Soliciting and Providing Social Support Over the Internet: An Investigation of Online Eating Disorder Support Groups

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Using a longitudinal, systematic random sample of 490 postings, this study analyzed the type of social support provided, the strategies used to solicit social support, and the themes on the top 5 Yahoo! eating disorder discussion boards. Optimal match theory was used as the theoretical framework for the study. Results suggest that messages providing informational support were more prevalent than those providing instrumental support. Also, the findings revealed that the most frequent strategy for soliciting support was sharing experiences and the most frequent theme was positive affect. The results of the study highlight the significance of prosocial communication exchanges on these discussion boards.


Anorexia Nervosa and Bulimia Nervosa are the two most common eating disorders among North American women between the ages of 16 and 25. Anorexia Nervosa occurs in about 5–10 out of 1000 women while Bulimia Nervosa occurs in about 20–50 out of 1000 women (Crowther, Wolf, & Shepard, 1992; Hsu, 1996). These two eating disorders are associated with a distorted perception of body shape and weight and are negatively stigmatized in society. Therefore, sufferers of both diseases have turned to Internet sites for anonymous social support. Such Internet sites provide information, guidance, and support groups to meet other individuals suffering from similar symptoms. Online support groups usually take the form of listservs, where members are able to send and/or receive messages through e-mail, or discussion boards, where members are able to read and/or post messages to the specific site. However, little research has examined the participants’ communication on these eating disordered support groups or their approach to this fairly new medium (Darcy & Dooley, 2007; Brotsky & Giles, 2007; Walstrom, 2000).

Purpose of Study
This study seeks to understand what is being communicated on online eating disorder discussion boards. Before focusing on cultivating successful supportive relationships online and examining the effectiveness of such networks, it is critical to
gain a greater understanding of the existing social supportive behaviors present online. This study offers insight into the types of social support being sought out and the types of support being provided on these sites. Specifically, this content analysis investigates the types of social support provided, the strategies used to solicit social support, and the themes posted on the top five Yahoo! online eating disorder discussion boards. This study begins by reviewing the relevant literature and explaining the theoretical framework.

Review of Literature
Online support groups provide vital information and support to people struggling with eating disorders (Walstrom, 2000). They are particularly important given the smaller social networks these individuals have (Zelley, 2001). Increased participation on these online eating disorder support groups is due to the reduced anxiety levels about being evaluated and feelings one has of accountability (Dubrowsky, Kiesler & Sethna, 1991; Spears & Lea, 1994). Due to online support groups becoming more common, this study extends knowledge regarding online eating disorder support groups by focusing on the type and frequency of the content available on these sites. By understanding the content of these groups, future research will be able to examine its effectiveness.

Walther (1996) introduced the idea of “hyperpersonal interaction,” or a type of relational communication that is facilitated by the features of the computer-mediated environment. Computer-mediated communication allows individuals with an eating disorder to solicit feedback and provide comments with anonymity. Furthermore, computer-mediated communication allows for asynchronous interaction. This is especially beneficial for individuals suffering from an eating disorder because it allows them to plan, contemplate, and edit comments carefully. This study will further our understanding of how individuals use computer-mediated communication to solicit and provide social support and contribute to our understanding of the nature of online eating disorder discussion boards.

Theoretical Framework, Hypothesis, and Research Questions
Optimal Match Theory suggests that certain forms of social support are most beneficial, or optimal, following specific kinds of stressors (Cutrona & Russell, 1990). First, the specific kinds of stresses or stressful events such as eating disorders, can be integrated and simplified into four dimensions: (1) desirability- degree to which intense, negative emotions are engendered; (2) controllability-extent of control an individual has over the outcome; (3) duration of consequences-extent to which the effects last; and (4) life domain-dimension of a stressful event that considers the type of loss that is experienced in order to establish a replacement. Controllability is central to this study. According to this theory, the types of social support can be optimally matched to stressful life events. Cutrona and Russell’s (1990) five basic social support dimensions consist of (1) emotional support- the ability to receive comfort and security during times of stress from others, leading a person to feel that he or she is cared for; (2) network support- the feeling of belonging to a group who share
common interests and concerns; (3) esteem support - the bolstering of a person’s sense of competence or self-esteem by others; (4) tangible support - instrumental assistance where necessary resources are offered in order for one to cope; (5) informational support - providing one with advice or guidance concerning possible solutions to a problem. Based on the assumption that individuals with eating disorders are able to take charge over the onset and termination of the stressful event (unlike cancer or a death of a family member), eating disorders are considered controllable. Cutrona and Russell (1990) contend controllable events will require social support components that foster problem-focused coping. Problem-focused coping deals with advice, information, feedback from a course of action taken, actual assistance, or support that reinforces one’s competence level. Cutrona and Russell theorize informational (advice or guidance) support will be more effective following controllable events. Therefore the following hypothesis is predicted:

H1: Informational support will be the most frequent type of social support provided on eating disorder discussion boards.

The types of support offered (H1) is only one side of the interactive coin. How that support gets solicited is the other side. North (1997) identified five strategies that individuals with eating disorders use to solicit social support online: 1) self-deprecat ing comments, 2) shared experiences, 3) requests for information, 4) statements of personal success, and 5) statements of extreme behavior. North (1997) has identified how support gets solicited, but not what is more or less common. Therefore, the following research question was posed:

RQ1: What is the most frequent strategy that individuals with eating disorders use online to solicit social support?

In the same vein, Winzelberg (1997) identified five themes generated within eating disorder support groups: 1) coping with external pressures from family and friends, 2) reactions to the cultural pressures to be thin and standard of beauty portrayed in the media, 3) reminiscence of the psychological symptoms of bingeing, purging, and starvation, 4) negative affect, and 5) recommendations for psychological treatment and reflections on the benefits members had received from such treatment. Although, Winzelberg (1997) identifies themes, there is no indication of which ones are more or less frequent on these eating disorder support groups. In order to address this, the second research question asked:

RQ2: What is the most frequent theme discussed within online eating disorder discussion boards?

Method

Sampling
Due to the hundreds of online eating disorder support groups on the Internet, the universe of this content analysis was limited to the top five most popular Yahoo!
eating disorder discussion boards. Other than manageability, there were several reasons for delineating the population in such a way. First, both Nielsen/Net Ratings and Jupiter Media Metrix, the leading user-based ratings services on the web, identified Yahoo! as having the largest audience reach than any other searching tool (Sullivan, 2001). In addition, StatMarket, a ratings service that breaks out search-specific traffic from other traffic, also rated Yahoo! as the most popular search engine (Sullivan, 2001). Hence, it can be argued that Yahoo! attracts a variety of users with different attributes, thereby ensuring a certain degree of representativeness in this study. In addition, user profiles, which included demographic information, were available on the Yahoo! site from those who post messages online. Finally, all messages on the Yahoo! site were posted, archived, and easily accessible for a systematic random sampling approach. With all these factors in mind, the Yahoo! site with multiple groups was chosen for this study.

The number of members per support group determined the top five most popular, active discussion boards. They were: 1) Bulimiasupportgroup (BSG) \(N = 698\), 2) BOA \(N = 610\), 3) Maleseatingdisorders (Males) \(N = 210\), 4) Dieana \(N = 216\), and 5) Bulimiaandanorexianetherworld (World) \(N = 298\).

Message postings were listed in chronological order and were selected randomly using a skip interval. The skip interval was based on the number of available messages per group to obtain approximately equal proportions of messages per group. These sample proportions were: 101 postings (20.6%) for Bulimiasupportgroup; 100 postings (20.4%) for BOA; 97 postings (19.8%) for Maleseatingdisorder; 99 postings (20.2%) for Dieana; and 93 (18.9%) postings for Bulimiaandanorexianetherworld \(N = 490\).

**Coding Procedures**

**Unit of analysis.** The unit of analysis for this study was the individual message posting. A posting is what one person says, or the total content, regardless of whether it is a word or multiple paragraphs in length, of a single message submitted to the group. To categorize the soliciting strategies and social supportive messages, grammatical propositions or phrases were analyzed. The three key variables used in analysis were 1) social support provided strategies, 2) social support solicited strategies, and 3) themes. If there were multiple social support strategies or themes, the predominate or main theme was coded by holding them against the operational definitions. If the posting did not contain social support strategies provided or solicited, it was coded as “not present”. If the coder could not determine the main or predominate social support strategy or theme, the posting was coded as “undetermined”. Because both solicited support and support provided were coded for each posting, it is possible for a single posting to solicit and offer support, therefore the number of instances of these two categories exceeds the total number of postings in the sample. A pretest was also conducted on each of the coding systems to determine if the categories captured the majority of the message postings. The pretest was
performed by the primary investigator and a trained graduate student. Results of the pretest yielded four additional themes. These themes are discussed in more detail below.

**Operational definitions.** The primary type of social support was coded using Cutrona and Russell (1990)’s five dimensions discussed previously. These dimensions consisted of 1) *Informational*— (e.g., “you need to go the doctor”), 2) *Tangible*— (e.g., “Carnation just came out with a new coffee creamer, hazelnut…it is fat free…try it!”), 3) *Esteem*— (e.g., “You have worked really hard, don’t give up!”), 4) *Emotional*— (e.g., “Katie you have no idea how much I worry about you and how sad I would be if something happened to you”), and 5) *Network*— (e.g., “I just wanted to let you know that there are others here who really care about you and want to be there for you. Please stay with us.”).

Primary strategies used to solicit social support were coded into five categories originally developed by North (1997): 1) *Self-deprecating comments*— negative statements about oneself, belittling the individual or their problem (e.g., “I will shut up for awhile…thank you for letting me take up space…I am a terrible person, I feel so fat, I even look fatter, a lot fatter and I’m not imagining it”); 2) *Shared experiences*— statements of self-disclosure or description of an experience (e.g., “I was refused by all the insurance companies based on my history with bulimia…anyone else experience this?”); 3) *Requests for information*— requests for information without disclosing one’s own experience, (e.g., “Can someone pass along meal time advice given in treatment for these EDs?”); 4) *Statements of personal success*— statement of personal successes and positive improvements (e.g., “Hi guys, yesterday I went to the therapist for the first time and she was cool! I woke up this morning and didn’t want to be dead”); and 5) *Statements of extreme behavior*— previous or planned activities that are above and beyond the “normal” range of daily activities for a person with an eating disorder (e.g., “I just swallowed many pills with a beer!”).

Primary, single themes of message postings were coded into nine categories. Five of these originated from Winzelberg’s (1997) theory, previously discussed. These were 1) *Coping with external pressures from family and friends*— (e.g., “My mom was watching me eat dinner, so I had to eat…then I threw up”), 2) *Reactions to the cultural pressures to be thin and standards of beauty portrayed in the media*— (e.g., “I can’t help but want to be thin after looking at all these models in the magazines”); 3) *Recalling symptoms of binging, purging, and starvation*— (e.g., “I felt much better when I was binging because at least I was skinny and sad, and not fat and sad”); 4) *Negative affect*— (e.g., “I am so depressed I don’t know if I can make it through the day”); and 5) *Recommendations for prosocial behavior*— (e.g., “The counselor I went to was awesome, you should try to go and not be afraid to be honest with these people, they can help”). Four additional categories were created after the pretest to account for more of the message themes. These consisted of 1) *Newcomer message*— first-time user postings (e.g., “Hi, my name is Michelle, and this is the first time I have come to the support group”); 2) *Positive affect*— encouraging postings or constructive feedback from other users (e.g., “You are so strong, you are going to do great, good luck
and let us know what happens’’); 3) Coping with weight- discussion of the challenges of gaining weight, losing weight, or eating (e.g., “I gained three pounds last week, I had to use laxatives again”); and 4) Unrelated to eating disorders- a posting not pertaining to an eating disorder (e.g., “Hey, Kathy how are your kids? Didn’t they start school today?”).

By cross-referencing each posting with the sender’s online profile the following demographics were also coded for: gender (male, female); marital status (single, long-term relationship, married, not determined); location (United States, outside the United States, not determined) and age, which were recoded into an ordinal scale (13–19, 20–30, and 31 and older).

Also the time of the posting was coded for (6:01 am-12:00 pm, 12:01 pm-6:00 pm, 6:01 pm-12:00 am, 12:01 am-6:00 am, not determined).

A subsample of the coding (15%) was randomly selected and recoded by a trained, independent graduate student and the primary investigator. Cohen’s Kappa (1960), which accounts for agreement by chance, was used to compute the intercoder reliabilities of the nominal variables: primary form of support, .83; primary soliciting strategy, .85; primary theme, .86; group, .98; gender, .91; marital status, .96; location, .96; and time, .93. Holsti’s (1969) percentage of agreement was used to compute the intercoder reliability for age (.92).

Results

User Profile

Approximately 37% of the individuals posting messages on the top five Yahoo! support groups were between the ages of 20 and 30. Sixteen percent were between the ages of 13 and 19, and 11% were older than 30. Females dominated the online support group postings, authoring 82% of the sample messages. Males posted about 14% of the messages. Of the known marital status of the users, 40% reported to be single, 11% reported to be in a long-term relationship, and 9% were married. Of the known location of the users, 40% of the message postings originated from individuals who lived in the United States, while about 17% lived outside the United States. Moreover, 61% of the messages were posted between 12:01 pm and midnight.

Hypotheses and Research Questions

Hypothesis 1 predicted that there would be more messages providing informational support than instrumental support. Of the supportive messages, 29.7% of the messages provided informational support but only 11.7% of the messages provided instrumental support (see Table 1). A chi-square goodness of fit, which tested for differences between observed and expected frequencies of the social support strategies, was statistically significant, ($\chi^2 (4, N = 273) = 45.70, p < .001$). Thus, hypothesis 1 was supported. Informational supportive messages included, “you can die from using too many laxatives,” “a doctor can help you with your mood swings,” and
“did you know there are 742 calories in a chicken quesadilla at Applebee’s?” while examples of instrumental support included, “crystal light is the way to go,” “hey-check out the book called Eating Out Food Counter,” and “try drinking the sparkling water b/c the fizz fills you up.”

The first research question asked what is the most frequent strategy individuals with eating disorders use online to solicit social support (Table 2). Of the messages that solicited support, shared experiences accounted for a little over half (51.9%) of the messages generated by online support group users, followed by requesting information (25.4%) and self-deprecating comments (15.4%), \( \chi^2 (4, N = 264) = 213.35, p < .001 \). Examples of shared experiences included, “I have been bulimic for 5 years and I mostly throw up outside after everyone goes to bed. Does anyone else throw up outside?” and “I just went to therapy today and it was better than I thought, has anyone you know actually gotten cured from going to therapy?”. Requesting information messages included, “How many calories can you burn off running for 3 hours?,” “I haven’t had my period in 9 months, how long should I go before I need to tell someone?,” and “Anyone have any advice on how to hide this disease at school.” Examples of self-deprecating message postings included, “I am such a loser, why don’t I have any will power?,” “Stupid, stupid, stupid, I was so stupid today,” and “Grrrrrr why don’t I have any control, I am so incredibly powerless. I hate myself.”

Table 1 Frequencies and Percentages of Social Supportive Strategies on Online Eating Disorder Support Groups

<table>
<thead>
<tr>
<th>Support</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informational</td>
<td>81</td>
<td>29.7</td>
</tr>
<tr>
<td>Emotional</td>
<td>76</td>
<td>27.8</td>
</tr>
<tr>
<td>Network</td>
<td>58</td>
<td>21.2</td>
</tr>
<tr>
<td>Instrumental</td>
<td>32</td>
<td>11.7</td>
</tr>
<tr>
<td>Esteem</td>
<td>26</td>
<td>9.5</td>
</tr>
<tr>
<td>Total</td>
<td>273</td>
<td>100</td>
</tr>
</tbody>
</table>

\( \chi^2 (4, N = 273) = 45.70, p < .001 \).

Table 2 Frequencies and Percentages of Soliciting Strategies on Online Eating Disorder Support Groups

<table>
<thead>
<tr>
<th>Strategy</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared experiences</td>
<td>137</td>
<td>51.9</td>
</tr>
<tr>
<td>Requests for information</td>
<td>67</td>
<td>25.4</td>
</tr>
<tr>
<td>Self-deprecating</td>
<td>41</td>
<td>15.4</td>
</tr>
<tr>
<td>Statements of personal success</td>
<td>16</td>
<td>6.1</td>
</tr>
<tr>
<td>Statements of extreme behavior</td>
<td>3</td>
<td>1.1</td>
</tr>
<tr>
<td>Total</td>
<td>264</td>
<td>100</td>
</tr>
</tbody>
</table>

\( \chi^2 (4, N = 264) = 213.348, p < .001 \).
The second research question asked what is the most frequent theme addressed within online eating disorder discussion boards. Of the postings, 20% of the messages fell in the *positive affect* category. Examples of positive affect included, “good luck Tammy, you are going to do great,” “keep your chin up, you are going to live a long and productive life!,” “Sam, don’t get down on yourself, you are brave and that is why you are asking for help.” Next, the coping with weight (14%) category included messages such as, “I am up 6 lbs and I am terrified,” “my fat rolls are taking over my body...everywhere I look there they are..yuck!” and “I don’t want my thighs to touch each other...they are gross.” Finally, recalling symptoms (13%) referred to messages such as, “Tired! I am so sick and tired of explaining to my mother why I can’t eat. The funny thing is when I wanted to get help she said I don’t need it...god, I am so sick of her!,” “I know I must be mental cause I crave the burning sensation in my throat after I vomit,” and “I constantly think about food and I am consumed by my scale. I wish I knew how to just make myself better.” Ten percent of the messages were not able to be categorized under this coding scheme (see Table 3 for full analysis; \( \chi^2 (9, N = 490) = 107.30, p < .001 \)).

**Discussion, Limitations, and Future Research**

Optimal Match Theory states that types of support are matched to different kinds of stressors (in this case, controllability is key to the nature of the stressor). The theory sets expectations regarding the type of support expected within online eating disorder support groups. Those expectations were supported in this research. Optimal Match Theory posits that eating disorders are controllable because the individual has control over the onset and termination of the stressor. The hypothesis, derived from the theory, supported this claim. Informational support (29.7%) was the most frequent type of social support provided on the discussion boards. This is consistent with the theory and suggests that individuals with eating disorders seek social support.

**Table 3** Frequencies and Percentages of Themes on Online Eating Disorder Support Groups

<table>
<thead>
<tr>
<th>Theme</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive affect</td>
<td>96</td>
<td>19.6</td>
</tr>
<tr>
<td>Coping with weight</td>
<td>71</td>
<td>14.5</td>
</tr>
<tr>
<td>Recalling symptoms of binging, purging and Starvation</td>
<td>65</td>
<td>13.3</td>
</tr>
<tr>
<td>Recommendations for prosocial behavior</td>
<td>48</td>
<td>9.8</td>
</tr>
<tr>
<td>Negative affect</td>
<td>41</td>
<td>8.4</td>
</tr>
<tr>
<td>Newcomer message</td>
<td>40</td>
<td>8.2</td>
</tr>
<tr>
<td>Coping with family, friends, coworkers</td>
<td>37</td>
<td>7.6</td>
</tr>
<tr>
<td>Unrelated to eating disorders</td>
<td>36</td>
<td>7.3</td>
</tr>
<tr>
<td>Reactions to the cultural pressures</td>
<td>6</td>
<td>1.2</td>
</tr>
<tr>
<td>Not determined or don’t know</td>
<td>50</td>
<td>10.2</td>
</tr>
<tr>
<td>Total</td>
<td>490</td>
<td>100</td>
</tr>
</tbody>
</table>

\( \chi^2 (9, N = 490) = 107.30, p < .001 \).
support that is grounded in problem solving (Cutrona & Russell, 1990). Providing advice and information regarding eating disorders can create a positive coping environment. These results provide support and extend our application for optimal match theory. Also, this finding strengthens Walther’s (1996) notion of hyperpersonal relationships. Individuals use online eating disorder support groups to develop and maintain interpersonal relationships online. While the majority of the messages coded appeared to be prosocial, future research should examine the valence and address the extent to which correct information is being provided on these sites.

Emotional support (27.8%) was also identified as a type of social support provided. It may be that some individuals seek more emotion-focused coping because they perceive themselves to have little control over their illness. Even if they do believe they have physical control over the illness, they might lack psychological confidence in their ability to do something about it. In addition, over half of the messages (55.7%) posted provided some kind of support to their online group members. Furthermore, both of these findings are consistent with the Braithwaite, Waldron, and Finn (1999) study that examined the social support provided on computer-mediated groups for people with disabilities. The authors concluded that informational and emotional support were most frequently offered on these online support groups, while network and tangible assistance were least frequently offered.

Shared experiences (51.9%) was the most frequent soliciting strategy for social support. This category involved statements of self-disclosure, described experiences, or questioned similarities among members. Messages in this category usually sought out informational support. This result suggests that online discussion boards play an important role for individuals seeking others with related experiences. It confirms Winzelberg’s (1997) findings that self-disclosure is common among online eating disorder support groups. This finding is also consistent with the computer-mediated literature that discusses the many advantages of online support groups. Finn and Lavitt (1994) found that members were able to talk and receive information from an assortment of people instead of relying on a small circle of friends or family. Also, compared to face-to-face support groups, online support groups allow people to discuss sensitive topics without the embarrassment of revealing personal information to strangers (Furger, 1996).

The primary theme addressed within the message postings was positive affect (19.6%), followed by coping with weight (14.5%). Positive affect was defined as providing feedback and encouragement to another member. Online support groups create a place where people are able to vent, share, and encourage others. This finding is consistent with Weinber, Uken, and Schmale’s (1995) findings that suggest that participants in a computer group perceive therapeutic factors to be present, with instillation of hope, group cohesion, and universality viewed as most prevalent. Also, Finn (1999) found that “providing support or empathy” was the most frequent helping mechanism associated with a self-help online group.
Another surprising finding was that reactions to the cultural pressures, which was defined as those message postings that involved the media’s portrayal of beauty or other popular pressures to be thin, was the least frequent theme encountered on the five discussion boards (1.2%). One explanation of this finding is eating disorders are largely a psychological disease and are not manifested from media effects. Another explanation could be that the media pressure to be thin is so pervasive and embedded in our culture they do not see the need to comment on it.

Limitations
This study is not without some weaknesses. First, because of the difficulty of selecting a random sample of Internet support groups, these findings are only directly applicable to the Yahoo! site and may not represent the content of eating disorder support groups on other web sites. In addition, this study did not account for those individuals who posted multiple messages. Demographic data might be distorted by those individuals who posted a variety of messages during the year and may not be representative of the online population. Finally, it is unclear how the time of the messages was reported. Postings did not state which time zone was recorded.

Future Research
Several directions for future research emerge from these findings. First, future studies could be designed to provide additional support for the Optimal Match Theory by assessing the stress dimensions beyond controllability, such as desirability, life domain, or duration of consequences. Second, a quantitative study is needed to assess the affective and behavioral effectiveness of these support networks over time. Although this study suggests that social support is being provided in over half of the messages posted online, the effectiveness of these postings is unclear. Based on Magen and Glajchen (1999) findings of an empirical link between the process of emotional support within face-to-face support groups and health outcomes, which resulted in emotional distress, future research could focus on establishing a similar link between the process of emotional support within computer-mediated, eating disorder support groups and health outcomes. In addition, Wright (2000) found a modest relationship between high support satisfaction and perceptions of lower stress for participants of an online support community for older adults. Researchers might generalize these findings to online eating disorder support groups. Finally, future studies should distinguish between those individuals who are clinically diagnosed with an eating disorder and those individuals who are simply looking to lose a few pounds. Newly emerging “proanorexia” sites have attracted individuals seeking “quick tips” to lose weight. However, it is important to differentiate between these individuals and those who experience a bona fide mental disorder.
Conclusion

This study investigates the types of social supportive messages communicated on online eating disorder discussion boards. Over half the messages posted provided some type of social support (55.7%), as well as solicited some type of social support (53.8%) thus suggesting that a prosocial communication process is occurring within these online support groups. One primary purpose of these online groups is to discuss problems and provide solutions, including alternatives, for individuals suffering from an eating disorder. As relationships develop online, individuals may discuss things outside of the illness. This explanation may account for the large portion of messages posted that neither dealt with providing social support (44.2%) nor soliciting social support (46.1%). Overall, it appears that participating in an online discussion board is therapeutic and constructive for individuals with an eating disorder. Future research should explore the motivations behind these postings and the actual effectiveness of these social supportive messages.

References


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Solliciter et apporter un soutien social sur Internet : Une étude des groupes de soutien en ligne liés aux troubles alimentaires

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Résumé
Par une analyse longitudinale et systématique d’un échantillon aléatoire de 490 messages tirés des cinq plus grands babillards Yahoo! portant sur les troubles alimentaires, cette étude analyse le type de soutien social offert, les stratégies utilisées pour solliciter du soutien social ainsi que les thèmes des messages. La théorie de la correspondance optimale (optimal match theory) fut utilisée comme cadre théorique de l’étude. Les résultats suggèrent que les messages apportant un soutien informationnel furent plus courants que ceux fournissant un soutien instrumental. De plus, les résultats révèlent que la stratégie de recherche de soutien la plus fréquente était le partage d’expériences et que le thème le plus courant était l’émotion positive. Les résultats de l’étude soulignent l’importance des échanges communicationnels à caractère sociable sur ces babillards.
Kontaktanbahnung und soziale Unterstützung mit Hilfe des Internets: Eine Untersuchung von Online-Selbsthilfegruppen zum Thema Essstörungen

Kristen Campbell Eichhorn
State University of New York at Oswego

Solicitando y Proveyendo Apoyo Social a través del Internet: Una Investigación de los Grupos Online de Apoyo Social de Desórdenes de la Alimentación

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Resumen
Usando una muestra longitudinal, sistemática al azar de 490 mensajes, este estudio analizó el tipo de apoyo social provisto, las estrategias usadas para solicitar apoyo social, y los tópicos de 5 foros de Yahoo! de desórdenes de la alimentación. La teoría del ajuste óptimo fue usada como marco teórico para este estudio. Los resultados sugieren que los mensajes que proveen información de apoyo fueron más prevalentes que aquellos que proveen de apoyo instrumental. Los hallazgos revelaron también que la estrategia más frecuente para solicitar apoyo fue el *compartir experiencias* y el tema más frecuente fue el *afecto positivo*. Los resultados de este estudio subrayan la significancia de los intercambios de comunicación pro-social en las discusiones de estos foros.
在因特网上寻求和提供社会性支持：探讨网上饮食紊乱支持群体

Kristen Campbell Eichhorn
纽约州立大学 Oswego 分校

摘要

本研究以纵向、系统、随机抽样而得的 490 个帖子为样本，分析了 Yahoo!5 个最流行的 饮食紊乱讨论版上的主题、所提供的社会支持的种类以及寻求社会支持的策略。优化匹配理论被用作本研究的理论框架。研究表明确提供信息性支持的信息比提供工具性支持的信息更加普遍。还有，发现显示寻求社会支持最通用的策略是共享经验，最常见的主题是正面情感。这些结果显示了正面社会性传播交流在这些讨论版上的重要性。
인터넷을 통한 사회적 지지의 유인과 지원: 섹시장애지원집단의 연구

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요약
모두 490개 포스트의 종적, 체계적 무작위 샘플을 사용, 본 조사는 야후의 상위 5개 섹시장애 담론장에 대한 사회적 지원, 사회적 지지를 유인하는데 사용된 전략들, 그리고 주제들을 연구하였다. 최상의 일치이론이 연구의 이론적 틀로 사용되었다. 결과들은 정보적 지지를 제공하는 메시지들이 도구적 지원을 제공하는 메시지들보다 지배적이라는 것을 보여주고 있다. 또한, 연구 결과들은 지지를 유인하기 위한 가장 빈번하게 사용되는 전략은 공유경험들이며, 가장 빈번하게 사용되는 주제는 긍정효과인 것으로 나타났다. 연구의 결과들은 이러한 담론장에서 전사회적 커뮤니케이션 교환의 중요성을 강조하고 있다.