SOLICITING AND PROVIDING ONLINE SOCIAL SUPPORT IN THE SELF-DISCLOSURE OF EATING DISORDERS

NUR AZWIN ZULKARNAIN

FACULTY OF LANGUAGES AND LINGUISTICS
UNIVERSITY OF MALAYA
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NUR AZWIN ZULKARNAIN

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SOLICITING AND PROVIDING ONLINE SOCIAL SUPPORT IN THE SELF-DISCLOSURE OF EATING DISORDERS

ABSTRACT

Eating disorders (ED) are considered as one of the mental health problems that require much attention and support. The present study focuses on the online construction of self-disclosure of individuals suffering from ED and demonstrate how strategies of soliciting and providing online social support, as well as their level of directness are mediated within the public sphere. The participations of individuals with ED in online support groups are more preferred due to it being more accessible and non-costly compared to offline settings (McCormack, 2010). Even so, Basile (2004) argued how not many of them have the courage to disclose about their illness and prefer secrecy. This serves as motivation for data to be collected from one of the discussion forums on the National Eating Disorders Association (NEDA) website, the *Working Toward Recovery* forum. A total of 113 relevant posts of self-disclosure containing instances of online solicitation and provision of support dated from January 2018 to March 2018 are analyzed using the computer-mediated discourse analysis method. As for the frameworks of the study, North's (1997) Strategies of Soliciting Social Support, Cross-Cultural Study of Speech Act Realization Patterns (CCSARP) by Blum-Kulka and Olshtain (1984), and McCormack's (2010) Categories of Social Support are adopted. The findings have shown consistent result with past studies where sharing of experience is regarded as the most frequent strategy of soliciting support opted by online support-seekers, while having to show appreciation appears to be the least. Most posts that consist of shared experience are comparably lengthier than those that do not as they usually involve detailed explanation of the individuals' problems. With regards to providing social support, almost half of the strategies were found to be in the form of encouragements, followed by

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providing personal opinions as the second most utilized. Further, encouragement and esteem were inferred to be primarily used as a source of mitigation and followed by other strategies that could have the possibility of impositions. In addition, the findings also revealed a common pattern of directness in the acts of soliciting and providing support. Even via a direct solicitation of support, it would commonly result with the support being provided indirectly, and occasionally a more direct one. However, an indirect support-solicitation would also lead to support-providers being indirect with their manners of supporting as well and they are rarely direct. Thus, believing that support-providers prefer to approach ED patients indirectly as a way to cushion their manners of supporting rather than being completely explicit in terms of language used. Despite the ability of being anonymous in an online setting, support-providers have shown a positive attitude in assuring that the social support acquired by ED patients is delivered in a way that it can be regarded as acceptable, appropriate and not imposing. Even when the support attained in the NEDA forum is presumed to be willingly solicited by ED patients as their participation in the forum is based on their own intuition, maximum acceptance of the support is still a priority to those who provide it.

Keywords: online social support, soliciting, providing, self-disclosure, eating disorders

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MEMINTA DAN MEMBERI SOKONGAN SOSIAL DALAM TALIAN DARI PENDEDAHAN DIRI BERKENAAN GANGGUAN PEMAKANAN

ABSTRAK

Gangguan pemakanan atau *eating disorder* (ED) merupakan salah satu masalah kesihatan mental yang memerlukan perhatian dan sokongan. Kajian ini memberi tumpuan kepada perkembangan atas talian mengenai pendedahan diri individu yang menghadapi ED dan mengemukakan kaedah strategi untuk mendapatkan dan memberi sokongan sosial secara dalam talian, serta tahap keterbukaan mereka dalam kalangan orang awam. Melalui kajian McCormack (2010) mengenai penyertaan individu yang menderita ED dalam kumpulan sokongan atas talian, mereka secara rahsia berkongsi perasaan dan isu mereka melalui *Internet* kerana dianggap lebih mudah dan murah berbanding dengan diluar talian. Walaupun begitu, tidak ramai dikalangan mereka mempunyai keberanian untuk mendedahkan masalah ED secara umumnya dan lebih cenderung untuk merahsiakannya (Basile, 2004). Hal ini menjadi pencetus kepada pengumpulan data daripada salah satu forum di laman web *National Eating Disorders Association* (NEDA), iaitu forum *Working Toward Recovery*. Sebanyak 113 pos yang relevan mengenai pendedahan diri individu mengandungi contoh-contoh permintaan dan pemberian sokongan dalam talian yang bertarikh dari Januari 2018 hingga Mac 2018. Data tersebut dianalisa dengan menggunakan kaedah analisis wacana yang dimedientasikan oleh komputer. Untuk rangka kerja kajian, *Strategies of Soliciting Social Support* oleh North (1997), *Cross-Cultural Study of Speech Act Realization Patterns (CCSARP)* oleh Blum-Kulka dan Olshtain (1984), dan *Categories of Social Support* McCormack (2010) diterima-pakai. Kajian telah menunjukkan hasil yang konsisten dengan kajian terdahulu di mana perkongsian pengalaman dianggap sebagai strategi yang paling kerap untuk meminta

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sokongan yang dipilih oleh pesakit ED dalam talian, manakala langkah menunjukkan penghargaan merupakan langkah yang paling tidak digemari. Kebanyakan pos yang terdiri daripada perkongsian pengalaman adalah jauh lebih panjang daripada pos yang lain kerana mereka biasanya melibatkan penjelasan terperinci tentang masalah mereka. Berkenaan dengan pemberian sokongan sosial, hampir separuh daripada strategi yang digunakan berbentuk galakan dan penghargaan, diikuti dengan pemberian pendapat peribadi sebagai strategi kedua yang sering diguna pakai. Seterusnya, dorongan dan penghargaan adalah penggunaan utama sebagai sumber mitigasi dan diikuti oleh strategi lain yang mungkin mempunyai kemungkinan imposisi. Di samping itu, penemuan juga mendedahkan corak keterbukaan yang sama dalam perbuatan meminta dan memberi sokongan. Melalui kaedah permintaan sokongan secara langsung dalam kalangan pesakit ED, kebiasaannya sokongan secara tidak langsung pula yang diperoleh, dan jarang sekali sokongan yang diberi adalah secara langsung. Malah, permintaan sokongan secara tidak langsung juga akan membawa kepada pemberian sokongan-sokongan yang tidak langsung. Oleh itu, hal ini dipercayai bahawa individu-individu yang memberi sokongan lebih memilih untuk mendekati pesakit ED secara tidak langsung sebagai salah satu cara untuk berhati-hati dalam memberi sokongan kepada mereka. Walaupun keupayaan untuk merahsiakan identiti merupakan situasi biasa atas talian, para individu yang memberi sokongan telah menunjukkan sikap positif dalam memastikan bahawa sokongan sosial yang diperoleh oleh pesakit ED disampaikan dengan cara yang boleh diterima, sesuai dengan keadaan dan tidak memaksa. Walaupun sokongan yang diterima dalam forum NEDA adalah berdasarkan kerelaan pesakit ED itu sendiri dan penyertaan dalam forum juga di atas intuisi mereka, penerimaan maksimum sokongan masih menjadi keutamaan bagi mereka yang memberikannya.

Kata kunci: sokongan sosial dalam talian, meminta, memberi, pendedahan diri, gangguan pemakanan

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University of Malaya

TABLE OF CONTENTS

	Page
ABSTRACT	iii
ABSTRAK	v
ACKNOWLEDGEMENTS	vii
TABLE OF CONTENTS	viii
LIST OF TABLES	xii
LIST OF FIGURES	xiii
LIST OF ABBREVIATIONS	xiv
CHAPTER 1: INTRODUCTION	1
1.1 Background of Study	1
1.2 Statement of the Problem	4
1.3 Research Objectives	7
1.4 Research Questions	7
1.5 Significance of the Study	7
1.6 Limitation of the Study	10
1.7 Definition of Terms	11
CHAPTER 2: LITERATURE REVIEW	13
2.1 Introduction	13
2.2 Online Social Support Groups	13
2.2.1 Eating Disorders Online Support Discussions	17
2.3 Mental Health Illnesses in Malaysia	21
2.3.1 Eating Disorders among Malaysians	24
2.3.2 Malaysians' Approach to Recover from Eating Disorders	29
2.4 The Theory of Speech Act	31
2.5 Speech Act of Soliciting	35
2.5.1 Soliciting Support Online on Eating Disorders	37
2.5.2 Online Self-Disclosure on Eating Disorders	40
2.6 Speech Act of Providing	42
2.6.1 Providing Support in Eating Disorder Online Discussions	44
2.7 Directness Level of Soliciting and Providing	46
2.7.1 Directness in Soliciting Online Support on Eating Disorder	49
2.7.2 Directness in Providing Online Support on Eating Disorder	51

University of Malaya

CHAPTER 3: RESEARCH METHODOLOGY 53
3.1 Introduction 53
3.2 Theoretical Framework 53
3.2.1 Theoretical Framework for the Strategies of Soliciting Support 56
3.2.2 Theoretical Framework for the Strategies of Providing Support 59
3.2.3 Theoretical Framework for the Directness in Soliciting and Providing Support 62
3.3 Research Instrument 65
3.4 Sample of the Study 68
3.5 Research Ethics 71
3.6 Methodology 71
3.7 Data Collection and Procedures 72
3.8 Data Analysis 73
3.8.1 Coding Practices 76
3.9 Validity and Reliability 79

CHAPTER 4: FINDINGS AND DISCUSSION 80
4.1 Introduction 80
4.2 Strategies in Soliciting Social Support via Online Discussions 80
4.2.1 Disclosing of Experiences 82
4.2.2 Statements of Self-Deprecation and Extreme Behaviours 84
4.2.3 Requests for Information from Others 86
4.2.4 Sharing of Personal Success Stories 87
4.2.5 Expressing Emotions and Feelings in Soliciting Support 89
4.2.6 Showing Appreciation to Support-Providers 92
4.2.7 Shared Strategies in Soliciting Support 93
4.3 Online Discussion Strategies opted by Social Support Providers 96
4.3.1 Encouragement in Providing Social Support 98
4.3.2 Giving Personal Opinion as a Form of Suggestion 100
4.3.3 Giving and Seeking Information 102
4.3.4 Sharing Personal Experience in Support-Giving 103
4.3.5 Networking with Support-Seekers and Congratulating Them 105
4.3.6 Emotional Expression, Prayer, and Inspirational Messages as Unpreferred Strategies 107
4.4 Direct, Conventionally Indirect, or Nonconventional Indirect in Support Messages 110
4.4.1 Directness Level in Soliciting Support Messages 110

University of Malaya

4.4.2 Level of Directness in Providing Support 115
4.4.2.1 Relationship between the Directness of Soliciting and Providing Support 120
4.5 Summary 122

CHAPTER 5: CONCLUSION 123
5.1 Introduction 123
5.2 Strategies in Solicitation of Support 123
5.2.1 Digression of Support-Soliciting Strategies 124
5.2.1.1 Configurational Support-Soliciting Strategy of Self-Disclosure 124
5.2.1.2 Non-Configurational Support-Soliciting Strategy of Self-Disclosure 129
5.2.1.3 Solitary Support-Soliciting Strategy of Self-Disclosure 132
5.3 Strategies in Provision of Support 133
5.3.1 Segue of Support-Providing Strategies in the Form of Sequence 133
5.3.1.1 Encouragement and Esteem 134
5.3.1.2 Personal Opinion 136
5.3.1.3 Information Giving/Seeking 137
5.3.1.4 Personal Experience 138
5.3.1.5 Network 139
5.3.1.6 Congratulate 140
5.3.1.7 Emotional Expression 141
5.3.1.8 Prayer 142
5.3.1.9 Inspirational Messages 143
5.4 Level of Directness in the Solicitation of Support 143
5.4.1 Nonconventional Indirect Support-Solicitation 144
5.4.2 Direct Support-Solicitation 147
5.5 Level of Directness in the Provision of Support 150
5.5.1 Nonconventional Indirect Support-Provision 150
5.5.2 Conventionally Indirect Support-Provision 152
5.5.3 Direct Support-Provision 155
5.6 Contributions of the Study 158
5.6.1 Relating Manner of Soliciting Support with State of Eating Disorder 158
5.6.2 Treating Eating Disorder Patients as Part of the Society 159

University of Malaya

5.6.3 Approaching Eating Disorder Patients 159
5.6.4 Stimulating Awareness on Eating Disorder in Malaysia 160
5.7 Recommendations for Future Studies 161
5.8 Summary 162

REFERENCES 164

University of Malaya

LIST OF TABLES

		Page
Table 2.1	Classifications of Illocutionary Acts (Austin, 1962)	32
Table 2.2	Communicative Illocutionary Acts (Bach & Harnish, 1979)	34
Table 2.3	Categories of ED Messages on Online Support Groups (Winzelberg, 1997)	38
Table 2.4	Categories of Social Support Behaviour (Cutrona & Suhr, 1992)	45
Table 2.5	Degrees of Directness Level (Hinkel, 1997)	49
Table 3.1	Strategies of Soliciting Social Support in Self-Disclosure (North, 1997)	57
Table 3.2	Categories of Providing Social Support (McCormack, 2010)	59
Table 3.3	Cross-Cultural Study of Speech Act Realization Patterns (CCSARP) project (Blum-Kulka & Olshtain, 1984)	62
Table 3.4	Number of Relevant Posts from January 2018 to March 2018	69
Table 3.5	Total Number of Posts	70
Table 3.6	Total Number of Users	70
Table 3.7	Coding Manual for Strategies of Soliciting Support	76
Table 3.8	Coding Manual for Categories of Providing Support	77
Table 3.9	Coding Manual for Level of Directness	78
Table 4.1	Data Analysis of Strategies in Soliciting Social Support on NEDA	81
Table 4.2	Data Analysis of Shared Strategies in Soliciting Social Support	93
Table 4.3	Data Analysis of Strategies in Providing Social Support on NEDA	97
Table 4.4	Data Analysis of Level of Directness in Soliciting Support	110
Table 4.5	Types of Support Solicitation Messages	111
Table 4.6	Data Analysis of Level of Directness in Providing Support	116

University of Malaya

LIST OF FIGURES

		Page
Figure 2.1	Strategies in Performing Face-Threatening Act (Brown and Levinson, 1987)	47
Figure 3.1	Theoretical Framework of Solicitation and Provision of Social Support	54
Figure 3.2	Layout of National Eating Disorders Association (NEDA) Forums	67
Figure 3.3	Data Collection and Analysis Procedures	75
Figure 4.1	Directness Pattern in Support Messages	121

University of Malaya

LIST OF ABBREVIATIONS

AN	Anorexia nervosa
ASD	Autism spectrum disorder
BN	Bulimia nervosa
CA	Content analysis
CCSARP	Cross Cultural Speech Act Realization Project
CMC	Computer-mediated communication
CMDA	Computer-mediated discourse analysis
ED	Eating disorders
ELL	English language learners
FTA	Face-threatening act
IVF	In-vitro fertilization
NEDA	National Eating Disorders Association
SNS	Social networking sites
U.S.	United States of America

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CHAPTER 1: INTRODUCTION

This chapter presents the purpose of why the present study is needed to be explored. The overview background of the study is also presented to explain further on the relationship between the acts of soliciting and providing social support from self-disclosure on eating disorders in online social support group discussions. The research objectives followed by the research questions are also included in this chapter before moving on to the significance and limitations of the study.

1.1 Background of Study

In recent years, the Internet has become more widely used and easily accessible. One of the areas that benefits from maximum utilization of the Internet is health awareness. Matters pertaining to health issues such as health promotions, education and communication that are available to be obtained and discussed via online mediums are broadly spread and encouraged for people that need health assistance and guidance (Evans et al., 2012). There are many online services created that can be accessed and utilized by individuals with health problems (Bauer et al., 2012). Such services offered do not just give them the opportunity to be a part of a community, but a medium for them to discuss their challenges and express their feelings.

The expansion of computer-mediated communication (CMC) over the years has also 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

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diagnoses 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 et al., 2013). According to Le Grange et al. (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 contrast, cases of ED diagnosis are comparatively low in Malaysia and its neighbouring countries, such as Singapore, Hong Kong, Thailand, etc. compared to what was reported in Western countries, as well as countries that are highly populated by European descents (Miller & Pumariega, 2001; Edman & Yates, 2004; Viren, 2006; Pike & Dunne, 2015; Wan Mohd Zohdi Wan Wahida et al., 2017). As for in Malaysia specifically, the psychological distress in relation with ED, though varies between males and females in terms of what is more centered on, is driven by the sociocultural influence (Gan et al, 2011). Viren (2006) stated that influence as such involves the mainstream perception of the society on how a person should appear to be considered as attractive and 'ideal', which also lead to further perceptions on one's wealth and prosperity. The never-ending social pressure that exists in the society indirectly contributes to the increasing number of ED patients each year even if it is not as significant than in the U.S. However, cases that involve the diagnosis of AN in Malaysia have started to increase only in recent years as it was reported by Buhrich (1981) that in a period of 9 years, ED is considered to be so rare in Malaysia that only 0.05% of Malaysian men and women were found to seek help due to their diagnosis.

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As a comparison, in a more recent study conducted by Manaf et al. (2016) where the relationship between ED and mental health depression was studied, it was found that 6.3% of female Malaysian undergraduate students studying at a local university were associated with ED, while 65.5% of those students were positive of depression. The highly comparable difference between the numbers of diagnosis between the two mental health illnesses clearly show how uncommon ED is compared to depression in Malaysia. On a more important note, based on the findings of prior studies, the number of individuals who suffer from ED is proven to be increasing over the years. This may be a result of modernization and acculturation to a more Westernized perceptions in terms of how the Westerns address attractiveness, which also lead to the change of Malaysians' body image behaviours (Pon et al., 2004; Viren, 2006; Pike & Dunne, 2015; Wan Mohd Zohdi Wan Wahida et al., 2017).

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 et al. (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 et al., 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 et al., 2012).

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In accordance with Joinson and Paine (2007), 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. Having been eliminated the perceptions that are social stigmatizing, individuals with ED could have the opportunity to utilize various online support group discussions that are available as an effort to recover. Ransom et al. (2010) mentioned that online discussions have a positive influence on users as the exchange of valuable information encourage improvements in behaviour.

1.2 Statement of the Problem

The study on online social support groups has been a subject of interest to researchers ever since the late 20th century (Desanctis & Gallupe, 1987; North, 1997; Bruckman, 1998; Braithwaite et al., 1999), and therefore many new researchers emerged and studied on more specific kinds of online support groups (Evans et al., 2012; Chung, 2013; Pung, 2017). It is advised by Winzelberg (1997) that online social support groups offer a "new mechanism for psychological services" (p. 394) although the true value of such mediums was not fully examined at the time.

Most prior studies have been focusing particularly on health-related online social support discussions where users would exchange opinions and information regarding the subject matter. Bauer et al. (2012) for instance looked at online discussions centering as a self-help mechanism by patients who cope with bipolar disorders. Evans et al. (2012) on the other hand, investigated the exchanges that occur in a social support discussion group that caters for people with postpartum depression seeking a medium to obtain support. A recent study by Pung (2017) examined a Malaysian online discussion that centers on in-vitro fertilization (IVF) in terms of how advice is sought and given in regards with the influence of culture. There are also studies that have already emphasized

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on ED specifically, such as McCormack's (2010) study on the type of social support given to people with ED via an anorexia discussion forum, and the study conducted by Kendal et al. (2017) where exchanges posted in forums centering on ED were examined and focused particularly on young adolescents.

Being aware of how wide and open the virtual world is, users of online support groups are advised to know both the positive and negative effects of using the service (Chung, 2013). This is because there is a possibility for problems to arise in the online platforms of support groups; such as the pro-ED movement support group where they view such health issue as acceptable (Wolf et al., 2013). Nevertheless, there are also cases where individuals do suffer from severe mental health problems but prefer to remain silent due to excessive negative emotions that caused reluctance in expressing or sharing their feelings to people surrounding them (McCormack, 2010). The social stigma that exists in the society causes more harm and negative influences than it is actually realized. Conforming to Becker et al. (2010), some individuals with ED even 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).

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In the context of ED cases in Malaysia on the other hand, the increasing number of ED patients causes a concern on how Malaysian ED patients solicit support and help in order to find recovery as Perveen et al. (2017) claimed that majority of the people in Malaysia are not well informed or educated on the importance of the knowledge regarding mental health illnesses. Thus far, not many approaches have been made such as the application of "cyber assistance" via online discussions or online support group discussions that focuses specifically on ED. Although Malaysia has been expanding in the area of online discussions which mostly include educational-based forums on support learning (Alias & Rahman, 2005; Hussin, 2008; Rusdi & Umar, 2015; Abdullah & Tan, 2016), topics discussing on health matters such as breast cancer (Mirabolghasemi & Lahad, 2016), IVF (Pung, 2017) to name a few, and especially ED are still scarce (Pon et al., 2004). Hence, this could affect the demotivation of ED patients to seek help that could possibly cause from the lack of attention and care for them to recover. As stated by Perveen et al. (2017), about 20.1% of ED patients in Malaysia were reported of reluctance in disclosing about their condition and solicit support.

Hence, despite being one of the existing areas of research, studies on ED that discuss on the matter of reluctance in disclosing problems to solicit help or even associate oneself with online support groups among ED patients is still scarce. Thus, leading to the necessity for this study to address the problem and examine the relationship between individuals with ED and the need for them to self-disclose online in order to acquire social support.

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1.3 Research Objectives

The aim of this study is to obtain the following objectives:

i. To identify strategies in the act of soliciting and providing of online social support from eating disorders self-disclosure in online discussions.

ii. To examine the directness level of soliciting and providing social support within the online community via online discussions.

1.4 Research Questions

In accordance with the objectives of the study, two research questions are constructed to address the research topic:

i. What are the strategies used in soliciting and providing online social support from eating disorders self-disclosure?

ii. How direct or indirect do users solicit and provide online social support from the self-disclosure of eating disorders in online discussion?

1.5 Significance of Study

When issues such as self-disclosure of ED are concerned, numerous negative emotions are associated with it (McCormack, 2010). These negative emotions that they carry with them would possibly affect their whole perceptions on whether or not self-disclosing is the right choice to opt for. According to Basile (2004), the declining of some individuals with mental health issues in seeking help from others are driven from the fear of being criticized.

However, there are individuals who do find the courage and tried to solicit support from others even if it is over the Internet. Evans et al. (2012) found that individuals who disclose and share their feelings in online support groups perceived the medium as a “safe

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place" as they could gain new information from other people's experiences, alongside helping and supporting each other. Therefore, this study could help in shedding light towards realizing the importance of expressing one's own problems and getting support from others, especially when it involves mental health issues. The speculation of social stigma that could rise from disclosing on ED should come to an end as these individuals entail social support (Akey et al., 2013, Binford Hopf et al., 2013).

The contribution of the present study is significant to three different groups of people, which are (i) individuals with ED, (ii) providers of social support, and (iii) psychologists and counsellors.

Firstly, as ED patients are in dire need of social support, this study provides them with a more positive perception on soliciting help from social support groups. Raising awareness on this subject matter is also possible if negative emotions associated with ED that are perceived as stigmatizing could be reduced and the society could have the opportunity to understand the vulnerability of ED in a more precise manner. The realization of the positive outcome from self-disclosing, sharing and expressing of issues such as ED only comprehends when the individual has actually gone through the sharing process (Chesler et al., 2009). Thus, analyzing the exchange by others in soliciting and giving social support could aid in giving a clearer understanding of how soliciting support itself is one of the ways or treatments to work toward recovery.

In addition, ED is considered to be a critical psychological illness that is associated with the mental health of the individuals (Becker et al., 2010; Le Grange et al., 2012) and is highly mortal (Akey et al., 2013). Therefore, support-providers should approach individuals with ED appropriately and in a manner perceived to be acceptable,

University of Malaya

especially when their ED issues are centered. Due to ED and the feelings associated with ED being "taboo" topics to be discussed about (Hoek et al., 1995; Boyadjieva & Steinhausen, 1996; Treasure et al., 2016), this study contributes to the providers of social support in improving their methods of approaching ED patients.

Moreover, the present study looks at the strategies used in soliciting and providing online social support, as well as the directness level of those support being solicited and provided. Thus, the analysis process involves the language used in the exchanges between the one who solicits support and the one who provides it. Further, it provides a clearer understanding for both psychologists and counsellors in relating the language used by ED patients with their mental faculties. In other words, enabling psychologists and counsellors to grasp on how ED issues and other factors that influence the ED patients' ways of thinking could shape their language practices (Locher, 2010).

In terms of the contribution to knowledge in the field of this study on the other hand, the findings could possibly provide a vivid image on how online social support discussions can be considered as one of the potential effective platforms to help individuals who suffer from ED in Malaysia in their recovery process. Despite the tendency of causing depression and suicide, ED is perceived to be uncommon in Malaysia (Lee et al., 1989; Miller & Pumariega, 2001; Kanyakumari, 2013; Wan Mohd Zohdi Wan Wahida et al., 2017). Thus, the need to provide online platforms as a mean to discuss about recoveries from ED is often disregarded. Even so, it is discouraged to ignore the fact that the number of ED patients in Malaysia is undeniably increasing and due to that, more attention needs to be given on the health care of these individuals. By examining how the support and help are given via an online discussion in the U.S., it allows the Malaysian health ministry to consider the need to address issues on ED more seriously.

University of Malaya

This could also help in increasing the chances of providing an online platform to gather many ED patients and give them the support that they need.

1.6 Limitation of Study

As the present study examines the interaction that occurs in an online social support group discussion, there is a possibility of having posts sent in various forms or discussing about different contents. Further, Wolf et al. (2013) mentioned how the open-access nature of online social support groups enables individuals to post or reply responses in the discussion board however, whenever or how frequent they desire to do so. Due to this fact, it is difficult to find data that specifically fits the criteria of the present study (e.g., some entries may not be in the form of self-disclosure, but merely seeking the opinions of others). Thus, causing the need for the collection of data to be analyzed precisely and cautiously in terms of the type of instances that occur in each post. This is crucial as the study focuses notably on the act of soliciting and providing of social support from self-disclosure regarding ED.

In addition, as the present study only looks at the contents from one online social support group discussion specifically on ED, the findings may not be applicable to be generalized to other ED social support websites. Furthermore, in the context of culture, the findings of this study also require more consideration to not generalize them in the Malaysian context as the views regarding ED in the U.S. and in Malaysia are fairly different in terms of its cruciality.

University of Malaya

1.7 Definition of Terms

The following is the outline for the definition of terms that are used peculiarly in the present study.

Soliciting is the term used when the one who solicits deliberately or willingly ask and hope to receive the help from others (Goldsmith, 2000; Bonaccio & Dalal, 2006). Though, it is different from the term 'requesting' as requesting leaves the hearer with no freedom from imposition as the hearer is expected to fulfil the request made by the speaker (Blum-Kulka & Olshtain, 1984). 'Seeking' on the other hand, Wilson (2000) defined the term as a result of a person in wanting to achieve a specific goal. Thus, 'soliciting' is the most suitable term to be used in the present study as it clearly represents the act of users in acquiring the help and support in online support group discussions.

Providing is applied in a study by Bauer et al. (2012) as enabling the hearer to obtain something that the hearer wishes to receive from the speaker. In other words, the support-providers performs the act of giving the support as it is requested by the support-seekers. According to Goldsmith (1999), the act of giving is suitable in describing the speaker's own intention to give something to the hearer based on the assumption of it being needed. Further, "offering" on the other hand is defined somewhat similarly but being more specific in a way that it is described as expressing a cooperative and friendly gesture to help someone who solicits it (Ad-Darraji et al., 2012). Therefore, in terms of the present study, it is logical for the words 'provide', 'give' and 'offer' to be used interchangeably due to their aligned definitions. However, the act of providing and offering are applied the most as they clearly represent the action of supporting as a result of it being solicited by individuals who are prepared and hoped to obtain those support.

University of Malaya

Eating disorders denotes the results of individuals who opt for extreme dietary due to severe body shape concerns and cause their eating habits to be either above or below than the average consumptions of food (Grange et al., 1995).

Online social support group discussions refer to the support groups that are not constrained to geographical restrictions or social status and it denotes the participation of individuals in a group network promoting supportive communication among each other to help individuals suffering with similar problems over the Internet (Bauer et al., 2012).

Self-disclosure is defined as the act of revealing something personal that could possibly be highly sensitive (e.g., personal fears, stigmatizing issues, convictions, etc.) or simply just a plain fact about one's own hobby for instance (Greene et al., 2006).

University of Malaya

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

In the review of literature, discussions on concepts and findings of related past studies are presented in detail. Specifically, the chapter starts with a general overview of online support groups as a medium to help ED patients in working toward recovery. The discussion continues with the *Speech Act Theory* in relevance with the act of soliciting, as well as providing of support, advice and any form of help based on the findings of prior studies. Further discussions on the level of directness of how those acts are executed are also presented.

2.2 Online Social Support Groups

As the involvement of the Internet in our daily lives has made it possible for human beings to experience the exchange of information to be done more rapidly (Sillence, 2013), it causes CMC to become widely used over the past decade and increase the inclination towards online support groups rather than the traditional face-to-face discussions (Chung, 2013). The existence of online group discussions could not be specified to only one general purpose as there are many types of different forums nowadays created by the online communities that cater for various purposes, ranging from education (e.g., Thomas, 2002; Zheng & Warschauer, 2015), to health (e.g., Eichhorn, 2008; Bauer et al., 2012; Evans et al., 2012). According to Winzelberg (1997), these kinds of groups that exist online are referred to as “electronic support groups”, “virtual support groups”, or “computer-based-self-help groups” (p. 394).

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

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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 et al., 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).

Besides that, when it comes to health-related issues, Braithwaite et al. (1999) mentioned how the traditional face-to-face support groups are considered to be more of a hassle as patients have to commute back and forth to attend the assigned sessions, or the inability to communicate in front of people may also be a reason for hindrance or reluctance in participation. It is claimed that some individuals just prefer the online communities rather than offline when soliciting and receiving support as they feel more comfortable remaining behind the screen (Chung, 2013). Henceforth, the ability to be

University of Malaya

anonymous in accessing online social support is claimed by Kim et al. (2017) as one of the platforms in alleviating these negative perceptions that act as an "excuse" in preventing or obstructing support-seeking.

Other than to get information from professionals or non-professionals regarding a specific issue, online social support groups help their members in other ways as well. In accordance with Savolainen (2010), the participation of these individuals in such virtual communities allow them to voice out their stories, experiences, sufferings and are acknowledged by people who face similar issues. They get the opportunity to be constantly reminded that they are not alone (Winzelberg, 1997; Pung, 2017) and that there are people who care for them. Besides, the idea of support-seekers who participate in online support group discussions in the hopes of to be advised is perceived to be more ideal as they took action to their own self-awareness in wanting to get better, despite knowing the possibility of face threats. For instance, Feng et al. (2017) believed that the provision of emotional support prior to an advice is utmost crucial as it helps in cushioning the language and minimizing the face threat onto the hearer. This shows that both the support-seekers and support-providers have their own responsibilities and manners of communicating in online discussions to assure the appropriateness and acceptance of those advices.

The manner of communicating or providing the social support through online discussions is one thing, being able to understand the support-seeker's situation is another. One of the reasons for the existence of online support groups is the fact that support-seekers are not able to obtain what they expect to obtain from the people around them. It is discovered by Ransom et al. (2010) that individuals who participate in online discussions receive less support from people in their real-life relationships and thus,

University of Malaya

deriving to the idea of turning to the online community in the hopes of getting greater support. Although, Ransom et al. (2010) further suggested that the positive outcomes of online discussions may also be a result of the existence of numerous types of forums where support-seekers have the freedom to participate whichever forums that are in favour of what they are seeking for. The ability for these individuals to relate with other members of the forum helps in igniting a more positive image on the nature of online discussions.

Thus, many studies have pointed out why patients who require support diverge from the usual physical space of support groups to the more virtual one. For instance, a study conducted by Turner et al. (2001) looked at the development of hyperpersonal relationships that emerged from online social support groups as to compare with the offline settings that are usually facilitator-and-client based kind of relationships. By using the optimal matching theory by Cutrona and Russell (1990) where social support is believed to be a multidimensional construct and the rate of effectiveness of the support depends on the dimensions of stress that are asserted on to it, Turner et al. (2001) found that the online communities can cater individuals in need of support with various important alternatives and in a more approachable manner compared to face-to-face discussions.

Besides that, the availability of online support discussions as a learning platform in schools have positively affected students' performance in their academic. Zheng and Warschauer (2015) conducted a study on the factors such as active participation and interaction in an online discussion could affect academic achievements. By analyzing an online discussion consisted of both the students and teachers, where majority of the students were English language learners (ELL), it was found that ELLs who were more

University of Malaya

active in participating in the online discussion accumulated better writing skills and outcomes compared to those who were not as active. Thus, based on their findings, Zheng and Warschauer (2015) suggested that this fact is highly related with the development and influence of social media as students are able to improve more on their language and literary skills via the interaction done with people online.

2.2.1 Eating Disorders Online Support Discussions

Many online support group discussions focusing on individuals suffering with ED have been established as a nonclinical effort in the hopes of providing them support to recover and regain their health. According to Striegel-Moore et al. (2000), the funding for ED treatments is scarce as compared to other mental health disorders, which affects the number of individuals actually seeking for treatments. Being the extreme majority, ED patients who did not undergo clinical treatment should at least solicit support in a nonclinical setting as it is vital for them to manage their ED and learn more information about the consequences of being diagnosed with it (Akey et al., 2013). Thus, based on the possible negative side effects that could rise from the suppression of emotions and health-related issues, participation of ED patients in online support groups are highly encouraged (McCormack, 2010).

In comparison to other mental health illnesses, ED is categorized as one of the crucial ones as rising death rates is expected when ED patients who have underwent on a recovery journey neglect the length of follow-up (Sullivan, 1995). As have been mentioned by Bauer et al. (2012) and Binford Hopf et al. (2013), providing the careful attention to ED patients is utmost vital to help in overcoming the pressure of wanting to meet the society's standard of attractiveness. In a study conducted by Becker et al. (2010) which focused on the social barriers faced by individuals diagnosed with ED in the effort

University of Malaya

of getting better, it is found that most impediments in reaching for help are associated with culturally-based barriers and societal barriers. Culturally-based barriers is a category that represent the mainstream stereotypes that exist in the beliefs and practices of a society's culture that indirectly shape their perceptions regarding ED. Nonetheless, societal barriers is more associated with factors that involve the resources of health care and economic allocation on ED care specifically. The idea of social support groups as a medium of self-help and mutually aiding among members of the group have been considered as one of the affective and successful managements for ED patients in overcoming those barriers (Coulson, 2005; Akey et al., 2013).

Although, the traditional offline setting of a social support group is not as favoured compared to the online discussion version mostly due to issues such as higher risks of face-threat (Furger, 1996; Goldsmith, 2000; Coulson, 2005), or having it being more costly (Tu & Cohen, 2008). Online ED social support group discussions on the other hand, are seen to be giving ED patients more benefits and opportunity in achieving successful recovery (Flynn & Stana, 2012). According to Kendal et al. (2017), ED patients who participate in online support groups can be regarded as going through a pro-active self-care as they are able to accumulate self-awareness and take action in accordance to the said awareness. Achieving self-awareness when being diagnosed with ED is not as simple as it seems in relation to it being a stigmatizing issue. However, when it comes to communication via an online medium, individuals tend to equip themselves with more private self-awareness, in which they are able to be actively aware of their emotions, attitudes, beliefs, etc. more accurately (Matheson & Zanna, 1988).

Soliciting and providing social support in an online setting is highly encouraged by health care practitioners as it is said that the easily accessible in nature of online

University of Malaya

discussions allows the two-way flow of support-provision (Kendal et al., 2017). This means that the benefit from the provision of support is directed to not only for those who solicited for the support, but for the silent readers of the discussion boards and as a reminder for the support-providers as well. As believed by Grange et al. (1995), the act of sharing one's own feelings and experiences with regard to ED could increase the possibility of helping oneself and also others in reducing the risk of admitting to further negative actions and thoughts.

Nonetheless, it is said the exchange of support among ED patients on online discussion boards gives out a sense of "coping environment" where interpersonal relationships are formed online due to the constant sharing of information and the presence of care and attention (Eichhorn, 2008). The quality of the bond in the online relationship made it possible for effective communication to achieve, especially because it occurs within a circle of people experiencing or have knowledge about ED. Besides, the participation of ED patients in online support groups in order to receive online medical information and support have caused a change how ED patients view their relationships with people surrounding them (Turner et al., 2001). Campbell and Wright (2002) however, related relationships built in online support group discussions with effective communication in terms of the development of ideal images such as being supportive, understanding, and a good listener attributed to the person the ED patient is communicating with. Having that said, the illusion of anonymity that enables ED patients to share and connect with the online community increases the willingness for them to solicit and accept support via the online medium of support groups and is considered to be more likely compared to face-to-face.

University of Malaya

McCormack (2010) studied how an online social support group can actually function as one of the ways for individuals with ED to get support and help. Thus, ten categories were coded for the purpose of identifying the types of support provided to those individuals which consist of (see Table 3.2):

(i) information giving/seeking,
(ii) encouragement and esteem,
(iii) personal experience,
(iv) personal opinion,
(v) prayer,
(vi) network,
(vii) showing appreciation,
(viii) inspirational messages,
(ix) emotional expression, and
(x) miscellaneous.

Also, based on the thematic analysis, McCormack found that online support group discussions that center on ED are used as a platform in encouraging individuals wanting to recover from anorexia while providing them with support in managing well in the recovery phase. As clinical treatment is regarded as costly and time consuming, the asynchronous nature of online discussion forums enables ED patients to share and disclose with the online community in a less pressuring manner. With the lack of pressure associated in posting a message online, ED patients have the opportunity to create prose that can reflect their thoughts significantly and precisely (Braithwaite et al., 1999) as they are not limited to time constraints, as well as the fear of having their faces threatened. For both individuals who solicit and provide support, being associated with face threats is

University of Malaya

inevitable but the degree of those threats varies depending on the situation. Goldsmith (2000) mentioned in her study that the act of giving support is common yet needed, but certainly challenging as the individuals involved need to consider and be cautious of the support-seekers' acceptance regarding the appropriateness of the support.

A similar finding was identified by Eichhorn (2008) where individuals with ED are inclined towards online social support groups as they hope to seek solutions or alternatives in easing their mental health issues. Eichhorn (2008) found in her study that the sole purpose of online social support groups that center on ED is to assist those individuals in need of help in terms of lending an ear virtually to talk about their mental health problems alongside offering them possible solutions. Themes that were considered in Eichhorn's (2008) study which were adopted from Winzelberg's (1997) five themes of discussion in ED online support groups were; (i) handling pressure from family and friends, (ii) pressure from the definition of beauty portrayed in the media, (iii) reminiscence of psychological symptoms, (iv) negative affect, and (v) recommendation by other on its benefits. Though the themes were more generalized on specific discussion on ED and leaving out other possible causes such as self-satisfaction, coping with life stress, troubled family backgrounds, etc., the identification of common themes helps in better understanding what individuals suffering from ED have to face.

2.3 Mental Health Illnesses in Malaysia

Generally, the lack of attention and interest on the knowledge of mental health illnesses in Malaysia is possibly due to the public health concerns in the past that focused more on infectious illnesses that were prone to spread in tropical countries (e.g. Malaria and Typhoid), which thus include Malaysia and its neighbouring countries (Parameshvara Deva, 2004; Haque, 2005). Due to the draw of attention to what is perceived to be more

University of Malaya

crucial and morbid diseases compared to any other health related issues, not many staffs were trained to cater for mental health care and services. However, despite the indifference of the Malaysian society toward diseases or disorders that are caused by poor mental health, Haque (2005) and Swami et al. (2007) made clear how the spreading of the issue has been increasing throughout the whole world nonetheless, especially in countries that are labelled as developing nations.

One of the common signs on the existence of poor mental health can be seen from the stressful environment of the Malaysian educational system, in which it is described as being very exam oriented (Alias & Rahman, 2005) and thus, lead to the building of a society that is filled with academically-minded people (Sherina Mohd Sidik et al., 2003). Thus, poor mental health among students are evidently common, especially once they have reached the tertiary level. The pressure that is associated with tertiary education have indirectly caused an increase in number of individuals who suffer from psychological and physical distress and cause emotional disorders (Sherina Mohd Sidik et al., 2003; Zaid et al., 2007; Al-Naggar R.A. & Al-Naggar D.H., 2012). Emotional disorder can be categorized as one of the serious mental health illnesses to be experienced by adolescents or young adults, which are mostly at the age of getting their education. Tomoda et al. (2000) mentioned how students who are diagnosed with emotional disorder are at a dire level of attaining help as it could develop into a series of severe depression and affect their lives and future decisions negatively.

In Malaysia, the increasing rate of prevalence of depression and stress among students is mostly due to the sudden change of academic style whereby primary and secondary schools require a year to finish each syllable, but drastically change to four to five months in the tertiary level (Teh et al., 2015). Besides academical factors, social

University of Malaya

factors such as peer pressure, social stress from friendships, financial problems, etc. also contribute to the depression of students and have psychological influence toward them as well. On a side note, Norhayati Ibrahim et al. (2013) conducted a study that relates social support and depression with how they affect the quality of life. It is suggested that emotional and information support have a positive relationship with the physical being, while depression on the other hand, could affect both the physical and mental. With the increasing prevalence rate of depression in Malaysia while being one of the most common illnesses in many developing countries, the need to increase the awareness, knowledge, health care services that center on mental health illnesses are exceedingly required (Perveen et al., 2017).

Nevertheless, it is found recently that the Malaysian Health Ministry has given more attention to health care and raise awareness on Autism Spectrum Disorder (ASD) as it is considered to be the fastest growing disorder in Malaysia (Roffeei et al., 2015). Due to the early realization of the society regarding the illness, many platforms of online support groups that center on ASD were initiated to be set up (e.g. mailing lists, online discussion boards, social networking sites (SNS) such as Facebook). Mustafa et al (2015) reported how a group of parents who share the same concern of having a child with ASD actively participate in a Facebook social support group called *Autisme Malaysia*. Similar to findings of other studies on online social support (e.g., Eichhorn, 2008; Savolainen, 2010; Sillence, 2016), the sharing of personal experience is the most common theme found in the social support messages provided by the parents of ASD children, in which their way of writing the messages is in the form of narrative. Parents' concerns on ASD are slowly being heard by the Malaysian society and many attentions are constructively diverting to the awareness and spreading of knowledge regarding the illness. However, Neik et al. (2014) conducted a study in comparing how ASD is realized and treated in

University of Malaya

Singapore and Malaysia and the study discovered that despite being the fastest growing disorder and are well informed to the society, literatures on the awareness of ASD in Malaysia is much lesser compared to those in Singapore. Hence, in relation to ED, being perceived as one of the most uncommon disorders in Malaysia (Kanyakumari, 2013), it has caused more scarcity in literatures that could contribute specifically in the field of Malaysian ED studies (Pon et al., 2004; Gan et al., 2011).

2.3.1 Eating Disorders among Malaysians

The development of ED among individuals who are prone to disturbance in eating behaviour is usually driven by a perception or a statement that shapes what seems to be ideal to the public's eyes. Choo and Chan (2013) established a concept on negative and positive perfectionism, in which both situations result in a different aftereffect to the individual. A negative perfectionism denotes the inclining of individuals who engage in severe eating behaviours toward risking their health and lives, while positive perfectionism is a more healthy approach for individuals to maintain their health and keep up with a regular nutritious diet.

Having Malaysia being one of the developing countries in Asia that is highly affected by the rapid modern urbanization (Choo & Chan, 2013), the idea of perfectionism and attractiveness in Western countries slowly affect the minds and perceptions of Malaysians (Pon et al., 2004; Lee, 1993; Viren, 2006; Pike & Dunne, 2015; Wan Mohd Zohdi Wan Wahida et al., 2017). While ED cases in the West such as AN and BN are considered to be quite common and had caught the attention of psychiatrists many years ago (Lee et al., 1989), the exposure to the Western attitudes on the unhealthy practices to achieve the "ideal appearance" have caused more females in Asian countries being vulnerable to developing ED (Edman & Yates, 2004; Pike & Dunne, 2015). Such

University of Malaya

claim can be supported by Lowry et al. (2000), in which it is reported that Asian women do not usually accumulate problems with their appearances or dissatisfaction with their weight. Thus, it can be said that initially, Asian women were less likely to develop ED. However, as developing ED has been adopted and slowly accepted by women in Asian countries, mostly being young adults, as one of the "common" ways of achieving ideal weight, figure and what not, the long-term health consequences remained to be the main concern.

In agreement with Wan Mohd Zohdi Wan Wahida et al. (2017), individuals who suffer from AN and BN would usually conceal their disorders and remain undiagnosed due to the indistinct symptoms. This led to the possibility of not getting the treatment and support they require in order to be able to understand the faulty of accumulating bad and unhealthy eating behaviours. Gan et al. (2011) found that Malaysian students studying in the tertiary level are more likely of developing disordered eating indirectly due to the social pressure to be thin via severe psychological distress. The psychological distress associated with the growing of ED behaviours is crucial as the severity of such state of mind could possibly cause cognitive impairments (Gross & Levenson, 1997).

According to Lee (2004), despite the unlikelihood or rare cases of ED to be found in Malaysia compared to Western countries, it is believed that Malaysia is still listed to be one of the nations that is actively engaging with ED behaviours compared to those of less developed nations such as China, India, Thailand, etc. One of the issues that rose from prior research is regarding the fact that Malaysia is regarded as one of the most ethnically diverse countries and many comparisons have been made on how each ethnic and culture realized ED differently (Indran & Mohamed Hatta, 1995; Edman & Yates, 2004; Swami & Tovée, 2005; Pike & Dunne, 2015). Moreover, it is also claimed that the

University of Malaya

attitudes and perceptions of one's own culture are strong enough to override the intensity of the influence that the public has, say towards the definition of attractiveness for instance (Indran & Mohamed Hatta, 1995). Based on the study conducted by Edman and Yates (2004), the findings reported how among two of the main ethnics in Malaysia, Malay students, both males and females have a higher tendency of developing ED, then followed by Chinese. Although it was suggested that the scores of the findings were affected by the fact that half of the Malay students who participated in the study were undergoing religious fasting, most of them also agreed to how they have a sense of guilt when they feel full or avoid eating at all when hunger strikes. All of these excessive thinking about food in general can be linked to a phenomenon called "fat phobia".

Nevertheless, the different ethnics in Malaysia do undoubtedly perceive body fat differently (Swami & Tovée, 2005; Talwar, 2012). As have mentioned, the Malay society is known to have the highest number of individuals who engage in behaviours and are diagnosed with ED compared to Chinese and Indians (Edman & Yates, 2004; Chin & Mohd Nasir, 2009). One of the main concerns of such claim is debated by past researchers with regard to the eating attitudes of Malays is due to religious practices (Nobakht and Dezkham, 2000; Edman and Yates, 2004; Kamaruzaman et al., 2018). As the religion for all the Malay society in Malaysia is Muslim (Haque, 2005), it is required for them to undergo a religious fasting for a whole month every year (Nagata, 1994; Indran & Mohamed Hatta; 1995). On a side note, it is proposed by Nobakht and Dezkham (2000) on how Muslim women in Iran associated with ED are often conflicted with psychological distress due to the traditional religious belief and the influence from the media regarding the modern Western values. Besides that, Edman and Yates (2004) suggested that the number of Malays in which their body weight is affected by their eating

attitudes is also possibly due to the Islamic teachings that promote modesty where everything they practice in life has to be carried out moderately.

Based on the Chinese society in Malaysia on the other hand, as discussed by Choo and Chan (2013), the drive to be thin to meet the social norms and standards are related to the motivation that the people should have in meeting the expected behaviour. For individuals who feel compelled in avoiding criticism or "face-losing" due to the failure of meeting the society's standard level of attractiveness is said to exert more pressure to themselves to be thin. Thus, it is much due to such pressure of negative perfectionism that made the engaging of extreme ED behaviours to be possible. However, Indran and Mohamed Hatta (1995) argued differently from what is claimed by Choo and Chan (2013), as it is said that the Chinese society are one of the ethnics that are less likely to be involved in the social pressure of fat phobia as they are more inclined towards positive perfectionism instead. This is because not just the Chinese, but the Malaysian Indians as well believed how being big-sized or amply proportioned symbolizes prosperity and happiness (Cachelin et al., 2000; Kee & Ho, 2003; Choo & Chan, 2013). This belief is shaped from the portrayal of the paintings or statues of the Chinese and Indian deities in terms of their sizes and figures. Therefore, it can be said that the Chinese and Indian society in Malaysia somehow have a similar belief and perception in terms of the definition of beauty.

Even though Swami and Tovée (2005) identified in their study on the idea that Indians in Malaysia have a higher body fat percentage compared to Malays and Chinese due to the different preferences for body weight, they are also reported to experience greater pressure from the media to increase muscles and accumulated positive results on the urge or force to lose weight (Mellor et al., 2009). However, it is also notable in terms

University of Malaya

of the difference in pressure on the sociocultural influence asserted from adults in the family between the three different ethnic groups in Malaysia. Mellor et al. (2009) concluded that the Malaysian Indian families are the only ethnicity that are not associated with the sociocultural influence that may cause the engaging of their young adults to ED attitudes and behaviours. This was also believed to be possibly related with them being the minority group.

Past research conducted in relation to the Malaysian context such as by Indran and Mohamed Hatta (1995) and Miller and Pumariega (2001) also discovered the drive to be thin lead to the fear of fat by cultures that misperceived the value of thinness and think highly of the idea of "thin is attractive" despite being commonly portrayed as one of the symptoms of AN. Furthermore, the rate of Malaysians facing body dissatisfactions is increasing as time passes by due to their engagement with severe obesogenic behaviours, in which their diets consist of very high calories and fats (Mellor et al., 2009). However, in accordance with the findings of a study conducted by Pon et al. (2004), it is reported that almost half of the female students being studied in a secondary school in Perak, a state in Malaysia, perceived themselves as overweight, when in fact they were considered to have normal weight. The perception towards themselves as being "too fat" caused the likelihood for them to develop ED, in which 74% of the overall students who were labelled as normal weight have the desire to lose more weight. Pon et al. (2004) further discussed how it is regarded as a common phenomenon where healthy young adults perceive themselves as overweight due to the influence of the media that portray how thin "model-like" males and females are considered to be ideal. This is aligned with the findings of a previous study in which one of the themes that Winzelberg (1997) established in his study was the cultural pressure that develops within the circle of people who aim for thinness and the standard beauty as shown in the media.

University of Malaya

2.3.2 Malaysians' Approach to Recover from Eating Disorders

Being one of the most overlooked mental health illnesses in Malaysia, seeking help and support from ED can be perceived as somehow challenging to individuals with ED. Besides, majority of Asian cultures have a strong belief on the social stigma associated with ED and perceive that the act of seeking help and support from people outside of the household as bringing embarrassment to the family's name and losing of face (Sue & Sue, 1987; Cachelin et al., 2000). In Malaysia specifically, individuals with poor mental health perceive the act of seeking help from others itself as unnecessary as it is reported by Yeap and Low (2009) that there are several factors that affect their decision in not wanting to solicit for help, which include; (i) the preference of keeping their condition as a secret, (ii) the cost to get help is too expensive, (iii) conflicting from religious beliefs, and (iv) trouble finding sources or places to seek help.

The preference for ED patients in not wanting to disclose their problems is known to be the main concern for many years (North, 1997; Cachelin et al., 2000; Basile, 2004; Becker et al., 2010; McCormack, 2010; Akey et al., 2013). Based on findings of past studies, it is undeniable how the strong influence of the social stigma with regards to ED affects the call for help by ED patients entirely. With the abundant concerns of losing of face and the fact that ED symptoms are said to be concealable by those who manage and suffer from ED in secret, it causes the rise in number of individuals who perceive the illness as acceptable (Kamaruzaman et al., 2018). In cases as such, the urge to solicit help and support from others only heightens when the conditions are getting worst and symptoms became more obvious. This may be one of the reasons why online social support group discussions is more preferred and encouraged by past studies as any reasons for hindrance of getting help that are perceived as "obstacles" can be reduced,

University of Malaya

and thus, the option to get help and support can be more feasible (Morrow, 2006; Kendal et al., 2017; Duan et al., 2018).

Besides that, acquiring clinical treatment for any illnesses in general are claimed to be very costly and thus, it affects those who are in need of help but are not able to afford to pay for the treatment (Tu & Cogen, 2008; McCormak, 2010). In agreement with Sullivan (1995), ED or any mental health illnesses may require a long time to be treated due to the side effects or necessary follow-ups. As clinical treatments are usually undergone for a lengthy period of time that require much consistency in attending the sessions, it indirectly affects the economic costs for the society (Al-Naggar R.A. and Al-Naggar D.H., 2012).

When it comes to religious beliefs, past studies found that there is a positive relationship between the eating attitudes and behaviours of people in the Asian countries with their religious beliefs and traditions (Ahmad et al., 1994; Indran & Mohamed Hatta, 1995; Edman & Yates, 2004; Kamaruzaman et al., 2018). One of the most common factors raised when relating eating behaviours with religious practices is the influence of fasting. According to Indran and Mohamed Hatta (1995), religious fasting is practiced in the main religions in Malaysia, which include Islam, Hindu, Buddha and Christianity. Although each religion does not affect their believers entirely in terms of how to act around food, it is believed that some ED patients undergo religious fasting to mask their ED symptoms and even have it as an excuse to lose weight (Kamaruzaman et al., 2018). Furthermore, Ahmad et al. (1994) argued that problematic eating behaviours may accumulate due to immensely undisciplined fasting and claimed it to be a religious requirement, which could also result in numerous binge eating. Even so, these practices are stated to not focus merely on the drive to be thin or slim as portrayed in the media,

University of Malaya

but these religious practices and attitudes promote self-control and moderation when it comes to food (Indran & Mohamed Hatta, 1995; Edman and Yates, 2004).

In terms of a reliable physical source or place for ED patients in Malaysia to get help is understood to be a problem as according to Kamaruzaman et al. (2018), the Singapore General Hospital (SGH) is the only hospital in the whole Southeast Asia region that officially caters a specialized treatment for inpatient and outpatient care to help people recover from ED. However, it is reported that commonly, ED patients who do solicit help and get treatment are those who are well-aware of their own symptoms and voluntarily sign up for treatments. For those who are aware of their poor mental health with regard to their eating attitudes and behaviours but remain to be reluctant in soliciting help on the other hand, is mentioned by Cachelin et al. (2000) as being terrorized by the shameful feeling associated with ED. Although, clinal treatment for ED is not widely practiced in Malaysia due to the possible factors as distinguished by Yeap and Low (2009), it is still encouraged as the strong ethnicity and social influence on the perception of attractiveness and thinness in Malaysia could be overwritten by looking at self-image in a broader context with the help of proper treatment and prevention (Miller & Pumariega, 2001).

2.4 The Theory of Speech Act

The speech act theory according to Austin (1962) and Searle (1969) refers to what is uttered by the speaker that enables the hearer to precisely interpret and comprehend the speaker's intentions. Basically, speaking a definite language itself is considered as performing speech acts. This is because by performing the speech acts, the minimal unit of language symbol produced is what comprises linguistic communication (Searle, 1969). However, the type of speech act performed by the speaker could not be necessarily

University of Malaya

understood from the meaning incorporated in the sentence. The intentions of the speaker play an important role in speech acts generally as he or she could mean more than what is uttered (Austin, 1962; Searle, 1969).

According to Austin (1962), the sentences that are uttered by speakers can possibly be either performatives of constatives; where performatives denote what is uttered is not merely only a saying, but to actively cause an action by the speaker as well, and constatives is just the act of stating a statement. Austin (1962) further elaborated the distinction of speech acts into three categories – (i) locutionary act, (ii) illocutionary act, and (iii) perlocutionary act. In relation with the two types of sentences, locutionary act is considered as a constative as the literal meaning is acquired from the actual production of a basic expression by the speaker. In terms of illocutionary act on the other hand which is more of a performative, refers to the statement, promise, apology, etc. given by the speaker with a clear intended intention to be carried out by the speaker himself/herself. Not to be confused with illocutionary act, perlocutionary act depends also on the action performed by what is uttered by the speaker, but it causes an effect and requires a respond from the hearer as well. Austin's classifications of illocutionary acts specifically were divided into five classes of utterance respectively and they are presented in Table 2.1.

Table 2.1: Classifications of Illocutionary Acts (Austin, 1962)

Class of Illocutionary Act	Description	Example
Verdictives	The making of a decision on issues involving cases by a jury or arbitrator or simply an act finding a solution	Estimating, reckoning, appraisal, etc.
Exercitives	The act of utilizing power, authority, or influence	Appointing, requesting, ordering, advising, urging, etc.

University of Malaya

Table 2.1, continued

Class of Illocutionary Act	Description	Example
Commissives	The act that results from undertaking or simply just a statement of intentions	Promising, offering, providing, giving, etc.
Behabitives	The act that portrays a form of attitude or behaviour	Apologizing, congratulating, challenging, etc.
Expositives	The act that is uttered based on its course of action	"I reply", 'I assume", "I suppose", etc.

With regard to the present study, the act of soliciting is equivalent with Austin's (1962) term *Exercitives*. Although, the fact that the group of individuals who represent the people who solicit the support are not exactly categorized as superiors that utilize their state of power to obtain something from others. However, it is notable that the ED patients consist of individuals who directly/indirectly solicit or request the support from the online community and as mentioned by Brown and Levinson (1987), such act puts pressure on the addressee to obey and act according to the requests made. In terms of the group of support-providers, the study correlates with the class term as *Commissives*. This is because Austin (1962) defined such type of illocutionary act with vague explanations on how acts that fall under the category do not necessarily imply a promise by the speaker on a future act. Thus, it can be said that acts such as providing, or giving would still be referred as acts that portray the speaker who has the intention to commit in achieving something.

An extension of Austin's elaboration on illocutionary acts in which Searle claimed to be containing weaknesses, Searle (1969), and Bach and Harnish (1979) developed further classifications on the types of illocutionary acts. Although there are a few similarities in terms of how those classifications are segregated, Searle (1975) divided

University of Malaya

them into five respected types – *Representatives*; the speaker commits with an assessment of being either true of false (e.g., boasting, complaining, concluding, deducing, etc.), *Directives*; attempts by the speaker in wanting the hearer to do a particular action (e.g., ordering, requesting, asking, soliciting, questioning, etc.), *Commissives*; a future action that the speaker commits in doing (e.g., promising, offering, providing, etc.), *Expressive*; an expression that shows the speaker's sincerity condition on a matter of state (e.g., thanking, congratulating, welcoming, etc.), and finally *Declarations*; an act in which declarative statements are given that corresponds with a successful performance (e.g., pronouncement of marriage, etc.). Meanwhile, the four proposed communicative illocutionary acts suggested by Bach and Harnish (1979) include:

Table 2.2: Communicative Illocutionary Acts (Bach & Harnish, 1979)

Illocutionary Act Categories	Description	Example
Constatives	The speaker intends for the hearer to have the same beliefs and knowledge as him/her	Suggesting, informing, describing, predicting, etc.
Directives	The speaker imposes the hearer to act on something	Requesting, prohibiting, advising, requiring, etc.
Commissives	The speaker obligates himself/herself to act upon something for the hearer	Promising, offering, providing, giving, etc.
Acknowledgements	The speaker intends for the hearer to understand his/her emotions towards the hearer	Thanking, apologizing, congratulating, etc.

In relation with online social support discussions, which mainly include the act of soliciting support and the act of providing it back to the one who solicits it, the speech acts that are involved can be categorized within the same category as the acts of advice-seeking and advice-providing (Lawrence et al., 2008). According to Bach and Harnish's

University of Malaya

(1979) communicative illocutionary acts (see Table 2.2), actions that are associated with online social support discussions vary depending on the intention of the writer, as well as the type of language used. For instance, in cases where the support is solicited by ED patients, the illocutionary act involved is inclined more towards an act that is *Directive*. This is mainly because the participation of ED patients in online support groups is commonly due to their willingness in getting help and support from others (Goldsmith, 2000; Bonaccio & Dalal, 2006). Thus, they are mentally prepared to ask and hope to receive responses in the form of advices or suggestions provided by the online community.

Besides, Briggs et al. (2002) mentioned that support-seekers prefer to solicit help via online mediums due to the ability and position of power that they hold in choosing whether or not they would want to accept or reject the advice given depending on the (i) source credibility, (ii) personalization, and (iii) predictability of the type of the advice. This fact can also be referred to DeCapua and Dunham's (2007) five content-based categories in advice-giving activity namely, *Alternatives and Rationales*, *Elaboration*, *Expression of Empathy*, *Assertion of Individual Choice* and, *Introspective Questions*. The nature of support-seekers illustrating a directive act when soliciting support is categorized by DeCapua and Dunham (2007) as *Assertions of Individual Choice* – to highlight the idea of valuing the support-seekers' point of view on what option is best for them to opt for without the imposition by others.

2.5 Speech Act of Soliciting

In the hope of achieving recovery and well-being among mental disordered patients, social support has been regarded as one of the main concepts in treating mental health

University of Malaya

issues (Oh et al., 2013). Thus, leading to the question of how the manner of the act of solicitation and provision of the support itself are executed.

According to Bach & Harnish's (1979) four categories of illocutionary acts that are communicative in nature, the act of soliciting is classified under Searle's term *Directives*, where the speaker speaks of something that would cause a relation for the hearer to be responsible towards a specific action. Specifically, solicitation is a form of request addressed to the hearer by the speaker. The act of soliciting itself is sometimes seen to be face-threatening due to the possibility of it being refused (Haverkate, 1990; Al-Kahtani, 2005). Refusal however, will further lead the exchange to be inclined as a negative interaction and therefore, putting more stress to the individual in soliciting (Nguyen et al., 2016).

Additionally, success in soliciting does not depend on the language competence of the individual who solicits. Based on Ashoorpour and Azari's (2014) findings, how well or significant one's pragmatic knowledge on the speech act of soliciting is realized does not rely on their grammatical knowledge. Thus, soliciting is independent from other factors that are assumed to be affecting its performances. Even so, it is possible to increase the chance of a success solicitation as to what Haverkate (1990) suggested, one could formulate their request in a more polite manner. This is because according to Brown and Levinson's (1987) politeness theory, the act of soliciting or requesting can be considered as a form of negative politeness where the speaker minimizes (not entirely interfering) the hearer's freedom of action in order to respect his/her negative-face wants.

Besides that, the emotions of the one who solicits also play an important role when it comes to soliciting help or support from others as it depends much on the individuals'

University of Malaya

support activation behaviour, and thus leads to either a non-verbal or verbal strategy in soliciting (Barbee et al., 1996). Brooks et al. (2015) also found evidence that when individuals face hardships or difficulties regarding a specific issue, they perceived that soliciting advice from others could increase their rate in competence. Hence, causing the prospect of one to be motivated in wanting to achieve a successful solicitation. Goldsmith (2000) studied the sequence of giving face-threatening advice starting from how the advice is solicited as the first phase in the sequence and it was found that the degree of the solicitation of advice is highly correlated with how the advice is given back in return. Again, the result of an advice-giving sequential activity is also highly dependent towards the process of the act of soliciting in the beginning of the activity. When it comes to advice-seeking or advice-soliciting, it reflects the self-awareness of the individual (Park, 2012).

2.5.1 Soliciting Support Online 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 et al. (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 self-care 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 et al., 2013).

University of Malaya

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 a request of information and emotional support; which conforms to the assumption of the common patterns of support groups in general, be it online or offline. Also, in relation with the strategies in soliciting support, Winzelberg (1997) coded seven categories in which they were determined by the mentioned three themes of communicative patterns in the offline support group setting (see Table 2.3).

Table 2.3: Categories of ED Messages on Online Support Groups

(Winzelberg, 1997)

Category	Example
Request emotional support	"It has to get better, right??"; "What should I do???"
Provide emotional support	"I don't know if that helps but I'm there with you anyway :)"; "We need to support and inspire each other at these times. Keep going!"

University of Malaya

Table 2.3, continued

Category	Example
Request information	"How do I cope as I began my recovery?";
Provide information	"We have to eat small portions because our stomachs are smaller";
Request personal disclosure	"What kind of passions do you have?"; "Are you involved in any sort of community?"
Provide personal disclosure	"I am feeling extremely overwhelmed by my eating disorder"; "I still really struggle with major symptoms"
Other: friendship, board maintenance	"I'm sorry I couldn't answer before"; "Thank you so much for reaching out like this"

Yet, the public's negative perceptions associated with ED that are stigmatizing (North, 1997; Basile, 2004) caused a lesser 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 et al. (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

University of Malaya

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 et al. (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.

Regardless of how reluctant or shy these lurkers are, it is vital for them to seek help if not clinically, then at least a more nonclinical approach. Realizing the negative effects that could cause so much harm from being diagnosed with ED is an understatement but realizing the amount of help they could get and need from the social support provided by others is considered to be fundamental (Akey et al., 2013). Besides, the interaction that occur when communicating in the discussion forums with other individuals who are facing the same problems could not only promote support, but encouragement as well in working toward recovery together (Saul & Rodgers, 2018). Conforming to Sillence (2013), the three main issues raise when it comes to supporting or advising in the online community include: (i) the ability for one to trust one another, (ii) having the expertise in sharing with others, and last but not least, (iii) being able to disclose completely on the subject matter.

2.5.2 Online Self-Disclosure on Eating Disorders

As CMC continues to widen its usability, various services offered online such as forum or discussion groups among the online communities. Such online platform was also

University of Malaya

created for the purpose of assisting individuals with mental health problems (Bauer et al., 2012) which include depressions (e.g., Evans et al., 2012), bipolar disorders (e.g., Bauer et al., 2012), and ED (Winzelberg, 1997; Eichhorn, 2008; McCormack, 2010) just to name a few. 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.

Nonetheless, being treated for ED is claimed to be expensive and it requires a lot of time commitments to both the patients and the health care systems (McCormack, 2010). This resulted in the preference for choosing self-disclosure to the online communities. Winzelberg (1997) also mentioned that online support groups cater for individuals that do not have the ability to openly solicit or provide support as they can do so only when they have enough courage and comfort among the users and norms of the group. Considering the negative nature and the social stigma associated with ED itself, it triggers individuals to conceal their problems and thus leading to the unlikeliness of acquiring social support (North, 1997; Basile, 2004, Akey et al., 2013). Hence, resulting in the preference for online support group discussions compared to offline settings as the advantage of anonymity that online users have helps in saving their faces from appearing to be vulnerable or feeble when interacting with other people (Becker et al., 2010; McCormack, 2010; Chung, 2013).

University of Malaya

Jiang et al. (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 et al. (2002) argued how the degree of trust associated in online behaviours 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.

2.6 Speech Act of Providing

As for the speech act of providing, having it being classified as *Commissives* by Searle (1962), it can also be further distinctly categorized under Bach and Harnish's (1979) category of *Constatives* or *Directives*, depending on the manner of how the act is performed. It is considered as a *Constative* if the support provided falls under the act of informing, where the speaker informs or gives knowledge to the hearer of what the speaker beliefs in hopes that the hearer will too form similar beliefs as well. However, a support-provider could also appear as acting in a *Directive* manner of providing support, which mainly would appear in the form of advising. In situations as such, the support-provider intended to help the individual who sought the support by imposing an action to be acted upon as an attempt to solve the issue. In the case of this study, the act of solicitation and provision of support are studied over the Internet because it is now a norm

University of Malaya

for individuals to preferably solicit social support online when encountering issues of various kinds (Nguyen et al., 2016).

In accordance with Bauer et al. (2012), the act of providing help by the speaker conforms with the hearer's readiness in receiving what is provided as the hearer already hopes to receive it. Providing assistance is categorized as an illocutionary act by Austin (1962) in the initial theory of speech acts as what is uttered by the speaker is not necessarily aligned with the expressions uttered in performing it. In relation with the present study, the act of providing is perceived more to be performed by support-providers or users who participate in the online discussion to help others in need. Also, these support-providers in the online community enables the provision of support to be done in a way that it offers an alternative means for support-seekers to attain those help. As have mentioned by Juarascio et al. (2010), sites such as social networking sites like online support groups enables users to interact with one another. Hence, it provides a medium for social support activities to be carried out, while informative websites are more of a one-way communication that could only give out information.

The act of providing support is regarded as a process in the sequence of three – (i) identifying the possible problem or issue that needs attention, (ii) listing out or finding possible solutions to attend to the problem, and finally, (iii) deciding the action that should be carried out in the future (DeCapua & Dunham, 1993). Chesler et al. (2009) claimed that individuals who provide support or advice are adhered in making sure that what is provided does not cause a perception to the hearer in behavioural change rather than giving information or emotional support as it increases the possibility of it being rejected or refused. Though, if provision of support is done in an acceptable manner to the hearer, especially when it is solicited, it is proven to be one of the most essential types of

University of Malaya

assistance that could be received by individuals suffering from illnesses (Taylor et al., 2017).

2.6.1 Providing Support in Eating Disorder Online Discussions

Support is a form of advice that can be solicited and provided through various means, both in the virtual or local communities (Goldsmith, 2000). As soliciting support has been a form of effort in recovery for patients with mental health illnesses (Oh et al., 2013), providing social support and maintaining a quality and healthy relationship with these individuals are crucial, especially if they are undergoing treatments (Hey et al., 2014). This is due to the negative social stereotyping of the community on ED and other limitations of the treatment itself such as, costliness and its availability to treat those in need (Becker et al., 2010) that could easily affect the ED patients' mental faculties. This will also indirectly contribute to the reluctance of ED patients in soliciting support (Winzelberg, 1997; Cachelin et al., 2000; Kendal et al., 2017). Thus, demonstrating how encouraging ED patients to solicit social support requires a lot of convincing and assuring to be done. Furthermore, McCormack (2010) mentioned that ED patients who really utilize online support groups as a mean to recover get to have the feeling of being appreciated and content by the fact that there will always be people who are ready to be their listeners and provide them with the support they sought to find.

The manner of how the support is provided plays an important role as well in alleviating ED patients' stigmatizing fear of disclosing their problems and sufferings, and in soliciting help from others. As demonstrated in a study by Savolainen (2010), the analyzing process of 489 postings with 1,117 comments collected from eight different blogs resulted in the empirical findings of the common issues discussed in online dietary

University of Malaya

discussion blogs. For the framework of the study, Savolainen (2010) adopted Cutrona and Suhr's (1992) Categories of Social Support Behaviour which is illustrated in Table 2.4.

Table 2.4: Categories of Social Support Behaviour (Cutrona & Suhr, 1992)

Type of Support	Description	Example
Informational support	Suggestion; advice; referral; teaching	Offering the hearer suggestions for future action; referring the hearer to other possible help; giving the hearer some information regarded a subject matter.
Esteem support	Compliment; relief of blame	Highlighting the hearer's effort in a positive way to boost up the hearer's confidence; attempt to alleviate the hearer's guilt about himself/herself.
Network support	Access; companion	Offering the hearer's access to other sources of helpers; reminding the hearer that he/she is not alone in going through the situation.
Emotional support	Sympathy; understanding and empathy; encouragement	Expressing regret towards what the hearer is facing; showing compassion towards the hearer; giving words of encouragement and inspiration to the hearer.

University of Malaya

The most discussed issue was reported to be the sharing of results throughout their dieting journey, and the least were descriptions of being overweight. In terms of the strategy used in providing the support, users participated in the blog mostly opted for informational support, a form of support that includes suggestions or advices, and may also be delivered in the form of teaching.

On a side note, Cutrona and Russell's (1990) optimal matching theory suggested that the results that cause action from the social support components rely much on how stressed the support is solicited but have zero effects on comfort and the healing process. In accordance with Cutrona and Suhr's (1992) strategies of social support behaviour, the findings were seen to show significant differences in terms of how the support-providers control the situation and directly cause an effect to the nature of the support but even so, it has limited support over the theory proposed by Cutrona and Russell (1990). However, Eichhorn (2008) did find relevance with the theory as it was uncovered in Eichhorn's findings that ED is possible to be controlled due to the ability of ED patients having the "control over the onset and termination of the stressor" (p. 74). The optimal match theory was applied by Eichhorn (2008) in studying how social support strategies are used in online discussions but was further simplified into four scopes focusing on:

(i) Desirability – the state of how low or high the desire to be incited with negative emotions

(ii) Controllability – the ability to have self-control over the situation

(iii) Duration of consequences – the length of time in which the effect persists

(iv) Life domain – establishing a replacement of the situation by evoking past stressful events

2.7 Directness Level of Soliciting and Providing

The manner in which support is solicited and provided reflects upon the beliefs and norm of a community (Sillence, 2016). Hence, the degree of directness opted when soliciting and providing social support are essential as every individual represents their own culture. According to Brown and Levinson (1987), and Barbee and Cunningham (1995), politeness is highly correlated with how direct a support is conveyed to support-seekers.

University of Malaya

In consonance with Brown and Levinson's (1987) politeness theory, the directness level of a face-threatening act (FTA) can be referred to their strategies in performing FTAs, which consist of – (i) off record; the act is done in a form of hints by the speaker and face redress is prioritized, (ii) on record with redressive action; the speaker expresses an utterance clearly while attempting to minimize the possibility of damaging the face of the hearer to be polite, and finally (iii) on record without redressive action (bald on record); the expression is expressed directly without the consideration of face redress.

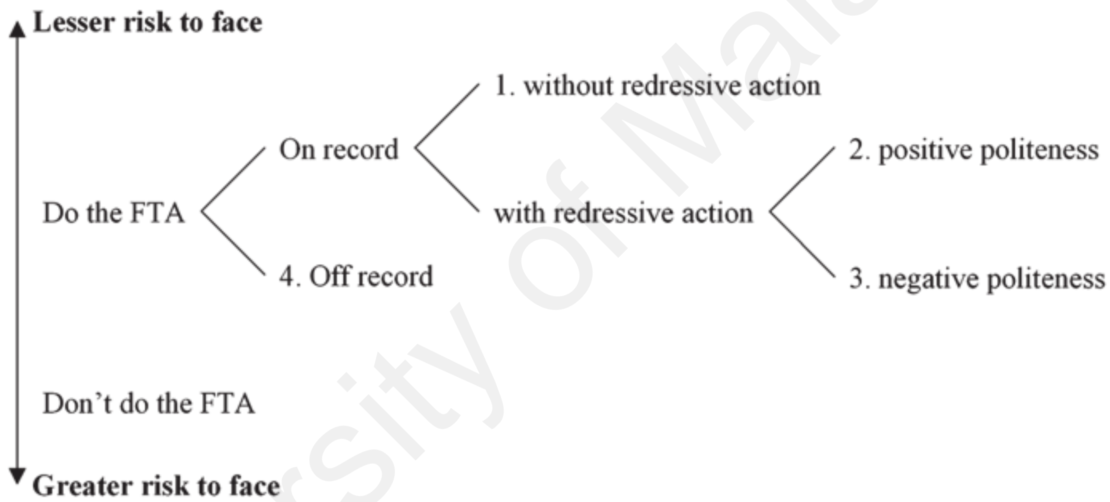

Figure 2.1: Strategies in Performing Face-Threatening Act (Brown and Levinson, 1987)

Referring to the politeness theory, Goldsmith (2000) found that a support or an advice is given with regard to the judgement of the manner of solicitation and the consideration of face-threat on the hearer. For instance, when support is solicited on record, Goldsmith (2000) expected that the support will be given back cooperatively rather than imposingly as it is presumed that the one who solicits hopes for it.

University of Malaya

Similarly, based on the Cross Cultural Speech Act Realization Project (CCSARP), Blum-Kulka and Olshtain (1984) distinguished three levels of directness as well but focusing on the act of requesting specifically. Categorized into three, the most explicit level of requesting denotes the most direct strategy, while the conventionally indirect refers to requests made in regard with the contextual preconditions, and nonconventional indirect is basically what Brown and Levinson (1987) term as an off-record strategy as the request is made by hints. Yet, among all of the levels of directness, it is argued that the conventionally indirect level is regarded as being the politest form of requesting as it reflects the ability of the doer or the speaker in performing the act (Blum-Kulka, 1987). Even so, Blum-Kulka and Olshtain (1984) mentioned that a speaker adjusts his/her degree of directness, as well as the strategies opted that could possibly manipulate imposition, in order to minimize face-threats on the hearer. Also, according to the study, nine strategies of requesting were established by Blum-Kulka and Olshtain (1984), which are *Mood Derivable, Explicit Performatives, Hedged Performative, Locution Derivable, Scope Stating, Language Specific Suggestory Formula, Reference to Preparatory Conditions, Strong Hints*, and *Mild Hints*.

Additionally, the three levels of directness according to CCSARP were also further expanded in terms of how it is applied in the act of offering advice (Blum-Kulka et al., 1989). The terms in classifying those directness levels of offering advice remain similar with requesting namely direct, conventionally indirect, and nonconventional indirect. In a study conducted by Babaie and Shahrokhi (2015) in determining the level of directness of how advice is given, it was found that the manner of directness in advice-giving differs among cultures, as for instance, native English speakers tend to be indirect in giving advice but contrastively, Iranians opt for a more direct approach.

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Kouper (2010) studied the advice-giving exchange among peers in online discussion focusing on motherhood and it was discovered that the level of directness that are commonly used among the members of the forum is a direct form of advice where the model verb *should* was used almost half of the time (35.9%). The occurrence of direct advice being given usually appears when the issue discussed is straightforward and the solution does not cause major threats on the hearer's face. The advantage of being anonymous is also said to be a contributing factor to the number of direct level of giving advice. In contrast, as reported by Sillence (2016), the findings obtained show that direct advice is the second highest level of directness in giving advice as the most common level opted by the community in the studied online breast cancer forum was the sharing of personal experience. Sillence (2016) mentioned that such level of advice-giving helps others in a form of reminding one another on the importance of making one's own decisions. Both studies, Kouper (2010) and Sillence (2016) adopted Hinkel's (1997) degrees of directness level, where it is divided into four categories illustrated as follow:

Table 2.5: Degrees of Directness Level (Hinkel, 1997)

Category	Description
Direct	Advices given that contain model verbs such as *should*, *must*, *shall*, etc.
Hedged	Advices that contain hedges that act as a cushioning mechanism
Indirect	Advices given not explicitly
Personal experience	Advices given in a form of sharing of personal experience

2.7.1 Directness in Soliciting Online Support on Eating Disorder

With regard to ED, the common attitude of ED patients being reluctant in disclosing about their problems and feelings that they face to other people can be highly related with their

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level of directness when they have finally decided to share and get support. However, Cachelin et al. (2000) and Becker et al. (2010) found that most ED patients have perceived the social stigma that exist in the society and the shame that they felt associated with the stigma as barriers for them to call for help. As a result, it is reported that ED patients are still hesitant when it comes to the idea of revealing their problems to the online community as an online intervention of self-help (Vollert et al., 2018).

In cases where support is decided to be sought, ED patients' styles of communication on how direct the support is solicited vary depending on the individuals' main intentions. As believed by Barbee and Cunningham (1995), supports that are solicited in a direct manner clearly represent the support-seekers' state of extreme sorrow or pain and evidently indicate the dire need of assistances from others. Thus, their language in being straightforward and rather explicit in asking for support is driven by the desperate situations the support-seekers are in to get help. Commonly, the attitude of support-seekers that are more direct are similar with one another in a way that it has striking differences with of those who choose to be more indirect. As an example, seeking support directly can usually be seen from the lengthy, yet very detail explanation of the problem faced being shared to the online community, followed by complaining about the problem and openly request for suggestions and assistance (High & Scharp, 2015).

Besides that, culture is another factor that needs to be observed when directness is concerned. According to Cardon (2008), a setting that has high-context culture values the idea of calmness and indirectness when it comes to supporting but it becomes more direct if the setting has a low-context culture as contrastively, people from such culture are more of in a rush and need everything to be straightforward. Based on a study conducted by Barbee and Cunningham (1995), it was found that support-seekers are more

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likely to be indirect when soliciting support in a way that their manner of expressing the core of their problems or the type of support they hoped to obtain form support-providers are unclear. The negative possibility out of indirectness in soliciting support is that it may cause confusion to support-providers as to what extend the support is needed or appropriate to be given at that particular time (Brashers et al., 2002). In other words, High and Scharp (2015) defined the act of seeking support in a more indirect manner as the "less informative form of seeking support" (p. 461).

2.7.2 Directness in Providing Online Support on Eating Disorder

The norm of individuals who carry themselves as support-providers are prone to be perceived as possibly imposing an action or implementing an obligation onto the hearer (Bach & Harnish, 1979; Goldsmith, 2000; Sillence, 2013). In agreement with Goldsmith and Fitch (1997), such negativity associated with the act would commonly lead to the labelling of the advice given by support-providers as critics, personal judgments or even orders. Thus, when the degree of directness in providing support is concerned, there is a fine line between actually giving the support needed, or seeming to impose on the freedom of others (Sillence, 2016).

In addition, the intention of support-providers in a situation where they regard themselves as showing an act of concern and empathy may not be perceived as similar by the support-seekers. Goldsmith (2000) related this occurrence with the politeness theory in terms of how supports are usually seen as an action that threatens the negative face done by people who failed to mind their own businesses. However, in cases where support-seekers solicit and welcome the support from others, the negative perception on the idea of support-giving is highly unlikely.

In the context of ED, Winzelberg (1997) argued that the acts of showing concern or empathy themselves in general are already considered as direct manners of giving support. This fact can be supported by Flynn and Stana (2012) as they reported that not just indirect, but direct supports as well are common to be used in an online social support forum focusing on ED. However, Flynn and Stana (2012, p. 162) further distinguished the nature of direct supports where they are not just merely acts of concern but are usually specified and presented in the form of "self-disclosure, information, emotional support, and advice". On the contrary, Goldsmith (1994) have made it clear that any possible expressions of provision of support vary depending on the situation and the individual providing the support, in which it may either be framed directly or indirectly. Thus, the study on the directness of support-giving centering on ED is still unidentified affirmatively as past researchers described them differently. The perception of support-seekers on what is considered to be direct or indirect may not be perceived similarly by support-providers. This is why the quality of the information and how it is delivered is vital to be considered carefully by support-providers beforehand (Coulson, 2005).

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CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter discusses the methodology that was carried out throughout the present study. Important factors include theoretical frameworks opted, research instrument, sample of the study, study ethics, data collection and procedures, data analysis, as well as the validity and reliability of findings are all elaborated in detail in this chapter.

3.2 Theoretical Framework

The present study focuses on analyzing the act of soliciting and providing online social support from the self-disclosure of ED in terms of the strategies applied and their level of directness. Thus, three frameworks from prior studies were adopted; Strategies of Soliciting Social Support (North, 1997), Categories of Social Support (McCormack, 2010), and the level of directness from CCSARP (Blum-Kulka & Olshtain, 1984) as illustrated in Figure 3.1.

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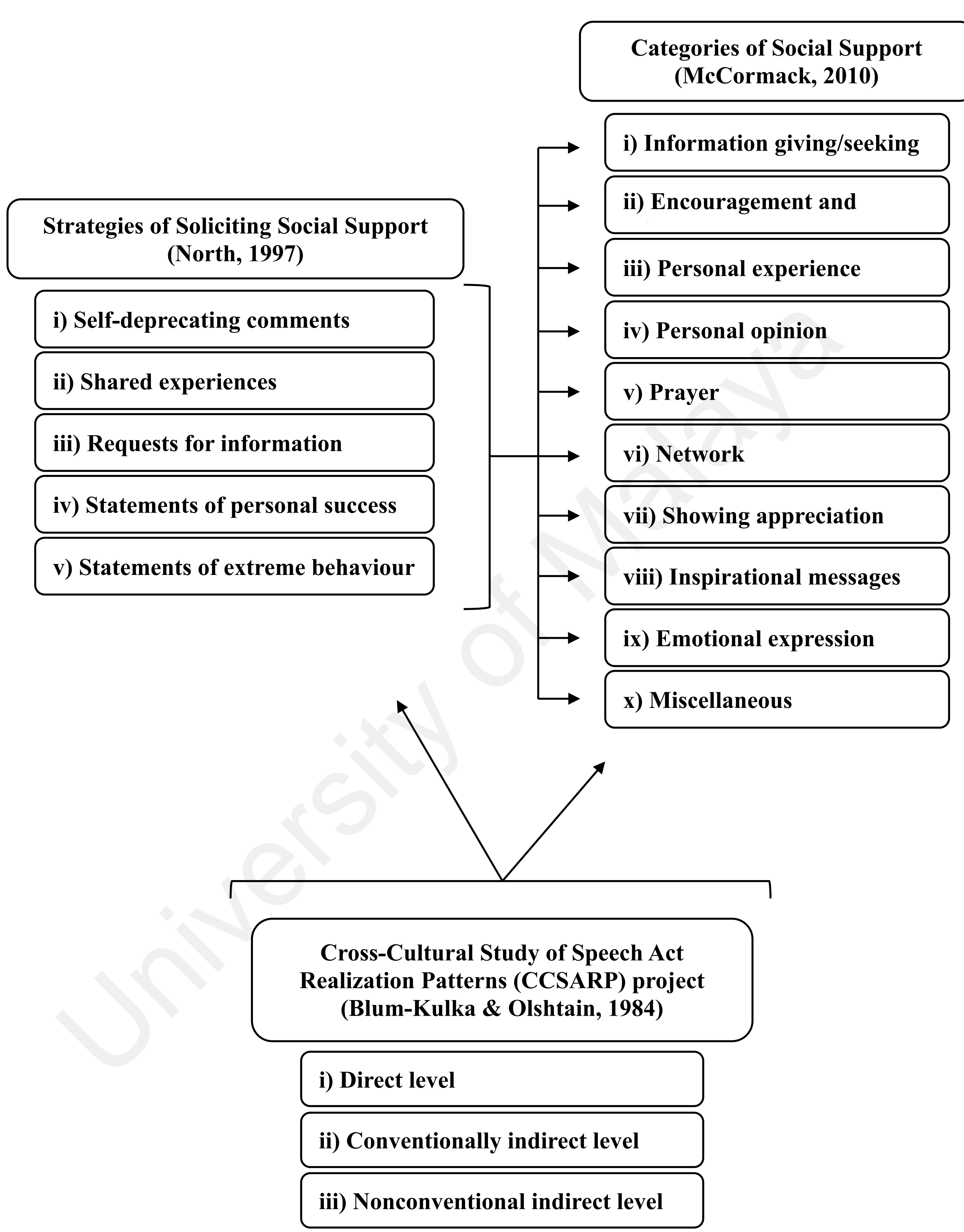

Figure 3.1: Theoretical Framework of Solicitation and Provision of Social Support

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Referring to Figure 3.1, North's (1997) strategies in soliciting support is highly relatable with McCormack's (2010) categories of social support. In cases where individuals who solicit information for instance, it could be identifiable through McCormack's information giving/seeking category. Also, the *Shared Experiences* method to elicit support from others may trigger support-providers to share their own experiences as well. As such, McCormack did establish such possibility by having *Personal Experience* as the third category of social support. On a side note, the strategy of sharing experience is a strategy used in support messages known by many frameworks by other past researchers as well (Basile, 2004; Bauer et al., 2012; Mustafa et al., 2015). Due to the high possibility of usage of the said strategy, the study takes account of how both frameworks for solicitation and provision of support can relate to one another in a way that the sequence of strategies used by both respective individuals with ED and the support-providers are in line with the present study's research questions.

However, although the act of soliciting and providing support are equally focused, more strategies are allocated on the provision of support as it is interesting to find out the responses that support-providers would give from the disclosure of ED patients. Furthermore, it is not unusual for the provision of support to be done by having the support-providers to use several different strategies when offering support to others within a single post (McCormack, 2010). This is understood to be carried out for the purpose of carefully approaching ED patients. Therefore, it is expected in the present study to obtain similar findings as the present study looks into a sensitive yet considered to be a taboo topic of discussion.

Also, for each strategy of providing social support, the probability of indirectness or directness depends much on how explicit the ED patients are in wanting to obtain the

University of Malaya

support from the online community. The CCSARP model by Blum-Kulka and Olshtain (1984) is applied in the present study to analyze both the directness of soliciting and providing support due to its versatility function in adapting to the different acts. By referring to the same model, it enables the comparison of how the directness levels of both acts are realize in support messages. Besides that, it also helps the present study to identify whether or not the directness of an act can affect the directness of another.

To recapitulate all the theoretical frameworks that are opted in the present study for the purpose of identifying the strategies of soliciting and providing social support from the self-disclosure of ED, as well as the level of directness in executing them, the study implemented the models from North (1997), McCormack (2010), and Blum-Kulka and Olshtain (1984). Firstly, North's (1997) strategies of soliciting support is applied to analyze the language used by ED patients when trying to get help and support from the online community. The five strategies as listed by North (1997) is then related to how the online community respond back to ED patients by providing them with the social support that they solicited for. The analysis of the strategies employed by these support-providers incorporated the work from McCormack's (2010) coding manual of categories of social support (see Table 3.1, p. 57). Finally, to be able to answer the second research question of the present study, the directness levels embedded in the strategies used in soliciting and providing support messages are examined. Thus, the present study incorporated Blum-Kulka and Olshtain's (1984) work on the scale of directness levels performed in speech acts.

3.2.1 Theoretical Framework for the Strategies of Soliciting Support

The adoption of North's (1997, p. 51) five categories of support-eliciting communication in the present study is to identify the strategies used when soliciting social support from

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ED self-disclosure in an online discussion forum. North (1997) identified five main categories of comments or posts that elicit social support from others via an online medium as indicated in Table 3.1.

Table 3.1: Strategies of Soliciting Social Support in Self-Disclosure (North, 1997)

Category	Description	Examples
Self-deprecating comments	Comments where one shows depreciation towards herself/himself	"Everyone is sick of hearing my problems"; "I am a terrible person"
Shared experiences	Sharing one's own experience and ask for responses from people who have faced similar experiences	"I was diagnosed with ED two years ago"; "I feel like puking every time I eat"
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	"How can I help my wife?"; "Any suggestions?"
Statements of personal success	Stating one's own accomplishment or personal success where usually would be greeted with support and encouraging words	"I finally stopped weighing myself!"; "I haven't binge-eating since last week!"
Statements of extreme behaviour	Declaring a plan that is considered undesirably excessive and would affect the individual negatively	"I'm going to go throw up again"; "I'm going to die bad"

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 was executed from the act of self-disclosing and causes supportive responses to be given by support-providers who participated in the online discussion. Verily, North's

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(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.

Self-Deprecating Comments are described by North (1997) as giving out statements that minimize the importance of oneself and the problem faced. This strategy portrays the essence of negative assumptions that are made due to the feeling of being unwanted or insignificant. Generally, encouragement responses are given by many support-providers to messages with self-deprecating comments.

For *Shared Experiences*, it is regarded as being one of the most widely opted strategy when soliciting online support (Eichhorn, 2008). Moreover, this strategy is used when the individuals soliciting the support share their personal stories and ask for opinions from others based on the stories shared. In terms of the responses received from the said strategy, North (1997) identified a pattern, in which support-providers would respond back with their own personal stories that somehow describe a similar situation where the one who solicits can relate to them.

The *Requests for Information* strategy is described by North (1997) as a strategy used by ED patients who knows exactly the information the he/she hopes to get from the online community, without putting any concern to whether or not others have experienced facing the situation shared. Besides that, when such strategy is opted, little information is given regarding one's own personal experience. Therefore, in cases where information is sought, support-providers would usually provide back the information in the forms of suggestions, opinions, and even advices.

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The fourth strategy, *Statements of Personal Success*, is carried out in a way that it elicits supportive greetings or cheers from the online community. According to North (1997), the type of personal success that ED patients would commonly share online is the success in recovering from ED. However, there are also those who share successful stories regarding other matters.

The final strategy, *Statements of Extreme Behaviour*, is very much related to ED patients who are at a crucial level of engaging with ED behaviours. This include the discussion of acts that are planned on doing or have been done, and are regarded as too extreme such as extreme purging or binging, and suicide. Thus, the five categories of soliciting social support as suggested by North (1997) are used in the present study to identify the strategies when soliciting social support from ED self-disclosure in an online forum. Nevertheless, it is suggested that additional strategies may be found in this study that are not mentioned in the list of strategies as described by North (1997).

3.2.2 Theoretical Framework for the Strategies of Providing Support

The strategies used in the provision of support were addressed using McCormack's (2010) ten categories of social support (see Table 3.2). The wide range of categories enables the classification of support to be more precise and specific.

Table 3.2: Categories of Providing Social Support (McCormack, 2010)

Category	Description	Examples
Information giving/seeking	Requests or giving of information regarding diagnosis, symptoms, working towards recovery, and referrer to experts	"Just wanted to check in with how you're feeling?", "A dietician can help you get on a meal plan that will help stop the binge/starve cycle."

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Table 3.2, continued

Category	Description	Examples
Encouragement and esteem	Expressing support in terms of understanding, compassion and empathetic of others	"I'm so sorry to hear that you've been struggling for so long"
Personal experience	Sharing one's own past or present experience related to eating disorders	"I lost more weight and that began my journey into the world of eating disorders."
Personal opinion	Stating a personal belief or giving recommendations	"Recovery is a process. Slow and steady. Don't rush into perfection"
Prayer	Making reference from spiritual intervention or religion	"Personally I believe that God gives us all a story & when we allow Him to use it, it will do amazing things in and through us"
Network	Greeting new users who just joined the forums, leaving contact details for further and more private discussions	"We're glad you found our loving, supportive community"
Showing appreciation	Common response to show appreciation of the help from others	"Oh my goodness, thank you!"
Inspirational messages	Sharing stories, personal anecdotes, favourite quotes, etc. that can spread positivity and give inspiration to others	"My slogan is I strive for excellence, not perfection"
Emotional expression	Expressing one's own feelings and emotions that can be either both positive or negative	"I am happy to hear that your stomach pain is so much less"
Miscellaneous	Other topics	-

McCormack's (2010) coding manual on the types of strategies that people use in social support online discussions is adapted based on the findings of past studies that have found the common categories of social support on different types of illnesses (Klemm et al., 1998; Coulson, 2005). The adaptation of combining the categories found by two prior

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studies is believed by McCormack (2010) due to the frequent patterns of support messages posted by support-providers that consist of more than one strategy. This reveals how it is considered as a common occurrence for support-providers to opt for multiple strategies of social support depending on the situation and the type of support expected to be received by the support-seeker. This fact also relates with the arrangement or the sequence of the articulation of strategies as a method to assure maximum acceptance on the appropriateness of the support provided.

Information Giving/Seeking is often portrayed in a situation where information is sought, and the responses would typically be the provision of all kinds of information in fulfilling the support-seekers' request. McCormack (2010) described information giving as performing the role as an educator. Being reported as the most widely used strategy, *Encouragement and Esteem* is typically a way for support-providers to give out expressions of best wishes and spread positivity. The act of showing compassion and praising others' abilities somehow provide assurance to others that everything will be fine. Although sharing *Personal Experience* is described by Ransom et al. (2010) as possibly causing negative consequences to silent readers in the discussion forum, McCormack (2010) argued that by reading the experience of others in their recovery journey, one can get vast information and be inspired to recover as well. It is considered as a form of encouragement that is not explicitly stated, but by the inspiration that is asserted from the sharing of the personal stories. In terms of *Personal Opinion*, this strategy involves the interpretations of others regarding one's situation. Other than attempting to understand better the issues faced by others, opinions could also be given as a form of suggestions, as McCormack (2010) identified in her findings, a personal belief on what could best be done by the support-seeker.

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Besides that, making others feel welcome to be a part of a community is utmost important, especially when dealing with people who require the support from others. McCormack (2010) defined *Network* as a strategy that support-providers would usually use to welcome new members in the group and encourage disclosure of feelings and problems. The idea of maintaining the network within the community is to remind each other that they are not alone in facing their problems as the individuals in the group share a common illness, and that is being diagnosed with ED and working hard to fight it. Furthermore, McCormack (2010) stated that the variety of strategies listed under the coding manual could be sufficient enough to classify all the strategies that support-providers would use in a social support online discussion forum and only few can be considered as miscellaneous. However, all the additional strategies that are found specifically in the present study are mentioned in the findings.

3.2.3 Theoretical Framework for the Directness in Soliciting and Providing Support

As for identifying the directness level of soliciting and providing support, the CCSARP project by Blum-Kulka and Olshtain (1984) and Blum-Kulka et al. (1989) was implemented. According to the CCSARP, individuals may solicit or provide support via the three levels of directness depending on the context as indicated in Table 3.3.

Table 3.3: Cross-Cultural Study of Speech Act Realization Patterns (CCSARP) project (Blum-Kulka & Olshtain, 1984)

Category	Description	Examples	
		Solicitation	Provision
Direct	The most explicit manner of soliciting and providing	"I'm looking for some advice"	"Go see a therapist"

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Table 3.3, continued

Category	Description	Examples	
		Solicitation	Provision
Conventionally Indirect	Solicitation and provision are done by the initiator with contextual preconditions needed and it was based on Searle's (1975) *indirect speech acts*	"Could anyone maybe give a solution?"	"I would also suggest you try getting into some counselling"
Nonconventional Indirect	The solicitation and provision are expressed in the form of hints where it is required for the addressee to infer what is solicited or provided	"I don't know how I can go through this"	"There are therapists on campuses and support groups at some, which can be helpful"

The three levels of directness based on CCSARP was proposed by Blum-Kulka and Olshtain (1984) for the speech act of requesting and was applied to the act of offering advices (Blum-Kulka et al., 1989). Hence, as the present study centers on both the act of soliciting and providing support, the level of directness model is applied to both acts respectively, considering the difference in language used on how the acts are carried out.

The most direct level of executing the act was adopted by Blum-Kulka and Olshtain (1984) from Austin's (1962) definition on performatives. The word 'performative' itself relates with the state of doing an action. Additionally, Austin (1962) further elaborated how utterances that are categorized as such are not merely something that is said, but have an effect that are evidently the actions carried out by the hearer. In relation with the present study, the direct level is explicit in a way that the solicitation or the provision done serves to intensify the act through verbal means. The conventionally indirect level however, is made referenced to Searle's (1975) indirect speech act of

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requests with respect to the proper usage of modal verbs in the utterance. The manner in which such level is applied relies much on the context of the preconditions of the act being executed. As such, the study relates such level of directness with the appropriateness of act and language. Nevertheless, a more nonconventional indirect level causes the act to appear rather indistinct for the hearer to comprehend the intended meaning. Even so, Blum-Kulka and Olshtain (1984) mentioned how such indirectness is applicable when the interlocutors share similar contextual knowledge of the subject matter. Some may even provide hints using elements that are directed to acquire the expected response from the hearer.

Correspondingly, since the CCSARP is established for the purpose of studying the patterns of speech acts done cross-linguistically, it can help in verifying the reasons behind a community's directness patterns in the communication of support messages. Furthermore, Goldsmith (1999) have mentioned how direct or indirect speeches have a positive relationship with politeness as they are with no doubt affect the face of the speaker. Even so, the directness level of the speaker's intention embedded in his/her message can be shifted, causing the hearer to focus on another content of the message but still being able to interpret the speaker's intention. In accordance with Blum-Kulka and Olshtain (1984), this can be classified as one of the more specific strategies of being indirect, which is *mild hints*. Other strategies include *mood derivable*, *explicit performatives*, *hedged performative*, *locution derivable*, *scope stating*, *language specific suggestory formula*, *reference to preparatory conditions,* and *strong hints*. However, the nine subcategories of indirect strategies are not applied in the present study.

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3.3 Research Instrument

The present study deals with the analyzing of content from the largest nonprofit organization website based in the United States called the *National Eating Disorders Association* (NEDA) (https://www.nationaleatingdisorders.org/forum) (see Figure 3.2). The organization has been raising awareness, building communities of support and recovery, and funding research that can contribute to studies regarding ED. NEDA has operated in becoming a medium of support in working towards recovery for individuals or individuals with family members who have experienced and suffered from the illness of ED. Such group of individuals are reported to be struggling to fight it. The website's forums are moderated by volunteers who are well-trained by NEDA, as well as anonymous support-providers who volunteer to help others. Based on what is updated on the website, it can be seen that they have over approximately 5,200 topics that have been discussed to date, where the majority of the topics are concerning the urge to recover from ED.

As the NEDA website encourages the participation of people who are either facing difficulties to recover from ED, trying to maintain recovery, or even those who have close families and friends that suffer from ED, NEDA emphasized on the importance of the members in complying with the community guidelines. First and foremost, the organization stresses on the intended age that the NEDA forums are catering for, which is to be at least 13 years of age and older. Plus, the idea of having the community of people who are all very concern of a similar stigmatizing issue, which is the struggle of being diagnosed with ED, motivates NEDA in assuring that the website, including the forums can be considered by these people as a safe place to find support.

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The supportive role that NEDA works on implies that NEDA do not provide health care treatments or medical advices by any means. Furthermore, dealing with issues of ED means that it involves people who are highly sensitive of numbers. Due to that, NEDA strongly prohibits the mentioning of weight, BMI, calories, diet tips, or any other details that could somehow contribute to the triggering of wanting to engage in ED behaviours and attitudes. Also, similar to any other forums, the language used in the messages posted has to be appropriate and languages that are offensive and consist of obscenity may result in deletion and further actions may also be taken. Basically, all messages posted in the forum are filtered well by NEDA and messages that violate the community guidelines are either edited or removed completely.

In general, the NEDA website currently provides 9 forums where each of them centers on a specific concern. These forums are classified as *Maintaining Recovery*, *Working Toward Recovery*, *Siblings of Sufferers*, *Partners/Spouses of Sufferers*, *Parents of Sufferers*, *Children of Sufferers*, *Males & Eating Disorders*, *Friends in Support Roles*, and *Media Watchdog*.

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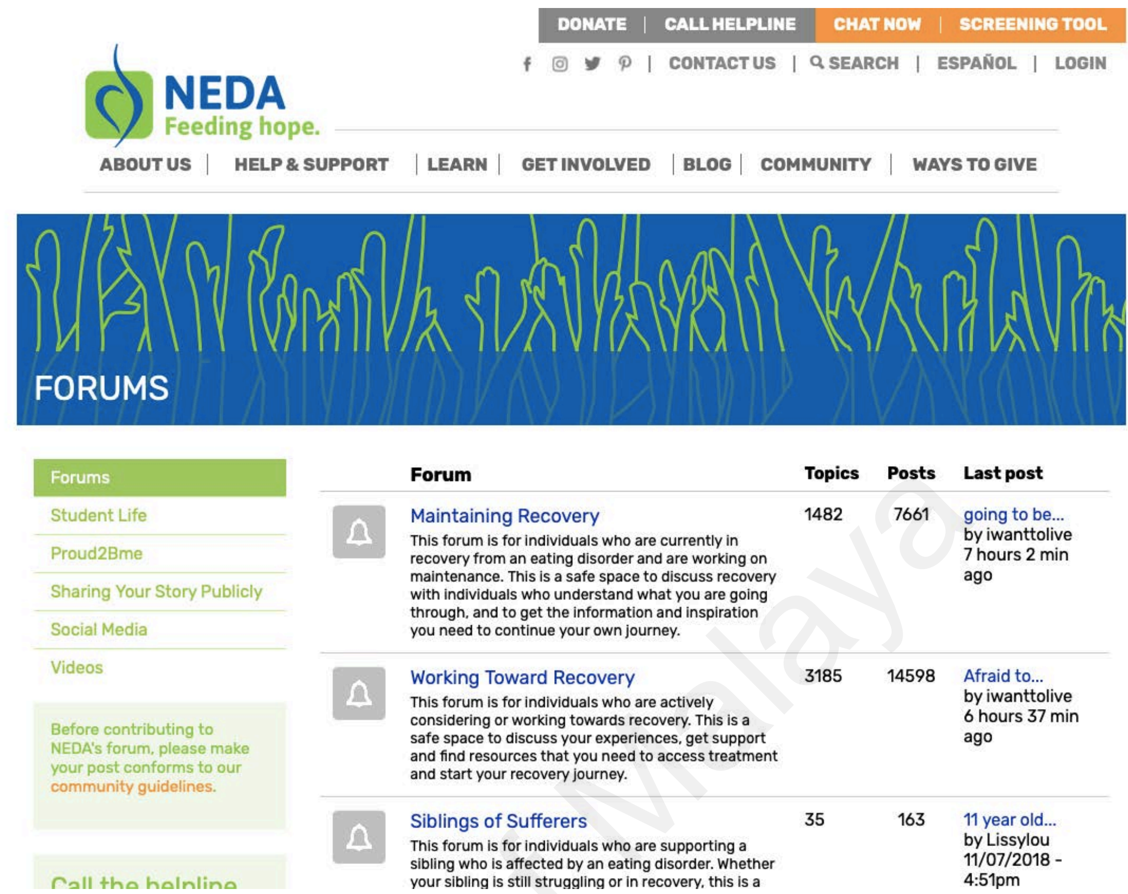

Figure 3.2: Layout of National Eating Disorders Association (NEDA) Forums

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Maintaining Recovery is a forum meant for those who are already going through the recovery stage and working hard to maintain it. *Working Toward Recovery* on the other hand, focuses more attention on those who are considered to be struggling to recovery from ED and need the support from others on how to achieve it. Meanwhile, *Siblings of Sufferers*, *Parents of Sufferers*, and *Children of Sufferers* are forums for individuals who are not engaging in eating behaviours or are diagnosed with ED but have close family members who do. For these forum categories, they are more likely to discuss and provide guidance on how the members are able to help their loved ones in working toward the recovery process. Besides that, the *Males & Eating Disorders* forum centers specifically on the group of males who are considering, trying to recover, or trying to maintain from ED. Since the majority of individuals with ED are females (Le Grange et al., 2012), NEDA provided a separate forum specifically for male members. The *Friends*

in Support Roles forum on the contrary, as the name suggest, focuses on the discussion of individuals who have friends that are associated with ED and are concerned about them. Thus, by participating in the group, they are able to communicate with people in terms of how to be a supportive friend. Finally, *Media Watchdog* is a forum provided by NEDA that caters for those who intend to help individuals with ED on a large scale, which is to challenge the stereotypical definition of beauty as portrayed in the media.

Nevertheless, among all of the forums on the NEDA website, the *Working Toward Recovery* forum has the most number of posts sent to the forum to date, which is 14598. Compared to the second most active forum, *Maintaining Recovery*, where only 7661 posts were found, the obvious difference in number show that the *Working Toward Recovery* forum is the most actively participated forum. Due to that, the present study had the forum *Working Toward Recovery* as the analysis site as the study does not only look at the strategies and the directness levels opted during the act of soliciting and providing support per se, but also assuring that those acts are elicited from posts that contain the act of self-disclosure by the ED patients. Hence, in order to obtain maximum result, data is collected from the forum that comprises the largest number of posts. Besides that, there are posts in the selected forum that did not acquire many responses. In such cases, there may be difficulties to analyze enough support messages in both the act of soliciting support and the act of providing support within a single thread. As such, the present study only selects data from posts that contain at least five or more responses (posts with the provision of support).

3.4 Sample of the Study

In the present study, the sample chosen is utmost crucial as this study specifically centers on the act of solicitation and provision of support from self-disclosure. Therefore, the

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registered users of NEDA who participated in the *Working Toward Recovery* discussion forum with instances of self-disclosure are selected as samples. Moreover, as this study focuses on both acts of soliciting and providing online social support, the chosen NEDA forum users are divided into two groups, the ED patients – the ones who solicit support, and the ones who voluntarily provide the support back to those who solicit them. Due to the open-access nature of online discussion forums in general, the number of users who solicit support is expected to be lesser compared to users who provide because a single topic of soliciting support may attain numerous supports in the form of replies or responses from various users.

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 113 posts that specifically meet the criteria needed to answer the research questions of the study (see Table 3.4 and Table 3.5). These posts were sent by 25 support-seekers and 41 support-providers of the respective NEDA users (see Table 3.6) – the ratio 25:41 of support-seekers to support-providers evidently shows that the latter have used the online social support platform much more frequently. However, within those 113 posts, some users sent multiple posts in a month which consisted of both support-provision and support-solicitation messages and thus, the users who posted more than once were counted as a single user in each month.

Table 3.4: Number of Relevant Posts from January 2018 to March 2018

Month	Soliciting Support	Providing Support	Support-Seekers	Support-Providers
January	8	26	8	12
February	10	28	7	14
March	12	29	10	15
Total	**30**	**83**	**25**	**41**

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Table 3.5: Total Number of Posts

Type of Post	Total Number of Posts
Soliciting Support	30
Providing Support	83
Total	**113**

Table 3.6: Total Number of Users

Users	Total Number of Users
Support-Seekers	25
Support-Providers	41
Total	**66**

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 et al., 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. Also, one of the major risks of taking into account pseudonyms as a source of information is the possibility of identity fraud. According to Bauer et al. (2012), the cause for multiple accounts with different pseudonyms is due to the cyber-community being a large virtual space where the people can have the option to play with different identities. 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.

University of Malaya

3.5 Research Ethics

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 et al., 2012; Kendal at 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). However, despite the pseudonyms used for their usernames, the present study chose to retain all information regarding the dates and times the posts were sent, and the usernames themselves as confidential to protect the identity of the members (Markham et al., 2012). Thus, for analyzing purposes, all the said information was altered respectively.

Furthermore, an informed consent is described by Coulson (2005) as being a subject to the difference between "private" and "public" communication. In relation with the present study, the selection of data from the forum of an online social support group that can be directly accessible by individuals who have registered, and indirectly accessible by those who only intend to read the forum, enables the consideration of NEDA being a public online platform for communication. Besides, Owen et al. (2010) made clear that the larger the number of members participating in an online forum, the more it is considered as a publicly-available online platform.

3.6 Methodology

The research approach that is deployed in the present study is a qualitative design study. According to Creswell et al. (2007), a qualitative design is driven from the research questions that help in shaping the study. As the present study focuses on finding the strategies and levels of directness used in support messages, a qualitative method is used

University of Malaya

to analyze the contents in an online discussion forum. Furthermore, this is consistent with prior studies in this area of research on online support group discussions (Goldsmith, 2004; Eichhorn, 2008; McCormack, 2010; Wolf et al., 2013).

Specifically, the present study aims at exploring the strategies used in the acts of soliciting and providing online social support out of the disclosure regarding the struggle of engaging with ED, and the directness of eliciting those acts. Thus, the posts that meet the criteria of the present study are examined qualitatively in terms of the strategies identified, the sequence of those strategies occur within a post, as well as the directness levels of the solicitation and provision acts. However, only for the frequencies of those strategies being used that the study involves a quantitative examination to find out which strategies are more likely to be opted and which are rarely utilized.

3.7 Data Collection and Procedure

The data of the study were collected via observation of the exchanges made in the NEDA online discussion *Working Toward Recovery* forum only. However, only relevant posts that contain ED patients who revealed and disclosed their personal issues were chosen for further analysis. Other criteria for selection of posts include the time it was posted and discussed, instances of solicitation or provision of support, and topics that attain at least five or more responses.

By excluding all the irrelevant posts from the month of January until March 2018 that would not contribute to the present study, only 113 posts, 30 solicitation and 83 provision support messages were selected to be examined (see Table 3.4). The posts are then further examined by being coded according to their respected categories of strategies for both the acts (see Table 3.7, Table 3.8). Nonetheless, in order to find out the directness

University of Malaya

levels of those posts on the contrary, they are coded according to Blum-Kulka and Olshtain (1984) scale on the level of directness of soliciting and providing social support (see Table 3.9).

3.8 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 three respective frameworks mentioned with the present study. By analyzing the data in relation to the frameworks, it enables the study to identify the relationships as well as the patterns of the acts of soliciting and providing social support, apart from the directness in which those supports are solicited and provided.

The incorporation of CMDA in the present study is argued due to what is claimed by past researchers regarding the traditional content analysis (CA) as somehow challenging when applied to contents available in the web (McMillan, 2000; Tong et al., 2013). The complexity of web contents in which overlapping of communication channels are bound to happen causes the usual coding manual to be rather inappropriate but require a more advanced scheme such as the novel coding categories (Herring, 2009). However, this is not to be concluded that the traditional approach of CA is insufficient to analyze contents on websites. Rather, it is the contrary. McMillan (2000) suggested in her study that web content analysis is simply shifting or upgrading the traditional CA to a new desirable norm. When CA is limited to be a technique for coding contents such as text used in communication that may include its structural feature such as message length for instance, web content analysis offers a deeper possibility of inferring a message – common themes in conversations, and sequence of messages that gives out a specific

University of Malaya

meaning (Herring, 2009). However, Herring (2009) also described CMDA as a more widely applied technique in analyzing contents of conversations done via online chat rooms, discussion forums, text messages or any other online platforms that support exchanges of discourse.

Furthermore, language visibly changes overtime, and how it is structured and learned depending on the context can be observed and analyzed via the online behaviour of CMC users in the form of textual exchanges. These online behaviours are described as a phenomenon that can be read through "the lens of language" and interpretations are made based on how those language are reflected in writings (Herring, 2004, p. 339). As such, the results from a CMDA are not meant to be generalized, nor can it be denied of its accuracy as the approach itself allows the differences in theories to be explored. In addition, provision of support is listed in Herring's (2004) computer-mediate discourse analysis framework as one of the dimensions of virtual community where positive politeness is evident.

The present study looks at the level of directness by individuals who solicit and provide online social support via a discussion forum, which directly relates to interactional politeness (Goldsmith, 1999). Based on what is believed by Darics (2010), research that are made in relation to politeness studies should best be conducted with CMDA as the interactional perspective of politeness can also be interpreted and explored via discourses done in an online communication platform. Also, in relation with the study, the data collected relied heavily on the context of desperate support-seekers soliciting social support from the online community. It also involves the careful considerations of support-providers to save face when giving support and advice. Thus, the psychological aspect of the willingness for these individuals to interact with one another regarding

University of Malaya

personal ED issues online despite being socially stigmatized, complements Herring's (2004) belief on how CMDA is a powerful tool to investigate textual online behaviours with empirical rigor.

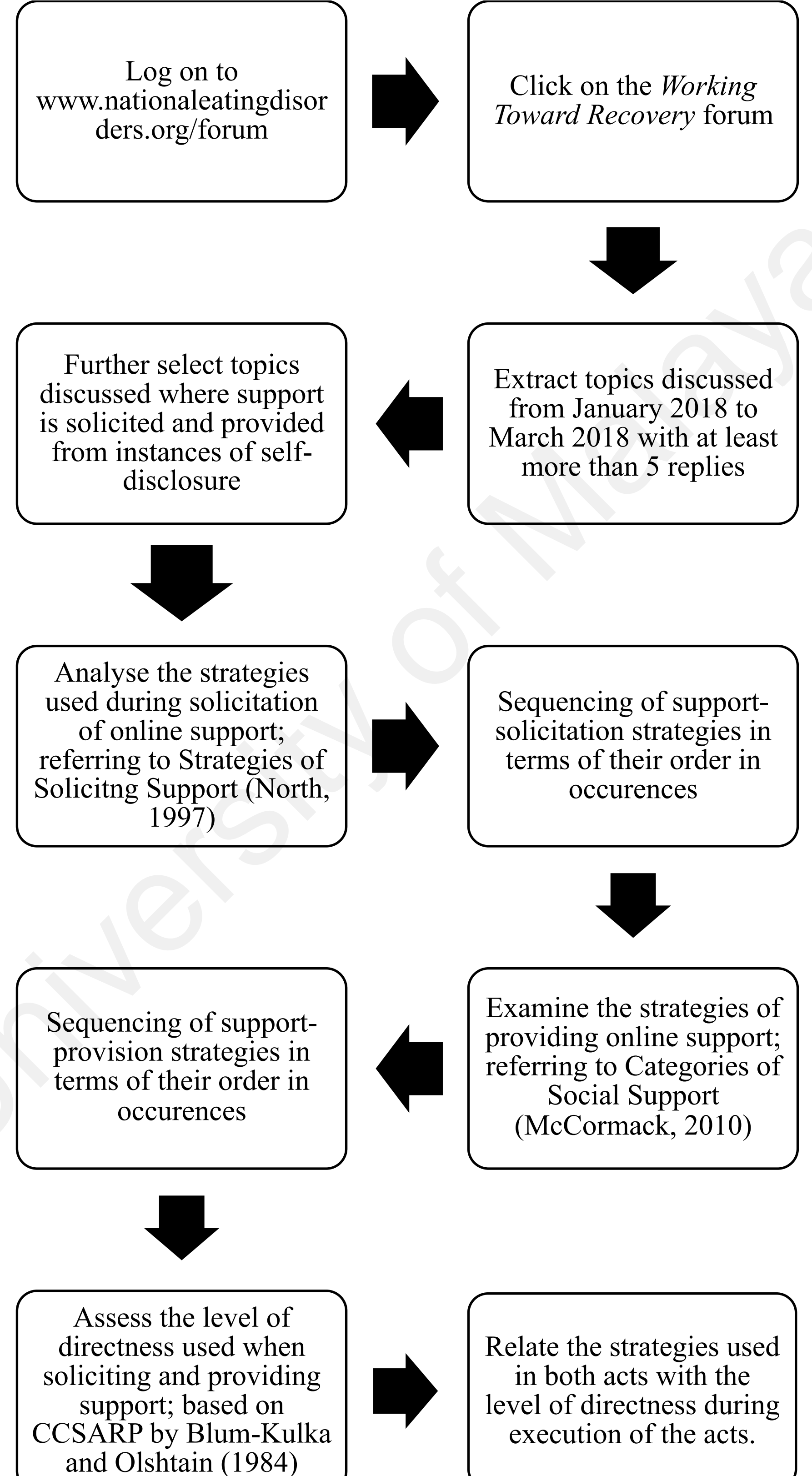

Figure 3.3: Data Collection and Analysis Procedures

University of Malaya

3.8.1 Coding Practices

Table 3.5, Table 3.6 and Table 3.7 show the coding manuals for the strategies used in soliciting support, the strategies used in providing support, and the three levels of directness in executing both the acts. Also, examples of excerpts from posts extracted from the discussion forum are also presented. All of the data collected are classified depending on the type of code they represent.

Table 3.7: Coding Manual for Strategies of Soliciting Support

Code	Strategies of Soliciting Support	Examples		
		January 2018	February 2018	March 2018
SDC	**Self-deprecating Comments**	"I feel dirty and guilty" "It makes me hate myself even more"	"I'm nobody and my life is just really sucks" "I am very upset with my body"	"Like there's no meaning to me being here on this earth" "I hate mysel"
SE	**Shared experiences**	"I've recently gone into a major relapse with my anorexia" "I've been struggling with behaviors a lot during the day"	"I also cannot stop crying at the loss of everything having this ED" "I have had binge eating disorder for my entire life"	"I used to be overweight" "Only recently have I stopped working out"
REQ	**Request for information**	"What I do?" "Any advice?"	"Does anyone have any advice as to how I can end this binge cycle?" "Any tips? advice? support?"	"I'm looking for some advice"
SPS	**Statements of personal success**	"I just got the email I go in Monday at 1:30!!" "Overall, I am doing okay"	"I think I am on the way to becoming better" "I have learned and am learning to say no"	"I am not self-harming nor engaging in any eating disorder behaviors"
SEB	**Statements of extreme behaviour**	"I started to purge but noticed my throat was bleeding"	"I feel like I'm going crazy"	"The only way to control the weight gain is to keep engaging in the ED"

Table 3.8: Coding Manual for Categories of Providing Support

Code	Description	Examples		
		January 2018	February 2018	March 2018
INFO	**Information giving/seeking**	"How has the medication weaning and your mood swings been going lately?"	"Dealing with why we use behaviors is very important and therapy would be good for that"	"Do you feel safe talking to a friend or family member so you don't feel so alone?"
ENC	**Encouragement and esteem**	"I understand about celebrate recovery"	"We truly care about you here <3 I'm so sorry to hear that you are going through a difficult time"	"I am so happy to hear that you consider yourself to be in recovery at this point! That is amazing"
PE	**Personal experience**	"I wasted my life with being in hospitals and the fear of getting better."	"and for me journaling and support groups have helped"	"I have experienced severe stomach pain and had to go to specialists to get help for it"
PO	**Personal opinion**	"Allow yourself to feel the pain and the anger and whatever else you are feeling"	"I know you may not want to go back to the hospital, but it may be the best and first step in recovery."	"so I would also suggest you try getting into some counselling"
PR	**Prayer**	"I will continue to pray and be here for you, to listen."	-	"I will pray for you tonight that your medical issues are not too serious and that you can learn to slow down a little"
NW	**Network**	"you can call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255)"	"Welcome to the forums"	"We're glad you found our loving, supportive community!"
SA	**Showing appreciation**	"I've been okay. Thanks for responding"	"We're glad you are here for support"	"I hear you. Thank you for sharing"

University of Malaya

Table 3.8, continued

Code	Description	Examples		
		January 2018	February 2018	March 2018
INS	**Inspirational messages**	"Your life is NOT over. March on my friend"	"only you hold the key not your future"	"My slogan is I strive for excellence, not perfection"
EMO	**Emotional expression**	"I am so incredibly excited for your venture!"	"I am proud of all of you for posting"	"I am so proud for your brave steps"
OTH	**Miscellaneous**	-	-	-

Table 3.9: Coding Manual for Level of Directness

Code	Description	Examples		
		January 2018	February 2018	March 2018
DL	**Direct level**	"How can I stop this cycle; also, what should I do...?"	"Any tips? advice? support?" "Just looking for some support for now"	"I don't want help, I just need SOMEONE to know"
CIL	**Conventionally indirect level**	"I'm wondering if anyone else has had an emotional support animal for eating disorders"	-	"Has anyone else experienced stomach pain?"
NIL	**Nonconventional indirect level**	"I feel absolutely disgusting. I don't know what to do anymore"	"I am debating whether or not to tell my parents but don't feel like I am 'bad' enough to talk to them about it"	"I am not sure what to do, or where to go from here"

University of Malaya

3.9 Validity and Reliability

In order 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. The expert is a former lecturer at the University of Malaya who specializes in the field of pragmatics, spoken discourse, and applied linguistics. With more than 20 years of experience as an academician, she was approached to validate the coded data analyzed for the purpose of this study.

The reliability check is based on the set of instances of self-disclosure where social support is solicited and provided within the three months of data collected. Further, such instances are coded in relation to the frameworks of the present study in order to answer the research questions as stated in Chapter 1.

University of Malaya

CHAPTER 4: FINDINGS AND DISCUSSION

4.1 Introduction

In this chapter, the details of the data and findings obtained in the NEDA website on the *Working Toward Recovery* forum are presented and discussed. The discussions of findings are arranged according to three sections respectively. The first section presents the discussion on the strategies used in soliciting social support by individuals who suffer from ED and are in dire need of help and support from others. The discussion continues with the second section of the chapter, which looks at the strategies opted by providers of support in providing the social support solicited by ED patients. As for the third section, the level of directness for both the solicitation and provision of support are presented in terms of how the directness of one act can affect the directness of the other.

4.2 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 extend does the sequence of strategies opted by them during the act of soliciting the support could reflect their mental faculties. In this section, the strategies of soliciting support opted by ED patients in getting help in the online community of NEDA is presented. 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 relationship between such features is vital to determine the type of strategies that are regarded as the dominant source of eliciting support. It is also an effective method to observe the discursive manner of ED patients in structuring their posts. The analyses of the support-soliciting strategies are presented in Table 4.1.

University of Malaya

Table 4.1: Data Analysis of Strategies in Soliciting Social Support on NEDA

Code	**Strategies of Soliciting Social Support**	**Frequency of Instances in Sequence**										**Total**	**%**
		1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th		
SE	Shared experiences	28	1	7	4	2	1	1				44	51.2
SDC	Self-deprecating comments		7		1				1			9	10.5
SEB	Statements of extreme behaviour		7	2								9	10.5
REQ	Requests for information		4	2	1	1						8	9.3
SPS	Statements of personal success	1	1	1	1	1				1		6	7.0
EEF	Expressing of emotions and feelings		2	2	2		1					7	8.1
SH	Showing appreciation to support-providers	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 instances of strategies were found in the 30 posts of soliciting support obtained from the month of January until March 2018 (see Table 4.1). 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

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that were applied by ED patients in the forum namely, *Expressing of Emotions and Feelings* (N=7) and *Showing Appreciation to Support-Providers* (N=3).

4.2.1 Disclosing of Experiences

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.

SE: Post 4.1

Before I begin, here's a little background info. I have struggled with ED all my life. i feel like it all started with the death of my mother when i was four. i am almost 19 now, so its been awhile to say the least. anyways, unbelievable amounts of trauma, abuse, and tragedy has happened in those 15 years, which have contributed to my eating disorders.

SE: Post 4.2

Dear All! **I just moved back with my parents after over years living by myself. Im now working on my recovery after 12 years of bulimia** (i was hospitalized for about a two weeks cuz my life is miserable I was just so tired of engaging in behaviors all the time and keeping a very big secret about dropping out of college from my parents, co-workers, friends, relatives...)

As seen in Post 4.1, the ED patient prefers to self-disclose his/her experience right away when soliciting support ("Before I begin, here's a little background info. I have struggled with ED all my life"). This is also displayed in the post by the ED patient in Post 4.2 ("Dear All! I just moved back with my parents after over years living by myself.

University of Malaya

Im now working on my recovery after 12 years of bulimia”). Apparently, most ED patients preferred to self-disclose their experiences right away when soliciting support, then only followed by other strategies afterwards. 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. Furthermore, among other strategies in soliciting support, the sharing of experience was the most frequently opted strategy where even on the third sequence, *Shared Experiences* was still highly comparable with other strategies in terms of the number of usages.

SE: Post 4.3

> At around this time I lost a lot of weight and was making myself sick quite frequently. I had counselling but never told her about my disordered eating. I slowly started to feel better and met someone new and the purging just naturally stopped. The only time in my life when I haven't binged was that period of time when I was severely depressed. I literally didn't want any food in my body and I'd just feel terribly anxious and nauseous. As I started to feel better the binges started to make an appearance again. It's become such a problem and I weigh more than my ideal weight. I'm 25 now and getting married in November this year. I'm starting to feel like I'm just never going to get better. **Is there anyone here whose beaten this who can tell me their story or give me some advice? 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.**

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” (Post 4.3). The assumption

University of Malaya

made by the ED patient in Post 4.3 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 ("Is there anyone here whose beaten this who can tell me their story or give me some advice?"). 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.

4.2.2 Statements of Self-Deprecation and Extreme Behaviours

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.

SDC: Post 4.4

I've been restricting frequently but everyday in the early afternoon huger overtakes me and I binge. Lately I feel like I'm totally out of control. **As I write this I am feeling full and disgusted with myself,** and wish that I hadn't blown it and binged

SEB: Post 4.5

My mom tries to understand, and my dad sort of tries to understand, but my parents are older than most and pretty set in their ways and so even though they try to understand, they mostly get annoyed with my "obsession" regarding food and calories and weighing and measuring. It almost always

University of Malaya

happens that when both my parents leave for more than two hours I want to eat, and I do. **I feel horrible about what I'm eating and the fact that I'm eating at all**, but I am able to eat and am able to venture into some of my fear foods.

Strategy like *Self-Deprecating Comments* was found to usually consists 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, in Post 4.4 "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. However, this can be considered as a common phenomenon among ED patients where the restriction of food intake would result in a worst binging habit. 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.

The same concept applies to *Statements of Extreme Behaviour* where the strategy was utilized with the thought by the ED patients to threaten their own face. In Post 4.5, the user disclosed regarding his/her obsession towards food restrictions, as well as weighing and measuring frequently. In relation to that, the ED patient pointed out how it felt to be facing a situation where he/she disliked the fact that he/she consumes food ("I feel horrible about what I'm eating and the fact that I'm eating at all"). Such statement is considered to be an extreme act as the notion depicts that the user was expressing a sense

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of hate towards the idea of eating due to the possibility for it to cause weight gain despite getting the nutrients that the body requires to stay healthy.

4.2.3 Requests for Information from Others

Obtaining more 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.

REQ: Post 4.6

I've been restricting frequently but everyday in the early afternoon huger overtakes me and I binge. Lately I feel like I'm totally out of control. As I write this I am feeling full and disgusted with myself, and wish that I hadn't blown it and binged. **Does anyone have any advice as to how I can end this binge cycle?**

In Post 4.6 ("Does anyone have any advice as to how I can end this binge cycle?"), the ED patient lead his/her post to a more direct manner of soliciting support in the form of requesting information. After briefly sharing the issues faced with regards to ED behaviours, the ED patient asked a direct question where it required a specific answer to be given. The question was considered to be quite explicit in a way that the ED patient had a primary expectation to what or how support-providers would answer it. Further, the way in which the question was asked also described how he/she did not have the intention to share his/her misery with others, but rather the straightforward manner of soliciting support showed the persistence in what needs to be acquired.

University of Malaya

REQ: Post 4.7

I'm currently living with my parents during my break year between college and graduate school. I was just diagnosed with a restrictive type eating disorder in early September but I became weight restored pretty quickly. As we know though, weight restored does not mean recovered. I know my parents were surprised about my diagnosis, mostly because even though I was noticeably thinner, I did not fit their mental image of someone who has an eating disorder... **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?** We're not the type of family to sit down and talk about anything regarding emotions or mental health, so that just won't be happening. **Are there any other ways to sort this out?**

Similarly, *Requests for Information* would also be applied when ED patients are in need of opinions of others regarding a specific issue. Post 4.7 illustrates an ED patient who struggled with disclosing about his/her ED problems with the parents, alongside the struggle of facing ED as well. By approaching a community who face similar problems, understanding the issue inside out, 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.

4.2.4 Sharing of Personal Success Stories

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 under such strategy as the users expressed signs of positivity and joy regarding either their progresses in recovering or achievements in fighting the disorder.

University of Malaya

SPS: Post 4.8

As a New Year's resolution, **I stopped using the scale and counting calories. I was happy!** Meals were easier! But then, I weighed myself, saw that I had gained a couple pounds, and then freaked out and felt completely out of control and so **the next day I started using the scale and the calorie counter again.**

SPS: Post 4.9

Only recently have I stopped working out (within the last few weeks). It began when my birthday rolled around. I binged extremely bad, I ate an immense amount of calories of the "forbidden foods." Yeah... It felt amazing. Until the guilt kicked in. Then I purged. The week after that, I started bingeing even more. And purging. Today I binged as well, **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.** It is truly exhausting, and with the added stress of college and bills and expectations (I'm a perfectionist) I feel absolutely drained.

Nonetheless, in all of the messages posted on the *Working Toward Recovery* forum on NEDA containing the strategy where personal success was included, 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. As illustrated in Post 4.8, “I stopped using the scale and counting calories. I was happy” shows a personal success that the user shared in his/her post. However, 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 stating “the next day I started using the scale and the calorie counter again”. Fundamentally, the strategy *Statements of Personal Success* occurred when the ED patient who sent the post had gone through a failed recovery. The study suggests that the attempts made to recover from the illness were too challenging for the ED patient which resulted in him/her redeveloping unhealthy eating behaviours.

University of Malaya

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, such as "… 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" (Post 4.9). 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.

4.2.5 Expressing Emotions and Feelings in Soliciting Support

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.

EEF: Post 4.10

I try my best to be open about what I'm feeling and tell them everything that's going on but I don't feel like I've gotten anywhere. Is this something that I've been doing wrong? I thought that counseling was the only way to deal with an eating disorder. **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.**

EEF: Post 4.11

I haven't told anyone about all of this, but some loved ones know I have a strange relationship with food. I was told that I need to control myself and "get rid of it" in regards to emotional eating. Should I talk to an adult that I trust? I don't want to talk to my parents about it, but I am getting close to

University of Malaya

talking to someone at my university. **I'm scared that people will think that I'm trying to get attention and don't have a problem.**

Based on 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 disorder. 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") (see Post 4.10). The ED patient portrayed his/her fear to the online community and such fear arose was due to his/her attempt to recover from ED by attending counseling sessions but was regarded as futile. By revealing his/her negative emotions and feelings about the illness, the user added more impression in the post sent in the forum that could represent his/her state of mind in struggling with ED. As illustrated in Post 4.11 ("I'm scared that people will think that I'm trying to get attention and don't have a problem"), disclosing the state of fear provided a vivid expression to support-providers on the user's situation in struggling to handle ED. By stating how he/she felt regarding a certain situation, it somehow welcomed the opinions of others in terms of the appropriateness of such perception. Thus, the ED patient would be able to reconsider and ponder back on what best should be done.

EEF: Post 4.12

I cant control my BED, i sneak eat when alone, **i feel utterly helpless an out of control around food**. I think im doing well, and then I relapse like i did to tonight. Idk wats wrong with me and y i can't get over and past my addiction/struggle with food. I've always turned to food for comfort since 4th grade. **It feels like a hopeless battle ill never win**.

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

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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. Post 4.12 illustrates an example of such occurrence, "… I feel utterly helpless an out of control around food". By expressing such feeling, those who provide online support could try to better understand the situation and cushion their words and methods in giving those supports as they should be aware on the fact that the ED patient was inclining towards a critical stage. Henceforth, to avoid imposing more on the situation faced by the ED patient, support-providers could reconstruct their words in a more approachable manner.

EEF: Post 4.13

I have had binge eating disorder for my entire life. I remember the early stages when I was about 6… I am very upset with my body. I want to feel strong and powerful, but I currently feel so weak and out of control. **I have tried a plethora of diets, …but nothing has helped. I always relapse. I don't know what to do.**

Though the disclosure of sadness and sorrow with regard to the suffering from ED as expressed by ED patients on the NEDA forum have showed their state of being in dire need of help and support, the expression of emotions and feelings in soliciting support seem to be associated with their histories as well. 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. For instance, "I have had binge eating disorder for my entire life. I remember the early stages when I was about 6…" as illustrated in Post 4.13. Further, having been diagnosed with ED for many years means that this kind of patient 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.

4.2.6 Showing Appreciation to Support-Providers

The opting of *Showing Appreciation to Support-Providers* 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.

SH: Post 4.14

Hello, everyone. I hope all is well. **I have never posted on forums before and so this is really scary to open up. But... I need to just talk and reflect.** (I've always dealt with anxiety - from obsessive thinking to dissociation and everything in between. I'm a young adult, and as of now, I'm constantly battling my mind. I used to be overweight, and as a child, I was constantly taunted because of it. This bred a lot of pain and I what assume to be the root of my eating issues. Two years ago, I embarked on a journey to become healthier. I meal planned, became fit, and started to love my new improvements. It quickly turned obsessive, however. Particularly within the last year. I lost a significant amount of weight and restrict my calories. I'm not technically underweight yet, but everyone is quite concerned about my health. I work out like crazy to "burn off those extra calories!" It sounds so crazy when I type it all out because typically, I'm the logical and rational kind of lady. Only recently have I stopped working out (within the last few weeks). It began when my birthday rolled around. I binged extremely bad, ... **I thank you dearly for whoever is reading this, I really do.**

Referring to Post 4.14, it can be said that after taking a big leap to recover by disclosing in an online social support group, the ED patient ended his/her disclosure by pre-thanking the readers before they even responded ("I thank you dearly for whoever is reading this, I really do") (see Post 4.14). This shows that the ED patient has been wanting to be heard for a long time but never really had the chance or were not brave enough to do it ("I have never posted on forums before and so this is really scary to open up. But...

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I need to just talk and reflect”). As mentioned by Cachelin et al. (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).

4.2.7 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 to Support-Providers* 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 4.2).

Table 4.2: Data Analysis of Shared Strategies in Soliciting Social Support

Code	Shared Strategies of Soliciting Social Support	Number of Instances	Total of Strategies Involved
SE+REQ	Shared experiences + Requests for Information	7	14
SE+EEF	Shared experience + Expressing emotions and feelings	5	10
SE+SH	Shared experiences + Showing appreciation to support-providers	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

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shared strategies. This is because dependent strategies such as *Requests for Information*, *Expressing Emotions and Feelings*, and *Showing Appreciation to Support-Providers* would commonly occur succeeding after the disclosure of personal experiences. The said 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.

SE+REQ: Post 4.15

I talked again this morning with the school counselor that I see and I think that this is really just not helping. I thought at first that it was just the person I was seeing but since seeing the counseling center I feel like I've gotten worse, not better. I try my best to be open about what I'm feeling and tell them everything that's going on but I don't feel like I've gotten anywhere. **Is this something that I've been doing wrong? I thought that counseling was the only way to deal with an eating disorder. If this doesn't work then am I just not able to get past this?**

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. As presented in Post 4.15 ("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 ED patient directly conveyed his/her curiosity and concern regarding the issue of meeting a counsellor as an effort to recover. The study deduced that such concern 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.

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SE+EEF: Post 4.16

> I cant control my BED, i sneak eat when alone, i feel utterly helpless an out of control around food. I think im doing well, and then I relapse like i did to tonight. Idk wats wrong with me and y i can't get over and past my addiction/struggle with food. I've always turned to food for comfort since 4th grade. **It feels like a hopeless battle ill never win**.

Similarly, *Expressing Emotions and Feelings* was also revealed to occur in which such strategy needs referencing from *Shared Experiences* (N=5). By relating the two opted strategies together, support-providers are able to comprehend and relate better on the feelings of the ED patients, compared to when the experience shared is not being referred to (see p. 89). 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, “It feels like a hopeless battle ill never win” as shown in Post 4.16 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 binging habit. With the struggle to maintain his/her health, the ED patient expressed a feeling that pressures him/her 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.

SE+SH: Post 4.17

> …I cannot weigh out my food on a tiny red scale for the rest of my life. My future children cannot see this behavior, and I don't want to bring the food scale on vacations anymore and hide it in a sock drawer. **It's been cathartic writing all of this out, so thank you for taking the time to read it**. Really, I just wonder where to start to change my behavior

Another notable strategy that was highly dependent towards the disclosure of personal experience is *Showing Appreciation to Support-Providers*. Two-thirds of

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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. In Post 4.17 (“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 the ED patient was being really hopeful for the online community to hear and understand his/her situation based on what had been shared.

4.3 Online Discussion Strategies opted by Social Support Providers

In this section, the analyses of the posts sent (N=84) containing instances of provision of social support posted on the *Working Toward Recovery* NEDA forum are presented. Similar to how analysis of strategies in soliciting social support was carried out, the strategies in the provision of the support were analyzed according to the frequencies in which they occurred. As such, empirical evidence were identified in terms of the discursive strategies opted to carefully approach ED patients. With a total of 393 instances of strategies found within the 84 messages of providing support posted by support-providers of NEDA, the most opted strategy was found to fall under the *Encouragement and Esteem* category (N=142). Thus, 36% of the strategies in providing support from the month of January 2018 until March 2018 were basically NEDA’s support-providers’ attempt in encouraging ED patients to carry on in the journey of recovering from the metal health illness. Besides that, these support-providers were also revealed to be keen in sharing or expressing their personal opinions (N=103) and experiences (N=40), apart

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from giving and seeking relevant information (N=60) that could possibly help ED patients to improve their success in recovery. Other strategies such as *Network, Prayer, Inspirational Messages, Emotional Expression* and statements of congratulating (listed as *Miscellaneous*) were also found in the forum, although not as significant. However, among all the listed strategies listed under McCormack's (2010) Categories of Social Support, no posts with the strategy of *Showing Appreciation* were identified in the forum. The analyses are tabulated and are presented in Table 4.3.

Table 4.3: Data Analysis of Strategies in Providing Social Support on NEDA

Code	Categories of Social Support	Frequency of Instances in Sequence											Total
		1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	
ENC	Encouragement and esteem	26	22	25	18	13	16	8	5	6	1	2	142
PO	Personal opinion	16	23	18	15	11	12	2	4	1	1		103
INFO	Information giving/seeking	7	14	10	12	11	1	4	1				60
PE	Personal experience	6	11	9	6	1	2	2	1	1	1		40
NW	Network	25				1			1				27
EMO	Emotional expression		5	2		1			1				9
OTH	Miscellaneous: Congratulating	3	1	1		1							6
PR	Prayer				1			2					3
INS	Inspirational messages				1	1		1					3
SA	Showing appreciation												
Total		**83**	**76**	**65**	**53**	**40**	**31**	**19**	**13**	**8**	**3**	**2**	**393**

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4.3.1 Encouragement in Providing Social Support

Giving words of praises and encouragements to ED patients who embarked on a recovery journey could actually lead to improving their confidence level as well as their stress-coping mechanism (Akey et al., 2013). Results have shown that majority of the strategies that were widely opted by support-providers were in the form of encouragement and were usually expressed at the beginning of the post.

ENC: Post 4.18

Hi! **It's great that you're exploring your limits and comfort zone before sharing your story**. When you share your story for the first time, it's important to be prepared for concern and questions and, unfortunately, sometimes uncertainty and doubt from others. When I told my family I had an ED (over 10 years ago now), my dad's first response to me was, "Well, why don't you just eat something?" OUCH. I was not prepared for the barrage of questions and doubt my family had because I didn't, as they said, "look like" I had an ED. Unfortunately, that stigma is still around today and something you should be mindful of if/when you share your story. Just remember - regardless of what others say, this is YOUR journey to recovery and you are strong to be on this road! If you want some additional reading, I used NEDA's Community post called "Sharing Your Story Publicly" before I made my first post on social media: https://www.nationaleatingdisorders.org/community/sharing- your-story-res... **Whatever you decide to do, please know you're not alone here and our community is always here to support you! Please be well, and keep us in the loop of how you are**!

ENC: Post 4.19

I relate very much to your struggle with feeling like you're "not thin enough" and delaying asking for help because you don't want to be seen as "attention-seeking." The thing about eating disorders: you don't need to be underweight to have one. If you're at a healthy weight but are engaging in anorexic behaviors, you might have atypical anorexia, or "Otherwise Not Specified Feeding and Eating Disorder." This type of ED is just as dangerous as stereotypical anorexia. And if it's not caught soon enough, you might very well find yourself in a dangerous health situation. Also...you don't have to be VERY underweight to be considered anorexic. If you're below a healthy, normal weight, even if you feel like you don't "Look anorexic" (which most anorexics DON'T think they do), and this unhealthy weight loss was brought about by eating disordered behaviors, then you do in fact have anorexia.

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Either way, if you think you might have an eating disorder, then you probably do. Now is the time to seek help and start a conversation with a medical professional or therapist. If you wait until you get worse, you very well might put your life at risk. You deserve help! It's ok to seek attention. We all need professional attention at some point! **Your life and your health (physical and mental) MATTERS because YOU matter.**
I encourage you to reach out and ask for help. Rooting you on!

Although most provision of support messages consisted of statements of encouragement at the beginning of the post, there were quite a number of support-providers who ended their posts with another statement of encouragement as well. In Post 4.18 ("Hi! It's great that you're exploring your limits and comfort zone before sharing your story…"), the user greeted the ED patient and straight away praised him/her for being self-conscious before finally making the decision to disclose and share his/her ED stories to the online community. This is somehow considered as an early step of achievement as it was mentioned that the act of disclosing about something so personal yet stigmatizing to the community has always been the main reason for the reluctance of ED patients in getting help and support from others (Winzelberg, 1997; Kendal et al., 2017). Besides, Feng et al. (2017) claimed that self-disclosure can possibly risk "an individual's sense of autonomy and competence" (p. 4).

Despite all the negative perceptions regarding self-disclosure and the needing of assistance from others, the ED patient was brave enough to dodge and ignore the social stigma and thus, the words of encouragement that were directed to him/her was a form of support to assure it can be carried on in his/her effort to recover. Also, one can show encouragement by relating to the stories of others. As an example, in Post 4.19, the support-provider indicated that the ED patient was not alone and that there were others who suffer from the same situation ("I relate very much to your struggle with feeling like you're "not thin enough" and delaying asking for help because you don't want to be seen as "attention-seeking.""). By establishing similar opinions on the struggles of being a

person with ED, the support-provider somehow consoled the ED patient in a way that they could help each other to overcome the issue together.

Encouragements were also asserted before ending the message. “Whatever you decide to do, please know you're not alone here and our community is always here to support you! Please be well, and keep us in the loop of how you are!” in Post 4.18 and “Your life and your health (physical and mental) MATTERS because YOU matter. I encourage you to reach out and ask for help. Rooting you on!” in Post 4.19 were how support-providers continued to encourage ED patients to not give up in recovering from ED and keep being persistent at soliciting help from others regardless of the social stigma. This finding shows that encouragements matter a lot especially when dealing with individuals suffering from crucial mental health illnesses that are regarded as insignificant or not as serious to some.

4.3.2 Giving Personal Opinion as a Form of Suggestion

Stating one’s personal opinion was found to be the second most opted strategy by support-providers of NEDA as 26% (N=103) of the total strategies was categorized under *Personal Opinion*. In terms of the sequence, opinions are usually given as the second strategy, having either *Encouragement and esteem* or *Network* preceding them. Additionally, a similar pattern of how *Personal Opinions* were used in the forum in providing support was also identified as it can be said that opinions were usually given and followed by a recommendation or an advice.

PO: Post 4.20

I am so so so very sorry. There is nothing wrong with you. **You are going through grief. Grief is not only when you lose a pet but when you lose anything near and dear to you. If you were close to this pet, and it sounds like you were, you will undoubtedly suffer grief. Please don't**

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try to shut it down. Allow yourself to feel the pain and the anger and whatever else you are feeling. It is totally natural and a normal process to go through. The more you feel now the better you will be able to handle it later.

PO: Post 4.21

I'm glad you came to these forums, which I've found really helpful. **It's good to hear that your boyfriend is trying to help you. Of course he is scared, both of you are. It's only natural. One resource that might be helpful to share with your boyfriend (you can even look at it together) is the Parent Toolkit**. Although it says 'Parent' it's really for anyone who is in a support role for someone suffering from an ED. There's lots of great advice. Check it out here: https://www.nationaleatingdisorders.org/parent-toolkit. Wishing you the best.

Support-providers give out their personal opinions usually to show they were understanding towards what the ED patients were facing. In Post 4.20, the support is given in the form of opinion while showing concern towards the ED patient ("You are going through grief. Grief is not only when you lose a pet but when you lose anything near and dear to you"). The intended message which contains the main advice was only expressed when the post itself has been cushioned with words of comfort ("Please don't try to shut it down. Allow yourself to feel the pain and the anger and whatever else you are feeling"). Thus, it is certain that the support-provider expresses his/her personal opinions to show he/she understands what the ED patient was going through.

Similarly, "One resource that might be helpful to share with your boyfriend (you can even look at it together) is the Parent Toolkit", as presented in Post 4.21 is a recommendation given by the support-provider to the ED patient regarding a resource that he/she found might be helpful. It is only given after the support-provider showed empathy to the ED patient's story ("It's good to hear that your boyfriend is trying to help you. Of course he is scared, both of you are. It's only natural"). The supportive comments ingrained in such statement displayed a form of assurance that the ED patient was on

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track and there was nothing to be worried about due to its normality. By providing a sense of positive affirmation, it is expected that the ED patient would be willing enough to welcome the suggestions and advice from others.

4.3.3 Giving and Seeking Information

For the strategy *Information giving/seeking*, the data analyses revealed it being the third most opted strategy (N=60) when support-providers attempted to give out help and support for ED patients. Although most support-providers did not really choose to straight away give or seek information at the beginning of the message (N1=7, N2=14), but such strategy is vital when acquiring or attempting to understand better the thoughts and opinions of ED patients regarding a certain recommendation for instance (see Post 4.22).

INFO: Post 4.22

I also went from restrictive eating to binge eating behaviors, so definitely know what it's like to move from one side of the spectrum to the other. **I want to echo what xxxx mentioned previously & see what your thoughts are about working with a therapist/professional to explore the underlying roots behind these behaviors?** I know for me, that was key to my recovery-- being able to understand what was contributing to my ED in the first place, and to be able to develop new ways of coping and being without turning to food.

Before endeavoring towards finding out the ED patient's perception on dealing with a professional therapist, the support-provider in Post 4.22 cushioned the message with words of empathy. Again, it is considered to be a norm for support-providers to "break the ice" before engaging to discuss on a more serious and personal matter. By conveying "… what your thoughts are about working with a therapist/professional to explore the underlying roots behind these behaviors?", the support-provider showed further act of concern towards what the ED patient was currently facing. Providing care is undoubtedly essential when dealing with individuals with mental health illnesses,

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especially ED as it is reported by Becker et al. (2010) how the negativities that arose from social factors regarding ED cause a decline in sparing attention on ED care and thus, indirectly affect the individuals who suffer from ED itself.

INFO: Post 4.23

I understand completely. My bulimia spiraled out of control. … I am on day 18 no bulimia and the early physical side effects have me stressed out (the extreme bloating and water retention that looks like far) I know this is temporary and it's jist in my head that I'm huge. I know I'm not. I want to be strong and fit, not weak and fixated on the scale. **Do some research on living a plant-based diet. The transformation is incredible, people often look and feel so much better than they did before ed.** I love food now. I love to eat and since I'm not eating very processed food or meat and dairy...I get to eat a lot. **Hang in there**, and of course. I'm not a professional.

Apart from acquiring information, the strategy also worked in the form of providing the information back to ED patients, nevertheless having it being requested or not. Support-providers tend to give information usually based on information that they acquired or an external reliable source. Basically, they have learnt from how the information can benefit others, and thus, providing tips and suggestions on how ED patients could handle the problem better. As a case in point, "Do some research on living a plant-based diet. The transformation is incredible, people often look and feel so much better than they did before ed" as illustrated in Post 4.23 is an advice that the support-provider gave to the ED patient based on other people's experience and good results. Therefore, this form of strategy was found to be commonly asserted to the encouragement that the support-provider tried to express in his/her message ("Hang in there").

4.3.4 Sharing Personal Experience in Support-Giving

Personal Experience is a strategy that was used 10% (N=40) of the time out of all the strategies found in the support-providing messages. As the giving of information is

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generally linked with the support-providers' own knowledge regarding a specific issue, the act of disclosing one's personal story is a strong initiative that a support-provider does in attempting to earn trust or a connection by understanding and relating with the ED patient (See Post 4.24).

PE: Post 4.24

Hi there. I am sorry your time out with your mom went poorly. **I hate it when my Mom is on the phone when I am with here whether she is texting or talking. I had a talk with her about it and she has been much better. I'll be like...uh Mom, you're with me, please don't answer that text. She is more appropriate now.** Maybe you can mention something like that to her? I am also sorry you are struggling so much. It must have been scary when you binged. How are you doing now. Have you binged anymore? Binging often follows restriction because our bodies are smarter than us. It knows when it needs fuel and will try to get it and that sometimes happens through binging.

Referring to Post 4.24, being able to relate with one another is one of the key strengths in providing support. The support-provider tried to establish a common experience shared with the ED patient on having troubles to communicate with his/her mother ("I hate it when my Mom is on the phone when I am with here whether she is texting or talking. I had a talk with her about it and she has been much better"). After sharing his/her own personal experience, then only the support-provider approached the ED patient with a suggestion in which he/she too had done when facing the situation before. Occasionally, this strategy was found at the beginning of the message as the support-providers used it as a form of "trust establishment", before going deeper to understand the ED patient's situation better to allow him/her to self-disclose ("How are you doing now. Have you binged anymore?").

PE: Post 4.25

… **When I told my family I had an ED (over 10 years ago now), my dad's first response to me was, "Well, why don't you just eat**

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something?" OUCH. I was not prepared for the barrage of questions and doubt my family had because I didn't, as they said, "look like" I had an ED. Unfortunately, that stigma is still around today and something you should be mindful of if/when you share your story. Just remember - regardless of what others say, this is YOUR journey to recovery and you are strong to be on this road! If you want some additional reading, I used NEDA's Community post called "Sharing Your Story Publicly" before I made my first post on social media:…

Equally important, some support-providers opted the *Personal Experience* strategy as a form of sharing the lesson that has been learnt from the experience. By sharing one's own experience, be it a positive or a negative one, support-providers have it to provide ED patients with a clearer image of the point or message that he/she tried to deliver. "I was not prepared for the barrage of questions and doubt my family had because I didn't, as they said, "look like" I had an ED" in Post 4.25 illustrates the struggle that the support-provider faced with his/her family's social stigma when disclosing about having ED. The story shared relates with the next point "Unfortunately, that stigma is still around today and something you should be mindful of if/when you share your story". By "that", the support-provider referred to the stigma of his/her own family. This however, has been mentioned in a study conducted by Sillence (2013) where support-providers encapsulate their own personal stories as a lesson or an advice to dodge issues that may arise from being mistaken for an expert. Thus, *Personal Experience* is a strategy that can be carried out in several ways, depending on the support-providers' intentions.

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4.3.5 Networking with Support-Seekers and Congratulating Them

Based on all of the more preferred strategies opted that have been analyzed thus far, it was clearly identified that such strategies were applied with implicit intentions by the support-providers. However, there were also less utilized strategies identified to be rather impactful in giving support, such as the *Network* and *Congratulating* strategies.

NW: Post 4.26

Just wanted to see how you've been doing. And let you know that we're glad you here, that you found this community. We truly care about you here <3 I'm so sorry to hear that you are going through a difficult time. Unfortunately ED is so incredibly complex and involves a lot more than to just "stop purging." Are you currently working with a therapist? I found therapy to be so central to my recovery and being able to identify the deeper roots of my ED, how it was serving me, and being able to give voice to that pain instead of engaging in behaviors.

For networking (N=27), it is a strategy employed by support-providers usually at the beginning of the message. Approximately 93% (N=25) of the total usages of this strategy were applied as an opening of the message. Commonly, support-providers would welcome ED patients who are new to the forum and it is followed by words of encouragement afterwards. In particular, it is clearly illustrated in Post 4.26 on the opting of *Network* as the first strategy to begin the message ("Just wanted to see how you've been doing. And let you know that we're glad you here, that you found this community") and it was continued with "We truly care about you here" as a form of encouragement. ED patients who are new to NEDA were always seen to be greeted warmly by support-providers as a sign of acceptance and welcome to the community. As the NEDA website is an open platform for people who suffers from ED to help and support one another, the community hopes to welcome more ED patients on board.

OTH: Post 4.27

First of all, congratulations on 2 years without behaviors. That is such an accomplishment you should be proud of. Unfortunately relapse is a part of recovery- it happens and all we can do is move forward from there.

OTH: Post 4.28

Congratulations. I am so proud for your brave steps. Not weighing for a week is terrific. You will still want to but you now know you can say no.

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In terms of *Congratulating*, it is a strategy that was found in the present study and was not listed under McCormack's (2010) Categories of Social Support. Such strategy has a positive boosting nature because congratulating statements found in the data (N-=6) are always accompanied with praises addressed to the ED patients. For instance, in Post 4.27 ("First of all, congratulations on 2 years without behaviors. That is such an accomplishment you should be proud of") and Post 4.28 ("Congratulations. I am so proud for your brave steps. Not weighing for a week is terrific"), the users congratulate the ED patients and opted for such strategy to indicate how proud they are of the ED patients for their accomplishments in recovering. Such high positive praises of what has been achieved would not only motivate the ED patient, but the likelihood of accepting the given advice would be higher as well.

4.3.6 Emotional Expression, Prayer, and Inspirational Messages as Unpreferred Strategies

Other strategies in providing support such as *Emotional Expression, Prayer,* and *Inspirational Messages* were the least utilized strategies found in the data of support-providing messages. Thus, this may imply such strategies as being the most unpreferred regarding their approach to show support. *Showing Appreciation* on the other hand, was not applied at all.

EMO: Post 4.29

I am struggling with something very similar. It's tough. **I hate how guilty and ashamed I feel after it happens** and I just don't know where to go from here. But just know that you are not alone! I am currently working on building a positive support system in my life that I can turn to when times are tough and I encourage you to do the same! Small but significant steps will be the key to us beating this!

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The *Emotional Expression* strategy (N=9) was discovered not to be a strategy widely employed by support-providers. With only 2% of usages found in the data, it can be said that support-providers did not insert much emotions when giving online social support. Referring to Post 4.29, the type of support provided by this support-provider to the ED patient was more on building a kind of relationship in which both interlocutors shared a similar difficulty faced. Rather than giving the usual kind of support where the one who provided the support became the listener and the one who sought support was the speaker, such strategy had both interlocutors at the receiving end ("I am struggling with something very similar. It's tough. I hate how guilty and ashamed I feel after it happens"). Besides, it is notable that support groups in nature do consist of individuals who require the support from one another. Thus, it is understood how there were some support-providers, although not many, had the intention to help other ED patients but still needed the social support for himself/herself.

PR: Post 4.30

It isn't your fault. Don't blame yourself. Again, what is resonating with me is the fear I hear, and the torment you are in right now. You mentioned an idol. I felt the same way too. Bowing down to another idol. I felt guilty. **But He understands. He wants you to call out to Him. He loves you. And wants to help you. Don't run away but towards**. If I understand you correctly, I felt guilt for having idols in my life but they are slowly disappearing.

The *Prayer* strategy (N=3) on the other hand, roughly around 0.7% of application were commonly in the form of giving hope and strength to ED patients by making reference to God or religious practices. As such strategy was opted for the purpose of increasing the faith of ED patients to continue with their efforts to recover, it also indirectly appeared as a reminder towards the existence of God for spiritual assistance ("But He understands. He wants you to call out to Him. He loves you. And wants to help you. Don't run away but towards" in Post 4.30). This data indicates that the support-

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provider did not only attempt to provide the social support themselves, but to ingrain the idea to ED patients that they have spiritual support as well. Such belief would possibly help ED patients to lift their spirits and are always aware that they are never alone in battling the illness.

INS: Post 4.31

> Don't do what I did and waste your life. You may feel you already did but your future is waiting for you. Your life is waiting for. It is not over. At 50 I feel like mine is over but it is not. **In November I am going to Nigeria for six weeks to help out in the orphanage and to spread the love of God around. If that is all I am able to do, I will gladly do it. Am I afraid, YES!!!** But God is with me. Please fight. In order to get well we have to fight and not listen to the lies the eating disorder wants us to listen to.

With regard to the strategy that was also least applied, *Inspirational Messages* (N=3) was a strategy that support-providers had as a means to intensify the motivation for ED patients to continue their recovery journey. It could somehow give ED patients inspirations to the possibility of minimizing or even bringing an end to ED behaviours entirely. As illustrated in Post 4.31, the support-provider was seen to stimulate a sense of aspiration to the ED patient by expressing his/her intention to do something meaningful in life ("In November I am going to Nigeria for six weeks to help out in the orphanage and to spread the love of God around"). Due to the high mortality rate among individuals who suffer from ED (The Eating Disorders Coalition, 2014), it is believed that some ED patients felt like there was no more point of living. To counter such belief or perception, the strategy *Inspirational Messages* was used by support-providers to implicitly help ED patients in reconsidering their choices in life and the chance for them to do something better.

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4.4 Direct, Conventionally Indirect, or Nonconventional Indirect in Support Messages

Apart from identifying the strategies found in providing support, their degrees of directness were also measured by corresponding them to how direct ED patients solicit those supports. According to Sillence (2013), the relation between how direct support is solicited with how it could affect the directness of its replies is measurable as support-providers can either appear as an actual support-giver or a stranger who imposes the freedom of others.

4.4.1 Directness Level in Soliciting Support Messages

Despite the difference in strategies that individuals suffering from ED have opted in soliciting support as one of the efforts in working towards recovery, how direct they are in executing the said act may differ from one individual to another. The analyses of the level of directness in soliciting support are presented in Table 4.4.

Table 4.4: Data Analysis of Level of Directness in Soliciting Support

Cross-Cultural Study of Speech Act Realization Patterns (CCSARP) project by Blum-Kulka and Olshtain (1984)		
Level of Directness	**Act of Soliciting Support**	**%**
Nonconventional Indirect	20	67
Direct	10	33
Conventionally Indirect	-	0
Total	**30**	**100**

Among the 30 messages with instances of self-disclosure in soliciting support posted in NEDA's *Working Toward Recovery* forum, majority of them are delivered in a nonconventional indirect manner (N=20) where the users did not directly state their

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intentions of wanting the support from the online committees but rather structuring their words in the form of hints. Most ED patients would write a statement of confusion in their messages as a form of inviting opinions from others. A more direct manner of soliciting support on the other hand, was not as widely opted but it is notable how a quarter of the instances were delivered directly (N=10). Illustrated in Table 4.5 are examples of soliciting support presented either directly or by hinting the support-providers where the manner of soliciting was found to be similar throughout the executing of most strategies.

Table 4.5: Types of Support Solicitation Messages

Strategy	**Examples Found**	
	Strategy + Nonconventional Indirect	Strategy + Direct
Self-deprecating comments	i hate it. **it makes me hate myself even more. i feel absolutely disgusting**. **I don't know what to do anymore**. nothing works. nothing lasts. theres no in between. I'm scared to gain weight and I'm scared to lose it. I'm struggling. still.	**…I hate myself for the binges. I hate myself for the restriction. I hate that I hate myself**…**Any tips** on how to get back to reality and enjoy my life again would be greatly appreciated - **especially suggestions on how to eat properly, self care, and such.**
Statements of extreme behaviour	As much as I don't want to feel like I do right now anymore, **I don't know how I can get past it. Especially when having that bit of hunger feels so comforting**.	I feel horrible about what I'm eating and **the fact that I'm eating at all**,… **How can I stop this cycle**;… **Are there any other ways to sort this out**?
Shared experiences	I have tried a plethora of diets, I have read countless articles published by doctors, I have watched what seems like every success story video about this disorder but nothing has helped. I always relapse. **I don't know what to do.**	**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**? We're **not the type of family to sit down and talk** about anything regarding emotions or mental health, so that just won't be happening. **Are**

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Table 4.5, continued

Strategy	Examples Found	
	Strategy + Nonconventional Indirect	Strategy + Direct
		there any other ways to sort this out?
Expressing of emotions and feelings	I have had binge eating disorder for my entire life. I remember the early stages **when I was about 6**… I am **very upset with my body**. I want to feel strong and powerful, but I currently feel so weak and out of control. **I have tried a plethora of diets**, …but nothing has helped. I always relapse. **I don't know what to do**.	**i** I used to be overweight, and **as a child, I was constantly taunted because of it**. This bred a lot of pain and I what assume to be the root of my eating issues. **Two years ago, I embarked on a journey to become healthier**… Then I purged. The week after that, I started bingeing even more… **I'm just tired and sick feeling. No motivation or inspiration. I'm not enjoying life**… **Any tips on how to get back to reality…**
Showing appreciation to support-providers	It's been cathartic writing all of this out, so **thank you** for taking the time to read it. **Really, I just wonder where to start to change my behavior.**	

To further illustrate, self-deprecation as a form of soliciting support executed indirectly as shown in Table 4.5 is comparable to when it is done directly.

SDC+NIL: Post 4.32

Self-deprecating comments	i hate it. it makes me hate myself even more. i feel absolutely disgusting. **I don't know what to do anymore**.

By stating the words "I don't know", the ED patient informs the online community and at the same time, instill awareness regarding the situation he/she is in. Even by not

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explicitly conveying that he/she is in need of support and advice from others, by uttering those words, it is understood and expected for readers to help and send some words of advice or guidance. The same pattern applies to other strategies as well in which ED patients who solicited support indirectly would give statements that portray their states of confusion and in need of help without having to actually utter it explicitly. It was revealed to be common for the words "I don't know" to be used when the ED patients were being indirect at soliciting support.

SEB+NIL: Post 4.33

Statements of extreme behaviour	**I don't know how I can get past it.** Especially when having that bit of hunger feels so comforting.

The similarity of indirectness in soliciting support is quite evident. As presented in the example of *Statement of Extreme Behaviour*, the ED patient mentioned the element of normality for restricting himself/herself from eating. However, truthfully such act is considered to be worrisome due to the harm that it may cause to the ED patient. Although such mentality was clearly expressed, support-providers would still be able to deduce the fact that the ED patient needed support and help from others to stop the behaviour by stating "I don't how I can get past it". The clarification of being unacquainted with the necessary knowledge to overcome the illness signals support-providers to provide their assistance. Therefore, from the manner in which the post with the strategies *Self-Deprecating Comments* and *Statements of Extreme Behaviour* were constructed indirectly, the present study suggests that the online community or the support-providers were well aware of what the ED patients were seeking for regardless of the strategy opted.

Additionally, when it comes to soliciting support in a more *Direct* manner, the patterns were similar as well despite the strategies opted by the ED patients. NEDA users

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who solicited support directly were more precise and specific especially when they were well aware of what they wanted to acquire from the online community.

SEB+DL: Post 4.34

Statements of extreme behaviour	I feel horrible about what I'm eating and the fact that I'm eating at all, … **How can I stop this cycle**; … **Are there any other ways to sort this out?**

The example of post in the excerpt above regarding a direct soliciting support with the strategy *Statements of Extreme Behaviour* revealed the ED patient's intention in participating in the forum – to find a solution for his/her binging habit. From here, support-providers can specifically give out the support and advice that the ED patient needed and expected to obtain. Due to its explicit and clear inquiry on the possible ways to stop his/her ED behaviour, support-providers would save a lot of effort to interpret the intended message of the ED patient and straightaway provide what was asked. Therefore, this finding also shows how such manner could save a lot of time for both interlocutors as the one who solicited the support can acquire the desired response faster, and for the support-providers to get straight to the point with the advice and support explicitly requested.

SE+DL: Post 4.35

Shared experiences	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? **We're not the type of family to sit down and talk about anything regarding emotions or mental health, so that just won't be happening**. **Are there any other ways to sort this out**?

However, based on the analysis of data, the sharing of experience as a strategy in soliciting support done directly also disclosed an issue that was quite similar with one

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another in terms of the reason for their reluctance in soliciting support. Results shown that posts with instances of self-disclosure in soliciting support usually portrayed desperation of those individuals in acquiring the support and thus, leading to the directness nature of their posts.

Interestingly, the opting of the most explicit level of soliciting was also inferred to be driven by their background histories as well as most ED patients reported to have close families and friends who have problems understanding their situations in going through the ED journeys. For instance, as shown in the excerpt of *Shared Experiences* above, "We're not the type of family to sit down and talk about anything regarding emotions or mental health, so that just won't be happening. Are there any other ways to sort this out?". Therefore, it can be concluded that the ED patient's motivation to be more direct in disclosing and soliciting support in the online social support group was due to the demotivation of acquiring real-life support from people that were close to him/her. This is probably due to the mindset of most people in the offline setting on how bounded they were to the social stigma associated with ED and other mental health illnesses. Thus, the urge to express his/her emotions and issue regarding ED somehow contributed to the idea of such online platform for soliciting support as a "safe place" (Evans et al., 2012).

4.4.2 Level of Directness in Providing Support

Based on Blum-Kulka and Olshtain's (1984) CCSARP project, the findings showed that 82% of the posts containing instances of providing support consisted of *Nonconventional Indirect* (N=39) and *Conventionally Indirect* (N=29) levels. This reveals that the number of support-providers who delivered support messages in a more *Direct* manner (N=15) was least preferred compared to the other two levels (see Table 4.6).

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Table 4.6: Data Analysis of Level of Directness in Providing Support

Cross-Cultural Study of Speech Act Realization Patterns (CCSARP) project by Blum-Kulka and Olshtain (1984)		
Level of Directness	**Act of Providing Support**	**%**
Nonconventional Indirect	39	47
Conventionally Indirect	29	35
Direct	15	18
Total	**83**	**100**

Among all of the strategies in providing support found in the forum from January 2018 to March 2018, *Encouragement and Esteem* was discovered to be the most widely used (N=142) compared to the other 9 strategies and most of the posts containing the said strategy were delivered in a *Nonconventional Indirect* way. Support-providers who opted this strategy did not directly utter words that showed some kind of advice or recommendation, but rather asserting those elements in the form of encouragement, experience, or inspiration – giving the ED patients the freedom to consider what should best be done. Therefore, such strategy was a form of support given in the form of hints where support-providers took extra precautions in not wanting to impose on the ED patients. Post 4.36 provides an instance of such support, “I found therapy to be so central to my recovery and being able to identify the deeper roots of my ED”.

ENC+NIL: Post 4.36

Just wanted to see how you've been doing. And let you know that we're glad you here, that you found this community. We truly care about you here <3 I'm so sorry to hear that you are going through a difficult time. Unfortunately ED is so incredibly complex and involves a lot more than to just "stop purging." Are you currently working with a therapist? **I found therapy to be so central to my recovery and being able to identify the deeper roots of my ED, how it was serving me, and being able to give voice to that pain instead of engaging in behaviors**

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By showing support and encouragement, the support-provider in Post 4.36 tried to establish a fine line with the ED patient by understanding why ED itself is challenging and going through the recovery journey is tougher. The support-provider carried on by recommending the ED patient to consider seeing a therapist, which most ED patients found it unnecessary and thus, cause reluctance to proceed with it. However, it was not recommended explicitly as the support-provider continued with the *Personal Experience* strategy instead and shared how a therapist had helped him/her in recovering. The sharing of experience appeared as a booster to the recommendation as it represents a real-life success story.

PE+NIL: Post 4.37

I also have no one to talk to about this. I'm in day 18 I'd recover. I took laxatives and b/p everyday for the past 6 years. I'm off all that and have seen very stressful body symptoms. I still feel bloated everywhere and it's uncomfortable and embarrassing. I know that going back to my old ways will just make the matter worse and prolong this phase. **I was curious if you are experiencing any of these physical symptoms as well?**

The sharing of experience is an interesting strategy that support-providers would usually opt for when they want to assert a "you are not alone" feeling to ED patients. Statements such as "I also have no one to talk to about this" as illustrated in Post 4.37 portrayed the attempt of the support-provider to establish similarities with one another. This is aligned with the findings by a study conducted by Evans et al. (2012) where it is considered a common occurrence for participants of online social support groups to remind each other that they are not suffering from the illness alone as they hold on to the virtual support they provide for each other. In Post 4.37 for example is a self-disclosure made by a support provider to express the struggle he/she is going through as well. By asking "I was curious if you are experiencing any of these physical symptoms as well?", he/she created a situation where they both can help and support one another in facing the

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hardships of recovering. Such type of social support is suggested to not only give a sense of assurance to the ED patient, but also to promote mutual support in the forum.

PO+CIL: Post 4.38

Try not to feel bad or guilty that you find yourself binging now - it's common for that to follow restrictive type eating disorders! The same happened to me in recovery. What it comes down to is that both are ways of coping with difficult emotions. When you struggled with anorexia, did you see a therapist or receive treatment at all, or just work on the weight restoration on your own? **maybe you could benefit from seeing a therapist to help get down to the root cause of these episodes, and find other ways to work through them.**

For posts of support-giving that were conveyed *Conventionally Indirectly* (N=29), the strategies that were found to be commonly used by support-providers were *Personal Opinion* and *Information Giving* where such strategies appeared in the form of suggestions. The rationality behind the said finding is that support-providers did not intend to straight away offer their advices, especially if the advices were not directly solicited by ED patients. The suggestions or advices delivered conventional indirectly were cushioned with adverbs as hedges of the sentences. As shown in Post 4.38 ("maybe you could benefit from seeing a therapist to help get down to the root cause of these episodes and find other ways to work through them"), the support-provider was discovered to be attempting at minimizing the appearance of imposing onto the ED patient's freedom of action. Thus, by structuring the sentence with the usage of a hedge ("maybe"), it somehow portrayed the ability for the ED patient to choose either to take the suggestion of the support-provider or ignore it. Such indirectness can be regarded as the support-provider's mercy in considering the thoughts and opinions of the ED patient as well.

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PO+DL: Post 4.39

Try therapy and for me journaling and support groups have helped. **Also see a nutritionist for what is an acceptable amount of food and type of foods to eat if your mind wont allow you to determine this on your own accord.** Good luck...

In terms of being direct in providing support, results have shown that support-providers who gave support and advice explicitly were fond of giving his/her own personal opinion without the proper use of hedges or other mitigating mechanisms that could lessen the appearance of imposing. Some of them did not really take account of the ED patients' thoughts and opinions as the sentence structures were not in the form of suggestions but rather more as instructions. Post 4.39 is an example of how such instance occurs, "Also see a nutritionist for what is an acceptable amount of food and type of foods to eat if your mind wont allow you to determine this on your own accord". ED patients may perceive this as rather imposing.

PO+DL: Post 4.40

A lot of times if the initial issue of why a certain behavior starts one switches behaviors. **I strongly recommend getting into treatment to figure out why you are hurting, what is causing you to run to behaviors to cover up the pain**. Also a difficult thing but telling your boyfriend that a not using a scale isn't going to "fix" the problem.6 He is undoubtedly scared.

In addition, the common usage of intensifiers in direct support messages was also found to be an indication on the explicitness of the support given. Referring to Post 4.40 ("I strongly recommend getting into treatment to figure out why you are hurting, what is causing you to run to behaviors to cover up the pain"), the intensifier "strongly" shows how the support-provider put much emphasis on the recommendation addressed. Although recommendations usually appear as a form of advice in which it could either

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result in acceptance or rejection (Briggs et al., 2002; Satele, 2012), the presence of the intensifier somehow gives pressure to the ED patient by the imposition to accept it.

Thus, it is understood why direct support-giving was the least method found to be used by support-providers. The level of directness in an individual's speech depends much on his/her language, as well as pragmatic practices where the perception of the acceptance of being direct varies between cultures (Babaie & Shahrokhi, 2015). It is also inferred that such directness in providing online support was prompted by the ability to remain anonymous and still managed to preserve face.

4.4.2.1 Relationship between the Directness of Soliciting and Providing Support

Generally, based on the analyses of data, most of the interactions between ED patients who solicit support and the support-providers were linked with one another, in which direct solicitation (N=10) and nonconventional indirect solicitation (N=20) would commonly receive either conventionally indirect (N=29) or nonconventional indirect support (N=39) but rarely would they receive direct support (N=15) from support-providers.

The total number of usages of *Nonconventional Indirect* and *Conventionally Indirect* support-providing instances far exceed the number of those that were more *Direct*. As such, it can be concluded that most support-providers opted for a more indirect approach in giving support and help even if the manner in which ED patients solicit the support was a direct one (see Figure 4.1).

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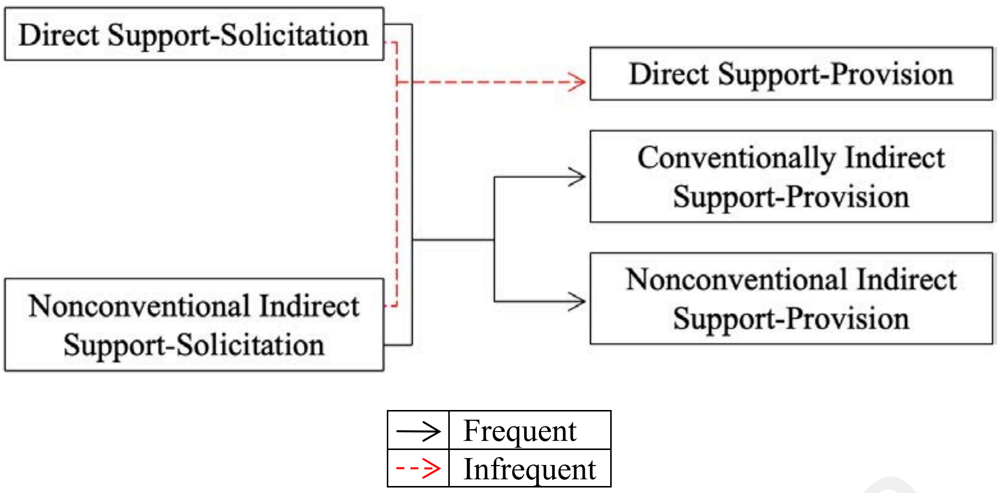

Figure 4.1: Directness Pattern in Support Messages

As the nature of how support groups work in general is to mutually provide each other with self-help mechanisms such as information, advice, emotional and spiritual support to cope with troubled situations (Bauer et al., 2012; Sillence, 2013; Taylor et al., 2017), it is suggested that the individuals who decide to participate in such online medium of interaction are highly disturbed with the issues that they are facing. In relation to the present study, such condition somehow intensifies the need for ED patients to share all their suppressed emotions and feelings, which lead to the possibility of being direct and indirect when soliciting the online support. By being aware of the condition of these individuals in the forum, the study deduces that support-providers determination to remain indirect is a form of politeness in approaching ED patients in the gentlest and acceptable manner. As a result, other than observing the effectiveness and appropriateness of the support provided (Goldsmith, 2000), the manner in which it is delivered is believed to be vital as well to increase the likelihood of its acceptance by the ED patients.

4.5 Summary

This chapter discussed the findings obtained from the data analysis of posts sent by ED patients in soliciting support, as well as the posts by support-providers who attempted to provide back the support and help the ED patients. In terms of the act of soliciting support, results attained revealed that there is a similar pattern in relation to the strategies opted and the level of directness of how the act was executed. Although there are numerous strategies in soliciting support that ED patients can opt for, they would normally include a statement of confusion when they are being indirect in their manner of soliciting support. Conversely, explicitness is evident if they intended to obtain specific information from support-providers which resulted in their solicitation of support being carried out in a more direct manner. However, most support-providers on the other hand tend to mitigate their way of supporting by being indirect regardless of the level of directness applied by ED patients. An insignificant number of support-providers also revealed that they preferred to match their level of directness with the ED patients' method of being direct and disregard the possibility of imposition to both the interlocutors and maximize face-threats. Such occurrence was suggested to be due to the positive nature of many support-provision strategies that function as a natural morale, emotional and spiritual booster. This allow the support provided to not appear as harsh or inappropriate as it is mostly based on words of positivity that could cater for individuals who are considered to be at a fragile condition.

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CHAPTER 5: CONCLUSION

5.1 Introduction

This chapter concludes the overall findings of the study by presenting how the research questions are answered, centering on the strategies as well as the levels of directness of both the acts of soliciting and providing social support from the self-disclosure of ED in a support group discussion forum. The study of online solicitation and provision of support indirectly addresses matters such as the reluctance of ED patients in self-disclosing to solicit support and help, the immense positivity that are possible to be shared online, and the issue of social stigma associated with ED exists in the society. The chapter ends with brief recommendations for future research that may expand and improve studies regarding the nature of support messages regarding ED.

5.2 Strategies in Solicitation of Support

This section of the chapter discusses the strategies used by ED patients who self-disclose regarding their illness and the reasons for the usage of those strategies when soliciting social support in the online *Working Toward Recovery* forum organized by NEDA. 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 to Support-Providers*. Although messages in which 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. Matters addressed also include the digression from one

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strategy to another within a single post of solicitation of support, and the strategies that occur independently and dependently.

5.2.1 Digression of Support-Soliciting Strategies

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 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. Some may express in a lengthier manner which normally would result in the usage of several different strategies, and some prefer to make it short and more straightforward. Based on the findings of the present study, support-seekers or the ED patients who participated in the NEDA forum tend to digress from one soliciting strategy to another throughout the whole support-soliciting post (see Chapter 4, Table 4.1). 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.

5.2.1.1 Configurational Support-Soliciting Strategy of Self-Disclosure

With regards to the patterns of soliciting online social support where the act of self-disclosing is evident, most ED patients would incorporate such act to complement other support-soliciting strategies. 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 et al., 2006), *Shared Experiences* is a soliciting strategy that can be considered to be the utmost crucial in the present study as self-disclosure itself is central. A *Configurational* based support-solicitation is what the present study terms a situation when the strategy *Sharing Experiences* is regarded as the main, yet most frequent strategy

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to be discussed and highlighted in the post while the digression to other strategies is needed to strengthen the act of soliciting support. Strategies such as *Requests for Information* or *Statements of Extreme Behaviour* are dependent strategies 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.

The strategy *Shared Experiences* appeared mostly as the introduction of the post and the main reason for such occurrence was to express the reasons for their participations in the online forum. Experience sharing as the most common strategy in soliciting support in the online community is not a new discovery as that fact has been proven by past studies over the years (Eichhorn, 2008; Savolainen, 2010). However, the present study found that posts containing such strategy would commonly involve the disclosing of highly personal yet sensitive ED stories of ED patients and thus, causing their posts to appear lengthier than those who disclosed lesser.

Further, these personal stories that were shared to the online community was a form of self-disclosure and the detailed explanation of their participations was vital as they were in a position of needing the support from others. In order for that to occur, their support-providers would need to know and understand their situations. This could be referred to why McCormack (2010) claimed that ED patients that are governed by self-

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negativity are extremely reluctant at participating in online support groups as it is normally expected for them to self-disclose in order to really benefit from the forum. Nonetheless, to succeed in getting out of one's comfort zone to reach out for support from others is an achievement that could not be disregarded of its importance.

Further, the digression moves of *Shared Experiences* were also found to be the most opted in most sequences. The pattern here intended to be highlighted is the fact how the said strategy itself was the key source of information for support-providers to understand the issues faced by ED patients better. *Shared Experiences* alone is a strategy that could attract attentions of support-providers to lend their support and help. It is evident that the personal stories expressed by ED patients were mainly regarding their struggles fighting with ED in general. However, some of their disclosures also involved their personal issues such as the battle of having to face unsupportive family members and friends, the mental stress that results from trying to fill expectations as a student, being tormented by the judgments of others, financial pressure, etc. Without them realizing, all of the problems they faced in their daily lives somehow contributed to their addictions in engaging with ED behaviours. The reluctance or inability to face and solve the problems caused ED patients to exhibit those suppressed emotions and feelings into deleterious emotional eating habits and lifestyles instead. This fact demonstrates how emotions could be very much disturbed when one has to carry the affliction of being diagnosed with a mental health illness (Bauer et al., 2012).

On the other hand, a strategy that was opted as a dependent strategy to *Shared Experience* is the *Requests for Information*, an unmediated strategy that was carried out explicitly by ED patients. Such strategy was realized by addressing issues to support-providers in the form of questions. By having a direct nature of executing, it functioned

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to elicit specific information that the ED patients hoped to obtain from support-providers. Based on the findings, ED patients would specifically ask for information after they have shared their personal stories. Having the support-providers or the rest of the online community understood the situation that they were going through, the request of information that comes afterwards enable support-providers to relate the information needed to be given with the stories shared by the ED patients beforehand.

In addition, the linguistic features correlated with the requesting of information would usually intensify the appealing for support in the ED patients' posts. Some of those features encompass the inquiry of series of questions, and also the repetition of similar questions. However, questions that were asked consecutively were identifiable due to the presumptions of answers of the preceding asked question (e.g. "Does counselling always work? What am I supposed to do if it doesn't?"). The clear-cut manner of inquiring a specific information was motivated by the fact that these kinds of ED patients who participate in the online support group had no intention or desire to excessively share their personal stories. Rather, they preferred giving a brief summary of their issues before straightaway asking the online community for information in relation with the issues faced. Thus, the strategy *Shared Experiences* is still needed for its role as the main subject in order for the information requested to be understood. In the case of *Requests for Information*, the sharing of experience is done briefly but nevertheless, it still carries a vital role for the comprehension of the strategy. Further, as the online community itself share similar knowledge, and some may even share similar experiences, the inquiries were more direct as they were well aware of their shared background and issues.

Besides requesting for information, *Expressing Emotions and Feelings*, a new common strategy used by ED patients that was found in the present study, was also a

University of Malaya

support-soliciting strategy that was utilized in the online forum to appeal for support-providers' sympathy. Although not as frequently used as *Self-Deprecating Comments* and *Statements of Extreme Behaviour*, the function of the strategies' features was somewhat similar to one another. By having ED patients inserting words of despair and hopelessness in their posts as a form of positive threat to the face, it gave support-providers a vivid idea on the ED patients' current situations, emotions, and feelings. With that, it helped in appealing support-providers' sympathies to offer more of their help and support even if the support itself was not solicited explicitly by ED patients.

Nevertheless, the expression of emotions and feelings was discovered to be a dependent strategy that complements the personal experiences shared in the earlier parts of the posts. This fact however contradicted the features of *Self-Deprecating Comments* and *Statements of Extreme Behaviour* as both strategies may stand independently to convey meaning. Furthermore, as the act of soliciting support by self-disclosing is face-threatening enough, the inclusion of words relating to sadness, fear, or anger showed how the ED patients were at a state in which their sensitivity increases emotionally, particularly being reminded that ED itself is a life-threatening mental health illness. Support-providers on the other hand, should somehow be alerted by the action and mindful to take extra precautions in the choice of words and types of language to be used. The implied meaning of such expressions is rather implicit as the action itself acts as an indirect strategy of acquiring the attention of support-providers. Thus, a careful consideration is needed for a lay speaker intended to provide support to those who suffer from mental health illnesses as human cognitive abilities in interpreting language vary from one to another.

University of Malaya

Another new strategy found in the present study that is also dependent towards the strategy of *Shared Experiences* is *Showing Appreciation to Support-Providers*. Such strategy was opted by ED patients as a pre-acknowledgement for support-providers that were expected to read their posts. The "posts" here commonly refer to the sharing or discussing their personal stories and issues online that some might find difficult to achieve in offline settings. Further, some words of appreciation that were expressed by ED patients were not structured in the usual form of thanking conveyed in an elliptical sentence (e.g. "thank you"). It was found in the present study that "*I*", presenting the ED patient as the subject, was not omitted in the sentence (e.g. *I* thank you), which is regarded as uncommon to be used in sentences in the present day. According to Jacobsson (2002), the expressing of "*I thank you*" with a clear indication of a performative act with a subject was widely used in Early Modern English before the 15th century. Although such expression was not conveyed as frequent enough to be regarded as a significant finding, it did help in revealing how an evident use of a subject in a performative speech act could intensify the displaying of appreciation expressed by ED patients. Other linguistic features that were clearly seen in posts with *Showing Appreciation to Support-Providers* strategies were the opting of intensifiers (e.g. "dearly"), and exclamation mark. Such features portrayed the ED patients' manner of uttering after performing the act of self-disclosure and having their emotions in turmoil.

University of Malaya

5.2.1.2 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 strategies 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 state of mind at the time where they composed the posts, triggered upon to what they felt about the experiences they faced.

Following after *Shared Experiences*, the strategies that were typically opted were *Self-Deprecating Comments* and *Statements of Extreme Behaviour* as the succeeding strategies. The opting of such strategies was mostly derived from the feelings of self-shaming, self-hate, and body-shaming – reflecting what they felt about themselves that lead to their diagnoses of ED. Furthermore, those negative comments about themselves and their extreme actions were written openly and without the considerations of being ashamed by it. This is most likely caused by the ability for them to remain their real identities undisclosed. As have mentioned in past studies, one of the main reasons for the willingness of ED patients to participate in online social support groups rather than offline is due to the advantage in concealing their identities and remain anonymous (Kouper, 2010; Binford Hopf et al., 2013; Chung, 2013; Kim et al., 2017). Hence, matters pertaining troubles in struggling with an illness that is socially stigmatized by the society became more possible and comfortable to be discussed.

Despite the face-threat associated with both of the strategies, ED patients' preference for the opting of *Self-Deprecating Comments* and *Statements of Extreme Behaviour* could possibly imply that the acts themselves were intentional as it helped support-providers ingrain the fact that they were suffering and in dismal need of attention and social support. Further, the action of ranting about themselves in having to face ED behaviours is a direct form of FTA where self-humiliations could threaten the speakers'

University of Malaya

positive faces (Brown & Levinson, 1987) but would consequently lead to the feelings of sympathy and empathy from support-providers.

Nevertheless, although the nature of support-soliciting strategies discussed thus far were highly inclined toward the appealing for the sympathy and attention from support-providers, the strategy *Statements of Personal Success* generally illustrated a different approach to soliciting online support. ED patients tend to also share personal achievements in their posts aside from all the statements that demonstrated struggles and hardships of engaging with ED behaviours. However, behind the positivity embedded in the sharing of personal success stories which commonly entailed stories of successfully fighting ED, ED patients described them by emphasizing it with the use of past participle. The messages denotes failure as most of them consisted of a conjunction "but" to connect a subordinate clause that conveyed the main issue of not being able to maintain it (e.g. "I work out regularly, I eat a ton of fruits, but I can't shack this feeling"). This could also be the reason why such concern was raised in terms of not just the struggle to recover from ED, but the struggle to maintain it as well.

Based on a study conducted by Chesler et al. (2009), it was reported that some ED patients failed to maintain a healthy eating habit due to the belief that certain food intake could help in eliminating excruciating emotions associated with difficult events faced in life. These issues pertaining the maintenances of abstaining from redeveloping ED behaviours increase the absolute need for ED patients to self-disclose in an online medium for the purpose of getting the support and help they require.

University of Malaya

5.2.1.3 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 support online. 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.

This finding suggests that there were ED patients who considered the online support group discussion as a public journal for them to express their experiences with regard to being diagnosed with ED. The style of writing would also commonly be in the form of narration where the ED patients were the subjects of their own stories. These stories were shared in a very detailed manner and thus, causing the posts themselves to be comparatively lengthier. Besides, it was established in the present study regarding a feature of the strategy *Shared Experience* itself as a strategy that was arguably expressed with much dedication as ED patients would share personal stories from their past, present, and occasionally to their future actions. In fact, some ED patients would also mention explicitly of their intentions in participating in the online discussion was not to mainly solicit support, but only to vent out their suppressed personal ED behaviours and issues. With regard to what have mentioned by Gross and Levenson (1997) in terms of the likelihood of impairments in cognitive processing resulted from suppressed negativities, such activity of venting can be considered as one of the ways of self-treatment.

University of Malaya

Another common feature of the opting of a solitary support-soliciting strategy is the employing of interrogative sentences. Interestingly, the questions addressed in the post was not directed to support-providers, but to the writer himself/herself. This indicates that ED patients who used such feature intended on questioning themselves about their decisions, feelings, actions, etc. and was translated into the writing of their posts. Therefore, it can be said that the act of self-disclosing performed as a strategy of *Shared Experiences* alone is a strong approach in soliciting online social support even when it is not conveyed explicitly.

5.3 Strategies in Provision of Support

This section of the present study centers on the support strategies that support-providers opt for when discussing on issues pertaining ED. Strategies found to be utilized in the NEDA forum include *Encouragement and Esteem*, *Personal Opinion*, *Information Giving/Seeking*, *Personal Experience*, *Network*, *Emotional Expression*, *Congratulating*, *Prayer*, and *Inspirational Messages*. Another matter highlighted in this section comprises of the segue of strategies used in providing support in the form of sequence.

5.3.1 Segue of Support-Providing Strategies in the Form of Sequence

Unlike the strategies utilized in the act of soliciting support from the self-disclosure of ED, the provision of support was not entirely interrelated with the sharing of experience strategy. The findings showed that support-providers' personal experiences were fairly used as a support-provision strategy as other strategies namely, *Encouragement and Esteem*, *Personal Opinion*, and *Information Giving/Seeking* were more widely applied compared to *Personal Experience*. Following strategies that were least opted include *Network*, *Emotional Expression*, *Congratulating*, *Prayer*, and *Inspirational Messages*. However, *Congratulating* was a strategy that was newly discovered to be used as a

University of Malaya

support-providing strategy in the study. The study also identified that *Showing Appreciation* appeared to be a strategy that was particularly unlikely when providing support as negative signs of usages were found in the data analyzed. In terms of how the strategies were used or arranged, there were no definite patterns. However, it is clear that support-providers tend to segue from one strategy to another within a single post (see Chapter 4, Table 4.2).

5.3.1.1 Encouragement and Esteem

Based on the findings of the present study, the *Encouragement and Esteem* strategy was proven to carry the most dominant role when providing online social support. Having it being a strategy that was utilized the most in almost all of the sequences, support-providers were seen to carry the role as the person who spread positive vibes in the forum. With the entries of posts by ED patients that were usually identifiable filled with discouraging words and negative statements about themselves or their experiences, it is notable how words of encouragements by support-providers acted as a mollifying mechanism in comforting the ED patients.

Further, majority of the support-providers would begin their posts with such strategy before moving on to the next. This finding indicates that spreading positivity to individuals who suffer from ED or any mental health illnesses for that matter, is utmost crucial as they have dealt with enough unfortunate events due to such illnesses. It is notable how encouraging words could act as a spirit-boosting strategy for ED patients and have it as one of the most vital features in recovering (Flynn & Stana, 2012). Encouragement and esteem phrases (e.g. “That’s great”, “That is not your fault”, “I know that feeling”, “We’re here for you”) were widely used by support-providers to help them establishing somewhat a connection with ED patients to improve the ED patients’

University of Malaya

confidence levels. It is understood how self-disclosing itself is an act that required much courage and willingness despite having the possibility of face-threats (Cachelin, 2000; Al-Kahtani, 2005). Thus, it could be perceived that the frequent act of giving encouragement and positive words by support-providers were highly intentional as it could mend the face of ED patients that had been threatened from the self-disclosure done. As these ED patients' participations in the forum can already be regarded as the first step to recovery, support-providers have the responsibility of assuring that such effort could be carried on. Besides, soliciting support in online support groups can be classified as an effort of getting treatments in a non-clinical setting, which is encouraged by past studies if a clinical treatment is not preferred (Akey et al., 2013).

The findings also revealed how certain encouragement words by support-providers were in the form of laying out similarities with the ED patients. As the NEDA forum mostly consisted of individuals who may have struggled, or still struggling with ED behaviours, it is possible that they happened to share similar situations and hardships dealing with the illness. Henceforth, some support-providers were able to relate with the personal stories shared by ED patients. By showing a sense of understanding, most ED patients' common fear of rejection that was heightened by the stigmatizing perceptions regarding ED may be diminished. As a result, instead of feeling as if they were fighting ED all by themselves with no one to turn to, support-providers made an effort by throwing encouraging words to convince these ED patients that they were able to find a feeling of reassurance and that they were not alone. Support messages provided that were filled with encouragement and esteem words did not only give hope to the ED patients who were working hard toward recovering, but the positivity in the messages were regarded as a great morale booster for ED patients to continue fighting in their journey to get better.

University of Malaya

5.3.1.2 Personal Opinion

Meanwhile, the *Personal Opinion* strategy carried an interesting function in the act of providing support messages. The findings discovered how some personal opinions were given by support-providers as a unique way of proposing their advices or suggestions. On a side note, the forum itself consisted of individuals who participated in it or were gathered in the same online medium due to their similar intentions of wanting to engage with people who were familiar with ED. In other words, these people can actually be considered as random strangers in the world of reality. This however, motivated support-providers to be extra careful in whatever that was intended to be delivered for ED patients considering the only fact that they were aware of was their interlocuters were mental illness patients. Such occurrence was found in the data of the study when support-providers did not directly or straightaway give their advices.

Some support-providers took an extra precaution by stating their own personal beliefs on what they thought as true and helpful by deriving what had been disclosed by ED patients. This indicates how support-providers intended to conclude and reconfirming what they have understood before heading straight to suggesting or giving advices. The possibility of appearing to be imposing may be lesser as ED patients were able to acknowledge the thoughts of support-providers that lead to their suggestions.

Further, the present study also established that those advices and suggestions by support-providers were also given in the form of personal opinions. As giving opinions thus far appeared to only be a mitigation mechanism before the act of actually giving advices or suggestions, some support-providers were also found to give their personal opinions as a source of information for ED patients to comprehend and consider. Such information given were usually based from the support-providers' own intuitions and

University of Malaya

were not supported from an actual source. Even so, the personal opinions were still shared in a positive manner and with the intention of helping the ED patients. Besides, as support-providers themselves have knowledge regarding ED; either for educational purposes or based on their own personal insights, the advices and suggestions provided for ED patients were influenced by those two factors. This finding suggests although the information given was not from a renowned source, such strategy could aid ED patients in working toward recovery in a way that it was provided by an individual who truly understood the struggles they were facing with ED.

5.3.1.3 Information Giving/Seeking

The *Information Giving/Seeking* strategy on the other hand was found to have an important role as well when support-providers intended to provide online social support in the form of showing concern. Most support-providers in the study showed a lot of compassion and attentiveness toward ED patients in general. Nevertheless, it was found that the seeking information strategy by support-providers caused rather a huge impact to how the support message was structured. By requesting for more information regarding the ED patients' situations or how they felt about a particular suggestion for instance, it portrayed support-providers' sense of interest and sincerity in wanting to help them.

Further, the disclosing of issues on the lack of attention that these ED patients received from their family members and friends could imply the attention they hoped to receive from the online community. This finding strongly suggests that the attention and extra care needed by ED patients that were not given could highly contribute to the disinclination of these individuals to voice out and solicit help from others. Thus, it is worth noting that communicating with mentally ill individuals would require support-providers to be mindful of how much gentleness is required in terms of the language used,

University of Malaya

particularly when it is done via an online medium of interaction or any other non-verbal mediums of communication.

The act of giving information on the other hand, was utilized somewhat in the same manner of how support-providers gave their personal opinions. However, rather than giving recommendations based on their thoughts or what they only perceived to be helpful, support-providers tend to also give helpful information that lead to a suggestion based on what they have learned or were told from a renowned source. It is noteworthy that such information given can be considered as reliable for ED patients to take into consideration in applying it due to the validity of its source. Most support-providers took the initiative of providing very detailed explanation regarding the information shared and some provided hyperlinks or URL that lead to the web pages of the sources.

5.3.1.4 Personal Experience

In contrast to the *Information Giving/Seeking* strategy, the findings revealed that the *Personal Experience* strategy appeared as a technique for support-providers to not appear as an expert in the subject discussed. When the experience shared to ED patients can be for the purpose of giving suggestions for them to act upon, it can also be shared as a lesson learned and reminder for ED patients on what could be expected, or maybe even what should not be done as well. Referring to the findings of the study, it was found that support-providers would normally utilize such strategy after providing ED patients with advices or suggestions from *Personal Opinion*. The including of their own personal experiences after the possibility of appearing to be imposing on the ED patients' freedom of act could suggest that support-providers had the *Personal Experience* strategy to amplify the reliability of the suggestions given earlier. As the support-providers had proven an actual result based on what they have personally faced by incorporating the

University of Malaya

suggestions given to the ED patients, it could help ED patients in considering the intended message addressed to them.

In addition, such strategy could also help in minimizing face-threats on ED patients as support-providers had positively threaten their faces as well by disclosing their ED experiences. Besides, it was too discovered that the support-providers' sharing of personal experience appeared to be opted as a method to establish trust with the ED patients. As have mentioned, the individuals who participated in the NEDA forum were likely to be strangers in the outside world but were communicating with one another in the forum due to their shared topic of discussion. Thus, it is important for support-providers to create a trustworthy relationship in the forum. This is to assure comfortability for ED patients to disclose and solicit support as for them to express their feelings were highly encouraged. Besides, although the strategy *Personal Experience* was not much applied compared to all of the strategies that have been discussed thus far, it was quite a preferred strategy to be opted when providing support in a past study (Sillence, 2006).

5.3.1.5 Network

The *Network* strategy in the provision of support was discovered to be predominantly applied at the beginning of the sequence in support messages. It was found to be common in which majority of the support-providers would firstly greet ED patients for participating in the forum, especially to those who were considered to be newbies. Some even showed a sense of relief when welcoming ED patients (e.g. "I'm glad you found us"). This finding may possibly indicate that such expression did not only give ED patients assurance that they were at the right place to attain help, but also being more than welcome for them to join the community.

University of Malaya

It also signifies that support-providers were being very attentive toward the ED patients' participations in the forum as what was first expressed in the post can be regarded as the virtual first impression by ED patients. Hence, in order for these ED patients to feel accepted participating in the forum, support-providers' manner of responding in terms of their word choice, or how the language was structured were utmost crucial from the beginning until the very end of the post. However, McCormack (2010) described the strategy *Network* as not just greeting users, but also the act of leaving contact details for further private conversations if preferred. On a side note, the NEDA organization required their users to abide their rules and regulations in order to participate in the forums. Due to that, none of the users were found to leave their contact information as such activity may lead to removal of post or worst, being prohibited from future participations.

5.3.1.6 Congratulate

With regards to the *Congratulating* strategy, it is believed that the strategy itself is a boosting mechanism that increased the amount of positivity in the written post. As the battle to stop from engaging with ED behaviours and attitude was reported to be a form of hardship when dealing with the illness, it is implied that those ED patients who actually managed to fight it had so much courage and determination. In relation to such fact, the findings revealed that support-providers tend to normally congratulate ED patients when they shared or expressed any signs of recovery, even the slightest of them. This indicates that the stories shared regarding ED patients' successful attempts at recovering were greatly acknowledged by support-providers. Although some of those stories of personal success were actually subject matters in the past and the ED patients have redeveloped the illness, findings showed that support-providers still expressed their congratulations to ED patients for their effort. Such occurrence could possibly imply that the positivity in

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messages that were filled with praises were support-providers' effort to motivate ED patients in not giving up their determination to release themselves from further behaviours.

In fact, it is also notable how the *Congratulating* strategy was generally found to be associated with a suggestion or an advice succeeding it. The study suggests that the purpose for support-providers in inserting many high positive praises in their support messages was to increase the likelihood for ED patients to consider acting upon their suggestions or advices. It can be concluded that such strategy was one of the many methods of support-providers to not appear to be imposing on the ED patients, but still highly believed that their suggestions could be very helpful.

5.3.1.7 Emotional Expression

As most support-provision strategies functioned in a way that the support-providers were regarded as the listeners in the conversation or the people who were expected to give the support, the *Emotional Expression* strategy interestingly functioned in a distinctive manner. The act of embedding the feeling of "you are not alone" in the language structure of the support provided was still found in such strategy. Nevertheless, such feeling was considered to be overpowering in a way that the support-providers themselves needed the support from others as well.

The findings revealed that emotional expressions by support-providers tend to always be related with the fact that they can indeed relate with what was faced and suffered by ED patients. Thus, this suggests that such strategy was utilized in a manner of how both interlocutors may carry the roles of ED patients and support-providers simultaneously. The similar hardships shared in having to face ED made it possible that

University of Malaya

they needed the social support from each other. As stated by (Loureiro et al., 2010), the dependency of individuals who participate in online discussions and share similar issues can be considered as customary as peer support is vital in obtaining a richer source of information and to diminish the feeling of being an outcast in the society. Also worth mentioning, it was proven in a past study on the positive influence that an online discussion on ED has towards its users due to the consistent exchange of information in stimulating hopes of recovering together (Ransom et al., 2010; Saul & Rodgers, 2018).

5.3.1.8 Prayer

Equally important, the findings also revealed the fact how spiritual support is regarded by some support-providers as important as the social support given. Such support was ingrained by the opting of *Prayer* as a support-provision strategy. However, the findings did not show a significant amount of usages found in the data collected for the study. This may indicate that offering words of prayers was not profoundly applied by support-providers due to the difference of views or levels of belief. As the expressing of emotions and feelings by ED patients were always found to be related with a sense of hopelessness or even admittance of defeat, it can be said that strategies utilized to provide social support for these individuals should be in the form of great motivation and inspiration. Thus, the *Prayer* strategy was discovered to be some kind of motivation for ED patients to increase their faith mentally and spiritually to achieve recovery.

Further, besides being utilized as a source to motivate support-providers, such strategy was also discovered to be realized as a reminder to God. Some support-providers took the opportunity in helping the ED patients by preaching religious beliefs that may provide them with a state of ease or calmness. This finding suggests that such strategy could help in reducing the feeling of isolated, unwanted or unloved by others in the minds

of ED patients. As a matter of fact, prayers offered by support-providers were commonly found to be implying that they were not the only source of support that ED patients need, but rather requiring the strength, and the emotional and spiritual support from the almighty God as well.

5.3.1.9 Inspirational Messages

The *Inspirational Messages* strategy, being one of the least utilized ones, was inferred to be a strategy that acted as a catalyst in uplifting the spirits of ED patients. Although the other strategies in providing social support that had a more substantial number of usages were mostly encouragements in nature, this strategy however, was opted to further inspire ED patients in heading towards achieving their goals. The findings showed that support-providers included inspirational messages in their posts to cater for ED patients who had expressed their states of extreme restlessness or unease with their current situations. Some even shared their feelings of despair on how their future would turn out to be. Thus, it is notable how the sharing of inspirational personal stories or quotes is a strategy that could help ED patients to reflect upon their thoughts and decisions. Besides, a strategy as such was also generally used towards the end of the post. The study signifies that the support-providers deliberately left the ED patients with reasons for them to ponder and relate the advices and support offered to them with the messages that sought to give inspiration.

5.4 Level of Directness in the Solicitation of Support

The following section focuses on the directness levels of how social support was solicited in the NEDA forum. Specifically, the discussion comprises of the manners in which nonconventional indirect and direct levels of soliciting support were carried out.

University of Malaya

The findings of the study exposed two different patterns of directness when ED patients solicit online social support, which are the *Nonconventional Indirect* and *Direct* levels. These two manners of how the solicitation of support were realized possibly represented the ED patients' mental faculties in terms of what they felt about the situation they were facing at that particular time.

5.4.1 Nonconventional Indirect Support-Solicitation

Between the two levels of directness in soliciting for support, it was found that *Nonconventional Indirect* was distinctively higher than *Direct* in terms of the number of usages (see Chapter 4, Table 4.3). This finding made clear that even when the act of soliciting social support was done via an online medium where the advantage of anonymity was available, ED patients were still seen to prefer the opting of a more indirect approach of solicitation. This however, conforms with findings of past studies in terms of the high inclination of ED patients towards approaching the online community indirectly for support (Barbee & Cunningham, 1995). As it is claimed by Winzelberg (1997), an indirect form of soliciting support was mostly represented from an act of self-disclosing. However, it is unquestionable on the fact that some ED patients were reported to be extremely ashamed of their diagnosis with ED and affect their decisions to self-disclose (Cachelin et al., 2000; Becker et al., 2010; Akey et al., 2013; Choo & Chan; 2013). Thus, the study suggests that such feeling was immensely interrelated with their choices for indirectness.

In addition, when solicitation of support was done in the form of hints is concerned, the study strongly suggests that it involved the fact that the ED patients were maintaining their state of being in the comfort zone. Based on what was discovered in the findings, the range of age of ED patients that disclosed in the online forum to get help

University of Malaya

and support was typically adolescents or young adults who were in college. In relation to that, the phenomenon of having to face disorders at this particular phase in life could severely affect the mental health illness of the individuals suffering from them and the tendency to affect their decision-making processes is also at stake (Tomoda et al., 2000). Thus, such finding may illustrate the determination of ED patients to have indirectness as a form of defence mechanism in ensuring that their intentions of soliciting support was achievable despite of still being able to maintain their faces. It can be concluded that a nonconventional indirect form of soliciting support comprises an element of a face-preservation strategy.

Besides, the face-saving manner of soliciting support can also be applied to the possibility of having the thoughts of being unsupported, unaccepted, or even questioned for their actions or choices (De Rycker, 2014). However, as the nature of online support groups itself is to offer assistance to individuals who require the support from the online community (Chung, 2013; Oh et al., 2013), it is presumed that such concern is hardly to occur among the ED patients in the present study.

Further, the findings also revealed how the configuration of nonconventional indirect solicitation of support had ED patients leaving their posts at a state of ambiguity with no specific statements of what responses they hoped to receive from the support-providers. Even so, such posts did include words that portrayed the ED patients' conditions of being confused or at a lost in what should be done to deal with their issues (e.g., "I don't know what to do", "I am debating whether or not I should…", "I am so confused"). In spite of being aware of their main reasons for their participations in the online forum, which was to solicit support and help, these ED patients also displayed their inabilities to specifically expressed their states of minds regarding their own opinions.

University of Malaya

This finding strongly suggests that the reasons for such display of perplexity was for the purpose of allowing the freedom for support-providers to share their opinions instead as a form of support.

Moreover, due to the unspecified kind of support requested by ED patients, this may also signify how the ED patients were open and willing to accept any forms of support that could be given by support-providers. Nevertheless, the state of confusion shown was also accompanied by words of despair and sorrow. Thus, despite the willingness to receive the various forms of support, it is notable that the ED patients still showed the feeling of being hypersensitive and distress. This can be regarded as an indication for support-providers to still remain mindful of what were intended to be conveyed or shared. However, the communication done between a support-provider and the individual who solicits the support is utmost crucial to be carried out carefully as both interlocutors have to play their own parts effectively; in which the one who provides should always be keen of helping others, while the one who solicits on the other hand, works hard to achieve recovery (Hay et al., 2014).

In order to achieve effective support communication despite the indirectness in soliciting it, the study also deduced on the factor of similar backgrounds and experiences shared by both the ED patients and support-providers. As online social support groups in general cater for patients who need support from people who have the knowledge or are coping with similar issues (Coulson, 2005), the NEDA forum specifically consisted of individuals living in the U.S. who were familiar with ED. The findings of the present study showed that some support-providers expressed the ability for them to relate with the ED patients' situations. Hence, it can be said that they were the group of people who

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undoubtedly understood the feelings of those ED patients as they themselves had faced similar situations.

Apart from that, the findings also revealed the approximant of their ages as some disclosed the fact that they were in college or have been working for some time. By having ED patients disclosed such information about themselves, it is expected for support-providers to be able to visualize at what phase they were going through in life. Logically, such occurrence was possible as all of the participants in the online forum were U.S. citizens. Thus, the shared cultural backgrounds, as well as the experiences and knowledge on ED made it feasible for support-providers to comprehend what was implied by ED patients despite their indirect approach in soliciting support.

5.4.2 Direct Support-Solicitation

A more *Direct* manner of soliciting support on the other hand, was revealed to be fairly used by ED patients compared to a more indirect one. Even so, it is interesting to note how the findings showed that ED patients who were more direct in terms of their manner of soliciting support were very decisive. Commonly, a direct support-solicitation was done by having the ED patients stating specifically what they ought to require from the support-providers (e.g., “Any advice as to how I can end this binge cycle?”, “Is there anyone here whose beaten this who can tell me their story or give me some advice?”). From such explicit manner of soliciting support, support-providers may be able to deduce what exactly they needed to provide to help those ED patients. Therefore, the study strongly suggests that the motivation for ED patients to be direct as they solicit support would probably due to their awareness on the severity of their situations facing the illness. Such situations could appear in two cases in which the ED patients experienced an early realization on the importance for them to disclose and get help, or the fact that they were

University of Malaya

already at dire level of attaining help due to the deteriorate of their conditions. Besides, the urge for them to be open about their illness can be considered as a matter of consciousness. This is because based on the findings of the present study, ED patients had reported of been wanting to solicit support but were highly reluctant in doing so due to the immense considerations of the possibility of negative outcomes. Even so, irrespective of the shameful feelings associated with ED, ED patients are still expected to take action and opt for treatments which can either be a clinical-based or nonclinical-based (Cachelin et al., 2000; Akey et al., 2013).

In relation to such considerations, the findings also denote that ED patients' participations in the online support group can be considered as a form of non-clinical self-help treatment as their fear and perceptions on social stigmatization related to ED caused refusal of disclosure in real life. Thus, it is suggested that the need for them to self-disclose and solicit support from others influenced their manners of being direct when soliciting support online. This is also vastly probable due to the advantage of online discussions in general, in providing its users the option of remaining to be anonymous (Winzelberg, 1997; Eichhorn, 2008; Bauer et al., 2012).

In addition, the matter of time was also a concern in terms of the reasons for the directness of ED patients when soliciting social support from the online community. Although the number of such cases were not as significant, but it is notable to mention how some ED patients needed the support or opinions of others within a specific time frame. Due to the state of desperation, these ED patients became more direct in soliciting a specific form of support. Such finding suggests the limitation of time that some ED patients have to make decisions for instance, somehow provokes them to disregard the possibility of face-threats. The drive to obtain the information or the opinion of others

University of Malaya

that they required were more likely to be obtained faster if it were to be conveyed explicitly. Hence, in such occurrences, support-providers were able to clearly comprehend what was needed by the ED patients and thus, straightaway providing them with it. With regards to the level of acceptance of ED patients in receiving a direct form of support to be provided back to them, it is arguable that the support itself was solicited explicitly and in a pressuring manner for the support-providers. Further, the state of being obliged to time constraints can be regarded as a contributing factor to the tolerance of ED patients' in the possibility of accepting a more direct form of support rather than an indirect one.

A common theme was also identified in the present study when support was solicited directly by ED patients. The findings revealed a similar past history in the personal experience disclosed by ED patients in most posts that were direct in nature. Such shared experiences somehow contributed greatly to their reluctance in soliciting for support and help. It was found that some ED patients that were direct in soliciting support in the NEDA forum shared the issue of having family members and friends that did not accept the fact that they were associated with ED, or some even regarded ED as an insignificant issue and can easily be dealt with. All of such perceptions that the family and friends of these ED patients had can be considered as being heavily incited by the stigmatization of ED. Due to being surrounded with people who were inclined towards the social stigma of ED, it indirectly promoted the sense of demotivation of ED patients and caused they themselves to believe in the stigma of the society as well (Sugimoto, 2016).

Concurrently, the findings also revealed the fact that these ED patients had been intended of expressing their emotions and feelings regarding their ED issues for quite

University of Malaya

some time but were discouraged by the fear of such stigma. For those ED patients who were still determined to find help, the desperation and the strong urge to solicit support could perchance be the reason for their manner of being direct when participating in the online support group discussion (Barbee & Cunningham, 1995). The idea of being accepted and respected by the online community despite the illness may also be an added motivation for ED patients to disclose and explicitly solicit support as they were not able to receive such treatments in real life.

5.5 Level of Directness in the Provision of Support

In contrasts to how solicitation of support was carried out, support was discovered to be provided by support-providers of the NEDA forum in either a nonconventional indirect, conventionally indirect, or a direct manner. This shows that the performing of such act comprises the possibility of all three levels of directness. Thus, this section will address those outcomes.

When the online social support was provided to the ED patients, the findings of the present study showed how support-providers mostly opted an indirect manner when performing the act, with *Nonconventional Indirect* being the more frequent and followed by *Conventionally Indirect*. However, there was still a small-scale of *Direct* usages that were seen to be rather explicit for a support to be given to ED patients.

5.5.1 Nonconventional Indirect Support-Provision

By incorporating a *Nonconventional Indirect* manner of providing support, it is notable to infer that the support-providers were trying to not appear as imposing on the freedom of the ED patients to act, think, or decide (Blum-Kulka & Olshtain, 1984). Based on the findings of the study, the number of instances that revealed positive usages of hints in

support-provision posts were significantly higher compared to other levels of directness when supporting. Interestingly, it was claimed in a past study that such manner of providing support can be regarded as an impolite, yet possibly causing a non-effective support communication as what was intended to be conveyed could have the prospect of not being inferred precisely by the hearer or receiver (Blum-Kulka, 1987). Further, such finding could also be related with DeCapua and Dunham's (2007) term *Assertions of Individual Choice* as the notion promotes the freedom for individuals to make their own decisions.

The study believes that support-providers who preferred the *Nonconventional Indirect* form of supporting compared to the other levels were strongly motivated and driven by the feeling of compassion and attentiveness towards the ED patients. Moreover, the context in which support-providers intended to create for the online support group was concluded to not be based on professional relationships, but rather promoting healthier positive interpersonal relationships. From such form of setting in the online forum, ED patients could benefit better from their participations due to the lesser pressure asserted in their attempts to disclose. Besides, by realizing interpersonal relationships with the ED patients, support-providers were more likely to minimize the feeling of discomfort in the forum due to the improved establishment of trust (Joinson & Paine, 2007).

Some support-providers could also possibly apply such form of indirectness as a means to not appear as an expert on the matter of discussion. This claim was proven from the findings of the study on the implicit manner of support-providers in providing the support, and some even clearly admitted to not being professionally trained to treat individuals who suffer from mental health illnesses. Such finding further conforms results

University of Malaya

of a past study in which the image of a supporting friend is more preferred by some support-seekers and support-providers compared to an expert in social support groups (Juarascio et al., 2010; Bauer et al., 2012).

However, Evans et al. (2012) argued the act of providing support by assertively sharing their experiences for the purpose of relating with the patients' issues can already be considered as a form of appearing to be an expert. Such perception is believed to be partly true due to the possibility of the support-provider in having immense knowledge on a particular issue, but not necessarily on those that focus on other subject matters. Thus, the present study suggests that the act of observing the manner of how support can be provided was a noteworthy fact for support-providers to maximize the positive perceptions of ED patients towards them, and this include the hindrance from appearing as an expert or a superior.

5.5.2 Conventionally Indirect Support-Provision

The findings also revealed that support-providers would use a *Nonconventional Indirect* method in a way that it can be seen as assimilating the ED patients to ponder upon their suggestions or advice. Not to be confused with appearing to be imposing as such method of providing support still promotes DeCapua and Dunham's (2007) idea of *Assertions of Individual Choice*. This can be further explained from how the support-providers implicitly structured their manners of ingraining the idea into the ED patients' minds for them to take into considerations. Such intention still enables the freedom for ED patients to decide by themselves on whether or not what was suggested should best be implemented.

University of Malaya

As similarly identified in past studies, the study also deduced that the assimilation by the ED patients could also help in allowing them to improve their perceptions and behaviours on how they could manage their illness (Barbee & Cunningham, 1995; Akey et al., 2013). Another possible intention that could perhaps be the reason for the utilization of such form of indirectness was to guide ED patients rather than forcing them to accept a specific suggestion. Despite the disclosure of their issues in the online forum, it is believed that no one can understand their situations better than themselves and thus, the decisions in overcoming the issues should still be the ED patients' role to be made. Thus, the possibility of impositions by the support-providers is highly seen to be unlikely.

In addition, the study has also proven positive usages of *Conventionally Indirect* level of directness in the provision of support where most support-providers would minimize imposition by having adverbs as hedges in their sentence structures ("maybe", "perhaps", "possibly") and qualifiers (e.g., "I think", "somewhat"). Such manner of providing support was found to also appear as an illocutionary act in the form of what is term as *Declarations* by Searle (1975) (e.g., "I suggest you try getting counselling" "I recommend getting into treatment") (see Chapter 2, Section 2.3).

On the contrary to how the purpose of *Nonconventional Indirect* support-provision could probably be intended by support-providers, a *Conventionally Indirect* manner of performing the act was inferred to still have the intention of not wanting to appear as imposing but having that assertion for ED patients to strongly consider their suggestions or advice. It is dissimilar to the previously discussed manner of providing support in terms of how more specific and precise the idea or the gist of the suggestion was presented.

University of Malaya

Compared to supporting the ED patients by hinting them on what they should do, the *Conventionally Indirect* form of support clearly stated the support-providers intentions but with the presence of hedges (adverbs and *Declarations*) to cushion the sentences. Such manner of conveying the intended message is suggested in the study to help in minimizing the appearance of imposition. Besides, by mitigating the forms of support with hedges, the support-provider were able to reduce the severity of threatening the ED patients' negative-face wants. Further, it is also notable that despite the claim by Blum-Kulka (1987) on such level of directness was considered to be the most effective and polite manner of providing support due to its ability to still convey the intended message clearly, the findings of the present study however, showed a higher preference of the act performed in a *Nonconventional Indirect* manner.

Moreover, it is concluded in the study that the imposing position of support-providers when providing a *Conventionally Indirect* support was in between the severity of *Nonconventional Indirect* and *Direct*. The findings discovered that support-providers who were conventionally indirect tried to abstain themselves from performing a crucial FTA but still wanted to strongly suggest the ED patients to take a specific action. Thus, rather than being too straightforward and appearing to impose, hedges were used. However, it would be inappropriate to deny any presence of imposition in the said level of directness as the intended message was explicitly suggested. This is because the degree of how direct a message is conveyed depend much on the intention of the support-providers for the purpose of balancing the impression between actually providing the support or insisting on imposition (Sillence, 2013).

In fact, the provision of support delivered in a *Conventionally Indirect* approach was generally inferred to be in the state of being neither explicit nor implicit due to its

University of Malaya

fair level of damaging or severity. Hence, considering the findings of the present study with relation to the fact how such level of directness is more effective and contains more politeness aspects, the study highly suggests the utilization of *Conventionally Indirect* in performing the act of providing support. This is due to the beneficial elements both the support-providers and support-seekers could receive, in which the one who provides could convey their intended meaning and the one who seeks could evidently comprehend it.

5.5.3 Direct Support-Provision

Despite the high possibility of face-threats on the ED patients, there was still a quite number of *Direct* provision of support found in the findings. A minority of support-providers were seen to provide support in a very explicit manner where such level of directness appeared to be the most imposing compared to the other two levels. The manner in which the support can be perceived to be rather direct was identified to be when the *Directive* act was delivered without proper usage of hedges. Besides, as Herring (2004) mentioned, when the communication is done via an online platform of interaction, the perception of how the message is portrayed and interpreted rely much on the sentence structures, as well as word choices of the sender. This is due to the lack of availability to include nonverbal cues that could possibly help better interpreting the interaction to promote effective judgements (Herring, 2009; Jiang et al., 2011; Henricson & Nelson, 2017).

Further, the finding also suggests that there were both positive and negative probabilities in terms of the reason for such explicit manner of providing support was executed. With relation to a positive outcome out of directness, as have discussed evidently in a previous section, the study found few ED patients who explicitly solicited

University of Malaya

support due to factors such as time constraints, desperation, etc. Due to the sense of urgency that the ED patients had left in their posts, the situation somehow had caused an immediate response for support-providers to unconsciously provide a direct form of support as well. Thus, in cases as such, the study inferred that the degree of face-threat on the ED patients was considerably lower, and thus, minimal imposition occurred.

However, the more common perceptions of being direct that were viewed as negative were also discovered in the present study. The findings managed to reveal evidence of some support-providers who had minimal considerations towards the thoughts and opinions of ED patients. This was identified from how there were a few interactions from indirect manners of soliciting support that received explicit responses from support-providers. The situation was especially seen to be crucial when the ED patients displayed extensive negative emotions and feelings apart from showing their state of confusion and despair. From such manner of soliciting support, it is logical to deduce that the role of support-providers is utmost important when dealing with situations as such as most support-seekers viewed support groups as a safe place (Evans et al., 2012). Therefore, such positive impression regarding social support groups could perhaps cause a rise in the number of participations and damaging it should be highly avoided in any way possible. The study also suggests the importance of observing and asserting quality positive support that are structured in a way that it can be perceived in a gentle manner (e.g., usage of hedges and indirectness). Besides, to honour the appropriateness and mindful approach was claimed to be a mechanism that can attract interest of participations in support groups (Uśo-Juan, 2007).

The findings also revealed how the straightforward manner of providing support was seen to be too forceful to an extend that it appears to be harsh, especially with the

University of Malaya

usage of intensifiers (e.g., strongly, certainly, really, honestly). As unpleasant as it seems, some support-providers may perceive it to be acceptable for being direct as a means to intensify the seriousness of ED and the importance for them to recover from it (North, 1997). However, the findings denote such directness as a response to an indirect solicitation can be regarded as causing uneasiness among the ED patients. This is because generally, the level of directness in how the support is solicited reflects much on how the directness of the support is expected to be provided (Goldsmith, 2000). This can be further related with the findings of a past study by Campbell and Wright (2002) that distinguished between the difference of soliciting support from a support group, and from family members and friends. It was discovered that the motivation in preferring support groups over loved ones was the fact that the latter have the possibility of taking strict control of the ED patients for the purpose of recovering, whereas support groups disallows exerting control due to having non-superior-inferior relationships.

With reference to the present study, as some ED patients reported of having loved ones that were stigmatized by the idea of ED, the hindrance for these sufferers in disclosing ED-related issues to them may be caused by the uncomfortable feeling and the likelihood of receiving unwanted treatments. Thus, it is logical to conclude how the expectations of their participations in an ED online social support group forum would be more promising due to the community's shared backgrounds and knowledge. Further, the incorporation of intensifiers itself can be alleged as imposing as the strong manner of delivering an idea or a state of opinion may have the prospect of invoking irritation among the receiver (Alonso-Almeida, 2015).

University of Malaya

5.6 Contributions of the Study

This section presents the imperative contributions that this study has unveiled. Matters of contribution include understanding ED patients' mental faculties, promoting effective support communication, and the consideration of ED online support group in Malaysian health care system.

5.6.1 Relating Manner of Soliciting Support with State of Eating Disorder

As the present study centers on the interaction done between ED patients and support-providers, it becomes apparent how self-disclosing was proven to be a form of soliciting support that was regarded as alleviating the sufferings of the ED patients. This include the fact how among all of the other strategies in support-solicitation, the disclosing of their personal experiences occurred primarily the most and as the first strategy in the sequence of the posts. Thus, it contradicts to what was claimed in past studies (Basile, 2004; Chesler et al., 2009; Nguyen et al., 2016) in terms of the extreme refusal for support-seekers in soliciting or accepting support. Such finding clearly describes that the intention of wanting to disclose and getting help was evident but may be demotivated due to excessive negative emotions and the perceptions of social stigma.

Furthermore, other support-soliciting strategies were also found to directly reflect a specific situation or issue faced by the ED patients. Those issues that they struggled with were found to be interrelated with how they asserted more negative elements in their posts. It is concluded that the severity of those elements being expressed represented their ED conditions. Consequently, the study contributed in assisting support-providers, volunteers, psychologists and counsellors in comprehending better the reasons for the utilization of each strategy.

University of Malaya

5.6.2 Treating Eating Disorder Patients as Part of the Society

Equally important, the findings discovered were contradictory to most ED patient' fear of being unaccepted, ashamed and isolated from the society due to the stigmatizing opinions regarding the illness. It was clear that support-providers consistently tend to show acceptance, a sense of warmth and welcome, and even attentiveness towards the ED patients. Their manner of approaching that was based on immense form of encouragements kindled positive emotions and attitudes among ED patients that were perceived to be the main source of emotional and morale support.

Further, such feeling of being a part of a community could also motivate these individuals to diminish the feeling of being isolated as their participations in the forum allow them to mingle and mutually support others who face similar issues. Hence, it would be rather unlikely for them to feel as if they were handling their ED related problems alone as the existence of the online forum assist them to overcome the anxiety of loneliness among each other. This could also lead to an increase in confidence level among the ED patients to be honest about their illness and willingly seek for help. It is important to note how such feeling of being rejected and stigmatized by the society could cause so much harm to those who suffer from the illness. As such, showing an act of compassion and encouragement can be considered as an essential form of support that could emotionally and psychologically help the ED patients to feel better about themselves.

5.6.3 Approaching Eating Disorder Patients

By analyzing the manner in which social support was solicited in the forum, the study found conspicuous patterns of how the support was expected or hoped to be provided back to the ED patients. Linguistic features such as directness or indirectness, word

University of Malaya

choices, proper usages of hedges or intensifiers, etc. were found to affect the way in which the support can be perceived. Given the common expression of being desperate and tormented among the ED patients, it is deduced that these individuals should be approached and taken care of in the most gentlest empathetic manner. However, there were some of them that were seen to be able to tolerate explicit form of support. Such situation however, was very distinguishable compared to the usual support-soliciting strategies. The variance of how support can be solicited infers that support-providers should be aware in terms of analyzing the intentions of these ED patients as the manner in which support-providers approach them should not necessarily be similar in each attempt.

5.6.4 Stimulating Awareness on Eating Disorder in Malaysia

Apart from the small-scale of literature found that focused on the increasing phenomenon of ED in Malaysia, the study managed to present statements from past studies on how the illness has been regarded as uncommon and disregarded. Even so, it is undeniable that such engagement of ED behaviours among Malaysians is gradually increasing. This causes a need for illnesses such as ED to be addressed on its severity and mortality among the people of Malaysia. Such action is vital to further educate those individuals who possibly were unaware of their association with ED. Further, other than the ED sufferers, the society themselves can also be considered as the most important group of people to be acquired with proper knowledge regarding ED. This should be highly advocated as an attempt to hinder these people from believing the concept of ED being a form of social stigma. Due to such lack of knowledge, it is still believed on the need for education that stresses on ED and other mental health illnesses to be implemented as it was reported of its scarcity (Perveen et al., 2017). This can also be viewed as an early precaution step before the idea of stigma is spread throughout the whole society in Malaysia.

University of Malaya

In addition, given how effective an online social support group that centers specifically on ED can be, such online platform of self-help treatment should also be considered to be effectuated in Malaysia. The prospect of such enactment could help those individuals with ED to widen their options for seeking treatment as well as sparing themselves from developing worst ED behaviours and attitudes.

5.7 Recommendations for Future Studies

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 and support-providing behaviours 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 two behaviours 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 support-providers approach these individuals could also be contrasted in terms of the presence of nonverbal cues when the support is given physically as an approach to mitigate face-threats on the ED patients. Thus, the triangulation method allows the findings to be further generalized in representing all the individuals with ED more precisely.

To have a better understanding in the willingness of communicating social support messages, the study recommends future research to conduct a comparative study on the views of culture regarding ED. Considering how some culture view ED as a taboo and stigmatizing topic, it may have a direct effect to how such perceptions influence the manners and strategies in which support can be solicited and provided. It would be interesting to discover if cultures that have higher levels of stigma towards ED are more

University of Malaya

likely to have rare opportunities in being open about the illness, and vice versa. Besides, a comparative study on the stigmatized view of different cultures on ED could also reveal on whether the rate of mortality among ED patients in those particular cultures increases or decreases as time passes.

Another recommendation for future research is to carry out an interventional study for the purpose of measuring the effectiveness of self-disclosure as one of the most prominent self-help treatments. As the present study focuses only on the self-disclosure done via an online support group discussion where the outcome of such activity could not be entirely defined, it would be constructive to evaluate the act of self-disclosing as an intervention. Consequently, the study would be able to identify the effectiveness level of the act via the comparison between a subject who discloses to solicit support and a subject who suppresses their issues.

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.

5.8 Summary

Due to it being a mental health illness that is highly prone to mortality, ED is considered to be an issue that should be given more attention. As some ED patients still disregard the need for them to receive support in order to recover, the study revealed that the existence of online social support group discussions made it more possible for these individuals to

University of Malaya

get the help they required. The manner in which support was solicited were discovered to have a few relations to how the support was provided back. Further, the disclosure of sensitive issues such as facing failed recovery, having unsupportive family members and friends, and even the negative bad perceptions toward themselves reflected their agonizing pain and dire need of support. This indirectly caused their readers or support-providers to be careful in structuring their support messages as such medium of interaction was only limited to language use and word choice.

With relation to language, the present study managed to address the relationship between language use and the advantage of anonymity in online discussions. It was unveiled how generally, there was a negative relationship between those two factors in both support-solicitation and support-provision. This can be related to the manner of indirectness the support messages were conveyed. In terms of soliciting the support, majority of the ED patients were seen to be willingly disclosing many highly sensitive issues in which most stories were explained in detail. Such willingness however refrained them from further soliciting the support directly due to the face-threats that had been done onto themselves. For support-providers on the other hand, the high preference for indirectness was also found to be applied to avoid imposing the ED patients' freedom of action and to minimize face-threats onto both themselves and the patients. Further, the strategies applied in both the act of soliciting and providing support were revealed to be delivered in a way that they were implicitly structured. The findings presented in the two occurrences proved how both interlocutors dismissed the ability of appearing to be anonymous in the online platform as it is inferred that the establishment of mutual support, considerations and compassion were mainly focused.

University of Malaya

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