Online support-provision in the self-disclosure of eating disorders

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ABSTRACT
This paper highlights the importance of appropriate communication with individuals who suffer from eating disorders (ED). The negative perception that society has towards ED often leads its patients to conceal their problems and avoid seeking help (Perveen et al., 2017). Understanding the manners in which support-providers approach ED patients in order to eliminate the fear is therefore important. Data was collected from the National Eating Disorders Association (NEDA) website from January to March 2018, where support-providers' responses to posts of self-disclosure were qualitatively analyzed through computer-mediated discourse analysis (CMDA) using McCormack's (2010) Categories of Social Support and Blum-Kulka and Olshtain's (1984) Cross-Cultural Study of Speech Act Realization Patterns (CCSARP). Drawing on the categories of social support proposed by McCormack, it was found that most of the strategies that the support-providers opted for were highly positive and indirect in nature. The findings also showed that the indirect support given was often complemented with words of encouragement and a number of suggestions that were offered as part of the support itself. This allowed the support-providers to appear unimposing on the ED patients while being able to ensure that they were guided on the possible means of recovery.

Keywords: Eating disorders; online support strategies, providing social support; self-disclosure; social stigma

INTRODUCTION
The advent of computer-mediated communication (CMC) has seen the proliferation of online support groups in recent years. According to Kendal et al. (2017), the easy access to discussions available on online support groups allows a two-way flow of social support. Furthermore, giving support messages within the online communities is well suited for supporting one another, as the members' intentions are visible from how their text messages are constructed (Chung, 2013). Support groups are generally concerned with emerging and critical issues, including mental health illnesses such as eating disorders (ED). The Eating Disorders Coalition (2014) reported that among all the known mental health illnesses, ED are considered to have the highest mortality rate, with patients dying every 62 minutes. Even though the issue of ED in Asia is not as crucial as it is in Western countries (Edman & Yates, 2004; Miller & Pumariega, 2001; Pike & Dunne, 2015; Viren, 2006; Wahida et al., 2017), in the majority of Asian cultures there is a social stigma attached to ED and the act of seeking help and support from people outside the household is often perceived as bringing embarrassment to the family and shame to oneself (Cachelin et al., 2000; Sue & Sue, 1987). Because of the stigma, patients tend to conceal their problem, turning away from

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social support (Akey et al., 2013; Basile, 2004; North, 1997). This, however, contradicts McCormack's (2010) suggestion that participation of ED patients in online support groups should be encouraged due to its many benefits. One way to eliminate such social stigma that is ingrained in the minds of these ED patients is to examine how social support is provided to them. The question that this study intends to answer is thus, 'In what ways is online support effective when it is provided to ED patients?'

Providing online support

The speech act of providing (social) support can be categorized as either *constative* or *directive*, depending on the manner of how the act is performed. It is a *constative* if the support provided falls under the act of informing, where the speaker gives information to the hearer on what the speaker believes with the hope that the hearer will too form a similar belief. However, a support-provider could also be acting in a *directive* manner if s/he prescribes an action to be carried out as an attempt to solve an issue faced by the hearer.

Support is a form of advice that can be solicited and provided through various means, both in virtual or local communities (Goldsmith, 2000). As soliciting support contributes to recovery in patients with mental health illnesses (Oh et al., 2013), provision of such support and maintenance of a quality and healthy relationship with these individuals are crucial, especially if they are undergoing treatment (Hay et al., 2014). This is also due to the negative social stereotyping of ED and other perceived disadvantages of the treatment itself such as costliness and availability (Becker et al., 2010), all of which can contribute to the reluctance of ED patients to solicit support (Cachelin et al., 2000; Kendal et al., 2017; Winzelberg, 1997). Thus, it is important to encourage ED patients to solicit social support by showing them how it can be done effectively. Furthermore, McCormack (2010) pointed out that ED patients who utilize online support groups often feel appreciated and comforted by the availability of the support-providers.

The manner in which support is provided also plays an important role in alleviating ED patients' fear to disclose their problems and solicit help from others. In a study by Savolainen (2010), online support-providers mostly opted to give informational support, which can take the form of suggestion or advice, the latter of which may include teaching. The study was guided by the categories developed by Cutrona and Russell (1990) whose Optimal Match Theory posits that types of social support given are more effective when they match types of stressors. Cutrona and Suhr's (1992) study, however, found limited support for the theory as they discovered informational support was more strongly correlated with how much control the

recipients and support-providers had over the stressful event, not its type. On the other hand, Eichhorn (2008) employed the theory to identify the types of social support most prevalent for ED and found that the informational support was the most frequent type used with the illness because when it is viewed as a stressful event, ED patients can "control over the onset and termination of the stressor" (p. 74). Optimal Match Theory was applied by Eichhorn (2008) in studying how social support strategies were 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

Directness level of providing support on eating disorders

How support is provided reflects the beliefs and norms of a community (Sillence, 2016). Hence, the degree of directness shown during provision of social support is indicative of the provider's 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.

Based on the CCSARP, Blum-Kulka and Olshtain (1984) distinguished three levels of directness, which were specifically applied to the act of requesting. The most explicit level of requesting denotes the most direct strategy; the conventionally indirect level refers to a request made with consideration of contextual preconditions; and the nonconventional indirect level is basically what Brown and Levinson (1987) term an off-record strategy as the request is made through hints. Yet, among all of the levels of directness, it is argued that the conventionally indirect level is the most polite form of requesting as it reflects the sensitivity of the doer or the speaker in performing the act (Blum-Kulka, 1987). However, Blum-Kulka and Olshtain (1984) pointed out that a speaker may adjust his/her degree of directness, as well as the strategies opted, in order to minimize face-threats on the hearer.

The three CCSARP levels of directness have also been applied to the act of offering advice (Blum-Kulka et al., 1989). In a study conducted by Babaie and Shahrokhi (2015), it was found that the level of directness in advice-giving differs among cultures. For instance, native English speakers tend to be indirect in giving advice but contrastively, Iranians opt for a more direct approach.

In the context of ED, Winzelberg (1997) argued that the acts of showing concern or empathy themselves are already considered as direct ways of giving support. This fact is supported by Flynn and Stana (2012) who reported that both indirect and direct support are common in an online social support forum focusing on ED. Flynn and Stana (2012, p. 162) further distinguished the nature of direct support where they are not merely considered as acts of concern but are usually specified and presented in the form of "self-disclosure, information, emotional support, and advice". On the contrary, Goldsmith and Fitch (1997) argued that, in terms of level of directness, any expression of support varies across situations and individuals providing the support. Given the different conclusions made by these researchers, there is still a lot about directness in support-giving for ED patients that remains unknown. 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 information on the quality of the information and how it is delivered is necessary to support-providers (Coulson, 2005).

METHOD
The research adopted a qualitative design. According to Creswell et al. (2007), a qualitative design is driven by the research questions that underpin the study. As the present study focused on finding the strategies and levels of directness used in support messages, a qualitative method was used to analyze the contents in an online discussion forum. Furthermore, this design is consistent with those of prior studies on online support group discussions (Eichhorn, 2008; Goldsmith, 2004; McCormack, 2010; Wolf et al., 2013).

Analytical tools
The present study analyzed the act of providing online social support in terms of strategies and level of directness in dealing with self-disclosures of ED. Two analytical frameworks from prior studies were adopted: Categories of Social Support (McCormack, 2010), and levels of directness from CCSARP (Blum-Kulka & Olshtain, 1984).

The strategies used in the provision of support were identified using McCormack's (2010) ten categories of social support, which are *information giving/seeking, encouragement and esteem, personal experience, personal opinion, prayer, network, showing appreciation, inspirational messages, emotional expression,* and *miscellaneous.* McCormack's (2010) coding scheme of types of strategies that people use in social support online discussions is derived from findings of past studies on social support for different types of illnesses (Coulson, 2005; Klemm et al., 1998). Some previous categories were merged by McCormack

(2010) due to recurrent patterns of support messages consisting of more than one strategy. This shows that it is common for support-providers to opt for multiple strategies depending on the situation and the type of support expected by the support-seeker. This fact is also related to the need for maximum acceptance of the support provided. Furthermore, McCormack (2010) stated that the variety of strategies listed in the coding scheme would be sufficient to classify the majority of the strategies that support-providers use in a social support online discussion forum.

As for identifying the directness level of providing support, the CCSARP classification by Blum-Kulka and Olshtain (1984) and Blum-Kulka et al. (1989) was adopted. According to the CCSARP, individuals may provide support via three levels of directness depending on the context. These are *direct* – the most explicit manner of soliciting support; *conventionally indirect* – this type of support-provision, based on Searle's (1975) *indirect speech acts,* is done by the initiator with reference from the context; and *nonconventional indirect* – the support is provided in the form of hints where the addressee is required to infer what is provided.

Research site
The present study analyzed content from the largest nonprofit organization website based in the United States called the National Eating Disorders Association (NEDA) (www.nationaleatingdisorders.org/forum). The organization raises awareness, builds communities of support and recovery, and funds research that can contribute to studies on ED. NEDA functions as a medium of support in working towards recovery for individuals or individuals with family members who suffer from the illness of ED. Such groups of individuals are reported to be struggling to fight the disease. The website's forums are moderated by volunteers who are trained by NEDA, as well as anonymous support-providers who volunteer to help others.

Participants and data
Participants of the study were registered users of NEDA who took part in one of NEDA's online discussion forums, *Working Toward Recovery*, which took place from January to March 2018. This selection was centred on those users who carried out the role of support-providers to individuals with ED. It was found that 83 posts sent by 41 users met this criterion. These posts also included responses consisting of self-disclosures by ED patients regarding their illness and problems.

Ethical considerations
The public nature of the online forum enables the public to openly read it and registered users can choose to remain anonymous. According to Ess and Association of Internet Researchers (2004), a forum

organization has no obligation to protect its users' privacy. However, to avoid any potential discomfort, the present study chose to not to disclose the identities of the participants.

Data analysis

The study adopted a Computer-Mediated Discourse Analysis (CMDA) approach to examine the instances of support-provision that took place on the *Working Toward Recovery* forum on NEDA. As a tool, CMDA allows online interactive behaviour of interlocutors to be studied from a linguistic perspective based on the language recorded in logs of online exchanges such as threads and archives (Herring, 2004).

The use of CMDA in the present study is regarded as more suitable than traditional content analysis (CA) when dealing with contents available on the web (McMillan, 2000; Tong et al., 2013). The complexity of web contents due to overlapping of communication channels causes conventional coding schemes to be rather inappropriate and require more specialized ones (Herring, 2009). Therefore CMDA is more appropriate in analyzing contents of conversations done via online chatrooms, discussion forums, text messages or any other online platforms that support exchanges of discourse (Herring, 2009). Furthermore, as online language visibly changes overtime, how it is structured and learned depending on the context can

be observed and analyzed via CMC users' textual exchanges.

FINDINGS
Strategies in providing support on online discussion forum

With a total of 393 strategies found within 83 posts made by support-providers on NEDA, the most frequently opted strategy was found to be *encouragement and esteem* (N=142). Thus, 36% of the strategies in providing support from the month of January 2018 until March 2018 can be regarded as NEDA support-providers' attempts at encouraging ED patients to carry on in the journey of recovering from the mental health illness. The support-providers also revealed to be keen in sharing or expressing their *personal opinions* (N=103) and *experiences* (N=40), apart 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 expressions* and *congratulatory messages* (labelled as *miscellaneous* in the original scheme) were also found in the forum, although not as frequent. However, among all the listed strategies listed in 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 presented in Table 1.

Table 1
Data Analysis of Strategies in Providing Social Support on NEDA

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

Encouragement and esteem

Based on the findings, *encouragement and esteem* was the dominant strategy in providing online social support. Through it, support-providers became agents who spread positive vibes on the forum. The prominence of this strategy here contradicts the findings of Kim et al. (2017) in which encouragement, categorized as *Words of Kindness,* was regarded as a supplementary form of support. The findings of the present study suggest otherwise as the ED patients' posts were clearly pessimistic and rife with negative statements about themselves or their experiences. It is unmistakable that the encouraging words of the support-providers played a mollifying role in comforting them. In addition, encouragement itself is crucial for social support, which in turn will help to increase "health-related self-efficacy" among ED patients who are often affected by their health concerns (Oh et al., 2013).

Further, the majority of the support-providers would begin their posts with this strategy before moving on to the next (e.g. "Hi! It's great that you're exploring your limits and comfort zone before sharing your story"). This finding indicates that spreading positivity to individuals who suffer from ED is of utmost importance considering the various issues arising from the illness that they have to deal with. Words of an encouraging nature have been acknowledged as spirit-boosting to ED patients and thus, one of the most vital features in recovery (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 establish a connection with ED patients to improve their confidence levels. Implicit in this strategy is the understanding that self-disclosure itself is an act that requires much courage despite the possibility of face-threats (Al-Kahtani, 2005; Cachelin, 2000). Thus, it can be seen that the strategy is a considered one as it could mend the threatened face of the ED patients. As these vulnerable participants have taken the first step towards recovery, the support-providers must be careful to ensure that such effort would be supported for continuity.

Personal opinion

Personal opinions were given by support-providers as a way to dispense advice or make a suggestion. Some support-providers took an extra precaution by stating, in the first instance, their own personal beliefs on what they thought as true and helpful as a response to what was disclosed by ED patients. This indicates how the support-providers intended to reconfirm what they understood before giving the advice or suggestion. The possibility of appearing as imposing may be lesser as ED patients were able to acknowledge the thoughts of support-providers that led to their suggestions. Braithwaite et al. (1999) came to the same conclusion as opinions were regarded as opportunities for support-providers to weigh others' suggestions and advice and not as improper messages. Especially in an online setting, the ability to edit posts that were already sent in forums makes opinions of others to be more valuable and plausible. Some support-providers were also found to provide their personal opinions as a source of information for ED patients to consider. Even so, the personal opinions were still shared in a positive manner and with the intention of helping the ED patient (e.g. "You are going through grief. Grief is not only when you lose a pet but also 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 try to shut it down. Allow yourself to feel the pain and the anger and whatever else you are feeling").

Information giving/seeking

The *information giving/seeking* strategy was found to have an important role as well when support-providers intended to show concern. Most support-providers in the study showed a lot of compassion and attentiveness toward the ED patients in general. It was found that this strategy made a rather a huge impact on how the support message was structured. By requesting for more information regarding the ED patients' situation or how they felt about a particular suggestion, the support-providers' interest and sincerity in wanting to help them were demonstrated (e.g. "… what your thoughts are about working with a therapist/professional to explore the underlying roots behind these behaviors?")

The strategy of giving information was similar in manner to that of giving personal opinions. However, rather than giving recommendations based on personal experiences, the support-providers did so based on what they had learned from an outer source (e.g. "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"). Such information can be considered as reliable for ED patients due to the validity of its source. Most support-providers took the initiative of providing very detailed explanation of the information shared and some provided hyperlinks or URL that led to the web pages of the sources. These referrals provide ED patients with more options to consider before making a decision that is right for them (Coulson, 2005).

Personal experience

In contrast to the *information giving/seeking* strategy, the *personal experience* strategy was used by the support-providers to avoid appearing as experts in the subject discussed. When the experience shared with the ED patients was meant as something to be practised by them, it usually took the form of a lesson learned or a reminder for ED patients of what could be expected or avoided. It

was found that the support-providers usually utilized this strategy together with advice or suggestions from *personal opinion* (e.g. "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"). Given the possibility of intrusion on the ED patients' independence, it can be argued that the inclusion of personal experiences by the support-providers helped to increase the reliability of their suggestions. This is because they provide proof of genuine positive outcomes that can motivate the ED patients to accept what is suggested or advised. In fact, from the ED patients' perspective, Zulkarnain and Mohd Jan (2019) showed that their main intention in the online support group is to find hope and solutions to the problems they have already identified. In order to do so, ED patients rely on the experiences of others who have faced similar situations before them.

Other than minimizing face-threats, sharing of personal experiences has also been acknowledged in previous studies (Briggs et al., 2002; Evans et al., 2012; Fang & Chie, 2010; Kendal et al., 2017) as a way to establish trust with members of the community (e.g. "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 her whether she is texting or talking. I had a talk with her about it and she has been much better"). As mentioned previously, participants in the NEDA forum were likely to be strangers in the outside world, but on the forum they were communicating as if they were familiar with one another due to their shared topic of discussion. Thus, it is important for the support-providers to create a trustworthy relationship. This is to ensure comfort for the ED patients to disclose and solicit support. Incidentally, although the strategy of *personal experience* was found to be one of the less frequently used ones, it was quite a preferred strategy in a study by Sillence (2016).

Network

The *network* strategy was predominantly applied at the beginning of the sequence in support messages. It was usually part of the support-providers' greetings to the ED patients as they entered the forum, especially 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 indicate that such expressions did not only give ED patients assurance that they were at the right place to attain help, but also a very warm welcome from the community.

However, McCormack (2010) described the *network* strategy as not just a greeting, but also an opportunity to exchange contact details for further discussion, usually done in private. Incidentally, NEDA required that its users abide by its 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 doing so would lead to removal of posts or being banned from the site.

Congratulating

With regards to *congratulating*, it is believed that the strategy itself is a boosting mechanism that increases the amount of positivity in the written post. According to Haverkate (1990), congratulating is an act that instills positive emotions in a way that can improve the hearer's well-being. As the efforts to end ED behaviors and thinking are known to be a struggle, those ED patients who succeed should be seen as courageous and determined. In order for them to do this, the findings reveal that the support-providers usually congratulated the ED patients when they shared or expressed any signs of recovery, even if they were not that substantial (e.g. "Congratulations. I am so proud for your brave steps. Not weighing for a week is terrific."). This indicates that the stories shared by ED patients' regarding their successful attempts at recovering were enthusiastically acknowledged by the support-providers. Although some of those stories were about past achievements and those ED patients may well have redeveloped the illness, the findings show that the support-providers still offered their congratulations to the ED patients for their efforts. Such incidents imply that the positivity in such messages was part of the support-providers' attempt to motivate the ED patients to persevere.

Emotional expression

Unlike the earlier strategies in which the support-providers' role was akin to that of a listener, the *emotional expression* strategy has an additional dimension. While the message of "you are not alone" can still be found in this strategy, the helplessness experienced in such a situation can be so overpowering that the support-providers found themselves needing the support from others as well.

The findings also reveal that being able to relate to what was faced and suffered by ED patients sometimes predisposed the support-providers to the dual role of ED patients and support-providers simultaneously (e.g. "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"). The similar hardship faced by the support-providers shows that they, too, need support from others. As stated by Loureiro et al., (2010), in online discussions, peer support is vital for obtaining a richer source of

information and to diminish the feeling of being an outcast in society.

Prayer

The findings also show that a spiritual crutch is regarded by some support-providers as an important social support. Despite this, the use of this strategy was not widespread. This is parallel to Flynn and Stana's (2012) findings where prayers as a form of emotional support were only used as frequently as humor (in the context of the social support forum), which proves its limited popularity. This may indicate that offering of prayers was not an extensively shared strategy due to the difference of views or beliefs. When it was used, as in to counter the expressions of hopelessness or even defeat, this strategy sought to provide comfort, motivation and inspiration (e.g., "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."). Thus, the *prayer* strategy was also employed to increase the patients' faith mentally and spiritually in order to achieve recovery.

Inspirational messages

The *inspirational message* strategy, although one of the least utilized ones, was used to uplift the spirits of the ED patients. McCormack (2010) explained that this strategy is a way for forum members to share favourite excerpts from poems, songs, celebrities, politicians, etc. that they think can help others relate to their own current situations. This, too, includes the supporters' own messages that they hope to also inspire ED patients in any way possible. While the other strategies were mostly encouraging in nature, this strategy was meant to generally inspire ED patients in their quest to achieve their goals. The findings showed that the support-providers included inspirational messages in their posts to address those ED patients who had expressed restlessness or unease in their current situations (e.g., "You may feel you already did but your future is waiting for you. Your life is waiting for you. 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."). 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 the ED patients to reflect upon their thoughts and decisions. Moreover, as elucidated by Kvardova (2020), other than seeking for advice, individuals who are in need of support also hope to obtain inspiration as a way to overcome their difficulties.

Directness level in providing online support

When the online social support was provided to the ED patients, the findings show that the support-

providers mostly did so in an indirect manner, with *nonconventional indirect* being the most frequent type and *conventionally indirect* as the second most frequent. However, there were also a few instances of the *direct type.*

By applying a *nonconventional indirect* manner of providing support, the support-providers appear to avoid imposing on the freedom of the ED patients to act, think, or decide (Blum-Kulka & Olshtain, 1984). Based on the findings of the study, positive usages of hints in support-providing posts were higher compared to other levels of directness. Interestingly, it was claimed in a previous study that such manner of providing support is impolite and ineffective (Blum-Kulka, 1987). However, the notion is consistent with DeCapua and Dunham's (2007) 'Assertions of Individual Choice', which asserts the freedom for individuals to make their own decisions. These support-providers may be motivated and driven by the feeling of compassion and attentiveness towards the ED patients. Moreover, the context they intended to create for the online support group was not one based on professional relationships but on healthy and positive interpersonal relationships. In such an online setting, ED patients could reap more benefits from their participation due to lesser pressure to disclose. Besides, by maintaining good interpersonal relationships with the ED patients, the support-providers were more likely to minimize the feeling of discomfort in the forum due to the improved establishment of trust (Joinson & Paine, 2007).

The support-providers who used a *conventional indirect* method did so to encourage the ED patients to ponder upon their suggestions or advice. This was not meant to be imposing, as it was still consistent with DeCapua and Dunham's (2007) idea of *Assertions of Individual Choice.* The support-providers only implicitly suggested a given idea to the ED patients for them to consider. It still allowed the ED patients to decide for themselves. In this regard, most support-providers would minimize imposition by hedging through adverbs (e.g. "maybe", "perhaps", "possibly") and qualifiers (e.g., "I think", "somewhat"). Such manner of providing support was found to be aligned with Searle's (1975) concept of indirect speech acts where they would usually be uttered as indirect requests depending on the context (e.g. "It would be a great idea if you could just resign."). In fact, the provision of support delivered in a *conventionally indirect* approach was generally neither too explicit nor implicit due to its considerable level of potential damage or severity.

Despite the high possibility of face-threats to the ED patients, there were still quite a number of instances of *direct* provision of support found in the data. However, this was done by only a small number of support-providers. This type of support occurred when the *directive* act was delivered

without use of hedges. Besides, as Herring (2004) pointed out, when the communication is done via an online platform of interaction, the resulting perception relies much on the sentence structure and word choice of the sender. This is due to the lack of available nonverbal cues that could improve interpretation and promote effective feedback (Henricson & Nelson, 2017; Herring, 2009; Jiang et al., 2011). The straightforward manner of providing support was seen to be too forceful and harsh, especially with certain intensifiers (e.g., strongly, certainly, really, honestly). As unpleasant as it seems, some support-providers may perceive being direct as acceptable as a way to intensify the seriousness of ED and the importance of recovery (North, 1997). However, the findings also show that such directness as a response to an indirect solicitation of advice can be regarded as causing uneasiness among the ED patients.

CONCLUSION

The provision of social support to the ED patients by the support-providers in this study utilized strategies such as *encouragement and esteem, personal opinion, and information giving/seeking,* and to a lesser extent, *personal experience.* Strategies that were less commonly used include *network, emotional expression, congratulating, prayer, and inspirational messages.*

Congratulating is a strategy that is newly discovered in the study. It also found that *showing appreciation* is a rarely used strategy. In terms of how the strategies were used or organized, there were no clearly defined patterns. Although Savolainen (2010) found informational support to be common among support-providers, the present study showed that encouragement played the most dominant role when providing online social support. Because the strategy was present in almost all of the sequences, the support-providers were seen to be spreading positivity on the forum. With the entries of posts by the ED patients filled with pessimism and negativity about themselves or their experiences, it is noteworthy that words of encouragement by the support-providers acted as a mollifying agent in comforting the ED patients.

Recommendations for future studies include conducting a comparative study on the views of different cultures regarding ED. This is to have a better understanding of the willingness of a particular society to provide social support messages. Considering that some cultures view ED as a taboo or with a stigma, it may influence the manners and strategies through which support is provided. It would be interesting to discover if cultures that attach higher levels of stigma to ED permit fewer opportunities to patients to be open about the illness, and vice versa.

Another recommendation for future research is to expand the size of data. As the present study only looked at the instances of the support provided in a single forum, the findings and outcomes may not be generalizable to other support-provision activities discussed on other kinds of forums.

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