are vocabularies from a Chinese dialect. The use of these local terms in a public forum revealed the participants as coming from a diverse cultural background consisting of both the Malays and the Chinese, where the community is generally familiar with the commonly used terms in the two languages.

University of Malaya

Message 4.188

Hi X, Y and Z…Yeah, it was quite painful when Dr Boboo insert the tune…all in all with the multiple toilet breaks to release more fluid from my bladder and then trying to insert the tube until reach the correct spot in uterus, it took like around 30 mins or so **la**. I don't know if its because my uterus is tilted … it makes it harder to push the tube in…

Message 4.189

Hi everymuda…my doctor said should try to avoid heavy workload, not to talk too much, but bed rest is not necessary. The most important this is remember to take medicine on time as instructed **lor**. All the best to your ivf

Besides the use of local terms, another aspect of language which was indicative of cultural influence were the discourse particles *la* and *lor* used by the participants (Message 4.188 and Message 4.189). The *la* particle is a typical Malaysian discourse characteristic. This is irrespective of which language the interaction is in, and which race and ethnicity the interactants belong to. The particle functions to demonstrate "informality, familiarity, solidarity and rapport between participants" (Lohanayahi Baskaran, 1987, p. 345). Therefore, its use in the messages acts as an in-group marker, signifying them to be a unit as Malaysians. The discourse particle *lor* is originated from the Cantonese dialect (Lim, 2007), but since its meaning is also commonly understood by other ethnic groups due to the intermingling between races, it is thus, also a characteristic of Malaysian English. It is used to casually or jokingly imply obvious inferences (Lim, 2007; Wee, 2002).

Message 4.190

Hi Jenjen…I'm taking the cyclogest progesterone bullet. The nurse advise me to taking either thru **front door** or **back door**. If thru **front** have to lay down at least 1.5hr. If **back door** then shouldn't be a problem, can do our daily routine. Its quite messy coz its like oil base. When is your next appointment?

The participants in the forum also avoided vocabularies related to certain parts of the body, in particular those pertaining to reproduction and excretion. This is another

University of Malaya

possible influence of culture since the Malaysian culture is as such that indirectness and discretion are valued. As illustrated in Message 4.190, the participant substituted the vagina for "front door" and the anus for "back door".

4.4.4 Most Common Structures Used in Seeking and Giving Advice

Lastly, cultural influence was identifiable through the common structures used by the participants when seeking and giving online advice in the forum.

Message 4.191

Hi ladies…I m 40 yr old n m married for 11 years. Initially we let it come naturally hoping we will conceive. Each time when I had my menses I was disappointed. **Sometime I cried in silence**…

Although asking questions as a main strategy of seeking advice is not exclusive among Malaysian women, the predominant use of questions as an advice-seeking strategy in the investigated online forum could also have a cultural implication. Infertility is a sensitive topic among Malaysians, and subsequently, asking questions may be less face-threatening since it negates the need to provide elaborate information about the participants' problems compared to problem-narration. Despite problem-narration is an indirect advice-seeking strategy, to describe one's infertility problem is embarrassing for Malaysian women as society expects them to bear children once they are married (Akhtar, 2011). As illustrated in Message 4.191, the fact that the advice-seeker had suffered alone, crying "in silence" each time she had her menses, is a depiction of how confined and secretive her problem was, feeling shameful and unable to share it with anyone else ("Sometime I cried in silence…").

Message 4.192

I am new here but have been following this forum for months. My 2nd IVF cycle has just been abandoned today due to poor egg respond!… Don't know have anyone of u encounter this problem? I have been advised to continue DHEA for another 2 months, then try again...

University of Malaya

Similarly, the advice-seeker in Message 4.192 was hesitant about participating in the forum as she had been a lurker for several months before she finally posted her first message ("I am new here but have been following this forum for months"). This finding showed that early revelations of personal problems might be uncomfortable for women (Mansor Abu Talib, 2010), especially when the problems concerned infertility, a taboo topic in the Malaysian society.

Message 4.193

Hi Ikan, I am going to be 38 this year…I rather opt for IVF with ICSI as **my condition is more a male factor than a female factor…**

Message 4.194

Hi bearbear, Congratulation on your twin pregnancy. I also had 2 failed iui and 2 failed ivf…The reason for not able to conceive is **poor sperm…**

Message 4.195

Hi all, I'm a newbie here. Need to get advice from anyone here…I've been trying to conceive naturally for about 1 and half year since my marriage…failed…many times…disappointed…in my hubby's recent medical report…we found that he has **low sperm count and poor sperm quality**…

Furthermore, women in Malaysia bear the brunt of the infertility stigma, receiving all the blame regardless of which spouse is infertile (Akhtar, 2010). In the investigated data, there were messages (N=10) which specified the husband as the infertile partner (e.g. Message 4.193 – "my condition is more a male factor than a female factor", Message 4.194 – "poor sperm" and Message 4.195 – "low sperm count and poor sperm quality").

Message 4.196

Hi…**Anyone who has done acupuncture or doing it now for IVF?** Need some tips…

University of Malaya

However, in contrast to problem-revelation, question-asking removes the awkwardness and shame associated with their infertility problem as these questions can be general, pertinent to other women. For example, the question in Message 4.196 was a general one that could be pertinent to anybody who had done, or was undergoing acupuncture treatment ("Anyone who has done acupuncture or doing it now for IVF?"). Additionally, questions requesting for information were most prevalent in the present study's data (N=217) (Table 4.9) and these were frequently neutral questions, asking about how to increase one's chances of conceiving, procedures related to the IVF protocol, and the cost of undergoing certain IVF procedures.

Moreover, the findings that showed the tendency of the women to use indirect means of seeking advice rather than to request for advice explicitly (Section 4.2.2.5) also showed a possible cultural influence. Indirectness is more typical of Malaysian communicative styles than direct communication (Chapter 2, Section 2.8).

With regards to advice-giving, the *Direct Advice* move was the most frequently employed move by the participants (Section 4.3.1). Furthermore, the imperative was the most utilized linguistic form for giving direct advice (Section 4.3.2.1). Due to the imperative's association with command-giving and directives, the frequent use of the imperatives thus further emphasized the non-threatening aspect of advice-giving among the participants.

In addition, the minimal occurrence of the *Referral* move compared to the other advice-giving moves, in particular the *Direct Advice* and *Own Experience* moves (Section 4.3.1), demonstrated the participants' keenness to offer advice themselves rather than referring the advice-recipients to other sources. This indicated the participants were

University of Malaya

comfortable in offering advice and were earnest in sharing their knowledge and experiences to help the advice-recipients.

4.5 Summary

This chapter has presented the findings on how women sought and gave advice on IVF in a local online forum targeted at Malaysian women. The results revealed that the strategies employed by the women were dependent on a variety of factors including the topic of discussion, culture, the interaction setting, their communicative goals, the relationship between the participants, as well as their roles and status in the forum. The findings also showed that the women communicated in ways that indicated them as part of an online community through expressions of empathy, concern and support for one another, as well as having similar structures and stylistic features in their interactions. Nonetheless, despite the general, universality of the Internet forum culture, examination of the messages revealed that the participants' cultural influence was still detectable in the message-content as well as the construction method of the messages. The next chapter will conclude the study with a discussion and brief summary of the findings, as well as a discussion of the study's implications, before the chapter ends with some recommendations for future research.

University of Malaya

CHAPTER FIVE: CONCLUSION

5.1 Introduction

The chapter begins by answering the research questions. This is achieved via discussions on the strategies utilized by Malaysian women when seeking and giving advice on in-vitro fertilization (IVF) in an online forum, including how culture may be an influence on these strategies. Discussions also encompass comparisons of the findings with those of previous studies, and the implications of the findings to the current literature on online advice-seeking and advice-giving, as well as to the issue of infertility in Malaysia. The chapter then discusses the contributions of the study before it ends with recommendations for future research.

5.2. Advice-Seeking Strategies

This section discusses the strategies employed by the women in the forum when seeking advice on IVF. Discussions comprise the linguistic and functional analyses of the discursive moves found in the advice-seeking messages, as well as the relational work inherent in the messages.

5.2.1 Discursive Moves in the Advice-Seeking Messages

The findings of the present study identified three main advice-seeking strategies used by the women in the forum, i.e. question-asking, problem-narration, and explicit advice-request. These strategies were discernible through the *Question* discursive move, the *Problem Statement* discursive move and the *Request Advice* discursive move respectively. The findings revealed question-asking to be the top advice-seeking strategy,

University of Malaya

followed by problem-narration and explicit advice-request (see Chapter 4, Section 4.2.1).

With regards to the *Question* discursive move in the present study, it was found that the move appeared more frequently in the form of closed questions rather than open questions. This could indicate the discussion topic as a factor in influencing the women's preference to ask closed questions instead of open questions. Infertility problem is taboo among Malaysians (Nurjehan Mohamed, 2015), and therefore, discussing these problems may be embarrassing. As such, asking closed questions could have been preferred due to the fact that closed questions were less exploratory, and therefore, less face-threatening, compared to open questions.

The findings also revealed that the questions asked by the women in the forum performed four functions, which were, to ask for information, to ask for opinions, to ask how the message-recipient handled a specific problem, and to ask for confirmation of the advice-seeker's understanding or knowledge. Questions asking for information were the most prevalent, in particular, information related to the IVF protocol. This shows that among the advice sought by the women in the forum, the most important advice was information that could enhance their understanding and knowledge of the IVF treatment.

Nonetheless, many of the questions were also mitigated which helped to downtone the impositional level of the questions. The most used hedging device was to extend the question(s) to other forum members, thereby inviting everyone in the forum to respond and participate in the discussion. As such, while the hedging device was a face-saving relational strategy, it was also a face-enhancing relational work as it was instrumental in

University of Malaya

creating a sense of connection between the advice-seeker and the readership. Other types of mitigators used in the questions were the use of modals, subjectivity markers and consultative devices.

On the other hand, the *Problem Statement* discursive move was a more implicit form of advice-seeking compared to the *Question* discursive move. The *Problem Statement* move was realized in a variety of syntactic structures, and it functioned to convey the advice-seeker's problem. Consequently, problems were usually narrated using linguistic features that appealed to the advice-givers' sympathy and pity.

Among the linguistic features found in the *Problem Statement* move, adjectival clauses that described the advice-seekers' anguish, exasperation and incredulity in their inability to conceive was most common. This was followed by punctuation marks and other linguistic features such as the exclamation mark, the period, emoticons or smileys, interjections, capitalization of words, and repetition of words. It is apparent that when problems were described by the women in the forum, they were not only about the women's infertility or treatment problems, but were also about their mental torment and emotional turmoil. This sharing of painful experiences conveys the women's need for emotional support and empathy. More importantly, it illustrates how much it mattered to the women to succeed in the treatment so that they could have a child of their own. This echoes the pivotal role of a married woman in siring children for their husband in Malaysia (Akhtar, 2011; Evens, 2004).

The least utilized advice-seeking strategy was to request advice explicitly, i.e. the *Request Advice* discursive move. The move was identifiable through the use of

University of Malaya

obligation modals (e.g. “should”), or through certain words and phrases which explicitly denote a request for advice (e.g. “need some tips”, ‘would like to get your advice”).

However, although the *Request Advice* move was the most explicit or direct advice-seeking strategy, it was composed in a largely informal, friendly, non-imposing manner. There was frequent use of ellipsis, informal vocabularies, incomplete sentences, contractions, and repeated punctuation. The *Request Advice* move was also often mitigated, and some of the mitigators functioned to highlight the advice-seekers’ desperation and urgent need for aid, specifically the use of adverbs that signified the advice-seeker’s earnest appeal for help such as “please”, “do”, “hopefully”, “really” and sincerely”. There were also advice-requests that were invitations for experience-sharing, an aspect of camaraderie that bonded the women together. As such, the *Request Advice* move was still likely to be perceived as a solidarity strategy, rather than a face-threatening one.

The findings on the *Request Advice* move show that explicit advice-requests are not necessarily more face-threatening than less explicit advice-requests. In the case of the present study, the women in the forum were shown to employ a variety of strategies to soften the impositional level of the advice-requests, and in some instances, even succeeded in making the advice-requests a bonding speech act.

In addition to the three advice-seeking discursive moves, i.e. the *Question* move, the *Problem Statement* move and the *Request Advice* move, there were 14 other discursive moves in the messages: (1) *Apology*, (2) *Appreciation*, (3) *Background,* (4) *Comment on Previous Record*, (5) *Congrats*, (6) *Explanation*, (7) *Future Expectation*, (8) *Goodwill Wishes*, (9) *Metacomment*, (10) *Planning*, (11) *Providing Contact Information*, (12)

University of Malaya

Requesting Recipient's Update, (13) *Suggesting Advice to Oneself*, and (14) *Updating Own Status.* This finding signifies the diversity of ways the women in the Malaysian online forum connected with one another while seeking IVF-related advice.

5.2.2 Relational Work in the Advice-Seeking Messages

With regards to the relational work in the advice-seeking messages, six relational categories were identified: (1) *Appealing*, (2) *Bonding*, (3) *Boosting*, (4) *Criticizing*, (5) *Hedging*, and (6) *Praising.*

Most of the relational work inherent in the messages primarily performed the function of solidarity-building, where advice-seekers drew on the commonality among themselves as fellow comrades in the IVF journey. For example, among the relational categories, *Bonding* was the most prominent relational work in the advice-seeking messages. The relational work of *Bonding* could be seen between the advice-seeker and the advice-giver (interpersonal), and also between the advice-seeker and the other forum members (mass).

In addition, *Bonding* was also inherent in certain discursive moves such as the *Congrats* move, the G*oodwill Wishes* move, *Requesting Recipient's Update* move, *Updating Own Status* move the *Problem Statement* move and the *Appreciation* move. The *Congrats* move and the *Goodwill Wishes* move performed a face-enhancing function, where the success and effort of the other members were acknowledged and given focus. The *Requesting Recipient's Update* move and the *Updating Own Status* move indicated the advice-seeker's interest to connect with the other forum members, while the *Problem Statement* move pointed to voluntary problem revelation as a way to establish bonding with the advice-givers. The *Appreciation* move was another face-enhancing move, in

University of Malaya

which the advice-seeker expressed her appreciation of the help or advice that she was due to receive.

The other relational work in the messages such as *Hedging*, *Appealing*, and *Boosting* were also bonding in nature. As a relational work to minimize imposition in a speech act, *Hedging* thus may be considered as a way to maintain good relations among the women in the forum. Similarly, *Appealing* had some elements of bonding, where the ways in which the women expressed their emotions could appeal to the advice-giver's sense of pity and sympathy. The *Boosting* relational work was also observed to be most common in highlighting the anguish or desperation in the advice-seeker's description of her problem, or in giving emotional support in the form of goodwill wishes. In both types of instances, the *Boosting* relational work functioned to connect with the advice-givers.

In contrast, the *Criticizing* relational work, which was face-threatening, was rarely seen in the message. Even when the relational work was present, the criticism was not directed at the advice-giver, but at another party (see Chapter 4, Section 4.2.4).

The tendency of the advice-seekers to affiliate with one another implies how bonding is an important facet of advice-seeking for women with infertility problems. This finding is significant because it shows that in seeking advice, women with infertility problems do not only just solicit advice, but they also foster closeness with the advice-givers.

Besides, the high frequency of the *Appreciation* move occurring in the advice-seeking messages suggests that the women in the forum generally perceived advice as helpful, supporting Cramer's (1990) and MacGeorge, Feng and Thompson's (2008) claim of advice being seen as a solidarity-enforcing tactic among members of a community,

University of Malaya

rather than face-threatening, offensive or stressful (Abel, Park, Tipene, Finau, & Lennan, 2001; Thompson & O'Hair, 2008).

5.2.3 Themes Inherent in the Advice-Seeking Messages

This section discusses the themes which are inherent in the advice-seeking messages.

5.2.3.1 The Importance of Information-Seeking

It was found that the women in the present study were particularly interested to ask questions related to the IVF protocol. In contrast, there were fewer questions asking for opinions. This indicated that the forum possibly functioned as an information bank for the women to refer to matters pertaining to infertility problems and treatments, and that seeking opinions was not as important to the women as factual information. Information-seeking, especially information that could increase the women's knowledge of the treatment, was thus crucial for the women. This finding is significant because one would expect the women to have asked their doctors about the treatment, and subsequently, they would know enough about the IVF protocol in order to proceed with the treatment. Moreover, some of the women in the forum had already undergone at least one IVF protocol.

The women's frequent need to ask questions about the IVF protocol carries two implications. One, it could indicate the women's ignorance about IVF despite their treatment, and two, it could imply the women's lack of trust in their doctors and they needed to verify what they had been told by their doctors with the other women undergoing the treatment. These two implications are significant because if the women were really too embarrassed to discuss the treatment with their doctors due to the sensitivity surrounding the topic, having an online forum to provide mutual support

University of Malaya

such as the investigated forum is especially critical. The online forum could provide an interaction platform for the women to form a virtual community where they connect, build solidarity and form trust among themselves through shared communicative purposes, content and intended audiences (Blanchard & Markus, 2004; Herring, Scheidt, Bonus, & Wright, 2004). On the other hand, asking questions prompted by the women's lack of trust in their doctors highlights peers as an important and reliable source of information.

Irrespective of the reasons for women to be uninformed or distrustful of their doctors, this finding has important implications for health care providers in IVF. This finding suggests a dire need for improvement in providing health care for IVF patients. It indicates the prominence of receiving adequate information from doctors. Besides that, it also suggests the significance of forming good doctor-patient relationship so that women undergoing IVF have sufficient trust in their doctors to receive the reassurance that they desperately need.

The need for women with infertility problems to get information on IVF also augments how pivotal it is for them to have additional support other than that they can get from their doctors, and this includes support from peers who share the same problem. After all, previous studies have shown women to prefer seeking advice from people in similar situations rather than the authorities (Blais & Weber, 2001). Seeking advice is crucial so that help can be sought without any awkwardness and shame if help has to come from other sources. In the context of a setting where infertility is taboo, having a forum in which women can openly ask questions and share their problems with other women in the same predicament provides comforting knowledge that they are not alone in their problems.

University of Malaya

Besides soliciting information on the IVF protocol, the findings showed some of the advice sought also pertained to traditional remedies and superstitions. The most common were those related to the types of food or drink which one should take or avoid, going for acupuncture, getting abdominal massages, and taking traditional vaginal steam baths. This aspect of the findings not only indicates the women's receptiveness to various treatment methods, but also possibly their desperation to have children in a society where cultural beliefs are deeply-embedded. In addition, their receptiveness to traditional remedies and superstitions could also stem from the possibility of the women being part of a virtual community as they have a geographically local focus (Malaysia) and they adhere to certain social contracts (sharing Malaysian cultural beliefs and practices).

Nevertheless, although the questions asked in the present study were largely related to various aspects of infertility treatment, there were also some questions asking for confirmation of one's understanding of the treatment. This finding suggests that another function of the questions that was crucial to the women in the forum was getting reassurances from the advice-giver(s) (see Chapter 4, Section 4.2.2.1).

5.2.3.2 The Forum as a Reservoir of Information

The findings also revealed that there were questions asking about what the advice-givers did during their treatment, with the purpose of exchanging experiences. The questions ranged from questions about diets, exercises or activities to supplements taken during their treatment. This is a noteworthy strategy as it allows the advice-seeker to obtain varied responses. Some of the advice-givers could have tried different things and consequently, by asking the advice-giver various questions about what they did, it helped widen the advice-seeker's knowledge of what could maximize her chances of

University of Malaya

conceiving successfully. This finding shows the women's resourcefulness in obtaining information. Perhaps this resourcefulness stemmed from the women's desperation to get pregnant. Consequently, these women were open to any information that could help them to get pregnant.

The findings on the types of questions asked by the women imply that it is particularly essential for the forum to have a large number of peers with infertility problems and peers undergoing IVF. Only then can women with infertility problems benefit from the forum by sharing and gathering as much information as possible from various sources.

In addition, this finding also points to another important function of the forum, i.e. acting as a large reservoir of information for women with infertility problems to tap into in order to know more about their problem and their choices of treatments.

5.2.3.3 Use of Mitigation Strategies

The findings revealed there was frequent use of hedging by the women in the forum. In the *Question* move, addressing the general audience and utilizing modals and subjectivity markers were the most frequently employed hedging devices. On the other hand, mitigation in the *Problem Statement* move was achieved through the advice-seeker's communication of distress that altered the advice-request into some form of an appeal for help, while the adverb "please" appeared most often in the *Request Advice* move as a hedging device.

As mitigation is a face-preservation strategy, its frequent use in advice-requests among the women indicates that advice-seekers in the forum accorded respect for the advice-givers, albeit the status of the advice-givers in the forum was only of a slightly higher

University of Malaya

standing than the advice-seekers based on their experiences in infertility treatment. This display of respect for the advice-givers despite their lack of medical authority resembles the typical characteristics of Malaysian communicative styles whereby interlocutors are expected to use a lot of face-preservation, face-giving and face-boosting strategies as a way to maintain cordial relationships with one another, even among peers of equal standing (Asma Abdullah, 1996; Mustafa Daud, 2002; Jamaliah Mohd Ali, 1995a; Jariah Mohd Jan, 1999; Marlyna Maros, 2006).

The suggestion of face-preservation and face-enhancing in the way the women related to one another in the online forum thus implies that although a computer-mediated communication environment could liberate the women into freer self-expression, for communication to be viewed as appropriate, expressions were still expected to be within the boundaries of what could be constituted as culturally-acceptable behavior. As such, as members of the online community with their own social patterns and rules (Rheingold, 2008), the women's online communication styles are still in line with cultural practices in traditional communities.

5.2.3.4 Significance of Coping Strategies, Not Just Treatment

It is also notable that the advice-seeking strategies of the women included finding out about the advice-giver's condition and their coping strategies at certain points of the IVF treatment. Some of the advice sought was about the side-effects of certain procedures of the treatment such as feelings of nausea, headaches, irritability, swelling of the stomach, cramping, faintness and shortness of breath. This finding suggests that the concerns of the women in the forum were not just about getting pregnant, but also about managing their body's over-reaction to some of the fertility drugs. Thus,

University of Malaya

providing these women with coping strategies was just as crucial as following through the treatment.

In addition, the point about the women in the forum needing to know how to cope with the side-effects of certain IVF procedures indicates that coping strategies should also be given some prominence when providing information and support to women undergoing IVF. These are implications to fertility counselors, doctors, and peer support groups when giving advice to women undergoing IVF, in that these women should also be made aware of the possible adverse effects of the treatment and how to alleviate them.

5.2.3.5 The Forum as a Platform for Seeking Help and Discussion

Another noteworthy finding about the study is the women's interest in other women's fertility profiles. There were questions asked about age, as well as the quantity of eggs produced for the treatment. As these questions were rather personal, it appears that the women in the forum did not mind asking for and disclosing personal information about their fertility problems. This finding is significant because it challenges the general characteristics of the Malaysian society. Instead of being private, especially where fertility problems are concerned (Nurjehan Mohamed, 2015), the women in the forum seemed rather open with their profiles and problems. This finding implies that women with infertility problems in Malaysia may not necessarily be secretive when talking about themselves and their problems. Rather, they are more likely to be embarrassed only if their identities are known to others.

A few of the advice-seeking messages also described how the women in the forum had to suffer in silence before coming across the forum where they were finally able to share their problems, vent out their frustration, seek advice, and get comfort and solace with

University of Malaya

the fact that they were not the only ones having fertility problems. This suggests that although infertility is common, these women were unable to discuss them publicly for fear of criticism and humiliation. However, with the anonymity of the online forum, the women were freed of this anxiety and were able to seek help openly. Hence, in an online platform, the women were able form an online community in which infertility was no longer a stigma and private details could be shared openly without any embarrassment.

This aspect of the findings about the women's amenable disclosure of their problems echoes the claim about how the anonymity afforded by a computer-mediated environment can facilitate honest, open and intimate self-disclosure which may be impossible in traditional face-to-face settings (Anolli, Villani, & Riva, 2005; Bargh, McKenna, & Fitzsimons, 2002). As such, having an anonymous platform such as the investigated forum in the present study, is especially important for women with infertility problems so that they need not suffer alone in silence, more so in this part of the world where infertility is taboo.

5.2.3.6 Making Choices about Hospitals or Doctors and Financial Considerations

The findings of the study also illustrated how the women in the forum tried to make better-informed choices pertaining to their treatment so that they could have a higher chance of being successful at getting pregnant. The findings revealed that among the advice sought by the women in the forum, some of the advice-requests and questions asked were about the quality of a hospital's services, or the success-rate of a doctor in treating infertility. According to Kray and Galinsky (2003), a decision's quality and success depends on the amount and type of information one has, and one way to increase the amount of information one has is to seek advice (Budescu &Rantilla, 2000).

University of Malaya

As much as asking questions about the quality of a hospital's services, or the success-rate of a doctor in treating infertility indicated the women's discernment when choosing a hospital or doctor for their treatment, it was also evidence of financial considerations. Given that one IVF cycle could cost up to RM20,000 (Arjunan, 2016; Siti Syairah Mohd Mutalip, 2012), and that the percentage of a successful treatment resulting in live birth in the first cycle could be as low as 27% (Meldrum, Silverberg, Bustillo, & Stokes, 1998), women with infertility problems are likely to need several IVF cycles, incurring a lot of money. The findings of the study showed that out of the 87 members who posted messages during the six months, 19 had failed at least one IVF cycle. This implies that the women were not only anxious about going through with the treatment, but also whether the treatment was going to be successful considering the number of cycles they might have to go through, as well as the amount of money they had to pay for each IVF cycle.

5.2.3.7 Infertility Treatment being Protracted

Analysis of the messages showed that it was common to have several exchanges between the advice-seeker and the advice-giver, and that some of the interactions spanned over a few months. This could be facilitated by the fact that the online platform was a discussion forum, thus enabling lengthy discussions among the forum members.

Another possible contributing factor for extended interaction among the women in the forum could be the nature of the problem. One standard IVF cycle takes about four to six weeks to complete (Sacks, Seyani, Lavery, & Trew, 2004). Besides, the findings revealed that many women in the forum also needed more than one IVF cycle.

University of Malaya

The extended interaction between the advice-seeker and the advice-giver suggests that advice needed by women undergoing infertility treatment is likely to be protracted. This will have implications on fertility counselors, support groups, or anyone who is interested to help women with infertility problems. If advice or help is going to be rendered to these women, it will also have to be continuously given over a period of time, depending on how long the women take in order to successfully conceive.

5.2.3.8 Expressions of Emotions

Using Ruble's (2011) analysis method, it was found that most of the advice-seeking messages were emotional, rather than objective. This was largely evident in the ways the women described or narrated their problem. It was observed that these problem narrations were often accompanied by descriptions of the advice-seekers' emotions, usually revolving around the themes of frustration, desperation, anxieties, anguish and despair. These emotional states were also found to be sometimes augmented through the use of letter-capitalization, emoticons or sad smileys, and punctuation marks such as the exclamation mark and the repeated period. As these emotions were rather extreme, they indicated that the women felt strongly about the failure of their treatment or their inability to conceive.

Expressions of emotional distress are thus a testament to how grave infertility problems are in Malaysia, especially in a society where continuing posterity is a key duty of a married woman, and that infertility is a taboo topic that is not to be discussed openly (Nurjehan Mohamed, 2015). According to Evens (2004), in a patriarchal society, a childless married woman ultimately gets the blame although the infertility problem lies with her husband and not her. In addition, in a recent study on Asian women, it was found that in Malaysia, 80% of the participants were so ignorant of infertility that they

University of Malaya

did not even suspect their husband to be the source of their problem to conceive (ASPIRE, 2013; *The Star*, 2012).

Nevertheless, perhaps more importantly, the emotional accompaniments to the advice-seekers' problems signal the need for the advice-seekers to release their pent-up emotional turbulence. Hence, the investigated forum in the present study functioned not only as a platform for women with infertility problems to seek advice, but also an avenue for expressing their plight and anguish. The finding suggests that when advice is sought on a personal and taboo topic such as infertility, it is essential that advice-seekers be provided the allowance for emotional expressions.

5.2.3.9 Infertility being a Unique and Intricate Problem

The findings also showed that the advice sought by the women was mostly personal, detailed and specific to the advice-seeker's situation, rather than general. Analysis of the messages indicated that each advice-seeker's problem was unique, depending on their fertility profiles, their spouse's fertility profiles, and the experiences they had gone through in the IVF journey. This finding points to the complexities of the infertility issue, in that advice given to women with infertility problems would also have to cater to the advice-seeker's unique circumstance.

The finding on how most advice sought was specific to the advice-seeker's situation signifies the inadequacy of the advice-seeker relying on only general information taken from various sources, such as from the Internet, books and other information-sources. On the other hand, it emphasizes the importance of a peer support groups such as the investigated online forum, where various experiences could be shared and collated, resulting in a large repository of information on infertility.

University of Malaya

Moreover, the fact that many of the advice-seeking messages contained detailed descriptions of the women's problems, and that some of them were personal such as the cause of their infertility and the number of eggs produced for the IVF treatment, it shows that the women were expressive and detailed when describing their problems. This finding is noteworthy because previous studies on advice-seeking, such as the study by Aarons and Jenkins (2002), have shown that advice-seekers in collectivist societies prefer not to disclose their problems, particularly embarrassing problems, to people they know for fear of suffering from shame and criticism afterwards. Subsequently, they either keep quiet about their problems, or to divulge them only to the authorities or the professionals.

As such, one possible explanation for the women in the forum being expressive and detailed with their problems is the anonymity afforded by the online setting. The communication setting of the online forum had given these women a platform to relieve their burden of bottling up their problems. This enabled the women to share experiences, showing care and support for one another as members of the online community. This shows the importance of the online forum in this part of the world, as an outlet for women with infertility problems to vent their frustration, share their predicament, and to seek and give advice on infertility-related matters.

5.2.4 Comparison between Findings of the Present Study and those of Past Studies

The findings in the present study identified three advice-seeking strategies in the advice-seeking messages posted by the women in the forum, namely question-asking, problem-narration and explicit advice-request. It was found that the same strategies were also reported in Miller and Gergen's (1998) study on advice-seeking posts on the topic of

University of Malaya

Suicide in an online electronic bulletin board, Locher's (2006) study on problem-letters posted in an online American health advice column and in Kouper's (2010) examination of advice-seeking posts in an international online forum for mothers. These findings suggest that the three strategies of advice-request, question-asking and problem-narration are perhaps universal strategies used to seek advice online, albeit the different interaction environments, topics and participants involved.

However, with regards to frequency of strategy use, the findings of the present study concurred with the findings of Locher's (2006) and Kouper's (2010) studies, but differed from the findings of Miller and Gergen's (1998) study. Question-asking was identified as the most employed advice-seeking strategy in the present study, Locher's (2006) study and in Kouper's (2010) study. On the contrary, Miller and Gergen's (1998) examination of help-seeking posts on Suicide in an online bulletin board showed problem-narration to be more prevalent than question-asking.

The different findings on the frequency of strategy use when advice is sought seem to indicate that the interaction topic could be a possible factor in influencing the prevalence of a strategy over others. The topics discussed in the present study (infertility problems), in Locher's (2006) study (health matters), and in Kouper's (2010) study (parenting issues) are not as grave as the interaction topic in Miller and Gergen's (1998) study (suicide). Consequently, it was more common for advice-seekers in the present study, in Locher's (2006) study and in Kouper's (2010) study to seek information on various aspects of the topic through question-asking. On the other hand, due to the sensitivity and severity of the topic which focuses on overwhelming personal and emotional pain, as well as the need to describe their problems in detail, advice-seekers

University of Malaya

in Miller and Gergen's (1998) study were more likely to narrate their problems leading to suicide contemplation.

Another difference between the advice-seeking strategies in the present study and those in previous studies is the types of relational work inherent in the advice-seeking discursive moves. Despite question-asking being the top advice-seeking strategy in the present study and in Locher's (2006) study, the questions differed in their relational work. The participants in Locher's (2006) study rarely included any relational work in their questions, and when used, only the *Hedging* and *Appealing* categories of relational aspects were employed. In contrast, in the present study, the women in the forum frequently included the *Bonding* and *Hedging* relational work in their questions.

The finding on the differences between the relational categories in the questions asked by the women in the forum and those in Locher's (2006) study is significant because it indicates that although question-asking was the most preferred advice-seeking strategy in the present study and in Locher's (2006) study, there were differences in the manner in which the questions were put forward to the advice-giver. In the case of the Malaysian women, it was just as important for the questions to perform the functions of cohesion and solidarity-building through the *Bonding* and *Hedging* relational work in addition to seeking advice.

Similarly, bonding and hedging were largely inherent in the *Problem Statement* and *Request Advice* advice-seeking moves in the present study, but not in Locher's (2006) study. In the present study, the *Problem Statement* move not only described the advice-seeker's problem, but also communicated the advice-seeker's need for support and empathy. The sharing of painful emotions appealed to the advice-giver's sense of pity

University of Malaya

and sympathy, subsequently compelling the advice-giver to help the advice-seeker. The *Request Advice* move was then often mitigated with hedging devices to minimize any face-threat associated with advice-request. Furthermore, the most utilized hedging device were the adverbs "please", "do", "hopefully" and "sincerely" that denoted the advice-seeker's earnest appeal for help, thus acting as a solidarity strategy to connect with the advice-giver(s). However, only direct requests were found to be frequently hedged and bonding was minimal in Locher's (2006) study.

Moreover, in relation to the types of advice sought by the participants in the present study, their main concern rested on matters related to not only the IVF protocol, but also on the advice-givers' recommendation of hospitals and doctors, as well as the advice-givers' fertility profiles and experiences. As such, the advice sought was also largely personal to the advice-givers, especially those associated with their fertility profiles and experiences, making the advice-seeking essentially bonding in nature.

With regards to the other discursive moves found in the advice-seeking messages, there were also differences between those found in the present study, and those identified in Locher's (2006) study. Most of the moves in the present study were moves associated with bonding with one another. For example, moves like the *Congrats* move, the *Future Expectation* move, the *Goodwill Wishes* move, the *Planning* move, the *Providing Contact Information* move, the *Updating Own Status* move, and the *Requesting Recipient's Update* move in the advice-seeking messages pointed to the close associations among the forum members. On the other hand, these moves were not found in Locher's (2006) study.

University of Malaya

The contrast in findings on the advice-seeking strategies between the present study and Locher's (2006) study shows that for the women in the present study, maintaining and nurturing relationships with one another was an integral feature of their advice-seeking strategies. Establishment of solidarity could be seen through the ways advice was sought, where advice was usually constructed with the *Hedging* and *Bonding* relational work. In addition, solidarity was further fostered through the types of advice sought which were largely personal, indicating the advice-seeker's interest to bond with the advice-giver, as well as through other essentially bonding discursive moves found in the advice-seeking messages (e.g. *Goodwill Wishes* move, *Appreciation* move, *Updating Own Status* move and *Requesting Recipient's Update* move).

5.3 Advice-Giving Strategies

This section focuses on the strategies employed by the women in the forum when giving advice on IVF. Discussions comprise the linguistic and functional analyses of the discursive moves found in the advice-giving messages, as well as the relational work inherent in the messages.

5.3.1 Discursive Moves in the Advice-Giving Messages

The findings identified six advice-giving strategies, i.e. giving explicit advice, narrating one's own experience, describing another person's experience, giving indirect advice, offering general information, and referring the advice-recipient to another source for advice. These strategies were discernible through the *Direct Advice* move, the *Own Experience* move, the *Other People's Experience* move, the *Indirect Advice* move, the *General Information* move, and the *Referral* move respectively. The findings showed that of the six types of discursive moves that performed advice-giving, *Direct Advice* was the most often used advice-giving move, followed by the *Own Experience*, *Indirect*

University of Malaya

Advice, *General Information*, *Referral,* and *Other People's Experience* advice-giving moves (Chapter 4, Section 4.3.1)

In the present study, the *Direct Advice* move was explicit advice-giving and was the most employed move to give advice. It was usually identifiable through the imperatives, modal verbs of obligations (e.g. should, have to, need to, must), and advice-related words (e.g. advise, help, suggest). Analysis of its linguistic structures in the present study showed that among the linguistic structures used to give direct advice, the imperative ranked top. This indicates that the women in the forum not only preferred to use direct, explicit structures of advice, but also to give it in an instructional manner.

The finding on the predominant use of the imperative in giving advice in the present study implies that the women in the forum did not view the imperative as an imposing syntactic structure. Hence, this finding suggests that advice-giving is not necessarily seen as face-threatening as commonly viewed in certain societies such as the Americans (Chen & Lan, 1998; Locher, 2006), and how it is perceived depends on the context in which advice-giving occurs. In this study, the imperatives were frequently imperatives to adopt a mindset or emotional orientation rather than imperatives to change or perform a particular behaviour. Specifically, the imperatives found in the study acted as inspiration and motivation to the advice-recipients to think positively in order to persist with their treatment. Therefore, instead of strengthening the directive nature of advice, the imperatives strengthen the encouragement and hopefulness of the advice.

The *Own Experience* move in the study was a unique category of indirect advice whereby the advice was framed in the form of the advice-giver's personal experience. As such, the move predominantly followed the structure of a narrative. In the present

University of Malaya

study, the *Own Experience* move was the second most frequently used move, and the types of personal experiences shared by the women in the forum were wide-ranging. The experiences encompassed those related to the advice-giver's own treatment, the doctor or hospital or type of fertility treatment offered by a hospital, what the advice-giver did at certain stages of the treatment, procedures of the IVF treatment, the advice-giver's previous treatment, description or background of the advice-giver's infertility problem, the types of food or diet followed by the advice-giver, traditional methods of treatment, and embryo adoption. The finding on the tendency of the women in the forum to share experiences indicates that despite how personal the experiences might be, the women were still willing to share their experiences. This suggests that although the infertility topic might be taboo in a patriarchal society like the Malaysian society, with the anonymity afforded by the online forum and the sense of solidarity fostered by the fact that the forum participants were peers seeking infertility treatments, the women in the forum could be open about their problems and experiences.

Experience-sharing played a prominent role as an advice-giving strategy among the women in the forum probably because of the discussion topic. Infertility is a complex problem, and each woman's problem, treatment and experience is unique (Meldrum, Silverberg, Bustillo, & Stokes, 1998). Subsequently, treating infertility may often require several IVF cycles and so it is common for treatment to span over a few months. As such, the nature of the infertility issue could have made discussion and experience-sharing a pivotal aspect of the women's interaction.

The prevalence of experience-sharing in the forum also suggests how important the forum is for the women, serving as an information bank of experiences that women with infertility problems can tap into and benefit from. Moreover, through this sharing, closer

University of Malaya

and more intimate relationships could be developed between the advice-givers and the advice-recipients, providing essential support for one another whilst obtaining infertility treatment.

The *Indirect Advice* move was advice that had to be inferred based on the context it was found in, e.g. what the advice-seeker had requested for in an earlier message, and the types of discursive moves that preceded and succeeded the *Indirect Advice* move. In the present study, it was the third most utilized move, and it played a crucial role as an advice-giving strategy that helped minimize face-threat associated with advice-giving. As the *Indirect Advice* move was implied advice, it was an effective mitigation strategy, especially when some elements of criticism were present in the advice given (Chapter 4, Section 4.3.2.3). In addition, it was also observed that the *Indirect Advice* move sometimes appeared as advice based on what the advice-giver would do to proceed with her treatment, rather than advice on what the advice-recipient should do.

The *General Information* move was advice given as an objective piece of information. In the present study, the move was often found to occur as a response to a question asked by the advice-seeker(s) in a previous message(s), and the main types of information given were those pertaining to the IVF package offered by hospitals, the doctors, and certain procedures of the IVF protocol.

Compared to the *Direct Advice* move, the *Own Experience* move and the *Indirect Advice* move, the findings showed that the *General Information* move was a much less employed advice-giving move in the forum. This suggests that the women in the forum did not view providing factual information as important as giving direct advice, sharing one's experiences, and giving indirect advice. One plausible reason for this finding

University of Malaya

could be the interaction setting. The interaction setting was a forum, and subsequently, its main activity was discussion of a particular issue or topic, rather than mere provision of information.

The *Referral* move was advice that referred the advice-recipient to other sources for information or advice. The findings found that the most common source for referrals was the Internet, while other sources of referrals were the doctors, embryologists and nurses at fertility centers, and the discussion forum itself. Among the types of referrals, those related to information about the doctor or hospital and the services provided were most common, followed by matters pertaining to the cost for the IVF treatment, the procedures of the IVF treatment, and the complications or problems related to the IVF treatment.

The *Referral* move was also found to be the second least utilized advice-giving move in the forum, suggesting that the women would provide the required information or advice if they could, rather than referring the advice-recipients to other information sources. This demonstrates the capacity of the women as advice-givers, but perhaps more importantly, it illustrates the earnestness of the women to be a supportive and dependable force for their fellow comrades in their endeavor to conceive.

The last and the least utilized advice-giving move found in the forum was the *Other People's Experiences* move. It was an implicit form of advice-giving that used the failure or success of other people's experiences as advice. As it was the least popular advice-giving strategy employed by the women in the forum, this suggests that there were not many of other people's experiences that could be shared by the women as a way to help others.

University of Malaya

Nonetheless, besides the six advice-giving moves identified in the study, the findings indicated that there were 15 other discursive moves in the messages: (1) *Apology*, (2) *Appreciation*, (3) *Assessment*, (4) *Comment on Previous Record*, (5) *Congrats*, (6) *Disclaimer*, (7) *Explanation*, (8) *Future Expectation*, (9) *Goodwill Wishes*, (10) *Invitation for Future Contact through Another Communication Mode*, (11) *Metacomment*, (12) *Question*, (13) *Requesting Recipient's Update*, (14) *Updating Own Status*, and (15) *Welcome*. This finding signifies the diversity of ways the women in the forum used to give advice related to infertility issues, possibly suggesting the complexity of the infertility issue, as well as their creativity in offering advice using various methods.

5.3.2 Relational Work in the Advice-Giving Messages

In terms of relational work in the advice-giving messages, seven relational categories were identified. They were, in descending order of frequency: (1) *Bonding*, (2) *Hedging*, (3) *Boosting*, (4) *Empathizing*, (5) *Praising*, (6) *Criticizing*, and (7) *Humor-Bonding.*

The most prominent relational work used by the women in the forum was *Bonding. Bonding* could be seen in the manner in which the advice was conveyed linguistically, and in the message-content itself. Linguistically, bonding was apparent in the women's utilization of language features denoting solidarity such as the use of endearment terms (e.g. "dear"), the employment of inclusive language which depicted them as fellow peers (e.g. "ttcian", "gals" and "women"), the utilization of local vocabularies belonging to specific ethnic groups (e.g. "*kampung*" and "*yam cha"*), and the use of discourse particles which were typical to Malaysians' communicative styles (e.g. "-*lah*", "-*leh*" and "-*lor*") (see Chapter 4, Sections 4.3.4 & 4.4.3). In terms of message-content, some of the common ways the women expressed bonding in their advice were to share

University of Malaya

personal experiences, including those that were culturally-related (e.g. traditional beliefs, remedies and superstitions), to incorporate discursive moves that were affiliative in nature (e.g. the *Goodwill Wishes* move, the *Welcome* move), as well as to offer voluntary personal updates on their treatment as a way to connect with the advice-recipient (see Chapter 4, Sections 4.3.4 & 4.4.1).

Although *Hedging*, *Empathizing, Praising*, and *Humor-Bonding* relational categories were not used as often as *Bonding*, they were also affiliative in nature. *Hedging* was employed to mitigate the impositional force of advice-giving, thus functioning as a face-saving relational work that helped preserve good relationships among the women in the forum. In addition, the *Hedging* relational work was often used together with the *Bonding* relational work, indicating the context in which hedging was used was a solidarity rather than a deference tactic, in which it functioned to preserve face in the effort of maintaining an amicable relationship between the advice-giver and the advice-recipient. The *Empathizing* relational work was also a way to connect with the advice-recipient as it was about understanding and identifying with the other party. The *Praising* relational work inherent in the advice-giving messages pertained to honoring God through praises, and as such, suggested the common connection among the women as fellow peers who needed the grace of God to be able to bear children. The *Humor-Bonding* relational work was then employed to lighten the mood of the given advice so that amicability between the advice-giver and the advice-recipient could still be maintained.

When the advice-giving messages were examined for their levels of solidarity based on Goldsmith's (2004) model of advice-giving techniques, the results also showed high solidarity levels in almost all of the messages (361 out of 369 advice-giving messages),

University of Malaya

concurring with the findings using Locher's (2006) analysis method. The findings revealed many instances of personal experience-sharing, or comments, advice and goodwill wishes that were affectionate, caring and supportive in nature. Hence, advice offered was often weaved with implications of friendship, support and encouragement from a peer who understood and empathized with the advice-recipient. This feature of the women's interaction that shows their tendency to bond with one another appears to be in agreement with the typical female CMC language styles where the style is one that leans towards "community building" (Herring, 1996b) and intimacy- or rapport-building (Colley, Todd, Bland, Holmes, Khanom, & Pike, 2004).

In contrast, relational categories which were more face-threatening such as *Boosting* and *Criticizing* were less employed by the women in the forum. Even when *Boosting* was inherent in the advice, the advice was often motivational, intended to encourage the advice-recipient to persevere with the treatment. Subsequently, when *Boosting* was used in this way, the advice was likely to be perceived as a solidarity tactic, rather than face-threatening. The *Criticizing* relational work was also employed in a prudent manner that minimized face-loss. In both instances of criticism found in the advice-giving messages, the criticism was not aimed at the advice-recipient, but at others.

5.3.3 Themes Inherent in the Advice-Giving Messages

This section discusses the themes which are inherent in the advice-giving messages.

5.3.3.1 Employment of Various Types of Indirect Strategies

When the messages were examined using Goldsmith's (2004) distinction between direct and indirect messages, it was revealed that narration or description of experiences such as the *Own Experience* move and the *Other People's Experience* move were also

University of Malaya

indirect advice-giving strategies. As such, although the findings of the study showed that there were fewer implicit statements of advice (the *Indirect Advice* move) compared to explicit statements of advice (the *Direct Advice* move), the women were also actively employing other indirect strategies of advice-giving via sharing of experiences (the *Own Experience* move and the *Other People's Experience* move).

5.3.3.2 Messages with a Mixture of Explicit and Implicit Advice-Giving Moves

It was also found that there were more messages with a mixture of advice-giving moves compared to messages consisting of only one type of advice-giving move. The messages often comprised a variety of advice-giving discursive moves which combined both explicit and implicit moves. This shows that the women often phrased the same advice in a few ways when offering advice on a particular problem. Thus, it illustrates the complexity of the advice-giving act when advice is offered on a sensitive issue such as infertility. This aspect of the findings suggests the need for the problem to be approached through various ways.

However, incorporating various advice-giving strategies could also be a demonstration of the women's prudence when giving online advice concerning infertility. Combining both explicit and implicit advice moves might be a face-saving strategy that was consciously used by the women so as not to sound imposing in contrast to posting messages which comprised exclusively explicit, direct moves. Hence, this finding points to the fact that the women were still careful about the manner in which they gave advice. Gender might be a factor since women have been known to prefer to engage in rapport talk (Tannen, 1990) and to use language in ways that express solidarity (Fishman, 1978).

University of Malaya

5.3.3.3 Emphasis on Positive Efforts

The findings show that there were frequent expressions of empathy by the advice-givers, which conveyed the impression that the advice-givers fully understood the advice-seekers' ordeal. This facilitated bond-strengthening among the women in the forum. In addition, it could also point to the heightened sense of community among the women who were in similar predicaments and who shared common interests to succeed in infertility treatments.

Even then, not all of the advice-seekers' emotions were given equal attention and emphasis. Using Goldsmith's (2004) method of analysis, it was observed that the advice-seekers' emotions of anguish and frustration resulting from a failed treatment were paid less focus compared to the persistence with the effort to conceive. It appears that the advice-givers could have viewed it less beneficial if attention was on the advice-seeker's negative emotions. By contrast, the focus of many of the advice-giving messages was to give moral support, encouraging the advice-recipient to keep persisting with their effort to conceive, rather than to mull over their failure which might lead to more serious problems such as depression (see Chapter 4, Section 4.3.2.1). This finding is significant as unlike some typologies of social support that categorized emotions as providence of emotional support, in the case of the present study, emotions were given much less attention unless the emotions were positive and functioned to boost the advice-recipient's spirits. The context of the discussion topic being IVF and the women being Malaysians in a patriarchal society could be a contributing factor since progeny is paramount in such society and hence, the women may view it paramount to uplift one another's spirits to keep persisting with their efforts to conceive.

University of Malaya

In addition, as infertility is sometimes linked to an anatomical or biological condition (e.g. tubal abnormalities and ovulatory disorders), it is a problem that is beyond the advice-recipient's capacity to resolve on her own without outside help. As such, focusing on the advice-recipient's emotions would not be as helpful as suggesting doctors, hospitals or treatments that might facilitate one's chances of a successful pregnancy.

5.3.3.4 Determination to Persevere with the Treatment

One striking observation of the advice-giving messages is that none of the advice was about suggesting adoption or about facing the reality that one might not be able to have their own biological children. This was irrespective of how many times the advice-recipient might have undergone the IVF protocol, or how hopeless the situation might be considering both the advice-recipient's and her partner's fertility condition. This aspect of advice-giving that emphasizes on persevering with the effort to conceive illustrates the central reproductive role of Malaysian women to continue their husband's lineage. It highlights the stigma surrounding childless women in Malaysia, regardless of which partner is infertile, and they are willing to go to great lengths just to have a child. In Malaysia, a barren woman suffers not only criticisms and ostracism (Akhtar, 2011; Hollos, Larsen, Obono, & Whitehouse, 2009), but also the possibility of being divorced, or the likelihood of her husband taking on a second wife (Zuraida Ahmaad Sabki, 2010).

Some of the measures taken by the advice-givers were also culture-related where advice-recipients were advised to observe cultural beliefs and superstitions. Among the beliefs identified in the advice-giving messages were: (1) not moving furniture around based on the belief that one's home represents the woman's womb, and as such, moving furniture in the house may unwittingly harm the fetus, and (2) not announcing one's

University of Malaya

pregnancy too soon for fear of breaking the good fortune of being pregnant, hence resulting in a miscarriage.

Some of the advice also involved the extended family, in particular, the mother-in-laws. In one of the advice-giving messages, as an effort to conceive, the advice-giver's mother-in-law went to temples and obtained drinks with spiritual charms for her to drink (Chapter 4, Section 4.4.1). Hence, this shows strong cultural influence in that the practice highlights the importance of superstitions and the mother-in-law as an authoritative figure in matters relating to reproduction and posterity (Choudry, 2001). In a patriarchal society such as Malaysia, progeny is especially central to the husband and a childless married woman is likely to try all sorts of methods to bear children, including observation of cultural practices and superstitions.

5.3.3.5 Minimal Use of Humor

It was found that the *Humor* relational work was hardly employed in the present study. Only one instance of humor was detected in the six-month data. In contrast, humor was utilized in various ways in Locher's (2006) study. This aspect of the findings shows how significantly different the present study is from Locher's (2006) study in the participants' use of humor. A contributory factor to the lack of humor in the present study could be the seriousness and sensitivity of the discussion topic. Considering the desperation of the women in conceiving, and the possible ostracism by family, friends and even society if they fail to do so, using humor in such a sensitive topic may be construed as inappropriate and offensive rather than humorous.

University of Malaya

5.3.4 Comparison between Findings of the Present Study and those of Past Studies

The findings of the present study revealed that the women in the forum employed six types of advice-giving strategies, namely to give explicit advice (the *Direct Advice* move), to narrate one's own experiences (the *Own Experience* move), to give indirect advice (the *Indirect Advice* move), to offer general information (the *General Information* move), to refer the advice-recipient to another source for advice (the *Referral* move), and to describe another person's experiences (the *Other People's Experience* move). However, in Locher's (2006) investigation of advice given in an American online advice column, there were only four discursive moves which were related to advice-giving, namely the *Advice* move, the *Own Experience* move, the *General Information* move and the *Referral* move, while in Morrow's (2012) study on how advice was given in Japanese in an online discussion forum, two advice-giving strategies were reported, which were giving advice (the *Advice* move) and relating own's experiences (the *Own Experience* move). In Placencia's (2012) research on how advice was offered in *Yahoo!Respuestas* online service, there were also only four types of advice-giving strategies reported, i.e. giving explicit advice (the *Guidance* move), using one's experiences (the *Experience* move), using another person's experiences (the *Guidance* move), and giving general information (the *General Information* move).

As such, when the findings on the advice-giving moves in the present study were compared to findings of previous research that also drew on Locher's (2006) analysis method such as Locher's (2006), Morrow's (2012) and Placencia's (2012) studies, it was found that the women in the present study utilized a wider range of advice-giving discursive moves compared to the advice-givers in those studies. This possibly suggests

University of Malaya

the complexity surrounding the infertility issue which required the women's creativity to use various methods in offering advice.

In terms of the other discursive moves that were found in the messages besides those that performed advice-giving, the findings also indicated that there were differences between those found in the present study, and those identified in previous studies. Many of the discursive moves which were identified in the present study, but not in previous online studies on advice-giving such as in Locher's (2006), Kouper's (2010), Morrow's (2012) and Placencia's (2012) studies, were discursive moves which were affiliative. Examples of such moves were the *Comment on Previous Record* move, the *Congrats* move, the *Goodwill Wishes* move, the *Question* move, the *Requesting Recipient's Update* move, and the *Welcome* move. These discursive moves represented various forms of sharing and connection among one another.

As previous studies involved both individualistic societies (e.g. the Americans in Locher's (2006) study) and collectivist societies (e.g. the Japanese in Morrow's (2012) study and the Argentinians communicating in Spanish in Placencia's (2012) study), the diversity of ways in giving advice by the women in the present study implies that there are differences in how communities of different cultures seek and give online advice. Subsequently, this calls for more research on online advice-seeking and advice-giving strategies of participants from different cultural backgrounds.

In relation to frequency of strategy use, the findings in the present study showed that of the six types of discursive moves that performed advice-giving, *Direct Advice* was the most used advice-giving move, followed by the *Own Experience*, *Indirect Advice*, *General Information*, *Referral*, and *Other People's Experience* advice-giving moves.

University of Malaya

The findings on giving direct, explicit advice, i.e. the *Direct Advice* move, as the top advice-giving strategy concurred with Kouper's (2010) and Placencia's (2012) findings, but were in direct contrast to Locher's (2006) findings. The preference to give explicit advice was noted in Kouper's (2010) study of the advice-giving strategies in an international online forum and Placencia's (2012) study on how the Spanish gave advice in Yahoo*Respuestas!*. However, Locher's (2006) study on an American online advice column yielded different results with the non-agentive advice (synonymous to the *Indirect Advice* move) as the more prominent advice-giving strategy compared to the agentive advice (synonymous to the *Direct Advice* move).

The nature of advice (peer advice versus expert advice) could be a possible factor influencing the frequency of, and preference for explicit and implicit structures of advice. The present study, Kouper's (2010) study and Placencia's (2012) study looked at peer advice, while Locher's (2006) study was about expert advice. Therefore, the findings could indicate that peers generally prefer to use explicit and direct structures when offering advice online, as opposed to advice-givers assuming the expert role. As pointed out by Shaidatul Akma Adi Kasuma (2012), the use of a direct structure in advice could denote solidarity, with the implication that the relationship between the advice-giver and the advice-recipient is close enough to be regarded as "friends" rather than "strangers" (p. 178).

Another possible factor that could influence the frequency of and preference for explicit and implicit advice is culture. As the research site in Locher's (2006) study was an American advice column, the panel of medical experts assuming the role of advice-givers had to align themselves with the advising ethos of the advice column whereby an indirect advice-giving approach was recommended. The Americans are also an

University of Malaya

individualistic society. They view advice-giving as face-threatening and subsequently, indirectness is preferred when giving advice. In contrast, the rules governing interaction were more lenient in the present study's research site and Placencia's (2012) Yahoo*Respuestas!* Site. The interaction styles in these sites were accordingly more relaxed. Besides, both Malaysians and the Spanish are collectivist societies, and thus, directness in advice-giving is not only more tolerated, but even preferred to giving advice indirectly. As stated by Hu and Grove (1991), in a collectivist society, advice-giving is not viewed as face-threatening, but a way to show concern that signifies solidarity. Moreover, most of the advice in the present study was intended to urge the women to persevere and to take heart with the knowledge that many in the forum had been successful in their treatment despite experiencing failures in their previous IVF cycles. As such, the nature of the advice was motivational, inspiring, and affiliative.

However, it was not possible to compare the frequency of direct advice strategies between the present study and Morrow's (2012) study on the Japanese online advice strategies in order to discern if cultural influence was also a factor for using direct or indirect advice-giving strategies. Morrow's (2012) study did not make a distinction between direct and indirect advice. Neither was there linguistic analysis of the move so that agentive advice could be distinguished from non-agentive advice. As such, more online studies investigating this aspect of advice-giving may be recommended to accurately identify the most likely influencing factor for preferring directness or indirectness in advice-giving.

In terms of the linguistic structures of the *Direct Advice* move, the findings of the present study showed the imperative as the more frequently employed linguistic

University of Malaya

structure used. This differs from the findings in Locher's (2006) study, where a less imposing structure, the declarative, was utilized more often than the imperative.

The finding on the predominant use of the imperative in giving advice in the present study implies that familiarity with each other and the minimal power asymmetry between each other could have made the imperative as an acceptable linguistic structure when giving advice. This suggests that the nature of advice (expert advice versus peer advice) as a possible contributing factor in the difference between the choice of linguistic structures in Locher's (2006) study and that in the present study.

Another possible reason for the prevalent use of the imperative in giving advice is the interaction setting. In the context of the forum in the present study, the women could post multiple messages in an ongoing interaction. This could minimize misunderstanding resulting from the use of imperatives in advice. The women were able to clarify any confusion or misunderstanding in the message-exchanges. On the contrary, Locher's (2006) study involved looking at how advice was offered in an online health advice column. As a result, it was unlikely to have further interaction between the advice-seeker and the advice-giver once advice had been given by the panel of medical experts.

Cultural influence could also play a part in the choice of linguistic structures used to give advice. In the present study, the imperative structure was a prevalent advice-giving structure. On the other hand, the declarative was used more often in Locher's (2006) study, while the imperative was virtually absent in Morrow's (2012) research on peer online advice in Japanese. The participants in Locher's (2006) study were mainly Americans and the Americans are an individualistic society (Chen & Lan, 1998). As

University of Malaya

individualistic societies usually view advice-giving as face-threatening (Wierzbicka, 1991), a more indirect approach through the declarative structure may be preferred.

However, although both the Malaysians in the present study and the Japanese in Morrow's (2012) study were both collectivist societies, their perceptions of the imperative syntactic structures for giving advice were different. The participants in Morrow's (2012) study viewed the imperative as face-threatening, and consequently, they avoided using it, but in the present study, the imperative was the most frequently employed syntactic structure.

The finding on the choice of linguistic structures used to give advice shows that the preference to give advice in the imperative form is distinctive to the Malaysian culture. In spite of the Malaysian culture that emphasizes face-preservation, advice-giving was perceived in such a positive light by the women in the present study that it negated the need to be indirect when offering advice, especially when advice was much anticipated and needed in matters related to infertility.

With regards to the *Own Experience* move, the findings that identified it to be the second most frequently used advice-giving move in the present study concurred with Kouper's (2010), Morrow's (2012) and Placencia's (2012) studies, but contradicted the findings in Locher's (2006) study. Locher (2006) found the *Own Experience* move to be the least employed move to give advice.

One main difference between Locher's (2006) study and the other studies is the type of online platform in which advice was given. While Locher's (2006) research site was an advice column where advice was offered by a panel of health experts, the research site

University of Malaya

in the other studies was an online discussion forum and thus, the type of advice offered was peer advice. In this case, the difference in the interaction setting could be accountable for the difference in findings between Locher's (2006) study and the other four studies including the present study.

With regards to the linguistic structures employed when sharing experiences, the findings of the present study found that the *Own Experience* move frequently followed the structure of a narrative. This finding was also observed in Locher's (2006) and Kouper's (2010) studies.

However, what is different between the narratives in the present study and those in previous studies is the types of experiences narrated. In the present study, the experiences were most often about the advice-giver's own infertility treatment. By narrating experiences about the advice-giver's infertility treatment, the forum became a kind of reservoir of information on various types of experiences that women go through in their infertility treatment journey. This is a crucial function of the forum given the complexity and protracted nature of the infertility problem (Meldrum, Silverberg, Bustillo, & Stokes, 1998). In addition, the sharing also helped foster closer relationships between the advice-givers and the advice-recipients. This was another pivotal aspect of the interaction in order to create and nurture an environment that the women felt safe enough to trust and confide their problems. The rare occurrences of advice pertaining to embryo adoption then highlights the integral importance of bearing one's own biological children, which is a social and cultural expectation (ASPIRE, 2013).

Nevertheless, not all narrated experiences were experiences of the advice-giver's. Some experiences were experiences of other people, i.e. the *Other People's Experience* move.

University of Malaya

Like the *Own Experience* move, its linguistic structure was mostly narrative. Experience-sharing in this manner also constituted a form of solidarity-building between the advice-giver and the advice-recipient.

The finding on the women's use of experiences of other people as a form of advice-giving in the present study differs from that of Locher's (2006), Kouper's (2010) and Morrow's (2012) studies. Only Placencia's (2012) study has report of the participants using other people's experiences in giving advice, but she categorized this discursive move into the broader category of the *Experience* discursive move. In her study, the *Experience* discursive move encompassed both experiences of the advice-giver's as well as experiences of other people known to the advice-giver. However, by categorizing both types of experiences, it was not possible to determine how often the experiences were the experiences of the advice-giver, or experiences of others. In the present study, it was felt that advice in the form of other people's experience should be classified as a different category from the advice-giver's own experiences (e.g. the *Other People's Experience* move) because these two types of experiences were different from each other. Furthermore, it was also an indication that the advice-giver was compelled to offer other people's experiences as an additional piece of information that could be helpful to the advice-recipient.

The frequent experience-sharing by the women in the forum could stem from the fact that infertility is an embarrassing problem that is too taboo to discuss openly. Malaysia is a patriarchal society where a woman's ability to bear children and continue her husband's family lineage are paramount (Akhtar, 2011; Evens, 2004). Revealing one's own infertility problem may bring about shame, criticism and condemnation to the women and as such, there is not much these women can draw from the community.

University of Malaya

Consequently, when interacting online in an anonymous context, these women might have felt less inhibited, as well as more compelled to share their experiences, or experiences of other people whom they know might be able to help the message-recipients. Experience-sharing as a way to provide support and encouragement is also a characteristic of women's online behavior reported in previous research on online interaction (Klemm, Reppert, & Visich, 1998).

Another type of advice-giving move identified in the present study was the *Indirect Advice* move. The move was implied advice where the advice had to be inferred from context. This entailed looking at the context of the interaction and the intended propositional content.

However, in previous studies on online advice-giving, the *Indirect Advice* move was not considered a separate advice-giving move from the *Direct Advice* move. For instance, in Locher's (2006) study, the *Advice* move comprised both direct and indirect forms of advice, distinguishable only through their linguistic structures. Similarly, in Morrow's (2012) study, as there was no linguistic analysis of the *Advice* move, the move could also consist of both direct and indirect advice structures. In contrast, it was felt that the two types of advice should be made distinct from each other in the present study so as to differentiate implicit advice from explicit advice. Separating the two types of advice into different categories would enable investigation into how explicit and implicit forms of advice are realized linguistically, as well as how some advice is probably made implicit as a way to protect face and feelings, particularly when discussing a sensitive topic such as infertility.

University of Malaya

The findings of the present study also showed that the *Indirect Advice* move was crucial not only as a mitigation tactic through its subtle propositional content and its declarative and interrogative linguistic structures, but was also pivotal in softening the overall impositional force of the advice-giving message. This was especially apparent when the *Indirect Advice* move was used in conjunction with the more imposing *Direct Advice* move in the imperative structure.

The *General Information* move was another advice-giving move used by the women in the forum. It functioned to provide factual information. In contrast to the findings in Locher's (2006) study where the *General Information* move took on as the second most employed advice-giving move, the move was only the fourth most utilized advice-giving move in the present study. As such, the *General Information* move did not have that much prominence in the present study compared to the *Direct Advice* move, the *Own Experience* move and the *Indirect Advice* move. This finding thus suggests that the main advice-giving activity of the forum was not provision of information, but offering of support via explicit advice-giving, experience-sharing, and implicit advice-giving.

A possible explanation for the infrequent use of the *General Information* move by the women in the forum is that these women were not medical experts. The women's knowledge of the IVF treatment came from either what they had read on the subject, or information given by their doctors. As such, these women were probably aware that they were not the authority on infertility issues. Subsequently, these women had much less to share with regards to factual information compared to the panel of medical experts in the advice column examined by Locher (2006). As a result, the *General Information* move was utilized much less by the women in the forum as opposed to the medical experts in Locher's (2006) study.

University of Malaya

On the other hand, in the context of the present study where the women were peers with similar infertility problems, giving support through explicit and implicit advice-giving, and experience-sharing was more prominent. In the women's struggle to have a baby, they would have tried several forms of infertility treatments, and for some fortunate few, they were successful in their endeavor to become mothers. Consequently, when these women offered advice to other women in the forum, their assumed role was not of a medical expert, but another fellow comrade who had become advice-givers on the basis of what they had gone through and their achievements. As such, the women's credibility as advice-givers was based on their experiences of undergoing the IVF protocol. The types of advice offered were thus mainly experiences which the women felt might be useful to others who were either about to embark on or were undergoing the protocol.

The *Referral* move was advice whereby the advice-recipient was referred to other sources for information or advice. In the present study, the most frequent referrals were about obtaining information on matters related to the IVF treatment such as the doctors, hospitals, costs, procedures of the treatment, and complications associated with the treatment. It was also found that the move was frequently mitigated, especially with the modals "can" or "may", and composed in the declarative syntactic structure.

Comparison of the discursive moves that performed advice-giving between the present study and previous online studies showed that only Locher's (2006) study also reported a *Referral* move in her investigation of advice-giving messages. This finding indicates that the discussion topic could be a factor influencing the use of the *Referral* move. The discussion topics in both Locher's (2006) study (health issues) and the present study (infertility issues) were medically-related. Therefore, discussion on these topics involved referrals, in particular, referrals to doctors and health websites. On the contrary,

University of Malaya

discussions in Morrow's (2012) study (on the topic of divorce) and Placencia's (2012) study (on the topic of beauty) were less likely to have referrals. When discussing marital problems, advice messages tended to have assessments of the advice-seeker's situations, expressions of sympathy, and sharing of experiences. Similarly, advice given on matters pertaining to beauty was more inclined to consist of beauty tips and sharing of experiences.

Nevertheless, the *Referral* move was not a popular advice-giving move in the present study. It was the second least utilized advice-giving move. This thus shows that the women in the forum were largely able to offer advice by themselves, nullifying the need for many referrals. It demonstrates the women's capability as advice-givers, and their earnestness to provide the advice, help and support needed by their fellow comrades who are undergoing infertility treatment.

With regards to relational work, it was found that most of the relational work inherent in the advice-giving messages was aimed at solidarity-building. The *Bonding* relational category ranked top as the women's most preferred means of relating to one another when giving advice in the forum (Chapter 4, Section 4.3.4). Even the other relational categories such as *Hedging, Empathizing, Praising* and *Humor-Bonding* were also essentially bonding (Chapter 5, Section 5.3.2).

The frequent expressions of solidarity also suggests that the women often viewed themselves as comrades who were in this IVF journey together. Therefore, they had a strong sense of commitment to one another as members of the same online community, who could understand the tremendous pressure one was put under to produce children. As stated by Braithewaite, Waldron, & Finn, (1999) and Winzelberg (1997), when

University of Malaya

participants in an online setting share common interests or experiences, this could lead to feelings of universality and interconnectedness among them.

The ways the advice-givers in the forum tended to focus on connecting with the advice-recipients through expressions of inclusiveness, warmth, support and empathy are what Miller and Gergen (1998) termed as "supportive interchanges" (p. 193), and Morrow (2006) labeled as "positive regard" (p. 542). Supportive exchanges or expressions of solidarity were also found in abundance in both Morrow's (2012) and Placencia's (2012) research on online peer-to-peer advice. In contrast, this aspect of the findings about bonding contradicts with the findings in Locher's (2006) study. *Hedging* took the place of *Bonding* as the most employed relational work in Locher's (2006) study.

As such, the findings on how bonding was a prominent feature of the investigated online forum in the present study could indicate that the interaction setting might be an attributable factor. Morrow's (2012), Placencia's (2012) and the present study's research sites were all online discussion forums where advice offered was peer-to-peer. The structure of the interaction was also polylogic. There was no expert whose role was to offer only advice to those who sought it. Instead, any member who felt she had the information, knowledge or experience to share, was considered capable as an advice-giver. In addition, when one member had achieved some form of success, either in terms of egg fertilization or embryo implantation, she was automatically elevated to the position of an advice-giver. Her role was also not restricted to only give advice to the other members, but also to offer her moral and emotional support. The advice-seeker, in return, was often appreciative of the advice, help and support received, and consequently, also responded in an amicable manner.

University of Malaya

Conversely, in Locher's (2006) study, the type of advice was expert to non-expert. Not only was there greater power asymmetry between the advice-giver and the advice-recipient, but the dyadic structure of the online advice column in Locher's (2006) study also did not allow much interaction between the advice-seeker and the advice-giver. Nevertheless, it will also be interesting to find out if the *Bonding* relational aspect of the interaction is observed, and how bonding is achieved, in other peer-to-peer discussion forums, or among participants of other cultures. This, calls for research on online advice-seeking and advice-giving in other online forums.

Bonding was probably important in the present study due to the role of the forum and the nature of the discussion topic. The forum was intended to be a supportive platform for the women to share and encourage one another in their IVF journey. In addition, due to the complexity of the infertility problem, participation in the forum could be protracted since the journey from the time of undergoing infertility treatment to successful motherhood could take up a period of a few years, especially if more than one IVF protocol was needed (Meldrum, Silverberg, Bustillo, & Stokes, 1998). Therefore, this long-spanning interaction among the women enabled formation of intimate relationships with one another, and consequently, bonding became a central feature of their interaction. This aspect of the findings hence supports the Social Information Processing (SIP) theory in that in an online environment, despite the lack of nonverbal cues (White & Dorman, 2001), intimate relationships can be developed as long as the participants interact for a longer period of time (Walther, 1996; Wright, 2004).

Another possible factor leading to strong and frequent bonding among the women in the forum is society's perception of infertility. Considered a sensitive issue in the Malaysian

University of Malaya

culture, open discussion on the topic is not possible for fear of criticism, and possibly even ostracism from society (Akhtar, 2010). As such, expressing concern and empathy is essential in this type of forum to provide support for these women. Subsequently, when self-disclosure is reciprocated by empathy and acceptance, this facilitates formation of close relationships (Bargh, McKenna, & Fitzsimons, 2002).

5.4 Contributions of the Study

The study has several important contributions: it contributes to the existing body of literature, to the women seeking advice in the forum, to other women seeking infertility treatment, and to society as a whole.

5.4.1 Combining Theoretical Models

Unlike other studies, the present study employed a combination of three theoretical models in the analysis of advice-seeking and advice-giving strategies (Chapter 3). Combining theoretical models allows a more comprehensive investigation of the advice-seeking and advice-giving strategies since: (1) the discursive moves can be coded and analyzed using Locher's (2006) framework, (2) the discursive moves can also be discerned for their functions, especially in relation to identifying discursive moves which act as advice-seeking or advice-giving using Kouper's (2010) method of analysis, and (3) the messages can be further examined for other aspects of the messages using Ruble's (2011) analysis method (for advice-seeking messages), or Goldsmith's (2004) analysis method (for advice-giving messages). This adds to the existing body of literature on online advice-seeking and advice-giving strategies.

5.4.2 Enabling Comparison with Other Cultures

Although there has been extensive research on advice-seeking and advice-giving

University of Malaya

strategies in various interaction settings, as yet, research on online advice-seeking and advice-giving strategies is still limited. Accordingly, the present study is able to add to the current body of literature of pragmatics, vis-à-vis the online peer advice-seeking and advice-giving strategies of women on a culturally-taboo topic such as IVF. The study therefore provides a platform for future research so that the strategies employed by women in the present study can be compared with those used by women in other cultures to have a better understanding on how societal perception on infertility issues may influence the women's advice-seeking and advice-giving strategies.

5.4.3 Rendering Help to Women through Online Forum(s)

As the findings of the study indicate that the anonymous interaction setting may be a factor in encouraging women with infertility problems to seek help and support in the forum, one contribution of the study is to publicize or promote the online forum so that other women with infertility problems are aware of its existence. Subsequently, this enables the women to discuss their problems freely in the online community without the fear of having their identities disclosed.

In addition, the researcher could also create more online discussion forums for women with infertility problems so that there are more platforms for these women to seek help and find solidarity in their IVF journey. This would help alleviate the sense of loneliness and isolation felt by the women as illustrated in some of the messages, at the same time providing an avenue for gathering information about infertility treatments.

5.4.4 Providing and Disseminating Information

The study's findings revealed that information and advice from doctors to women with infertility problems were usually about conventional methods of treatment. However,

University of Malaya

the findings also showed that there were other types of knowledge and advice shared by the women in the forum which were equally important. This includes experiences of other women undergoing infertility treatment, information on how certain types of food or drinks may affect the body's responses towards the IVF treatment or one's chances of conceiving, as well as fertility-related traditional practices and superstitions. The shared experiences of women undergoing infertility treatment provided information and tips to ensure a smoother journey for those who were undergoing, or those who were about to embark on their IVF journey. Knowledge on the types of food or drink which were discouraged for women undergoing IVF (e.g. spicy, sour and ayurvedically hot or heaty food or fruits, and carbonated drinks), had also been found to be helpful to some of the women in the forum to increase their chances of conceiving and to avoid exacerbating the ovarian hyperstimulation syndrome (OHSS) during the early stages of IVF. Similarly, information on fertility-related traditional practices and superstitions such as taking of certain herbs, doing acupuncture, and avoiding shifting of furniture in the house was also discussed and found to be useful by the women in the forum.

As such, this finding on the advice pertaining to traditional beliefs and practices carries the implication that when infertility-related advice is sought and given by women in patriarchal societies, they might be willing to try everything, i.e. the conventional medical treatment as well as observation of cultural beliefs and practices. Although some of the information the offered may not have a basis in medical research, providing the women with various types of information may help them cope with the treatment better. These women may find the information helpful in making them feel psychologically more positive and hopeful. Dissemination of such information may be done by going into forums where infertility issues are discussed, or sharing the information through articles published online or in print.

University of Malaya

5.4.5 Creating Awareness on Infertility

Despite the pervasiveness of infertility and the availability of infertility treatment, it is apparent from the findings that many of the women were still ignorant and embarrassed about their problem. Most of the questions asked were about the IVF protocol and procedures despite undergoing the treatment. This suggests a lack of discussion between the women and their doctors. In addition, some of the women expressed how they had to cry and suffer alone, unable to share their problems and frustrations with anyone. There were also indications of how the women still held themselves highly responsible for being childless although it was clear that their husbands also had infertility problems.

Given the desperation and estrangement experienced by women with infertility problems, it is thus imperative that they receive help and support. The taboo surrounding the infertility issue will be detrimental to these women's psychological and emotional well-being, and the misconception about how infertility is only the women's problem, will only worsen their condition and the societal's disapproval.

Hence, it may be commendable to create public awareness on how common infertility problem is, and that it is a problem shared by both men and women. One in six couples in Malaysia is reported to have infertility problem, and it is a problem that "is on the rise, reportedly by four per cent since the 1980s" (Chok, 2014, para 1). Only with awareness of the pervasiveness of infertility that women with infertility problems are bold enough to seek help and treatment. This can be made possible through awareness campaigns or reports of findings on infertility problems and treatments to the public via print, electronics and social media.

University of Malaya

5.5 Recommendations for Future Studies

A recommendation for future research would be to have contrastive studies examining the strategies used by communities of a different culture or, of a different gender. A study involving different cultures would enable investigation on whether the advice-seeking and advice-giving strategies employed by Malaysian women are similar to, or different from, women of another culture or society. Likewise, a contrastive study of strategies employed by different genders allows comparisons of how women and men interact in the online forum on issues concerning infertility.

Another recommendation for future research would be to investigate if there are differences in online advice-seeking and advice-giving strategies utilized when the interaction is on topics other than infertility issues. In the present study, the advice-seeking and advice-giving strategies examined were related to infertility treatment. However, comparison of the strategies with previous studies on online advice-seeking and advice-giving (e.g. Locher's (2006) and Morrow's (2012) studies) has revealed that it is possible for discussion topics to influence participants' interaction patterns.

As the present study's findings were based on how women ask for and give advice in an online setting, it would also be interesting to find out if these strategies are the same in other interaction settings, such as in face-to-face settings, especially on issues which may be face-damaging if the interactants' problems and identities are revealed. Strategies can be compared to see if the difference in settings has any impact on the ways Malaysian women request for and give advice on infertility treatments.

Examining the sequential organization of advice-seeking and advice-giving in online forums could also be an important direction for future research. This enables a more in-

University of Malaya

depth understanding of advice-seeking and advice-giving strategies, especially on how categories of advice-seeking are related to categories of advice-giving. Besides, the organization of other discursive moves within the advice-seeking messages and advice-giving messages could also be analyzed, for instance, where the discursive moves appear in the messages in relation to other discursive moves.

In addition, considering interaction patterns are highly contextual, future studies could also benefit from having more online forums as their research sites. Having a larger number of research sites increases the generalizability of the findings.

5.6 Summary

In sum, Malaysian women in this study utilized a wide variety of advice-seeking and advice-giving strategies, suggesting the complexity of the infertility issue. Advice sought mainly centered on certain aspects of the IVF protocol including procedures, coping strategies, hospitals or doctors, and intimate details concerning the advice-givers' fertility profiles and experiences. Advice given was then primarily geared towards giving recommendations with emotional support and encouragement. In both the advice-seeking and advice-giving messages, there were also some indications of possible cultural influence. This was evident in the message content (e.g. traditional beliefs, practices and superstitions) and how the message was constructed (e.g. local vocabularies and discourse particles).

The findings have also shown that a computer-mediated interaction setting is crucial for discussions on taboo topics. In the present study, the anonymity of identity afforded by the online forum enabled the women to discuss their problems and express themselves in a way that was not possible in other interaction settings. This subsequently led to the

University of Malaya

formation of a virtual community comprising women in similar predicaments, thus establishing solidarity among themselves and removing any sense of alienation they might feel in traditional communities. These women in the virtual community could empathize with one another's plight, offering useful information, emotional support and advice that not helped alleviate and solve the advice-recipients' problems, but also to provide the psychological reassurances that they desperately need.

Nevertheless, despite the anonymity of online communication, the women's interactions were still guided by their general need to own a positive face and to build solidarity. There were no signs of criticisms in any of the messages, many of the discursive moves were essentially affiliative in nature, and there were many uses of the *Bonding* and *Hedging* relational work. Even with the concealment of their true identity, the participants still assumed an identity, albeit a falsified one, and it was important that they observed the preservation of face in order to maintain connectedness with all members.

The study has contributed to the current literature on the speech acts of advice-seeking and advice-giving by adding further insight into how advice may be sought and given online on a culturally-taboo issue. It has shown how the sensitivity surrounding the topic, the participants being Malaysians, the interaction setting being computer-mediated, and the advice type being peer advice, can influence the ways advice is sought and given. The study has also revealed the innermost fears and needs of women with infertility problems, thus unveiling how best to advise, help and support them.

University of Malaya

REFERENCES

Aarons, S. J., & Jenkins, R. R. (2002). Gender, pregnancy, and contraception-related motivators and barriers among Latino and African-American youth in Washington, DC. *Gender Education, 2*(1), 5-30.

Abel, S., Park, J., Tipene, L. D., Finau, S., & Lennan, M. (2001). Infant care practices in New Zealand: A cross-cultural qualitative study. *Social Science and Medicine, 53*, 1135-1148.

Ackert, L. F., Church, B. K., & Englis, B. (2002). The asset allocation decision and investor heterogeneity: A puzzle? *Journal of Economic Behavior & Organization, 47*(4), 423-433.

Aijmer, K. (1986). Discourse variation and hedging. In J. Arts & W. Meijs (Eds.), *Corpus Linguistics II: New studies in the analysis and exploitation of computer corpora* (pp. 1-18). Amsterdam: Rodopi.

Akhtar, A. (2011). *Remaining childless: Why is it a cultural taboo?* Retrieved from http://www.onislam.net/english/family/husbands-and-wives/fertility/453782-remaining-childless-why-is-it-a-cultural-taboo-.html

Anolli, L., Villani, D., & Riva, G. (2005). Personality of people using chat: An on-line research. *Cyberpsychology & Behaviour, 8*, 89-95.

Arjunan, A. (2016, June 12). Save on fertility fees. *The Star,* pp. 10-11.

Armentor-Cota, J. (2011). Multiple perspectives on the influence of gender in online interactions. *Sociology Compass, 5*(1), 23-26.

Arundale, R. B. (2006). Face as relational and interactional: A communication framework for research on face, facework, and politeness. *Journal of Politeness Research, 2*, 193-216.

Arundale, R. B. (2010). Constituting face in conversation: Face, facework, and interactional achievement. *Journal of Pragmatics, 42*, 2078-2105.

Asma Abdullah. (1992). The influence of ethnic values on managerial practices in Malaysia. *Malaysian Management Review, 27*(1), 3-18.

Asma Abdullah. (1996). *Going glocal: Cultural dimensions in Malaysian management*. Kuala Lumpur: Malaysian Institute of Management.

Asmah Haji Omar. (1992). *The linguistic scenery in Malaysia*. Kuala Lumpur: Dewan Bahasa dan Pustaka.

Asmah Haji Omar. (1995). Indirectness as a rule of speaking among the Malays. In Zainab Abdul Majid, & Loga Mahesan Baskaran (Eds.), *Rules of speaking up* (pp. 47-60). Petaling Jaya: Pelanduk Publications.

University of Malaya

Asia Pacific Initiative on Reproduction (ASPIRE). (2013). *Starting Families Asia Study*. Geneva, Switzerland: Author. Retrieved from http://www.fertilityasia.com.tw/tw.country.fertility/zh/images/SFA%20Study%20Report_Merck%20Serono_tcm864_14502.pdf

Asrul Zamani. (2002). *The Malay ideals*. Kuala Lumpur: Golden Books Centre.

Austin, J. L. (1962). *How to do things with words*. Oxford: Oxford University Press.

Baran, S. J. (2002). *Introduction to mass communication, 2nd ed*. New York: Mc-Graw-Hill.

Barasa, S. N. (2010). *Language, mobile phones and Internet: A study of SMS texting, email, IM and SNS chats in computer mediates communication (CMC) in Kenya*. The Netherlands: LOT.

Bargh, J., McKenna, K., & Fitzsimons, G. (2002). Can you see the real me? Activation and expression of the "true self" on the internet. *Journal of Social Issues, 58*(1), 33-48.

Bargiela-Chiappini, F. (2003). Face and politeness: New (insights) for old (concepts). *Journal of Pragmatics, 35*, 1453-1469.

Baron, N. S. (1984). Computer-mediated communication as a force in language change. *Visible Language, XVIII 2*, 118-141.

Bauer, M., & Wright, A. L. (1996). Integrating qualitative and quantitative methods to model infant feeding behavior among Navajo mothers. *Human Organization, 55*(2), 183-192.

Baym, N. (1996). Agreements and disagreements in computer-mediated discussion. *Research on Language and Social and Language Interaction, 29*(4), 315-345.

Baym, N. K. (2015). *Personal connections in the digital age* (2nd ed). Cambridge: Polity.

Beasley, A. (1998). The medicalization of breastfeeding: Lessons from the experience of four first-time mothers. In A. Beasley, & A. Trlin (Eds*.), Breastfeeding in New Zealand: Practice, problems, and policy* (pp. 95-109). Palmerston North: Dunmore Press.

Beisswanger, A. H., Stone, E. R., Hupp, J. M., & Allgaier, L. (2003). Risk taking in relationships: Differences in deciding for oneself vs. for a friend. *Basic and Applied Social Psychology, 25*(2), 121-135.

Beiβwenger, M., & Storrer, A. (2008). Corpora of computer-mediated communication. In A. Ludeling, & M. Kyto (Eds.), *Corpus linguistics: An international handbook. Volume 1* (pp. 292-308). Berlin: New York.

Bellman, B., Tindimubona, A., & Arias, A. Jr. (1993). Technology transfer in global networking: Capacity building in Africa and Latin America. In L. Harasim (Ed.), *Global networks: Computers and international communication* (pp. 237-254). Massachusetts: MIT Press.

University of Malaya

Blais, A. R., & Weber, E. U. (2001). Domain-specificity and gender differences in decision making. *Risk, Decision and Policy, 6*(1), 47-69.

Blanchard, A. L., & Markus, M. L. (2004). The experienced "sense" of virtual community: Characteristics and processes. *Database for Advances in Information Systems, 35*(1), 65-79.

Blank, T. O., & Adams-Blodnieks, M. (2007). The who and the what of usage of two cancer online communities. *Computers in Human Behavior, 23*, 1249-1257.

Blum-Kulka, S., & House, J. (1989). Cross-cultural and situational variation in requesting behavior. In S. Blum-Kulka, J. House & G. Kasper (Eds.), *Cross-cultural pragmatics: Requests and apologies* (pp. 123-154). Norwood, New Jersey: Ablex Publishing Corporation.

Blum-Kulka, S., House, J., & Jasper, G. (Eds). (1989). *Cross-cultural pragmatics: Requests and apologies*. Norwood, New Jersey: Ablex Publishing Corporation.

Boase, J., Horrigan, J. B., Wellman, B., & Rainie, L. (2006). *The strength of Internet ties*. Washington, D.C.: The Pew Internet & American Life Project.

Budescu, D. V., & Rantilla, A. K. (2000). Confidence in aggregation of expert opinions. *Acta Psychologica*, *104*, 371-398.

Braithewaite, D. O., Waldron, V. R., & Finn, J. (1999). Communication of social support in computer-mediated groups for people with disabilities. *Health Communication, 11*, 123-151.

Brown, P., & Levinson, S. (1987). *Politeness: Some universals in language use*. Cambridge: Cambridge University Press.

Burrell, N. A., Mabry, E. A., & Allen, M. (2010). Gender style differences in mediated communication. In J. Park, & E. Abels (Eds.), *Interpersonal relations and social patterns in communication technologies: Discourse norms, language structures and cultural variables* [Electronic version] (pp. 121-141). Hershey: Information Science Reference.

Burri, M., Baujard, V., & Etter, J. F. (2006). A qualitative analysis of an Internet discussion forum for recent ex-smokers. *Nicotine & Tobacco Research, 8*, 13-19.

Burrows, R., Nettleton, S., Loader, B., & Muncer, S. (2000). *Virtual community core? Understanding the experience of computer mediated social support*. Retrieved from http://www.regard.ac.uk

Byram, M. (1988). Foreign language education and cultural studies. *Language, Culture and Curriculum, 1*(1), 15-31.

Carli, L. L., & Bukatko, D. (2000). Gender, communication and social influence: A developmental perspective. In T. Eckes, & H. M. Trautner (Eds.), *The developmental social psychology of gender*. Mahwah, N. J.: Lawrence Erlbaum Associates.

Chao, R. (1995). Chinese and European American cultural models of the self reflected in mothers' childrearing beliefs. *Ethos, 23*, 328-354.

University of Malaya

Chen, H., & Lan, W. (1998). Adolescents' perceptions of their parents' academic expectations: Comparison of American, Chinese-American, and Chinese high-school students. *Adolescence, 33*(130), 385-390.

Chentsova-Dutton, Y. E., & Vaughn, A. (2012). Let me tell you what to do: Cultural differences in advice-giving. *Journal of Cross-Cultural Psychology*, *43*(5), 687-703. doi: 10.1177/0022022111402343 [online]

Cherny, L. (1999). *Conversation and community: Chat in a virtual world*. Stanford: CSLI Publications.

Choi, E. C. (1995). A contrast of mothering behaviors in women from Korea and the United States. *Journal of Obstetric, Gynecologic, and Neonatal Nursing, 24*(4), 363-369.

Chok, S. Y. (2014, March 7). One in six couples face infertility - doctor. *The Borneo Post*. Retrieved from http://www.theborneopost.com/2014/03/07/one-in-six-couples-faces-infertility-doctor/

Choudhry, U. K. (2001). Uprooting and resettlement experiences of South Asian immigrant women. *Western Journal of Nursing Research, 23*(4), 376-393. [online]. http://wjn.sagepub.com/cgi/content/abstract/23/4/376

Chun, M. Y. (2009). *Cultural relativity and universality of linguistic politeness: The speech act of advice.* (Unpublished doctoral dissertation). Korea University, Korea

Clancy, P. (1986). The acquisition of communication style in Japanese. In B. Shieffelin, & E. Ochs (Eds.), *Language socialization across cultures* (pp. 213-250). Cambridge: Cambridge University Press.

Clemen, R. T. (2001). Naturalistic decision making and decision analysis. *Journal of Behavioral Decision Making, 14*(5), 359-361.

Colley, A., Todd, Z., Bland, M., Holmes, M., Khanom, N., & Pike, H. (2004). Style and content in e-mails and letters to male and female friends. *Journal of Language and Social Psychology, 23*(3), 369-378.

Collins, P. (1991). The modals of obligation and necessity in Australian English. In K. Aijmer & B. Altenberg (Eds.), *English corpus linguistics* (pp. 145–165). New York: Longman.

Courtney, W. H. (2000). Constructions of masculinity and their influences on men's well-being: A theory of gender and health. *Social Science & Medicine, 50*, 1385-1401.

Cramer, D. (1990). Helpful actions of close friends to problems and distress. *British Journal of Guidance and Counseling, 18*, 281-293.

Crozet, C., & Liddicoat, A. J. (1999). The challenge of intercultural language teaching: Engaging with culture in the classroom. In J. Lo Bianco, A. J. Liddicoat & C. Crozet (Eds.), *Striving for the third place: Intercultural competence through language education* (pp. 113-126). Canberra: Language Australia.

University of Malaya

Crystal, D. (2002). *The English language: A guided tour of the language*. London: Penguin Group.

Davison, K. P., Pennebaker, J. W., & Dickerson, S. S. (2000). Who talks? The social psychology of illness support groups. *American Psychologist*, *55*, 205-217.

de Rivera, C., Girolametto, L., Greenberg, J., & Weitzman, E. (2005). Children's responses to educators' questions in day care play groups. *American Journal of Speech-Language Pathology, 14*, 14-26.

DeCapua, A., & Dunham, J. F. (1993). Strategies in the discourse of advice. *Journal of Pragmatics, 20,* 519-531.

DeCapua, A., & Huber, L. (1995). "If I were you …": Advice in American English. *Multilingua, 14*, 117-132.

Dickerson, S. S., Flaig, D. M., & Kennedy. M. C. (2000). Therapeutic connection: Help seeking on the Internet for persons with implantable cardioverter defibrillators. *Heart and Lung, 29*, 248-255.

Don, Z. M., & Izadi, A. (2011). Relational connection and separation in Iranian dissertation defenses. *Journal of Pragmatics, 43*, 3782-3792.

Dyer, S. J. (2007). The value of children in African countries: Insights from studies on infertility. *Journal of Psychosomatic Obstetrics & Gynecology*, *28*(2), 69-77.

Earley, P. C. (1997). *Face, harmony and social structure: An analysis of organizational behavior across cultures*. New York: Oxford University Press.

Eelen, G. (2001). *A critique of politeness theories*. Manchester, U.K.: St Jerome Publishing.

Eisenchlas, S. A. (2011). On-line interactions as a resource to raise pragmatic awareness. *Journal of Pragmatics, 43*, 51-61.

Eisenchlas, S. A. (2012). Gendered discursive practices on-line. *Journal of Pragmatics, 44*, 335-345.

Eisenhardt, K (1989). Agency Theory: An assessment and review. *Academy of Management Review, 14*, 57-74.

Ess, C., & Association of Internet Researchers. (2002). *Ethical decision-making and Internet research*. Retrieved from http://www.aoir.org/reports/ethics.pdf

Evens, E. M. (2004). A global perspective on infertility: An under recognized public health issue. *Carolina Papers in International Health, 18*. Retrieved from http://cgi.unc.edu/uploads/media_items/a-global-perspective-on-infertility-an-under-recognized-public-health-issue.original.pdf

Fatin Hafizah Mohd Shahar (2011, June 16). Amalan pantang. *Berita Harian*. Retrieved from http://www.bharian.com.my/articles/Amalanpantang/Article/print_html

Feng, B. (2009). Testing an integrated model of advice giving in supportive interactions. *Human Communication Research, 35*, 115-129.

University of Malaya

Feng, B., & Feng, H. (2013). Examining cultural similarities and differences in responses to advice: A comparison of American and Chinese college students. *Communication Research, 40*(5), 623-644.

Feng, B., & Magen, E. (2015). Relationship closeness predicts unsolicited advice giving in supportive interactions. *Journal of Social and Personal Relationships*, advance online publication. doi: 10.1177/0265407515592262

Finfgeld, D. L. (2000). Therapeutic groups online: The good, the bad, and the unknown. *Issues in Mental Health Nursing, 21*, 241-255

Finn, J. (1999). An exploration of helping processes in an online self-help group focusing on issues of disability. *Health and Social Work, 24*, 220-231.

Fishman, P. (1978). Interaction: The work women do. *Social Problem, 24*, 397-406.

Fraser, B. (1990). Perspectives on politeness. *Journal of Pragmatics, 14,* 219-236.

Galinsky, M. J., Schopler, J. H., & Abell, M. D. (1997). Connecting group members through telephone and computer groups. *Health and Social Work, 22,* 191-188.

Gerrits, T. (2002). Infertility and matrilineality: The exceptional case of the Macua of Mozambique. In M. C. Inhorn & F. van Balen (Eds.), *Infertility around the globe: New thinking on childlessness, gender, and reproductive technologies* (pp. 233-246). Berkeley: University of California Press.

Goffman, E. (1967). *Interaction ritual: Essays on face-to-face behavior*. Allen Lane: The Penguin Press.

Goldsmith, D. (2000). Soliciting advice: The role of sequential placement in mitigating face threat. *Communication Monographs, 67*(1), 1-19.

Goldsmith, D. J. (2004). *Communicating social support*. New York: Cambridge University Press.

Goldsmith, D. J. (2009). Social support. In S. W. Littlejohn & K.A. Foss (Eds.), *Encyclopedia of Communication Theory* (pp. 913-914). London: Sage Publication Ltd.

Gooden, R. J., & Winefield, H. R. (2007). Breast and prostate cancer online discussion boards: A thematic analysis of gender differences and similarities. *Journal of Health Psychology, 12*, 103-114.

Goodwin, M. H. (1990). Tactical uses of stories: Participation frameworks within girls' and boys' disputes. *Discourse Processes, 13*, 33-71.

Goodwin, M. H. (1997). Crafting activities: Towards a situated view of gender in children's conversation. In C. T. Snowdon, & M. Hausberger (Eds.), *Social influences on vocal development* (pp. 328-341). Cambridge: Cambridge University Press.

Grice, P. (1975). Logic and conversation. In P. Cole & J. L. Morgan (Eds.), *Syntax and Semantics, Vol. 3* (pp. 41-58). New York: Academic Press.

University of Malaya

Gu, Y. (1990). Politeness phenomena in modern Chinese. *Journal of Pragmatics, 14*, 237-257.

Gudykunst, W. B., & Kim, Y. Y. (1992). *Communicating with strangers: An approach to intercultural communication*. New York: Mc-Graw Hill.

Gummesson, E. (1991). *Qualitative methods in management research*. California, CA: Sage Publication.

Gurak, L. (1999). *Persuasion and privacy in cyberspace*. New Haven: Yale University Press.

Hall, E. T. (1996). The power of hidden differences. In M. J. Bennett (Ed.), *Basic concepts of intercultural communication* (pp. 53-67). Maine: Intercultural Press Inc.

Hargreaves, D. H. (1984). Teachers' questions: open, closed, and half open. *Educational Research, 26*(1), 46-52.

Harman, J., Hansen, C., Cochran, M., Lindsey, C. (2005). Liar, liar: Internet faking but not frequency of use effects social skills, self-esteem, social anxiety, and aggression. *CyberPsychology, 8*(1), 1-6.

Harrison, S., & Barlow, J. (2009). Politeness strategies and advice-giving in an online arthritis workshop. *Journal of Politeness Research: Language, Behavior, Culture, 5*(1), 93-111.

Hartford, B. S., & Bardovi-Harlig, K. (1992). Experimental and observational data in the study of interlanguage pragmatics. *Pragmatics and Language Learning, 3*, 33-52.

Hartley, J. (1994). Case studies in organizational research. In C. Casell & . Symon (Eds.), *Qualitative methods in oragnizational researc: A practical guide.* (pp. 208-229). London, UK: Sage Publication.

Haugh, M. (2003a). Anticipated versus inferred politeness. *Multilingua, 22*(4), 397-413.

Haugh, M. (2003b). Japanese and non-Japanese perceptions of Japanese communication. *New Zealand Journal of Asian Studies, 5*(1): 156-177.

Haugh, M. (2010). Jocular mockery, (dis)affiliation and face. *Journal of Pragmatics, 42*, 2106-2119.

Haverkate, H. (1984). *Speech acts, speakers, and hearers: Pragmatics and beyond 4.* Amsterdam: John Benjamins Publishing Company.

Heath, C., & Gonzalez, R. (1995). Interaction with others increases decision confidence but not decision quality: Evidence against information collection views of interactive decision-making. *Organizational Behavior and Human Decision Processes*, *61*, 305-326.

Held, G. (1992). Politeness in linguistic research. In R. J. watts, D. Ide, & K. Ehlich (Eds.), *Politeness in language* (pp. 131-153). Berlin: Mouton de Gruyter.

University of Malaya

Heritage, J., & Sefi, S. (1992). Dilemmas of advice: Aspects of the delivery and reception of advice in interactions between health visitors and first-time mothers. In P. Drew, & J. Heritage (Eds.), *Talk at work. Interaction in Institutional Settings* (pp. 359-417). Cambridge: Cambridge University Press.

Hermeking, M. (2005). Culture and Internet consumption: Contributions from cross-cultural marketing and advertising research. *Journal of Computer-Mediated Communication, 11*(1), article 10. Retrieved from http://jcmc.indiana.edu/vol11/issue1/hermeking.html

Herring, S. C. (2004). Computer-mediated communication and woman's place. In M. Bucholtz (Ed.) *Language and woman's place: Text and commentaries* (pp. 216-222). New York: Oxford University Press.

Herring, S. C. (1993). Gender and democracy in computer-mediated communication. The Electronic Journal of Communication, 3(2). Retrieved from http://www.cios.org/EJCPUBLIC/003/2/00328.HTML

Herring, S. C. (1996). Gender differences in CMC: Bringing familiar baggage to the new frontier. In V. Vitanza (Ed.), *CyberReader* (pp. 144-154). Boston: Allyn & Bacon.

Herring, S. C. (1999). Interactional coherence in CMC. *Journal of Computer-Mediated Communication, 4*(4). Retrieved from http://www.ascusc.org/jcmc/vol4/issue4/

Herring, S. C. (2001). Computer-mediated discourse. In D. Schiffri, D. Tannen, & H. Hamilton (eds.), *The handbook of discourse analysis* (pp. 612-634). Oxford: Blackwell Publishers.

Herring, S. C. (2004). Computer-mediated communication and woman's place. In M. Bucholtz (Ed.), *Language and woman's place: Text and commentaries* (pp. 216-222). Oxford: Oxford University Press.

Herring, S. C. (2007). A faceted classification scheme for computer-mediated discourse. *Journal of Language@Internet, 4*(1), Retrieved from http://www.languageatinternet.org/articles/2007/761

Herring, S. C. (2008). Gender and power in on-line communication. In J. Holmes, & M. Meyerhoff (Eds.), *The handbook of language and gender* (pp.202-228). Oxford: Blackwell Publishing Ltd.

Herring, S. C. (2010). Web content analysis: Expanding the paradigm. In J. Husinger, M. Allen, & L. Klastrup (Eds.), *The international handbook of Internet research* (pp. 233-249). Berlin: Springer Verlag.

Herring, S. C. (2011). Computer-mediated conversation: Introduction and overview. *Language@Internet, 8*, article 2. Retrieved from http://www.languageainternet.org/articles/2011/2801

Herring, S. C., Scheidt, L. A., Bonus, S., & Wright, E. (2004). *Bridging the gap: Analysis of weblogs.* Proceedings of the 37th Annual Hawaii International Conference on System Sciences.

University of Malaya

Hickey, L., & Vazquez Orta, I. (1994). Politeness as deference: A pragmatic view. *Pragmalinguistica, 2*, 267-286.

Hinkel, E. (1997). Appropriateness of advice: DCT and multiple choice data. *Applied Linguistics, 18*(1), 1-26.

Hofstede, G. (1984). *Culture consequences, international differences in work-related values.* CA: Sage Publications Beverly Hills.

Hofstede, G. (1991). Management in a multicultural society. *Malaysian Management review, 26*(1), 3-12.

Hofstede, G. (2001). *Culture's consequences: Comparing values, behaviors, institutions and organizations across nations*. Thousand Oaks, CA: Sage.

Hofstede, G., Hofstede, G. J. & Minkov, M. (2010). *Cultures and organizations: Software of the mind* (3rd Ed.). New York: McGraw-Hill.

Hollos, M., Larsen, U., Obono, O., & Whitehouse, B. (2009). The problem of infertility in high fertility populations: Meanings, consequences and coping mechanisms in two Nigerian communities. *Social Science & Medicine*, *68*, 2061-2068.

Holmes, J. (1995). *Women, Men and Politeness*. London: Longman.

Hu, W., & Grove, C. (1991). *Encountering the Chinese.* Yarmouth: Maine Intercultural Press.

Hudson, T. (1990). The discourse of advice giving in English – 'I wouldn't feed until spring no matter what you do'. *Language and Communication, 10*, 285-297.

Huffaker, D. A., & Calvert, S. L. (2005). Gender identity and language use in teenage blogs. *Journal of Computer-Mediated Communication, 10*. Retrieved from http://jcmc.indiana.edu/vol10/issue12/huffaker.html

Hughes, N., Locock, L., & Ziebland, S. (2013). Personal identity and role of 'carer' among relatives and friends of people with multiple sclerosis. S*ocial Science & Medicine, 96*, 78-85.

Index Mundi. (2014). *Malaysia demographic poll 2014.* Retrieved from http://www.indexmundi.com/malaysia/demographics_profile.html

Inhorn, M. C., & van Balen, F. (2002). *Infertility around the globe: New thinking on childlessness, gender, and reproductive technologies*. Berkeley: University of California Press.

Jamaliah Mohd. Ali. (1995a). Indirectness in Malay diplomacy: With particular reference to business dealings and labor relations, *Jurnal Bahasa Moden, 9*, 19-28.

Jamaliah Mohd. Ali. (1995b). *Malaysian student seminar: A study of pragmatic features in verbal interaction*. (Unpublished doctoral dissertation). University of Malaya: Kuala Lumpur.

University of Malaya

Jariah Mohd. Jan. (1999). *Malaysian talk shows: A study of power and solidarity in inter-gender verbal interaction*. (Unpublished doctoral dissertation). Kuala Lumpur: Universiti Malaya.

Jessner, U. (1996). Female empathy: Linguistic implications of a 'Restricted Code'? In G. Grabher & U. Jessner (Eds.), *Semantics of silences in Linguistics and Literature* (pp. 89-98). Heidelberg: Universitatsverlag C. Winter.

Johnston, J. R., & Wong, M. Y. A. (2002). Cultural differences in beliefs and practices concerning talk to children. *Journal of Speech, Language, and Hearing Research, 45*(5), 916-926.

Jonas, E., & Frey, D. (2003). Information search and presentation in advisor-client interactions. *Organizational Behaviour and Human Decision Processes, 91*, 154-168.

Jungermann, H. (1999). Advice giving and taking. In *Proceedings of the 32nd Hawaii International Conference on System Sciences*. Maui, HI: Institute of Electrical and Electgronics Engineers, Inc. [CD-ROM].

Kardaras, D., Karakostas, B., & Papathanassiou, E. (2003). The potential of virtual communities in the insurance industry in the UK and Greece. *International Journal of Information Management, 23*(1), 41-53.

Kashima, Y., Yamaguchi, S., Kim, U., Choi, S. C., Gelfand, M. J., & Yuki, M. (1995). Culture, gender and the self: A perspective from individualism-collectivism research. *Journal of Personality and Social Psychology, 69*, 925-937.

Kerbrat-Orecchioni, C. (2004). Introducing polylogue. *Journal of Pragmatics, 36*, 1-24.

Kiesler, C. A., Kiesler, S. B., & Pallak, M. S. (1967). The effect of commitment to future interaction on reactions to norm violation. *Journal of Personality, 35*, 585-599.

Kiesler, S. B. (1973). Preference for predictability or unpredictability as mediator of reactions to norm violation. *Journal of Personality and Social Psychology, 27*, 334-339.

King, S. (1996). Researching Internet communities: Proposed ethical guidelines for the reporting of results. *The Information Society, 12*(2), 119-127.

Kingston, E., & Forland, H. (2008). Bridging the gap in expectations between international students and academic staff. *Journal of Studies in International Education, 12*(2), 204-221.

Kitayama, S., & Markus, H. R. (1999). Culture and the self: Implications for cognition, emotion, and motivation. In R. F. Baumeister (Ed.), *The self in social psychology* (pp. 339-368). Philadelphia, PA: Psychology Press.

Klemm, P., Bunnell, D., Cullen, M., Soneji, R., Gibbons, P., & Holecek, A., (2003). Online cancer support groups: A review of the research literature. *CIN: Computers Informatics Nursing, 21*, 136-142.

Klemm, P., Hurst, M., Dearholt, S. L., & Trone, S. R. (1999). Cyber solace: Gender differences on Internet cancer support groups. *Computers in Nursing, 17*, 65-72.

University of Malaya

Klemm, P. & Nolan, M. T. (1998). Internet cancer support groups: Legal and ethical issues for nurse researchers. *Oncology Nursing Forum, 25*: 673-676.

Klemm, P., Reppert, K., & Visich, L. (1998). A nontraditional cancer support group: The Internet. *Computers in Nursing, 16*, 31–36.

Kouper, I. (2010). The pragmatics of peer advice in a LiveJournal community. *Language@Internet, 7*, article 1. Retrieved from http://www.languageainternet.de

Kramsch, C. (1993). *Context and culture in language education*. Oxford: Oxford University Press.

Kraut, R., Lundmark, V., Patterson, M., Kiesler, S., Mukopadhyay, T., & Scherlis, M. (1998). Internet paradox: A social technology that reduces social involvement and psychological well-being? *American Psychologist, 53*(9), 1017-1031.

Kray, L. J. (2000). Contingent weighting in self-other decision-making. *Organizational Behavior and Human Decision Processes, 83*, 82-106.

Kray, L. J., & Galinsky, A. D. (2003). The debiasing effect of counterfactual mind-sets: Increasing the search for disconfirmatory information in groups. *Organizational Behavior and Human Decision Processes*, *91*, 69-81.

Kreuz, R. J., & Graesser, A. C. (1993). The assumptions between questions in letters to advice columnists. *Text, 13*, 65-89.

Kuang, C. H., & Jawakhir Mior Jaafar. (2010). Traditional conditioning and conditions in professional Malaysian women talks. *Sino-US English Teaching, 7*(1), 29-45.

Kuang, C. H., David, M. K., Lau, S. K., & Ang, P. S. (2011). Openings and closings in front counter transactions of Malaysian government hospitals. *The Journal of the South East Asia Research Centre for Communications and Humanities, 3*(1), 13-30.

Kuang, C. H., Wong, N. L., & David, M. K. (2011). Disagreements among Malaysians: Verbal or Non-verbal? *Language in India, 11*(11), 442-462. Retrieved from http://www.languageinindia.com

Kubota, R. (1999). Japanese culture constructed by discourses: implications for applied linguistics research and ELT. *TESOL Quarterly, 33(*1), 9-35.

Kumaravadivelu, B. (2003). *Beyond methods: Macrostrategies for language teaching*. New Haven & London: Yale University Press.

Laderman, C. (1983). *Wives and midwives: Childbirth and nutrition in rural Malaysia*. Berkeley: University of California Press.

Laderman, C. (1987). Destructive heat and cooling prayer: Malay humoralism in pregnancy, childbirth and the postpartum period. *Social Science and Medicine, 25*(4), 357-365.

Lailawati Mohd. Salleh. (2005). High/Low context communication: The Malaysian style. *Proceedings of the Association for Business Communication 70th annual Convention, Irvine, California*, 1-11.

University of Malaya

Lakoff, R. Y. (1973). *The logic of politeness; or minding your p's and q's.* Papers from the Ninth Regional meeting of the Chicago Linguistic Society (pp. 292-305). Chicago: Chicago Linguistics Society.

Lakoff, R. Y. (1990). *Talking power: The politics of language in our lives*. Glasgow: Harper Colins.

Landone, E. (2012). Discourse markers and politeness in a digital forum in Spanish. *Journal of Pragmatics, 44*, 1799-1820.

Lee, C. (2003). How does instant messaging affect interaction between genders? In: *The Mercury Project for instant messaging studies at Stanford University.*

Leech, G. (1983). *Principles of pragmatics*. London: Longman.

Leppänen, V. (1998). The straightforwardness of advice: Advice-giving in interactions between Swedish district nurses and patients. *Research on Language and Social Interaction, 31*, 209-239.

Levant, R. F. (2003). Treating male alexithymia. In L. B. Silverstein, & T. J. Goodrich (Eds.), *Feminist family therapy: Empowerment in social context* (pp. 177-188). Washington, DC: APA Press.

Li, C., & Thompson, S. (1981). *Mandarin Reference Grammar*. Berkeley CA: University of California Press.

Liao, T. H. (2016). Sense of mobile virtual community (SOMVS): Measurement and integrated model. *Journal of Information Management, 23*(3), 335-376.

Liao, Y., & Bond, M. H. (2011). The dynamics of face loss following interpersonal harm for Chinese and Americans. *Journal of Cross-cultural Psychology, 42*, 25-38.

Liddicoat, A. J. (1997). Everyday speech as culture" Implications for language teaching. In A. J. Liddicoat & C. Crozet (Eds.), *Teaching language, teaching culture* (pp. 55-70). Canberra: Applied Linguistics Association of Australia.

Liddicoat, A. J., & Scarino, A. (2013). *Intercultural language teaching and learning*. First Edition. Oxford: Wiley-Blackwell Publishing Ltd.

Lii-Shih, Y.-h. (1988). *Conversational politeness and foreign language teaching*. Taipei: Crane Publishing.

Lim, C. I. (2011). A brief introduction to anthropological perspectives on diet: Insights into the study of overseas Chinese. *Asian Culture and History, 3*(1), 86-93. [online] http://www.sscenet.oorg/ach

Lim, L. (2001). Work-related values of Malays and Chinese Malaysians. *International Journal of Cross Cultural Management, 1*(2), 209-226.

Lim, L. (2007). Mergers and acquisitions: On the ages and origins of Singapore English particles. *World Englishes, 26*(4), 446-473.

Lim, T. S., & Bowers, J. (1991). Face-work: Solidarity, approbation, and tact. *Human Communication Research, 17*, 415-450.

University of Malaya

Liu, X. (2004). Han. In C. R. Ember & M. Ember (Eds.), *Encyclopedia of medical anthropology: Health and illness in the world's cultures* (pp. 703-717). New York: Kluwer Academic/Plenum Publishers.

Locher, M. A. (2006). *Advice online*. Amsterdam: John Benjamins.

Locher, M. A. (2013). Internet advice. In S. C. Herring, D. Stein & T. Virtanen (Eds.), *Pragmatics of computer-mediated communication* (pp. 339-362). Berlin: Walter de Gruyter.

Locher, M. A., & Watts, R. J. (2005). Politeness theory and relational work. *Journal of Politeness Research, 1*(1), 9-33.

Locher, M. A., & Watts, R. J. (2008). Relational work and impoliteness: Negotiating norms of linguistic behavior. In D. Bousfield & M. A. Locher (Eds.), *Impoliteness in language: Studies on its interplay with power in theory and practice* (pp. 77-101). Berlin: Mouton de Gruyter.

Lohanayahi Baskaran. (1987). *Aspects of Malaysian English syntax*. London: London University.

Lundgren, S. R., & Prislin. R. (1998). Motivated cognitive processing and attitude change. *Personality and Social Psychology Bulletin, 24*, 715-726.

MacGeorge, E. L., Feng, B., & Thompson, E. R. (2008). "good" and "bad" advice: How to advise more effectively. In M. Motley (Ed.), *Studies in applied interpersonal communication* (pp. 145-164). Thousand Oaks, CA: Sage.

MacGeorge, E. L., & Hall, E. D. (2014). Relationship advice. In C. Agnew (Ed.), *Social influences on close relationships: Beyond the dyad* (pp. 188-208). Cambridge, UK: Cambridge University Press.

Madara, E. J. (1997). The mutual-aid self-help online revolution. *Social Policy, 27*(3), 20-27.

Malaysian Ministry of Higher Education (2009). *Malaysian education: Glimpse of Malaysia*. Retrieved from http://www.mohe.gov.my/educationmsia/education.php?article=glimpse

Malaysian Motherhood & parenting forum. Accessed December 1, 2011. url: http://www.malaysianmotherhood.com

Manderson, L. (1981a). Traditional food classifications and humoral medical theory in Peninsular Malaysia. *Ecology of Food and Nutrition, 11*(2), 81-92.

Manderson, L. (1981b). Roasting, smoking and dieting in response to birth: Malay confinement in cross-cultural perspective. *Social Science & Medicine, 15*(4), 509-520.

Mansor Abu Talib. (2010). Cultural influences and mandated counseling in Malaysia. *Asian Culture and History, 2*(1). Retrieved from http://www.ccsenet.org/journal/index.php/ach/article/viewFile/4811/4052

University of Malaya

Marcoccia, M. (2004). On-line polylogues: Conversation structure and participation framework in Internet newsgroups. *Journal of Pragmatics, 36*, 115-145.

Marlyna Maros (2006). Apologies in English by adult Malay speakers: Patterns and competence. *The International Journal of Language, Society and Culture, 19*, 1-14.

Márquez Reiter, R. & Placencia, M. E. (2005). *Spanish pragmatics*. Basingstoke: Palgrave Macmillan.

Marsden, M., Zick, C., & Mayer, R. (2011). The value of seeking financial advice. *Journal of Family and Economic Issues, 32*(4), 625-643. doi: 10.1007/s10834-011-9258-z

Maynard, S. K. (2005*). Expressive Japanese: A reference guide to sharing emotion and empathy*. Honolulu: University of Hawaii Press.

Meldrum, D. R., Silverberg, K. M., Bustillo, M., & Stokes, L. (1998). Success rate with repeated cycles of in vitro fertilization – embryo transfer. *Fertility and Sterility, 69*(6), 1006-1009.

Miller, J. K., & Gergen, K. J. (1998). Life on the line: The therapeutic potentials of computer-mediated conversation. *Journal of Marital and Family Therapy, 2*(2), 189-202.

Miller, L. (1994). Japanese and American indirectness. *Journal of Asian Pacific Communication, 5*, 37-55.

Mills, S. (2003). *Gender and politeness.* Cambridge: Cambridge University Press.

Min, P. G. (1998). *Changes and conflicts*. Boston: Allyn & Bacon.

Mininni, G. (1991). Diatextual analysis of the advice column. *Rassegna Italiana di Linguistica Applicata, 23*, 73-81.

Mintz, A. (2004). Foreign policy decision making in familiar and unfamiliar settings: An experimental study of high-ranking military officers. *Journal of Conflict Resolution, 48*(1), 91-104.

Mo, P. K. H., & Coulson, N. S. (2008). Exploring the communication of social support within virtual communities: A content analysis of messages posted to an online HIV/AIDS support group. *CyberPsychology & Behavior, 11*, 371-374.

Mo, P. K. H., Malik, S. H., & Coulson, N. S. (2009). Gender differences in computer-mediated communication: A systematic literature review of online health-related support groups. *Patient Education and Conseling, 75*, 16-24.

Morahan-Martin, J., & Schumacher, P. (2003). Loneliness and social uses of the Internet. *Computers in Human Behavior, 19*, 659-671.

Morais, E. (1994). *Malaysian business talk: A study of the patterns of conflict and non-conflict in verbal interactions*. (Unpublished doctoral dissertation). University of Malaya: Kuala Lumpur.

University of Malaya

Morand, D. A., & Ocker, R. J. (2003). *Politeness theory and computer-mediated communication: A sociolinguistic approach to analyzing relational messages*. Proceedings of the 36th Hawaii International Conference on System Sciences.

Morrow, P. R. (2006). Telling about problems and giving advice in an Internet discussion forum: Some discourse features. *Discourse Studies, 8*(4), 531-548.

Morrow, P. R. (2012). Online advice in Japanese: Giving advice in an Internet discussion forum. In H. Limberg & M. A. Locher (Eds.), *Advice in discourse* (pp. 255-279). Amsterdam: John Benjamins.

Mustafa Daud. (2002). Budi Bahasa dalam tamadun Melayu dan Tamadun Islam: Satu perbandingan. In Syed Muhammad Dawilah al-Edrus (Ed.), *Pemikiran Melayu tentang alam dan hakikat diri* (pp. 99-112). Kuala Lumpur: Dewan Bahasa dan Pustaka.

Nargund, G., Hutchison, L., Scaramuzzi, R., & Campbell, S. (2007). Low-dose HCG is useful in preventing OHSS in high-risk women without adversely affecting the outcome of IVF cycles. *Reproductive BioMedicine Online*, 14(6), 682-685. Retrieved from www.rbmonline.com/Article/2843.

Naslund, J. A., Aschbrenner, K. A., Marsch, L. A., & Bartels, S. J. (2016). The future of mental health: Peer-to-peer support and social media. *Epidemiology and Psychiatry Sciences, 25*(2) 113-122. doi: 10.1017/S2045796015001067.

Newman, K.L., & Nollen, S. D. (1996). Culture and congruence: The fit between management practices and national culture. *Journal of International Business Studies, 27*(4), 753-779.

Nimrod, G. (2012). Online depression communities: Does gender matter? *Cyberpsychology: Journal of Psychosocial Research on Cyberspace, 6*(1), article 6. Retrieved from https://cyberpsychology.eu/article/view/4261/3299

Nurjehan Mohamed. (2015, May 4). Malaysia's infertility rate is a big threat. *The Rakyat Post*. Retrieved from http://www.therakyatpost.com/life/wellness/2015/05/04/malaysias-infertility-rate-is-a-big-threat/

Ohbuchi, K. I., Tamura, T., Quigley, B. M., Tedeschi, J. T., Madi, N., Bond, M. H., & Mummendey, A. (2004). Anger, blame, and dimensions of perceived norm violation: Culture, gender, and relationships. *Journal of Applied Social Psychology, 34*, 1587-1603.

Olivennes, F., & Frydman, R. (1998). Friendly ivf: The way of the future? *Human Reproduction*, *13*(5), 1121-1124.

Olshtain, E., & Cohen, A. D. (1983). Apology: A speech act set. In N. Wolfson & E. Judd (Eds.), *Sociolinguistics and language acquisition* (pp. 18-35). Rowley, MA: Newbury House.

Owen, J. E., Klapow, J. C., Roth, D. L., & Tucker, D. C. (2004). Use of the Internet for information and support: Disclosure among persons with breast and prostate cancer. *Journal of Behavioral Medicine, 27*(5), 491-505.

University of Malaya

Paige, R. M., Jorstad, H. L., Siaya, L., Kleine, F., & Colby, J. (2003). Culture learning in language education: A review of the literature. In D. L. Lange & R. M. Paige (Eds.), *Culture as the core: Perspectives on culture in second language education* (pp. 173-236). U. S. A.: Information Age Publishing Inc.

Palmer, F. R. (1986). *Mood and modality*. Cambridge: Cambridge University Press.

Panyametheekul, S., & Herring, S. C. (2007). Gender and turn allocation in a Thai chat room. In B. Danet & S. C. Herring (Eds.), *The multilingual Internet: Language, culture and communication online* (pp. 233-255). Oxford: Oxford University Press.

Park, J. (2007). Interpersonal and affective communication in synchronous online discourse. *The Library Quarterly, 77*, 133-155.

Pfister, J. (2010). Is there a need for a maxim of politeness? *Journal of Pragmatics, 42*, 1266-1282.

Placencia, M. E. (2012). Online peer-to-peer advice in Spanish *Yahoo!Respuestas*. In H. Limberg & M. A. Locher (Eds.), *Advice in discourse* (pp. 281-305). Amsterdam: John Benjamins.

Raine, T. R., Jenkins, R. R., Aarons, S. J., Woodward, K. M., Fairfax, J. L., El-Khorazaaty, M. N., & Herdman, A. (1999). Socio-demographic correlates of virginity in seventh grade black and Latino students, *Journal of Adolescent Health, 24*, 304-312.

Rantilla, A. K. (2001). *The role of expert advice formation individual and group decision-making*. (Doctoral dissertation, University of Illinois at Urbana-Champaign, 2000). Dissertation Abstracts International, 61 (10-B): 5625.

Reaby, L. (1998). The quality and coping patterns of women's decision-making regarding breast cancer surgery, *Psycho-Oncology, 7*, 252-262.

Redd, S. (2002). The influence of advisors on foreign policy decision-making. *Journal of Conflict Resolution, 46*(3), 335-364.

Reddin, J. A., & Sonn, C. C. (2003). Masculinity, social support, and sense of community: The men's group experience in Western Australia. *The Journal of Men's Studies, 11*, 207-223.

Reid, J., Schmied, V., & Beale, B. (2010). 'I only give advice if I am asked': Examining the grandmother's potential to influence infant feeding decisions and parenting practices of new mothers. *Women and Birth, 23*(2), 74-80. doi: 10.1016/j.wombi.2009.12.001

Rheingold, H. (1993). *The virtual community: Homesteading on the electronic frontier*. Menlo Park, CA: Addison-Wesley Publishing Company.

Rheingold, H. (1994). A slice of life in my virtual community. In L. M. Harasim (Ed.), *Global networks: Computers and international communication* (pp. 57-80). Cambridge: MIT Press.

University of Malaya

Rheingold, H. (2008). Virtual communities - exchanging ideas through computer bulletin boards. *Journal of Virtual Worlds Research, 1*(1). Retrieved from http://www.journals.tdl.org/jvwr/index.php/jvwr/article/view/293

Riffe, D., Lacy, S., & Fico, F. (1998). *Analyzing media messages. Quantitative content analysis*. New Jersey: Lawrence Erlbaum Associates, Inc.

Rothbaum, R., Weisz, J. R., & Snyder, S. S. (1982). Changing the world and changing the self: A two-process model of perceived control. *Journal of Personality and Social Psychology, 42*, 5-37.

Rourke, L., Anderson, T., Garrison, D. R., & Archer, W. (2001). Methodological issues in the content analysis of computer conference transcripts. *International Journal of Artificial Intelligence in Education, 12*, 8-22.

Ruble, R. A. (2011). The communication of advice on an online message board for language assistants in France. *Journal of Language and Social Psychology*. doi:10.1177/0261927X11416204

Sacks, G. P., Seyani, L., Lavery, S., & Trew, G. (2004). Maternal C-reactive protein levels are raised at 4 weeks gestation. *Human Reproduction, 19*(4), 1025-1030.

Salem, D. A., Bogat, G. A., & Reid, C. (1997). Mutual help goes online. *Journal of Community Psychology, 25*(2), 189-207.

Samuel, N. O. (2006). Extramarital sexual activity among infertile women in southeast Nigeria. *The Journal of Obstetrics and Gynecology of India*, 56(1), 72-75.

Schermerhorn, J. R. (1994). Intercultural management training: An interview with Asma Abdullah. *Journal of Management Development, 13*(3), 47-64.

Schlenker, B. R., & Britt, T. W. (2001). Strategically controlling information to help friends: Effects of empathy and friendship strength on beneficial impression management. *Journal of Experimental Social Psychology, 37*, 357-372.

Schwartz, S. H. (1994). Beyond individualism/collectivism: New cultural dimensions of values. In U. Kim, H. C. Traindis, C. Kagitcibasi, S. C. Choi, & G. Yoon (Eds.), *Individualism and collectivism: Theory, method and applications* (pp. 85-119). Thousand Oaks, CA: Sage.

Scollon, R., & Scollon, S. (1991). Topic confusion in English-Asian discourse. *World Englishes, 10*(2), 113-125.

Seale, C. (2006). Gender accommodation in online cancer support groups. *Health, 10*, 345-360.

Seale, C., Ziebland, S., & Charteris-Black, J. (2006). Gender, cancer experience and Internet use: A comparative keyword analysis of interviews and online cancer support groups. *Social Science & Medicine, 62*(10), 2577-2590.

Searle, J. R. (1975). Indirect speech act. In P. Cole, & J. Morgan (Eds.), *Syntax and semantics 3: Speech acts* (pp. 59-82). New York: Academic Press.

University of Malaya

Setoyama, S., Yamazaki, Y., & Nakayama, K. (2011). Comparing support to breast cancer patients from online communities and face to face support groups. *Patient Education and Counselling, 85*, e95-e100.

Shaidatul Akma Adi Kasuma. (2012). *A study of forms and functions of directives in advice columns from an English-daily*. (Unpublished Master's Thesis). University of Malaya, Kuala Lumpur, Malaysia.

Short, J., Williams, E., & Christie, B. (1976). *The social psychology of telecommunications*. London: John Wiley & Sons.

Sillence, E. (2013). Giving and receiving peer advice in an online breast cancer support group. *Cyberpsychology, Bahevior, and Social Networking, 16*(6), 480-485.

Sillence, E., Hardy, C., Briggs, P., & Harris, P. R. (2013). How do people with asthma use Internet sites containing patient experiences? *Patient Education and Counselling, 93*, 439-443.

Silverman, D., & Perakyla, A (1990). AIDS counselling: The interactional organization of talk about 'delicate' issues. *Sociology of Health and Illness, 12*, 293-318.

Simon, A. (2006). Computer-mediated communication: Task performance and satisfaction. *The Journal of Social Psychology, 146*(3), 349-380.

Siti Syairah Mohd Mutalip. (2012). Promoting Malaysia through "Fertility Tourism*"*. *Journal of Tourism, Hospitality & Culinary Arts, 4*(2), 1-6.

Sniezek, J. A., Schrah, G. E., & Dalal, R. S. (2004). Improving judgment with prepaid expert advice. *Journal of Behavioural Decision Making, 17*, 173-190.

Starr, P. (1996). Computing our way to educational reform. *The American Prospect, 27*, 50-60. Retrieved from http://epn.org/prospect/27/27star.html

Stemler, S. (2001). An overview of content analysis. *Practical Assessment, Research & Evaluation, 7*(17). http://PAREonline.net/getvn.asp?v=17

Steyaert, S. R., Leroux-Roels, G. G., & Dhont, M. (2000). Infections in IVF: Review and guidelines. *Human Reproduction Update 2000*, 6(5), 432-441.

Storz, M. L. (1999). Malay and Chinese values underlying the Malaysian business culture. *International Journal of Intercultural Relations, 23*(1), 117-131.

Stulmacher, A. F., Citera, M., & Willis, T. (1996). Gender, group composition, and task type in small task groups using computer-mediated communication. *Computers in Human Behaviour, 12*(4), 549-565.

Sullivan, C. F. (2003). Gendered cybersupport: A thematic analysis of two online cancer support groups. *Journal of Health Psychology, 8*(1), 83-103.

Tannen, D. (1990). *You just don't understand: Women and men in conversation*. New York: William Morrow.

University of Malaya

The Star. (2012, December 16). An issue on infertility. *The Star*. Retrieved 25 December 2012 from http://thestar.com.my/health/story.asp?fie=/2012/12/16/health/12445900&sec=health.

Thibault, P. J. (2002). Interpersonal meaning and the discursive construction of action, attitudes and values: The Global Modal Program of one text. In P. Fries, M. Cummings, D. Lockwood, & Wm. Sprueill (Eds.), *Relations and functions within and around language* (pp. 51-89). London: Continuum.

Thompson, S., & O'Hair, H. D. (2008). Advice-giving and the management of uncertainty for cancer survivors. *Health Communication, 23*, 340-348.

Thorngate, W. (2001). The social psychology of policy analysis. *Journal of Comparative Policy Analysis: Research and Practice, 3*, 85-112.

Ting-Toomey, S., & Kurogi, A. (1998). Facework competence in intercultural conflict: An updated face-negotiation theory. *International Journal of Intercultural Relations, 22*, 187-225. doi: 0.1016/S0147-1767(98)00004-2

Triandis, H. C. (1977). *Interpersonal behavior*. Belmont, CA: Wadsworth.

Triandis, H. C. (1995). *Individualism and collectivism*. Boulder, CO: Westview.

Triandis, H. C. (2004). Dimensions of culture beyond Hofstede. In H. Vinken, J. Soeters, & P. Ester (Eds.), *Comparing cultures: Dimensions of culture in a comparative perspective* (pp. 28-42). Lieden, Boston: Brill.

Turner, J. W., Grube, J. A., & Meyers, J. (2001). Developing an optimal match within online communities: an exploration of CMC support communities and traditional support. *Journal of Communication*, *51*, 231-251.

Upadhyay, S. R. (2001). Identity and politeness in Nepali print media. *Multilingua, 20*(4), 331-359.

Vaish, V., & Roslan, M. (2011). 'Crossing' in Singapore. *World Englishes, 30*(3), 317-331.

Vine, B. (2009). Directives at work: Exploring the contextual complexity of workplace directives. *Journal of Pragmatics, 41*, 1395-1405.

Voorhis, B. J. V. (2007). In vitro fertilization. *The New England Journal of Medicine, 356*(4), 379-386. [online]. http://www.enotes.us/InVitroFertilization2007.pdf

Walther, J. B. (1996). Computer-mediated communication: Impersonal, interpersonal, and hyperpersonal interaction. *Communication Research*, *23*(1), 3-43, doi:10.1177/009365096023001001.

Walther, J. B. (2011). Theories of computer-mediated communications and interpersonal relations. In M. L. Knapp & J. A. Daly (Eds.), *The Sage handbook of interpersonal communication* (4th ed., pp. 443-479). Thousand Oaks, CA: Sage.

Wardhaugh, R. (1985). *How conversation works*. Cambridge: Basil Blackwell.

University of Malaya

Waseleski, C. (2006). Gender and the use of exclamation points in computer-mediated communication: An analysis of exclamations posted to two electronic discussion lists. *Journal of Computer-Mediated Communication, 11*(4), 1012-1024.

Watts, R. (1992). Linguistic politeness and politic verbal behaviour: Reconsidering claims for universality. In R. Watts, S. Ide, & K. Ehlich (Eds.), *Politeness in language: Studies in its history, theory and practice* (pp. 43-69). Berlin: Mouton de Gruyter.

Watts, R. (2003). *Politeness*. Cambridge: Cambridge University Press.

Wee, L. (2002). *Lor* in Colloquial Singapore English. *Journal of Pragmatics, 34*(6), 711-725.

White, M. H., & Dorman, S. M. (2000). Online support for caregivers analysis of an Internet Alzheimer's mailgroup. *Computers in Nursing, 18*(4)*,* 168-176.

White, M. H., & Dorman, S. M. (2001). Receiving social support online: Implications for health education. *Health Education Research, 16*(6), 693-707.

Wierzbicka, A. (1991). *Cross-cultural pragmatics: The semantics of human interaction.* Berlin: Mouton de Gruyter.

Winzelberg, A. (1997). The analysis of an electronic support group for individuals with eating disorders. *Computers in Human Behavior, 13*, 393-407.

Witmer, D. F., & Katzman, S. L. (1997). On-line smiles: Does gender make a difference in the use of graphic accents? *Journal of Computer-Mediated Communication, 2*, doi: 1-.111/j.1083-6101.1997.tb00192.x [online]

Wolfe, J. (1999). Why do women feel ignored? Gender differences in computer-mediated classroom interactions. *Computers and Composition, 16*(1), 153-166.

Wong, S. S., & Boh, W. F. (2014). The contingent effects of social network sparseness and centrality on managerial innovativeness. *Journal of Management Studies, 51*(7), 1180-1203. doi: 10.0000/joms.12086

Wragg, E. C., & Brown, G. (2001). *Questioning in the primary school*. London: Routledge Falmer.

Wright, K. B. (2004). On-line relational maintenance strategies and perceptions of partners within exclusively Internet-based and primarily Internet-based relationships. *Communication Studies*, *55*(2), 239-253, doi:10.1080/10510970409388617.

Yamauchi, T., Fujita, T., Tachimori, H., Takeshima, T., Inagaki, M., & Sudo, A. (2013). Age-adjusted relative suicide risk by marital and employment status over the past 25 years in Japan. *Journal of Public Health, 35*(1), 49-51.

Yang, C. (2007). Chinese Internet language: A sociolinguistic analysis of adaptations of the Chinese writing system. *Language @ Internet, 4*(2). Retrieved from http://www.languageainternet.org

Yaniv, I. (2004). Receiving other people's advice: Influence and benefit. *Organizational Behavior and Human Decision Processes, 93*, 1-13.

University of Malaya

Yaniv, I., & Kleinberger, E. (2000). Advice taking in decision making: Egocentric discounting and reputation formation. *Organizational Behavior and Decision Making Processes, 83*, 260-281.

Yule, G. (1996). *Pragmatics*. New York: Oxford University Press.

Ziebland, S., & Wyke, G. (2012). Health and illness in a connected world: How might sharing experiences on the internet affect people's health? *Milbank Quarterly, 90*, 219-249.

Zuraida Ahmaad Sabki. (2010). Psychological distress among infertile women: Exploring biopsychosocial response to infertility. *Malaysian Journal of Psychiatry Ejournal, 19*(2). Retrieved from http://www.mjpsychiatry.org/index.php/mjp/article/view/101

University of Malaya