



**SOLICITATION OF ONLINE SOCIAL SUPPORT: SELF-DISCLOSURE
OF EATING DISORDER PATIENTS**

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ABSTRACT

This paper focuses on the online construction of self-disclosure of individuals suffering from eating disorders and demonstrates how strategies of soliciting online social support are mediated within the public sphere. McCormack (2010) indicates that participation of individuals suffering from eating disorders in online support groups, where they anonymously share their feelings and issues via the Internet, is more accessible and non-costly compared to offline settings. This serves as motivation for data to be collected from the discussion forums on the National Eating Disorders Association (NEDA) website. Relevant posts of self-disclosure containing instances of online solicitation of support dated from January 2018 to March 2018 were analysed using the computer-mediated discourse analysis (CMDA) method and North's (1997) Strategies of Soliciting Social Support. The findings reveal that the sharing of experience is regarded as the most frequent strategy of soliciting support opted by ED patients. This result in a lengthier posts where detailed explanation of their problems were disclosed. It appears that the strategy utilized in online support-solicitation is merely a channel used in portraying the actual state of the support-seekers in handling their illness. In addition, as ED is perceived to be uncommon and unprioritized in Asia (Miller & Pumariega, 2001), the possibility of getting help from various channels may be scarce. Thus, this study's outcome

provides a vivid image on how online social support discussions can be considered as one of the potential effective platforms to help individuals in the Southeast Asia who suffer from ED in their recovery process.

Keywords: Computer-mediated discourse, eating disorders, online social support, self-disclosure, soliciting.

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1.0 INTRODUCTION

1.1 Background

The expansion of computer-mediated communication (CMC) over the years has made it possible for online support group discussions to be extensively utilized of its advantages, especially regarding the discussion of health matters such as eating disorders (ED). This is because individuals with ED are highly encouraged to participate in support group discussions in general (McCormack, 2010). The two critical categories of ED relatively include anorexia nervosa (AN) and bulimia nervosa (BN).

Both disorder diagnoses of AN and BN are said to be related with the individuals' psychological distress that lead to either the restriction of food intake and extreme exercising for anorexia patients; or purging as a result from binge eating and fasting for bulimics (Akey, Rintamaki, & Kane, 2013). According to Le Grange, Swanson, Crow, and Merikangas (2012), approximately 30 million of men and women living in the United States of America (U.S.) are diagnosed with ED where the majority of them are young female adolescents. Due to the increasing number of individuals suffering from ED, ED is considered to have the highest rate of mortality compared to other mental health diagnoses as it is reported that an ED patient dies every 62 minutes (Sullivan, 1995; Akey et al., 2013; The Eating Disorders Coalition, 2014).

In general, the encouragement for individuals suffering from ED to solicit support and seek help may be driven by the fact that they are at a dire level of attaining them. Braithwaite, Waldron, and Finn (1999) advised that these individuals require support as one of the short-term solutions but might need further assistance and social support if the diagnosis persists in a longer period of time. Nevertheless, due to the negative perceptions and the social stigma that

are associated with matters concerning ED, for ED patients to solicit those supports may be troubled. The possibility of how discredited one can be perceived by disclosing and admitting to having ED to solicit help varies depending on local norms (Becker, Hadley Arrindell, Perloe, Fay, & Striegel-Moore, 2010). Thus, users of the Internet perceived online support group discussions as an alternative medium in soliciting help and support from others as they could disclose their issues without having to scar their social costs due to the illusion of anonymity of the virtual world (Winzelberg, 1997; Eichhorn, 2008; Bauer, Bauer, Spiessl, & Kagerbauer, 2012).

However, conforming to Becker et al. (2010), some individuals with ED take extreme measures by opting to not get treatments for their diagnoses and limit their probability of sharing and disclosing as they fear of disappointment and shame toward their families. The negative emotions that are associated with ED differ from one patient to another as to what he or she prioritizes but even so, it will constantly result in the reluctance to disclose and seek help. Those who urge to go on extreme diets and are highly concerned of their body figures and weight are more prone to the concealment of their issues (Basile, 2004). When one struggles in suppressing their emotions alone regarding issues such as ED, the possibility of gaining psychological stress is high and developing impairments in cognitive processing is also possible (Gross & Levenson, 1997). Besides, internet users who chose to self-disclose their problems on online discussions may not realize the psychological and health benefits that they could gain from the activity (Joinson & Paine, 2007).

1.2 Online Social Support Group

As the involvement of the Internet in our daily lives causes the exchange of information to be done more conveniently (Sillence, 2013), it effectuates an inclination towards online support groups rather than the traditional face-to-face discussions (Chung, 2013). When online support groups centering on health is concerned, some argued on how effective these platforms are as it is questionable to how far do the supports given are enacted by those who sought it, especially when dealing with people suffering from mental health illnesses (Braithwaite et al., 1999). Even so, Savolainen (2010) discovered that online discussions can provide more positive reactions out of the acts of soliciting and providing support by the sharing of personal experiences and opinions alongside with the exertion of esteem and emotional support in the language used, rather than giving factual information.

Additionally, discussion forums in the form of online social support groups are more ideal as users can communicate with ease, provided with sufficient Internet access and knowledge on how to use the computer (Bauer et al., 2012). The communication occur in online support groups somehow gives the members participating in the group a sense of belonging and acceptance. It allows the members of the online group to experience a wide context in the development of strong interpersonal relationships as they are well aware of their similar identities (Turner, Grube, & Meyers, 2001). This result in the increasing number of online support groups in Western countries. Not only it promotes a more effective communication between the members of the online group, but online support groups widen the possibilities of individuals who are in need of support in acquiring them (Coulson, 2005).

1.3 Soliciting Online Support on Eating Disorders

Solicitation of support can be regarded as one of the forms of advice-seeking (Lawrence et al., 2008). In a recent study by Kendal, Kirk, Elvey, Catchpole, and Pryjmachuk (2017) on the youths' approach in soliciting support in an ED online discussion forum, it was found that discussion forums are more preferred by the younger community and are considered as a "safe place" in getting selfcare support as a nonclinical treatment. Also, due to its classification as a morbid mental health illness with a high rate of mortality (Akey et al., 2013), EDs are perceived as taboo in most communities and participation of ED patients in online support groups allows them to discuss issues that are considered as too sensitive to be discussed in the traditional face-to-face support groups (Furger, 1996; Coulson, 2005). This causes the motivation to obtain help on health-related information in online social support groups to increase drastically among patients (Oh, Lauckner, Boehmer, Fewins-Bliss, & Li, 2013).

Furthermore, North's (1997) study on the solicitation strategies in acquiring social support was motivated by the increasing physical and mental health benefits that ED patients or any other kinds of disorders could gain from such source of help. Based on the analysis of North's (1997) study, ED patients who solicit support in the discussion board participate in a specific manner of eliciting where it is simplified into five main types of soliciting support – self-deprecating, shared experiences, requests for information, statements of personal success, and statements of extreme behaviour. All of the support-soliciting strategies would commonly be responded with supportive comments. Communication in the exchanges of online social support activity would abide the same patterns as to the traditional face-to-face support group discussions where the themes usually cover emotional support, information, and self-disclosure

(Winzelberg, 1997). Nevertheless, Winzelberg (1997) found proof that ED patients prefer to self-disclose when participating in online discussions, followed by requesting of information and emotional support; which conforms to the assumption of the common patterns of support groups in general, be it online or offline.

Yet, the public's negative perceptions associated with ED that are stigmatizing (North, 1997; Basile, 2004) caused a reduce in number of ED patients in soliciting social support, both in the online and offline settings. It is said that users in online discussions can have the benefit of silently reading the messages posted or as how Winzelberg (1997) called it, "lurking" in the forums and still get the information they need from advices given by support-providers to individuals who face similar problems (Winzelberg, 1997; Flynn & Stana, 2012). Even so, the social support that should be addressed to their issues specifically is still absent. In agreement with Grange, Tibbs, and Selibowitz (1995), social support given to ED patients do not just function as mere supportive words per se, but it helps in reducing the risk of those individuals in being caught in an irrational self-blaming convention that may cause harm to them.

Eichhorn (2008) examined the exchange in five online eating disorder discussion boards in terms of how social support is solicited and it was found that individuals suffering with ED would commonly opt for a soliciting strategy in the form of sharing their experiences. However, for those who prefer lurking and read on other people's disclosure about their experiences, there is a possibility of being negatively influenced by what is read. However, Flynn and Stana (2012) argued that the ability for lurkers to gain information and indirect support from the online community is possibly considered as one of the main benefits of online social support groups, in which the traditional offline setting support groups are lacking. In spite of that, based on the findings in a study conducted by Ransom, La Guardia, Woody, and Boyd (2010), most form of sharing personal experience is driven by a negative information which eventually suggest a unique habit of the individuals, and thus might cause an encouragement to others in adopting a new habit or maintaining their ED behaviours.

1.4 Online Self-Disclosure on Eating Disorders

As have mentioned by Sillence (2013), disclosure is one of the most important issues in the sequential advice-giving activity done within the online setting. On a side note, Basile (2004) managed to identify what individuals with ED generally disclose about themselves, which usually concerns their dissatisfactions on how their bodies appear to the public's eyes, as well

as their strict unhealthy diets. It is said that they feel satisfaction when disclosing about their mental health problems as it helps them feel less depressed, ashamed, lonely, etc.

Despite the similar communication patterns in both online and offline support group discussions, Jiang, Bazarova, and Hancock (2011) discovered that the act of self-disclosing done in the online community is significantly distinctive compared to face-to-face as the interaction and intimacy during disclosing via the Internet is more intensified and it helps in maintaining good interpersonal relationships. According to Sillence's (2013) main issues in advice-giving activity in the online community, trust is the first priority. However, Briggs, Burford, De Angeli, and Lynch (2002) argued how the degree of trust associated in online behaviour is rather complex as it involves several matters that could carry the state of being either true or false, which are source, message and channel. Even so, ED patients who voluntarily participate in online support groups are aware of the help they need from the people in the group (Park, 2012). In line with Mortenson's (2009) suggestion, the positive expectation by ED patients on how one should be treated proves to build healthier and stronger interpersonal relationships within the members of the group, which also allows the social support to be solicited and received better.

2.0 METHODOLOGY

The research approach that is deployed in the present study is a qualitative design study. According to Creswell, Hanson, Clark Plano, and Morales (2007), a qualitative design is driven from the research questions that help in shaping the study. Furthermore, this is consistent with prior studies in this area of research on online support group discussions (Goldsmith, 2004; Eichhorn, 2008; McCormack, 2010; Wolf, Theis, & Kordy, 2013).

2.1 Theoretical Framework

The adoption of North's (1997) five categories of support-eliciting communication in the present study is to identify the strategies used when soliciting social support from ED self-disclosure in an online discussion forum. North (1997) identified five main categories of comments or posts that elicits social support from others via an online medium which are *self-deprecating comments* – comments where one shows depreciation towards herself/himself, *shared experiences* – sharing one's own experience and ask for responses from people who have faced similar experiences, *requests for information* – different from shared experience in a way that the individual does not seek people who can relate to herself/himself but solely

seeking for information, *statements of personal success* – stating one’s own accomplishment or personal success where usually would be greeted with support and encouraging words, and *statements of extreme behaviour* – declaring a plan that is considered undesirably excessive and would affect the individual negatively.

Based on North’s (1997) study, it is identified that the said five strategies were found to be the common ground in the communication of soliciting social support. Although all of the strategies are different in terms of how they are presented, each strategy causes supportive responses to be given by readers of the message or any support-providers who participated in the online discussion. Verily, North’s (1997) list of types of strategies in the solicitation of support was used to identify the patterns in terms of the kinds of supportive responses are provided or given back by the online community with regards to the different types of strategies used to solicit them.

2.2 Sample of the Study

In the present study, the sample chosen is utmost crucial as this study specifically centers on the act of solicitation of support from self-disclosure. Therefore, the registered users on the largest nonprofit organization website based in the United States called the National Eating Disorders Association (NEDA) who participated in the *Working Toward Recovery* discussion forum with instances of self-disclosure are selected as samples. The time frame for the posts that was chosen to be studied was on topics that were discussed from the period of January 2018 until March 2018. Within that time frame, it was found that a total number of 30 posts sent by 25 support-seekers of the NEDA users that contain instances of self-disclosure and at least five or more responses are needed to answer the research questions of the study. However, within those 30 posts, some users sent multiple posts in a month and thus, the users who posted more than once were counted as a single user in each month.

In terms of the details or personal information of the members who participated in the forum, the present study does not take priority of the said information. This is in relation with the forum being easily accessible subject to registration. Hence, it is impossible to be obtaining the personal details, including the demographic information of each member. Furthermore, the ability to be anonymous in online discussion forums or any online platforms (Chung, 2013; Kim, Weinstein, & Selman, 2017) can also be considered as one of the contributing factors on the difficulty to obtain such information (Pung, 2017). The usernames that members of the forum use do not provide much details about themselves, such as gender for instance, as

majority of them preferred to use pseudonyms. On a side note, it can also be noted that NEDA is an organization based in the United States. Therefore, it is expected that the members in the forum are citizens of the country. Due to the public nature of the discussion forum, it is rather unfeasible to acquire a consent from each and every member of the forum (Evans, Donelle, & Hume-Loveland, 2012; Kendal et al., 2017). Having the condition to be registered in order to send posts in the forum while being aware that it will be made available for the public's consumption, the user should be mindful of the forum organization not being obliged to protect his/her privacy (Ess & Association of Internet Researchers, 2004).

2.3 Data Analysis

The analyzing of data took place via computer-mediated discourse analysis (CMDA) for the purpose of analyzing the instances and exchanges in the Working Toward Recovery forum. In addition to that, the analyzing process is further extended in order to relate the respective framework mentioned with the present study. To ensure the validity and reliability of the study, an inter-rater reliability check by an expert in the field of pragmatics was conducted to measure the degree of agreement or similarity of at least 80% on the findings of the data.

3.0 FINDINGS AND DISCUSSION

3.1 Strategies in Soliciting Social Support via Online Discussions

Soliciting support on online support group discussion forums has been considered as one of the methods or efforts for ED patients to recover from their mental health issues (Oh et al., 2013). Although, it is questionable to what extent does the sequence of strategies opted by them during the act of soliciting the support could reflect their mental faculties. Additionally, the analyses of the posts sent by them are further examined which include other features as well such as the frequency of each strategy, and the sequences of how the strategies in the posts sent reflect the calling of support. The analyses of the support-soliciting strategies are presented in Table 3.1.

Table 3.1: Data analysis of strategies in soliciting social support on NEDA

Strategies of	Frequency of Instances in Sequence										Total	%
	1s	2n	3r	4t	5t	6t	7t	8t	9t	10t		
Soliciting Social Support	t	d	d	h	h	h	h	h	h	h		
Shared experiences	28	1	7	4	2	1	1				44	51.2
Self-deprecating comments		7		1				1			9	10.5
Statements of extreme behaviour		7	2								9	10.5
Requests for information		4	2	1	1						8	9.3
Statements of personal success	1	1	1	1	1				1		6	7.0
Expressing of emotions and feelings		2	2	2		1					7	8.1
Showing appreciation	1						1			1	3	3.4
Total	30	22	14	9	4	2	2	1	1	1	86	100

By opting North's (1997) framework of strategies in soliciting social support, it is found that all strategies listed under the framework are present in the posts sent on NEDA's Working Toward Recovery forum showing instances of self-disclosure when soliciting support. A total of 86 strategies were found in the 30 posts of soliciting support obtained from the month of January until March 2018 (see Table 3.1). Among all of the listed strategies suggested by North (1997), the most used strategy by ED patients where 51.2% (N=44) from the overall number of strategies opted were found to be the *Shared Experiences*, while *Statements of Personal Success* (N=6) was the least opted. The present study also managed to discover two additional support-soliciting strategies that were applied by ED patients in the forum namely, *Expressing of Emotions and Feelings* (N=7) and *Showing Appreciation* (N=3).

As *Shared Experiences* was found to be the most preferred strategy in soliciting support, analysis of the data also showed that the act of sharing experience occurs 93.3% (N=28) of the time in the introduction part of the posts. This can be related with findings from past studies such as Eichhorn (2008) and Savolainen (2010) where both studies found that the strategy of self-disclosing on the experience that one had faced is seen to be common among ED patients who solicit social support from the online community on discussion forums. Apparently, most ED patients preferred to self-disclose their experiences right away when soliciting support, then only followed by other strategies afterwards (“Before I begin, here's a little background info. I have struggled with ED all my life”). Most of the posts where Shared Experiences was the first strategy used were usually lengthier as the disclosing of experience was done in detail and it involved a lot of highly sensitive issues being discussed.

With regards to the pattern of experiences being expressed and shared, one similarity that is worth noting is the fact that most of the experiences involved reflect the situations of the ED patients being in a state where they were extremely reluctant to share their ED problems with their family members or close friends. This case was usually found in a way that the ED patients would make a statement such as “I just feel like I need to speak to someone who understands because none of my friends or family know about it and even if they did I don't feel like they'd understand”. The assumption made by the ED patient where the people surrounding him/her would not be able to understand his/her situation in going through an ED journey contributed to the reluctance of disclosing and soliciting support from others in general. Thus, the participation in NEDA was perceived to be an effort to recover where the ED patient solicited support and tried finding people who may face similar situations and could somehow relate to him/her. Basically, it can be said that ED patients were more comfortable at sharing or disclosing about themselves having to suffer from ED with people who can actually understand and relate to them better rather than with their families and friends.

As for the second most frequent opted strategy, both *Self-Deprecating Comments* and *Statements of Extreme Behaviour* shared the same number of usages, in which 10.5% (N=9) of the strategies in soliciting support showed instances where the users or ED patients would negatively express their thoughts about themselves and stating to be doing actions that were considered as abnormal and possibly perceived to be life-threatening by the society.

Such strategies were found to consist of instances that would directly threaten their positive face. This occurrence portrays the negativities that were suppressed in the minds of ED patients in relation with the experiences being disclosed. For instance, “As I write this I am

feeling full and disgusted with myself”; the disclosing of the unhealthy eating habits by the ED patient showed his/her state of confusion due to a strict diet that failed and ended up possessing a binge eating issue. By writing such scarring, yet stigmatizing experience, the ED patient immersed himself/herself into all sorts of emotions with the presence of guilt upon themselves, and thus, admittance of such negative statement filled with hate. Therefore, such occurrence is suggested to help support-providers in having an explicit understanding and visualization towards what ED patients feel about themselves with regard to what had been shared and disclosed.

Requests for Information regarding ED or on ED treatments, 9.3% (N=8) was also a form of support that ED patients sought for in the Working Toward Recovery forum. Some may participate in NEDA forums to find people facing similar problems where they can relate to and share struggles with. However, in the case for those who had a specific intention, curiosity or question in mind, their participations in online support forums were more direct and straightforward. Most of the questions asked or requests made were considered to be quite explicit in a way that the ED patients had a primary expectation to what or how support-providers would answer it (“Does anyone have any advice as to how I can end this binge cycle?”). Further, such manner of soliciting support also described how they did not have the intentions to share their misery with others, but rather portrayed the ED patients’ persistence in what needs to be acquired.

Besides, by approaching a community who face similar problems and the ability to really understand ED issues thoroughly, information may be gathered based on the suggestions or experiences of others (“How can I stop this cycle; also, what should I do about the fact that eating is easier when my parents aren't around to watch me?”). Again, ED patients who sought for information were well-aware of the issues they were confronting but had problems in finding the solution. Thus, by soliciting the help of information from the NEDA forum community regarding a specific subject matter, it would highly result with responses that directly answers the ED patients’ concerns.

Based on the analysis of data, the least opted strategy in accordance with North’s (1997) framework of strategies in soliciting support is the *Statements of Personal Success* (N=6). Only 6 out of 86 strategies that were found in the data collected were classified as such as the users expressed signs of positivity and joy regarding either their progresses in recovering or achievements in fighting the disorder. Nonetheless, in all of the posts sent consisting the said strategy, the finding identified a similar pattern in terms of how the strategy was structured.

The sharing of personal success stories was usually an occurrence happened in the past, and the ED patients continued to struggle with ED afterwards (“I stopped using the scale and counting calories. I was happy”). The use of past tense (“stopped”) indicates that the ED patient is no longer in a condition where he/she is free from obsessing over his/her weight. The message continued with a brief update on how the ED patient had regained the old habit of ED by (“...the next day I started using the scale and the calorie counter again”). Fundamentally, the strategy *Statements of Personal Success* occurred with the use of past tense indicating success that is no longer felt by the ED patients. The attempts made in working towards recovery were presumed to be too challenging which resulted in redeveloping ED again. This suggests that such occurrence is a possible sign of a failed recovery.

In a similar situation where statements of past personal success were commonly a sign of failed recovery, it also indicates a sense of struggle in recovering (“... but I stopped myself from purging and instead cried and tried to tell myself how proud I was for trying to beat this mental game”). One of the reasons individuals who severely suffered from ED faced difficulties in recovering from the mental health illness was due to the lack of support from peers who also suffered from the same illness but were at different level of recovery (Akey et al., 2013). Thus, conforming the assertions by past studies on how vital it is for ED patients to get the support they need (McCormack, 2010; Oh et al., 2013; Saul & Rodgers, 2018), especially among members of the same community.

Further analysis of the data from the NEDA forum revealed quite a number of users who expressed their emotions and feelings (N=7), like fear for instance, when trying to obtain help and support from the online community. Such act is considered to be an additional strategy that was found in the present study.

Referring to the findings, it is shown that NEDA users who solicit support from others would usually expose their feeling of fear when they are in a state where they require the opinions from others about their illness. Also, those who expressed more of their emotions and feelings as a soliciting strategy were found to have troubles making decisions on their own (“If this doesn't work then am I just not able to get past this? I'm scared that nothing will change. At the same time though I'm just as freaked out that it will get better and I will gain a bunch of weight”). Most ED patient portrayed their fear to the online community and such fear arose was due to their attempts to recover. By revealing negative emotions and feelings about the illness, they added more impression in the post sent in the forum that could represent their states of mind in struggling with ED. It somehow welcomes the opinions of others in terms of

the appropriateness of such perceptions or feelings. Thus, ED patients would be able to reconsider and ponder back on what best should be done.

Besides adding a sense of importance on what was disclosed by ED patients who solicit support online, the expressing of emotions and feelings always occur in a similar context. These users tend to always relate negative emotions and feelings with ED. Hence, these expressions that occur in the NEDA forum would commonly expose the sadness, hopelessness, sorrow, etc. of the ED patients (“... I feel utterly helpless and out of control around food”). The expressing of such feeling allows support-providers to better understand the situation and cushion their words as well as the methods in giving those supports. This is vital as support-providers should be aware on the fact that many ED patients are inclining towards a critical stage. Henceforth, to avoid imposing more on the situation faced by the ED patients, support-providers could reconstruct their words in a more approachable manner.

The expression of emotions and feelings in soliciting support seem to also be associated with their histories. Most ED patients who exerted more emotions and feelings in expressing their thoughts on ED have also disclosed the fact that they have suffered from the mental illness for a long period of time (I have had binge eating disorder for my entire life. I remember the early stages when I was about 6...). Further, having been diagnosed with ED for many years may portray such patients had also went through a failed recovery at least once throughout their whole ED journey (“I have tried a plethora of diets, ...but nothing has helped”). Thus, the ED patients’ participations in online support group discussions like NEDA was somehow considered to be one of the ways for them to get back to that recovery mode by getting the help and support from the online community.

The opting of *Showing Appreciation* as a form of strategy in soliciting support was not listed under North’s (1997) framework nor was it widely applied by ED patients (N=3) in the NEDA forum. However, analysis of the data revealed that such strategy could cause an impact in attracting the online community to provide support and help.

Some ED patients were found to be pre-thanking the readers before even receiving any responses (“I thank you dearly for whoever is reading this, I really do”). This may suggest that the ED patients have been wanting to be heard for a long time but never really had the chance or were not brave enough to do it as they would explicitly state how they never had the courage to disclose about ED matters (“I have never posted on forums before and so this is really scary to open up. But... I need to just talk and reflect”). As mentioned by Cachelin, Veisel, Barzegarnazari, and Striegel-Moore (2000), soliciting help from others is regarded as

negatively threatening the face. Thus, to finally being able to open up to others can be considered as an achievement. By showing appreciation, the ED patient reflects a sense of relief that whatever that has been suppressed within himself/herself has finally been expressed and heard. However, it is common among ED patients to prefer to suppress their emotions and feelings, as well as problems regarding ED within themselves (McCormack, 2010).

3.2 Shared Strategies in Soliciting Support

In addition, the analysis of data also showed the significant role of Shared Experiences as a strategy that is highly independent for it alone to express the ED patients' situations and issues. However, strategies such as Requests for Information, Expression Emotions and Feelings, and Showing Appreciation were found to be mostly dependent towards the shared personal stories from the result of self-disclosure. This result in the occurrence of shared strategies in support-solicitation (see Table 3.2).

Table 3.2: Data analysis of shared strategies in soliciting social support

Shared Strategies of Soliciting Social Support	Number of Instances	Total of Strategies Involved
Shared experiences + Requests for Information	7	14
Shared experience + Expressing emotions and feelings	5	10
Shared experiences + Showing appreciation	2	4
Total	14	28

The concept of shared strategies presented in the study is the instances that consist of strategies that occurred with the need to make reference from the strategy *Shared Experiences*. A total of 28 out of 86 strategies in soliciting support were regarded as shared strategies. This is because dependent strategies such as *Requests for Information*, *Expressing Emotions and Feelings*, and *Showing Appreciation* would commonly occur succeeding after the disclosure of personal experiences. Such strategies were found to be used by having support-providers to

comprehend the shared experiences beforehand, in order to be able to relate with the strategies following it.

The findings revealed that the strategy *Requests for Information* that occurred together with *Shared Experiences* (N=7) comprised of 87.5% instances out of all the usages of *Requests for Information* found in the data. This clearly showed how such strategy was highly independent towards the sharing of personal experiences (“Is this something that I've been doing wrong?... If this doesn't work then am I just not able to get past this?”). The study deduced that the information requested would not be able to be fully understood by support-providers if the ED patient did not clearly explain his/her situation. Thus, when requesting for a specific information is concerned, the disclosure of the exact situation faced by the ED patient is needed in order for the information or query can be presented in the most precise manner possible.

Similarly, *Expressing Emotions and Feelings* was also revealed to occur in which such strategy needs referencing from *Shared Experiences* (N=5). From the total instances that consist of the expression of negative emotions and feelings, 71.4% was applied to demonstrate how ED patients felt in relation to the personal stories that they disclosed to the online community. As an example in one of the posts, “It feels like a hopeless battle ill never win” exhibits the negative feeling of despair conveyed by the ED patient. The “hopeless battle” mentioned by the ED patient required support-providers to relate with the experience shared in the post in which it was referred to his/her extreme bingeing habit. With the struggle to maintain health, ED patients expressed a feeling that pressures them on how difficult it was to stop the ED behaviour and hence, indirectly appealing the support from the online community to help easing the struggle.

Another notable strategy that was highly dependent towards the disclosure of personal experience is *Showing Appreciation*. Two-thirds of instances with the strategy displayed expressions by the ED patients to show their gratitude towards the support-providers that ought to or have read the shared stories of their experiences with ED. Although it was initially assumed that such strategy was used as a means to thank those who provided them support and advice, the findings revealed that the strategy was mainly used as an expression to be related with their disclosure of experiences. To illustrate, the excerpt “It's been cathartic writing all of this out, so thank you for taking the time to read it” signifies the ED patient's sense of relief for finally disclosing and share what has been suppressed on his/her issues with ED. It is undeniable that the statement of appreciation was addressed to the support-providers but it also

indirectly implied that ED patients were being really hopeful for the online community to hear and understand their situations based on what had been shared.

3.3 Configurational Support-Soliciting Strategy of Self-Disclosure

With regards to the patterns of soliciting online social support through self-disclosing where the strategies are more systematic, some ED patients have shown a certain similarity where their main intentions for the participation in the online support group was to self-disclose. As self-disclosing is an act of unveiling matters that can either be both personal or considered to be private, or just a general matter about an individual (Greene, Derlega, & Mathews, 2006), *Shared Experiences* is a soliciting strategy that can be concluded to be the utmost crucial in the present study as self-disclosure itself is centered. A *Configurational* based support-solicitation occurs when the *Sharing Experiences* strategy is regarded as the main, yet most frequent strategy to be discussed and highlighted in the post while the digression to other strategies were subordinate clauses that require the referral of the experience shared. This could possibly signify that ED patients' willingness to participate in the online support group was well-prepared, especially when the participation itself was completely volunteered. Being able to open up and disclose about issues pertaining their ED behaviours to the online community was preferred as it can be concluded in the present study, such strategy was the main source of their support-soliciting strategy. Having the role of being the main strategy have caused *Shared Experiences* as the core function when soliciting support, in which other strategies are dependent toward it in terms of referencing.

3.4 Non-Configurational Support-Soliciting Strategy of Self-Disclosure

Most of the online support-soliciting strategies found in the present study were undeniably inclined toward the dependence on the act of self-disclosing itself. Even so, there were some strategies that were able to be used independently on its own, such as *Self-Deprecating Comments*, *Statements of Extreme Behaviour* and *Statements of Personal Success*. Thus, a *Non-Configurational* based support-solicitation is what the present study refers to the list of strategies that are regarded as independent clauses that do not require the reference from the main strategy, *Shared Experiences*. Such strategies themselves were mostly statements that ED patients expressed with regard to the situations that they faced at the time where they composed the posts, triggered upon to what they felt about their own experiences – not to be mistaken with strategies that were applied in relation with what was disclosed.

3.5 Solitary Support-Soliciting Strategy of Self-Disclosure

Irrespective of the opting of multiple strategies when soliciting support to escalate the level of pity and sympathy of support-providers, some ED patients preferred to just self-disclose, or as termed opting *Shared Experienced* as the only strategy in soliciting online social support. However, in the context of an online community that shares the same knowledge and experience regarding the same mental health illness, the use of a single strategy is regarded as sufficiently acceptable for their readers to understand the ED patients' state of mind and situations faced. Further, such indirect method of soliciting support is crucial to only be expressed within their circle of community in order for it to be utterly understood.

4.0 CONCLUSION

Posts sent by ED patients who solicit support in the forum were found to opt various strategies where *Shared experiences* was opted majority of the time, followed by *Self-Deprecating Comments*, *Statements of Extreme Behaviour*, *Requests for Information*, *Statements of Personal Success*, *Expressing Emotions and Feelings*, and *Showing Appreciation*. Although messages where ED patients expressed their feelings or showed signs of gratitude as forms of soliciting support were not mentioned in North's (1997) *Strategies of Soliciting Support*, results found in the NEDA forum showed positive signs of usages nonetheless.

Equally important, with the freedom for ED patients to express and self-disclose their issues facing ED in the forum, it enables them to write however they please as long as the guidelines of the forum are adhered. This results with the various forms of writing in terms of how ED patients structure their manners and strategies of soliciting online social support. The digression of strategies during self-disclosure was discovered to be following patterns that were dissimilar in nature with one another, in which it could either be realized as *Configurational* based, *Non-Configurational* based, or *Solitary* based.

The present study recommends that potential future research should opt for the triangulation of data method to increase the validity and reliability of the findings in investigating the support-soliciting behaviour from self-disclosure among individuals with ED. Further, from such incorporation in a study, it could help in measuring the different dimensions of how the behaviour from various different sources are enacted. This enables the study to take into account the similarities as well as the differences of the willingness and level of comfort for ED patients to disclose about their issues. In fact, the manners in how the support is solicited

could also be contrasted in terms of the presence of nonverbal cues when it is carried out physically as an approach to mitigate face-threats onto themselves.

In addition, it is also recommended for future studies that intended on studying the interactions done in online social support groups to incorporate a greater number of research sites as data. This is because the data analyzed from a single forum may be regarded as insufficient to be generalized of its findings, let alone if the study intended to have it being related to a specific culture as such online platforms of discussion are very cultural influence.

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