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University of Oklahoma

Graduate College

Computer-Mediated Communication and Social Support Among Eating Disordered Individuals: An Analysis of the alt.support.eating-disord News Group

A Dissertation

SUBMITTED TO THE GRADUATE FACULTY

in partial fulfillment of the requirements for the

degree of

Doctor of Philosophy

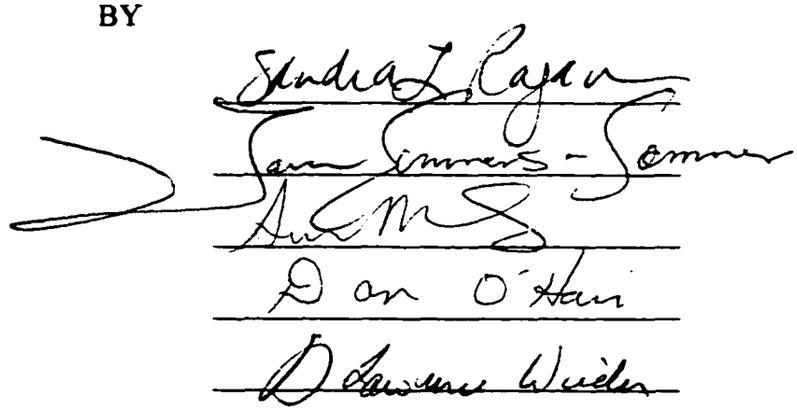
by

CHRISTINE L. NORTH
Norman, Oklahoma
1998

COMPUTER-MEDIATED COMMUNICATION AND SOCIAL SUPPORT AMONG EATING DISORDERED INDIVIDUALS: AN ANALYSIS OF THE ALT.SUPORT.EATING-DISORD NEWS GROUP

A Dissertation APPROVED FOR THE
DEPARTMENT OF COMMUNICATION

BY



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The multitude of friends, both at school and in the rest of my life, helped me to keep this project and life in perspective, reminded me to have fun, supported me when I was not having fun, and were available to me in countless ways. To all of you I offer much thanks.

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Introduction and Rationale

Hello all, [1]

I am somewhat reluctant to post right now as what I have to say involves #'s/wt.s. So I guess that will clue you in before hand that my thinking is not on the real issues.

My hesitancy also comes from the fact that I KNOW my thinking is wrong, it is fear related. Perhaps though, by talking/writing about my concerns, I can get some "reality checks" to assist in working through the fears.

So at the risk of irritating a lot of you, I will forge ahead with my pseudo-concerns

---

I was a confirmed bulimic. For the past 15 years I admitted openly to my disorder, feeling that this was the way to successful recover...I was refused by all the insurance companies based on my history with bulimia...Anyone else experience this?

Oh, yeah, and then my shrink had the nerve to suggest that I pay attention to whether I'm "hiding" in cyberspace, transferring addictions so to speak. Boy, THAT one really hurt. I got an old familiar feeling, having to do with being shamed for my enthusiasm. But because I trust her, I made a mental note to experiment with limiting my sessions here to once a day (Mon- Fri) instead of twice, and see how that feels.

Kelly, I'm posting this on the group, cause I don't feel like repeating myself later. It's 5AM and I'm up. I slept all day yesterday. Really feeling down. Think it's cause my mom went out of town. I did however wake up to binge yesterday. I was going to end my life, then thought about you and my other friends. I don't want anyone to see me in my casket. I hate being watched. I even thought about driving far away so on one can see me, but then I'd miss the good moments that I do have. This is all so confusing. I thought about calling Sally, but she's sleeping and I don't know what I'd say anyways. I can't just stay in bed and sleep though. Can I? What is going on with me. I am angry at everyone for caring about me. Why can't I just be this mean bitch that no one would miss? I am tired of this fight. I want to be the person I was in highschool. No feelings, just existing. It was so easy then. I'm not even sure this post is making sense. I just figured I'd write it and hope it would help. Well, back to bed. Love ya Kelly! Thanks for listening! -Ginger

The above excerpts were taken from the Internet news group alt.support.eating-disord (often referred to by users as "ased"). This particular news

group functions as an online support group for those who personally struggle with eating disorders, as well as the family and friends of those with eating disorders. These individuals log into this news group from all over the world, such as: the University of Sunderland, United Kingdom; Canterbury University, New Zealand; Hamilton, Ontario, Canada; Vancouver, B.C., Canada; Seattle, Washington; Tulsa, Oklahoma; Birmingham, Alabama; New York; Evanston, Illinois. All of them come together to create a community of support online.

This study will examine the online conversations of individuals who participate in the alt.support.eating-disord use group on the Internet to determine how these individuals go about soliciting help from one another. Understanding social support among these eating disordered individuals will help elucidate the social support process as it occurs in an online setting and as it occurs among those with eating disorders. Through using an ethnographic approach, this study will illuminate how eating disordered individuals seek help from others online and will relate those findings to the existing social support, eating disorder, and computer-mediated communication literature.

. The use of ethnography will help to establish the cultural components employed by the *ased* members. As Hymes (1974) notes, communities are often organized as "systems of communicative events" (p. 17), and that by taking an ethnographic approach to inquiry about these cultures we can understand a great deal about how they function and how the participants interact with and recognize one

another. The users of this support group are primarily those who struggle with eating disorders personally, although there are occasional posts by people who are family and friends of the eating disordered person. This group and its participants comprise a unique culture – a culture of a community -- complete with norms of behavior, a locale, and forms of speech all readily recognizable to the participants. The members of this particular forum seek and provide support to one another in ways that are readily recognizable to one another. There are ways of speaking and behaving that are unique to this culture and that allow the participants to function competently in achieving their goals of interaction and support. It is the purpose of this study to examine these patterns of interaction and the cultural dimensions of this support community that are shared by those who participate in *ased.*

As mentioned, most of the participants of this community are struggling with an eating disorder of some type. Eating disorders—anorexia nervosa and bulimia—are a serious problem in today's society. Eating disorders are estimated to affect between 1-2% of the U.S. population (Hsu, 1991; Krahn, 1991; Pipher. 1995). Other studies have shown that while only 1-2% of the entire population suffer from an eating disorder at any given time, as many as 15-18% of high school and college-aged students will manifest bulimic symptoms (Pipher, 1995; Zerbe, 1992). Crowther, Post, and Zaynor (1985) report estimates that 46% of high school girls have binged, and that 11% have purged at least once in their lifetimes. For anorexics the death rate ranges between 5-18% (DSM-IV, 1991). These numbers are significant, frightening,

and increasing.

Historically eating disorders were found almost exclusively among adolescent women; however, men now account for as much as 10-15% of the eating disordered population (Zerbe, 1993). Additionally, though the onset of eating disordered behaviors typically occurs in adolescence, these behaviors can develop and be present at any age. This disease does not discriminate by age. These eating disordered individuals and the social problem of eating disorders as a whole comprise one component of this study.

A second aspect of this study is social support. Social support is a subjective feeling of belonging, of being esteemed, and of being valued (Cobb, 1976; Moss, 1973). This concept has also been defined as "an interactional process of helping, comforting, caring for, and aiding others" (Albrecht, Burleson, & Goldsmith, 1994, p. 421).

There is a vast literature regarding social support, its definition, its uses, its benefits, etc. Some of the most significant studies regarding social support are those that discuss its benefits. Support from others aids in the management of life stress and in the recovery from physical and mental illness (e.g. Geller & Hobfoll, 1994; Hobfoll & Stephens, 1990; House, 1981). Social support has been found to aid in the management and buffering of everyday stresses and disappointments (Burleson, 1994). Lack of social support has been found to be related to decline in health and the development of mental health problems (e.g. Grissett & Norvell, 1992; Sarason,

Levine, Basham, & Sarason, 1983). Thus, social support can have a significant impact on a person's quality of life, both physically and mentally. Because of the potential impact of social support on people's lives, it will be a significant component of this project.

A third component of this investigation is computer-mediated communication (CMC). CMC is rapidly becoming an everyday mode of communication for millions of people world wide. CMC may be communication via e-mail or it may involve synchronous "chatting" online. Whatever the case, people are communicating using their computers, keyboards, and the Internet or similar systems as the medium for the message. CMC has a number of uses, one of which is online social support.

Computer-mediated support groups allow individuals to log into a bulletin board system using their computers and modems and then participate in mutual help discussions sharing feelings, information, and/or advice (Weinberg, Schmale, Uken, & Wessel, 1995). Users can find support groups for almost any problem or subject they wish. Participants in Alcoholics Anonymous can attend AA meetings online. People can stop smoking through smoking cessation programs online. Care givers for family members with Alzheimer's disease can obtain support online (Brennan, Moore, & Smyth, 1991; Foderaro, 1995).

The alt.support.eating-disord news group (*ased*) is one such online support group. Eating disordered individuals, their families and their friends use this forum as a mode of discussing problems, gathering information, airing feelings, and obtaining

social support. The study of online support groups is relatively new, and there are no published reports examining the study of an online eating disorders support group. This study will examine just that—the *ased* news group.

Although there is research on eating disorders, social support and CMC, there is as yet no research that examines the intersection of these three areas of study. The purpose of this study is to examine social support among the participants of *ased* to ascertain the patterns of social support requests and responses among news group participants. Specifically, this study asks: how do eating disordered individuals seek support in an online support group?

For the past five and a half years I have been working with people who suffer with anorexia nervosa or bulimia. I have worked as the facilitator of a support group and as a mentor to several eating disordered individuals. Working with these individuals can be extremely frustrating at times. Over the years I have noticed that these individuals have a difficult time asking for what they need from others. They seem unwilling or unable to ask directly for what they need in the way of social support and help in dealing with their eating disorders. Many of these individuals will never ask for help. They may allude to the fact that they need information or need help or want to talk to another. They may say that everything is fine while their nonverbal behaviors clearly indicate the contrary. They may express that they are having a difficult time in dealing with the eating disorder while at the same time discounting their experiences and feelings, brushing them off as insignificant and

unimportant. But they will almost never come right out and say, "I really need to talk to someone about this" or "I have a difficult time planning meals and would like some help." These examples may seem simplistic, but the point is that rarely do these individuals clearly state what kind of support or behaviors they need or would like from others.

According to Kim & Bresnahan (1994), little has been written on the requesting of social support. That which has been written about requesting behaviors indicates that most requesting behavior in the U.S. culture is indirect in nature (Kim & Bresnahan, 1994; Labov & Fanshel, 1977). However, with the exception of Labov and Fanshel's case study with one anorexic (1977), little has been written about how sub-clinical populations, such as those with eating disorders, go about seeking mutual support from one another.

In my personal experience in working with eating disordered individuals, I have found that I have to function somewhat as a mind-reader in order to be able to help these individuals. I often make an educated guess at what I think a person might want or need, and then hope that my actions were appropriate. Frequently my actions are appropriate and appreciated, but there are times when I offer support or help when it really is not wanted or needed. I have learned some of the ways these individuals seek support from myself and others, and as a result can offer support when outsiders (those not familiar with eating disordered individuals) might not realize support is being sought. In reading the *ased* news group, I have noticed many patterns in how

participants elicit support from other participants in the news group. I strongly believe that there are particular techniques/tactics used by these individuals to obtain social support and get their needs met which may be unique to this population. These patterns and techniques are the material this study seeks to elucidate.

In addition, there is very little written about the communication behavior of eating disordered individuals. By identifying the requesting behaviors of eating disordered individuals, more will be known about how this sub-clinical population communicates with one another and possibly with others.

This study will provide insight into how people ask for social support. Kim and Bresnahan (1994) note the lack of research addressing the requesting of social support. Given the numerous physical and mental benefits of social support, more research needs to be done that examines how people ask others for support.

Not only will this study provide theoretical insight about social support, CMC, and eating disorders; it will also be of benefit pragmatically. The results of this study may prove useful to therapists and other professionals dealing with eating disordered individuals. This study may discover elements about how eating disordered individuals seek support and may allow professionals to be more involved in clients' recovery processes. Ultimately, the results of this study may aid in the development and facilitation of support groups for this clinical population and for others.

The benefits of this research are many, both theoretically and pragmatically. This study will allow for investigation of a group only recently being studied in the

communication discipline. This investigation will also link together several areas of inquiry that have not been previously examined as they relate to one another. From this study may come theoretical developments and further research questions to be addressed by future scholars as well as practical suggestions to be used by practitioners. It is my to goal answer previously unanswered questions about this unique group of people and their quest for social support over the Internet.

Literature Review

In order to examine the complex topic of social support eliciting behaviors of eating disordered individuals in a computer-mediated support group, it is necessary to review the literature in several areas, including eating disorders, computer-mediated communication, social support, and requesting behavior. Each area of research is discussed and framed in the language of the profession for which it was written. The literature review is an eclectic compilation of information from numerous field and are not logically related in any formal matter. The reader is encouraged to acknowledge the individualities present within each body of literature.

Eating Disorders

There are two primary types of eating disorders: anorexia nervosa and bulimia. Anorexia is self-starvation by an individual. The person has an extreme fear of gaining weight, refuses to maintain body weight over a minimal normal weight for his or her age and height, and usually has a distorted body image (DSM-IV, 1991). Bulimia is characterized by episodes of binge eating followed by self-induced vomiting or other means of purging of the food eaten by way of laxatives, excessive exercising, diuretics, and/or fasting. Like anorexics, bulimics have a severe fear of gaining weight and suffer from a distorted body image, often seeing themselves as much as 25% heavier than they actually are (Myers & Biocca, 1992).

As stated by Garner and Garfinkel (1985), "there is considerable heterogeneity within these groups of patients. Subtyping patients based exclusively upon these

behavioral and weight-related distinctions may be of little value" (pp. 2-3). Since the two disorders are relatively similar in their underlying causes and clinical manifestations; however, they will often be referred to under the general rubric of eating disorders (DSM-IV, 1991; Scott, 1988; Yates, 1990).

Eating disorders may not outwardly appear very prevalent. However, approximately 1-2% of the United States population meet the full Diagnostic and Statistical Manual-IV criteria for either anorexia or bulimia, and 5-15% of college-aged students struggle with sub-clinical (lesser-degree) eating disorders (Hsu, 1991; Krahn, 1991). Further, Zerbe (1992) reports that "although each disorder will affect only about 1-2% of the entire population at any given time, 15-18% of high school and college-aged students will manifest bulimic symptoms" (p. 169). Of these individuals struggling with eating disorders, approximately 90% of the cases occur in females (APA Guidelines, 1993). Men now account for 10-15% of the eating disorder population, and that number continues to increase (Krahn, 1991; Zerbe, 1992).

The men and women who develop eating disorders usually develop these symptoms in adolescence, but symptoms can develop and be present at any age (Krahn, 1991). Women and men develop eating disorders as a response to many different situations, including family problems, sexual and/or physical abuse, control issues, and societal pressures for ideal body size and weight (Krahn, 1991; Myers & Biocca, 1992; Zerbe, 1992).

Many of the family problems stem from parents being overly involved in child

care and creating the perception of being intrusive and controlling. These parents often undermine their child's attempt to be assertive and independent. As a result, the eating disordered child feels s/he has no control over her or his own life. Other family problems are a result of parents intentionally or unintentionally neglecting the child. These neglected children often grow up feeling unloved and inadequate (Scott, 1988; Theinenmann & Steiner, 1993; Zerbe, 1992).

Physical and/or sexual abuse are also common among eating disordered patients (Beckman & Burns, 1990; Wooley & Kearney-Cooke, 1986). Zerbe (1992) reports that "confirmed histories of sexual and physical abuse are rampant among patients with eating disorders [and that] at any given time, more than 50% of patients in [Menninger's] extended treatment unit report a history of sexual and physical abuse that has often occurred over several years" (p. 171). Similarly, Haskew and Adams (1989) found that approximately one in four girls and one in seven boys in the general population experience sexual abuse before age 18.

Another serious influence in the development of eating disorders are the strong sociocultural pressures presented by the media to maintain a certain body weight and image (Eldrege, Wilson, & Whaley, 1990). Several studies show that the media portray thinness as being associated with beauty, success, health, control, and the good life. Obesity, on the other hand, has come to be stereotypically associated with poor health and a lack of control (Garner & Garfinkel, 1980). Women take this ideal body type, internalize it, and resort to eating disorders as a way to achieve and

maintain this internalized ideal body (Myers & Biocca, 1992).

All of the above-mentioned contributing factors have an impact on the development of eating disorders. No one factor can be held responsible in and of itself. People with eating disorders tend to be perfectionistic, obsessive, intelligent, well-behaved, and introverted (Garner & Garfinkel, 1985; Scott, 1988). They suffer from low self-esteem, negative self-image, and lack of assertiveness (Holleran, Pascal, & Fraley, 1988). These individuals also tend to have inadequate coping skills for dealing with stressful life events. Like alcohol or drugs, eating disorders are a coping mechanism for the individuals who suffer from the problem (Rosen, Compas, & Tacy, 1993; Scott, 1988). These individuals are unable to deal with the myriad of factors that have led them to resort to the eating disorder in the first place. The eating disorder becomes a means of escape from the pressures of everyday life and emotional pain (Garner & Garfinkel, 1985; Vanderlinden, Vandereycken, van Dyke, & Vertommen, 1993).

Individuals with eating disorders also tend to have poor social relationships with other people (Grissett & Norvell, 1992; Keller, Herzog, Lavori, Bradburn, & Mahoney, 1992). In a study conducted by Grissett and Norvell (1992), bulimic women were found to be less socially effective than nonbulimic women, and these bulimic women reported more negative interpersonal interactions and conflict than non-bulimic women. The bulimic women also self-reported less social competence than did their non-bulimic counterparts. This lack of social skills and ability to

establish and maintain relationships may be a crucial risk factor in the development and maintenance of eating disorders. Numerous studies have reported that having good friends is one predictor of eating disorder and addiction recovery (Keller, et al., 1992; Richter, Brown, & Mott, 1991; Zerbe, 1992).

Eating disorders are only one area of interest in this study. The next area to be reviewed is computer-mediated communication.

Computer-Mediated Communication

> The Internet is not about technology, it is about not about information, it is about communication -- people talking with each other, people exchanging e-mail, people doing the low ASCII dance. The Internet is mass participation in fully bi-directional, uncensored mass communication. Communication is the basis, the foundation, the radical ground and root upon which all community stands, grows, and thrives. The Internet is a community of chronic communicators.(Strangelove, 1994)

Strangelove's writing demonstrates why communication scholars continue to show a growing interest in studying the Internet. At its most fundamental level, the Internet *is* communication. And those individuals who communicate on the Internet are a newly created community; they are a community born out of technology. Before discussing these communities, per se, it is important to understand some of the basic ideologies

and theories behind CMC.

Computer mediated communication (CMC) is rapidly becoming a household concept around the world. Walther (1992) defines CMC as the "synchronous or asynchronous electric mail and computer conferencing, by which senders encode in text messages that are relayed from senders' computers to receivers" (p. 52). Much CMC takes place via the Internet, a "specific collaboration of networks that allows users at disparate, heterogeneous computer networks to communicate with each other across organizational and geographic boundaries" (Marine, Kirkpatrick, Neou, & Ward, 1993, xv). Originally designed for the military, the Internet quickly became the domain of academic and research communities and has now become home to business people, government workers, and casual computer. The growth of CMC and Internet use has been astronomical. Negroponte (1995) reports an estimated 20 to 30 million users worldwide. Others report that since 1986 the Internet has been doubling in size on a yearly basis (Quarterman & Carl-Mitchell, 1993). In 1993, Rickard noted more than 45,000 public bulletin board systems available to users.

Computer-mediated communication differs from other forms of communication due to the relative anonymity of the participants. Participants do not readily offer cues as to their status, appearance, and social position (Hesse, Werner, & Altman, 1988; McCormick & McCormick, 1992). The information sent and received clearly lacks many of the visual and auditory cues of face-to-face conversation, telephone conversation, or even letter-writing. In CMC participants have access only

to what is actually typed, how the message is typed, the time the message was sent, and perhaps the speed and accuracy with which the message is typed (this last item is only possible in synchronous "chat" or "talk" mode) (Matheson, 1991; Matheson & Zanna, 1988).

Since its inception nearly 25 years ago, computer-mediated communication has been the focus of several theoretical works trying to explain how it is similar and different from other forms of communication. One theory often used to describe CMC is social presence theory (Rice, 1987; Rice & Love, 1987; Short, Williams, & Christie, 1976). Social presence is defined as "the degree of salience of another person in an interaction and the consequent salience of an interpersonal relationship" (Walther & Burgoon, 1992). According to social presence theory, the fewer channels or codes used in the communication, the less attention the sender pays to the presence of other social interactants. Short et al. (1976) state that electronic communication systems vary in "their capacity to transmit information about facial expression, direction of looking, posture, dress, and nonverbal vocal cues" (p. 65). When one considers all of the channels and codes in face-to-face communication, it can be seen that there is high social presence. In contrast, computer-mediated communication has little contextual and nonverbal codes or channels, thus greatly diminishing the social presence of another. According to social presence theory, when presence is low, the subsequent communication is thought to be very informal in nature.

Sproull and Kiesler (1986) report research results that directly relate to social

presence theory. According to these researchers and social context cues theory, the primary difference between CMC and face-to-face communication is the lack of social context cues in CMC. Social context cues are those elements of the communication context that define the nature of the interaction, the status of those involved, the formality of the situation, etc. According to Kiesler, Siegel, and McGuire (1984),

> Once people have electronic access, their status, power, and prestige are communicated neither contextually (the way secretaries and meeting rooms and clothes communicate) nor dynamically (the way gaze, touch, and facial and paralinguistic behavior communicate; Ediner & Patterson, 1983). Thus charismatic and high status people may have less influence, and group members may participate more equally in computer communication. (p. 1125)

The low social presence of CMC can create a number of situations that might not otherwise occur in face-to-face interactions. As Kiesler et al. (1984) point out above, lack of social context leads to the equalization of participants, which may allow actors who would otherwise defer speaking turns to higher-status participants to become disinhibited (Spears & Lea, 1994; Walther & Burgoon, 1992).

Other findings on CMC and low social presence show that participants tend to become less inhibited in using "flaming" types of language (insults, swearing, intense and hostile language), to have greater self-absorption and less concern with the other, and to produce messages indicative of equalization among participants (Kiesler et al.,

1984; Matheson & Zanna, 1988; Sproull & Kiesler, 1986; Strangelove, 1994). Matheson (1991) reports that "relative to face-to-face communicators, computer users reported less public self-awareness; that is, less awareness of the dimensions of one's self that are visible to others and subject to social intervention" (p. 138). Further, Matheson and Zanna (1988) found that computer-mediated communication interactants report greater levels of private self-awareness (awareness of internal aspects of oneself such as emotions, attitudes, values, etc.) than did face-to-face interactants.

The lack of social cues hypothesis and social presence theory have been called the "cues-filtered-out" approach to CMC. The cues-filtered-out approach has three basic assumptions:

> (1) communication mediated by technology filters out communicative cues found in face-to-face interaction, (2) different media filter out or transmit different cues, and (3) substituting technology-mediated for face-to-face communication will result in predictable changes in intrapersonal and interpersonal variables. (Culnan & Markus, 1987 as quoted in Walther & Burgoon, 1992)

As a result of cues-filtered-out, CMC has been reported to be depersonalized, less interpersonal, and less socioemotional than face-to-face communication (Walther, 1992; Walther, 1993; Walther, 1994; Walther, Anderson, & Park, 1994; Walther & Burgoon, 1992). Parks and Floyd (1996) clearly summarize the cues-filtered-out

approach to CMC:

> this reduction in contextual, visual, and aural cues should cause communication in online settings to be more impersonal and non-conforming than communication in face-to-face settings. Both theories [social presence theory and social context cues theory] predict that participants' awareness of and sensitivity to others will be related to the number of channels or codes available for linking them. Theories of computer-mediated-communication that are based on the reduced-cues perspective generally predict that positive personal relationships should occur infrequently rather than frequently. (pp. 81-82)

As can be seen from the above summary, the "cues-filtered-out" approach has been a common framework to explain CMC interaction. There are, however, several discrepant findings in the literature about the "cues-filtered-out" approach. For example, Rice and Love (1987) have reported a significantly higher level of socioemotional messages in CMC bulletin board use than many other researchers. Similar instances of socioemotional content were found in e-mail messages of college students. In monitoring student e-mail, McCormick and McCormick (1992) found that "as intimate relationships and computer competence developed, the social uses of electronic mail become more sophisticated" (p. 389). They go on to report that students self-reported using the computer for three primary reasons: (1) to help each other with computer assignments, (2) to transmit emotional support, and (3) to

maintain social contacts. Such findings are contradictory to the cues-filtered-out approach which posits that e-mail is less socioemotional and more impersonal in nature. Walther and Burgoon (1992) also found that "when CMC and FtF [face-to-face] groups are allowed to continue over time and accumulate numerous messages, this continuity has significant effects on groups' relational communication, and social penetration occurs" (p. 77). The results of the Walther and Burgoon study actually showed that CMC was rated higher on social orientation than was face-to-face interaction. Studies examining the use of e-mail in the workplace have shown that users develop and maintain relationships, play games, socialize, and receive emotional support via CMC (e.g., Finholt & Sproull, 1990; Haythornthwaite, Wellman & Mantei, 1994; McCormick & McCormick, 1992; Rice & Love, 1987). These contradictory findings directly challenge the cues-filtered-out approach to explaining CMC interactions.

More recent studies have found that given ample time to interact, people will adjust to this lack of cues (Walther, 1992; 1993; Walther, Anderson & Parks, 1994). As Parks and Floyd (1996) note, "because people need to manage uncertainty and develop rapport, they will adapt the textual cues to meet their needs when faced with a channel that does not carry visual and aural cues" (p. 82). CMC is able to communicate personal and relational content among its users, but because of the limited cues, it may take longer for such information to be transmitted. Walther, et al. (1994) conducted a meta-analysis of CMC studies and found that the socio-emotional

content of the interaction was actually higher in CMC than in face-to-face communication when there were no restrictions on interaction time.

A relatively new and recent approach has been conceptualized to explain CMC interaction. Walther (1992;1993;1994) introduced the notion of "social information processing" to explain CMC. Social information processing has been used by researchers in the past, but those researchers have since changed the name of their approach to "social influence model." Walther (1992) explains the current meaning of social information processing and how the current meaning differs from the past usage of the term:

> the term social information processing is used to describe the (individual) cognitive processing of socially revelatory information (and subsequent communication based on that information), rather than the social (conjoint) processing of information (about a medium). The present use of the term is consistent with its use in psychological literature regarding impression formation and related social-cognitive processes. (p. 68)

This social information processing approach is based on a series of assumptions and propositions (see Table 1) (Walther, 1992). The assumptions and propositions outlined in Table 1 advocate examining CMC from a relational communication perspective rather than from a channel-effects perspective alone. By approaching CMC from this relational communication perspective, functional and social factors of CMC interaction can be examined (Walther, 1992).

Such a relational perspective is important in examining online relationships and the online communities (Walther, 1994). Many of these relationships and communities exist among participants of online news groups and bulletin board systems. (Brennan, Moore & Smyth, 1992; Ogan, 1993; Parks & Adelman, 1983; Reid, 1991; Wilkins, 1991).

Parks and Floyd (1996) examined friendship formation and maintenance among Internet news group participants. These researchers report some significant and interesting findings:

> Our primary finding was that personal relationships were common. When we asked if our respondents had formed any new acquaintances, friendships, or other personal relationships as a result of participating in news groups, nearly two thirds (60.7%) reported that they had indeed formed a personal relationship with someone they 'met' for the first time via an Internet news group. (pp. 85-86)

The results of their study also showed that the likelihood of developing personal relationships did not differ across the news group hierarchies (alt., comp., soc., and rec.)[2]. In other words, the type of news group did not seem to affect the formation of personal relationships. Other relevant findings in this study were that "nearly one third of the participants (29.7%) reported that they communicated with their partners at least three or four times a week, and over half (55.4%) communicated with their partners on a weekly basis" (p. 86). These researchers also found that the best

predictors of whether a person developed online interpersonal relationships was "the duration and frequency of their participation in news groups" (p. 86), with those who contributed more frequently being more likely to develop interpersonal relationships.

As can be seen, CMC is a complex interactional and social phenomenon. Many studies have provided insight into the processes of CMC, but there is much more that needs to be done to understand this emerging form of human communication.

The third area of research to be reviewed is that of social support. I will first discuss social support in general, and then will address computer-mediated support groups as a type of social support.

Social Support

Social support is a construct that has received significant attention in the social science literature. The importance of social support can be seen as far back as the books of the Old Testament in which people were encouraged to love their neighbors as themselves, and were encouraged to look out for one another (Pearson, 1990). Moving forward in history, Durkheim (1897/1951) conducted a study of suicide, the results of which showed the importance of social ties to family, community, and church. Today, one can go to almost any social science journal and locate articles and studies addressing social support (Pearson, 1990).

There have been numerous definitions of social support. Moss (1973) provided one of the earliest definitions stating that social support is "the subjective

feeling of belonging, of being accepted or being loved, of being needed all for oneself and for what one can do" (p. 237). Cobb (1976) defined social support as "the individual's perception of being esteemed and valued" (p. 300). Other characteristics and definitions of social support continued to emerge. Cassel (1976) saw social support as "serving an important function" and "being provided by primary groups--those most important to an individual" (p. 108). And Caplan (1976) first noted the functional aspects of social support, stating that support systems served as a buffer to life stress through three types of activities: (1) emotional support, (2) sharing demanding tasks, and (3) providing materials (such as money, skills and guidance).

More recent definitions of social support have arisen from the communication discipline. Albrecht, Burleson, and Goldsmith (1994) define social support as "an interactional process of helping, comforting, caring for, and aiding others" (p. 421). This definition includes both verbal and nonverbal behaviors that influence how providers and receivers of social support view themselves, their situations, the other, and their relationship. Burleson, Albrecht, Goldsmith, and Sarason (1994) note that "increasingly, scholars have come to conceptualize the process of supporting others as an interactional or communicative process occurring between people" (p. xii). They delineate three reasons for viewing social support as communication in the context of enduring relationships: (1) communication is a central mechanism through which support is conveyed, (2) communicative processes contribute to the development of support networks, and (3) support is accomplished through interaction. As these

researchers so clearly state, "social support should be studied as communication because it is ultimately conveyed through messages directed by one individual to another in the context of a relationship that is created and sustained through interaction" (p. xvii). This communication-based approach to social support is an interaction-cognitive model that suggests that the "quality of the provider-recipient relationship (as well as situational and interpersonal variables) influences recipients' appraisals of support providers' behavior" (Pierce, Sarason, & Sarason, 1990, p. 186). Burleson, et al. (1994) further outline this interaction-cognitive approach noting that we can better understand social support by "studying the messages through which people both seek and express support; studying the interactions in which supportive messages are produced and interpreted; and studying the relationships that are created by and contextualize the interactions in which people engage" (p. xviii).

The interaction-cognitive approach provides "a framework that encompasses both person and situation variables, including relational factors, [and] is illustrated by a basic question: Under what circumstances will a person get or perceive that he or she has received social support?" (Sarason, Sarason, & Pierce, 1994, p. 102).

From these definitions and research emerge several perspectives and models regarding social support. Various researchers have examined the "types" of social support that people experience. Five basic types of social support have been identified: informational, tangible, esteem, emotional, and network support (see Cutrona & Suhr, 1992). Informational support includes such things as advice, factual

input, and feedback on specific actions. Tangible support comes in the form of offers of needed goods or services such as food, money, transportation, books, etc. Esteem support is comprised of statements of respect for one's abilities, skills, and intrinsic value. Emotional support includes statements of concern, caring, love, and empathy. Network support is comprised of statements indicating a sense of belonging or inclusion with people of similar interests and concerns. From these five types of social support emerge two basic dimensions: the perceived *availability* of social support networks and the perceived *quality* of relationships within the support networks (Lane, 1995). These two dimensions of social support acknowledge both a global sense of support as well as a relationship-specific sense of support. Global support relates more to the perceived availability of support networks while the relationship-specific sense of support relates more to the quality of support a person has with various individuals (Sarason, et al., 1994).

This notion of global vs. relationship-specific support fits nicely with studying social support from a communicative perspective. Sarason, et al. (1994), in delineating the differences between global and relationship-specific social support, argue that future research needs to "expand investigations of global support and its correlates to include supportive and counter-supportive qualities of specific personal relationships such as those between parent and child, romantic partners, and spousal dyads" (p. 295). Leatham and Duck (1990) note a similar approach, stating that "any emphasis on the transactions of social support aims to tell us how social support is

offered, how it is received, and what it means to a given person in a relational context. Researchers should study such transactions in terms of comforting, giving advice, or supportive interaction between particular individuals" (p. 1). These researchers go on to argue that any topic within the social support domain needs to address the structure of the support network, the nature of the relationship, the content of the interaction, and the impact of support. Pierce (1994) echoes these arguments, stating that when emphasizing this relationship-specific approach, researchers need to be looking for the extent to which a relationship participant perceives others to be a source of assistance in a variety of situations (Pierce, 1994).

All of the approaches outlined above have an element in common that has yet to be discussed--the psychological aspect of social support. The psychological approach to social support is most concerned with an individual's subjective perception of his or her support. The psychological approach does not look at *actual* support in interactions, but rather is concerned with perceived support (Burleson, et al., 1994). Several researchers have written on the psychological approach to social support. Burleson, et al., demonstrates the importance of this approach, writing: "the perception of support often predicts positive outcomes better than do behaviors, and the perception of support is not necessarily related to the presence or absence of behaviors that convey support (p. 264). Similarly, Pierce, Sarason, and Sarason (1990) provide a summary of research that indicates that it is the psychological sense of social support that best protects individuals against stress and health problems.

This psychological sense of social support likely comes from actual supportive interactions with others as Cutrona, Suhr and MacFarlane (1990) point out:

> We have hypothesized that a psychological sense of support (that is, confidence that needed emotional or instrumental aid will be available) is not derived from a single conversation or act of assistance, but rather derives from recurring patterns of interactions. Thus, it is anticipated that specific transactional patterns can be identified that characterize relationships from which individuals derive a sense of support. (pp. 43-44)

Initial studies by these researchers seem to support their hypothesis. Clearly this psychological aspect of social support is important. As Antonucci and Israel (1986) found, measures of *perceived* social support consistently show the most positive relationship between social support scores and health outcomes. Clearly an individual's psychological perception of support greatly influences the benefits yielded from social support.

The benefits of social support have been alluded to since the beginning of this literature review. Suffice it to say that there are a number of benefits from social support and a number of studies that support these benefits. Social support networks provide benefits from an intrapersonal perspective, an interpersonal perspective, and a health perspective. Each of these areas will be discussed briefly.

Intrapersonal effects of social support have to do with how individuals perceive themselves. Research has shown that individuals who rate themselves highly

on perceived social support measures, as compared to those who do not rate themselves as highly on perceived social support, tend to be less introverted, have higher self-esteem, have higher levels of self-efficacy, experience lower levels of anxiety, and exhibit a stronger belief in one's interpersonal skills. High self-raters also experience a sense of acceptance, which leads to feelings of being valued and worthwhile. Conversely, those individuals who rate themselves low on perceived social support tend to be more neurotic, have low self-esteem, view themselves as having low self-efficacy, and have higher levels of anxiety. (Barbee, 1990; Sarason, Pierce, Shearin, Sarason, Waltz, & Poppe, 1991; Sarason, et al., 1994). Social support has also been found to correlate highly with extroversion and negatively with neuroticism, characteristics that may affect a person intrapersonally (Sarason, Sarason, & Shearin, 1983).

Introversion and neuroticism play a major factor in interpersonal relationships, as well. Sarason, et al. (1983) outline some of the interpersonal consequences of social support.

> Individuals high in neuroticism tend to be neither initially attractive to others nor the source of particularly rewarding experiences in ongoing social relationships. Both depression and hostility are inversely related to social support. There is also evidence that neither of these affective states is appealing to others. The negative feelings toward others that are characteristic of hostility are logically inconsistent with the attraction of others and the

> development of supportive relationships. Pervasive depression and hostile feelings are logically inconsistent with a lack of satisfaction in most kinds of interpersonal relationships. The negative relation of anxiety to both availability of and satisfaction with social support also helps flesh out a picture of the personality characteristics associated with perceived support." (p. 845)

Interpersonally, those individuals who perceive themselves as having strong and available social support networks are likely to have stronger interactions and interpersonal relationships with others. Burleson (1994) further emphasizes the relationship between social support and interpersonal relationships stating that "research shows that [supportive activities] play important roles in the development and maintenance of interpersonal relationships and help individuals cope with a variety of common stresses and upsets" (p. 6).

Closely related to interpersonal benefits of social support are the mental and physical health benefits. One of the most common findings regarding the health benefits of social support is its ability to protect individuals against the negative effects of life stress (e.g. Geller & Hobfoll, 1994; Hobfoll & Stephens, 1990; House, 1981). Burleson (1994) articulately sums up the stress buffering functions of social support:

> the emotional support provided through the comforting activities of social network members affords substantial help as people attempt to manage the

> upsets and stresses associated with everyday hurts and disappointments. Supportive actions that express concern and solidarity, prompt the articulation of feelings, display sympathy and understanding, and provide new information or alternative perspectives on a distressful situation significantly contribute to feelings of well-being, acceptance, and control over events. These feelings, in turn, are important predictors of functional modes of coping with stress and several indices of physical and emotional health. (p.5)

Several researchers have shown that a lack of social support is related to a decline in physical health and the development of mental health problems (Grissett & Norvell, 1992; Revenson, 1990; Sarason, Levine, Basham, & Sarason, 1983). On the other hand, the existence of social support has been found to enhance recovery, increase compliance and adherence to treatment regimens, and foster adaptive psychosocial development (Revenson, 1990). Further, Sarason, et al. (1994) report that perceived global support and specific relational support seem to play a major role in clinical status and personal adjustment for ill individuals.

It is important to realize that the mere presence of social support is not sufficient to yield the positive physical and mental benefits outlined above. The social support process is much more complex than dealing with the mere presence or absence of the construct. For example, Revenson and Majerowitz (1990) studied rheumatoid arthritis patients and their spouses and found that spouses function as an important source of social support. The interesting results of their study, however,

were that the amount and quality of extrafamilial support for the spouse greatly affects how supportive the spouse is for the patient. Similarly, Coyne and Smith (1991) studied couples dealing with a husband's myocardial infarction. The wives' ability to assist the husbands in dealing with a heart attack depended on the character of the infarction, the couple's interaction with medical personnel, and the quality of the marital relationship. These studies demonstrate the wide variety of factors that affect social support and health benefits.

Research literature shows a strong relationship between social support and physical and mental well-being, but the specific mechanisms by which social support leads to this well-being are not entirely clear. A number of studies have proposed reasons that social support provides physical and mental health benefits. One such reason is that social support may aid individuals in feeling an increased sense of control, power, and personal competence over the stressful events in their environment (Albrecht & Adelman, 1984; Cutrona & Suhr, 1992; Winstead, Derlega, Lewis, Sanchez-Hucles, & Clark, 1992). Another perspective on the link between social support and health benefits is presented by Cohen and Wills (1985):

> A generalized beneficial effect of social support could occur because large social networks provide persons with regular positive experiences and a set of stable, socially rewarded roles in the community. This kind of support could be related to overall well-being because it provides positive affect, a sense of predictability, and stability in one's life situation, and a recognition of self-

worth. (p. 311).

Whatever the reasons, it is clear that social support and support networks are important to individuals. This study will examine the social networks of eating disordered individuals to try to understand how they obtain social support from others via the online support group, alt.support.eating-disord.

Support Groups and Computer-Mediated Support Groups

Support groups are important entities in today's society. Much of the literature acknowledges support groups from a functional perspective; but, as can be seen in this study, support groups are created cultural objects of communities. Franko (1987) defines self-help groups as "voluntary associations among individuals who share a common need or problem" (p. 399). The basic concept behind the self-help group is "helping oneself through the help and helping of others" (Franko, 1987, p. 400).

In 1982, Droge reported that there were approximately 20 million people participating in approximately 500,000 mutual aid groups. Now, more than a decade later and influenced by a growing self-help movement, these numbers are likely to be significantly higher (Schopler & Galinsky, 1993). These self-help groups function as a resource to individuals. Edelman (1977) found that patient self-help groups developed because patients felt stigmatized in their sick role and felt powerless to deal effectively with the medical hierarchy. Killilea (1976) found that support groups provided three basic functions for those who attended: (1) social support groups function as an "ideal" democratic situation where individuals can participate, provide,

and receive mutual help rather than depending on professionals; (2) groups function as an alternative to formal help-giving systems; and (3) groups function as a solution to manpower shortages in the human services. Killilea also reported that those who attended support groups found that peer support may be more effective and relevant than professional help. Participants in support groups also reported that being able to attend, tell one's story, and be listened to and acknowledged without judgement was a primary vehicle for help (Arntson, 1980).

Several studies have specifically examined the benefits of support groups for eating disordered individuals (Boskind-White, & White, 1983; Franko, 1987; Garfinkel & Garner, 1982; Neuman & Halvorson, 1983). Boskind-White and White (1983) found that support groups provide eating disordered individuals with an arena for sharing insights and successful strategies in dealing with the eating disorder, as well as allowing these women to "gain a more balanced perspective about the stifling aspects of the role assigned to them by society" (p. 207). Garfinkel and Garner (1982), noted experts in the treatment of eating disorders, argue that self-help groups help reduce feelings of isolation and uniqueness, provide support, and create hope for the eating disordered participants.

The studies presented above all deal with face-to-face support groups, but a new breed of support group is emerging. Support groups are becoming commonplace for Internet users, as well. Computer-mediated support groups involve members using home computers and connecting to various bulletin boards or news groups via

modem. Weinberg, Schmale, Uken, and Wessel (1995) describe the process:

> Once connected, they [the computer users] can read messages that have been left on the bulletin board by a leader or other member and can post their own messages by typing them into their terminal. As in other support groups, participants are encouraged to share information, to express their ideas or feelings and to offer advice or support to one another. (p. 44)

These computer-mediated support groups are ongoing since members can log into the news group 24 hours a day. These groups are also beneficial in that they provide support for individuals whose schedules may not allow them to attend local meetings, for those who live too far away from available meetings, and for those who lack transportation (Finn & Lavitt, 1994; Foderaro, 1995; Weinberg, et al, 1995) .

The first type of computerized social support was reported by Schneider (1986), who created and conducted smoking cessation groups on CompuServe, a commercial computer network. Schneider found that group interaction and support so critical to successful smoking cessation could be replicated via computer network. In a similar type of study, Brennan, Moore, and Smyth (1991) report a field experiment "demonstrating the feasibility of computer networks as a mechanism for delivering nursing services to care givers of persons with Alzheimer's disease" (p. 14). Brennan, et al. (1991) established a computer network known as ComputerLink. This network supported 22 caregivers of Alzheimer's patients providing them with access to both peers and professionals. With this computer network, the care giver "can send and

receive mail, participate in a dialogue via a public bulletin board, and ask questions anonymously that will be answered by the project nurse and posted on a special bulletin board" (p. 18).

Since these early attempts at setting up computer-mediated support groups, more advanced projects have been undertaken. Finn and Lavitt (1994) examined a computer-based self-help group for sexual abuse survivors and found a number of advantages for the online participants including:

> providing greater access to support, diffusing dependency needs, meeting the needs of those with esoteric concerns, reducing barriers related to social status cues, encouraging participation of reluctant members, promoting relational communication, and enhancing communication of those with interpersonal difficulties. (p. 21)

In a recent article of the New York Times, Foderaro (1995) reports that there are "hundreds of support groups sharing intimacies and swapping advice online for problems ranging from chronic fatigue syndrome to cancer, from the trials of widowhood to multiple personality disorder" (p. B6). Eating disorders are one of those hundreds of support groups available. There have been not studies examining online eating disorder support groups thus far. This study proposes to examine an online eating disorder support group by looking at how users of alt.support.eating-disord news group go about soliciting social support from the other news group participants.

Requesting Social Support

Research examining requesting behavior has been done for some time in communication and linguistics, although there is little research specifically addressing the requesting of social support (for a review, see Kim & Bresnahan, 1994). According to Labov and Fanshel (1977), "all requests are basically requests for an action of some kind from [another] person" (p. 63). These requests may take the form of a question, but are not limited to such speech structure. Statements or imperatives are often requests for action, as well. Research has repeatedly identified requesting behavior and created taxonomies of requesting behavior; however, there is no definitive list of request functions or of the strategies used to make the requests.

Labov and Fanshel (1977), in their investigation of therapeutic interaction between an anorexic client and her psychotherapist, found that requesting behavior could be categorized into requests for action, information, confirmation, agreement, evaluation, interpretation, and sympathy. They also classified requests as direct or indirect. Direct requests often use imperatives such as, "come home" or "I need for you to get me the files." Indirect requests, on the other hand, are not quite so straightforward. Rather than an imperative, indirect requests bury the request in "polite" language that implies that the requested action be performed. For example, statements like "have you dusted yet?" or "this place is really dusty" imply that the speaker is requesting the listener to perform the action of dusting (pp. 81-83). Most requesting behavior in our culture (in the United States) is indirect in nature.

Research examining individual traits and factors that affect help-seeking behavior notes that an individual's requests for help-seeking are motivated by both positive and negative factors (DePaulo, 1982; Rosen, 1983; Thoits, 1985). A desire to obtain information, to receive emotional validation, to receive direct assistance, to develop a closer relationship with the support provider, and to provide mutual support to others are all positive motivations people have for seeking social support. On the other hand, people may be motivated to seek help by negative motivational factors. People disclose to others out of a sense of obligation to share or out of fear that the listener will hear important information from someone other than the individual himself or herself. Similarly, there are a number of risks associated with social support that will likely factor into requesting help from others. Goldsmith and Parks (1990) conducted a study that examined the potential risks and benefits of seeking social support. They found that fear of being stigmatized and judged by others and fear of a lack of confidentiality were perceived as major risks to seeking social support. They also found that people did not want to burden others with their problems. People with low self-esteem and perceived self-inadequacy are likely to focus on the risks of seeking social support and are less likely to make requests (Rosen, 1983). These individuals are more likely to procrastinate when it comes to seeking help, and when they do choose to seek help, may use covert and indirect means to obtain support (Rosen, 1983).

As can be seen from the discussion regarding requests, much research has

been done, but there are a number of gaps in our understanding of the requesting process, especially when it comes to requesting social support. This study will examine requesting behavior in yet another context to ascertain the kinds of requests used by eating disordered individuals on the Internet to obtain social support and to further our understanding of requesting social support from others.

Method

This study examined one month of interaction in the alt.support.eating-disord news group. One full month of interaction was archived and printed in order to provide a transcript of the month's discussions. The month studied was September, 1996. These 30 days of interaction yielded 1410 pages of transcript. Since CMC is asynchronous communication, much of the interaction develops in threads (topic lines that continue over several days) (see Black, Levin, Mehan, & Quinn, 1983). Choosing a sampling of days rather than a full month would prevent following the threads of conversation. Such threads are important in determining whether a given request actually yielded a response from one or more other participants in the *ased* news group. The rationale for choosing September rather than any other month of the year is fairly simple. Most participants in the *ased* news group participate through university computer systems. Based on preliminary examination, a number of these participants are students and would likely not have access to university computer systems through the summer months. Therefore, September, the beginning of an academic year, was chosen for analysis. This particular news group is a public forum that can be subscribed to and accessed by any interested individual, so anonymity issues were not at issue in this study.[8]

Preliminary examination of the first week of interaction in the *ased* group data collected shows that requesting behaviors do take place, but that they are not readily categorizable and are not readily obvious to the casual reader. For example, there are

requests that ask for sharing of similar experiences:

> we made a lot of head-way today, I talked for over and hour and a half and got some things off my chest. I was scred but feel silly now for being so scared. I just wish there was a majic cure to this, cuz i'm in bad shape and I don't know if I am going to make it...physically...I think there is a volcano in my gut right now, it's about to erupt. Can anyone identify?

Another example of requesting behavior appears to combine rhetorical questions, requests for affirmation of the poster's own thoughts about the issues and solicitation of information about the topic at hand from others:

> It's funny, I was thinking of posting something like this the other day. Not that I had hurt myself or anything, but I was wondering *why* we do it. Obviously, it's just another self-destructive behavior that offers temporary relief. But WHY is it that we take the pain out on ourselves? Why does one individual cut on himself/herself, and the next individual doesn't? I suppose that I know the answer to this, but I was just wondering what you all though about this. Any insights?

This study will use an ethnographic approach to examine the data. Understanding how these individuals seek help from others may help provide useful information to family members, friends, and therapists who interact with these people on a regular basis. The results of this study will also hopefully yield insight into requesting behaviors and social support.

Ethnographic Methodology

Ethnography is a method used to describe people and their culture (Altheide, 1996; Denzin & Lincoln, 1994; Schwartz & Jacobs, 1979). While anthropologists have long used an ethnographic approach to studying cultures, Hymes first discussed the concept of an ethnography of speaking in 1962. He argued that communication is affected by and affects cultural behaviors. Hymes sought to combine the ethnographic

approaches of anthropology with the study of linguistics to demonstrate how language and communication are governed not only by arbitrary syntactic rules, but also by rules of cultural appropriateness (Hymes, 1962). Hymes' work led to three basic assumptions that still hold true today in ethnographies of speaking:

> (a) communication is systematically patterned and needs to be studied on its own and for its own sake; (b) the systematicity is intimately linked with social life and needs to be studied as such; and (c) the nature of communication itself is culture-specific, therefore cross-culturally diverse." (Carbaugh, 1990, p. xvi)

Resulting from these assumptions is a general ethnographic agenda that seeks to illuminate "specific practices of communication that are distinctive to a culture and community, and of general principles of communication that hold across cultures and communities" (Carbaugh, 1990, xvi).

In examining the communication of various cultures, ethnographers are able to identify communicative behaviors that are deemed appropriate or acceptable in various situations. Likewise, they are also able to identify those behaviors deemed inappropriate by the ways in which members respond to the behaviors. Communication that is appropriate is recognized and acknowledged by other members of the community as being appropriate. The members of the community co-create and cooperatively recognize appropriate behavior. Acceptable and appropriate communication from forum participants is responded to and acknowledged by the

other members of the community. For example, when Lucia writes, "Thank-you for letting me take up space," Tina immediately responds with the supportive statement: "Lucia, take up all the space you want to. What you have to say is important." When the communicative behavior of an individual violates the norms of the community, forum members do orient themselves toward those messages, but do so by not responding. They either ignore behavior they view as deviant and unacceptable, or they verbally respond in a negative manner that sanctions the person who has communicated inappropriately. These violations and lack of responses are the very thing that makes appropriate behaviors visible and tangible to the participants. These cultural rules of communication are the substance that make up the ethnography of speaking.

Ethnographies of communication have been utilized extensively to develop communication theory at a general level as well as at the specific level of an independent culture (cf. Hymes, 1972; Katriel & Philipsen, 1990; Philipsen, 1975; 1976; 1986;p Wieder & Pratt, 1990). These studies have helped to demonstrate and make visible how individuals within a culture recognize and orient to the communicative behaviors of others in that culture. An ethnography of a communication culture helps elucidate how the members of a given culture communicate with one another. Culture has a number of definitions. Harris (as cited in Spradley, 1979) states that "the culture concept comes down to behavior patterns associated with particular groups of people, that is to 'customs,' or to a people's 'way

of life'" (p. 5). Spradley (1979) defines culture as "the acquired knowledge that people use to interpret experience and generate social behavior" (p. 5). In this study, the normative patterns of soliciting social support among the culture of participants in alt.support.eating-disord are investigated and discussed.

Philipsen (1975; 1976) provides an excellent example of using ethnographic methodology to describe the communication culture of Teamsterville, a low-income, blue-collar neighborhood on the south side of Chicago. Philipsen (1975), in his ethnography of Teamsterville, identified a code of speaking and communicating in which the male role was focused on social and positional matters rather than on personal or psychological factors. For example, "Teamsterville men seek out other men of like identity, in well-established locations, and these are the situations in which it is most appropriate and proper for a man to produce a great quantity of talk" (Philipsen, 1975, p. 15). In situations where the participants shared an asymmetrical relationship, a high quantity of speaking was viewed as inappropriate. his communicative code was unique to how the men of Teamsterville spoke to one another. The code was readily apparent and acceptable to the men of Teamsterville, while Philipsen had to spend a great deal of time and observation to identify these normative behaviors. Teamsterville men recognized this code and its violation. Communication flowed smoothly as long as the code was followed. When the code was broken, individuals were viewed as being deviant and not part of the community (Philipsen, 1975; 1976; 1990). Philipsen's study was instrumental in illuminating the

normative forces that shape communicative conduct within a given culture.

Philipsen's study of Teamsterville is one of the most well-known ethnographies of communication. Since this work, several others have examined the cultural rules of speaking and communication. Philipsen (1976) also wrote about the particular "scenes" or "places" that occasion talk in Teamsterville. He found that "place" refers not only to physical location, but also to a member's position in a social hierarchy. He found four areas that were culturally defined places for speaking: "'the neighborhood,' 'the street,' 'the corner,' and 'the porch'" (p . 16). Each of these places is defined "in terms of the kind of setting to which it refers, the personae whose presence in it create a scene, and how the scene-personae configuration creates an occasion for talk" (p, 16). Communication and its place are unique elements to the Teamsterville culture.

Wieder and Pratt (1990) discuss the various communicative behaviors that identify an individual as a real Indian. They found that how an Indian uses silence, modesty, public speaking, and other communicative behaviors are "'critical' in the identification of a real Indian" (p. 51). Katriel and Philipsen (1990) examined how people in the American culture use the word "communication," and discovered that "'communication' is a culturally distinctive solution to the universal problem of fusing the personal with the communal" (p. 91). Similarly, Correll (1995) provides an ethnography of a different communication culture. Correll describes the culture of the Lesbian Café, an online bulletin board system that serves as a community for those

wishing to interact with other lesbians. These are but a few examples in the corpus of research utilizing ethnography of speaking to identify and illuminate the tacit knowledge of a particular culture in regard to its communicative behavior.

In the case of this study, ethnography of *ased* transcripts will be conducted as a way to describe the culture and sense of community of *ased* and its participants, and to examine how participants solicit support in this online support group. According to Atkinson and Hammersley (1994), ethnography involves many of the following features:

> 1. A strong emphasis on exploring the nature of particular social phenomena, rather than setting out to test hypotheses about them;
> 2. A tendency to work primarily with 'unstructured' data, that is, data that have not been coded at the point of data collection in terms of a closed set of analytic categories;
> 3. Investigation of a small number of cases, perhaps just one case, in detail;
> 4. Analysis of data that involves explicit interpretation of the messages and functions of human actions, the product of which mainly takes the form of verbal descriptions and explanations, with quantification and statistical analysis playing a subordinate role at most. (p. 248)

This study exemplifies each of these characteristics of ethnographic inquiry. The social phenomena of social support requests is being examined rather than theories of social support being tested; the data has not been coded in any way prior to

this investigation; a relatively small number of cases are being examined in this study; examples derived from one month of interaction are used in the analysis; and the analysis of the interaction in the *ased* forum looks at the meanings and functions of the participants' behaviors from a descriptive rather than statistical perspective.

This paper seeks to provide readers with a firsthand account of the interaction in the *ased* forum in such a way that the reader begins to understand what it is like to be an eating disordered individual seeking support in an online support group. The descriptions in this paper serve to provide both those familiar and those not familiar with the news group and eating disorders with insight into the techniques used to obtain support from others in this unique interaction environment.

The alt.support.eating-disord newsgroup is a community, as will be made clear through the remainder of this manuscript. The locale exists at the specific address "alt.support.eating-disord" on the Internet. Members of this community know that this address will connect them with others to be involved in a discussion or social interaction about something which they have in common – life with an eating disorder. These community participants demonstrate a great deal of social intimacy, as the reader will see in the analysis. Participants regularly share relatively intimate pieces of information about themselves, including behaviors related to the eating disorder, examples of family interaction, history of sexual abuse, and other personal information the participant deems relevant to his or her own struggle with an eating disorder.

Ethnography involves the researcher as participant-observer. In addition to these characteristics, Van Maanen (1988) provides a description of the role of the researcher in ethnography:

> Fieldwork asks the researcher, as far as possible, to share firsthand the environment, problems, background, language, rituals, and social relations of a more-or-less bounded and specified group of people. The belief is that by means of such sharing, a rich, concrete, complex, and hence truthful account of the social world being studied is possible. (p. 3)

This study uses participant observation to chronicle the solicitation of social support among *ased* participants. Having dealt personally with an eating disorder and having served as both active participant and facilitator of several face-to-face eating disorder support groups, I am intimately acquainted with the culture of eating disordered individuals in today's society. In conducting this study, I served as both participant and observer in the alt.support.eating-disord news group. My own experiences provided me with an insight into the activities of this news group and allowed me to more clearly illuminate the fundamental techniques that the participants used to obtain social support from others.

In summary, ethnography of speaking seeks to make visible the tacitly understood rules of a speech community. The ethnographer believes that an understanding of these rules is possible if the researcher becomes intimately acquainted with everyday activities of the participants of a given culture. In so doing,

the researcher spends a great deal of time examining the culture and becoming intimately acquainted with the ways in which its members behave. Hymes (1962) argues that in examining a culture from an ethnographic perspective, the researcher is not to impose some sort of system of analysis a priori, but rather is to observe and focus on "questions to be asked" (p. 24). The researcher in an ethnographic study does not approach the culture with a series of hypotheses which he or she seeks to validate, but rather the researcher approaches the culture in such a way that preconceived notions and expectations have little, if any, effect on the study. The ethnographer, "much like the phenomenologist or ethnomethodologist suspends assumptions of the natural attitude so that taken-for-granted procedures become visible" (Smith-Dupre', 1995, p. 85). Ethnography uses inductive, post-hoc analysis to minimize the effects of any expectations regarding the study (Lincoln & Guba, 1985).

Ethnography is appropriate to this particular study because it allows the researcher to examine a relatively news form of human communication, CMC, without preconceived notions or ideas. Computer-mediated communication is a relatively new form of human interaction. Computer-mediated support groups are yet a more recent development in human interaction. By examining the transcripts of the *ased* interaction, I am able to observe how social support functions within this community without imposing any previously developed taxonomy of social support on this particular group. To date, little research has been done examining the "how"

of social support in an online community. By using an ethnographic apporach, I am able to observe the interactions without interrupting or drawing participant attention to the processes in which they are engaged. I am able to gain a truer picture of the actual interaction than if I were to conduct interviews or develop an experimental context. By observing the interactants, I am able to see, firsthand, how these community members use social support and how they solicit from and respond to other members of the community. I will clearly show the reader that *ased* is a community, complete with its own rules about talking to one another and about the use of social support among community members.

At this point I will provide a thorough analysis of the interactions and cultural aspects that make *ased* a unique speech community. The accounts you will read are actual interactions from *ased*. My intent is to provide the reader with a perspective of online support and a perspective of social support not previously considered.

Results: A Journey through *ased*

The results of this study indicate that *ased* is indeed a unique community with its own distinct culture. Participants readily use and recognize a number of ways of speaking and several acceptable means to elicit support from one another. The eliciting of support in this community is an implicit mode of communication. The participants recognize and respond to "requests" for support that follow the normative means of communication for this group. The participants engage in a particular "way of speaking." In contrast, when an individual does not follow the normative communication patterns for this community, the participants either ignore the comment or "flame" the individual with verbal sanctions. Further discussion about the normative communication institutions that make up the *ased* culture will be discussed in greater detail in the discussion portion of this paper.

What follows is a series of "techniques" or "methods" that the participants of *ased* use to elicit social support from one another. Five basic types of support-eliciting communication exist: self-deprecating comments, requests for information, requests for shared experiences, statements of personal success, and statements of extreme behavior. Each of these types of communication yields supportive responses from other members in the community, and each are readily recognizable by the participants of the forum as necessitating supportive responses. As each of these types of cultural communication are presented, the reader will see both the initial statement and the corresponding responses made by the participants. Through the following

analysis, I hope to make visible for the reader the unstated and accepted cultural rules of speaking for this community.

In reading several excerpts from *ased*, similarities in the way these interactants are communicating, especially in how the initial statements in each of the excerpts are presented, can be identified. At the end of each chapter of analysis I have provided the reader with the initial statement and subsequent responses for each example discussed within the chapter so that the reader can readily observe how these patterns appear in their entirety.

Self-Deprecating Comments and Supportive Responses

In each of the instances discussed in this chapter, the participants are using self-deprecating statements which elicit supportive responses from others. Both the eliciting statement and the subsequent responses are part of a mutually defining speech activity. A self-deprecating comment defines the type of supportive response made by other participants, and conversely, the responses made by participants legitimate the self-deprecating comment as such. In the first excerpt (p. 49 of this paper) Susan says she knows everyone is "probably sick to death of hearing about my problems." She minimizes herself and her problems. By stating that everyone is sick to death of hearing about her problems she has indicated that her problems, and consequently her post and her own self, are not important. She goes on in her post to say that that she will "shut up for a while," again indicating that her posting her problems is a negative thing that needs to be avoided in the future. The phrase "shut

up" has many negative connotations that imply that the communication that has occurred is not welcome or is undesirable. By stating that she will "shut up" after posting, she has indicated her belief that her comments and expressed feelings are unwelcome and undesirable.

Participants in the forum readily recognize these types of posts and respond with comments that are affirming and encourage continued interaction by the one who has made self-disparaging comments. In the case of Susan, Jenny responds with, "Susan, please don't. Nobody is sick of you. We love you and know you are going through an awful time. Post as much as you like, okay?" Jenny is countering Susan's statements and offering validation to what Susan has to say and to Susan's worth and value. Jenny gives Susan approval to feel what she is feeling and to share those feelings in *ased* by acknowledging that Susan is going through an "awful time." Jenny goes on to encourage Susan to avoid such self-disparaging comments when she tells her, "P.S. And try not to follow-up your own posts apologizing for having written them, okay?" Susan's negative comments have elicited responses of acceptance of feelings, approval of the statements made, acknowledgment of the other's problem through statements of empathy (e.g., we know you are going through an awful time), encouragement to share feelings in the future, and shared experience (e.g., Yes...I've done it to....). Jenny also offers Susan the CMC equivalent of a reinforcing smile [:-)] and a big hug [<TRIPLE HUG>][3]. You can clearly see that Susan's self-deprecating statements have elicited supportive responses from another participant in *ased.* This

interaction is not unique.

The second excerpt is much like the interaction between Susan and Jenny. Lucia says, "Thank-you for letting me take up space." Such a statement minimizes the value of what she has to say and implies that she does not have a right to post in the forum, but rather must apologize for what she has to say. Her statement also indirectly implies that she herself must apologize for being herself and does not feel worthy to "exist" in the forum, and perhaps does not feel worthy to exist in life. Lucia's apology for taking up space is met with a response of validation by Tina when she responds, "Lucia, take up all the space you want to. What you have to say is important!" Tina gives Lucia permission to express her feelings and to utilize the forum for support. Tina supports Lucia by telling her she is important and allowing her to "take up space."

In the third excerpt Diana is interacting with several other participants. Diana's posts are replete with self-deprecating statements. For example, she outwardly states, "I am a terrible person, i feel so fat, ieven look fatter, alot fatter and I'm not imagining it. I'm not going to eat until I'm 89, for a day or so." Diana berates herself and her body and indicates that she is going to "punish" herself by not eating for a day or so. While such statements may appear to be given just to elicit responses from others or may appear to be manipulative, most *ased* participants recognize that such feelings are common and genuine for those suffering with eating disorders. As a result, posts such as Diana's receive a great deal of response from the other *ased* participants.

Participants recognize the painful feelings associated with having an eating disorder and readily offer support to the person who expresses such feelings. For example, Tina tries to offer Diana suggestions that might help her not feel so fat and might help remove her focus on her weight: "Diana, would you _possibly_[4] be able to conceive of throwing away your scale? Or _maybe_ just asking that it be kept where you don't have access to it?" Tina also offers support in the form of information and shared experience when she tells Diana, "One or five pounds may seem like a lot, but it is normal for a person's body to fluctuate from day to day. It may have nothing to do with what you ate. I can retain 7 pounds of water, believe it or not. That is not fat, no matter what your mind tells you. I have stopped weighing myself, and I have never felt more peace of mind about any decision. It's the best thing I could do for me right now." Tina shares not only factual information about water weight, but also shares her personal experience with water weight gain and with the relief she has felt by giving up weighing herself. Sharing such information can be seen as an attempt to offer Diana some peace of mind of her own. Diana responds to Tina by rejecting her suggestions and negating the information shared: "Throw away my scale NOWAY! I couldn't if I wanted to, not for a million bucks. The fluctuation thing is i never do, I'm already back down, so i'm past my psycho phase, but i couldn't bare to part w/ my scale, sad i'm acting like it's one of my best friends.....it is." Diana may be rejecting help or may be creating an argument using more self-disparaging comments to elicit further responses from other participants.

In the fourth excerpt Leanne tells the forum interactants about her appointment with her therapist. Her comments are not particularly self-condemning until the end of her post: "Hi guys, I have my first appointment with a therapist on Thursday and i am petrified. Then i have an appointment with yet another therapist in September. I must really be screwed, eh?" She sounds almost proud that she has an appointment with a therapist, but then she follows up the statements with a tag question that puts herself down. Other participants acknowledge Leanne and offer statements of encouragement and approval regarding her appointment with two different therapists. Judy writes,

> Hi Leanne and welcome, I used to joke about my "committee" that was helping me out. At one time, I had my individual therapist, group therapy, my doctor for my meds, then she referred me to a psychiatrist for a consultation. Now I'm better and I'm down to my individual therapist and my doctor. _Anyways, I know how you feel._ I hope you have good and informed people, and if you do, take advantage of them. This is something you can't do alone. I guess the good part about it is that I felt like there were/are alot of people I could call on in a crisis.

Judy provides a lengthy response that first welcomes Leanne to the forum and then shares that she has had similar experiences with multiple professionals. Judy encourages Leanne that what she is doing by seeking help from the various professionals is an appropriate and useful plan for dealing with her eating disorder. She also offers a statement of encouragement to Leanne when she tells her, "Now I'm better and I'm down to my individual therapist and my doctor." Judy indicates empathy for Leanne when she says "_Anyways, I know how you feel_." This

statement is underlined and given emphasis so that Leanne knows that it is meant to be a more powerful statement than any of the other statements in the post.

Another example of negative statements about oneself used to solicit support from others was written by Brooke. A portion of her post states, " I deliberated on writing to you guys. I hate being such a downer on everyone, but I feel I have been putting a lot on the shoulders of a few and it really isn't fair." She continues to discuss the events that are going on in her life relaying circumstances surrounding her father-in-law-to-be's battle with cancer. After she has discussed these issues, Brooke concludes her post: "My heart is breaking. I need to be there for her when she calls but I feel so empty. Why is life so unfair? Sorry for sharing, Brooke." Brooke's post receives the following response from Susan:

> I am really glad you shared. It's OK to share when things are going wrong. I'm really sorry about your sister's fiancé's father. I know what it's like to lose someone you care about, especially when it's sudden. The emptiness may be a symptom of grief and shock. I know when my father died I did not feel anything but emptiness for a long time. Just try to be there for your sister, but let her be there for you too. Everyone of you will be grieving. But if you can't be there, then don't beat yourself up about it. I hope this post helps you, I really do want to send you tons of wisdom but all I can offer you is a little advice and lots of love and hugs.
>
> Remember to take care of yourself during this sorrow-filled time, if you don't take care of yourself, how can you be there for your sister?
>
> Please don't be sorry for sharing -- that's what we are here to do :) Please let us know how you are doing when you are able.
>
> Susan

Susan offers a variety of supportive statements to Brooke's initial post. Susan affirms Brooke by saying that she is glad she shared and that it is okay to share when things

are not going well. She offers Brooke several statements of empathy, too. She shares her experiences of when she lost her father, and shares that she understands the feelings of grief and shock that go along with losing a loved one. Susan even directly states her intent to help: " I hope this helps you, I really do want to send you tons of wisdom but all I can offer you is a little advice and lots of love and hugs." In addition to directly stating she wants to help, Susan offers hugs to Brooke to help her feel supported and cared for.

Like many of the posts, excerpt 6 begins with a negation when Jackie states, "I probably shouldn't be posting this." She immediately discounts herself and her feelings before ever stating them. She continues with an implication that she is less worthy as a person since she has small breasts when she states, "And since men think I'm dog shit for having no breasts...." Her comments receive a great deal of attention from several forum participants. Katie's response assures Jackie that "'boob' size is not what determines self-worth." She tells Jackie that her posts say much more about her as a person than does her appearance: "Your posts say so much more about you than anything else. They say that you are a caring, sensitive (perhaps overly like myself and most people battling w/ and ed), you are certainly a feisty one (I love your gumption!) you have integrity and wit." Katie is offering a number of reassurances coupled with compliments as a way to support Jackie. Others join in Katie's support of Jackie, such as when Jenny says, "hey, I agree with Katie -- Jackie, I love your gumption, too!"

Excerpt 7 shows how users in this particular forum may engage in self-disparaging comments in a more indirect manner. Psylocke's signature file[5] states "*With friends like me, who needs enemies?" Although Psylocke does not directly make this negative comment in the body of her post, other users are attuned to the negative tone she has set about herself. Susan acknowledges Psylocke's negative comment by saying, "No offense, Psylocke, but you might start by getting a different sig. I know you mean this in a whimsical manner, but even the first time I saw it, I thought to myself that it was just another way of putting yourself down." Susan notices that this signature file is a self-disparaging comment and confronts Psylocke about putting herself down. In commenting on this negative comment of Psylocke's, Susan offers a suggestion that might help Psylocke improve her own view of herself.

Another poignant example of the solicitation of support can be found in excerpt 8. Katie writes to the group:

> I am somewhat hesitant to post right now as what I have to say involves #'s/wt.s. So, I guess that will clue you in before hand that my thinking is not on the real issues.
>
> My hesitancy also comes from the fact that I KNOW my thinking is wrong, it is weight related. Perhaps though, by talking/writing about my concerns, I can get some "reality checks" to assist in working through the fears. So at the risk of irritating a lot of you, I will forge ahead with my pseudo-concerns.
>
> I mentioned briefly in a previous response to someone, that my therapist has given me an ultimatum...I must show that I am committed to my recovery by demonstrating the following: I must meet with her twice a week, work with a physician, and show a weight gain EACH session.
>
> I am sad because I feel like I am letting go of the only identity I have ever known. Letting go of the only thing I have ever been REALLY good at. I am sad because I feel like this is it. No more playing games, manipulating, lying, etc. to maintain this non-productive way of living. These are good things but,

like saying good-bye to my best friend...there is sadness.

Katie asks for the support of the group when she states that she hopes she can get some "reality checks" to help her deal with what she is experiencing. She also uses self-deprecating comments by saying, "So at the risk of irritating a lot of you, I will forge ahead with my pseudo-concerns." She has indicated that her thoughts and feelings are not legitimate concerns, but rather are "pseudo-concerns."

Forum participants respond to Katie's post with a great deal of support and empathy. Jenny affirms Katie's post by telling her that, "if we ONLY posted 'right thinking' and 'non-fear-related thinking .... Well, I for one would be down to about 2 posts per YEAR. <g>[6] That's what this group is for, OK????" She reassures Katie that all of her comments are valuable and appropriate for this particular forum. Jenny also gently teases Katie about her "pseudo-concerns" comment saying, "Tsk tsk .... Katie, you're sounding like ME. Next thing, you'll be going ACCCCKKKKK all the time! 'Pseudo-concerns' - oh SURE! Hey Katie, we LOVE you, girl. Got that???" Jenny offers a statement of concern and caring by implying that Katie's concerns are very real and that she is loved and appreciated by the group. Jenny then goes on to comment about the agreement between Katie and her therapist. Jenny offers support by sharing her own experiences and offering Katie some "reality checks" about the terms of the agreement. Jenny then concludes her comments to Katie by saying, "I *know* you can do it. I'm with you 100%. You're a real fighter, and the kind of determination that you use to starve yourself, can also help you to give recovery a real

chance. Hey, it's worth a try, right?) Love & loads of hugs, Jenny." Again, Jenny is functioning as a cheer leader for Katie as Katie tries to make some big decisions and changes regarding her recovery.

Jenny is not the only one who responded to Katie's post. Sylett affirms Katie's feelings of sadness and loss about giving up her eating disorder saying, "You are right to feel like part of you is dying, because part of you needs to die to get better, like fallen leaves that nourish seeds on the forest floor, the dying part of you nourishes and feeds the new you. If that part doesn't die, the new part won't have the nourishment to grow and develop into her fullness. I had to bury my anorexic self (in photo) in the forest so she became part of the very ground that supports the heavier, healthyer me as I recover. This symbolic gesture made the choice to get better seem more real to me. You may find a similar action helpful." Sylett clearly empathizes with Katie about the feelings of loss, and tells Katie that those feelings are perfectly acceptable. Sylett also offers support by sharing a suggestion of burying a photo as a symbolic gesture that might make giving up the disease a little easier.

Katie then responds to these comments from the other participants:

> Wow!!!!!!!!!!!!! I don't know what to say! You guys are SOOOOOOOO special! I knew my thoughts were off base and I know from experience that the answers for another's problems somehow seem much clearer than your own.
> I am so glad I posted. I knew all of you very gifted, terrific, kind-hearted souls would have the insight and personal experience to help me make the right decision.

Katie recognizes the support she has received from the other participants and openly

thanks them for their shared experiences and empathy. She then continues to inform the group about the decision she has made regarding her treatment and the agreement with her therapist.

These are just some of the multiple examples of how self-deprecating comments by forum participants elicit supportive responses from others. Again, it is important to realize that there is no evidence either for or against the *intentional* use of these comments to receive support. While some participants may consciously choose these types of statements to elicit support from others, many participants likely talk in this negative manner without conscious manipulation of the words and phrases they use. Regardless of the intentionality of the sender, it is apparent that participants utilize such self-disparaging comments as those discussed above do elicit support from other forum participants. A more complete and detailed account of the interactions presented in this section on self-deprecating comments can be found in the unedited excerpts that appear at the end of this and subsequent sections.

Excerpt 1:

> I know you're all probably sick to death of hearing about my problems now so I'll shut up for a while after I post this.

> Susan, please don't. Nobody is sick of you. We love you and we know you're going through an awful time. Post as much as you like, okay? Love, Jenny
> P.S. And try not to follow-up your own posts apologizing for having written thm, okay? :-)
> (Yes...i've done it too....)
> <TRIPLE HUG>

Excerpt 2:

Thank-you for letting me take up space,
Lucia (Classic Girl)

Lucia, take up all the space you want to. What you have to say is important!
-Tina

Excerpt 3:

Well, today, I only ate a couple of pretzels and a cup of cereal, I was so involved in my homework *7 HOURS!* AHHHHH, my brain is to the max that I didn't even think about eating, so for dinner i forced myself to eat a harvest burger (lowfat vegetarian burger) w/ an English muffin. I'm already back down to about 89, so i'm trying to keep myself from going insane and dieting again.
Diaan

I am a terrible person, i feel so fat, ieven look fatter, a lot fatter and I'm not imagining it. I can feel the fat on my body. I'm not going to eat until I'm 89, for a day or so.
Diana

Diana, would you _possibly_ be able to conceive of throwing away your scale? Or _maybe_ just asking that it be kept where you don't have access to it? One or five pounds may seem like a lot, but it is normal for a person's body to fluctuate from day to day. It may have nothing to do with what you ate. I can retain 7 pounds of water, believe it or not. That is not fat, no matter what your mind tells you. I have stopped weighing myself, and I have never felt more peace of mind about any decision. It's the best thing I could do for me right now. Tina

Throw away my scale NOWAY! I couldn't if i wanted to, not for a million bucks. The fluctuation thing is i never do, I'm already back down, so i'm past my psycho phase, but i couldn't bare to part w/ my scale, sad i'm acting like it's one of my best friends.....it is Diana

Diana
And where is that going to get you> Deeper into the cucle of gaining and losing, more obsessed with the numbers, physically weaker...what is it going to take for you to realixe that losing more weight, becoming dangerously thinner, is not something

to celebrate? When you are in the hospital attached to a heart monitor with a tube down your nose? Please reconsider what you are doing. This may sound like a personal attack, but I'm terribly worried about you, about your health. It isn't worth it.

Elissa

I agree with Elissa 100%. Diana, you are very sick. Will you get help before you die? Anorexia is a fatal disease. I've been where you are now, and I can tell you there is LIFE after anorexia. The worst day of recovery is better than the best day of practicing anorexia.

SM

Excerpt 4:

Hi guys,
I have my first appointment with a therapist on Thursday and i am petrified. Then i have an appointment with yet another therapist in September. I must be really screwed, eh? (Yeh, i'm Canadian)

Hi Leanne and welcome
I used to joke about my "committee" that was helping me out. At one time, I had my individual therapist, group therapy, my doctor for my meds, then she referred me to a psychiatrist for a consultation. Now I'm better and I'm down to just my individual therapist and my doctor. _Anyways, I know how you feel._ [5] I hope you have good and informed people, and if you do, take advantage of them. This is something you can't do alone.
I guess the good part about it is that I felt like there were/are a lot of people I could call on in a crisis
Love 'n stuff, Judy O.

Excerpt 5:

I deliberated on writing to you guys. I hate being such a downer on everyone but I feel I have been putting a lot on the shoulders of a few and it really isn't fair. Well things were going along OK and I was able to deal with things as they came along. Well today has sent me for a loop. My sister's fiance's father went in for surgery yesterday. He has cancer that they treated with chemo and radiation and was going to be absolutely cured by the surgery. Well the surgery went well and the doctors were optimistic. Then in recovery they couldn't wake him up or get him off the respirator. They did a scan an found out he has a huge brain tumor he didn't have in june. They don't expect him to live the week. He is sucha wonderful person, would do anything for his family and my sister. My heart is just breaking. I need to be there for her when she calls but I feel so empty. Why is life so unfair?

Sorry for sharing, Brooke

I am really glad you shared. It's ok to share when things are going wrong. I'm really sorry about your sister's fiance's father. I know what it'slike to lose someone you care about, especially when it's sudden. The emptiness may be a symptom of grief and shock. I know when my father died I did not feel anything but emptiness for a long time. Just try to be there for your sister, but let her be there for you too. every one of you will be grieving. But if you can't be there, then don't beat yourself up about it. I hope this post helps you, I really do want to send you tons of wisdom, but all I can offer you is a little advice and lots of love and hugs.

Remember to take care of yourself during this sorrow-filled time, if you don't take care of yourself, how can you be there for your sister?

Please don't be sorry for sharing -- that's what we are here to do :-)

please let us know how you are doing when you are able.

Susan

Excerpt 6:

(From Jackie)

I probably shouldn't be posting this. But I don't care. My feelings are just as important as everyone else's. And since men think I'm dog shit for having no breasts, I've finally learned that they are not worth the effort anymore. To hell with them. I hope every single one of the idiots suffocate between those watermelon size appendages they find so necessary for women to have.

(From Katie)

Honey, people have told you time and time again that "boob" size is not what determines self-worth. Your posts say so much more about you than anything else. They say that you are a caring, sensitive (perhaps overly like myself and most other people battling w/ an ed), you are certainly a feisty one (I love your gumption!) you have integrity and wit.

(From Jenny)

Katie & Jackie --

hey, I agree with Katie -- Jackie, I love your gumption, too! I get a big kick out of the way you phrase things. "Watermelon size appendages" -- ROTFLOL!!!!!

(From Diana)

It's okay to express angry, Susan. It's much better than keeping it all inside. Right now, I'm angry at men. It's a good thing that I'm not the violent type with a shot gun; I definitely would blow away every Big Boob Loving Jerk within firing range. That

would be 99.9% of the entire male population.

(From Michael)
Yipes, I had better get my kevlar vest on, find a good hidy hold and then sit down and enjoy the fun <G>. Haven't seen a good Rambo movie in a long time! And besides, you would get rid of a lot of the competition <G>. And I understand that kind of feeling, I get that way about some groups from time to time.

(From Michael)
I see no reason not to, certainly I don't object [this post is in response to the initial statement from Jackie, "I probably shouldn't be posting this."] I also get angry like this from time to time, its nice to know that I am not alone!

Amy, Katie & Jenny,
Us no-boobs women have to stick together. :-)
I do appreciate and hear what you all are saying. My brain keeps telling me that I'm worthy and such, but when outside forces (big boob loving idiots) keep telling me otherwise, I just get so angry and/or hurt by their insensitive words/attitudes.
I do have to note on positive about my current *may all men burn in hell* attitude. I actually was so mad yesterday that I are a whopper and fries for dinner.
Jackie

Excerpt 7:

[From Psylocke's signature file]
*With friends like me, who needs enemies?

No offense, Psylocke, but you might start by getting a different sig. I know you mean this in a whimsical manner, but even the first time I say it, I though to myself that it was just another way of putting yourself down.
Nobody is perfect. Stop expecting yourself to be. And find some support for *you* too, while you are helping your friend! You're going to need it! The other Susan.

Excerpt 8

I am somewhat hesitant to post right now as what I have to say involves #'s/wt.s. So, I guess that will clue you in before hand that my thinking is not on the real issues.
My hesitancy also comes from the fact that I KNOW my thinking is wrong, it is rear related. Perhaps though, by talking/writing about my concerns, I can get some

"reality checks" to assist in working through the fears. So at the risk of irritating a lot of you , I will forge ahead with my pseudo-concerns.

I mentioned briefly in a previous response to someone, that my therapist has given me an ultimatum...I must show that I am committed to my recovery by demonstrating the following: I must meet with her twice a week, work with a physician, and show a weight gain EACH session.

I am sad because I feel like I am letting go of the only identity I have ever known. Letting go of the only thing I have ever been REALLY good at. I am sad because I feel like this is it. No more playing games, manipulating, lying etc. to maintain this non-productive way of living. These are good things but, like saying good-bye to my best friend...there is sadness.

Katie (the soon to be a scarier than Hell, healthy weight...trust me my instincts tell me to scream FAAAAAAAAAAAAAAAAAAAAAAAT!)

Hi Katie. I think you solved that problem by mentioning it in the first paragraph. Anyone who *really* doesn't want to read numbers can just go to another post, right? <Hug>

<More hugs> Yeah, Katie!!! Gee, if we ONLY posted "right thinking" and "non-fear-related thinking" .... Well, I for one would be down to about 2 posts per YEAR. <g> That's what this group is for, OK?????

[regarding "pseudo-concerns"] Tsk tsk .... Katie, you're sounding like ME. Next thing, you'll be going ACCCCKKKKK all the time! "Pseudo-concerns" – oh SURE! Hey Katie, we LOVE you, girl. Got that????

As for having to gain weight each week, first of all, you should know that this is *not* unusual. In fact, I'm surprised he let you get away with NOT gaining weight for as long as he did. He is right when he says his job is not to help you gain weight, but to help you with the anxiety of gaining weight. That's true...I'm sure you know it. Dr. Lou can't really "talk" you into eating and gaining weight. Please don't be mad, but honest, Katie, this is truly where the hospital comes in. ...And as you know, you can play the same games in the hospital. So it's important to decide, "Do I want to get better?" Or (as in my case), "Do I want to give it one real, genuine effort, and just SEE if it works?" (This is because I tend to doubt whether I will actually "get better." But I *did* decide to at least give it an honest try). Katie, the ED will still be there, later, if life is NOT better without it. The awful "talent" of losing way too much weight won't disappear. It's like riding a bicycle; it would come back in an instant. So, if recovery *doesn't* bring a better life – after giving it a REAL try, we can always go back to being underweight, right?

Like I said before, this is quite routine among ED-specialist therapists. He's not picking on you or demonstrating lack of faith in you. It's clear he still wants to work with you. He's setting a boundary, that's all. For me – most of the time <g> -- boundaries really make me feel safer. (I may push against them, and complain about them, but deep down I feel like someone cares enough to say, HEY, Jenny, I WON'T let you kill yourself).

Wow. Did you ever say a mouthful. (Pardon the expression.) Again, please don't feel bad about posting this. I think we *all* have feelings like this...the fear of loss

is scary.

Katie, dear wonderful friend, I am so worried about you right now – because, although I see a lot of hope in the above statement ("soon to be a healthy weight") – at the same time, you said you were cutting your intake & exercising more (part snipped, sorry). Ummmm...how can I say this delicately. That won't help you be a healthy weight, Katie.

All I can say (as I've told you before – pardon the repetition) is that, for me, I *know* that at a certain point, gaining weight ON MY OWN, and not-purging on my own, was out of the question. I *needed* a safe environment to help me do it – i.e. the hospital – yes, that awful word again.

Katie, I *know* you can do it. I'm with you 100%. You're a real fighter, and the kind of determination that you use to starve yourself, can alos help you to give recovery a real chance. Hey, it's worth a try, right? :-)

Love & loads of hugs,

Jenny

(from Sylett)

Katie,

I had a great post for you, I spent 30 min on it and by some computer brain fart, it vanished. (always blame the computer for human made errors.teehee) the upshot of it was much more eloquent than what i'm going to post cause i'm getting tired. I posted a story a few bays back about Inanna & Erishkigal. That storey is to me, the essence of recovery and growing up. I'm glad you DR has given you some limits. This will force you to decide if you are ready to get better. this way it can be your choice, no one forces you into it, like if you get hospitalized and if you cheat you know you are only cheating yourself. You realize your weight is too low or you wouldn't be crying over this decision (part of you is crying to get better, part is dying to stay the same). That is a great step.

You are right to feel like part of you is dying, because part of you needs to die to get better, like fallen leaves that nourish seedds on the forest floor, the dying part of you nourishes and feeds the new you. If that part doesn't die, the new part won't have the nourishment to grow and developo into her fullness. I had to bury my anorexic self (in photo) in the forest so she became part of the very ground that supports the heavier, healthyer me as I recover. This symbolic gesture made the choice to get better seem more real to me. You may find a similar action helpful. It makes sense that you would feel like restricting and exercising in an effort to have a greater margin, but if you choose to get better, who does that really serve?

I really wish I had all the things I said before. If my hard drive disgroges, I'll post it later.

you sound like a stron woman, poised at the door of a long journey. have faith in you strength. It takes strenghth to maintain starvation weights, yet that is the very strength that sistains you as you move toward the new you. take strength in the footsteps of others who have gone thru that door before you. It's a lot like birth. It is a painful, sometimes long, exhausting, frustrating, joyous trip. Sometimes you need help along the way, but in the end you get a brand new look because you are forever

changed. you are a mother. you can never turn back from that, even if you give your child away.

when you recover you will be changed. Preconceived notions dont have any place. If you wish your kid will be a brain surgeon and they sich at biology, you can insist they to to med school and make everybody miserable or you can let them do their thing and be happy even if you are sad. their happiness rubs off on you if you let it.

You seem to like your Dr. and to me he sounds right on. You may want to face the other way at weigh in, when I was 69# the # would have driven me crazy, or find some other way to make that less threatening for you. (I'm 5'3" if I stand up real straight, and I thought i looked fine. now i see a photo of me at that weight and i cry, i looked skeletal) You Can make it through this. be scared, hang on to us, and walk thru the door. we are waiting to see you on the other side.

-- sylett

(from Katie)

Wow!!!!!!!!!!!!!! I don't know what to say! You guys are SOOOOOOOO special! I knew my thoughts were off base and I know from experience that the answers for another's problems somehow seem much clearer than your own.

I am so glad that I posted. I knew that all of you very gifted, terrific, kind-hearted souls would have the insight and personal experience to help me make the right decision.

I will attempt to send you all a personal thank you. However, it does look as though my life will be getting quite busy with an additional 6 Hr. round trip to drive every week to see my therapist, but as you may have already surmised, I did agree (rather hesitantly) to his terms and he has agreed to see me.

The following is my E-mail to him accepting his terms..

*****NOTE********I had the courage to do this BECAUSE of YOU ALL!

> Dr Lou Wrote:
> >That's the deal.
> >There's too much which needs to be done on this fragile planet of ours. It is simply unacceptable for you to be spending your time being skinny.
> >Deal?
>
> I responded:
> Dear Dr. Lou,
> I've read and re-read your ultimatum. I have been afraid of making the commitment because I was afraid of failing and jeopardizing any future opportunity I might have with you.
> Then after careful consideration, utilizing the phonelist and presenting the choice I had to make with the newsgroup (internet support group) I realized it was not a black and white issue for you. If I do not do the work or follow through on the agreement, you simply will not see me until I re-group and get back on track. Is this right?
> >Yes, it is right. [response from Dr. Lou]
> If this assessment is correct, it sure beats the rejection and extreme failure I

initially felt. This being the case I think it is an offer I annot refuse. So yes...it is a deal!

So, again to all you wonderful people especially Dave, Jenny, Joanne, Kevin, Sylett, and Jackie Your words of wisdom, and encouragement, and trust in me to conquer what lies ahead, all touched my life greatly...I love you all!
Katie (who's wimpering away for biting the bullet)
On a final note, there is a sense of relief that soeone is "giving me permission" to gain wt. Make any sense?

Katie-
Congratulations on your acceptance of the doc's desire to help you get better! You don't know how happy I am for you! I know you must be scared, but look behind you (here) and you'll find lots of love and support for the plan. You're a special person, Katie, and we WANT you to be around for a long time, y'know?
In terms of being given "permission" to gain weight, it makes perfect sense to me too. I needed to know I had "permission" to eat, to regain some weight, to feel maybe even a tiny bit happy once in awhile. Permisison to take a seat at life's table, a seat that I'd been afraid of (and unworthy of) taking.
So you're not alone in how you feel about this.
I'm very happy (and relieved!) for you, Katie. Give 'em a chance... who knows, you might get USED to feeling....(shudder)...better!
:-)
hugs,
joanne

Oh Katie!!! I'm jumping up & down, so happy you did this, right ON Katie, GO FOR IT!!!
And are you kidding? Having permission makes COMPLETE sense. I really need that kind of permission. Maybe it would sound silly to someone who never had an ED, but it makes perfect sense to me.
When I go to the dietician nowadays, I feel like my meal plan "allows" me to eat what's on it. Yes, maybe it's weird, but it's true....
Love,
Jenny

Congratulations sweetheart, you are on your way! You made me cry w/ joy.—Sylett

Excerpt 9

(from Jim)
I am not an attractive person, I am not a wealthy person, I am not a very stable

person. The only thing I have going for me is a <not hyperbole> genious level I.Q. The fact that my intelligence may be slipping terrifies me more than anything has ever terribfied me before. If I lose my intelligence, I literally have nothing left to live for.

(from Jenny)
You might be surprised to learn that depression and eating disorders are more prevalent among those who are intelligent. Thanks for posting, Jim. Dont' give up! I'm pulling for you.
Love, Jenny

(from Jim)
I'm not surprised. I've figured that out just from reading the posts on this newsgroup!

(from Jackie)
Well, I certainly fit the bill with a high IQ, near perfect grade point average, and three bachelor's degrees. Since I'm not pretty, I thought that being smart would attract a man. When I was in college, I use to take a full load of classes every semester. I went real heavy on the math/sciences since that's where most of the guys were. Stupid me. They guys wouldn't even speak to me because I got straight A's. Really pissed them off because I was *smarter* than them. The pretty C-student girls got all the attention and admiration from the guys. How typical.
Hang in there, Jim.
Jackie

Hello all, esp. Jackie
I must add my name to the list of the intelligent (I don't like to admit it), eating disorder-stricken many who are relying to Jim's post. I agree with everything that was previously said 100% and don't want to waste your valuable time (actually I hear my chemistry books calling me) or work time. I just wanted to add a note that it goes both ways; I am a male who is 23 and very unattractive. I always hear girls (now ladies) tell me what a great friend I am, and while this is nice, it did not get me a date for the high school prom, homecoming, etc.
This situation adds to the depression daily and heightens my anxiety around others for reasons not related to the disorder.
Hoping to help,
Craig W

Shared Experiences and Supportive Responses:

A second category of comments that elicits supportive responses from forum participants involves statements of shared experiences. Forum participants will post an account of some type of experience or will ask if anyone else has ever shared a particular experience. Others will respond to these shared experiences with their own accounts of the same or similar situations.

For example, in the first excerpt Laurie asks forum participants if "anyone out there knows if bulimmia can be a cause of IBS (irritable bowel syndrome)." She continues by telling of her own experiences with IBS and how IBS related to her eating disorder. In addition to information about IBS, Laurie is seeking information about high platelet counts. She says, "I read somewhere that people with ED's are more likely to acquire blood disorders. I was diagnosed w/ a high platelet count (the things that help your blood clot) four years ago. It's a benign condition, but I wondered if the years of my ED might be responsible (15 years). Just curious if anyone shares these symptoms." Laurie, like many others who use this technique of shared experiences, is clearly looking for what is referred to as informational support (Cutrona& Suhr, 1992). She is looking for information from others.

Laurie receives a great deal of responses from others. Mike tells her that "No one has ever mentioned this as a problem with ED, I am a compulsive overeater and I donate platelets as often as I can (Many chemotherapy patients require donors to survive the chemo) and my count is usually high, but not above the normal range. I

will ask the nurse the next time I am up there which should be in two weeks." Mike offers his experience and says that he will try to get further information for Laurie. Katie gives Laurie an answer to her question, stating that

> it can be a fairly common thing that people with ED's get a high platelet count (thrombocytosis). Though there are a number of reasons for platelet elevation, if it is benign as your doctor says, then it is usually die to one or two things: the first being iron deficiency anemia secondary to presentation of the disorder. Some people take vitamins and minerals to counteract any deleterious effects of bulimia or anorexia. However, for some people (no names mentioned . . .Katie) there is such a morbid fear of gaining wt. that even something as innocent as multi-vitamin tablet can be seen as threatening. It is this kind of thinking/behavior that leads to anemia and, if chronic (meaning it goes on long enough), thrombocytosis sets in.

Katie shares her experiences as well as provides a possible reason for Laurie's medical condition.

Like Katie, Shana shares her experiences with Laurie. Shana writes, "I have IBS too. I acquired it *before* my anorexia started, so while the ED exacerbated it, it didn't cause it. but keep in mind that Irritable Bowel Syndrome is actually a 'catch all' term ....It isn't a defined syndrome and it can have a variety of manifestations. Kinda like 'contact dermatitis' (=rash!)." Shana give Laurie some more information that can be used to evaluate her own situation.

In another example, Laura seeks others who have had similar experiences in dealing with insurance companies. She writes, "I was a confirmed bulimic. For the past eight of 15 years I admitted openly to my disorder, feeling that this was the way to successful recovery ... I was refused by all the insurance companies based on my

history with bullima .... Anyone else experience this?" Two different people respond to Laura's experiences. Laurel offers support to Laura by sharing her own experiences dealing with insurance companies:

> Having been through the experience of being chemically-injured at work and the ensuing insurance claim nightmare, I was concerned when my daughter had to have in her medical history the "anorexia nervosa" label. Until my own medical dilemma began, I had NO IDEA how a person's past can come back up to haunt them in entirely unrelated circumstances! It is very depressing that the people you go to for help can end up hurting you in the end...you know, as "Dear Abby" tells you, "confide in your doctor". What she didn't say was that everything you say to your doctor goes in your file. Then, years later, when you apply for insurance and have to sign medical releases, the insurance companies drag up everything you've ever said and use it against you to deny you coverage &/or benefits.
>
> I'm now at the point where, for myself, if I want to try some alternative or somewhat unorthodox treatment, I will go to an entirely new doctor, pay cash, and never tell anyone else I've been there. That's the only way to get any privacy. Unfortunately, in the treatment of eating disorders, my daughter needs to have a team of specialists communicating with each other, and it's expensive, so I have no choice but to use any insurance that's available. I really hope this doesn't stick with her forever.
>
> The insurance system in this country really sucks! I hate it.

Laurel empathizes with Laura's frustration of being refused by insurance companies because she was open and honest about her past difficulties and health problems. In venting her own dissatisfaction with the insurance companies, she lets Laura know that someone else has also experienced problems with insurance companies because of past medical problems.

Jenny also responds to Laura's post stating, "In this age of info-technology and networked computer databases all over the place, one also needs to be aware that if a piece of information gets into *one* database (i.e., an insurance company's file),

it is potentially available to others (i.e., a prospective employer). Don't be paranoid; DO be aware." Jenny acknowledges Laura's post and request for shared experience by stating that she is aware that these kinds of problems exist. She also offers additional information in the form of a warning that insurance companies are not the only people who can gather information from such computerized databases. Jenny's response legitimizes Laura's concern.

In a third example, Jono shares his difficulties with certain foods and wonders if others have ever had similar problems. He writes:

> Hi all, sorry I haven't been around for a while....
> Have any of you noticed that certain foods (or types of foods) will bring on a purge, even though you can binge on other types of food and not throw up?
> I'm thinking specifically in my case of fatty/creamy foods (I won't get more specific becasue it was only a semi-spoiler =)). I have intense cravings for them, alternating between sweet and salty.
> For sweet, I can usually have a sorbet (low-fat), which is OK...but when it comes to salty foods, I must have something with fat in it-and then after a while, off to the bathroom, etc.
> Just wondering...I notice I feel much more full and bloated when I have eaten these fatty/creamy foods.

Allen responds to Jono's request saying, "Have had some similar experiences, tho not quite the same. If I get into a binge, it doesn't matter what it is I will probably purge--actually that isn't entirely true. Somethings I certainly will and other only maybe. Fatty stuff, definitely, and sometimes the craving is there, tho not so often now." Allen's response says that Jono is not alone in terms of his experiences. By sharing similar experiences and feelings toward certain foods, Allen validates Jono's experiences and feelings. Allen goes on to offer Jono some advice stating, "Another

idea to throw out-- a craving is just a craving. Acting on it is a choice. (I know it may not feel that way) And if not acted on the craving will go away. this is not easy or fun to deal with and it is true. Take Care." Allen acknowledges that dealing with the feelings and experiences Jono has is difficult, but offers a suggestion that implies that Jono, too, can resist cravings and the subsequent purging that often follows the binge on these fatty/creamy foods.

Another example requesting shared information comes from Kristen in excerpt 4. Kristen writes to the forum:

> Hi everyone...
> I have a question....I have been trying my best not to purge after I eat anything (which I have been successful on for about two weeks)....but every time I eat ANYTHING I feel like I am going to puke and it takes all my willpower not to get up from the table and run to the bathroom...and I usually end up with severe tummy aches. Does anyone else feel like this???? Actually, as I am writing this I have a tummy ache, because I just ate some saltines. I don't want to puke anymore, but I don't know how long my recovery spurt will last .... ever since I came back to college, people have been telling me how thin I look...that's such a good feeling... any input on this is always appreciated.

Kristen very clearly requests input from others. She clearly asks if anyone else feels like she is feeling.

Several people respond to Kristen's comments and requests. James affirms her feelings and lets her know she is not alone when he says, "I feel like that all the time. Curiously, I do not when consuming something of very low calories (such as diet soda or coffee). At least for me it appears to be a brain thing. It is a marvelous thing that you ahve gone two weeks. A great, positive achievement. I commend you on

your fortitude." James also acknowledges Kristen's success in not purging for two weeks giving her encouragement to continue in her endeavors toward recovery.

Jackie shares her experiences and offers Kristen a possible explanation for her feelings of nausea:

> I don't mean to be nosey, but are you taking birth control pills? The reason I ask is because birth control pills make me nauseous even when I'm not in B/P mode. I have to take the pills (obviously NOT for birth control) because they keep my menstrual cycles normal.
> The type of birth control pill I take has different levels of hormones. The beginning of the cycle has the highest level of hormones, thus the week I'm taking them I'm the most nauseous and have a real hard time keeping anything down.

Jackie is telling Kristen that she can relate to the feelings of nausea and provides what might be an explanation for Kristen. Jackie then goes on to encourage Kristen's success with her recovery, saying, "I hope you can keep up your non-B/P status." Jackie demonstrates her support of Kristen's accomplishments in managing her eating disorder.

Jenny also shares her experiences with Kristen, again offering a possible explanation for Kristen to consider. Jenny tells Kristen that "When I go a long time with very little food, then if I *do* start eating regular meals -- even small ones -- I feel overstuffed and my stomach *does* hurt." Jenny is telling Kristen that she can relate to the stomach pains. She then goes on to offer Kristen advice, telling her how she deals with the stomach pains: "the only way to get through it, for me, is to tough it out and keep eating, and not purging, for a period of time. It starts to get better then.

But that's the *only* way I've found to make it go away - I just have to make myself sit out the bloating and nausea and cramps and all that fun stuff, and keep eating, and it *does* get better. It's not fun, but it works." Such tangible support gives Kristen reassurance that she can get through the uncomfortable period and continue to make progress in her recovery efforts. Jenny also acknowledges the feelings Kristen has about being told she is thin. Jenny says,"I know what you mean about people saying you're thin, and getting a rush from that. It's one of my demons, too." Again, Jenny is offering support by letting Kristen know that she is not alone in the mixed feelings associated with being told one is thin and wanting to recover from the eating disorder.

A different type of shared experience example can be found in excerpt 5. Phoebe shares her experiences with having an eating disorder and her experiences regarding a previous post she had made. She writes, "Hi. I originally posted my story as 'I'm new & I don't understand my problem'. In this post I said that despite my having an eating disorder I am very happy, have never been abused, come from a teriffic family, really love myself, and just enjoy being alive. Many of you have written me asking that I reevaluate my life because I couldn't possibly be happy and having an eating disorder too. I am rather irritated by this." Phoebe shares her own personal experiences with her eating disorder and also relays her frustration by the responses she has received from others. She then goes on to say, "Anyway, I think I need this, so please allow me to continue to dialogue with all of you without insisting that you know me better than I know myself, as none of us have ever met. I appreciate

the email I got in that you all seemed caring and concerned, just unwilling to accept that not everyone has to be in total misery to have a problem with food." Again, Phoebe shares her experience and needs by stating that she needs this group and that she finds the people who have contacted her in the past both caring and concerned. Her experiences yield a number of responses from other forum participants.

Jenny responds to Phoebe's experiences offering encouragement about Phoebe's desire to participate in the forum and her enthusiasm for living, saying, "Well, I didn't respond before, but I'll jump in now. First of all, you are always welcome here, and I hope you stay. And, as far as enjoying being alive - more power to you!" She invites Phoebe to be a continued part of the group. Jenny goes on to tell Phoebe that

> many of us have gone through a time when the ED was just one small part of a reasonably happy and productive life. But, for most of us, the ED took over our lives, gradually becoming *one* important thing, something *so* important that we chose it over independence, health, education, relationships, careers, etc. This doesn't happen overnight, but it does tend to happen, rather predictably, for anyone who has an ED. It grows to fill up all your thoughts. It takes SO much....

Jenny is explaining to Phoebe why many people reacted the way they did to her comments about being happy even though she has an eating disorder. Jenny shares her own experiences as a way to help Phoebe understand the reactions of other forum participants. Jenny concludes her post by again encouraging Phoebe to use the forum for support and cautioning her to reexamine her own eating disorder behavior: "Sorry if I've gone and offended you more. You are certainly welcome to keep posting here.

But please don't be surprised if we act like we think you are playing with fire -- because, in my extremely humble and often misguided opinion, YOU ARE. I'm sorry, but we aren't playing pattycake here. We don't just post here for KICKS. We're trying to save our lives. Want to save yours?" Jenny offers somewhat harsh words in an attempt to show Phoebe the seriousness of eating disorders. Jenny indirectly invites Phoebe to continue posting and remain a part of the group as a means to saving her own life.

In another response to Phoebe, Sylett offers a statement of empathy when she writes,

> I can understand your feelings, yet i too am curious about your definition of happy. I'm not challenging you in any way, please hear that, just all too often I have said to some group or therapist *i am really happy, I love the smell of trees & sunlight. I want to be alive* as I continued to make myself smaller and smaller till I almost didn't exist. I have watched countless women say they are perfectly happy and have the nicest home situation, only to see on their bodies the ravages of some unspoken war. so you need to understand where from where I am sitting things might look different than they do from where you are sitting.

Sylett shares her own experiences with Phoebe. She legitimizes Phoebe's experience while at the same time offers an explanation and differing viewpoint on Phoebe's situation. She also offers support to Phoebe by encouraging her future participation in the forum: "Please keep posting. challenge us when we are wrong but allow us to challenge you also. there is alot of wisdom here and I think we all can benefit from the free flow of ideas." Sylett acknowledges the shared wisdom that exists in the forum and comments on the benefit that results from a variety of ideas from a variety

of people.

Jackie also responds to Phoebe's post with her own account of being totally consumed by the eating disorder and falling into a "dark deep pit." In sharing her own experience, she validates Phoebe's current situation and also offers a word of caution: "If your life is happy now, that's great. Maybe you won't fall deep into that pit. But if you're hovering on the edge of the pit, please be aware that you are playing with fire. I've been there. And I wish someone had stopped me from falling in."

Jenny posts a second time in response to Phoebe's accusations of people attacking one another. She shares her perspective on the discussion that has been occurring saying, "I don't understand why you think we're attacking each other. I don't see it. I see people being honest about their feelings." Susan offers support for Jenny's comments as well as validating Phoebe's comments about acceptance of oneself, saying "I agree with Jenny. The rest of what you said was very good - and accurate as well. We *do* all need to accept ourselves as we are - that is the key to recovery. But I have yet to see 'women attacking women' on this subject. Everything I have seen has been individuals expressing their own dissatisfaction with their own bodies. While this may not be healthy, it is a part of healing to admit that it's a problem before accepting there is not a whole lot you can do about it."

In the sixth excerpt you get a very different type of shared experience. The author presents a poem she wrote while working on her recovery. The poem documents her experiences with the recovery process. At the end, she writes, "I hoped

you like it. it's how i was feeling at the time. i write poetry as a sort of emotional outlet. it's kind of therapeutic, and it helps me understand my emotions a little better. can anyone relate?" This individual directly asks if anyone else can relate to either writing poetry as an outlet or to the content of the poem itself.

Amy responds, "I loved your poem, and yes I can relate. I write a lot of 'poetic babblings' as I call them as a mean to help deal with my emotions, and an emotional outlet (as you've so eloquintly put it). It usually helps when I'm done writing, and to go back a few weeks later and read what I had written...I seem to get a better handle on what I was feeling. Thanks for sharing your poem...I hope you share more." Amy offers support by letting the poet know that others use poetry as a means of expression about the eating disorder. Amy shares her own experiences with writing poetry and thanks the poet for sharing. She also encourages her to share more of her writing in the future. Amy has let the poet know that this forum is a safe place to share her writings and express her feelings. By asking her to share more in the future, Amy lets the poet know that she and her work are appreciated.

Each of these six excerpts are representative of the types of posts and responses that accompany shared experiences. Participants willingly share their own experiences and often ask if others have had similar experiences. Knowing that one is not alone in his or her experiences or feelings can be reassuring and a form of support. By sharing their experience, these participants validate the experiences of others and offer a sense of security that no one is alone in dealing with this disease.

Excerpt 1

I was wondering if anyone out there knows if bullimmia can be a cause of IBS (irritable bowel syndrome). I acquired this problem after the birth of my second child. I have to say it helped my quit my bullimia, as the discomfort became too much. The other question I have has to do with blood disorders. I read somewhere that people with ED;s are more likely to acquire blood disorders. I was diagnosed w/ a high platelet count (the things that help your blood clot) four years ago. It's a benign condition, but I wondered if the years of my ED might be responsible (15 years). Just curious if anyone shares these symptoms. Laurie

No one has ever mentioned this as a problem with ED, I am a compulsive overeater and I donate platelettes as often as I can (Many chemotherapy patients require donors to survive the chemo) and my count is usually high, but not above the normal range. I will ask the nurse the next time I am up there which should be in two weeks.

Have you checked into the possibility of donating? If you have good veins in your arms and don't mind laying there for a couple of hours, it is a wonderful gift to give someone.

Love and hugs, Mike

Laurie, that is a really good question and the answer is yes. It can be a fairly common thing that people with ED's get a high platelet count (thrombocytosis). Though there are a number of reasons for platelet elevation, if it is benign as your doctor says, then it is usually die to one or two things: the first being iron deficiency anemia secondary to presentation of the disorder. Some people take vitamins and minerals to counteract any deleterious effects of bulimia or ancrexia. However, for some people (no names mentioned . . . Katie) there is such a morbid fear of gaining wt. that even something as innocent as multi-vitamin tablet can be seen as threatening. It is this kind of thinking/behavior that leads to anemia and, if chronic (meaning it goes on long enough), thrombocytosis sets in.

I believe (and this is only my theory) that because the platelets are the critical element in blood clotting, it is the bodies natural way of recognizing that it is low on iron and will do whatever it can to keep what precious blood there is.

the second reason for a benign platelet increase, is basically due to recent surgery or pregnancy.

Please if you have any other medical questions just ask."Doc-in-the-box-Katie". :-) I'm sure you can tell that I am not really a doctor but, being pre-med and having worked as a nurse, AND having an ed means I do a LOT of research and have obtained far too much knowledge (it works so well when one is sick enough to BS doctors ... ahem ... again no names mentioned).

Katie

Hi Laurie,

I have IBS too. I acquired it *before* my anorexia started, so while the ED exacerbated it, it didn't cause it. but keep in mind that Irritable Bowel Syndrome is actually a "catch all" term .... It isn't a defined syndrome and it can have a variety of manifestations. Kinda like "contact dermatitis" (=rash!).

there may more may not be connection between the bulimia and the IBS, but at any rate, I'm glad IBS helped you recover.

Hugs, Shana

Excerpt 2:

(From Laura)

I was a confirmed bullimic. For the past eight of 15 years I admitted openly to my disorder, feeling that this was the way to successful recovery .... I was refused by all the insurance companies based on my history with bullimia .... Anyone else experience this?

Having been through the experience of becoming chemically-injured at work and the ensuing insurance claim nightmare, I was concerned when my daughter had to have in her medical history the "anorexia nervosa" label. Until my own medical dilemma began, I had NO IDEA how a person's past can come back up to haunt them in entirely unrelated circumstances! IT is very depresseing that the people you go to for help can end up hurting you in the end...you know, as "Dear Abby" tells you, "confide in your doctor". What she didn't say was that everything you say to your doctor goes into your file. Then, years later, when you apply for insurance and have to sign medical releases, the insurance companies drag up everything you've ever said and use it against you to deny you coverage &/or benefits!

I'm now at the point where, for myself, if I want to try some alternative or somewhat unorthodox treatment, I will go to an entirely new doctor, pay cash, and never tell anyone else I've been there. That's the only way to get any privacy. Unfortunately, in the treatment of eating disorders, my duaghter needs to have a team of specialists communicating with each other, and it's expensive, so I have no choice but to use any insurance that's available. I really hope this doesn't stick with her forever.

The insurance system in this country really sucks! I hate it.

, Laurel

In this age of info-technology and networked computer databases all over the place, one also needs to be aware that if a piece of information gets into *one* database (i.e., an insurance company's file), it is potentially available to others (i.e., a prospective employer).

Don't be paranoid; DO be aware.

Jenny

Excerpt 3:

Hi all, sorry I haven't been around for a while ...

Have any of you noticed that certain foods (or types of foods) will bring on a purge, even though you can binge on other types of foods and not throw up?

I'm thinking specifically in my case of fatty/creamy foods (I won't get more specific becasue it was only a semi-spoiler =)). I have intense cravings for them, alternating between sweet and salty.

For sweet, I can usually have a sorbet (low-fat), which is OK...but when it comes to salty foods, I must have something with fat in it - and then, after a while, off to the bathroom, etc.

Just wondering...I notice I feel much more full and bloated when I have eaten these fatty/creamy foods.

Jono

(From Allen)

Hi Jono. Have had some similar experiences tho not quite the same. If I get into a binge, it doesn't matter what it is I will probably purge--actually that isn't entirely true. Somethings I certainly will and others only maybe. Fatty stuff definitely, and sometimes the craving is there tho not so often now. I felt a real victory when at a 'block watch' potluck a few weeks back I was able to eat a couple of pieces of fried chicken and nither have it lead to a binge or a purge (of course I removed all the skin and fat first <g> oh well) My conclusion about this topic is that it is all really in our minds. There was a small thread here a bit ago about "trigger foods" which addressed the same question, I wasn't able to aprticipate as my server had lost the newsfeed for a time. Think about it, before you developed the ED would you have felt this way about those types of foods? The truth is, that even a binge of one of the 'forbidden' or 'trigger' foods is less damaging than the following purge if you do the whole cycle. The other part of this is, that it isn't really about weight or a particular body size, that is what we focus on and that is nor really what is going on. The ironic thing is, after many years of b/p behavior, now that it is disappearing, my weight has dropped from the high end of normal to the lower end without my doing anything. In fact, I may have to learn how to eat more without feeling compelled to get rid of it. My feelings about when I have had enough and when too much to eat are totally out of whack. Aaaacckkk!! I'm too old to have to learn this all over again. <sigh> Oh well, better now that 5 or 10 yrs from now.

Another idea to throw out-- a craving is just a craving. Acting on it is a choice. (I know it may not feel that way) And if not acted on the craving will go away. This is not easy or fun to deal with and it is true. Take care.

Excerpt 4

Hi everyone...

I have a question....I have been trying my best to not purge after I eat anything (which I have been successful on for about two weeks) ....but everytime I eat ANYTHING I feel like I am going to puke and it takes all my willpower not to get up from the table and run to the bathroom...and I usually end up with severe tummy aches. Does anyone else feel like this???? Actually, as I am writing this I have a tummy ache, because I just ate some saltines. I don't want to puke anymore, but I don't know how long my recovery spurt will last....ever since I came back to college, people have been telling me how thin I look...that's such a good feeling... any input on this is always appreciated.
love,
Kristen

(from James)
I feel like that all the time. Curiously I do not when consuming something of very low calories (such as diet soda or coffee). At least for me it appears to be a brain thing.
It is a marvelous thing that you have gone two weeks. A great, positive achievement. I commend you on your fortitude.

Kristen,
I don't mean to be nosey, but are you taking birth control pills? The reason I ask is because birth control pills make me nauseous even when I'm not in B/P mode. I have to take the pills (obviously NOT for birth control) because they keep they keep my menstrual cycles normal.
The type of birth control pill I take has different levels of hormones. The beginning of the cycle has the highest level hormones, thus the week I'm taking them I'm the most nauseous and have a real hard time keeping anything down.
The only food that doesn't make me nauseous is chocolate. I'm a serious (and I mean very serious) chocoholic. I can't (won't) purge chocolate. I binge on chocolate all the time, but no purging. Even when I'm in serious anorexic mode, I still eat chocolate. I can literally *live* on chocolate, and I do most of the time, especially around the holidays.
I hope you can keep up your non-B/P status.
{{{{{}}}}}'s .
Jackie

Dear Kristen,
When I go a long time with very little food, then if I *do* start eating regular meals – even small ones – I feel overstuffed and my stomach *does* hurt.
The only way to get through it, for me, is to tough it out and keep eating, and not purging, for a period of time. It starts to get better then. But that's the *only* way I've found to make it go away – I just have to make myself sit out the bloating and nausea and cramps and all that fun stuff, and keep eating, and it *does* get better.

It's not fun, but it works.

I know what you mean about people saying you're thin, and getting a rush from that. It's one of my demons, too.

Love,

Jenny

Excerpt 5

Hi. I originally posted my story as "I'm new & I don't understand my problem". In this post I said that despite my having an eating disorder I am very happy, have never been abused, come from a teriffic family, really love myself, and just enjoy being alive. Many of you have written me asking that I reevaluate my life because I couldn't possibly be happy and have an eating disorder too. I am rather irritated by this. I've lurked here for a while and you all insist there is no textbook definition of a person with and ED, but someone comes along and claims to be happy, and you take it back? I am sorry if I challenged your definitions more than you were prepared for, but this is my case! 1 of you insisted "everyone has problems". Well, of course they do! It's just that this *is* my problem! One of you suggested that perhaps I am doing things I do not want to do to maintain my "Happy image" and this certainly is not the case. I recently disillusioned several people by getting up and walking out of a Sierra Club meeting when I felt they were disrespecting private property owners and pressuring me to write a protest letter that I felt owuld have made me a part of the problem. Basically, the only thing I do that I don't want to is homework!:) If I have to have a "trigger" to make you guys accept me, I guess I could point my finger at the academic pressure I put on myself (I have a double major in poli-sci & international affairs and eventually hope to work in the foreign service which is extraordinarily competetive) or perhaps on the fact that my mother and grandmother both suffer from anorexia (didn't I recently read that these things are hereditary). But, these are not things that would cause a person to be unhappy! Stressed occasionally, but not unhappy. Could anorexia be my really flawed idea of stress management? I don't know. Anyway, I think I need this, so please allow me to continue to dialogue with all of you without insisting that you know me better than I know myself, as none of us have ever met me. I appreciate the email I got in that you all seemed caring and concerned, just unwilling to accept that not everyone has to be in total misery to have a problem with food.

Phoebe

Hi Phoebe,

Well, I didn't respond before, but I'll jump in now. First of all, you are always welcome here, and I hope you stay. And, as far as enjoying being alive – more power to you!

So...why are people acting like they're all worried and concerned, when you're having such a good time?

Well, here's my attempt at explaining why many of us might look at you situation a little differently than you do. And, as usual, I may be out in left field, so here's my

standard disclaimer: I probably don't know what the heck I'm talking about, so don't take me too seriously. (Please initial here [____] to indicate you have read and understand this disclaimer.)

Phoebe, many of us have gone through a time when the ED was just one small part of a reasonably happy and productive life.

But, for most of us, the ED took over our lives, gradually becoming the *one* important thing, something *so* important that we chose it over independence, health, education, relationships, careers, etc.

This doesn't happen overnight, but it does tend to happen, rather predictably, for anyone who has an ED. It grows to fill up all your thoughts. It takes SO much....

For most of us here, there has come a time when we desperately wanted to stop, and found we could not. for some, there was forced hospitalization. For some, hope was gone, and suicide seemed like the only way out. For some, death has been very near -- and, if you've been paying attention, you know that there are people on the newsgroup, *now*, for whom death is *still* very near.

Here's an analogy. There are people who are a little worried that perhaps they are drinking too much. On the other hand, their lives are still quite happy and productive. Now, imagine one of these people speaking in an AA meeting. Can you understand that most of the people at the meeting wouldn't see him or her as a happy drinker, but as someone in the early stages of a potentially fatal disease? Can you understand that AA members might remember a time when their own drinking wasn't causing too may problems -- a time when drinking was still a lot of fun? And yet, they know what it did to them -- gradually taking away all the happiness that once was in their lives.

I don't know if I've explained this very well, but I hope it helps you to understand why we may seem to you like we're overreacting or disbelieving or whatever -- we're just going by our experiences, and we remember what it was like for us, when anorexia was just part of a good life, and we are scared for what we fear is coming , down the road, for you.

Remember, also, that an eating disorder is not just a minor little thing. It's a serious mental health problem, which happens also to have a devastating effect on one's physical health. It's not a HOBBY. It's a MENTAL ILLNESS. It's FATAL.

Sorry if I've gone and offended you more. You are certainly welcome to keep posting here. But please don't be surprised if we act like we think you are playing with fire -- because, in my extremely humble and often misguided opinion, YOU ARE. I'm sorry, but we aren't playing pattycake here. We don't just post here for KICKS. We're trying to save our lives.

Want to save yours?

Jenny

hello phoebe. I can understand your feelings yet I must say i too am curious about your definition of happy. I'm not challenging you in any way, please hear that, just all too often I have said to some group or therapist *i am really happy,I love the smell of trees & sunlight.I want to be alive* as I continued to make myself smaller and smaller till I almost didnt exist. I have watched countless women say they are

perfectly happy and have the nicest home situation, only to see on their bodies the ravages of some unspoken war. so you need to understand where from where I am sitting things might look different than they do from where you are sitting.

An Iriquois teaching says that the war is started by the party that is not seen or heard. What do you think your body is saying?What does it tell you? what do you think your current *problem* means? What is it saying to you? These questions have helped me to look at my bulimia/anorexia in new ways that have really helped.

What you see as presumption on the part of people on the board, seems to me to be our way of saying *Ok, you have asked a Question about our culture, and in ED-speak what you describe means....* You are very right, we may be way off, but if you ask a question of us, please be open to hearing our answer.

Please keep posting. challenge us when we are wrong but allow us to challenge you also. there is alot of wisdom here and I think we all can benefit from the free flow of ideas. --Sylett

Phoebe,

I think Jenny brings up an important point here. When I was in nursing school, I was so overwhelmed and so stressed with the demands of school that my AN/BN played a very small part in my life. That was the last time I weighed 100 pounds. I use to eat three meals a day, hang out with my fellow class mates, etc. I was happy anorexic/bulimic back then. After I graduated, things went down hill from there. My AN/BN and depression became progressively worse until I was totally consumed by it. Nothing else mattered. It's a dark deep pit that once you fall into, it's extremely difficult to climb back up.

If your life is happy now, that's great. Maybe you won't fall deep into that pit. But if you're hovering on the edge of the pit, please be aware that you are playing with fire. I've been there. And I wish someone had stopped me from falling in.

{{{{{{{{{}}}}}}}}}s'

Jackie

Dear Phoebe,

I don't understand why you thing we're attacking each other. I don't see it. I see people being honest about their feelings.

I am baffled and worried about this, since I -- well, actually, I'm *usually* baffled and worried about SOMETHING! -- but, in this case, I was part of the "boobs" thread that you as "women turning on women", *and* you sent me an e-mail, recently, criticizing me for attacking men, and I'm ...well, I'm kind of freaking out. I don't know if I'm coming off like some kind of monster or what. I'm very sorry it that's the case. :-(

Jenny

P.S. That's why I didn't respond to your e-mail.... I guess it scared me or something..... I'm sorry

Phoebe,

I agree with Jenny. The rest of what you said was very good - and accurate as well. We *do* all need to accept ourselves as we are - that is the key to recovery. But I have yet to see "women attacking women" on this subject. Everything I have seen has been individuals expressing their own dissatisfaction with thier own bodies. While this may not be healthy, it is a part of healing to admit that it's a problem before accepting that there is not a whole lot you can do about it. It's only when I dwell on the fact and continue to hang on to it that I continue to be the same sick person I was when I started.

You know what? I may be bigger than I'd like to be - but most of the time I don't care. I am what I am, and I'm learning to accept that and take care of myself, because *I* deserve the best I can do for *me*!

The Other Susan

Excerpt 6

hi,

i wrote this the last time i went into recovery. it's how i felt from the start of the whole thing to when i tried to stop. (and succeeded for a while)

when everything seems confusing,
and the secret evades just you,
and it's effort to get through each day'
there's one thing you can do,

eating or not eating,
either way your playing a role
that gives you something important,
the illusion of control,

this is one thing you can handle,
because there is a way to cheat,
enjoy all the food you want,
just purge all you do eat,

when you look into the mirror,
you see the results of your actions,
the evidence you have control,
and you get some satisfaction,

but just like with everything,
there is a price to pay,
the thing that helped you gain control,
will also give you away,

and when you decide enough is enough,
the struggle intensifies,
but when you win the fight each day,
it's a victory no one can deny,

i'm not saying it's easy,
it's the hardest thing i've ever done,
but each day it gets easier,
and i'm the one who won.

I hope you liked it. it's how i was feeling at the time. i write poetry as a sort of emotional outlet. it's kind of therapeutic, and it helps me understand my emotions a little better. can anyone relate?

I loved your poem, and yes I can relate. I write a lot of "poetic babblings" as I call them as a mean to help deal with my emotions, and an emotional outlet (as you've so eliquently put it). It usually helps when I'm done writing, and to go back a few weeks later and read what I had written...I seem to get a better handle on what I was feeling.
Thanks for sharing your poem...I hope you share more.
Amy

Requests for Information and Supportive Responses

A third type of post used to elicit support from others is a post requesting some type of specific information. These posts are somewhat similar to shared experiences, but what distinguishes a request for information from a statement of shared experience is that the person making the post is seeking specific information without providing a great deal of specifics about his or her own experiences and with little regard to whether others have experienced similar situations. The person writing the post requesting information is much less concerned with whether someone else can "relate" or has "been there." Rather he or she is looking for specific answers to specific questions.

In excerpt 1, Matthew makes a request to the forum saying, "The question is, how can I get my wife some help? She is bulimic. I have come to a point where I just don't know what to do to help her? She denies any problem, But how can you explain the 45 minute showers or the staying up late binges. She eats alot! She is about 165 cms tall and 45 or 46 kgs. I am worried because I love her." Here Matthew is seeking very specific information about how to help his wife.

Several people respond to Matthew's request for information. Kevin offers Matthew a place to look for information: "I think some books in the FAQ[7] might help you. I have not read any books about this, but there must be some oriented towards friends and family of someone with an e-d." Sylett also offers information suggesting to Matthew,

> See if you can BULIMIA: A GIUDE FOR FAMILY & FRIENDS by roberta Trattner Sherman, PhD. & Ron A. Thompson, PhD. Not the be all and end all of Bulimia info but my man found it very helpfull. it's published by lexington books, ISBN#0-669-24503-8 published in 1990. You can't force her to get help unless she becomes a danger to herself or others(legal stuff may be different for you, I see you use metric) Educate yourself about bulimia. I think that is one of the best things you can do so you can know what she is dealing with and what you may expect. Good luck.

Sylett offers a specific book and then her own opinion and advice about how Matthew can help his wife. In addition she offers a statement of support at the end of her post wishing Matthew "Good Luck."

A second example of information requests can be found in excerpt 2 where Barbara says, "I would like to hear more about mealtime in the ED program. Jenny says the set time of 45 minutes was ultimately good for her. Why, Jenny? Did is help you get comfortable in a mealtime setting? I assume this was in-patient treatment for anorexia. Was it also for bulimia or compulsive overeaters? Can someone pass along mealtime advice given in treatment for these EDs?" Barbara is seeking specific information. Although she is asking another forum participant to relate her experiences in treatment, the two participants are not talking about an experience they have both share, thus such a request would be not classified as shared experience.

Jenny responds to Barbara's request with a description of treatment, explaining that it was for both anorexics and bulimics, but not overweight or obese people. She then goes on to describe the mealtime setting and how foods were chosen. She provides Barbara with the information requested. Barbara continues the dialogue

in a new post asking for further information and clarification of what Jenny had to say. Barbara writes,

> Jenny, this is so enlightening. I wonder how many people are fearful of getting into an in-patient program because they fear the unknown, or fear losing any control.
>
> At least in the stage of the program you describe, group meals, there was quite a lot of choice. No one was being force-fed, or whatever else one might fear.
>
> You said it was a "real learning experience." I'm not sure if you were being sarcastic? What did you learn about yourself, about your relationship to food? What else? Did you feel the staff people, such as the dietician, were competent, and cared about you as an individual? Did they consider your feedback?

Barbara is clearly seeking more information from Jenny about this treatment program, probably in an effort to better understand in-patient treatment programs in general.

Jenny continues the dialogue answering Barbara's new questions. In a long post, Jenny describes how she was treated in the program, what kinds of things she learned about food and her own eating behaviors, and how open the program was to her feedback. Barbara is genuinely appreciative of the information as evidenced by her comments: "Thank you, thank you, Jenny, world's fastest typist, for being so generous with your information and experiences." Clearly Jenny has offered Barbara support by her descriptive and timely answers to Barbara's request for information.

Excerpt 3 again contains a request for specific information. Sylett asks, "Can someone tell me where I can find the ED FAQ?" Jenny provides an answer to Sylett's question: "The FAQ was posted recently. Did you see it? If not, I'll mail it to you."

Jenny offers her support in the form of an answer and an offer to get the information to Sylett by email.

The next request for information comes from Starbuck 72. He says,

> I am new to this group and was wondering what it is all about. My girlfriend is on her way to being anorexic but she is unable to admit there is a problem with her not eating unless she absolutely has to. But she has lost so much weight and has taught herself not to be hungry. We are in couples counseling but the conversations about her eating are not seeming to go anywhere. I love her very much and am very committed to the relationship, but I don't know what to do and I am at my wit's end. Any suggestions?

Starbuck 72 is seeking advice and counsel from the forum participants on how to be of help to his girlfriend. He relays a portion of the situation so that forum members have some information about how this eating disorder is manifested in their lives.

Diana responds to Starbuck 72's request for information telling him, "Well, anorexia, is denial to eat or of hunger, and is usually a 15-25 percent weight loss, what's her weight compared to height? there's a certain point where she might even have to be hospitalized." Diana is trying to respond to the part of Starbuck's post where he indicates his girlfriend is "on her way" to being anorexic. Diana also provides some basic information about anorexia. She seeks further information from Starbuck, perhaps to provide more information in the future.

Excerpt 5 is similar to other requests for information that have been discussed. Arturo writes a long post describing his girlfriend of three years and her battle with bulimia. After his highlights of the past 3 years, Arturo says,

> I am VERY scared for her. I don't know what else I can do. How can I help her? What can I tell her when I talk to her again? How can i convince her to go seek help? PLEASE, I don't want to see her die. I don't want her to keep hurting herself. Could someone please give me answers to these questions. Please. I would be eternally grateful if someone could show me the way to help her become better. Thank you....

Arturo expresses great frustration at not knowing how to be of help to his girlfriend. He clearly is pleading with *ased* participants for answers, as evidenced by his emphasized and repeated use of the word "please."

Diana answers Arturo's response:

> Listen to me. Your girlfriend might die if you don't help her, she doesn't know how to save herself from this, someone will have to do it for her. You should go out to where she is and get her checked into an eating disorder hospital before it gets too late, if you can't, try to convince her to go on her own, but the chances of her saying yes to that is unlikely, i've been through waht she is going through, i couldn't save myself. Someone will have to save her. You can email me at sdsi@magicnet.net.

Diana makes several suggestions to Arturo about what she thinks needs to happen to save his girlfriend. She also offers support to Arturo by offering her email address as a way for future interaction between the two of them. She says she can empathize with his girlfriend, and implies that she may be able to help as a result of her past experiences.

As can be seen in each of the above examples, all of the requests were for specific types of information. No one was wondering if anyone else had ever shared similar experience. Instead, the participants were seeking information type support from the participants in the forum.

Excerpt 1

(From Matthew)
The question is, how can I get my wife to get some help? She is bulimic. I have come to a point where I just don't know what to do to help her? She denies any problem, But how can you explain the 45 minute showers or the staying up late binges. She eats alot! She is about 165 cms tall and 45 or 46 kgs. I am worried because I love her.

Hi, if you get any good suggestions about how to get someone to get help, I sure would appreciate it if you would pass them on to me. I am recovering from alcohol and bulimia and making progress, and I see so many people who I want to be able to help. Also, maybe just knowing how I could help others would help me help myself when I am having trouble.

Ultimately, I think the affected person has to want to change. At a meeting room here there is a saying on the wall "The key is willingness". I think willingness and awareness need to come first. It is complicated. There is now one answer for everyone. For me, I need to go through the pain of stopping these behaviors and have faith that things will get better. But it had to start with me wanting it.

Wanting it confused me though. I wanted to stop purging for example, but I still wanted to escape by bingeing. If I binge, it has been a given that I purge. When I get to the point when I want to binge, I need to stop and think about what I am feeling that makes me want to do that. But stopping, and thinking, and exploring is hard and painful. The rewards are worth it. It is an adventure really, to find out who I am.

A counselor told me that I can either try to eliminate discomfort and "return to the womb" (<--I thought that was kind of a strange way to think about it) or, I can experience the pain as evidence that I am alive and growing! That is a powerful idea for me, to be able to embrace the pain of doing what I need to do as part of my adventure ... an affirmation that I am alive and growing.

Right now I am at that point. I am recovering from several things and am now fully aware of the void that these things have left in my life. That makes me want to medicate these feelings by bingeing (which would lead to purging) and procrastinating, and drinking.

I think some books in the FAQ might help you. I have not read any books about this, but there must be some oriented towards friends and family of someone with an e-d.

Kevin

Dear Matthew,

I'm awful at metrics. Can you -- or someone else -- say what this is in pounds and inches?

Jenny (who probably wasn't paying attention when they taught this in school)

Dear jenny:
165 cms tall is about 5'6"
45 Kgs is about 100 pounds.
See why he's worried about her?
-Carolina

Mathew,
See if you can find BULIMIA: A GUIDE FOR FAMILY & FRIENDS by roberta Trattner Sherman, PhD. & Ron A. Thompson, PhD. Not the be all and end all of Bulimia info but my man found it very helpfull. it's published by lexington books, ISBN#0-669-24503-8 published in 1990. You can't force her to get help unless she becomes a danger to herself or others(legal stuff may be different for you, I see you use metric) Educate yourself about bulimia. I think that is one of the best things you can do so you can know what she is dealing with and what you may expect. Good luck, Sylett.

Excerpt 2

(from Barbara)
I would like to hear more about mealtime in the ED program. Jenny says the set time of 45 minutes was ultimately good for her. Why, Jenny? Did is help you get comfortable in a mealtime setting? I assume this was in-patient treatment for anorexia. Was it also for bulimia or compulsive overeaters? Can someone pass along mealtime advice given in treatment for these EDs?

(from Jenny)
It was treatment for anorexics and bulimics. They took overweight and normal-weight people, but only if they were bulimic. I don't think it was a matter of minimizing the problem of compulsive overeating; just a matter of (unfortunately) limited resources.
For those at (or above) normal weight, the meals were a healthy maintenance or (sometimes) gradual, healthy weight-loss amount. (After a certain point, you could pick your own meals, but only according to the number of servings they told you. For instance, they would say, "breakfast, two fruits, two proteins," etc., and you could pick *which* fruit and *which* protein items, and whatever else you were supposed to have from the hospital menu. (It was all healthy, low-fat food – the same menu the hospital's heart patients got. Yes, there was *some* fat – turns out <gasp> that 0% fat is not healthy for you! True Fact!)
The people on maintenance or weight loss didn't have to choose as *much*. The anorectics were all jealous of them.
Whatever your meal plan, if you didn't choose enough (NICE TRY), the dietician would add to it *for* you. So it was better to do it yourself, or you might get

something you dodn't like.

You were expected to 100%. I'm telling you, this was a genuine, honest, true LEARNING EXPERIENCE. Oh my god.

(from Barbara)

Jenny says she thinks the "no food talk" rule is a good one to take home. I agree very much, for a recovery period. But ultimately, it is a very natural thing to discuss food at a family table ... but only in a positive way. This time of year, I think my family spends 5 minutes of every meal saying how fantastic the local tomatoes are. We have them almost every night in season, and skip tomatoes the rest of the year.

(from Jenny)

Yeah, that makes sense. But for the recovery period, it really is best to NOT say a single word about it. (And you would be AMAZED how often the talk turned to food anyway, and the nurse or therapist who was eating with us would have to put a stop to it & change the subject! It's like nobody knew how to talk about anything ELSE.)

Oh yeah... the 45 minutes. Well, a lot of times, I would play with my food and ignore most of it for about 43 minutes. If there had been no time limit, I'd probably *still* be there eating one of those meals, hee hee!!! But as long as it was, I could look at the clock and, if I wanted to get 100%, start shoveling. (Sometimes, shoveling AND CRYING.) Sometimes, if they were nice, they'd let me go a minute or two over (shoveling, crying, etc.) – but sometimes they were really strict about it. Then you'd get less than 100%, and if that happened too often, there *were* consequences.

Then, the group stayed together, for journal-writing (supposedly) and gossiping (usually) – for another 45 minutes. You couldn't even go to the bathroom. Guess why. :-)

Jenny

(from Barbara)

Jenny, this is so enlightening. I wonder how many people are fearful of getting into an in-patient program because they fear the unknown, or fear losing any control.

At least in the stage of the program you describe, group meals, there was quite a lot of choice. No one was being force-fed, or whatever else one might fear.

You said it was a "real learning experience." I'm not sure if you were being sarcastic? What did you learn about yourself, about your relationship to food? What else? Did you feel the staff people, such as the dietitian, were competet, and cared about you as an individual? Did they consider your feedback?

YES. They were respectful of everyone as HUMAN BEINGS, not just "sick wierd anorectics & bulimics who can't control themselves & have to be treated like retarded babies," and if you weren't actually imminent medical danger – if you were

strong enough to sit up and hold a fork – you get real food, and it was assumed that, basically, it was YOUR choice whether you got better or not.

(And if you *really* didn't want to get better – evidenced by your *not* eating what you should, *not* gaining weight, etc. – they matter-of-factly said, "well, we've got a long waiting list, and you obviously aren't ready for this...." and you were out. Of course, you had to be *consistently* working to stay sick. A few "slips" wouldn't get you kicked out.)

Anyway, as we all know, it's absolutely true that it's our OWN choice whether we get better. No one, but NO ONE, can MAKE an anorectic gain weight. Even if force-fed, they can't keep it up forever, we just wait patiently, go home, and I lose the weight again. And we're all smart little cookies, aren't we? WE can all pull out tubes, and play games with nurses, and hide food, water-load, etc., etc., etc. It's always our own choice whether to get better or not – they gave us the dignity of acknowledging this.

As for it being a "real learning experience," I meant it seriously, but you have to picture me saying it with a sort of expression of horror on my face. It was a genuine learning experience, but like most real learning experiences, it was painful.

I learned I *could* eat stuff that I had never eaten before in my whole life. I didn't die!!!! I drank milk. I ate SOUR CREAM. You have to trust me, I did NOT know I could do this and LIVE. I really *was* crying when I drank that milk....

But I learned it's just something I told myself, and believed, but IT WASN"T REAL. So now.... at home, okay, I am still having a big problem eating a variety of foods. But I know it's something I *can* get through if I keep working on it.

I'm probably not explaining this very well. <sigh>

Well, on to another question:

They treated me like a PERSON. I did *not* expect this. I honestly didn't. I expected to be treated like a Disease.

When I screwed up, going out on a weekend and purging, I came back & thought I was doomed, and I was horrible scum, would never get better, etc. And I cried and cried as I finally "confessed" this, KNOWING they would kick me out because I was such a scre-up. And they said, "No, we understand this can happen. You're not Bad or incurable." I probably can't express what a difference that made.

I still can't believe how they treated me.... I'm still in occasional contact with my former case manager. After I was home, I got a standard form from the hospital, asking "How was your experience? Please rate this and that," etc... Well, you know me, Ms. Verbosity – I attached separate sheets full of suggestions. I thought it would all go in the round file anyway, or someone would read it and say "How cure, this Mental Patient had some 'comments'! Get THIS..." and everyone in the office would laugh and laugh. But I sent it anyway.

And then when I talked to Barb (my case mgr.) she said, like it was no big deal, "Oh, thank you for making those suggestions. We are implementing several of them."

More stuff like this too. I continue to be appalled at how they treat me like a person. It's.... uh.... NICE :-)

I probably didn't answer all your questions, but I've gone on too long already! (Ms. Verbosity, y'know....)

Jenny

Thank you, thank you, Jenny, world's fastest typist, for being so generous with your information and experiences. As always. I do rather worry about what percentage fo your time and energy must go into this group.
Barbara, member in good standing of JFC

I think the limited resources has a lot more to do with insurance limitations. Most insurance will not cover any treatment for obesity or compulsive overeating.
BTW, the program you describe sounds a lot like the one I went through. Did you find it helpful?
Shulamit

Excerpt 3

Can someone tell me where I can find the ED FAQ? this cyberspace webcrawling, engine, search, hypertext stuff is more than my ancient, cobweb incrusted brain can handle. (I'm trying to quit drinkng coffee in the hopes it will help my fertility. I just dont see tho how headaches and being BITCH from Hell is going to increase my but....) 10-Q so much, Sylett

The FAQ was posted recently. Did you see it? If not, I'll mail it to you.
Make your sweetie-pie wear boxer shorts to keep his tinker toys cool. And think of other things for him to do, also... The boxers help fertility, you know.... But you can think of other things, like "you have to go rent me some videos" or "we both have to eat out four times a week" and *tell* him they help fertility & he has to do them, heh heh heh... Give him some tough ones too, like, ummm, "You hae to wear this funny hat" or "doctor says, no more watching football for YOU" -- then you can be bitches-from-hell TOGETHER!
How romantic :-)
Love,
Jenny

Excerpt 4

I am new to this group and was wondering what it is all about. My girlfriend is on her way to being anorexic but she is unable to admit there is a problem with her not eating unless she absolutely has to. But she has lost so much weight and has taught herself not to be hungry. We are in couples counseling but the conversations about her eating are not seeming to go anywhere. I love her very much and am very committed to the relationship but I don't know what to do and I am at my wit's end.
Any suggestions?

(from Starbuck72)

Well, anorexia, is denial to eat or of hunger, and is usually a 15 to 25 percent weight loss, what's her weight compared to height? there's a certain point where she might even have to be hospitalized.
Diana
talk to her about it with the counselor

Excerpt 5

Hi,
I am new to posting in this group, but I have read the messages on numerous occasions. My girlfriend is bulemic, and has been for about 3 years. I am not sure about the causes, but I think it might be from coming from a dysfunctional family. I have been with her for about a year and a half now. After being with her this long I have seen her reach many low points. I have listened and tried to reassure her throughout the time that I have been with her. She has told me of vomiting blood, of taking pills to ease the pain in her stomach, even about wanting to end her life. But she always made it through one way or another.
She started taking college this fall, and has had a very tough time. Last night, I talked to her over the phone, and it was probably the lowest point I have ever seen her reach. She told me that she spends most of her time sitting in her room crying. She talked of skipping classes so she could use the restroom without any of her roommates being around. She is falling behind in her classes, which makes her very frustrated, which consequently makes her want to vomit more. Her professors want to talk to her about why she hasn't been going to class. She is afraid that they will take her scholarship away, which makes her even more frustrated. She tells me that she feels very alone and scared. She said she just wants to disappear. She feels like she is nothing. I tried my best to encourage her, but i didn't seem to be getting anywhere. She told me that she feels very, very weak. She even started talking about taking her own life. It brought me to tears listening to her in that condition. I can no longer be there to listen because we can no longer spend hours and hours on the phone. This makes me feel very helpless, because I really love her. I do not know what to do.
I have often asked her to find help. But when she was here with her parents, her excuse was that she did not want her parents to find out because they would not understand. She was very afraid that they would blame her for her situation. That's why I was hoping that when she went to college, she would no longer have that excuse as an obstacle. But she still does not want to go to the counselors at her school. I do not understand, because she says she wants to get help. I am faced with the choice of telling her sister or her parents, but she has made it very clear that she does NOT want me to do that. I am faced with a tough decision, because I know that her parents are not the type of people that would understand.

I am VERY scared for her. I don't know what else I can do. How can I help her? What can I tell her when I talk to her again? How can i convince her to go seek help? PLEASE, I don't want to see her die. I don't want her to keep hurting herself. Could someone please give me answers to these questions? Please. I would be eternally grateful if someone could show me the way to help her become better. Thank you.... Arturo

Arturo:

Listen to me. You're girlfriend might die if you don't help her, she doesn't know how to save herself from this, someone will have to do it for her. You should go out to where she is and get her checked into an eating disorder hospital before it gets too late, if you can't, try to convince her to go on her own, but the chances of her saying yes to that is unlikely, i've been through what she is going through, i couldn't save myself. Someone will have to have save her. You can email me at sdsi@magicnet.net.

Diana

Statements of Personal Success and Supportive Responses

A fourth type of communication used to elicit supportive responses from others is that of sharing personal successes with the members of *ased*. Often times members of the forum post accounts of their own personal successes in their lives. These successes may be specifically related to their eating disorder recovery efforts or may be successes in other aspects of their lives. Regardless of the nature of the success, these posts are usually greeted with supportive responses from other forum participants.

In excerpt 1 Leanne shares her success in going to the therapist for the first time. She tells *ased* members "hi guys, i just thought i would post to let you all know that i went to the therapist for the first time today and i really liked her ... she may not be my normal therapist, but she was cool." Jenny responds with a supportive congratulations saying, "Great job at the therapist.... BRAVO!!! Hug hug hug!!!! It takes GUTS, and you got 'em, girl!" Jenny acknowledges how difficult it is to go to a therapist for the first time. She also offers Leanne hugs for her accomplishment.

In the second excerpt Misha reports that things are going better in her life. She writes:

> Hello? What's this? Is it.....? Yes.....it could be.....Misha out of the pit of despair! I think so anyway. I've been in such an icky place lately....I'm so sorry for all the unreturned e-mail. Forgive me?
> I woke up this morning and didn't want to be dead. I actually wanted to see if the sun was shining or not. Amazing. I weathered the storm. And much of that is because of you guys. Thank you!

> So here I am...ready to join the fight again. I feel like I've been run over by a bus. But, I think I'm ready to put up my dukes again.

Misha shares that she has been successful in "weathering the storm" and thanks other forum participants for helping her through. She uses her sense of humor to indicate that she is pleased with her current situation and the change she has experienced. Tina responds with encouragement and her own level of enthusiasm: "Welcome back! Sorry to hear about what you went through. Very glad you are back, though. Keep those dukes up!" Similarly, Diana shares a bit of encouragement and acknowledges Misha's success when she tells Misha, "You go girl!" Both Tina and Diana share some of Misha's excitement.

In excerpt 3 Jackie shares a success specifically related to her eating disorder. She has mixed feelings about her success as can be seen in her report of her success to the rest of the forum: "I hit 100# yesterday. I haven't weighed 100# since 1980. I feel lousy, though, I ate like a pig all last week because of this stupid men situation, I don't know what I'm going to do now." Although Jackie shares both a success and her negative feelings toward that success, forum participants respond positively toward the success and play down the negative feelings associated with that success. For example, Diana responds, "Way to go jackie! Keep up doing so well!" Diana acknowledges the success and doesn't mention the negative comments Jackie makes.

Holly congratulates Jackie and down plays the negative comments, saying "Yay Jackie!!! Although you may *feel* like a pig, you know deep down in your

heart that you've done a positive thing. Keep your chin up and keep up the good work. You've made a noticable improvement in the past few weeks." Holly encourages Jackie to keep up the positive changes she has made. Sylett also offers her congratulations and support to Jackie with "hugs and kisses":

"xoxoxoxoxoxoxoxoxox big wet slurpy smack! hug, high five, thumbs up, gold star." Sylett's post shows enthusiasm and excitement for Jackie's accomplishment. Mike continues the positive, congratulatory posts, writing "Congratulations Jackie! Not a particularly easy road for you to follow, and maybe the numbers don't really mean much, but to me they mean you are seriously trying to recover! I am so glad. And it is not exactly a surprise, your postings have been wonderful. hugs, Mike." Mike offers her a supportive hug as well as words of encouragement. He also acknowledges that Jackie has had to work hard to achieve this accomplishment. These are just some of the supportive responses Jackie received regarding her weight gain. Other members of the forum had similar kinds of congratulatory messages for her. Additional messages can be found in excerpt 3 following this discussion on personal successes and supportive responses.

In the fourth example Donna picks up on Misha's comments about coming "out of the pit." Donna shares that

> I too have been emerging from the pit- my last incident of cutting was 5 weeks ago! I just joined OA and I am taking 1 day (actually 1 meal) at a time - I am a binger big-time. Today I took a walk in the evening and actually felt bounce in my step (desperately need exercise too). Its scary feeling good - waiting for the other shoe to drop! (1 day at a time - I MUST keep repeating that). My

> meds seem to be ok - actually weaning off 1 of them to see how I do - doc has ok'ed it. If I need it again - I will go back up.

Donna shares that she has had success in stopping some of her self-destructive behaviors and has done some good things for herself, including joining OA and taking a walk. Rachel acknowledges Donna's accomplishments saying, "Congrats on joining OA..Stick with it, it can change your life, I've been going for about 6 years now & Im 100% better & still growing!" Rachel also encourages Donna to continue attending OA and offers the positive results she has experienced after going to OA for 6 years. By encouraging Donna's continued participation as well as sharing her own successes in OA, Rachel is offering Donna a supportive sense of hope that things will continue to improve in the future.

The fifth example of shared experience is of a less serious nature, yet is still recognized by forum participants as a success worth celebrating. Jenny writes:

> Hey folks,
> This may not *really* be me. It MAY be a clever impostor! You see, I took one little baby step out of Neverland, hehehehe, and did something a little bit Grown Up.... (I know, I know, I'm awfully OLD to be such a baby, but that's life in ED-ville, right?)
> I got a <drum roll please> .....Phone Answering Machine!!!!
> See, several years ago, my (then) husband brought one into the house, and I *hated* the thing. I dreaded coming home and seeing the light flashing that there were messages...because then, I would be obligated to *return* the calls, and I DIDN'T WANNA. I wanted to isolate, and THEY were poking into my personal space with their flashing messages, and it f---ing freaked me OUT!
> So I broke it.
> And refused to let him get another. Hahahahahahahahaha, I won, I won. (Do any of you wonder why the poor guy finally walked out?)

> And, ever since, when I don't want to talk on the phone, I simply turn off the bell, and think to myself, "I'm not home!!! You can't find me!!! Ha ha ha!!!" (REAL mature, Jenny....) (But....TRUE.)
> That's how we do it in Neverland.
> But....I got an Answering Machine! I did! I did! I really, truly did!
> And I recorded a message on it, and it's all hooked up, and I have it, and can you tell I'm embarrassingly, pathetically PROUD of myself?
> Giggling and dancing a silly dance, Jenny

Clearly, Jenny is excited about what she has done and shares her excitement with the other participants of *ased*. Several of the participants also share Jenny's excitement. Barbara tells Jenny, "Jenny, you show me a whole new way to think about people who do or do not have an answering machine. You have unlocked the door in case the world wants to come in ... but you still have the power to screen who actually gets in. Congratulations." Barbara shares that Jenny has given her a new insight and also congratulates her on her accomplishment. Similarly, Susan shares in Jenny's celebration: "*grin* And so you should be! You've overcome something that came out of the Ed!!! Hooray for Jenny!!!" Susan offers Jenny a smile and a cheer of "Hooray." Shulamit joins in the congratulations when she says, "Mazel Tov! It's these small steps that make such a difference in our healing journey." Shulamit acknowledges that although to most people buying an answering machine is not a life changing event, for Jenny her accomplishment is one more step toward recovery from the eating disorder.

Some posts regarding personal successes contain multiple successes, as in the case of Susan's post.

> Yesterday I went to an exercise class - huge, big, massive, gigantic (well, you get the picture) step for me. It was the first class I had attended for a long while and I was VERY nervous. At the beginning, imagining all the horrible things the other people would be thinking about my body I really wanted to chicken out. My friend talked me into staying. It was a beginner class but I felt like they were killing me! I must admit though I feel wonderful for doing it and am looking forward to my next class tomorrow.
>
> Then at work, just a few short minutes ago I was talking to my friend (over the 'phone) about it and that chauvanist pig I was telling you guys about previously overheard and made a sly comment. It was "did you call ahead first to make sure they reinforced the floor?"
>
> Well, I said hold on a moment to my friend and proceded to let the idiot know what I thought of that remark.
>
> The general gist of what I said (in condensed form) was that I may be fat and yes, probably did shake the foundations a little, but I'm trying to make a change to myself, can he make a change to his 18th century, small-minded attitude? I didn't raise my voice, I just smiled sweetly and asked him calmly. Then, I did not even wait for a reply, just cut him off as if he was not there and continued my phone call.
>
> Now those of you who have read my postings, especially over the last few weeks know I would have reacted in the past with a mega binge and crawl back into my hole where I once belonged. Not any more. I shouldn't feel proud that I said nasty (but true) feelings to him but I am. Maybe that's my wicked side come back in force. I don't know but i can't feel sorry for it yet, maybe later.....much later!
>
> Oh, and by the way, I have not binged since Saturday, it's now Wednesday, Optimistic about making it to the weekend! Not that I haven't wanted to binge, I've just chosen not to. (And it wasn't as easy as that little sentence made it sound either!)
>
> Maybe there is some fight left in me afterall! Now if only i could own up to the ED to my family - I nearly did the other day, put a couple of feelers out to my mam, who unfortunately only responded with the usual "I wish you would stick to a diet, it's just a matter of willpower" I GIVE UP!

This post contains a great deal of information for the participants of *ased*. First, Susan states a number of personal successes, including going to an exercise class, telling her co-worker what she thought of his rude comments, not bingeing for a number of days, and a willingness to approach her family about her eating disorder. She also shares

several painful events with the participants including the rude comments made to her by her co-worker and the lack of understanding from her mother.

Forum participants pick up on both the successes and the painful events. Some participants congratulate Susan with brief messages, such as Sylett's message, "BRAVA!!!!!!!!!!" or Jackie's message, "ALRIGHT SUSAN!" Other messages are more descriptive in their support of Susan's successes. Mike writes, "I think that you told him exactly what he needed to hear. Hope he hears it! No, indeed, you no longer belong in that hole you used to exist in, glad to see you in the light, enjoy the world! Again, Congratulations on not bingeing, and thanks for offering us hope too! It is always painful to have a family that doesn't understand. Perhaps the most we can ask of them is to love us any way they can." Mike acknowledges several of the successes Susan shares in her post. By doing so he is letting her know that he has really read the post and is attuned to what she had to say. He also acknowledges the pain she must feel at the lack of understanding shown by her mother. His empathy lets Susan know that she is understood and has been heard. He validates her feelings by recognizing the painful nature of a non-supportive family.

Jenny congratulates Susan and encourages her to post other things in the future because the posts are inspiring to the forum members. Jenny writes, "Oh WOW!!!! You are a teriffic lady. Be SURE to post more stuff like this, when it happens; it is *so* encouraging. It gives me *so* much hope and makes me smile like a complete LOON! Much love, Jenny (who is a *complete* doormat and wants to

grow up & be just like Susan!)" Jenny offers support by indicating that what Susan has done is admirable and enviable. She also encourages Susan's continued interaction in this forum.

Each of these examples demonstrates how personal successes are welcomed and responded to by the other *ased* participants. Members show a genuine level of enthusiasm for one another's accomplishments and clearly enjoy hearing about successes, as is evidenced by the number of posts encouraging other posts of a similar nature. Clearly members recognize the significance of personal successes, no matter how small they may be, and offer support to those who celebrate the successes.

Excerpt 1

> (From Leanne)
> hi guys, i just thought that i would post to let you all know that i went to the therapist for the first time today and i really liked here ... she may not be my normal therapist, but she was cool. They have to take my case to the review committee and then pick out which therapist would be best. I want her cuz i feel comfortable with her.
> we made a lot of head-way today, i talked for over an hour and a half and got some things off my chest. i was scred but feel sill now for being so scared. I just wish thre was a majic cure to this, cuz i'm in bad shape and i don't know if i am going to make it...physically...i think there is a volcano in my gut right now, it's about to erupt. Can anyone identify?
>
> Yes, TOTALLY. All I can say is, believe me, you won't REALLY explode into a million pieces. Keep telling yourself that. (I know it feels that way, but HONEST, it won't happen!)
> But what's this about not making it, physically? Can you explain a little more?
> Love, Jenny
> P.S. Great job at the therapist.... BRAVO!!! Hug hug hug!!!! It takes GUTS, and you got 'em, girl!

Excerpt 2

Hello? What's this?
Is it.....?
Yes.....it could be.....
Misha out of the pit of despair! I think so, anyway. I've been in such an icky place lately....I'm so sorry for all the unreturned e-mail. Forgive me?
I woke up this morning and didn't want to be dead. I actually wanted to see if the sun was shining or not. Amazing. I weathered the storm. And much of that is because of you guys. Thank you!
So here I am...ready to join the fight again. I feel like I've been run over by a bus. But, I think I'm ready to put my dukes up again.
Misha (squinting...oh, yeah...there's light out there.)

Welcome back! Sorry to hear about what you went through. Very glad you are back, though. Keep those dukes up!
-Tina

You go girl!
Diana

Excerpt 3

I hit 100# yesterday. I haven't weighed 100# since 1980. I feel lousy, though. I ate like a pig all last week because of this stupid men situation, I don't know what I'm going to do now.
Jackie

Way to go jackie! Keep up doing so well!
Diana

Yay Jackie!!!! Although you may *feel* like a pig, you know deep down in your hear tthat you've done a positive thing. Keep your chin up and keep up the good work. You've made a noticable improvement in the past few weeks (IMHO).
Hugs,
Holly

xoxoxoxoxoxox big wet slurpy smack! hug, high five, thumbs up, gold star
xoxoxoxoxoxoxoxoxoxoxoxoxoxox Sylett

Congratulations Jackie. Not a particularly easy road for you to follow, and maybe the numbers don't really mean much, but to me they mean you are seriously trying to recover! I am so glad.
And it is not exactly a surprise, your postings have been wonderful.
hugs, Mike

Dear Jackie,
Whatever you do, take a moment out to accept a *huge* hug congratulations and a hug from me!
I'm so glad you're here. Don't worry about the "stupid men" situation. That's not even the important thing right now. YOU are.
Love,
Betsy

You're going to stand up tall and proud and say, "I'm eating to restore my body. I'm restoring ME that was eaten away by my ED." And we look at you, and smile. It is good.

Excerpt 4

I too have been emerging from the pit- my last incident of cutting was 5 weeks ago! I just joined OA and I am taking 1 day (actually 1 meal) at a time - I am a binger big-time. Today I took a walk in the evening and actually felt bounce in my step (desperately need exercise too). Its scary feeling good - waiting for other shoe to-drop! (1 day at a time - I MUST keep repeating that). My meds seem to be ok - actually weaning off 1 of them to see how I do - doc has ok'ed it. If I need it again - I will go back up.
I love getting Email - if anyone wants to share or is feeling low, and wants to be a pen-pal to me - write!!
:) Donna

Hi Donna! Congrats on joining OA.. Stick with it, it can change your life, Ive been going for about 6 years now & Im 100%+ better & still growing!
This is my first posting on here although Ive been reading the articles from time to time. It's really hard to see everyone's pain. I am out of that hell yet still too close to it to not let it affect me. And it's hard to realize, too that no matter what I say to anyone, they're still gonna go on abusing themselves until they're ready to stop. I would like to be one of those therapist-sounding people that can say, I love you, be good to yourself, you deserve it, & say some really nice, loving encouraging words of wisdom for people, but Im more analytical & way too hard on myself to be that loving & forgiving of others..yet.
I do feel for everyone.. .some of the articles make me cringe remembering how

painful an eating disorder is..but I feel like I put in my time & wasted my life being consumed by bulmia/sickness, (etc), I would rather spend my time on the computer having more fun... perhaps with more recovery & more time I can be more helpful, but for right now, I have to be selfish & look out for myself. If I go bavk to bingeing/purging, my life, as I know it now is over.

If there's anyone out there who's out of the disease for some time & wants to help each other STAY out, Id love to hear from you..particularly people in 12 step programs or who are recovering by another spiritual method. I don't so much need help with the food, but help/support from those trying to figure out how to live when the crutch is gone, you know???

Hope this made sense, I just worked all night & too serious for my own good..
Rachel

Excerpt 5

Hey folks,

This may not *really* be me. It MAY be a clever impostor! You see, I took one little baby step out of Neverland, hehehehe, and did something a little bit Grown Up.... (I know, I know, I'm awfully OLD to be such a baby, but that's life in ED-ville, right?)

I got a <drum roll please> ..... Phone Answering Machine!!!!

See, several years ago, my (then) husband brought one into the house, and I *hated* the thing. I dreaded coming home and seeing the light flashing that there were messages.... because then, I would be obligated to *return* the calls, and I DIDN'T WANNA. I wanted to isolate, and THEY were poking into my personal space with their flashing messages, and it f---ing freaked me OUT!

So I broke it.

And refused to let him get another. Hahahahahahahaha, I won, I won. (Do any of you wonder why the poor guy finally walked out?)

And, ever since, when I don't want to talk on the phone, I simply turn off the bell, and think to myself, "I'm not home!!! You can't find me!!! Ha ha ha!!!" (REAL mature, Jenny....) (But....TRUE.)

That's how we do it here in Neverland.

But.... I got an Answering Machine! I did! I did! I really, truly did!

And I recorded a message on it, and it's all hooked up, and I have it, and can you tell I'm embarrassing, pathetically PROUD of myself?

Giggling and dancing a silly dance,
Jenny

(from Barbara)

It's fall. School starts. People come back from vacation. New notebooks. And new electronic devices, my favorite. Jenny, you show me a whole new way to think about people who do or do not have an answering machine. You have unlocked the door in case the world wants to come in ... but you still have the power to screen who

actually gets in.
Congratulations.

grin And so you should be! You've overcome something that came out of the ED!!! Hooray for Jenny!!!
The Other Susan

Mazel Tov! It's these small steps that make such a difference in our healing journey.
Shulamit

Excerpt 6

Hi everyone.

Thought I'd share this with you guys, hope no-one minds..

Yesterday I went to an exercise class – huge, big, massive, gigantic (well, you get the picture) step for me. It was the first exercise class I had attended for a long while and I was VERY nervous. At the beginning, imagining all the horrible things the other people would be thinking about my body I really wanted to chicken out. My friend talked me into staying. It was a beginner class but I felt like they were killing me! I must admit though I feel wonderful for doing it and am looking forward to my next class tomorrow.

Then at work, just a few short minutes ago I was talking to my friend (over the 'phone) about it and that chauvanist pig I was telling you guys about previously overheard and made a sly comment. It was "did you call ahead first to make sure they reinforced the floor?"

Well, I said hold on a moment to my friend and proceded to let the idiot know what I thought of that remark.

The general gist of what I said (in condensed form) was that I may be fat and yes, probably did shake the foundations a little, but I'm trying to make a change to myself, can he make a change to his 18th century, small-minded attitude? I didn't raise my voice, I just smiled sweetly and asked him calmly. Then, I did not even wait for a reply just cut him off as if he was not there and continued my phone call.

Now those who have read my postings, especially over the last few weeks know I would have reacted in the past with a mega binge and crawl back into my hole where I once belonged. Not any more. I shouldn't feel proud that I said nasty (but true) feelings to him but I am. Maybe that's my wicked side come back in force. I don't know but I can't feel sorry for it yet, maybe later..... much later!

Oh, and by the way, I have not binged since Saturday, it's now Wednesday, Optimistic about making it to the weekend! Not that I haven't wanted to binge, I've just chosen not to. (And it wasn't as easy as that little sentence made it sound either!)

Maybe there is some fight left in me after all! Now if only I could own up to the ED to my family – I nearly did the other day, put a couple of feelers out to my mam who unfortunately only responded with the usual "I wish you could stick to a diet,

it'a just a matter of willpower" I GIVE UP!
See you around! I'm going to try not to look too smugly in you know who's direction but I can't seem to wipe the smile off my face today :-)
Susan

BRAVA!!!!!!!!! -Syllett

ALRIGHT SUSAN!
Jackie

If that is your wicked side, I'll take it <G>! Had you tried castration with a dull file. a perfectly appropriate action in his case, I might have had some hesitation in congratulating you, but not in this case! I think that you told him exactly what he needed to hear. Hope he hears it!
No, indeed, you no longer belong in that hole you used to exist in, glad to see you in the light, enjoy the world!
Again, Congratulations on not bingeing, and thanks for offering us hope too! It is always painful to have a family that doesn't understand. Perhaps the most we can ask of them is to love us any way they can. Actually my answer to the willpower thing is "Yeah, and it works just as well with diarea too!" Oh well, guess I have a wicked side too <G>
Love and hugs,
Mike

Dear Susan,
Oh WOW!!!! You are a teriffic lady.
Be SURE to post more stuff like this, when it happens; it is *so* encouraging. It gives me *so* much hope and makes me smile like a complete LOON!
Much love,
Jenny (who is a *complete* doormat and wants to grow up & be just like Susan!)

Hi Susan (the other one, not Susan K. but hi to you too.:))
I saw your post about sticking up for yourself with your co-worker and having not binged for a while. All I wanted to say was: Go Susan, Go Susan, Go Susan! You were right to stuck up for yourself and congratulations on not binging. That is still very difficult for us not to make that choice. it is so easy to use food for comfort. But for now, that's another post. So, good luck on not binging any more.
Karyl, of Lion

Statements of Extreme Behavior and Supportive Responses

A fifth category of posts that results in social support from other forum participants is that of statements of extreme behavior. Statements of extreme behavior involve a participant telling of something he or she has done or is planning to do that is above and beyond the "normal" range of daily activities for a person with an eating disorder. For example, people may discuss behaviors such as self-mutilation, suicidal ideology, extreme restricting or exercising, excessive bingeing and purging, etc.

In the first excerpt Diana relays her distress regarding her purging behavior. She writes,

> well, here i go again, gotta go throw up, just wanted to say hi before i did, hope i talk with you later. I hate this .....this TOTALLY SUCKS! this is worse than starving or anything, this SUCKS SUCKS! If i don't go throw up, i won't gain anyweight, but if i don't i'll freak, so i have to and then after, i'll be passing out, and *have* to eat again, but i'll keep eating, is this cycle going to stop, I HATE THIS!

Often these posts of extreme behavior sound as though the individual is in a state of moderate to severe distress over some situation at hand. In this case Diana is clearly distressed about her weight and the whole binge/purge cycle. MegAn relates to what Diana has written and says

> i know exactly what you mean. i was over a friend's house earlier today and i got caught. i felt bad for having to throw up to begin with and then i just got worse. but every time i eat i feel like i'll weigh 500 lbs the next day if i don't. i've never passed out, but i do get light-headed a lot. i really wish i could stop, but i feel like hell when i start to gain the weight back. this sucks!

MegAn shares that she can empathize with Diana -- that she understand how it feels

to "have" to throw up. She also comments on Diana's statement about passing out. Although MegAn has never passed out, she says she gets "light-headed." She is letting Diana know that she can relate to her distress and that Diana is not alone in her feelings and experience.

In the second excerpt Andrea also presents herself in a rather desperate situation. As you read Andrea's post, note the spelling and typing errors which support the content of what she is saying. Andrea writes:

> i ave just swallowed many pill wiht a beer. there is a great big story behind this but i can;t go in to it now.
> my parent;s anniversary is today, i forgot becaue of how bad things javebeen here lately. i tingle now. my mom is upset and made me feel guilty today, then saw pix looking shitty of me,. she got home early, had been drinjking, won;t let me get away with feeling better. very guilty -- she wabnts that. she is drinking more otnight.
> i can;t live like this naymore so i am tking arespite fomr the whole shenbang for a while. i am very sorry ot write this -- i hnest to g-d have noweher elkse ot go, except to indiv email epopele and i wouldn;t o that. can;t.
> i am so very sorry, for evrything that i ever did wrong ever not just to anyoe here but ot everyone in teh world that i hurt now or before. i am crying now seriously for the first time in a long itme. it feels good.
> thanks to everyone for everything -- i will be back soon.

Andrea is clearly upset and needing something from the members of the forum, although she in no way gives any clue as to what she would like from the other participants. Nevertheless, other participants to respond to Andrea's post to try to ascertain whether or not she is in danger, either emotionally or physically. Participants also relate to the pain Andrea is feeling and empathize with her.

Susan asks, "Andrea are you ok?" showing a level of concern for Andrea's

well-being. Susan then goes on to reassure Andrea and to encourage her not to give up or give in to her mother or to what she if feeling. Susan says, "If your mother is treating you like this then I can understand why you feel so rotten, but please don't let her win. You deserve better than that." Susan then goes on to relate a story about her relationship with her own mother. She clearly tells this story to help Andrea, and says so: "That little passage about my mother hopefully helps you to understand that people can be manipulative without using drink or any other vice." Susan continues stating her concern and offers numerous times to help Andrea, as can be seen in the following statements: "You can email me Andrea, I am very concerned"; "I'm posting this as well as emailing you because I want everyone to know you are a very special person"; "Andrea, please email me when you feel up to it"; "I care about you and hope you feel you can go a little easier on yourself today"; and "Big hugs from me to you to say I care." Susan puts forth a great effort to offer as much support as she can to Andrea, both emotional support as well as offers to be available via email.

A third example again shows a level of distress on behalf of the individual posting. Lucia writes:

> I could kill my Mother. I got fast food at lunch today and went home alone and ate it. I was almost done (with the intentions of puking of course) and she shows up. She knew what I was doing (I've been going through an insane time). She stayed for another hour. I'm too noisy. When I went into the bathroom, nothing came up but a bit of blood (It's been ages since I've thrown up). to my dismay, I ended up taking laxatives. I'm not even sure they will work, but i will NOT do the diet pill thing, not have recently binged or binged/purged. She won this time. I will not let her win the next battle. ...and another thing, had a therapy session today with mother. I was my normal

> stubborn self an refused to take prozac but in the end, I did, just to pacify the enemy.
> My point, as we were walking out of the office my therapist said, "If we cathch her now we could lose her."
> As if I am supposed to care.
> I realize that I'm not the most liked person on this planet, but I woul dreally like a response from someone.
> I AM FOR REAL. I WOULDN'T BE HERE IF I WERE FAKING IT.

Lucia is clearly angry at the fact that she was not able to purge as she had planned. She talks about taking laxatives, which is a fairly extreme behavior discussed in this forum. She clearly wants some support from the group and asks for responses from other forum participants.

Several people responded to Lucy's post, all offering a variety of types of support. Reba reassures Lucy that "there is someone out here. With open ears to listen if you need to talk and open arms to give you a cyberhug. ((((()))))." Reba also counters Lucy's logic and tries to help Lucy think about the events from a different perspective. Reba says, "Now let me see if I understand. She won this battle, but you won't let her win next time. You plan on winning it. But you'll *win* by taking laxative or throwing up? Doesn't sound like winning to me. I think YOU won this battle. Resisting throwing up is a VICTORY. I also think you won by taking your medicine. If you need to take it, then it is winning to take it, especially if you don't want to." Reba is trying to help Lucy by reframing the events in such a way that Lucy's experience was positive rather than negative.

Jenny also has some comments for Lucy. Jenny asks Lucy to think about what

she has said in the post and what she wants. Jenny asks:

> SO....the question is, do *you* want to avoid purging? For yourself, leaving your mother entirely out of the equation? Because I'm sure her attitude made you feel like, 'I might as *well* purge; forget it, who CARES,' and also made you FURIOUS (and purging, for me anyway, always comes to mind when I start to feel anger).
>
> But if you choose an action (like "I'm going to start purging again like there's no tomorrow" -- not that you would necessarily say that, but that's the kind of thing *I* would say), and this action is based on what your *mom* made you feel like -- *that* sort of makes it NOT your choice any more. *You* decided you were going to stay away from purging. You had a rough time, that you would have gotten through -- happens to all of us -- so you were purging again. Do you go back to YOUR goal? Or do you let HER make you so angry that you give on your goal, and go back to being sick?
>
> So...do you let HER throw you? Or do you decide for YOURSELF whether you want to stay sick or get better, and then act on your own decision?

Jenny challenges Lucy to think realistically about what she wants in terms of her recovery and offers her a "reality check" regarding her reactions to the events about which she posted. Jenny concludes her post stating, "And, once again, I like you a lot, Lucy -- KEEP POSTING, Okay?" Jenny is reassuring Lucy that she is not a bad person and that it is acceptable, even desirable, that she keep posting in the forum. Others also respond to Lucy by challenging some of what she said. Kevin says,

> You asked for a response, so here is an honest one even though it may not be what you are looking for.
>
> Your post seems sad to me because it seems like you do not want to recover, or are just playing games.
>
> Things like "she won this time", "will not let her win the next battle", "just to pacify the enemy", and "as if i am supposed to care" do not seem constructive to me. If you don't care, then it will be hard for you to make progress in recovery.
>
> You seem to have people who care and want you to recover. This is a good thing. They will not always understand our eating disorders, but at least they care and that means a lot. Some people don't have that, and others have it and

> take it for granted and don't realize they have it until later.
> Anyway, take care, Lucia, and I wish you well in your recovery.

Like many of the others, Kevin challenges the way in which Lucy is thinking. He also provides a reframing of what she had to say into a more positive perspective. He clearly acknowledges that she asked for a response and obliges her request. He also wishes her well at the end of his post. Although he may not have said what she was "looking for," he is honest with her. By being honest he has indicated some level of trust that it is okay to share with her. He also acknowledges the importance of support from others and encourages her to look at the support she has.

The fourth example comes from Renee who is upset with herself and is feeling poorly after a large dinner. She tells the group,

> You see, I just had a belated birthday dinner, with thewhole fam damily up here at my house, and I ate far too much, and I think that I hate myself in a big way. You know sometimes I would rather die than have this horrible feeling after eating. Does anyone ever feel like this? I cannot even spell right now because I am so damn angry at myself for eating a damn meal. How insane can we get. It is so CRAZY, yet I cannot seem to pull myself out of these ridiculous self destructive patterns, that are not only driving me crazy but ruining, and controlling my life.
> AGH!!! I guess I will just have to OD on the laxatives tonight. What a crazy, ridiculous thought, and how painful my stomach will be again in the morning. I am sick of this. Sick, sick, sick!!!

Renee relays her story and discusses over-dosing on laxatives to compensate for the meal she ate. Again, her distress and anger is readily apparent in this post. She openly states she is angry and uses profanity more than once to emphasize her anger.

Several people offer Renee support in the form of empathy regarding her

feelings of fullness and self-disgust. Diana writes, "I feel that way alot Renee, don't worry, i would rather have shards of glass cutting up my feet than have that *fat soaking into you* fullness." Similarly, Jen tells Renee that she "can sympathize. I have a b-day dinner tonight with my family and I have already had to plan what to eat so I don't explode after the meal. But the feeling does pass, so hang in there." Jen encourages Renee not to give up and tries to offer her hope that she will not feel as she does forever.

Karen also responds to Renee's post with caring and concern. Karen asks, "how did you get on? I hope you managed to stay away from the laxatives, if not, then remember there is always another day. :) Take it one day, one hour, one minute at a time if you have to. but remember that each time-period, however small, that you go withoug anorexic or bulimic behavior is a step forward. Small steps are still *steps forward*." Karen offers Renee some suggestions that might help her get through the difficult time, and then reminds her to celebrate the small steps rather than being so hard on herself. Karen concludes her post saying, "WE WANT TO HEAR FROM AND ABOUT YOU. good luck renee." Again, Karen indicates that what Renee has to say is valuable and important and that the group wants to hear from her in the future. She also offers Renee "good luck" before signing off the post.

Excerpt 5 is yet another vivid example of statements of extreme behavior. Dina writes:

> well, i'm coming out of my shell for a moment, i don't really post anymore.

> don't see a point in it. it's always just the same names anyway. am i bitter? yup. nothing personal of course. i'm just in a bitter mood.
> binging now. i never binge. i just throw up meals and stuff. binging is not my style. but now i couldn't give a f*ck. i'm eating every single damn thing in sight and i'm going to down the ipecac in a little while.
> i have such an urge to kill. to hurt something. to tear something apart. i could never inflict harm on anyone else. so i must do that to myself! peachy.
> just DIE would you? <talking to myself> you passive little shi*t. controlled by the chips, the chocolates, the screams, the insults, the beasts, the voices. get some assertiveness! oh screw assertiveness. screw it all. die die DIE.
> screw this, screw that. what am i saying? oh boy..time for another chocolate bar. I WANNA WEIGH 100 LBS. why can't i weigh 100? why can't i have everything i want.
> damndamndamn
> iquitiquitiquitiquitiquitiquitiquitiquitiquitiquitiquitiquitiquit
> no one would even notice if i was gone. so it would make no difference!
> no one here, no one in 'real' life. no one anywhere. i'm just another ugly face among the crowd. another name among the posts. another freak among the freaks.
> i want my life back. wait. i never had a life. i never had anything. i was born bad. gonna die bad.
> i don't want this to turn into a self pitying post. just saying that i QUIT it all and it's just all OVER.
> now where the fuck are my chips!

Dina presents an extremely negative post to the forum and discusses desperate measures such as hurting or killing herself. She indicates that she wants to give up on her battle with her eating disorder, saying "iquitiquitiquit." She also comments that no one would notice if she were gone, implying that no one would miss her if she were dead.

Several of the news group members respond to her trying to reassure her that things are not really as bad as they seem. Elissa says, "I just wanted to say that I'm here, that there are others here who really care about you and want to be there for you.

Please stay with us. Things have to get better." Elissa offers her support by telling Dina that she is "here" for her, indicating availability for further support.

Andrea also expresses concern for Dina and indicates that she understands how Dina is feeling. Andrea tells Dina,

> you are such a wonderful and sweet person and it's hard to recconcile feelings of intense hatred or anger wiht an otherwise giveing and big heart. you know i understand.
> No, dina! you are not passive, either. you have feelings, emotions, reactions. you do not sit and let things happen to you, you are not at fault for anything that happened to you-some part of you knows that.
> it would make a hell of a lot of difference to people here if you were not, myself MOST included. you know that too. dina, you CAN be happy, you CAN get out of where you are and be with people who understand, because there are such people. i understand as best i can -- we have some different circumstances, but you can help me to understand yours.
> i'm sorry, but you also happen to be adorable!! my dad and i both agree that you were quite a good-lookin' lady, dina!! you have no idea how much i worry and how sad i would be if something happened to you.
> dina, please try to hang around, ok?
> i will write privately later on 2nite when 'rents are not bothering me. till then, take care.

Andrea indicates a great level of concern for Dina and tells Dina as much when she says, "it would make a hell of a lot of difference to people here if you were not, myself the MOST included," and "you have no idea how much i worry and how sad i would be if something happened to you." Andrea offers Dina support by reassuring her that things will improve, that others understand how she is feeling, and by telling Dina that she will send a private email later in the evening. Andrea encourages Dina to "take care" until they can talk later.

In each of these examples of extreme behavior, the participants present a very negative picture of themselves and/or their current life situations. By being so negative, the responses from others are always in an effort to reassure the person that he or she or life is not as bad as assumed. The participants also frequently offer comments stating that they indeed do care about the individual who is having such a difficult time. Additionally, an occasional suggestion is made as to how the distressed individual may be able to improve his or her life or circumstances.

Excerpt 1

> well, here i go again, gotta go throw up, just wanted to say hi before i did, hope i talk with you later. I hate this .....this TOTALLY SUCKS! this is worse than starving or anything, this SUCKS SUCKS! If i don't go throw up, i won't gain anyweight, but if i don't i'll freak, so i have to and then after, i'll be passing out, and *have* to eat again, but i'll keep eating, is this cycle going to stop, I HATE THIS!
> Diana

> i know exactly what you mean. i was over a friend's house earlier today and i got caught. i felt bad for having to throw up to begin with and then i just got worse. but every time i eat i feel like i'll weigh 500 lbs the next day if i don't. i've never passed out, but i do get light-headed a lot. i really wish i could stop, but i feel like hell when i start to gain the weight back. this sucks!
> MegAn

Excerpt 2

> i ave just swallowed many pills wiht a beer. there is a great big story behind this but i :an;t go in to it now.
> my parent;s anniversary is today, i forgot becaue of how bad things javebeen here lately. i tingle now. my mom is upset and made me feel guilty today, then saw pix looking shitty of me,. she got home early, had ve=been drinjking, won;t let me get away wth feeling better. very guilty—she wabnts that. she is drinking more otnight.
> i can;t live like this naymore so i am tking arespite fomr the whole shenbang for a while. i am very sorry ot write this—i hnest to g-d have noweher elkse ot go, except to indiv email epopele and i wouldn;t o that. can;t.
> i am so very sorry. for evrything that i ever did wrong ever not just to anyoe here

but ot everyone in teh world that i hurt now or before. i am crying now seriously for the first time in a long itme. it feels good.
thanks to everyone for everything—i will be back soon.
andrea

Andrea are you ok?
If your mother is manipulating you like this then I can understand why you feel so rotten but please don't let her win. You deserve better than that (And I apologise if I'm judging your mother too harshly) but she shouldn't make you feel worse. My mother makes me feel worse by her disbelief that I have a real problem. i grew up with her saying over and over again to me "I don't know who you think you are, a proper little madam, but you're no better than anyone else in this family so stop your tantrums and wicked moods" Basically she didn't understand the near anorexic stage I was going through at the time and she doesn't understand why I can't lose weight now "because you used to be so thin when you were younger, you can be thin again if you tried" If I tried GRRRR! Don't get me wrong, I love my mother dearly and I know she loves me but she does not understand. That little passage about my mother hopefully helps you to understand that people can be manipuliative without using drink or any other vice. And I don't understadn about alcohol and what it does to people, I just don't have that in my background so if I sound judgemental I don't mean it. I presume they use alcohol the same way I use food. To hurt myself, to bury the pain, to fool myself into believing I am coping. I don't know if I have gotten the message across I intended to, but I hope this helps - I don't want to sound judgemental, I'm accused of that a lot, so feel free to put me straight about anything I may have said to offend - I want to understand so I don't put my foot in it again :-)
You can email me Andrea, I'm very concerned. You have done nothing wrong in my eyes. In fact all you've done is good for myself and others here. I'm posting this as well as emailing you because I want everyone to know you are a very special person)BW I'm sure everyone here knows that already but it does no harm to make sure :-))
I know how good it feels to cry. I have been doing it a lot lately and for the first time in weeks I think my head is on straight this morning. I feel a little better about muself. I looked long and hard into my soul at the weekend, and boy did it sting. But I did not shy away and though it scared me to death I did it :-) Help from everyone in this group gave me the courage to do this, but especially you Andrea, We have been talking via email for only a short time but I know you are not as wicked as you think. I know it's easier for me to say than it is for you to believe me but it's true :-)
Andrea, please email me when you feel up to it. Don't worry if you can't for a while. I won't judge you or give up on you if you can't reply. I know how hard it is to reply when things are getting on top of you.
I care about you and hope you feel you can go a little easier on yourself today, you deserve to, no matter what anyone else may say :-)
Big hugs from me to you to say I care :-) and big hugs from me to you to say thank you for your support :-)
Susan

Excerpt 3

I could kill my Mother. I got fast food at lunch today and went home alone and ate it. I was almost done (with the intentions of puking of course) and she shows up. She knew what I was doing (I've been going through an insane time). She stayed for another hour. I'm too noisy. When I went into the bathroom, nothing came up but a bit of blood. (It's been ages since I've thrown up). To my dismay, I ended up taking laxatives. I'm not even sure they will work, but I will NOT do the diet pill thing, nor have recently binged or binge/purged. She won this time. I will not let her win the next battle. ...and another thing, had a therapy session w/ mother. I was my normal stubborn self and refused to take prozac but in the end, I did, just to pacify the enemy.

My point, as we were walking out of the office my therapist said, "If we catch her now we could lose her."

As if I'm supposed to care.

I realize that I'm not the most liked person on this planet, but I would really like a response from someone.

I AM FOR REAL. I WOULDN'T BE HERE IF I WERE FAKING IT.

"Sit in the chair and be good now and become all they tell you"

-Tori Amos GIRL

LUCIA MORGANA

Dear Lucy,

Yep, there is someone out here. With open ears to listen if you need to talk and open arms to give you a cyberhug. ((((()))).

Now let me see if I understand. She won this battle, but you won't let her win next time. You plan on winning it. But you'll *win* by taking laxative and or throwing up? Doesn't sound like winning to me. I think YOU won this battle. Resisting throwing up is a VICTORY. I also think you won by taking your medicine. If you need to take it, then it is winning to take it, especially if you don't want to.

And Lucy, I do like you. Why shouldn't I? I know that you are for real and that you aren't faking it. You are on the road to recovery. It's not always easy but you can make it. Keep posting. There are a lot of caring people in this group. We will listen to you and help if we can (and if you allow us to).

Love, Reba

Hi Lucy,

(1) Huh??? *I* like you!

(2) You'd like a response, huh? Oh-oh, that's a dangerous thing to say when I'm around! (talk talk babble babble yak yak yak)

Okay. Response.

Lucy, that would have driven me crazy, too I *hate* that. Someone "watching" you like you can't be trusted -- well, I'm sure she means well, but it's humiliating. It would probably make me fell like you did -- that she won this time.

Obviously you've been trying to avoid purging. This once, you were determined to do it, and she was all over you like a blanket. ICK.

SO....the question is, do *you* want to avoid purging? For yourself, leaving your mother entirely out of the equation? Because I'm sure her attitude made you feel like, "I might as *well* purge; forget it, who CARES," and also made you FURIOUS (and purging, for me anyway, always comes to mind when I start to feel anger).

But if you choose an action (like "I'm going to start purging again like there's no tomorrow" -- not that you would necessarily say that, but that's the kind of thing *I* would say), and this action is based on what your *mom* made you feel like -- *that* sort of makes it NOT your choice any more. *You* decided you were going to stay away from purging. You had a rough time, that you would have gotten through -- happens to all of us -- so you were purging again. Do you go back to YOUR goal? Or do you let HER make you so angry that you give up on your goal, and go back to being sick?

I'm sure you also realize that the sicker we are, the more power others have over us. (Even though we *feel* like we're in control, all we're in control of is out WEIGHT. We're vulnerable to being pushed around by anyone who feels like it, and many of us have had *very* controlling parents or boyfriends or spouses who really, deep down, WANTED us to stay sick and under their thumb.)

So...do you let HER throw you? Or do you decide for YOURSELF whether you want to stay sick or get better, and then act on your own decision?

Okay...snip-snip...I've said enough, and probably jumped to a lot of conclusions, probably many wrong ones....but maybe there's some food for thought here, too. (Yum!)

And, once again, I like you a lot, Lucy -- KEEP POSTING, Okay?

Big hug,
Jenny

Lucia, is there something you are not telling us? It sounds like your Mom is being pretty supportive. Why is she the enemy?
-Tina

You asked for a response, so here is an honest one even though it may not be what you are looking for.

Your post seems sad to me because it seems like you do not want to recover, or you are playing games.

Things like "she won this time", "will not let her win the next battle", "just to pacify the enemy", and "as if I'm supposed to care" do not seem constructive to me. If you don't care, then it will be hard for you to make progress in recovery.

You seem to have people who care and want you to recover. This is a good thing. They will not always understand our eating disorders, but at least they care and that means a lot. Some people don't have that, and others have it and take it for granted and don't realize what they had until later.

I love Tori Amos. Did you know she supports recovery from eating disorders? There was a pamphlet from Lehigh University featuring her views on that. I think if she read your post, she would give you neat advice on how to get into recovery, at least that is my impression after listening to some interviews and her comments at concerts. My favorite lyric of hers from Upside Down is "I've learned the secret to life, that I'm okay when everything's not okay".

Anyway, take care, Lucia, and I wish you well in your recovery.
Kevin

Excerpt 4

Dearest Everyone:

I think that I amvery angry right now, and I just needed to vent out all of my anger. I know that you all have your own problems, and probably do not need to hear about mine, but I think that I hate everything right now.

You see, I just had a belated birthday dinner, with thewhole fam damily up here at my house, and I ate far too much, and I think that I hate myself in a big way. You know sometimes I would rather die than have this horrible feeling after eating. Does anyone ever feel like this? I cannot even spell right now because I am so damn angry at myself for eating a damn meal. How insane can we get. It is so CRAZY, yet I cannot seem to pull myself our of these ridiculous self destructive patterns, that are not only driving me crazy but ruining, and controlling my life.

AGH!!! I guess I will just have to OD on the laxatives tonight. What a crazy, ridiculous thought, and how painful my stomach will be again in the morning. I am sick of this. Sick, sick, sick!!!

I am sorry for those of you who had to read this, and I am sorry but I needed somewhere to vent, and to some people who understand.

Thanks for everything, and I will try to get back tomorrow.
Hugs,
Renee
xox

I feel that way alot Renee, don't worry, i would rather have shards of glass cutting up my feet than have that *fat soaking into you* fullness
Diana

Dear Renee,

I can sympathize, I have a b-day dinner tonight with my family, and I have already had to plan what to eat so I don't explode after the meal. My guess is that half of the

reason I feel so edgy around my family, is because I have to eat so much so they don't find out, and then when I can't get rid of it, I fidgit like crazy, and my stomach hurts so much. But, the feeling does pass, so hang in there.
Jen:)

Renee,
how did you get on? I hope you managed to stay away from the laxatives, if not, then remember there is always another day. :) Take it one day, one hour, one minute at a time if you have to. but remember that each time-period, however small, that you go without anorexic or bulimic behavior is a step forward. Small steps are still *steps forward*
why do we feel bad after eating? talk about the $64,000 question. I guess we all have our own answers to that. But believe me Renee, if you want it, there *will* come a time when you will eat a wonderful meal and not feel bad after it. I felt bad for six years each time i ate, and now when i eat I feel okay, i probably think yum, and now its time for the dishes, or the t.v. or back to varsity, or whatever. but i don't feel bad. i know i'm not alone in my recovery, so i hope this gives you hope. at times it can seem hopeless, but there is light at the end of the tunnel. :)
I don't post on here too often, but i read your post. Why does everyone always apologise for their posts on here? This newsgroups is about people expressing their feelings, their confusions etc. There is no need to apologise. thousands and thousands and thousands post on newsgroups each day all over the world - how many of them apologise?? Renee, and others, we *are* interested, we wouldn't be here if we weren't.
well, i should apologise for my ramblings, i usually do. but not for *posting*, just for taking a long time to make a simple point. WE WANT TO HEAR FROM AND ABOUT YOU.
good luck renee
love karen :)

Excerpt 5

(from Apathy)
well, i'm coming out of my shell for a moment, i don't really post anymore. don't see a point in it. it's always the same names anyway. am i bitter? yup. nothing personal of course. i'm just in a bitter mood.
binging now. i never binge. i just throw up meals and stuff. binging is not my style. but now i couldn't give a f*ck. i'm eating every single damn thing in sight and i'm going to down the ipecac in a little while.
i have such an urge to kill. to hurt something. to tear something apart. i could never inflict harm on anyone else. so i must do that to myself! peachy.
just DIE would you? <talking to myself> you passive little sh*t. controlled by the chips, the chocolates, the screams, the insults, the beasts, the voices. get some assertiveness! oh screw assertiveness. screw it all. die die DIE.

I wanna smash the faces of those beautiful boys those christian boys so you can make me cum but does it make you jesus these precious things let them bleed let them wash away these precious things let them break their hold over me

words not even my own. borrowed words. wrap myself around them. they can understand my pain. everybody hurts. sometimes. what the fuck damnit. WE'RE ALWAYS HURTING.

screw this, screw that. what am i saying? oh boy..time for another chocolate bar. I WANNA WEIGH 100 LBS. why can't i weigh 100! why can't i ever have anything i want.

damndamndamn

iquitiquitiquitiquitiquitiquitiquitiquitiquitiquitiquitiquitiquit

no one would even notice if i was gone. so it would make no difference!

no one here, no on in 'real' life. no one anywhere. i'm just another ugly face among the crowd. another name among the posts. another feak among the freaks.

years go by will i still be waiting for somebody else to understand years go by if i'm stripped of my beauty and the orange clouds raining in my head years go by will i choke on my own tears till finally there is nothing left one more casualty you know we're too easy easy easy.

i want my life back. wait. i never had a life. i never had anything. i was born bad. gonna die bad.

i don't want this to turn into a self pitying post. just saying that i QUIT it all and it's over it's just all OVER.

now where the fuck are my chips!

Dina

Apathy, I just wanted to say that I'm here, that there are others here who really care about you and want to be there for you. Please stay with us. Things have to get better.

And I live for Tori Amos. You have great taste in music as well as a wonderful ability to express yourself.

Elissa

dina, you are such a wonderful and sweet person and it's hard to recconcile feelings of intense hatred or anger wiht an otherwise giving and big heart. you know i understand.

No, dina! you are not passive, either. you have feelings, emotions, reactions. you do not sit and let things happen to you, you are not at fault for anything that happened to you-some part of you knows that.

it would make a hell of a lot of difference to people here if you were not, myself the MOST included. you know that too. dina, you CAN be happy, you CAN get out of where you are and be with people who understand, because there are such people. i understand as best i can --we have some different circumstances, but you can help me to understand yours.

i/m sorry, but you also happen to be adorable!!! my dad and i both agreed that you

were quite a good-lookin' lady, dina!! you have no idea how much i worry and how sad i would be if something happened to you.
dina, please try to hang around, ok?
i will write privately later on 2nite when 'rents are not bothering me. till then, take care.
love,
andrea

Nice touch, the Tori Amos lyrics, that is. I am a big fan of her as well but I have never looked at her music as applicable to the situation before. Right now I'm in the mood to go home and listen to her sing for a while. It might make me feel a little more secure. I don't know who you are, but I honestly feel like you have opened up a new way of looking at my own situation for me. THANKS!!! I hope you can find happiness in some part of your life wherever you are. Maybe one of these days I will have the courage to come in here and actually introduce myself. I have been reading in here for hours now from a terminal in my university and I am surprised to have found a group so caring when it comes to people they may never have even met! I feel a little out of place here, like I'm intruding on something very precious that I don't have a right to ever see, but I am very happy to have found you all. I have been looking for someone to finally understand me for so long that I was beginning to feel like all of this is in my head, or that I'm looking for something to complain about. To you Apathy, all the best.....Your letter was like reading something out of my own head. I don't know yet if I am welcome here but I see so much in this group that is familiar that I want to respond to everything! Gotta run....
Silent All These Years

Summary Comments Regarding the Postings in *ased*

Five basic types of comments used to elicit social support have been outlined thus far. These categories of support-eliciting posts include self-deprecating comments, shared experiences, requests for information, statements of personal success, and statements of extreme behavior. Seeing how the participants recognize and respond to the various solicitations for support makes clear these five speech activities utilized and recognized by this speech community. The complete sequence of the supportive interactions at the end of each section of the specified speech activity amplifies their visibility.

While this study outlines five basic styles used to elicit support from other news group participants, I should point out that the posts in this forum are not mutually exclusive in terms of the category in which they are placed. Many posts contain multiple types of support-eliciting phrases. A given post may contain self-deprecating comments in addition to statements of extreme behavior, or a post that contains primarily shared experiences may also request information. Nevertheless, the five "speech activities" discussed in this paper are the types of support-eliciting communication used most frequently by forum participants and clearly recognized as such by community participants.

Additionally, these five types of support-eliciting comments do not encompass every post made in the forum. There are posts that are not readily categorizable as a specific type of support-eliciting comment. These posts do not follow the normal

content or form of the standard post in this forum. For example, one individual writes, "I think Demi Moore looked better when she was pregnant! I also think Rosie O'Donnell is pretty cool. And the mom on Tim Allen's show. Not to mention Martha Stewart." This particular post is not a response to a previous post and does not fit the format of other posts. There is no personal information or any reference to what is going on in this person's own life. Other examples come from Heidi who asks, "Do your close friends tend to be older or younger than you?" and "You , your closest friend, and your father are on vacation together, hiking in a remote jungle. Your 2 companions stumble into a nest of poisonous vipers and are bitten repeatedly. You know neither will live without an immediate shot of anti-venom, yet there is only a single dose of anti-venom and it is in your pocket. What would you do?" Again, these posts have no direct relation to Heidi, her current life situation, or with eating disorders in general. These kinds of posts usually receive no response from the other participants in the forum. The other participants recognize that these posts are not relevant to the topic at hand and they simply ignore them. Such behavior by the participants presents further evidence that members of this speech community recognize and respond to requests for support. Again, as stated earlier, without examining the entire context of the interaction in this forum to see that there are no responses to such posts, it would be impossible to know that these posts are not support-eliciting types of posts.

Other posts that get made in this forum are various internet advertisements.

Some of these advertisements are for advertising other products via internet; others advertise specific products or services. When the products or services are related to the diet industry, a number of participants will express their disgust and disagreement with such products or services. At times members will "flame" the advertiser. "Flaming" is the internet equivalent of yelling at another internet user. Often the type is in all caps and utilizes harsh language. Although the flame is usually not seen by the individual who initially sent the post, other forum participants see the flame and often discuss their frustrations with a society that puts so much emphasis on weight and appearance. Such discussion offers further insight as to the communicative norms and behaviors in this community. In such an instance, *ased* participants are responding to a societal issue to which they can all relate rather than to the advertiser directly. The participants are sharing their own feelings and reactions regarding the societal issue as a whole rather than their feelings toward one particular advertisement.

The information presented thus far elucidates the types of interaction that occur in the alt.support.eating-disord news group on the internet. The purpose of this analysis is to gain a clearer understanding of how the participants of *ased* elicit support from one another and how they recognize such support. The analysis also provides insight into the normative communicative behaviors of this online support group, including the use of "nonverbal" expressions, vocabulary, and inclusive language. This analysis demonstrates the "cultural competence" that the members of

the community exhibit in their supportive interactions. The following discussion will examine how the findings of this particular analysis relate to the existing literature regarding social support, eating disorders, and the internet. Additionally, uses and applications of the findings from this study will be discussed.

Discussion

As the analysis demonstrates, the participants of *ased* form their own community and own style of speaking. It is, in fact, their style of speaking that helps to distinguish *ased* and its participants as a community (Philipsen, 1975). In Philipsen's discussion of "Speaking 'Like a Man' in Teamsterville," he states that "fundamental to analysis of the place of speech in communication and social life is the discovery of where and when speech is used, and for what ends it is sanctioned" (p. 22). He goes on to state that "if America is the home of diverse views about the value of speaking, then when Americans from diverse communities try to communicate with each other they bring to the communication encounter different underlying values about what is appropriate and proper communicative conduct" (p. 22). Although CMC and online communities were not the diverse communities Philipsen (1975; 1976) was referencing back in the mid-70s, these social organizations have become common for many Americans today in the mid-90s. Correll (1995) states that these "communities created and sustained solely through interaction via computer are relatively new" and growing in number (p. 271). People who first encounter one of these new communities may likely not be familiar with the speaking style of the members. Studies such as this one, done by someone who is both participant and observer, help to clarify the use of speaking in the community and make the rules of speaking clearer to outsiders.

Much like a Teamsterville native, a member of the *ased* community "shares a

tacit understanding about the situational appropriateness of speech behavior" (Philipsen, 1975, p. 14). The members of this community know what kind of language is appropriate and functional for requesting or eliciting social support from others in the forum.

As the analysis and review of the one-month interaction display, the members of this community use five basic patterns of language to elicit support from one another. The members of the community readily recognize these patterns and respond accordingly. Additionally, the members of this community also use other communicative conventions that distinguish and mark them as a speech community.

The Speech Community of *ased*

In addition to the five categories of support eliciting statements, *ased* participants also use other speech conventions that indicate their existence as a speech community. The most obvious evidence for these members' viewing themselves as a community comes from the words of an *ased* participant to a relatively new member in the group. The newcomer describes symptoms that, to the members of ased, sound like anorexia. The newcomer questions the accuracy of this interpretation. A longtime member of the news group then says to the newcomer,

> What you see as presumption on the part of the people on the [bulletin] board, seems to me to be our way of saying *Ok, you have asked a Question about our culture, and in ED-speak what you describes means....* You are very right, we may be way off, but if you ask a question of us, please be open to hearing our answer.

This longtime member recognizes and describes the participants of *ased* as a culture

and mentions a language, "ED-speak," that is unique and recognizable to the members of this community.

That the members of this group think of themselves in terms of a community is also evident in their use of collective pronouns such as "we" and "our." For example, one participant states, "Please don't be sorry for sharing – that's what we are here to do :) Please let us know how you are doing when you are able." This member clearly indicates that the people in the forum are a group with a purpose when she says, "that's what we are here to do." She also indicates a sense of community when she asks the person to whom she is writing to let "us know how you are doing when you are able." She does not tell the other to let "me" know, but rather emphasizes that the collective "us" wants to know how she is doing. Another example can be seen when a participant says, "Hi all" as a greeting. She is greeting a group or community of individuals as opposed to one or two people. She goes on to ask, "Have any of you noticed that certain foods (or types of foods) will bring on a purge. . .?" Again, she is not asking just one individual, but is seeking information from this group of individuals that has gathered to discuss issues centered around eating disorders. The greeting, "Hi everyone..." again indicates a greeting to a group of people rather than to one or two. She finishes her post and request for information stating, "any input on this is always appreciated." Again, since the original post was to the group of participants on *ased*, the assumption is that anyone and everyone is encouraged to share ideas or suggestions that she might be able to use. One more

example will help to exemplify this use of collective language that indicates a sense of community among *ased* participants. Jenny writes,

> I don't know if I have explained this very well, but I hope it helps you to understand why we may seem to you like we're overreacting or disbelieving or whatever – we're just going by our experiences, and we remember what is was like for us, when anorexia was just part of a good life, and we are scared for what we fear is coming, down the road, for you.

In this segment of her post, Jenny clearly speaks up for the group as a whole. There is an assumption on her part that what she has to say is representative of the others who participate in *ased* and that there is this shared set of assumptions among participants in this news group. That such assumptions are shared is confirmed by the fact that no one in the news group contradicts what Jenny says. In fact, other members of the community reiterate what Jenny says, as when Jackie writes, "I think Jenny brings up an important point here." Jackie is supporting another member of her community in this statement, and is also supporting the underlying beliefs of the group.

Another type of language that is specific to this audience is the set of abbreviations and eating-disorder language to which the participants orient. For example, AN/BN is known by participants of this news group to be a short hand expression of anorexia nervosa/bulimia nervosa, as it is used in Jackie's post, "When I was in nursing school, I was so overwhelmed and so stressed with the demands of school that my AN/BN played a very small part in my life." The participants in this news group recognize this abbreviation and know that for which it stands. Participants also recognize the letters "B/P" to mean "binge/purge." Jackie writes, "The reason I

ask is because birth control pills make me nauseous even when I'm not in B/P mode" and concludes her post to Kristen with the encouragement, "I hope you can keep up your non-B/P status."

Another common abbreviation used among the *ased* participants is the letters ED to substitute for "Eating Disorder." This colloquial phrase can be seen repeatedly in the interaction of the news group participants. Barbara asks, " I would like to hear more about meal time in the ED program." That other participants understand this language is clear in that no one asks for clarification. Rather Jenny responds to Barbara's request saying, "It was treatment for anorexics and bulimics. They took overweight and normal-weight people, but only if they were bulimic." Another participant asks the group, "Can someone tell me where I can find the ED FAQ?" This participant is clearly addressing the group rather than seeking an answer from one specific individual. She uses the ED abbreviation and introduces yet another phrase commonly known and understood by members of this community.

FAQ stands for "Frequently Asked Questions." This particular abbreviation is not unique to this online community, but it is one that is familiar to the participants in a number of online communities and news groups. Most news groups have a file known as the FAQ that contains the most commonly asked questions and answers. By creating an FAQ, the participants are free to continue interacting and do not have to take up time answering and reanswering questions. Instead, new users or people seeking specific information about the group can consult the FAQ first. If the answer

cannot be found in the FAQ, then participants often come back to the group to ask if anyone knows the answer. Another member of the *ased* community responds to Matthew's request for information that will help him help his bulimic wife. The *ased* member responds, "I think some books in the FAQ might help you. I have not read any books about this, but there must be some oriented towards friends and family of someone with an ed." Again, the common abbreviations of "FAQ" and "ed" are taken for granted and used as though anyone who is a member of the community will understand.

There are other types of speech not necessarily unique to *ased*, but unique to online communities in general, that *ased* members also use in their community. In the literature review it was noted that CMC often lacks the nonverbal cues present in face-to-face communication. Many members of different online communities use a unique short hand and emoticons to help express themselves (e.g., Correll, 1995). For example, "IMHO" is shorthand for "In My Humble Opinion." Holly publicly congratulates Jackie's recent success saying, "Keep your chin up and keep up the good work. You've made a noticeable improvement in the past few weeks (IMHO)." Another shorthand speech activities includes arrowed brackets around the letter 'G' to signify the word and corresponding action of "grin," as when Jenny writes, "If that's your wicked side, I'll take it <G>!" Since CMC often does not allow for typing in bold or italics, members will also TYPE IN ALL CAPITAL LETTERS to indicate screaming or emphasis of words, such as "well, here i go again, gotta go throw up,

just wanted to say hi before i did, hope i talk with you later. I hate this.....this TOTALLY SUCKS! this is worse than starving or anything, this SUCKS SUCKS!" The capital letters indicate an emphasis placed on these words and indicate that the person is yelling.

Another way community members emphasize words is to set them off inside asterisks. For example, "the question is, do *you* want to avoid purging?" The asterisks around the word "you" indicate emphasis placed on this word. Asterisks or arrowed brackets are also used to set off a description of nonverbal behavior as a way to compensate for the lack of visible and audible nonverbal cues. Allen writes, "Aaaacckkk!! I'm too old to have to learn this all over again. <sigh> Oh well, better now than 5 or 10 years from now." A second, and extremely common example is in the offering of hugs to another member of the community, as in the following cases, "<More hugs> Yeah, Katie!!!" or "<TRIPLE HUG>."

All of these conventions regarding nonverbal behaviors are often an attempt for the participants of the community to express emotion. Besides the above discussed means to express emotions, participants may try to do so graphically by using a variety of punctuation marks and letters to create sideways smiles such as:

:0	"oh, no!"
:)	smile
:(	sad or unhappy
:P	"Duh" or sticking one's tongue out (Daugherty, 1993)

These "smileys" or emoticons are an attempt to show nonverbal facial expressions

over the computer. Regular participants in these online communities such as *ased* are familiar with these emoticons and use them regularly in their interactions (Daugherty, 1993).

All of these elements are a part of what identifies and orients members of *ased* as a community. In addition to these various elements of the speech community are the five types of comments participants use to elicit social support from other members of the community.

Social Support as a Part of the Speech Community of *ased*

In order to understand how the members of the *ased* community achieve and solicit support and recognize when others are seeking support, it is important to understand the study and nature of "troubles talk." Gail Jefferson (1988), the original researcher of this feature of conversation, describes her discovery of troubles-talk as a specific form of communication:

> In an investigation of conversations in which people talk about their troubles, the possibility emerged that troubles talk is a socially organized "package" with standard components in a standard order of occurrence. Although many of the conversations in the corpus of troubles-tellings were long and multifaceted, they were not amorphous; that is, there seemed to be a shape that recurred across the range of conversations, a shape that was rather well-formed in some of the conversations and distorted or incomplete in others. Furthermore, a series of utterance-types, found regularly across the corpus,

> appeared to "belong" in various positions within that as yet dimly defined shape. Thus, I began to get a strong sense of troubles-telling as a sequential phenomenon, and I started a seed collection of elements which might constitute the components out of which a troubles-telling "sequence" is created. (p. 418)

Troubles talk can be seen as portrayals and interactions with others that depict various aspects of a person's life that the person views as undesirable and in need of change. These portrayals may be serious problems requiring professional assistance, or they may be merely undesirable circumstance that a person wishes to change (Jefferson, 1988; Jefferson & Lee, 1992; Miller & Silverman, 1995).

Much of the interaction among *ased* participants can be viewed as troubles talk. Jefferson and Lee (1992) report that during ordinary conversation, the recipient of troubles talk is often expected to show a great deal of concern for the trouble-teller's difficulties and feelings. Clearly, the members of the *ased* community share their troubles. In many cases the troubles they discuss are things that are being discussed with therapists or other professionals as well as the *ased* community. The participants of the news group clearly react to the feelings and difficulties of the trouble teller. The recipients of the troubles telling often share statements of empathy for what the troubles teller is experiencing and feeling. The recipients also offer support and encouragement to aid the troubles teller in persevering through the difficult time.

The troubles talk in the alt.support.eating-disord news group is also a construction of institutional discourse. Speech communities are one type of socially constructed institution. Troubles talk deals with the socially constructed reality of troubles; that is, how troubles are talked into being (Miller & Silverman, 1995). The troubles presented in *ased* are socially constructed. Without participation by both the troubles teller and the troubles recipient, the trouble would not exist. For example, if a member of the community posts information that he or she is perceiving as trouble and there are no responses from others in the forum, then the trouble was not acknowledged and not seen as a trouble. Once someone responds to the troubles teller, then he or she legitimizes the trouble making as a socially constructed reality that is created within the institution of this online computer mediated support community. Miller and Silverman (1995) clearly explain the process of creating the social reality of troubles talk within a particular institution:

> [T]he discourses only become available to setting members when they enter into and use the discourses to construct and sustain social settings. Setting members do so by using the vocabularies, orienting to the practical concerns, and interacting in ways provided by particular institutional discourses. For example, while many medical encounters may be organized to encourage biomedical troubles talk, the construction of biomedical troubles is contingent on setting members' ability and willingness to enter into a language of medical symptoms, disorders, causes, and remedies. (p. 729)

Interaction in alt.support.eating-disord is much like the institutional discourse and social construction of troubles talk presented by Miller and Silverman (1995). The community is organized and exists for the encouragement of eating disorder troubles talk. Like the example of the medical setting above, the eating disorders trouble talk is contingent upon community members' ability and willingness to enter into a language of eating disorder difficulties, symptoms, causes, and solutions – to enter into the language of the speech community. These participants readily recognize how to talk about eating disorders in such a way that others will recognize a troubles telling when it occurs, as in the above discussion about recognizable vocabulary and speech behaviors. When a communicative behavior does not use the standard format and language, the post is often ignored by other community members, as in the case of Heidi, who asks, "Are most of your friends older or younger than you." Such a question is not situated as a troubles telling, and hence, receives no response constituting it as a form of a trouble. And since Heidi's post is not a troubles telling or related to a previously disclosed trouble, it is ignored by the participants of the community. Her post is seen as deviant from the norms of the community, and community members do not support her post. Likewise, the patterns of support-eliciting comments are also familiar to the participants. When information is presented using one of the five speech activities outlined in this paper, the recipients of the troubles telling recognize it as so, and respond accordingly.

There has been nothing that directly links troubles telling to social support.

Most troubles telling research involves conversation analysis and the examination of various sequences of discourse (Jefferson, 1988). While there has been some research done examining troubles talk in the counseling setting (Miller & Silverman, 1995), no research has been done linking troubles talk to the eliciting of social support from others. Counseling can be seen as a form of professional social support. If a link between counseling and troubles talk exists, then it seems that troubles talk in the *ased* community would be a natural use of such talk in a speech community to garner social support from others. Indeed, it is this troubles talk to which the participants of *ased* are oriented. The five categories for obtaining social support from others, including the use of self-deprecating comments, shared experiences, requests for information, statements of personal success, and statements of extreme behavior, are all easily recognizable statements that are responded to by supportive statements of response.

Although most research examining troubles talk involves using conversation analytic methods, this study demonstrates that troubles talk is a means by which members of a particular culture orient themselves to one another. Troubles talk may be unique to certain community interactions, as appears to be the case in the *ased* community.

The results of this review of interaction among *ased* users is interesting in and of itself, but how this information fits into the broader picture of social support, eating disorders and the internet also needs to be discussed.

The Results as They Relate to Social Support

Most research examining "techniques" of social support takes a constructivist approach. According to this approach, human behavior is seen as goal-directed and intentional. The goals may be more or less explicit in nature, but nevertheless are viewed as intentional (Delia, O'Keefe, & O'Keefe, 1982). The constructivist approach states that how an individual chooses to behave in a given context is guided by a individual's interpretive schemes utilized in a given context. In other words, a person's actions are situated within a particular context (O'Keefe, Delia, & O'Keefe, 1980). As Zimmerman and Applegate (1994) note, "the functions and outcomes of support must be examined within the context in which support is communicated" (p. 57). According to O'Keefe, et al. (1980), when individuals interact with one another, their individual actions are structured according to the purpose of the interaction with the use of strategies. These strategies are the ways in which an individual chooses to act on a given intention. The interactant may utilize multiple strategies to achieve one goal or may have one strategy that achieves multiple goals (O'Keefe & Delia, 1984). Zimmerman and Applegate (1994) note that "thus communicators' goals may be explicit and communicative strategies chosen consciously, or goals may be more implicit and strategies chosen in a less conscious manner" (p. 57).

According to Waltman (1989, as cited in Zimmerman & Applegate, 1994) the "actual provision of social support is a specific communicative goal that needs further attention" (p. 57). Zimmerman and Applegate (1994) argue that "this approach to

communication emphasizes that social support as a communicative goal must be studied as it is realized in specific types of message behaviors" (p. 57). Similarly, Burleson, et al. (1994) argue that we can better understand social support by "studying the messages through which people both seek and express support; studying the interactions in which supportive messages are produced and interpreted; and studying the relationships that are created by and contextualize the interactions in which people engage" (p. xviii).

The current study of the alt.support.eating-disord newsgroup is a study that does exactly what Zimmerman and Applegate (1994) and Burleson, et al. (1994) argue is needed. The present study treats social support as a communicative goal wherein the participants enact certain strategies to achieve the goal of support. By the forum's very title, it should be obvious that the participants in the alt.support.eating-disord news groups are participating in the goal of achieving support. This particular study elucidates some of the strategies that these individuals enact to meet their goals of support. As mentioned earlier, the functions and outcomes of support must be examined within the context in which the support is given. This particular study makes no claims that the strategies used by the participants of *ased* are the same strategies used in other situations in which people are seeking support. The strategies used among the participants of this particular news group may or may not be similar to the strategies of participants in other online support groups, in face-to-face support groups or among friends and family. The results of the present study indicate that

there are consistent patterns of interaction among *ased* participants; these strategies are clearly recognized by the participants of this particular forum.

Other researchers have examined strategies for eliciting support from others (for a review, see Kim & Bresnahan, 1994). Goldsmith and Parks (1990), in their research examining requesting behaviors associated with seeking social support, found that people with low self-esteem and perceived self-inadequacy are more likely to focus on the risks of seeking social support and are less likely to make requests. Rosen (1983) found that when these individuals with low self-esteem and perceived self-inadequacy do choose to seek help, that they often use covert and indirect means to obtain support. The results of this study support the findings of these researchers. As noted in the literature review, people with eating disorders are often struggling with low self-esteem and perceived self-inadequacy. The participants of *ased* more often use indirect means to gain support from others. Only two of the five support-eliciting categories outlined in this paper use direct requesting strategies. Requests for information are almost always direct in nature. The individuals requesting information usually ask directly if anyone knows about a given topic or has any ideas about something. The other strategy that sometimes employs direct requests for support is shared experiences. At times participants will directly ask if anyone can relate or if anyone else has had similar experiences. Requests for information and shared experience is possibly less ego-threatening, and therefore a less risky communicative behavior.The other three strategies of requests are most often indirect

in nature. The participants do not directly state that they are seeking support or directly indicate the type of support they are seeking. Rather the requests are buried in statements that leave the other participants to tease out the request and provide the support.

Another study conducted by Barbee (1993, as cited in Cutrona, 1996) identified what she terms "support activation strategies." In Barbee's scheme there are four basic categories of support activation strategies: direct verbal strategies, indirect verbal strategies, direct expressions of distress and indirect expressions of distress. Cutrona, et al. (1990) utilized this notion of support activation strategies in studying support among married couples. They found that men and women both were more likely to use direct verbal strategies most often and indirect verbal strategies at other times. Rarely did these couples report using direct or indirect expressions of distress. Both of these studies (in addition to the few reviewed by Kim and Bresnahan (1994)) examine support eliciting behaviors based upon the specific context being examined, and do not make any attempt to generalize to a larger population or to other contexts. Thus far, the only agreement reached regarding support-eliciting (or support activation) strategies is that some of the strategies are direct, while others are indirect in nature. At this point, I would question whether enough exploratory research has been conducted using a message-centered approach to create a more universal taxonomy of support-eliciting strategies. Perhaps the conversational strategy for requesting of social support is so dependent upon the context in which it occurs that

generalization of support-eliciting strategies across contexts or populations is not possible. These are all questions to consider in future research. Indeed, Cutrona (1996) argues that "[s]equential analyses of support transactions may also yield useful information. Sequential analyses may help identify the utility of different support elicitation strategies" (p. 124). The present study looking at the sequential interaction of *ased* participants is but one that will further illuminate support-eliciting strategies and communication.

Another aspect of social support that is evident in this particular study is the types of support that individuals offer one another. Five basic types of social support have been identified: informational; tangible; esteem; emotional; and network support. All five of these types of support are offered by the participants of *ased* to one another.

Informational support includes such things as advice, factual input, and feedback on specific actions. Participants regularly use this type of support. Participants provide information about medications, treatment facilities, personal advice on problems, and feedback on an individual's progress or situation. For example, in one post, Jenny responds to a request for more information about mealtimes at an inpatient treatment facility. She provides a summary of the program for the individual who made the request. Other participants offer advice about seeing therapists, doctors, etc.

Tangible support comes in the form of offers of needed goods or services such

as food, money, transportation, books, etc. Although this type of support is not as easily offered via CMC, there are still situations in which tangible support is offered to another. An example of tangible support comes from a participant responding to a question about where to find the Eating Disorder FAQ (Frequently Asked Questions). She responds, "The FAQ was posted recently. Did you see it? If not, I'll mail it to you." By sending the information via email, she is providing tangible support to the individual who made the request.

Esteem support is comprised of statements of respect for one's abilities, skills, and intrinsic value. Esteem support is one of the more common types of support offered in this forum. Repeated instances of one participant's making statements of value about another are seen. For example, "Dear Susan, Oh WOW!!!! You are a teriffic lady"; "You have done nothing wrong in my eyes. In fact all you've done is good for myself and others here"; and "You have great taste in music as well as a wonderful ability to express yourself." Each of these statements provides the recipient with esteem support.

Emotional support is comprised of statements of concern, caring, love, and empathy. Emotional support is the most common type of support found in this particular news group. Participants consistently offer emotional support to one another with comments such as, "You guys are SOOOOOOO special!"; "You can make it through this. be scared, hang on to us, and walk thru the door. we are waiting to see you on the other side"; "Katie, dear wonderful friend, I am so worried about

you right now"; "I'm so glad you're here"; and "you have no idea how much i worry and how sad i would be if something happened to you." Each of these statements indicates a level of caring and concern for another participant in the forum.

Network support can be defined as statements indicating a sense of belonging or inclusion with people of similar interests and concerns. *Ased* contains a great number of posts utilizing this type of support, too. Often participants will indicate that they should not have posted something or that somehow they do not belong. Network support is the most common response to these types of comments. Examples of network support include, "I just wanted to say that I'm here, that there are others here who really care about you and want to be there for you. Please stay with us." This particular statement uses the words "we" and "us," indicating that the person does belong to the group of people posting in *ased*. Another example also uses inclusive language and offers network support: "Many of us have gone through a time when the ED was just one small part of a reasonably happy and productive life. But for most of us, the ED took over our lives, gradually becoming the *one* important thing, something *so* important that we chose it over independence, health, education, relationships, careers, etc." This post indicates a sense of community with its inclusive language and references to shared experiences. This post indicates that the participants in *ased* are indeed a network and speech community of individuals dealing with eating disorders. Network support, in and of itself, is indicative of community.

Results as they Relate to Computer Mediated Communication

The current study supports a number of the newer theories regarding Computer Mediated Communication. Initial theories of CMC, such as social presence theory (Rice, 1987; Rice & Love, 1987; Short, Williams, & Christie, 1976), indicated that since there were fewer channels and codes used, the resultant communication would be very informal in nature, and the sender would pay less attention to the presence of other social interactants. Clearly the interaction among *ased* participants negates this theory of CMC. These participants make concerted effort to pay attention to the other interactants in the forum. The forum focus in on the sharing and receiving of information surrounding life with an eating disorder. Participants utilize the forum as much for reading the posts of others as they do for posting their own comments. We know this to be because of the number of posts that indicate the person has been lurking (reading posts without actively participating in the conversation) for some time. Often participants indicate that they have been lurking for some time and have just gotten the courage to begin posting. The following is an example of such a post: "I've been reading this newsgroup for quite a while and have posted once, but I've been hesitant to introduce myself properly." Another example can be seen when Arturo writes, "Hi, I am new to posting in this group, but I have read the messages on numerous occasions." Clearly, the people who use the forum for reading rather than interacting are aware of the social presence of others. Likewise, those individuals who regularly interact in the forum are attuned to the social presence of others, or they

would not be establishing relationships and would not be so focused on assisting others.

The results of this study are much more compatible with Walther's (1992; 1993; 1994) work that examines CMC from a social information processing perspective. Social information processing advocates studying CMC from a relational communication perspective rather than merely from a channel-effects perspective. This approach looks at the functional and social factors of CMC. Table 1 outlines the assumptions and propositions of Social Information Processing. In looking at these assumptions and propositions, we can see that much of the interaction in the alt.support.eating-disord news group fits with this particular model.

First of all, Walther presents 5 assumptions about Social Information Processing. These assumptions are as follows:

1. Humans affiliate. They use communication to affect the ways they affiliate, and these messages constitute relational communication.
2. The development of an interpersonal impression of another person is based on the information one gets via nonverbal or verbal-textual channels over the course of several interactions.
3. Developmental change in relational communication will depend on forming an interpersonal impression of another interactant.
4. Relational messages are transmitted (i.e., encoded and decoded) by nonverbal or verbal, linguistic, and textual manipulations.

5. In computer-mediated communication (CMC), messages take longer to process than do those sent face-to-face.

From these assumptions, Walther (1992) continues and offers a series of propositions. His 6 propositions are as follows:

1. Based on Assumptions 2 and 5, the development of interpersonal impressions among previously unacquainted interactants requires more time in CMC than in face-to-face interactions.
2. Based on Assumptions 2 and 5, personalized communication (based on interpersonal knowledge of others) takes longer to emerge in CMC than in face-to-face interactions.
3. Based on Assumptions 3 and 4, relational communication changes as the number of exchanges increases.
4. Based on Assumptions 3 and 5 and Proposition 1, relational communication in initial interactions is different from that in later interactions.
5. Changes in relational communication will take longer to accrue in CMC than in face-to-face interactions.
6. Based on Assumptions 1 through 5, given sufficient time and message exchanges for interpersonal impression formation and relational development to accrue, and all other things being equal, relational valences in later periods of CMC and face-to-face communication will be

the same.

Although there is no statistical evidence to support any of Walther's Assumptions of Propositions, there is a great deal of descriptive evidence from this study that lends support to his notion of Social Information Processing as it relates to CMC.

For example, the first Proposition states that it takes longer for unacquainted individuals to develop interpersonal impressions in CMC than in face-to-face communication. While there is no way of knowing how long it takes interactants to develop initial interpersonal impressions of one another, a given thread of interaction may take up to a week's time. Assuming an individual begins to develop an interpersonal impression over the duration of a given thread, certainly it would be over a greater period of time, even if it were over a day or two, than it would be if the two parties were communicating face-to-face. The individuals communicating face-to-face would likely develop interpersonal impressions of one another in a matter of minutes rather than hours or days.

The second Proposition is not as easy to identify in the current study. While it would appear that these individuals do get to know each other and engage in personalized communication, having only examined one month's interaction, there is no way of knowing how long these individuals have been communicating with one another. There is also no way of knowing how frequently the interactants of the *ased* community are using email rather than using the public setting of the forum.

The third Proposition posits that relational communication changes as the

number of exchanges increases. When reading through the month's interactions in *ased*, the reader can clearly see how this Proposition holds true. One particular thread. included in the excerpts at the end of the section of self-deprecating comments, talks a great deal about breast size and its relationship to a person's value, attractiveness to men, and general self-concept. At the beginning of the thread the post is one that expresses a great deal of anger and frustration:

> I probably shouldn't be posting this. But I don't care. My feelings are just as important as everyone else's. And since men think I'm dog shit for having no breasts, I've finally learned that they are not worth the efort anymore. To hell with them. I hope every single one of the idiots suffocate between those watermelon size appendages they find so necessary for women to have.

As the interaction continues, the tone changes from one of anger to one of humor. One participants posts, "hey, I agree with Katie -- Jackie, I love your gumption, too! I get a big kick out of the way you phrase things. 'Watermelon size appendages' -- ROTFLOL!!!!!" and yet someone else writes, "Yipes, I had better get my kevlar vest on, find a good hidy hole and then sit down and enjoy the fun <G>." As the number of exchanges increases, the relational tone of the conversation changes from one of anger and seriousness to one of light humor and irony. Later on, Jackie, the writer of the original angry post responds, "Us no-boobs women have to stick together. :-)" indicating a lighter attitude than she originally shared.

Proposition 4 is also noted several times in the interactions in *ased*. The communication in an initial interaction is different from those in later interactions.

When a person posts in the forum for the first time, he or she often indicates so to the rest of the participants. For example, Starbuck writes, "I am new to this group and was wondering what it is all about. My girlfriend is on her way to being anorexic but she is unable to admit there is a problem with her not eating unless she absolutely has to." Starbuck makes it clear that he is new and that this is one of his first, if not his first, post to this forum. His post introduces why he is here; his girlfriend is on her way to becoming anorexic. In later posts he no longer has to introduce himself. The assumption is that other members of the forum will recognize him. Likewise, he will not have to reintroduce the reasons he is posting in this particular forum. Again, the assumption is that the other participants will remember him. His initial interactions are clearly different than his later interactions. Other instances of how later interactions differ from earlier interactions involves the tone of the post. Initially individuals present a rather formal post to the forum. As their interactions increase, the posts become much less formal in nature. Jenny, a long time participant in *ased*, writes a number of posts that exemplify this informal nature. She writes in one post, "Oh Katie!!!I'm jumping up & down, so happy you did this, right ON Katie, GO FOR IT!!!" In another post Jenny writes, "Hey folks, This may not *really* be me. It MAY be a clever impostor! You see, I took one little baby step out of Neverland, hehehehe, and did something a little bit Grown Up.... I got a <drum roll please>.....Phone Answering Machine!!!!" Jenny's original posts in this forum are not part of the month's interaction analyzed in this study; however, I have been

examining and reading in this forum for over two years and Jenny has been a regular part of the interaction. She is very much at home with the other participants in this forum, and her posts indicate as much.

The Fifth Proposition is one that is not really applicable to this particular study. This proposition states that relational communication will take longer to accrue in CMC than in face-to-face interactions. This particular study makes no attempt to compare CMC to face-to-face interaction, so to comment on this proposition would be merely speculation.

The final proposition Walther puts forth is that given ample time, CMC and face-to-face communication will have equal valence. Again, since this is not a comparative study, it is difficult to state whether the valence among the alt.support.eating-disord participants is at the same level it could be if the participants were face-to-face. What can be said is that these individuals clearly develop relationships and interact as friends in this forum. We cannot know from this study whether the interaction would be the same if these individuals were all part of a face-to-face support group. But clearly relationships have developed and been maintained in this community of support.

The results of this study lend support to viewing CMC from the Social Influence Processing model. To further clarify the propositions Walther makes, comparative studies between face-to-face support groups and online support groups might be made. Using the descriptive results from this study, researchers could more

precisely measure the degree to which Walther's propositions fit online groups such as the alt.support.eating-disord news group. Studies such as this one clearly examine CMC from a relational communication perspective that examines the functional and social factors of CMC.

Pragmatic Uses of the Results of this Study

The results of this study provide some potentially useful information for those who deal with eating disordered individuals and who deal with online support groups. The results of this study provide insight into how the participants of *ased* seek support from others and the kinds of statements that yield supportive responses from others. Although the results of this study are by no means generalizable to all eating disordered individuals or to all support groups, they may provide some clues as to the communication style of eating disordered individuals as they interact in a support group setting. As Correll (1995) points out, "the ability to create communities electronically is significant because communities have been shown to have a positive effect in the establishment of self-concepts" (p. 296). For many of the individuals in *ased*, this community may provide just that function. Correll (1995) goes on to note that "therapeutic activities aimed at improving a person's self-concept could be especially beneficial to those who are restricted in their ability to participate in geographic communities" (p. 296). For many people with eating disorders, face-to-face support groups are not readily available within a reasonable geographic distance. For some of the participant in *ased*, this may be the only eating disorder support

community to which they belong. The participants in this news group have a sense of common reality and community that transcends geographical boundaries. This community is as real a community as a face-to-face group.

Consistent with existing research that finds eating disordered individual to have low self-esteem and negative self- image (Holleran, Pascal, & Fraley, 1988), the information from this study suggests that eating disordered individuals spend a great deal of time using self-deprecating comments and negatively toned statements of extreme behavior to elicit support from others. Neither of these speech activities seems to be the type of communication that will help bolster self-esteem and self-worth. Both types would appear to reinforce the negative self-concept these individuals frequently hold. Perhaps more direct methods of expressing one's needs or wants would be healthier and more appropriate. Recognizing that when an eating disordered person is making self-deprecating comments he or she is trying to receive support from another might help professionals and family members restructure the request to something more direct, positive, and healthy. Recognizing these speech activities might also help professionals who lead support groups make the support group process something that is more functional for those in attendance, again, helping to structure support-eliciting statements in a more positive and healthy manner.

With all the benefits of online support and the results of this study, it is important to note that there are some potential dangers associated with online support.

Computer systems are known to fail for a variety of reasons. Persons attempting to achieve support online may not be able to do so due to technical difficulties in their personal computers, with the network computer, or with their phone lines. Softward difficulties are another potential barrier to being able to access support online. Also, individuals may trivialize their own situations and may need more assistance than indicated. This form of social support appears to be a useful forum for airing problems and receiving support, however such online support may be best utilized in conjunction with other forms of support so that an individual is not solely dependent upon this technologically based community for support.

While all of these benefits are merely conjecture at this point, and not based on extensive research, they do point to areas of future research that need to be considered. It is to the limitations of this study and potential areas of future research that I will now turn.

Limitations and Areas for Future Study

Like all research, this particular study has its limitations. Although a benefit of this study, the "thick description" of data precludes any kind of quantification that could be statistically significant, and hence more generalizable. However, it is just this type of approach to the data that will enable researchers to design controlled, studies to test the assumptions put forth in this paper, and to measure outcome variables.

A second drawback to this study is the limited time of interaction. Although

one month of interaction in this news group comprised over 1400 pages of transcript, the analysis is still limited to one month. Perhaps looking at the interaction over several months during the course of a year would provide yet other support-eliciting strategies not evident in this particular month. Such an analysis is clearly possible, although beyond the scope of this project. Looking at additional months would also allow the researcher to be exposed to the interactions of a greater number of individuals. There were a few members who participated a great deal in the forum and perhaps "dominated" the interaction that was analyzed. Analyzing additional months would allow for the input from many other forum participants. Given that the month chosen for analysis was September, the beginning of the school year, several participants may not yet have been online. Also, new people would likely discover the forum over the course of the year. Analyzing additional months would allow for the participation and examination of these other individuals.

The results of this study also lack any sort of generalizability beyond this forum and the individuals examined. While is seems likely that the support-eliciting strategies described in this study are strategies that are used by eating disordered individuals in their daily interpersonal interactions with family, friends, medical or psychological personnel, or other support groups, further research would be needed to be able to make these claims. The results of this study clearly provide a launching site for future research in the seeking of social support among eating disordered individuals and also provide insight into how the participants of this particular online

support group interact.

Future research needs to expand the results of this study. As already mentioned, I believe a great deal could be learned about social support and troubles talk by combining these areas of study. The pairing of these two communicative phenomena seems a logical next step in furthering what we know about both areas. Additional studies need to examine community members' orientation to troubles talk in a variety of different community settings to determine whether this way of speaking is indicative of other communities besides *ased*. Additionally, further analysis of the conversations in *ased* could be conducted to compare troubles talk in this community to troubles talk in other social interactions.

Another line of research involves examining other online support groups. Questions to be considered include: Do participants of other online support groups use similar or the same support-eliciting strategies? Do various support groups use strategies that are specific to the topic of support? Can the support-eliciting strategies of *ased* be generalized to any other online support groups? Similarly, future research needs to examine the similarities between this online support group for eating disordered individuals and face-to-face support groups for this population. Are similar strategies operating in the face-to-face groups? By utilizing focus groups and interviews in studying the face-to-face groups, it might also be possible to ascertain the intentionality of the use of these strategies. There is no way to identify intentionality with the online support group, but in face-to-face interaction the

researcher might be able to tap into this dimension of the interaction.

This research is a new direction in the study of social support and the communication of eating disordered individuals. The information provided supports the latest findings surrounding CMC and also yields insight into how social support is solicited from others. This study is but one step on the path to better understanding social support and to understanding the communication in the community of eating disordered individuals.

References

Albrecht, T.L., & Adelman, M. B. (1984). Social support and life stress: New directions for communication research. Human Communication Research, 11, 3-32.

Albrecht, T. L., & Adelman, M. B., (Eds.) (1987). Communicating social support. Newbury Park, CA: Sage Publications.

Albrecht, T.L., Burleson, B. R., & Goldsmith, D. (1994). Supportive communication, In Knapp, M. L. & Miller, G. R. (Eds.), Handbook of Interpersonal Communication (2nd ed., pp. 419-449). Newbury Park, CA: Sage.

Albrecht, T. L., Burleson, B. R., & Sarason, I. G. (1992). Meaning and method in the study of communication and support: An introduction. Communication Research, 19, 149-153.

Allen, T. B. (1988, September). Bulletin board of the 21st century are coming of age. Smithsonian, pp. 83-93.

Altheide, D. L. (1996). Qualitative media analysis. Newbury Park, CA: Sage.

American Psychiatric Association. (1991). Diagnostic and statistical manual of mental disorders (4th ed.). Washington, DC: Author.

Antonucci, T. C., & Israel, B. A. (1986). Veridicality of social support: A comparison of principal and network member's responses. Journal of Consulting and Clinical Psychology, 54, 432-437.

APA issues practice guidelines for eating disorders. (1993, April). American Family Physician, 47, 1290-1291.

Atkinson, P., & Hammersley, M. (1994). Ethnography and participant observation. In N. K. Denzin & Y. S. Lincoln (Eds.) Handbook of qualitative research (pp.248-261). Thousand Oaks, CA: Sage.

Beckman, K. A., & Burns, G. L. (1990). Relation of sexual abuse and bulimia in college women. International Journal of Eating Disorders, 9, 487-492.

Bernard, J. (1973). The sociology of community. Glenview, IL: Scott, Foresman.

Black, S. D., Levin, J. A., Mehan, H., & Quinn, C. N. (1983). Real and non-real time interaction: Unraveling multiple threads of discourse." Discourse Processes, 6, 59-75.

Blum-Kulka, S., Danet, B., & Gherson, R. (1985). Situational conventions and requests. In J. P. Forgas (Ed.), Language and social situations (pp. 113-139), New York: Springer-Verlag

Boskind-White, M., & White, W. (1983). Bulimarexia: The binge/purge cycle. New York: W. W. Norton.

Brennan, P. F., Moore, S. M., & Smyth, K. A. (1992). Alzheimer's disease caregivers' use of a computer network. Western Journal of Nursing Research, 14, 662-673.

Burleson, B. R. (1994). Comforting messages. In B. R. Burleson, T. L. Albrecht, & I. G. Sarason (Eds.), Communication of social support (pp. 3-28). Thousand Oaks, CA: Sage Publications.

Burleson, B. R., Albrecht, T. L., Goldsmith, D. J., & Sarason, I. G. (1994). In B. R. Burleson, T. L. Albrecht, & I. G. Sarason (Eds.), Communication of social support (pp. xi-xxx). Thousand Oaks, CA: Sage Publications.

Burleson, B. R., Albrecht, T. L., & Sarason, I. G. (Eds.) (1994). Communication of social support: Messages, interactions, relationships and community. Newbury Park, CA: Sage.

Carbaugh, D.(Ed.) (1990), Cultural communication and intercultural contact. Hillsdale, NJ: Lawrence Erlbaum.

Cassel, J. (1976). The contribution of the environment to host resistance. American Journal of Epidemiology, 104, 107-123.

Cobb, S. (1976). Social support as a moderator of life stress. Psychosomatic Medicine, 38, 300-314.

Cohen, S., & Willis, T. A. (1985). Stress, social support, and the buffering hypothesis. Psychological Bulletin, 98, 310-357.

Correll, S. (1995). The ethnography of an electronic bar. Journal of Contemporary Ethnography, 24, 270-298.

Coyne, J. C., & Smith, D. A. F. (1991). Couples coping with a myocardial infarction: A contextual perspective on wives' distress. Journal of Personality and Social Psychology, 61, 404-412.

Crowther, J. H., Post, G., & Zaynor, L. (1985). The prevalence of bulimia and binge eating in adolescent girls. International Journal of Eating Disorders, 4, 23-50.

Culnan, M. J., & Markus, M. L. (1987). Information technologies. In F. M. Jablin, L. L. Putnam, K. H. Roberts, & L. W. Porter (Eds.), Handbook of organizational communication: An interdisciplinary perspective (pp. 420-443). Newbury Park, CA: Sage.

Cutrona, C. E. (1996). Social support in couples. Thousand Oaks, CA: Sage.

Cutrona, C. E., & Suhr, J. A. (1992). Controllability of stressful events and satisfaction with spouse support behaviors. Communication Research, 19, 154-174.

Cutrona, C. E., Suhr, J. A., & MacFarlane, R. (1990). Interpersonal transactions and the psychological sense of support. In S. Duck & R. Silver (Eds.), Personal relationships and social support (pp. 173-189). London: Sage.

Delia, J., O'Keefe, B., & O'Keefe, D. (1982). The constructivist approach to communication. In F. Dance (Ed.), Human communication theory (pp. 147-191). New York: Harper & Row.

DePaulo, B. M. (1982). Social-psychological processes in informal help-seeking. In T. A. Wills (Ed.) Basic processes in helping relationships (pp. 255-279). New York: Academic Press.

Dougherty, D. (1993). Smileys. Sebastopol, CA: O'Reilly and Associates.

Droge. (1982). Epilepsy self-help groups, stigma, and social support. Unpublished doctoral dissertation, Northwestern University.

Durkheim, E. (1951). Suicide: A study in sociology. Glencoe: The Free Press.

Edelman, M. (1977). Political language: Words that succeed and policies that

don't. New York: Academic Press.

Eldredge, K., Wilson, G. T., & Whaley, A. (1990). Failure, self-evaluation, and feeling fat in women. International Journal of Eating Disorders, 9, 37-50.

Finholt, T., & Sproull, L. S. (1990). Electronic groups at work. Organizational Science, 1, 41-64.

Finn, J., & Lavitt, M. (1994). Computer-based self-help groups for sexual abuse survivors. Social Work with Groups, 17, 21-46.

Foderaro, L. W. (1995, March 22). I'm O.K., you're O.K., we're online. The New York Times, pp. B1, B6.

Franko, D. L. (1987). Anorexia nervosa and bulimia: A self-help group. Smal l Group Behavior, 18, 398-407.

Garfinkel, P., & Garner, D. (1982). Anorexia nervosa: A multidimensional perspective. New York: Brunner/Mazel.

Garner, D. M., & Garfinkel, P. E. (1985). Introduction. In Garner, D. M. & Garfinkel, P. E. (Eds.), Handbook of psychotherapy for anorexia nervosa and bulimia. New York: The Guilford Press.

Garner, D. M., & Garfinkel, P. E. (1980). Socio-cultural factors in the development of anorexia nervosa. Psychological Medicine, 10, 647-656.

Geller, P. A., & Hobfoll, S. E. (1994). Gender differences in job stress, tedium, and social support in the workplace. Journal of Social and Personal Relationships, 11, 555-572.

Gibbs, R. W., Jr. (1985). Situational conventions and requests. In J. P. Forgas (Ed.), Language and social situations (pp. 97-110), New York: Springer-Verlag.

Grissett, N. I., & Norvell, N. K. (1992). Perceived social support, social skills, and quality of relationships in bulimic women. Journal of Consulting and Clinical Psychology, 60, 293-299.

Haskew, P., & Adams, C. H. (1989). Eating disorders: Managing problems with food. Mission Hills, CA: Glencoe Publishing Co.

Haythornthwaite, C., Wellman, B., & Mantei, M. (1994). Media use and work relationships in a research group. In J. Nunamaker, Jr., & R. Sprague, Jr. (Eds.), Proceedings of the 27th Hawaii International Conference on Systems Science (pp. 94-103). Washington, DC: IEEE Press.

Hesse, B. W., Werner, C. M., & Altman, I. (1988). Temporal aspects of computer-mediated communication. Computers in Human Behavior, 4, 147-165.

Hobfoll, S. E., & Stephens, M. A. P. (1990). Social support during extreme stress: Consequences and interventions. In B. R. Sarason, I. G. Sarason, & G. R. Pierce (eds.), Social support: An interactional view (pp. 454-481). New York: Wiley.

Holleran, P. R., Pascale, J., & Fraley, J. (1988). Personality correlates of college age bulimics. Journal of Counseling and Development, 66, 378-381.

House, J. S. (1981). Work stress and social support. Reading, MA: Addison Wesley.

Hsu, L. K. G. (1991). Outcome studies in patients with eating disorders. In S. M. Kirin, J. T.Gossett, & M. C. Gron (Eds.), Psychiatric treatment: Advances in outcome research (pp. 159-180). Washington, DC: American Psychiatric Press.

Hymes, D. (1962). The ethnography of speaking. In T. Gladwin & W. Sturtevant (Eds.), Anthropology and human behavior (pp. 13-53). Washington, DC: Anthropological Society of Washington.

Hymes, D. (1972). Models of interaction of language and social life. In J. Gumperz & D. Hymes (Eds.), Directions in sociolinguistics: The ethnography of communication (pp. 35-71). New York: Holt, Rinehart & Winston.

Jefferson, G. (1988). On the sequential organization of troubles-talk in ordinary conversations. Social Problems, 35, 418-441.

Jefferson, G., & Lee, J. R. E. (1992). The rejection of advice: Managing the problematic convergence of a "troubles-telling" and a "service-encounter." In P. Drew & J. Heritage (Eds.), Talk at work (pp. 51-571). Cambridge, Great Britain: Cambridge University Press.

Katriel, T., & Philipsen, G. (1990). "What we need is communication": "Communication" as a cultural category in some American speech. In D. Carbaugh (Ed.), Cultural communication and intercultural contact (pp. 77-97). Hillsale, NJ:

Lawrence Erlbaum & Associates.

Keller, M. B., Herzog, D. B., Lavori, P. W., Bradburn. I. S., & Mahoney, E. M. (1992). International Journal of Eating Disorders, 13, 1-9.

Kiesler, S., Siegel, J., & McGuire, T. W. (1984). Social psychological aspects of computer-mediated communication. American Psychologist, 39, 1123-1134.

Killilea, M. (1976). Mutual help organizations: Interpretations in the literature. In G. Caplan & M. Killilea (Eds.), Support systems and mutual help. New York: Grune & Stratton.

Kim, M., & Bresnahan, M. (1994). A process model of request tactic evaluation. Discourse Processes, 18, 344-371.

Krahn, D. D. (1991). The relationship of eating disorders and substance abuse. Journal of Substance Abuse, 3, 239-253.

Labov, W., & Fanshel, D. (1977). Therapeutic Discourse. New York: Academic Press.

Lea, M., & Spears, R. (1995). Love at first byte? Building personal relationships over computer networks. In J. T. Wood & S. Duck (Eds.), Understudied relationships: Off the beaten track (pp. 197-233). Newbury Park, CA: Sage.

Leatham, G., & Duck, S. (1990). Conversations with friends and the dynamics of social support. In S. Duck & R. C. Silver (Eds.), Personal relationships and social support (pp, 1-29). Newbury Park, CA: Sage.

Levinson, S. C. (1983). Pragmatics. Cambridge, London: Cambridge University Press.

Matheson, K. (1991). Social cues in computer-mediated negotiations: Gender makes a difference. Computers in Human Behavior, 7, 137-145.

Matheson, K., & Zanna, M. P. (1988). The impact of computer-mediated communication on self-awareness. Computers in Human Behavior, 4, 221-233.

McCormick, N. B., & McCormick, J. W. (1992). Computer friends and foes:

Content of undergraduates' electronic mail. Computers in Human Behavior, 8, 379-405.

Miller, G., & Silverman, D. (1995). Troubles talk and counseling discourse: A comparative study. The Sociological Quarterly, 36, 725-747.

Moss, G. E. (1973). Illness, immunity, and social interaction. New York: John Wiley.

Myers, P. N., & Biocca, F. A. (1992). The elastic body image: The effect of television advertising and programming on body image distortions in young women. Journal of Communication, 42(3), 108-133.

Negroponte, N. (1995). Being digital. New York: Alfred A. Knopf.

Neuman, P., & Halvorson, P. (1983). Anorexia nervosa and bulimia: A handbook for counselors and therapists. New York: Reinhold.

Ogan, C. (1993). Listserver communication during the Gulf War: What kind of medium is the electronic bulleting board? Journal of Broadcasting and Electronic Media, 37, 177-196.

O'Keefe, B, & Delia, J. (1984). Psychological and interactional dimensions of communicative development. In H. Giles & R. St. Clair (Eds.), Recent advances in language, communication, and social psychology (pp. 41-85). London: Lawrence Erlbaum.

O'Keefe, B., Delia, J., & O'Keefe, D. (1980). Interaction analysis and the organization of interaction. In N. Denzin (Ed.), Studies in symbolic interaction (vol. 3, pp. 25-57). Greenwich, CT: JAI Press.

Parks, M. R., & Adelman, M. B. (1983). Communication networks and the development of romantic relationships: An expansion of uncertainty reduction theory. Human Communication Research, 10, 55-79.

Parks, M. R., & Floyd, K. (1996). Making friends in cyberspace. Journal of Communication, 46, 80-97.

Pearson, R. E. (1990). Counseling and social support. Newbury Park, CA: Sage.

Perrine, R. M. (1993). On being supportive: The emotional consequences of

listening to another's distress. Journal of Social and Personal Relationships, 10, 371-384.

Philipsen, G. (1975). Speaking "like a man" in Teamsterville: Culture patterns of role enactment in an urban neighborhood. Quarterly Journal of Speech, 61, 13-22.

Philipsen, G. (1976). Places for speaking in Teamsterville. Quarterly Journal of Speech, 62, 15-25.

Philipsen, G. (1986). Mayor Daley's council speech: A cultural analysis. Quarterly Journal of Speech, 72, 247-260.

Philipsen, G. (1990). Reflections on speaking "like a man" in Teamsterville. In D. Carbaugh (Ed.), Cultural communication and intercultural contact (pp. 21-26). Hillsdale, NJ: Lawrence Erlbaum & Associates.

Pierce, G. R. (1994). The quality of relationships inventory: Assessing the interpersonal context of social support. In B. R. Burleson, T. L. Albrecht, & I. G. Sarason (Eds.), Communication of social support (pp. 91-112). Thousand Oaks, CA: Sage Publications.

Pierce, G., Sarason, I., & Sarason, B. (1990). Integrating social support perspectives: Working models, personal relationships, and situational factors. In S. Duck & R. Silver (Eds.), Personal relationships and social support (pp. 173-189). London: Sage Publishers.

Pierce, G. R., Sarason, I. G., & Sarason, B. R. (1991). General and relationship-based oerceptions of soscial support: Are two constructs better than one? Journal of Personality and Social Psychology, 61, 1028-1039.

Pierce, G. R., Sarason, B. R., & Sarason, I. G. (1992). General and specific support expectations and stress as predictors of perceived supportiveness: An experimental study. Journal of Personality and Social Psychology, 63, 297-307.

Pipher, M. (1995). Hunger Pains. Holbrook, MA: Adams Publishing.

Quarterman, J. S., & Carl-Mitchell, S. (1993). The computing paradigm shift. Journal of Organizational Computing, 3, 31-50.

Reid, E. M. (1991). Electropolis: Communication and community on Internet Relay Chat. Unpublished thesis, Department of History, University of Melbourne. [Rpt. Online]. Available gopher: gopher.cltr.uq.oz.au Directory: ftp/pub/irc/docs/papers/theses/elizabeth reid File: electropolis.txt

Revenson, T. R. (1990). Social support processes among chronically ill elders: Patient and provider perspectives. In H. Giles, N. Coupland, & J. M. Wieman (Eds.). Communication, health and the elderly (pp. 92-113). Manchester, UK: University of Manchester Press.

Revenson, T. A., & Majerovitz, D. (1990). Souses' support provision to chronically ill patients. Journal of Social and Personal Relationships, 7, 575-586.

Rice, R. E., & Love, G. (1987). Electronic emotion. Communication Research, 14, 85-108.

Richter, S. S., Brown, S. A., & Mott, M. A. (1991). The impact of social support and self-esteem on adolescent substance abuse treatment outcome. Journal of Substance Abuse, 3, 371-385.

Rosen, S. (1983). Perceived inadequacy and help-seeking. In B. DePaulo, A. Nadler, & J. D. Fisher (Eds.), New Directions in Helping, Vol. 2 (pp. 73-107), New York: Academic Press.

Sarason, I. G., Levine, H. M., Basham, R. B., & Sarason, B. R. (1983). Assessing social support: The social support questionnaire. Journal of Personality and Social Psychology, 44, 127-139.

Sarason, I. G., & Sarason, B. R. (1986). Experimentally provided social support. Journal of Personality and Social Psychology, 50, 1222-1225.

Sarason, B. R., Sarason, I. G., & Pierce, G. R. (1990a). Social support: An interactional view. New York: Wiley.

Sarason, B. R., Sarason, I. G., & Pierce, G. R. (1990b). Traditional views of social support and their impact on assessment. In B. R. Sarason, I. G. Sarason, & G. R. Pierce (Eds.), Social support: An interactional view (pp. 9-25). New York: John Wiley.

Sarason, I. G., Sarason, B. R., & Pierce, G. R. (1994). Relationship-specific social support. In B. R. Burleson, T. L. Albrecht, & I. G. Sarason (Eds.),

Communication of social support (pp. 91-112). Thousand Oaks, CA: Sage Publications.

Sarason, I. G., Sarason, B. R., & Shearin, E. N. (1996). Social support as an individual difference variable: Its stability, origins, and relational aspects. Journal of Personality and Social Psychology, 50, 845-855.

Schopler, J. H., & Galinsky, M. J. (1993). Support groups as open systems: A model for practice and research. Health and Social Work, 18, 195-207.

Scott, D. (Ed.). (1988). Anorexia and bulimia: Practical approaches. Washington Square, NY: New York University Press.

Short, J., Williams, E., & Christie, B. (1976). The social psychology of telecommunication. London: Wiley.

Smith-Dupre', A. A. (1995). Joking around in health care settings: A multimethod analysis of humor as a communication technique. Unpublished dissertation, University of Oklahoma, Norman.

Spears, R., & Lea, M. (1994). Panacea or Panoption? Communication Research, 21, 427-459.

Spradley, J. P. (1979). The ethnographic interview. New York: Holt, Rinehart and Winston.

Sproull, L., & Kiesler, S. (1986). Reducing social context cues: Electronic mail in organizational communication. Management Science, 32, 1492-1512.

Strangelove, M. (1994, September). The internet, electric gaia and the rise of the uncensored self. Computer-Mediated Communication Magazine [Online serial], 1(5). Available: http://sunsite.unc.edu/cmc/mag/1994/sep/self.html.

Strauss, A., & Corbin, J. (1990). Basics of qualitative research: Grounded theory procedures and techniques. Newbury Park, CA: Sage.

Strauss, A., & Corbin, J. (1994). Grounded theory methodology. In N. K. Denzin & Y. S. Lincoln (Eds.), Handbook of Qualitative Research (pp. 273-285). Thousand Oaks, CA: Sage.

Thienemann, M., & Steiner, H. (1993). Family environment of eating disordered and depressed adolescents. International Journal of Eating Disorders, 14, 43-48.

Thoits, P. A. (1985). Social support and psychological well-being: Theoretical possibilities. In I. G Sarason & B. R. Sarason (Eds.) Social support: Theory, research and applications (pp. 51-72). Dordecht, Germany: Martinus Nijhoff.

Vanderlinden, J., Vandereycken, W., van Dyke, R., & Vertommen, H. (1993). Dissociative experiences and trauma in eating disorders. International Journal of Eating Disorders, 13, 187-193.

VanMaanen, J. (1988). Tales of the field. Chicago. IL: University of Chicago Press.

Walther, J. B. (1996). Computer-mediated communication: Impersonal, interpersonal, and hyperpersonal interaction. Communication Research, 23, 3-43.

Walther, J. B. (1994). Anticipated ongoing interaction versus channel effects on relational communication in computer-mediated interaction. Communication Research, 20, 473-501.

Walther, J. B. (1993). Impression development in computer-mediated interaction. Western Journal of Communication, 57, 381-398.

Walther, J. B. (1992). Anticipate Interpersonal effects in computer-mediated interaction. Communication Research, 19, 52-90.

Walther, J. B., Anderson, J. F., & Park, D. W. (1994). Interpersonal effects in computer-mediated interaction. Communication Research, 21, 460-487.

Walther, J. B., & Burgoon, J. K. (1992). Relational communication in computer-mediated interaction. Human Communication Research, 19, 50-88.

Weinberg, N., Schmale, J. D., Uken, J., & Wessel, K. (1995). Computer-mediated support groups. Social Work with Groups, 17, 43-54.

Wieder, D. L., & Pratt, S. (1990). On being a recognizable Indian among Indians. In D. Carbaugh (Ed.), Cultural Communication and intercultural contact (pp.

45-64). Hillsdale, NJ: Lawrence Erlbaum & Associates.

Wilkins, H. (1991). Computer talk: Long-distance conversations by computer. Written Communication, 8, 56-78.

Winstead, B. A., Derlega, V. J., Lewis, R. J., Sanchez-Hucles, J., & Clarke, E. (1992). Friendship, social interaction, and coping with stress. Communication Research, 19, 193-211.

Wooley, S., & Kearney-Cooke, A. (1986). Intensive treatment of bulimia and body-image disturbance. In K. D. Brownell & J. P. Foreyt (Eds.), Handbook of eating disorders: Physiology, psychology and treatment of obesity, anorexia and bulimia (pp. 476-502). New York: Basic Books.

Yates, A. (1990). Current perspectives on the eating disorders: Treatment, outcome, and research directions. Journal of the American Academy of Child and Adolescent Psychiatry, 29, 1-9.

Zerbe, K. J. (1992). Eating disorders in the 1990's: Clinical challenges and treatment implications. Bulletin of the Menninger Clinic, 56, 167-187.

Zimmerman, S. & Applegate, J. L. (1994). Communicating social support in organizations. In B. R. Burleson, T. L. Albrecht, & I. G. Sarason (Eds.), Communication of social support, (pp. 50-70).Thousand Oaks, CA: Sage.

Endnotes

[1] Throughtout excerpts from the alt.support.eating-disord news group, frequent mistakes in spelling and grammar will appear. These excerpts, mistakes and all, have been copied directly from the news group as they appear to the other participants.

[2] Each prefix (alt., soc., rec.) represents various types or categories of news groups. The rec. prefix denotes groups devoted to recreational activities, the soc. prefix refers to social news groups, and the alt. prefix refers to alternative groups and includes a multitude of different topic areas.

[3] Since the nonverbal behaviors of participants cannot be seen when communicating via CMC, a nonverbal equivalent has been created. Users utilize emoticons or punctuation marks to create the effect of a smile [:-)], a frown [:( ], a person sticking out his or her tongue [:P], a person wearing glasses [8)], etc. (To see the expression, simply turn the page clockwise one quarter page). Other nonverbal expressions are set off parenthetically, bracketed or set off in another manner (<TRIPLE HUG>). Paravocal expression might be indicated by using all capital letters to indicate yelling or screaming, or may be indicated parenthetically (said with a quivering voice). All of these conventions have been adopted to make up for the lack channels that occurs when communicating via computer. Other common nonverbal short cuts include: IMHO meaning "in my humble opinion"; ROTFL meaning "rolling on the floor laughing"; LOL meaning "laughing out loud"; and ((())) or {{{}}} indicating hugs.

[4] Most programs do not allow users to underline text. To compromise for the lack of underlining, users will use an underscore mark just before and just after a word or phrase to indicate that the word or phrase is to be underlined and read with emphasis.

[5] A sig file is a shortened term for signature file. Individuals often create some sort of an identification that appears at the end of all of their emails and all of their posts in news groups. Often a signature file will include information such as the person's name, professional organization, and email address. Some people also personalize signature files by including quotes or pictures created using keyboard characters.

[6] <g> is an abbreviation indicating that the individual writing the post is grinning.

[7] FAQ stands for "Frequently Asked Questions." Many news groups have files

known as Frequently Asked Questions that contain both the questions and answer to the questions most commonly asked in that forum. The purpose of such files is to provide people with basic information without having the same questions repeatedly coming up in the news group. Rereading and answering the same questions and answers over and over again becomes time consuming and frustrating to regular forum participants.

[8] The names in this study have not been changed, but the times, dates, and points of origin have been omitted from the data set, as they are not necessary to the understanding of this analysis. Excerpts were chosen in the order in which they appear. A sufficient number of examples are presented to elucidate the phenomena. More examples exist in the data set that are not presented in this paper.

Table 1

Assumptions and Proposition of Social Information Processing

Assumptions:

1. Humans affiliate. They use communication to affect the ways they affiliate, and these messages constitute relational communication.
2. The development of an interpersonal impression of another person is based on the information one gets via nonverbal or verbal-textual channels over the course of several interactions.
3. Developmental change in relational communication will depend on forming an interpersonal impression of another interactant.
4. Relational messages are transmitted (i.e., encoded and decoded) by nonverbal or verbal, linguistic, and textual manipulations.
5. In computer-mediated communication (CMC), messages take longer to process than do those sent face-to-face.

Propositions:

1. Based on Assumptions 2 and 5, the development of interpersonal impressions among previously unacquainted interactants requires more time in CMC than in face-to-face interactions.
2. Based on Assumptions 2 and 5, personalized communication (based on interpersonal knowledge of others) takes longer to emerge in CMC than in face-to-face interactions.
3. Based on Assumptions 3 and 4, relational communication changes as the number of exchanges increases.
4. Based on Assumptions 3 and 5 and Proposition 1, relational communication in initial interactions is different from that in later interactions.
5. Changes in relational communication will take longer to accrue in CMC than in face-to-face interactions.
6. Based on Assumptions 1 through 5, given sufficient time and message exchanges for interpersonal impression formation and relational development to accrue, and all other things being equal, relational valences in later periods of CMC and face-to-face communication will be the same.

(As taken from Walther, 1992)