

Communicating Social Support in Online Self-help Groups for Anxiety and Depression: A Qualitative Discourse Analysis

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Abstract

Research showed that the communication of social support in online self-help groups was therapeutic to participants. However, previous studies tended to focus on the content shared and have overlooked the communicative behaviors of the communication. Drawing upon the framework of discourse analysis, this study manifests the communicative patterns of the communication of social support in online self-help groups for anxiety and depression. It is argued that understanding communicative behaviors is beneficial for people to gauge the therapeutic effect of participation in the groups and to become integrated into the groups.

conditions because of the interchange of social support among participants (Horgan et al., 2013; Mitchell, et al., 2013; Scherr and Reinemann, 2016). Social support was the key element that enhanced the therapeutic effects of the OSGs and the way users communicated with each other influenced the effects of the OSGs. It is significant to understand communicative behaviors of participants in the OSGs. However, reviewing previous literature, the author found that the communicative patterns of the OSGs were rarely explored. Informed by the framework of discourse analysis, this study investigates the communicative patterns of users in the OSGs for anxiety and depression.

1 Introduction

The advantages of computer-mediated communication, such as personal anonymity, boundary-free connections and time convenience (Fage-Bulter and Jensen, 2015), have increased the popularity of using online self-help groups to cope with emotional instability, particularly for people who have anxiety and depression. Online self-help groups (OSGs) refer to groups wherein people who share similar problems often related to health provide mutual support to one another (Ahmadi, 2017). Participants of OSGs can gain more communicative freedom (Mullany et al., 2016), distance from a sense of stigma (Weight and Bell, 2003), and actively express themselves with others (Kummervold et al., 2002). A wealth of research concluded that OSGs in health contexts are likely to be therapeutic for the users' psychological

2 Literature Review

This section reviews the previous studies related to communication of OSGs in healthcare contexts, pointing out the research gap that much attention has been paid to the content of the communication of social support, whereas the communicative patterns are not examined sufficiently and systematically.

2.1 Social support in OSGs

Previous studies related to social support in OSGs in health contexts tended to examine the content and overlook the communicative behaviors of the users. It was not difficult to find a large number of studies in the communication field which employed the content analysis method and the Social Support Behavior Code (Coulson, 2005), a coding scheme that categorizes social support to reveal the most predominant categories of social

support in OSGs (e.g. Coulson, 2005; Couraris and Liu, 2009; Coulson and Greenwood, 2012; Prescott et al., 2017; Smedley et al., 2015). More specifically, Coulson (2005) studied the messages exchanged in an OSG for people with irritable bowel syndrome and found that the main function of the group was to offer informational support and opportunities to interact with healthcare practitioners. Couraris and Liu (2009) examined the HIV/AIDS OSGs and their findings suggested that informational support was the most prominent category of social support. Informational support appeared prevalent in the OSGs, but the categories of social support differed from the themes of other OSGs. Another category of social support that frequently occurred in the OSGs was emotional support. Coulson and Greenwood (2012) investigated the interactions in three childhood cancer OSGs and their results showed that the groups provided both informational and emotional support for participants whose children suffered from cancer. Smedley et al. (2015) analyzed messages exchanged in the OSGs for people with complex regional pain syndrome and found that emotional support was the most frequently occurring type of social support. In fact, many similar studies shed light on the categories and content of social support in the OSGs. Previous studies exploring social support were inclined to focus on content and neglect the significance of language which acts as the major medium in the communication of social support in the OSGs.

2.2 Discourse features of OSGs

Despite the lack of studies contributing to the communicative patterns in the OSGs, several relevant studies that provided insights into the topic can be found. For instance, Miller and Gergon (1998) developed a comprehensive scheme that reflected the typology of exchanges in a suicide OSG. The scheme was later summarized by Locher (2006), who listed five main types of exchange in the online group, including help-seeking interchange, informative interchange, supportive interchange and punitive interchange (p.36). This scheme offered a general picture of the communicative behavior of the users in the OSGs. Although the scheme identified the categories of interactions among the users, it did not, however, indicate and discuss the routine of the communication. Additionally, Coursais and Liu's

(2009) study concluded that the speech acts of sharing personal experience, expressing gratitude and offering congratulations might contribute to the exchanges of social support in the OSGs because these three acts could enhance solidarity and closeness, and elicit emotional support. Echoing this study, Greiner et al. (2017) discovered that self-disclosure and description of symptoms were the most prevalent types of speech acts in the OSGs. In addition, advice giving was one of the subcategories of informational support included in the Social Support Behavior Code scheme (Coulson, 2005) and was identified as the most frequent speech act in the OSGs (Coulson and Greenwood, 2012; Smedley et al., 2015; Paulus and Alice Varga, 2015). In sum, the prior research explored the specific speech acts in the communication of social support in OSGs. Nevertheless, these studies did not appear to systematically or specifically examine the communicative patterns in the OSGs and the findings were limited at the surface level. This study aims to establish the communicative patterns and discourse features of the communication of social support in the OSGs for anxiety and depression.

3 Research Methods

Six OSGs for anxiety and depression were selected based on three criteria. First, the groups were highly popular, determined by their large and constantly increasing number of registered members; second, the members were currently active in opening threads and responding to others' postings. Their active status was ensured by checking the dates of most recent postings. Third, the conversations among the members were interactive rather than unidirectional. Text of the postings, excluding emoticons and symbols, were extracted to compile a corpus. The self-compiled corpus consisted of 120 threads which were comprised of 1922 postings comprised of approximately 220,000 words. All postings were extracted from the discussion boards related to anxiety and depression and the threads collected were composed of at least eight postings.

The data analysis is informed by the research method of discourse analysis, an analytic approach that dissects discourse into segments according to its linguistic characteristics, such as

communicative functions and content (Fairclough, 2003). The goal of discourse analysis is to disclose patterns in discourse which helps researchers to answer interdisciplinary research questions. The threads were examined in accord with the communicative acts of the interlocutors. Analyzing the data, researchers began with identifying the interactants' communicative acts and then noted the most predominant acts to generalize the communicative patterns of the participants in the OSGs for anxiety and depression. The analyzing process, which was iterative, involved the author along with his assistant. The two researchers analyzed the data set independently through careful reading and notetaking. In order to ensure the reliability of the results, the researchers checked, discussed, and approved the final versions of findings.

The following sections illuminate the communicative behaviors of the thread openers (also called support seekers) and the responders (support givers).

4 Findings and Discussion

Table 1 demonstrates the identified communicative acts of the support seekers and support givers in the OSGs along with the counts and percentages of threads involved in the acts.

	Number of threads involved (n/ 120)	Percentages
Support seekers:		
Requesting support	120	100%
Accepting	82	68.30%
Answering	18	15%
Discussing	15	12.50%
Support givers:		
Providing support	120	100%
Probing	19	15.80%
Giving information	10	8.30%
Discussing	12	10%

Table 1 Communicative Acts in the OSGs

Table 1 shows that all of the threads (120 of 120 threads, 100%) involved the exchange of support, in which the support seekers requested support and the support givers provided support. The second most prevalent communicative act was

accepting by the support seekers (82 of 120 threads, 68.3%), indicating that the support seekers appeared to be grateful for the support received and placed importance on being polite to other participants in the OSGs. Conversely, the frequencies of other acts, including answering, probing, giving information and discussing, were relatively low. Revealing that the vast majority of the interactions in the OSGs concentrated on the exchange of social support, findings were similar to those found in Miller and Gergon's study (1998), which determined that help-seeking interchange and supportive interchange were the main types of exchange among the participants in the suicide OSG.

4.1 Communicative acts of the support seekers

Requesting social support

Very often, the support seekers began their postings with a request for social support, which was usually followed by a self-disclosure, and the social support requests could be divided into two types, direct and indirect. Users who made a direct request tended to propose a speech act of request preceded by self-disclosure. One example of a direct request is as follows:

Extract 1

“Hi everyone. First time user here. I have depression, panic disorder and anxiety disorder. At the moment anxiety is at a high for some unknown reason. Just in relation to some of the symptoms that I have been having, which I have never had before. I'm getting muscle spasms, twitches, tremors in the hands, arms and legs. Have people experienced this? Do other sufferers out there get the massive fatigue and tiredness as well? And do you find that when you concentrate on a symptom, it makes it worse?”

As shown in Extract 1, the support seeker shared his conditions and experiences of having depression, panic disorder and anxiety disorder. This act of sharing was a self-disclosure. Afterwards, he proposed a request for social support (indicated by underlining), which was formed in an interrogative sentence. In the request, he asked whether other members of the OSGs were suffering from the same symptoms. According to

Coulson (2005), expressing sympathy or empathy is a kind of emotional support. The members who responded by sharing similar experiences with the support seeker were actually delivering emotional support. Hence, the support seeker in Extract 1 requested an emotional support. In contrast, some support seekers in the OSGs for anxiety and depression posted indirect requests, which did not contain explicit speech acts except self-disclosure. For instance,

Extract 2

“I just was let go from a teaching job with five weeks left in the school year. I've been let go before from other jobs but this has hit me hard. I have had interviews but have been not offered a job for the next year. I am beginning to feel stressed about how I am going to pay for bills. I have applied for other types of jobs as well to make it through. I am beginning to doubt a lot of things.”

The support seeker in Extract 2 told others that he was unemployed and felt stressed due to the loss of job without including any request for social support. Despite the lack of a request, a support seeker may still receive support from other members. Self-disclosure, i.e., a description of troubles and individual encounters, was defined as “trouble talk” by Jefferson (1988). Trouble talk was critical to the enactment of social support (Goldsmith, 2004) because people sympathized or empathized with the support seekers. Thus, the support seekers could still request and receive social support through self-disclosing without a verbal or explicit request.

Accepting

The support seekers, who were often the thread openers, might need to respond to other members' messages which may or may not have contained support. When the messages were replied to with support, the support seekers accepted through expressing thanks. For example,

Extract 3

“Thanks for supporting me XXX¹. I'm really very grateful.”

¹ Personal names in the extracts were anonymized in this study, owing to the concern about confidentiality.

Answering

Some participants may also answer the questions raised by other members who wanted to obtain more information from the support seekers. The following dialogue is an example.

Extract 4

Respondent: “Do you have any close friends or families that know about your depression that you could talk to?”

Support seeker: “I really have no friends I can talk to. I had one. I still do but this friend isn't like before.”

Discussing

Moreover, support seekers were sometimes observed to have discussions with other participants on topics related to mental healthcare. For instance,

Extract 5

Respondent: “It's quite frightening (and sad) to realise most of the crap we put ourselves through is simply because it's familiar.”

Support seeker: “This got me thinking.”

Worth noting was that when the interlocutors entered a discussion, the following conversations were unlikely to focus on the interchange of social support.

4.2 Communicative acts of the support givers

Providing social support

The members who played the role of support giver offered various types of social support to the support seekers. The primary types included showing understanding/empathy and giving advice. According to Coulson (2005), people express their understanding or disclose similar experiences to show empathy. Echoing the findings of previous research, self-disclosure or sharing experiences was one of the most predominant communicative acts in the OSGs in health contexts (Coursais and Liu, 2009; Greiner et al., 2017). Extract 6 shows an example of how the support givers expressed understanding/empathy.

Extract 6

“I was afraid of it too. I accepted it in a last ditch attempt to enable me to sleep. My dose was gradually raised and amazingly, it helped my depression and anxiety too. But the weight gain is a sad side effect.”

The support giver in Extract 6 expressed his empathy by stating that he had the same feeling of fear and sharing his current condition in terms of his mental illness. Another major social support observed in the OSGs was the tendency of members to give advice even though the thread openers did not explicitly request any advice (Vayreda and Antaki, 2009). According to the classifications of the Social Support Behavior Code (Coulson, 2005), advice—which is commonly seen in OSGs—is a subcategory of informational support. For instance,

Extract 7

“A mental breakdown can be very traumatic and mind changing. You just need to be patient and re-adapt to your life after the event, and that my friend, takes time.”

Respondents who did not provide the support seekers with any support in the OSGs for anxiety and depression engaged in several other major communicative acts, including probing, giving information and discussing.

Probing

The respondents might desire to gather more detailed information and realize the situations of the support seekers. Therefore, they might ask the support seekers questions. An example is shown in Extract 4 in which the respondent aimed to learn about the interpersonal relationship of the support seeker. Another example is as follows:

Extract 8

Respondent: “Is it ok if I ask who died?”
Support seeker: “My wife XXX.”

Giving information

Apart from probing, the respondents also provided information for the support seekers’ reference. The information was related to health most of the time, but the content sometimes differed from the topic discussed. For instance,

Extract 9

“Hi Buster, yes I know it quite well. Ashbourne (near Leek) it is beautiful countryside too and there's even a preserved steam railway down at Churnet Valley. This line used to be a quicker route in to Manchester (exchange station as it was called back then).”

Discussing

Finally, as mentioned in section 4.1, the interlocutors in the OSGs for anxiety and depression may discuss topics about medicine, life values and so on. An example is provided in Extract 5 in Section 4.1.

4.3 Modelling the communicative patterns of the social support discourse

Using the most prevalent communicative behaviors of participants in the anxiety and depression OSGs discussed in the previous sections, a model that sheds light on the communicative patterns of the discourse of social support in the OSGs can be generalized. A tentative model based on the findings of this study is exhibited in Figure 1.

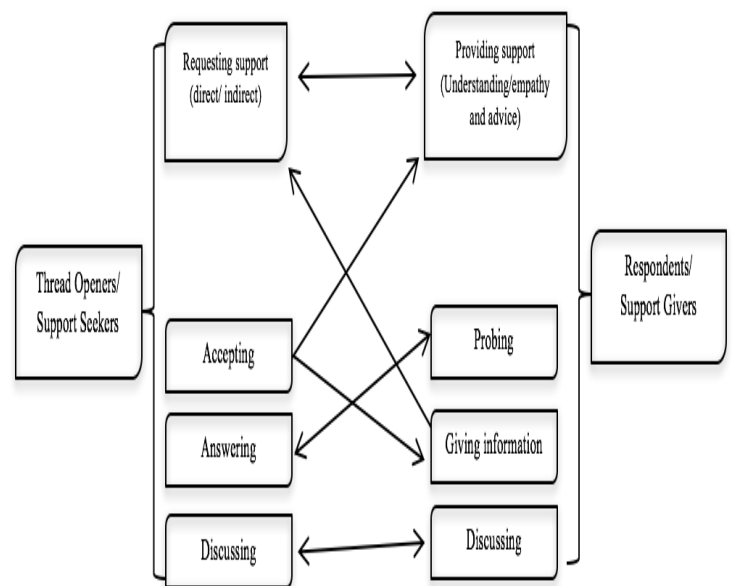


Figure 1 A Model of the Communicative Patterns in the OSGs

Figure 1 shows that the overall communicative routine of the interlocutors, who were either thread

openers/support seekers or respondents/support givers, in the OSGs for anxiety and depression. First, the support seekers requested support through direct and indirect means. The support givers then provided seekers with support, which was often understanding/empathy and advice. The support seekers often accepted the support provided by the support givers. Also, when responding to the support seekers, the support givers sometimes only gave information without any provision of social support. The support seekers then accepted the information by thanking. Further, the respondents often probed for detailed information about the support seekers' stories in order to understand their situations, and the support seekers sometimes gave answers to the respondents. Lastly, the interlocutors sometimes discussed topics related to health and lifestyle instead of providing social support in the OSGs.

Based on the model, the support seekers appeared to be placed in relatively passive positions in the communication of social support, since their communicative acts, particularly accepting and answering, were subject to the reactions of the respondents to a large extent. The speech acts of accepting, answering and discussing were often enacted and initiated by the support givers' responses. In comparison, the respondents seemed to be more influential on the communication of social support in the OSGs. This raises a concern about the possible risk that the support givers' miswording might cause discomfort for the support seekers.

Another point worth discussing was the means the support givers provided support to the support seekers appeared static. They gave support without thorough consideration to what kind of support the support seekers—especially those who proposed indirect requests—needed. Moreover, there was a tendency for the support givers to give advice (Vayreda and Antaki, 2009). This modelled means of support giving might lead to a failure to satisfy the support seekers' needs or to help them obtain what they desired from the OSGs. These communicative patterns were very likely to affect the degree to which the OSGs were therapeutic to their users.

5 Concluding Remarks and Limitations

This study reveals the communication patterns of social support discourse in anxiety and depression OSGs, shedding light on the most prevalent communicative behaviors of users. The findings can serve as a useful reference tool to gauge both the therapeutic effects and drawbacks of the OSGs. Through understanding the communicative patterns of the interactions among the interlocutors, potential newcomers to OSGs could predict what they might likely gain from the online groups and, more importantly, become more easily integrated into these virtual communities.

Additional expanded studies on related topics are still needed. This study is a preliminary but systematic investigation into the communication of social support in the OSGs for health contexts. A number of limitations to this study exist. The qualitative approach for data analysis results in a lack of statistical evidence to support the findings. More mathematical analyses could help ensure the validity and accuracy of the findings in this study. Also, this study merely establishes the prominent categories of social support, namely, understanding/empathy and advice, but overlooks other categories that may also occur frequently in the OSGs, for example, compliments and encouragement as identified in the Social Support Behavior Code (Coulson, 2005). Employing both qualitative and quantitative methods in future studies to scrutinize the communicative behaviors of users in OSGs and provide comprehensive results would prove beneficial.

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