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## Seeking and Providing Social Support in Online Forums for Individuals Experiencing Depression

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Seeking and Providing Social Support in Online Forums  
for Individuals Experiencing Depression

A thesis submitted in partial fulfillment  
of the requirements for the degree of  
Master of Arts in Communication

by

Anna Gentry  
University of Arkansas  
Bachelor of Arts in Communication, 2021

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This thesis is approved for recommendation to the Graduate Council.

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## **Abstract**

This thesis project investigates how individuals suffering from depression seek support, provide support, and describe experiences of stigma in an online support platform. A phonetic-iterative and constant comparative approach guided an in-depth analysis of 37 posts on a discussion board designed for individuals with depression. The findings demonstrated that individuals use online discussion forums to request support both implicitly and explicitly. In response to sought support, individuals provided informational, emotional, and network support. Finally, discussion board participants discussed social and self stigma. Despite the limitations of the study, the findings indicate the utility of online social support platforms for individuals suffering from depression and emphasize their importance in facilitating supportive communicative interactions.

*Keywords:* depression, online discussion boards, social support, stigma,

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## **Seeking and Providing Social Support in Online Forums for Individuals Experiencing Depression**

According to Johns Hopkins Health Systems (2019), 1 in 4 U.S. adults is diagnosed with a mental health disorder. Mental health disorders describe cognitive, behavioral, and emotional disturbances in individuals and include afflictions such as anxiety, bipolar, and post-traumatic stress disorders (World Health Organization, 2022). The second most common mental health disorder among U.S. adults is depression (Swan, 2022). Depression is defined as a mood disorder that causes persistent sadness and loss of interest (American Psychiatric Association, n.d.). The rates of depression increased from roughly 8% of U.S. adults experiencing depression in 2020 to a staggering 32.8% of adults experiencing depression in 2021 (Ettman et al., 2022). Importantly, research consistently demonstrated physiological (Trivedi, 2004), psychological (Yang et al., 2015), cognitive (Kircanski et al., 2012), and behavioral (Klein et al., 2011) ramifications for individuals experiencing depression.

The exponential increase in the rates of depression is, in part, attributable to the COVID-19 pandemic. The COVID-19 pandemic describes an ongoing global outbreak of the coronavirus disease. Symptoms of the coronavirus range from undetectable to deadly and most commonly include fever, dry cough, and fatigue (Yang et al., 2020). The coronavirus is transmitted by breathing in air contaminated by droplets and small airborne particles containing the virus (Farhangrazi et al., 2020). Given the ease of transmission, recommended preventative measures include social distancing, wearing masks, and quarantining those exposed and/or symptomatic (Teslya et al., 2020). Such preventative measures left individuals feeling isolated and lonely (Luchetti et al., 2020). Earlier research indicated that isolation (Ge et al., 2017) and loneliness (Matthews et al., 2016) are significant predictors of depression.

Given the continued surge of depression and associated consequences, researchers were motivated to understand how to eliminate, mitigate, or reduce the correlates of depression. According to Fasihi Harandi and colleagues (2017), social support is a primary predictor of resilience in individuals battling depression. Cohen and Syme (1985) defined social support as resources provided to aid or assist another. Sadly, individuals suffering from depression often experience stigmatization due to their diagnosis and subsequently do not solicit social support from their networks (Barney et al., 2006).

Communication scholars identified the utility of online support networks for individuals of stigmatized groups, including individuals diagnosed with human immunodeficiency virus (HIV), obesity, and disordered eating. More specifically, Coulson and Buchanan (2022) found that individuals diagnosed with HIV felt stronger and more confident due to their participation in online support groups. Individuals diagnosed with obesity also reported personal and social benefits resulting from their online support networks (Lewis et al., 2010). In a study of individuals struggling with disordered eating, McCormack (2010) discovered that participation in an online support group encouraged healthier behaviors and enduring healing. Taken together, these results emboldened my interest in how individuals diagnosed with depression participate in online support groups to mitigate the consequences associated with their mental health disorder.

More specifically, this thesis investigates how individuals suffering from depression and its associated stigma seek and provide support online. Theoretically, I intend to fortify the stress-buffering model in the context of virtual support communities. Practically, I aim to inform the design of digital social support platforms. In the following sections, I first define social support and consider the benefits of receiving and providing support. I then define two models of social support, namely the direct effects models of social support and stress buffering. Next, I discuss

the benefits of online network support using the hyperpersonal model as a foundation. I also acknowledge the stigma associated with depression and conclude with research questions that focus my study.

### **Social Support**

Social support is vital for individuals and relationship partners (Flood-Grady & Koenig Kellas, 2018; Manoogian et al., 2010). Social support is defined as the resources that one person provides to another with the intention of aid or assistance (Cohen & Syme, 1985). More specifically, social support improves individuals' mental and physical health (Kulik & Mahler, 1989; Özmete & Pak, 2020). Relationally, messages of social support benefit acquaintances (Kasprzak, 2010), community ties (Kelley et al., 2018), coworkers (Haas, 2019), friends (Salazar, 2015), relatives (Toyoshima & Nakahara, 2021), and romantic relationship partners (Xu & Burleson, 2004) through increased closeness and connection. According to Antonucci and Jackson (1990), the benefits of supportive messaging are associated with both receiving and providing social support.

To receive social support, individuals can make either implicit or explicit requests (Jiang et al., 2018). Implicit requests for support are not plainly expressed or directly stated messages (Jiang et al., 2018). Rather, implicit requests describe the aid or comfort one seeks from another without disclosing the need, such as enjoying pleasant activities together or being in the company of others without candidly discussing challenges (Kim et al., 2008). Explicit requests for support describe messages one sends to another clearly stating a need for aid or comfort (Jiang et al., 2018). Explicit requests include seeking information, advice, or suggestions by asking questions; requesting assistance; or asking for encouragement (Akhther & Sopory, 2022).



Communication literature identified five types of social support, namely informational, emotional, tangible, esteem, and network (Meng et al., 2016; Wills & Ainette, 2012). Informational support is problem focused. Informational support provides advice and suggestions as a coping resource (Meng et al., 2016). Emotional support is affect-focused. Emotional support encourages coping through “empathy, love, trust, and care” (Meng et al., 2016, p. 987). Tangible support is physically focused. Tangible support provides concrete assistance, such as money, food, and practical aid as a coping mechanism (An, 2016). Esteem support is efficacy focused. Esteem support provides coping through encouragement, highlighting competence and capability (Robinson et al., 2017). Finally, network support is relationship focused. Network support encourages coping through building interpersonal connections (Rains et al., 2015).

Several studies demonstrated that receiving social support benefits individuals psychologically, physically, and relationally. There is a robust relationship between receiving social support and improving an individual’s mental health, including depression, anxiety, and loneliness (Fasihi Harandi et al., 2017). For example, Stana and Miller (2019) found that social support reduced postpartum depression in new mothers. During the height of the COVID-19 pandemic, individuals reported that social support decreased anxiety (Özmete & Pak, 2020). Furthermore, Drageset and colleagues (2015) identified that social support alleviated feelings of isolation and loneliness for cancer patients living in a nursing facility.

Beyond the psychological benefits of receiving social support, individuals are more likely to experience physical health benefits, including decreased recovery time, reduced magnitude of symptoms, and better overall health. Specifically, Kulik and Mahler (1989) found that participants who received social support from spouses post-surgery had faster recovery periods

than those who did not receive supportive messaging. When studying cancer survivors, Sammarco (2003) identified that individuals who received social support reported fewer physical symptoms. A study by Piferi and Lawler (2006) that examined undergraduate students found that increased social support resulted in better general wellness.

Research also points to relational benefits for receivers of social support, including bolstered family kinships, friendships, and workplace relationships. In particular, Toyoshima and Nakahara (2021) found that increased parent-child support strengthened relationship satisfaction for both parents and children. Similarly, receiving supportive messages from same-sex friends increased perceived trust and closeness (Salazar, 2015). In a study examining workplace support, Haas (2019) found that tangible support from a boss elevated employee trust and commitment.

Although the aforementioned works focus on the benefits of receiving support, providing support is also psychologically, physically, and relationally beneficial. More specifically, providing social support advantages individuals' mental well-being, including increased self-esteem, decreased depression, and reduced loneliness. Krause and Shaw (2000) found that providing emotional support increased self-esteem for older adults. Providing social support also decreased depressive symptoms by creating closeness and warmth in interpersonal relationships (Strazdins & Broom, 2007). Furthermore, Rodrigues and colleagues (2012) discovered that providing social support decreased loneliness and isolation.

In addition to the psychological benefits of providing support, individuals benefit physically through improved cardiovascular health, decreased inflammation, and reduced mortality rates. Piferi and Lawler (2006) established that providing support is linked to better cardiovascular health for undergraduate students. Providing social support also decreased inflammation in middle-aged adults (Jiang et al., 2022). In a study of older adults, Brown and

colleagues (2003) found that individuals “who reported giving support to others had a reduced risk of mortality” (p. 324).

Providing support also relationally benefits individuals within their family kinships, friendships, and marital relationships. For example, Gonzalez and colleagues (2012) found that parents who communicated support felt closer and more connected to their LGBTQ+ children. In a study of long distance friendships, individuals who provided support maintained close, committed ties (Lobburi, 2012). Furthermore, Xu and Burleson (2004) discovered that providing support to a spouse increased marital satisfaction.

Not surprisingly, such findings motivated researchers to understand the explanatory mechanism for the benefits of social support. Two alternative explanations for the benefits of social support are prominent within the literature. A direct effects model suggests that social support positively affects overall health (Cohen & Syme, 1985). An alternative account focuses on the buffering effects of providing and receiving social support (Cohen & Syme, 1985). Whereas a direct perspective grounds the utility of social support in improved overall well-being, a buffering model suggests that mitigating the consequences of extreme stressors more proximately explains the benefits of social support (Cohen & Syme, 1985).

A direct effects model argues that providing and receiving social support enhances overall health and well-being (Cohen & Syme, 1985). More specifically, social support squarely impacts message senders' and recipients' mental health. According to Hartley and Coffee (2019), such improved mental health occurs regardless of personal stress or the degree of experienced emotional or physical strain. Environmental conditions and personal experiences are irrelevant to the benefits of social support. The direct effects model posits that individuals who provide and

receive consistent social support benefit from enhanced mental well-being compared to those who lack support (Bovier et al., 2004).

In contrast to a direct effects model, the stress-buffering model argues that support protects individuals from the consequences of stress through two means (Cohen & Wills, 1985). First, receiving social support could block the connection between a stressful event and the typical stress reaction by providing tangible resources or changing the individual's mindset (Cohen & Wills, 1985). Second, receiving social support may mitigate the association between the typical stress reaction and the onset of pathological outcomes by reducing or eliminating the weight of the stressor (Cohen & Wills, 1985). According to the stress-buffering model, both means are useful, especially “when the effects of multiple stressors accumulate” (Floyd et al., 2010, p. 621).

While both models are supported in the literature, the stress-buffering model is most appropriate when explaining the benefits of online network support (Burton et al., 2004). According to Buehler and colleagues (2019), a major utility of online platforms is to connect individuals with others experiencing common trouble. For example, users contemporaneously connect over challenges such as a cancer diagnosis (Klemm et al., 2003), difficulties associated with disordered eating (Rodgers et al., 2011), and correlates of an autism spectrum disorder (Clifford & Minnes, 2012). Online support networks buffer the effects of stress associated with the common trouble and mitigate traditional consequences (Burton et al., 2004). As argued by Cohen and Wills (1985), this may occur through the provision of resources, by encouraging a different perspective, or as a result of eliminating the weight of the challenge.

### **Online Network Support**

According to the Pew Research Center (2021), engagement with technology and the use of social media continues to grow. More specifically, 85% of Americans own a smartphone and 85% of Americans access the Internet daily (Perrin & Atske, 2021; Pew Research Center, 2021). In addition, 4.26 billion people worldwide use social media platforms (Dixon, 2022). Taken together, social media provide mobile, accessible platforms for individuals to solicit and receive social support (Turner et al., 2001). Such platforms are particularly beneficial for individuals who are unable to connect or uncomfortable with connections face-to-face (Breuer & Barker, 2015).

As addressed by the hyperpersonal model, computer-mediated communication can be more desirable than face-to-face communication for certain populations (Walther & Whitty, 2020). According to Walther (2007), computer-mediated communication is advantageous due to three unique characteristics. First, online platforms allow individuals to portray themselves as they choose (Walther, 2007). Second, online platforms are always available, creating constant accessibility and timeline flexibility (Scott & Fullwood, 2020). Third, computer-mediated communication reduces unwanted nonverbal cues (Scott & Fullwood, 2020). Given the affordances of computer-mediated communication, many individuals use online platforms to solicit and provide support.

A number of studies demonstrated the psychological, practical, and relational benefits of online social support. More specifically, online support groups advantage individuals psychologically by increasing confidence, decreasing symptoms of depression, and mitigating feelings of loneliness. Erwin and colleagues (2004) identified that social support from online platforms increased confidence and self-assurance in one's abilities. In a study of international undergraduate students, researchers found that online support reduced symptoms of depression

(Yokoya et al., 2018). During the COVID-19 pandemic, Sahi and colleagues (2021) discovered that undergraduate students used online platforms to reduce feelings of loneliness and isolation.

In addition to the psychological benefits of online social support, individuals experience practical benefits, including availability, anonymity, and cost efficiency. Whiting and Williams (2013) asked individuals 18-56 years old why they solicit support online and found that the availability of support was of primary importance. In addition, Leibert and Archer (2005) discovered that those who received online support appreciated the anonymity of digital counseling platforms. Finally, Chester and Glass (2006) concluded that cost-effectiveness was a motivating factor for using online platforms for support.

Online social support also benefits various relationship types, including romantic relationships, friendships, and acquaintance partnerships. In a study of military spouses, Rea and colleagues (2015) found that spouses used social media to provide support to their deployed spouses and that such support generated closeness in their relationship. In addition, social platforms allow long-distance friends to maintain feelings of connection through support exchanges (Ellison et al., 2007). Shaw and colleagues (2000) identified that becoming acquainted with other cancer patients through an online support group increased feelings of encouragement among individuals.

The benefits of online support are especially acute for individuals experiencing a challenge or a multitude of challenges. In addition, receiving and providing support through computer-mediated communication is advantageous for individuals who do not wish to reveal their identity. The hyperpersonal model highlights that online platforms allow individuals to portray themselves as they choose due to reduced nonverbal cues (Walther, 2007). Accordingly,

soliciting and providing network support online is especially beneficial for individuals experiencing a stigmatized illness.

### **The Stigma of Depression**

Stigma is defined as a negative belief, attitude, or perception that society assigns to behavior that discredits or devalues the individual (Hayward & Bright, 1997; Link et al., 1987). Goffman (1963) argued that stigma reduces individuals from complete people to tainted, discounted, partial versions of themselves. Within communication literature, scholars identified two main types of stigmas, namely social and self. Social stigmas describe beliefs of inferiority society holds regarding stigmatized individuals (Ahmedani, 2011). Self stigmas describe beliefs internalized by the individual that reduce self-esteem and self-efficacy (Corrigan & Nieweglowski, 2019).

Individuals who have mental illness often experience both social stigma and self stigma. More specifically, individuals afflicted with depression are likely to experience feelings of judgment from society (Möller-Leimkühler, 2002). The resulting social stigma is often caused by limited understanding or inadequate knowledge of the condition (Yokoya et al., 2018). In addition, self stigma often presents in individuals who perceive their depression as caused by a weak personality type (Yokoya et al., 2018). This perception of self can generate internalized feelings of shame, guilt, or inadequacy that prevent individuals from seeking treatment for their mental health (Corrigan, 2004).

According to Ettman and colleagues (2022), depression is the second most common mental illness in the United States, with roughly 32.8% of adults diagnosed with a depressive episode. The Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013) defines depression as a mood disorder that negatively affects how individuals

think, feel, and behave. Researchers identified a multitude of causes for depression, including hormonal and serotonin imbalances (Leo & Lacasse, 2007), genetic factors (Flint & Kendler, 2014), stressful events (Kessler, 1997), personality characteristics (Klein et al., 2011), tragedy (Lloyd, 1980), giving birth (Miller, 2002), and loneliness (Weeks et al., 1980). Furthermore, the diagnosis might result from multiple causes (Khalsa et al., 2011). For example, individuals may experience hormonal imbalances and tragedies compounding their symptoms.

Scholars identified five types of depression, namely postpartum depression, major depression disorder, persistent depressive disorder, seasonal affective disorder, and depression with symptoms of psychosis. Postpartum depression occurs in new mothers after giving birth (Pearlstein et al., 2009). Major depression disorder causes feelings of hopelessness, sadness, and a lack of interest (Fava & Kendler, 2000). Persistent depressive disorder is characterized by chronic, long-term, continuous bouts of despondency (Schramm et al., 2020). Seasonal affective disorder is related to changes in the weather and occurs at the same time every year for those afflicted (Meesters & Gordijn, 2016). Lastly, depression with symptoms of psychosis is the cooccurrence of a dejected mood and removal from reality through hearing voices, hallucinating, or experiencing delusions (Schatzberg, 2003).

Treatment for depression often includes participation in counseling (Wu et al., 2014), taking medication (de Jonghe et al., 2001), and soliciting social support (Mohr et al., 2004); however, social and self stigmas associated with depression may inhibit treatment. According to Batterham and colleagues (2013), stigmatization hinders those diagnosed with depression from working with a counselor because of feelings of shame and/or guilt (Kanter et al., 2008). In addition, individuals often fail to receive medication because a prescription to treat depression requires individuals to confide in a doctor about their stigmatized symptoms (Bell et al., 2011).



The fear of stigmatization also encourages individuals to hide their symptoms and avoid soliciting support from their friends and family (Bharadwaj et al., 2017).

When left untreated, the outcomes associated with depression are dangerous. Earlier work identified psychological, physical, and relational correlates of depression. More specifically, depression influences an individual's psychological health through feelings of loneliness, suicidal ideations, and a loss of interest. In a study of older adults, Singh and Misra (2009) demonstrated a positive relationship between depression and loneliness. In addition, Crawford and colleagues (2011) found that suicidal ideations were common among individuals who experience depression at all ages. There is also an association between depression and a loss of interest in daily activities for 13-18 year old children (Watson et al., 2019).

In addition to psychological consequences, there are physical ramifications related to depression, including increased pain, difficulty sleeping, and changes in appetite. More specifically, depression was linked to episodic and chronic pain in adults (Zebenholzer et al., 2016). Palesh and colleagues (2007) conducted a study of breast cancer patients and found that those diagnosed with depression slept for fewer hours, experienced more difficulties staying asleep during the night, and felt more tired the following day than those not diagnosed with depression. Women diagnosed with depression ages 20-50 experienced decreased appetites, which lead to undereating and increased appetites, which lead to overeating (Simmons et al., 2016).

Research also pointed to problematic relationship outcomes for individuals experiencing depression in friendships, spousal relationships, and family kinships. In particular, children ages 14-15 suffering from depression found it challenging to form and maintain healthy friendships (Aronson & Bergh, 2021). Najman and colleagues (2013) demonstrated that untreated depression

in new mothers decreased marital satisfaction. Furthermore, high school students experiencing depression reported less family cohesion (Rubin et al., 1992).

There is robust literature investigating the consequences of depression (Batterham et al., 2013; Kanter et al., 2008; Wolpert, 2001); however, few inquiries examine how individuals experiencing depression seek and provide social support in safe environments. Given the expansion of technology and social media, I see utility in exploring if and how individuals suffering from depression employ online networks to exchange social support. Formally stated:

**RQ1:** How is support solicited by individuals suffering from depression in online support platforms?

**RQ2:** How is support provided for individuals suffering from depression in online support platforms?

In addition, previous research examined the stigmatization of depression resulting in interference with support-seeking behaviors (Barney et al., 2009; Barney et al., 2006; Lindsey et al., 2010; Schomerus et al., 2009). Online support networks, however, provide a safe space for individuals suffering from depression to solicit support virtually without disclosing their identities (Berger et al., 2005; Zhang et al., 2018). The reduced nonverbal cues of online support platforms may subsequently reduce or eliminate felt social stigma. Accordingly, I query if and how online support networks discuss the stigma associated with depression. Formally stated:

**RQ3:** How is stigma addressed by individuals suffering from depression in online support platforms?

To address my research questions, I examined digital posts on an online discussion board for individuals experiencing depression. Because the support I examined was not produced in response to the demands of research participation, it offers authentic insights into individuals'

experiences, emotions, and concerns about depression. In addition, previous research examined online communication for this population using social construction theory to argue that individuals experiencing depression co-construct meaning, frame their experiences, and adapt through discourse to make sense of their social worlds (Francis-Smith, 2014; McArthur, 2015). Unlike previous work, however, my project does not utilize a social construction framework in an effort to gain a more user-generated understanding of the support received and provided by those experiencing depression.

### **Method**

I sampled discourse from one discussion board designed for individuals afflicted with depression. Discussion boards are asynchronous online venues in which individuals can post a message or comment on an existing post. The compilation of messages in response to the original message is called a thread, consisting of individual posts. For the current study, each post on a thread was considered one unit of analysis. This discussion board is intended to be a forum where individuals suffering from depression can discuss all topics related to their common mental illness. As an online resource, the discussion board I examined was accessible to all people anywhere in the world.

To construct the data set, I reviewed 40 threads posted during the height of the COVID-19 pandemic (dated January 2020- June 2022). Thirty-seven threads included content relevant to depression and made either requests for or provisions of support. Three threads were excluded for lack of relevance; the user deleted these three threads. Finally, each unit of analysis was printed. The final sample comprised 73 pages of discourse; the number of postings to each thread ranged from 0 to 6 ( $M = 1.70$ ,  $SD = 1.64$ ).

### **Procedures**

Following Strauss and Corbin's (1998) framework, I employed an open coding methodology to identify the data's central concepts and associated dimensions. I initially reviewed the data set three times, with an eye toward identifying recurrent themes discussed by contributors. In the fourth review, I used a phronetic-iterative approach to analyze the data by identifying themes supported by past research and theory (Huffman et al., 2019). In particular, abduction was used to find common themes identified for research question one, which queried how support is solicited by individuals suffering from depression in online support platforms. More specifically, I considered if the support request was implicit or explicit. Abduction was also used to find common themes identified for research question two, which queried how support is provided by individuals suffering from depression in online support platforms. In particular, I considered whether the support provided was informational, emotional, tangible, esteem, or network.

To address RQ3, which queried how stigma is addressed by individuals suffering from depression in online support platforms, I utilized a constant comparative method to make sense of the data by identifying themes that permeated the discourse (Glaser & Strauss, 1999). In particular, the identification of the themes was based on the frequency, extensiveness, and intensity of related discourse (Krueger, 1998) without emphasizing any of these features over another. Finally, I completed another pass wherein I independently reread the transcripts to identify points of departure from the developed frameworks for all three research questions. This reading allowed for the refinement of the themes to capture the issues in the discourse more completely. I then collapsed on common themes and identified those that were unique.

I reread the discourse three additional times and used axial coding techniques to explore topics that transcended the topical themes and encompassed multiple issues. The axial codes

were used to relate categories at the level of properties and dimensions (Strauss & Corbin, 1998). To this end, I indicated the commonalities and distinctions that surfaced within the categories identified through the open-coding procedures.

## **Results**

Individuals' sense-making processes in the online depression forum illustrated requests for support, provisions of support, and stigma related to depression. Requests for support were both implicit and explicit (RQ1). In addition to requesting support, participants provided informational, emotional, and network support (RQ2). Finally, the online forum provided a safe space for individuals to discuss social and self stigma as addressed by RQ3.

### **Requests for Support**

Within every original post, individuals within the online support platform made requests for support. As described previously, implicit requests for social support were not blatantly expressed or directly stated messages (Jiang et al., 2018). Conversely, explicit requests for support within the online platform clearly displayed a need for aid or comfort (Jiang et al., 2018).

### ***Implicit Requests***

A majority of the posts within the online support platform contained implicit requests for support. More specifically, implicit requests for support explained the desire to be heard, the need to vent frustrations surrounding a depression diagnosis, and the desperation felt during a depressive episode. To implicitly request support from the other members of the platform, individuals commonly explained the desire to be heard. For example, one individual described their ongoing struggles with depressive thoughts and concluded their post with “I will be grateful if someone reads this.” Another individual ended their post with “thanks for reading /listening”

after explaining that they had become distant from their family and were dealing with excessive sadness and loneliness.

In addition to the desire to be heard, individuals implicitly requested support by venting frustrations surrounding a depression diagnosis. Following a recent diagnosis, a participant reported the symptoms that informed the diagnosis by writing “I just found out I'm depressed. I guess I've been depressed for many many years. It's become a personality trait for me. I used to be high-energy. I used to be outgoing...I'm just realizing that I've been lying to myself and living in this fantasy world for so long that I can no longer say I know who I am.” Another individual began their post with “I'm over everything...” and continued by sharing their experienced aggravation surrounding their disease and associated suicidal thoughts.

Finally, individuals implicitly requested support by sharing the desperation felt during depressive episodes. Recognizing that treatment for depression often includes both counseling (Wu et al., 2014) and taking medication (de Jonghe et al., 2001), one individual explained their desperation after soliciting medical care. This individual stated “...my psychologist does not help me, I have had several sessions and I have not come to anything, I still feel bad, they have only given me some pills but I continue to have chaotic thoughts that make me feel desperate...” Similarly, another participant described their desperation by writing “Over [the] past week I've had the dark thoughts, unable to sleep any decent amount, crying incessively for no reason... I feel like I'm drowning in sadness and loneliness within myself”.

### ***Explicit Requests***

Although not occurring frequently, when forum users' explicitly requested support the requests were intense as described by Krueger (1998). In particular, individuals explicitly requested support through broad appeals for aid, guidance, and recommendations. One user

shared their experience with depression by highlighting the psychological consequences of depression. This forum user concluded their post with a broad, explicit appeal for support by writing, “someone please help.” Another participant contextualized the request within a description of their previous abuse victimization. They requested support by stating “looking for kind words”.

In addition to general requests for aid, explicit requests for support within the online forum also sought guidance and recommendations. For example, a user described their symptomology and expressed their difficulty managing the outcomes associated with their depression. This user ended their post by explicitly asking if the other users had “any advice?” to offer related to the correlates of depression. Another participant shared their childhood and family experiences that exacerbated their spiral of depression. This participant posed the question “How did you cope?” and asked others to share similar experiences with their family systems. Another user posed a more targeted question and explicitly inquired “How do I start that conversation with a doctor I've never met to try and get help?”.

### **Providing Support**

Provisions of support were offered by discussion forum participants in response to posts that both implicitly and explicitly requested aid. Three types of support were identified within the forum: informational, emotional, and network support. Consistent with the definitions provided by Meng and colleagues (2016), informational support was produced through advice based on personal experience and tested resources; emotional support was produced through statements of empathy and love; and network support was produced through presence and availability.

#### ***Informational Support***

A majority of the posts within the online support platform contained informational provisions of support. In particular, informational support was offered through advice and resources. To provide informational support through advice rooted in personal experience, one individual detailed their challenges with depression and suggested the person “Maybe try therapy...”. This individual then explained their personal growth developed through working with a therapist. Another individual stated that “...the best advice I could think of is that there is no better time to fix it than now” after explaining their personal strategies for coping with depressive symptoms. An additional participant advised a forum user to make new friends. “I would suggest you...step out of your cocoon...” They continued by explaining that connection with others mitigates their symptoms of depression. A different forum user found nutrition an important part of their treatment and suggested, "Something you might also try; if you haven't already; is a vitamin count...”.

In addition to advice based on personal experience, forum users provided informational support through beneficial resources. More specifically, individuals cited helplines and other online resources as assets for learning about and coping with depression. For example, one user provided an online link to a database of worldwide helplines. These free, confidential helplines provide global support for individuals dealing with depression and other mental health disorders. Another forum user provided an online link to an educational website that discusses the relationship between depression and memory loss. This resource was provided in response to a user’s description of memory lapses assumed to be the result of their depression. Many individuals summarized information that they acquired from online research since their depression diagnoses. Following a synopsis of a resource, one individual provided an online link and said “I have read about this from here...”



### ***Emotional Support***

In addition to informational support, provisions of emotional support extensively permeated the discourse (Krueger, 1998). In particular, emotional support was provided to online forum users through statements of empathy and love. One individual simply wrote, “I hear you. I hope you feel better” in response to a user sharing that they were feeling numb and having trouble sleeping as a side effect of their depression. Another participant demonstrated empathy after reading a user’s description of their suicidal thoughts by stating, “...I’m listening and I hear you”. Online forum users also exhibited empathy through shared experiences. For example, one individual wrote, “I can understand what you mean...”; they continued to explain their similar struggles with counseling. Relatedly, a user described their analogous feelings of loneliness in response to a user by saying, “...I can truly understand your pain...”

Beyond statements of empathy, forum users also provided emotional support through expressions of love. For example, one individual expressed their concern for another person who described their feelings of isolation and worthlessness. They concluded their post with “Loads of love.” Another individual responded to a post about a suicide attempt and reminded the user that they were not alone. They stated, “I’m sorry to hear you relapsed, you are loved, and I’m glad your attempt didn’t work. I think it would be a big mistake, it gets better I promise”.

### ***Network Support***

Although not occurring frequently, when forum users provided network support, the provisions were intense as described by Krueger (1998). Network support was produced through presence and availability. Individuals expressed a desire to connect with other forum users in private spaces that they perceived as more appropriate for intimate conversations. For example, one individual described a willingness to discuss depression and suicidal thoughts beyond the

discussion forum by stating, "...if you wan to pm me you can." Similarly, another participant wrote, "I'm open to talking, my DM is open..." in response to a discussion forum user's post about feeling lonely. An additional individual demonstrated presence and availability by writing, "...I don't know you but hell I'll talk to you".

### **Experienced Stigma**

The online forum provided a safe space for individuals to discuss both social and self stigma. In particular, individuals communicated about the social stigma associated with depression on the discussion board by sharing their fear of judgment from others. In addition to social stigma, online forum users discussed their experiences of self stigma by describing their feelings of shame surrounding their depression diagnoses.

Individuals used the online forum to discuss their perceived anticipatory judgment from others regarding their depression diagnosis. For example, one individual shared about their ongoing symptoms of depression and explained their fear of formal diagnosis by stating, "I'm equally terrified of being told the sadness I feel isn't depression and being told I'm pathetic." Similarly, another individual discussed their anxieties regarding a potential diagnosis by saying, "I'm so scared of being told I'm putting it on." When describing their symptoms and how isolated they feel because of their depression, one user explained their fear of others' perceptions stating, "I think people take it as a joke." Because of the perceived anticipatory social stigma, many forum users decided not to share their diagnoses beyond the discussion board. One individual said, "This is the only place I feel safe to talk about this" when describing their depressive thoughts. Another online forum user described their fear of addressing their diagnosis with their family. Specifically, they wrote, "I don't feel comfortable telling my mom." Another user echoed this concern by stating, "I have no one to tell".

In addition to social stigma, online forum users discussed their self stigmas through descriptions of personal shame regarding depressive symptoms and diagnoses. One user of the online discussion board explained their reactions to their suicidal thoughts and coping through drinking by stating, “I feel so ashamed”. Another individual wrote about how their depression caused memory problems and how they cannot focus. Specifically, they said “...I feel kinda crazy. Like I'm overreacting...” Similarly, a participant explained that their parents did not understand their diagnosis and their counselor was not helping writing, “its exaggerated by my own mind”.

### **Discussion**

This study aimed to explore how individuals suffering from depression seek support, provide support, and describe experiences of stigma in an online support platform. More specifically, the first research question examined how support was solicited by individuals. Data demonstrated that requests for support were both implicit and explicit. The second research question investigated how support was provided in the online platform. Findings established that participants provided informational, emotional, and network support. Finally, the third research question considered how stigma was addressed by participants. The online forum provided a safe space for individuals to discuss social and self stigma.

#### **Requests for Support**

The findings demonstrated that requests for support were both implicit and explicit in the online depression forum. Consistent with Melling and Houquet-Pincham’s (2011) work, individuals living with depression require support to manage both their diagnoses and their symptoms. As discussed previously, all original posts included requests for support. In addition, implicit requests for support occurred more frequently than explicit requests. According to Jiang

and colleagues (2018), implicit requests for support are not directly expressed and seek aid or comfort without plainly disclosing the need. Specifically, individuals made implicit requests by sharing their desires to be heard, venting frustrations surrounding a depression diagnosis, and expressing desperation felt during a depressive episode. The high frequency of implicit requests may be attributed to arguments advanced by politeness theory. As explicated by Brown and Levinson (1978), other-negative face considers others' needs for autonomy. By implicitly rather than explicitly requesting support, forum users' requests are less imposing and impeding on others' actions. Thus, implicit requests for support protect other-negative face during such face-threatening interactions.

As exhibited by the data, implicit requests for support are often made through self-disclosure. Self-disclosure is defined as revealing personal information to another (Ignatius & Kokkonen, 2007). As described by Agne and colleagues (2000), self-disclosure is a face-threatening action that potentially damages both freedoms of action (i.e., negative face) and approval (i.e., positive face). Self-disclosure is, however, easier online because computer-mediated communication reduces unwanted nonverbal cues that may indicate identity (Scott & Fullwood, 2020) and allows online forum users to remain anonymous (Leibert & Archer, 2005; Saxena & Hanna, 2015; Walther, 2007). This subsequent privacy surrounding the support requester's identity affords individuals opportunities to self-disclose while maintaining a sense of dignity (Saxena & Hanna, 2015) through the distance afforded by the communication medium (Chaudoir & Fisher 2010).

Although not as common as implicit requests for support, individuals also made explicit requests for support. Explicit requests for support solely specified the need for informational support through guidance and recommendations from others. As described by Stupinski (2022),

requests for informational support allow individuals to maintain their emotional distance while still garnering necessary resources. In comparison, a request for emotional support requires an individual to be emotionally vulnerable (Stanton-Salazar & Spina, 2005). Accordingly, explicit requests for informational support in an online platform allow individuals to reveal less intimate information about themselves than emotional support.

### **Providing Support**

The results demonstrated that individuals in the online forum responded to implicit and explicit requests for support by providing informational, emotional, and network support; tangible and esteem support were not offered online. Consistent with earlier work, informational and emotional support were most frequently provided in the online support group for individuals suffering from depression (Eichhorn, 2008; Wang et al., 2012). Informational support was provided by sharing helpful advice and useful resources. In addition to informational support, emotional support was provided through statements of love and empathy. Previous research found that informational and emotional support are common among individuals who perceive similarity to other support group members (Davis, 1994; Robinson & Tian, 2009). Given that individuals typically use online support platforms to connect with others experiencing similar challenges (Lu et al., 2019; Mo & Coulson, 2014;), the pervasiveness of information and emotional support provides empirical support for Davis's (1994) and Robinson and Tian's (2009) arguments.

Though less ubiquitous than informational and emotional support, network support was provided through presence and availability. Providing network support through building interpersonal connections likely benefits both the support receiver and the support provider (Rains et al., 2015). Sahi and colleagues (2021) found that online forum users often utilize

discussion boards to decrease feelings of loneliness. Given the association between depression and loneliness (Kraav et al., 2021), connection with others through network support may mitigate symptoms of depression for both individuals.

The findings of the study established that tangible and esteem support were not offered in the online depression forum in response to implicit and explicit requests for support. Tangible support is defined as providing physical assistance (An, 2016). Given that requests for support were made in an online forum, provisions of tangible support, such as furnishing an individual with food or practical aid, are not plausible (Ko et al., 2013). As described by Cole and colleagues (2017), tangible support is most effective in person.

In addition to tangible support, esteem support was not reflected in the data. Esteem support is defined as personal encouragement and acknowledgment of ability or competence (Robinson et al., 2017). Earlier work investigating online social support found that esteem support is not commonly provided in mediated contexts (Coulson et al., 2007; Eichhorn, 2008). Perhaps effective esteem support requires a depth of personal knowledge not often achieved in online discussion forums (Narr et al., 2017). Accordingly, the connection necessary for esteem support and the subsequent utility of esteem support online is limited due to the qualities of the medium (Walther, 2007).

### **Experienced Stigma**

Social and self stigma were both prevalent in the data. Individuals in the online depression forum openly shared their fear of judgment from others. As stipulated by social identity theory (Tajfel, 1978), social behavior is determined by a person's character as well as their group membership. More specifically, Tajfel and Turner (1979) identified that participation in groups allows individuals a sense of belonging. This security encourages individuals to share

their perceived difficult experiences with members of their social groups, including felt social stigmatization (Pendry & Salvatore, 2015).

In addition to social stigma, online discussion forum participants shared their self stigma. More specifically, individuals expressed their internalized feelings of guilt, shame, or inadequacy regarding depressive symptoms and diagnoses (Corrigan, 2004). Despite being a face-threatening act, forum users felt free to express self stigma. As highlighted by Agne and colleagues (2000), the online discussion board allowed for freedom of expression while maintaining anonymity and protecting participants self positive face. Self positive face describes individuals desire to maintain their self esteem and affiliation with others (Baxter et al., 2008). Taken together, the privacy that the online platform provides allows individuals to express their feelings of self stigma while maintaining their self positive face.

### **Theoretical and Practical Implications**

Beyond the posed research questions, the results of this study have both theoretical and practical implications. In particular, the findings support the propositions of the stress-buffering model and extend the scope to include support exchanges in an online context. Although tangible support was not reflected in the data, receiving social support that change the individual's mindset regarding depression was present (Cohen & Wills, 1985). Furthermore, receiving social support may mitigate the association between depression and the typical stress reaction by reducing or eliminating the weight of a depression diagnosis (Buehler et al., 2019; Cohen & Wills, 1985).

In addition to the theoretical implication of the study, the results inform the design of digital social support platforms. The results of this study highlight the expressed vulnerability of forum users in online social support platforms. Accordingly, designers should consider how

discussion boards can protect users' faces during sensitive interactions. Platforms that support both users' esteem (i.e., positive face) and autonomy (i.e., negative face) are imperative. More specifically, designers may consider employing a moderator to monitor posts for appropriate and supportive responses. Furthermore, online support platforms may revisit privacy policies and remove required usernames or identity markers.

### **Limitations**

Although the findings of this study contribute to the literature on support-seeking and providing behaviors in online forums, the results must be contextualized by the limitations of the work. For instance, I was unable to survey the online discussion forum participants to probe for more information given the context of my data collection. This generates the potential for the misinterpretation of data. Moving forward, scholars may consider asking participants to confirm their interpretation of online forum posts. Relatedly, my bias toward the data and subsequent interpretation was unavoidable. Recruiting a team of scholars to interpret the data would help to eliminate personal biases. In addition, I did not have demographic data for the online discussion forum participants. In future work, scholars might ask participants to complete a survey to better understand how different demographics use online platforms. Lastly, this study analyzed one discussion board. This restricted the data collected and limited the sample to those who have access to the Internet. Researchers may consider comparing the posts from multiple platforms and investigate how individuals without reliable Internet access seek and provide support.

Despite these limitations, this study demonstrated how individuals implicitly and explicitly seek support online. In addition, the results highlighted how individuals receive informational, emotional, and network support in response to their requests. Finally, the findings described the social and self stigma associated with the diagnoses and symptoms of depression.



Taken together, the findings of this study emphasize the utility of online social support platforms for individuals suffering from depression and illustrate their importance in facilitating supportive communication interactions.

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