The Use of Online Communities for Mental Health Disorders:

A Qualitative Case Study

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Abstract

The Internet has become an important platform for individuals to gain information and support regarding health-related issues. This qualitative case study examines the interactions among members within the specific online community *healthyplace.com* to determine how exactly people make use of health-related online forums and the types of interactions that take place within them. The study was performed and interpreted using Erving Goffman's theory and perspective on human interaction among stigmatized individuals within the modern setting of Internet forums. The analysis of 52 forum posts and 234 forum replies throughout a two-year period are examined to determine common perceptions of depression and self that are present in the discussion forum. By applying Goffman's dramaturgical perspective to the interpretation of the forum, an understanding of how individuals engaged in these online support communities as well as the motivation for these members was developed. This study contributes to the research of CMC for the purpose of health communication.

Keywords: online communities, online support, computer-mediated communication (CMC), community, mental illness, depression, self, identity, stigma, dramaturgical analysis, Goffman.

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Depression is a condition of the brain and nervous system that causes a loss of both pleasure and interest in life, and is most commonly characterized by sadness, pessimism and hopeless (Burgess, 2009, p.2). However depression is more than just a change in emotion but rather "a medical illness with physical symptoms such as disturbed sleep, loss of appetite, change in weight, decreased energy, slowness, and difficulty focusing" (Burgess, 2009, p.2). Every episode of depression, since it alters the biochemistry of your brain, aggravates the illness. Thoughts are slowed, concentration becomes impaired and intrusive thoughts become more frequent (Burgess, 2009, p.4). Health Canada estimates that 11% of men and 16% of women in Canada will experience major depression in the course of their lives (Health Canada, 2009), however these figures could be underestimating the severity of the illness, as many are reluctance to seek medical treatment. After each episode of depression, the chance of it reoccurring within the year increases by fifty percent (Burgess, 2009, p.5) and 15% of those suffering will attempt suicide (Burgess, 2009, p.7).

Individuals are using the technologies and resources available to them while maintaining the anonymity of their mental illness to gain information and support as well as share their knowledge and resources with others suffering from a similar condition. "The popular imagination has been captured by the possibility that people can use digital tools to reorganize segments of society. A revolution in health care is running along a parallel track, mixing people's instincts to share knowledge with the social media that make it easy, creating what might be called "peer-to-peer healthcare" (Pew Internet,

2011, p. 6). A study conducted to follow internet patterns within 2012 found 59% of U.S. adults have looked online for general health information and 35% say they have used the internet to diagnose what medical condition they or another may have (Pew Internet, 2013, p.4). Among these online self-diagnosers, 16% have furthermore tried to find others with similar health concerns. This number is increased to 32% when examining individuals with chronic or less common health problems, assuming individuals are trying to discover their new identity within the new role of this illness (Pew Internet, 2013, p.5). In an effort to find others, eight percent of Internet users have posted a health-related question online or shared their own personal health experience, of those:

- 40% posted a comment or story about their personal health experience
- 19% posted a specific health related question
- 38% posted both.

(Pew Internet, 2013, p.19)

Purpose of Study

The purpose of this qualitative case study is to discover the interactions that take place among those suffering with mental health disorders as the possibilities of communication received through online discussion groups. In the context of this research the online community in study is healthyplace.com as it is the largest, publicly available consumer mental health community with an active social support network for over twenty-five thousand members.

As still today there is a strong societal stigma and shame surrounding those suffering from mental health disorders (Parr, 2008, p. x), online communities provide for an outlet in which members can maintain their anonymity yet still encourage the participation of an open discussion among other members suffering with a similar issue. Healthy Place offers individuals with information on psychological disorders, psychiatric

medications and alternative mental health treatments. HealthyPlace.com is divided into various communities, representing major psychological interests and uses multiple media strategies to target the specific support individuals need through open forum content, professional and participant blogging and online psychological testing (Healthy Place, 2012). Scholars have always wondered “What kinds of cultures emerge when you remove from human discourse all cultural artifacts except written words” (Rheingold, 2000, p. 182), therefore by examining the participation within the depression forum on healthyplace.com this study will seek to understand what is being communicated through online mental health discussion boards.

Research Questions

This paper seeks to examine the following research questions:

1: What is being communicated within healthyplace.com and what prevalent themes arise?

2: How is Goffman’s dramaturgical perspective applicable to the depression forum on healthyplace.com?

Theoretical Perspectives

The use of theory will aid in discovering and translating meaning behind the discussion forum and community. For the purposes of this research report, this study will examine the online community *healthyplace.com* through Erving Goffman’s theoretical framework of symbolic interaction theory and his concepts of stigma and self-presentation to understand and analyze the interactions and relationships that are developed between members of this online community. Goffman’s concept of dramaturgical analysis and interaction will become research tools to be able to clearly and systematically understand and interpret the interactions between members, the

dynamics and roles that develop within the community as well as the possibility of backstage interaction among members. Participants will be coded in terms defined by Goffman as *discredited, discreditable, wise and unknown* in order for interpretations to be made on their motivations, contributions and behaviours within the forum. These codes will help determine how the perception of members' identities with depression creates different perspectives and contributions throughout the forum. These codes will also help examine how Goffman's theory of dramaturgical analysis and interaction holds relevance within a modern setting of Internet forums. My research furthermore hopes to explore whether through computer-mediated engagements, individuals can participate in backstage behaviour comparative to that of Goffman's analysis through face-to-face interactions.

Structure of Research Paper

Chapter two examines the research methodology employed in the study. In particular, the study's research design, data collection methods, analysis and validation strategies are discussed.

Chapter three outlines the review of literature on Interaction Theory, focusing primarily on Erving Goffman's Dramaturgical Analysis. Central concepts include the affects of stigma on interaction, the face, impression management and control through performance, team and the conflict of actual and virtual social identity. Further literature was examined on the ability of computer-mediated communications, virtual communities and overall understanding on depression as a foundation for the study.

Chapter four provides the results of the study, which are based on the findings from 52 forum posts and 234 post responses within healthyplace.com depression forum.

The results include prevalent themes such as: goals and motivations of the virtual community, member participation and contribution, information exchange and support as well as social conventions and language.

Chapter five discusses the findings relative to key themes as well as the relevance of the findings to the literature review covered in this paper. Furthermore how the results contribute to Erving Goffman's theory of dramaturgical analysis and how its application within a non face-to-face context was applicable.

Chapter six summarizes the main themes and concepts addressed in the research paper with a discussion on the two research questions in focus: What is being communicated within healthyplace.com and what prevalent themes arise? How is Goffman's dramaturgical perspective applicable to the depression forum on healthyplace.com? Also the significance and contribution to theory and research of this study are discussed as well as the limitations of the study and future directions for research.

Chapter 2: Method

This chapter provides an overview of the method used in this qualitative case study, including research design, data collection, and data analysis. During this discussion, I consider the appropriateness of a content analysis for this research, as well as the value of Goffman's dramaturgical analysis in interpreting the interactions online. Validation strategies and ethical considerations are also covered.

Research Design

This study was designed as a qualitative case study, as it is an empirical inquiry that tries to illuminate a *decision [individual, event, organization]* or set of decisions

[individuals, events, organizations]; why they were taken, how they were implemented, and with what result (Schramm, 1971). Therefore this research design was adopted, as it was most appropriate in examining and understanding the interactions among individuals in the specific context of this online community. Case study research investigates "a contemporary phenomenon within its real-life context" and addresses a situation in which the "boundaries between phenomenon and context are not clearly evident" (Yin, 2009, p. 18). Case studies can be "tailor made" (Hartley, 1994): as the methodology is very flexible, the researcher is "open to the use of theory or conceptual categories that guide the research and analysis of data" (Meyer, 2001 p. 331).

Therefore as this qualitative case study seeks to interpret the interactions and exchanges among members in *healthyplace.com* depression forum, two methods were adopted in order to ensure conclusive results for the study: a content analysis of participant posts on healthyplace.com and an integrative research review of literature and theory regarding interaction, online communities and depression. Content analysis is defined as a systematic way for understanding, categorizing and describing a message's content (Content Analysis, 2009, in Barber 2010). Content Analysis investigates "texts of existing documents, broadly defined, to reach conclusions about the thinking, methods, or objectives of the people or organizations that created those documents" (Content Analysis, 2009, in Barber 2010). The interpretation and analysis of these messages are developed through two independent domains: the text and the context. As stated by White and Marsh, "The researcher uses analytical constructs, or rules of inference, to move from the text to the answers to the research questions. The two domains, the texts and the context, are logically independent, and the researcher draws conclusions from one

independent domain (the texts) to the other (the context)" (White & Marsh, 2006, p.27). These analytical constructs may be obtained by (1) existing theories or practices; (2) the experience or knowledge of experts; and (3) previous research, in order to draw conclusions about the communicator, the message or text, the situation surrounding its creation and/or the effect of the message (White & Marsh, 2006). Therefore this research will use the existing theory of Goffman's presentation of self and stigma (the context) to draw conclusions on the interactions and dialogue (the texts) among members within healthyplace.com depression forum.

Furthermore a systematic and integrative review of existing literature was conducted on virtual communities and individuals suffering from mental health issues. Literature reviews attempt "(a) to integrate what others have done and said, (b) to criticize previous scholarly works, (c) to build bridges between related topic areas, and/or (d) to identity the central issues in a field" (Cooper, 2009, p.4). Through existing literature a theoretical research design was adopted with the application of Erving Goffman's symbolic interaction theories, more precisely using dramaturgical analysis. The dramaturgical analysis was utilized to develop the foundation for understanding the roles and relationships of members in online communities and the involvement and exchanges that take place through this performance of interaction. Furthermore this theory clearly defines the forum as a "back stage" region where individual's interactions and behaviours can be analyzed and interpreted as such. "The need to extend the analysis of individual research studies beyond the domain of conceptualizing individual experience and to incorporate within that analysis an understanding of larger contextual issues such as dominant health system beliefs and ideologies" (Paterson et al, 2001, p.4).

Data Collection Methods & Analysis

Although Creswell suggests the starting point for data collection is locating the site or individual (Creswell, J. W., 2007, p. 119), in the case of content analysis the process begins by retrieving and identifying pre-existing data that holds as valuable resource to the study. This data was collected through the observations and interactions of the specific online community *healthyplace.com* surrounding the topic of depression. This data is expressed by Neuendorf as “typology of texts” in which “takes into consideration the number of participants and/or setting for the message: individual messaging, interpersonal and group messaging, and mass messaging” (White & Marsh, 2006, p.28).

Data was collected by examining 52 forum posts and 234 forum replies found within the depression forum on healthyplace.com/forum/depression/depression-forum/. As healthyplace.com has clearly defined forums catering to different mental health issues, no content was filtered within the depression forum data analyzed. The 52 forum posts are within chronological order, over the course of two years, from the start of the forum in January 2011 until December 2012. Field notes were taken and analyzed as well as the use of a researcher journal to accurately interpret the behaviours and activities of individuals participating in this online support group. There is no criteria on the filtering of content analysis, however “exclusion of content is done according to consistently applied criteria of selection; this requirement eliminates analysis in which only material supporting the investigator’s hypotheses are examined” (Eid, 2007, p.250).

Data was furthermore collected through the use of primary scholarly sources such as peer-reviewed articles to provide theoretical framework and background on the

developments in the field of mental health and communication. The inclusive criteria used for this study consisted of 28 peer-reviewed journal articles published between 1980 and 2012, with the exclusion of theory articles. In order to stay current in the field of online communities, the exclusion of journal articles regarding computer mediated communication and online communities prior to 1980 was necessary. Methods for collecting data and empirical studies was conducted through searches by both the library as well as online literature databases using the University of Ottawa's library network (such as Communication & Mass Media Complete, EBSCOhost, etc) with search titles including keywords 'mental health' OR 'depression', AND 'virtual communities', 'online support', 'online performance' and 'online identity'. Sources cited in the reference pages of the initial searches have furthermore been consulted when within the field of study.

Once data was collected through multiple methods, its analysis involved "working with data, organizing it, breaking it into manageable units, synthesizing it, searching for patterns, discovering what is important and what is to be learned, and deciding what you will tell others" (Bogdan & Biklen, 1982 p. 145). Therefore once the content was retrieved, coded into common themes and interpreted, conclusions were developed towards the understanding and influence of virtual communities on those suffering with mental health disorders.

Validation Strategies

The data was collected through multiple methods: content analysis and an integrative research review. This allowed for results to be more concrete in their findings. However, in order to scientifically ensure reliability and validity of the study,

Krippendorff provides a checklist and suggests, “a content analysis is valid if the inferences drawn from the available texts withstand the test of independently available evidence, of new observations, of competing theories or interpretations, or of being able to inform successful actions” (Krippendorff, 2004, p. 313). These criteria are used to ensure the trustworthiness of the study. Content analysis is a method dependent on interpretations, and the use of face validity is a strategy for validation:

> “The reason content analysts rely on face validity perhaps more than do researcher who use other methods of inquiry is that content analysis is fundamentally concerned with reading of texts, with what symbols mean, and with how images are seen, all of which are largely rooted in common sense, in the shared culture in which such interpretations are made, which is difficult to measure but often highly reliable at a particular time”
>
> (Krippendorff, 2004, p. 313)

In order to ensure external validation, Barber suggests a few considerations when dealing with content analysis; a random sample must be presented, the measurements of content must be accurate (e.g. are you analyzing the content as it is intended to be viewed), all content must be reported therefore allowing future researchers to replicate the study, and finally the incorporation of all procedures and methodology must be included (Barber, 2010).

The process of triangulation was also conducted in order to provide the most relevant research literature to defend the study by “corroborating evidence from different sources to shed light on a theme or perspective” (Creswell, 2007, p.208). More specifically data analysis triangulation was performed through the use of multiple methods, a content analysis and theoretical perspective, while analyzing the same set of data. This process increases the in-depth and understanding of the phenomenon under

investigation while adding validity and completeness to the study (as well as facilitates other researcher in recreating the study) (Hussein, 2009, p. 3&4).

"Qualitative research from an insider perspective has been rather problematic in this regard, in that a range of methods, researcher roles, and interpretive lenses have been used to study health and illness phenomena. This issue is further complicated by some rather significant contractions in the interpretation of findings by various qualitative researchers" (Paterson et al, 2001, p.3). Therefore while being aware of the contradictions of the literature in the field, the researcher must develop multiple viewpoints. This has allowed the study to gain a more accurate and credible understanding of the topic of interest, as a variety of sources of information, studies, individuals and processes of data collection all further validate the thesis.

Ethical Considerations

As all content on healthyplace.com is of public access, without any membership or login necessary, no specific ethical consideration were needed. Members are aware when posting on healthy.com depression forum that they are posting for a public audience. All members in analysis did not have their given names as member identification and their identity remains anonymous in this forum and in the study.

Chapter 3: Literature Review

This chapter reviews the literature on the theory applied in this research paper: Erving Goffman's Interaction Theory and Dramaturgical Analysis. The literature review examines the theory in detail defining Goffman's terms of stigma, face, performance, team and social identity, all concepts used as interpretation and analysis of the virtual community healthyplace.com. Also, the literature review covers the history and commodification of depression, the impact and possibilities of computer-mediated communication as well as its ability to generate better communication and a sense of community online.

Defining Depression

The stigmatization surrounding mental health is nothing new, in the nineteenth-century western mentality was to segregate the 'mad' in isolated asylums while being labeled as ill and dangerous (Parr, 2008, p. x). Although the number of those suffering from mental health disorders such as depression is growing, the stigmatization surrounding the illness is not diminishing. With the help of previous research by peer-reviewed articles, a general understanding was developed on how those suffering from mental health issues (more specifically those suffering from depression) seek community acceptance online and what support they are receiving.

Although each individual experiences depression differently, a unanimous definition of depression must be defined in order to develop a better understanding of the social issue being examined. There are several different forms of depression disorder: *Major Depression*, characterized by multiple symptoms (listed below) that prevent an individual from functioning normally, by interfering with a person's ability to "work, sleep, study,

eat and enjoy once pleasurable activities" (National Institute for Mental Health, 2011); *Dystheymic Disorder*, characterized by the persistent of long-term symptoms however not severe enough to disable an individual; *Minor Depression*, characterized as the experience of symptoms of depression for 2 weeks or longer however not meeting full criteria for major depression; and lastly *Manic-Depressive Illness*, the least common, yet most severe depression, resulting in cycling mood changes from severe highs to extreme lows (NIMH, 2011). Symptoms of depression include:

- Persistent sad, anxious, or "empty" feelings
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness, or helplessness
- Irritability, restlessness
- Loss of interest in activities or hobbies once pleasurable, including sex
- Fatigue and decreased energy
- Difficulty concentrating, remembering details, and making decisions
- Insomnia, early-morning wakefulness, or excessive sleeping
- Overeating, or appetite loss
- Thoughts of suicide, suicide attempts
- Aches or pains, headaches, cramps, or digestive problems that do not ease even with treatment.

(NIMH, 2011)

However the Diagnostic and Statistical Manual of Mental Disorders also include: disruptive mood dysregulation disorder, major depressive disorder (including major depressive episode), persistent depressive disorder (dysthymia), premenstrual dysphoric disorder, substance/medication-induced depressive disorder, depressive disorder due to another medical condition, other specified depressive disorder, and unspecified depressive disorder. The DSM-5 highlights common symptoms of these disorders,

> "the presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function. What differs among them are issues of duration, timing, or presumed etiology. Major depressive disorder represents the classic condition in this group of disorders. It is characterized by discrete episodes of at least 2 weeks' duration (although most episodes last considerably longer) involving clear-cut changes in

> affect, cognition, and neurovegetative functions and inter-episode remissions. A diagnosis based on a single episode is possible, although the disorder is a recurrent one in the majority of cases"
>
> (American Psychiatric Association: DSM-5, 2013)

History of Depression

The works of both Christopher Lane (2007) and David Healy (2003) examine the cultural and societal evolution of normal behaviour into sickness. Furthermore David Healy investigates the history and commodification of depression while explaining the "lack of narrative" individuals are experiencing while interpreting depression. During the first eighty years of the twentieth century, few people were thought to suffer from depression and the majority of nervous states were considered as "anxiety disorders" (Healy, 2003, p.4). However the influence of Freud and other psychoanalysis's helped popularize the portrayal of this "anxiety disorder" and the existence of treatments such as drugs or talking therapies (Healy, 2003, p.4). Another influence to the progression of antidepressants was during the world wars when extreme environmental stress was thought to produce "nervous breakdowns" and was treated with sedatives (Healy, 2003, p.4). Opiates and alcohol being the sedative choice during the nineteenth century, and dexamphetamine and amylobarbitone appearing in the 1950's, all produced dramatic benefits for nerves and were all accessible treatments without medical intervention. However when critics began to question the dangers of tranquilizing on a mass scale, those invested in the production of antidepressants decided to shift their focus and priority from illness prevention and became better at "marketing drugs than at making them" (Healy, 2003, p. xiv).

The depression campaign was strategized to alert physicians of the economic burden that depression posed on health care when untreated as well as the promotion of

education strategies to detect and prevent depression. In 1961 a book titled *Recognizing the Depressed Patient* was published and distributed to fifty thousand physicians and health care providers with cases of suicide being used to shame physicians of the negligence of undiagnosed depression. However this new emphasis and sensitivity to depression provided no evidence that mass detection and treatment of depression have lowered suicide rates (Healy, 2003, p. 10) and although antidepressants have shown to be beneficial in the short term, with long term use they may aggravate the illness (Healy 2003, p.10).

Commodification of Depression

The mass creation and commodification of depression affects those who are not depressed but rather creating myths or "cultural facts" to live by (Healy 2003, p.xiv). Prior to the 1990s and the era of antidepressants, depression was all but unrecognized and an estimate of fifty to one hundred people per million were thought to suffer from what was then considered melancholia (Healy, 2003, p.2). However since the infiltration of 'diagnosed depression', current estimates claim that one hundred thousand people are affected per million, "a thousand fold increase" within a decade (Healy 2003, p.2).

Law expresses in *Big Pharma: Exposing the Global Healthcare Agenda* that the key to pharmaceutical sales is to promote "psychiatric sickness", it is in the advantage of the drug manufacturer's to "broaden the category as far as possible and make the borders as fuzzy as possible" (Law, 2006, p.64). However Law cites from John Horgan's *The Undiscovered Mind* that this broad spectrum created an active discord amongst medical professionals involved in diagnosing mental illness:

> "...what appears to be depression to one psychiatrist might be diagnosed by another as schizophrenia, manic depression, or just ordinary grief. Therapists disagree, to put it

> mildly, over how a given disorder should be defined and even over what should be considered a disorder." (Horgan cited in Law, 2006, p.65)

This disaccord caused a surge in the numbers of official disorders listed in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM). In 1980, the third volume, DSM-III, identified 106 mental disorders; the numbers escalated to more than 300 by the time the fourth volume, DSM-IV, was published in 1994 (Law, 2006, p.65).

David Karp found that "people's willingness to begin a drug treatment involves a host of complex considerations not the least of which is the ambiguity surrounding the causes of depression" (Karp, 1993, 1996, 2006 in Smardon, 2007, p.69). The works of both Smardon and Karp investigate the meaning of antidepressants in people's illness narratives. Both studies, based on retrospective narratives, found the introduction of direct to consumer (DTC) advertising of prescription drugs to the US market in 1997 has encouraged the formation of consumer cultures (with participants clearly possessing brand awareness) and societies openness to antidepressants (Smardon, 2007, p.70). Regina Smardon states, "The relationship between the production and the consumption of antidepressants has changed over time as their uses have broadened. Commodification makes the unique common" (2007, p. 68).

Smardon examines how individuals negotiate their sense of identity and their definition of depression through the narrative process, and furthermore how cultural stigma and commodification influence these narratives. Smardon explains that although the threat of stigma has receded since greater public awareness has developed of mental illness and antidepressant treatments, there is now a threat of the *commodification* of depression (Smardon, 2007, p.72). The cultural circulation and representation of

depression in the media is failing to provide rich and diverse illness narratives (Smardon, 2007, p.75.) "The commodification of mental illness involves the blurring of boundaries between discomforts of daily living and psychiatric symptomatology, suggesting that both can be remedied through mass-marketed products. Commodification of an illness can threaten a consumer's singular experience, suggesting that their pain and suffering is common and meaningless" (Smardon, 2007, p. 78). By conducting interviews Smardon was able to develop a sense of how depressed individuals form their own representation of depression and its treatment, as well as their self-representation within depression. "The need to present a coherent narrative about the self and about the world in general may partially explain the reactions or coping orientations that individuals employ in response to the threat of stigma" (Smardon, 2007, p.79), this often resulted in individuals shifting their frameworks for experiencing a sense of self, relative to how they had once portrayed depression (Smardon, 2007, p. 77).

Interaction Theory & Stigma

Goffman introduces the concept of *stigma,* originated by the Greeks, meant to refer to "bodily signs designed to expose something unusual and bad about the moral status of the signifier" (Goffman, 1963, p.1). As the Greeks relied strongly on visual aids the term was used to identify "a failing, a shortcoming, a handicap" (Goffman, 1963, p.3). Goffman furthermore defines different types of stigma: abominations of the body such as physical deformities, blemishes of individual character (homosexuality, mental disorder, addiction, imprisonment) and tribal stigma (race, nation and religion) (Goffman, 1963, p.4). However for the purposes of this specific research *stigma* will specifically be examined and associated by mental illness and depression. Goffman further identifies that

the term stigma can conceal two different perspectives: that of the discredited and discreditable. When the stigmatized individual assumes his stigma is evident or known about he is defined as *discredited,* his stigma affecting not only his behavior but also the behavior of others. Whereas an individual who believes his stigma has yet to be revealed is considered *discreditable* and the analysis of the stigma is concerned with the behaviors adopted by the individual to manage his identity: concealing and revealing of this information (Goffman, 1963, p. 4). While analyzing the interactions on *healthyplace.com*, these two specific classifications were considered as discredited and discreditable members create two very different types of discourse as they each hold different perspective on the way the individual lives and identifies with their depression.

Goffman attributes the creation of stigmas to the social construction of our society, expressing that "society establishes the means of categorizing persons and the complement of attributes felt to be ordinary and natural for members of each of these categories" (Goffman, 1963, p.2). These ordinary and natural attributes (i.e., personality characteristics and behavior) are considered an individuals *virtual social identity* however an individual possessing an attribute different from the determined norm is considered an *actual social identity* and therefore a stigma. As these stigmatized individuals are not fully accepted nor integrated into society they often seek support from the 'own' and the 'wise' as defined by Goffman (Goffman, 1963, p.19). The individuals 'own' are others who can understand the stigmatized as they share the same or similar stigma, "He will be told that he will have an easier time of it among "his own," and thus learn that the own he thought he possessed was the wrong one, and that this lesser own is really his" (Goffman, 1963, p.33). The 'wise' are individuals "whose special situation has made them

intimately privy to the secret life of the stigmatized individual and sympathetic with it, and who find themselves accorded a measure of acceptance" (Goffman, 1963, p.28) by eliminating the feelings of shame and embarrassment the stigmatized can receive support from the 'wise'.

Through this theoretical framework we understand as to why individuals may gravitate towards online communities such as *healthyplace.com*, as they are battling the conflict between their virtual and actual social identity and seek their 'own' (others suffering from depression) to help them make sense of this internal conflict as well as to find their new identity within society. Goffman explains that "the individual may attempt to induce the audience [members of the community] to judge him and the situation in a particular way, and he may seek this judgment as an ultimate end in itself, and yet he may not completely believe that he deserves the valuation of self which he asks for or that the impression of reality which he fosters is valid" (Goffman, 1959, p. 21) Therefore the online community allows individuals to identify themselves within the community and within the definition of depression, as they use the judgments and reactions of other members to value their role and to recreate their sense of self identity.

Interaction Theory & Face

In The Presentation of Self in Everyday Life, Goffman developed his framework by examining face-to-face interaction through the eye of theatrical performance, primarily among the unacquainted. "It is probably no mere historical accident that the word person, in its first meaning, is a mask. It is rather a recognition of the fact that everyone is always and everywhere, more or less consciously, playing a role… it is in these roles that we know each other; it is in these roles that we know ourselves"

(Goffman, 1959, p.19). The *face* is the mask that Goffman believes individuals use to guide the impressions we create by controlling our setting, appearance and manner. As performers we both knowingly “give” (verbal cues) and unwittingly “give off” (non-verbal cues) impressions in our theatrical performance of ourselves while the receiver forms and obtains information and interpretations about these impressions. "When an individual presents himself before others, his performance will tend to incorporate and exemplify the officially accredited values of the society, more so, in fact, than does his behavior as a whole" (Goffman, 1959, p.35). A successful performance is “molded and modified to fit into the understanding and expectations of the society in which it is presented” (Goffman, 1959, p.35) and furthermore “the performer chooses to ‘forgo or conceal action which is inconsistent with these standards” (Goffman, 1959, 41). In this study we will examine how the theory applies when individuals interact online without the restriction of *face* and furthermore how the interactions are guided and how impressions are made.

Author Walstorm furthermore develops the concept of the *face* while he seeks to understand why those suffering from mental health issues are drawn to participating in these online communities and how they contribute to these support groups. In his article *You know, Who’s the Thinnest?: Combating Surveillance and Creating Safety in Coping with Eating Disorders Online,* Walstorm drew heavily on Goffman’s concept of the face. This concept of face is defined as “Face refers to the potential risk at stake in all inter-action for being embarrassed or humiliated when our wants are not observed. Face shows our vulnerability as interactants, as it relates to our emotional investment in our interpersonal communications” (Walstorm, 2000, pg.764). The concept of face is

removed through computer-mediated interactions and Walstorm proves that therapeutic potential is developed through online forums for those battling with mental health disorders.

Interaction Theory & Dramaturgical Analysis

Goffman introduces the concept of *team* where individuals are united by common interest to manage impressions through co-operation, or what is defined as the "working consensus" (Goffman, 1959, p. 10). "A team is a grouping, but it is a grouping not in relation to a social structure or social organization but rather in relation to an interaction or series of interactions in which the relevant definition of the situation is maintained" (Goffman, 1959, p.104). As with individual interaction, individuals develop roles within a team in order to create a unified impression and identity of this team and its members. The *team* has the character of a "secret society" as members develop a mutual dependency linking teammates together in order to maintain a particular definition and overall impression of a situation (Goffman, 1959, p.105). "Each teammate is forced to rely on the good conduct and behavior of his fellows, and they, in turn, are forced to rely on him" (Goffman, 1959, p. 82). This member or *team* relationship is further supported by the fact that they share information about this performance exclusive only to its members.

> "Teammates, then, in proportion to the frequency with which they act as a team and the number of matters that fall within impressional protectiveness, tend to be bound by rights of what might be called "familiarity." Among teammates, the privilege of familiarity- which may constitute a kind of intimacy without warmth- need not be something of an organic kind, slowly developing with the passage of time spent together, but rather a formal relationship that is automatically extended and received as soon as the individual takes place on a team"

(Goffman, 1959, p.83).

For the purpose of this study we will interpret team as the members within healthyplace.com as their contribution to the community develops from their common interest in seeking support for depression but also from common self-identity, as how they identify with their depression.

As members contribute to the *healthyplace.com* forum, they are actively playing a role and participating in the performance of the community. As online communities lose the sense of physical embodiment, the identity of the performance is expressed through member's vocabulary, content and language, while "the goal of a performance is to reaffirm a community's shared moral values" (Goffman, 1959 in Robinson, 2007, p. 106). It is by examining these elements of this online performance that we can identify the expressions an individual has 'given' and 'given off' as well as begin to understand the implicit and explicit values of this particular online community (Robinson, 2007, p.106). By applying the dramaturgical approach it will aid in the analysis and interpretation of the interactions made within healthyplace.com. We can identify how individuals navigate their *face* throughout the online community while actively participating in a role as member in this forum. Furthermore, the mutual dependency created among members and how without face-to-face interaction but rather anonymity our performances are influenced.

Goffman examines how the role of regions or 'settings' can act as barriers to perception and can differentiate individual behavior and action. These two different regions allowing for individuals to present themselves as either "on" and in performance for their audience, defined as 'front stage' and "off" and out of performance, as defined

as ‘back stage’, typically out of bounds to members of the audience (Goffman, 1959, p. 112). Front stage takes place within any social setting around others when applying impression management tools by crafting the best representation of the self to others, in order to receive acceptance from our audience. It is once an individual leaves the ‘front stage’, no longer required to be this social environment and away from his audience that enters into ‘back stage’, therefore allowing individuals to transform any region into a backstage. It is within the *backstage* where impressions fostered by the performance are contradicted, “it is here that the capacity of a performance to express something beyond itself may be painstakingly fabricated; it is here that illusions and impressions are openly constructed” (Goffman, 1959, p.112).

In this study the online community will be examined through the theoretical lens of backstage, while interpreting individual’s interactions in this informal and natural manner. This online community or “virtual stage” allows for a front and backstage unimagined by Goffman. This virtual stage allows its participants a front stage that takes place anywhere else beyond the forum, in a real and physical setting. As well as a backstage, present within the interactions of the forum, allowing members with anonymity and the freedom of identity and impression management. It is by examining these online backstage interactions that the researcher can gain an authentic insight to how individuals experience and identify with their depression.

However Goffman expresses common limitations on backstage informality: where “each member of the team is likely to want to sustain the impression that he can be trusted with the secrets of the team, he is likely to want his teammates to think of him as a loyal, well-disciplined performer” (Goffman, 1959, p. 129-130). 2). These limitations

will be considered when examining the interactions within healthyplace.com as they can aid to understand the dynamics between the members within the online community and as well as be analyzed as potential elements in which members find support within this community.

Interactions Shared among Participants

Walther's study seeks to understand the effects of computer-mediated communication and whether they are a help or a hindrance. Walther introduces the idea of "hyperpersonal interactions" in which is a type of relationship in which communication is facilitated via computer-mediated environment. "Thus CMC [computer-mediated communication] provides, in some cases, opportunities for selective self-presentation, idealization and reciprocation. This renders hyperpersonal communication, forms of interaction that exceed what we may accomplish FtF [Face-to-face], in terms of our impression-generating and relational goals" (Walther, 1996, pg.28). Walthers findings conclude that CMC is hyperpersonal only when "users create impression and manage relationships in ways more positively than they might be to conduct FtF" (Walthers, 1996, pg.33). Therefore with the anonymity that allows those suffering from a mental illness to express themselves more openly, hyperpersonal relationship can be developed through CMC rather than FtF.

Another motivation for the drive towards computer-mediated communication is the belief that quality of life is heightened because people will connect together through commonality of interests and goals rather than by proximity and convenience. Authors Liklider and Taylor state that communication will be more effective and productive because of these tools and therefore become more enjoyable. They also believe that

> "Much communication and interaction will be with programs and programmed models, which will be (a) highly responsive; (b) supplementary to one's own capabilities, rather than competitive, and (c) capable of representing progressively more complex ideas without necessarily displaying all the levels of their structure at the same time- and which will therefore be both challenging and rewarding"
>
> (Liklider and Taylor, 1968, p.1)

Finally, as plenty of opportunities present themselves through the use of the Internet and the communication technologies included, individuals can enlighten themselves to the "whole world of information" (Liklider and Taylor, 1968).

Author Matei encourages this idea of 'better communication' as well, through the use of computer mediated technologies, as he feels these mediums foster a more "authentic and deeper social involvement, while being deeply egalitarian, individualistic, less prone to prejudice, and more emotionally satisfying" (Matei, 2005). He believes that communication technologies can generate communities because they eliminate social cues that are detected through face-to-face interactions that may hinder the process of communication, that is, "shedding all external signs of social differentiation and disposing of social and communicative conventions and codes (in speech, clothing, or manners) facilitates social equalization and self-realization" (Matei, 2005). Matei further believes that online communication technologies can break down the barriers of social isolation and a more powerful development on community can form through the online world.

In a recent empirical study by Derks et al (2008) they identified a more frequent and explicit emotional communication expressed between individuals through CMC when compared to F2F communication. Therefore proving a significant difference in the opportunities for individuals to emotionally express themselves in online support groups.

"CMC is therefore assumed to lead to fewer negative appraisals and thus to more overt and explicit negative emotions expression. This may results in more anger expressions, especially in more anonymous settings, but it also explains the success of Internet therapy and support lists, as individuals seem to feel less embarrassed or anxious to communicate their feelings" (Derks, et al, 2008, p. 15).

The comfort and support members receive through virtual communities is more beneficial for patients with mental illness as they develop a sense of inclusion and belonging that is less often received in the 'outside world'. The majority of people who regularly participate in online discussion forums claim, "I feel like I get better support online than I do in my everyday life, because the [online] community I am a part of is large but also very close-knit. I also have friends who I know online and in real life, and often find that we are better able to discuss certain issues as part of the community than we are able to face to face" (Parr, 2008, p. 144). The lack of face-to-face judgment and anonymity is what becomes so desirable for those seeking support online as they can share their experience and fears while maintaining control with their disclosure, "I love the barriers the screen presents. It makes socializing a bit easier" (Parr, 2008, p.150).

The barriers in which participants are breaking by using online communities as a tool to aid their communication with other mental health patients are no longer restricted geographically, emotionally and physically as they enter the virtual world (Parr, 2008, p. 142). "Virtual communities were declared beneficial for personal well-being, but also ascribed the power to subvert the stringent, deeply inscribed rules of social life (gender, ethnicity, sexuality, disability, etc)" (Stommel, 2009, p. 19). Thus, virtual communities were celebrated for their liberating and progressive potential.

Other notable benefits received through online communication are the ease of accessibility, as online communities engage 24-hours a day and 7 days a week, selective participation in reading and responding to messages, anonymity and privacy as well as immediate and/or delayed responses are appealing to participants seeking support. Moreover it is noted that writing allows thoughts to be formed more slowly and edited more carefully and that personal triumphs seem clearer and more powerful in the written word than in real life encounters (Stommel, 2009, p. 21). Although many theorists argue that these online relationships are intangible and not as gratifying as "in person" relationships, these 'weak ties' are proven not only to be beneficial but rather even more rewarding than relationships found in the 'real world'. Frequency, companionable contact, mutual reciprocity, supportiveness and longevity are all factors that enable online relationships to endure when they may otherwise deteriorate due to geographical distance (Stommel, 2009, p. 21).

The article *Resisting Alienation: The Social Construction of Internet Communities Supporting Eating Disorders*, applies the Symbolic Convergence Theory (SCT) as theoretical framework to investigate the interactions shared through these small-group communities. "SCT assumes that meaning, emotion, and motive for action are conveyed directly through in-group exchange, and through this exchange of views an explanation unique to the group develops. Individual meaning taken from stories, or *fantasies*, can thus converge by *chaining out* through the group to create a shared reality" (McCabe, 2009, pg.4). McCabe argues that when individuals exchange their personal experiences they shape the reality of the group and as members contribute their fantasies a sense of

shared reality emerges. Members collectively find acceptance through reinforcing like-minded attitudes and behaviours and a sense of community develops.

Empathy in Virtual Communities

In *Experiencing Empathy Online*, Preece questioned whether empathic communication was common online and how patient support communities' compare with other kinds of communities. One hundred online communities and 2,000 messages were selected in order to perform a content analysis with results indicating that 81% of all the communities contained some empathic messages. The study concluded that the focus of interest may be one factor that influences empathy in an online community as patient and emotional support communities were significantly more likely to provide members with empathic communication, "Seventy-eight percent of support communities have five or more empathic messages, whereas only 7% of the other communities have five or more empathic messages" (Preece, 2001, p. 246).

Preece expands her research in online communities in her later article *Etiquette, Empathy and Trust in Communities of Practice: Stepping-Stones to Social Capital* by shifting her focus to the practices of these communities and the norms and policies that manage them. Preece redefines these online communities as *Communities of Practice (CoP's).* Preece explains that these communities of practice develop and grow on the domain of knowledge. With a focus on encouraging members to share expertise "by telling stories and support by interacting to solve or help solve problems, gradually shared solutions and insights emerge that contribute to a common store of knowledge that accumulates over time" (Preece, 2004, p. 295). Author Preece suggests that CoP's

support both types of knowledge exchange explicit and tacit but they have a special role in tacit knowledge exchange:

> "Story telling, anecdotes, impromptu comments and opinions occur naturally in many CoPs. The rigors of schedules and the structure of hierarchical relationships that tend to limit informal communication in many work environments are less prominent in CoPs in which the ties between people tend to be weak and there is little or no hierarchy"
>
> (Preece, 2004, p. 295)

Preece identifies that a common problem with communities of practice containing sensitive content is the inability to identify and establish acceptable, stable norms as without them the empathy and trust received by its members is threatened. Preece suggests moderators as a valuable tool to manage the progression of these virtual communities by "representing the community's purpose clearly; putting minimalist policies in place that can be changed as norms develop; supporting knowledge creation, exchange and storage; supporting communication and socialization online; encouraging empathy by enabling participants to recognize each other and their similarities" (Preece, 2004, p. 301). However Preece fails to recognize that this may also be a limitation to the development of CoP's, as a moderator can potentially jeopardize the authenticity of the community.

Where Preece's earlier articles sought to discover how common empathy was found in online communities and how it was supported, *Empathy and online interpersonal trust: A fragile relationship* examines the premise of how exactly empathy can be possible online. Preece recognizes this to be an important omission in her research as it is fundamental to the understanding of how trust is developed among members in these communities. An empirical study was conducted to investigate how

people react to different online communication styles and results show that those who talked in an empathic accurate and supportive way were most trusted by the participants. “The key contribution of this result is that it suggests that empathic accuracy itself does not guarantee trust. In order to win other people’s trust online, a person not only need to correctly infer the other’s feeling, but also provide supportive response” (Preece, 2004, p. 104).

Chapter 4: Findings

This chapter provides the results of the study, which are based on the findings from 52 forum posts and 234 post responses within healthyplace.com depression forum The results include prevalent themes such as; goals and motivations of the virtual community, member participation and contribution, information exchange and support as well as social conventions and language.

The chart below summarizes the key themes identified among the interactions of the depression forum members on healthyplace.com during a two-year period from January 2011 to December 2012.

Key Themes	**Description**
Motivation	Members motivation for joining the group was most frequently expressed by seeking support or reasoning their conflict between their virtual and actual social identity Example: “I mean I’m a smart kid, I excel in school work and I’m very active in sports. I’ve never done a drug in my life and I’m for the most part not stressed out. Does that mean that I’m right?” -Randy1Rhoads
Discredited Members	Discredited members have disclosed their depression in their physical world and share within the forum the affects depression have on the behaviours of others around them as well as their own personal identity. Example: “all anyone seems to be stuck on is that I suffer from mental illness like that means I’m stupid” -Taebofreak
Discreditable Members	Discreditable members have not disclosed their depression in their physical world and share their concern on the affects it may have on the behaviour of others if they do. Example: "They would never understand and would react very angrily if they knew” -ppkallday

Wise Members	Wise members motivations to the forum are often for the support and information of someone else with depression, as well as their own support for dealing with this specific individual. Example: "Please help me with a friend in need" - D02583205
Unknown Members	Unknown members typically provided little information about oneself and did not seek the support from other members but rather sought specific questions on depression
Support through Shared Experiences	The most common type of support exchanged as members share their own experience with depression and provide encouragement to others to overcome it. Example: “peer support groups are great because you can socialize with others that feel similar to how you feel” –Pennylane
Support through Information Exchange & Resources	Members often exchanged practical information and resources on depression such as mental health services, alternative therapies, treatments, pharmaceuticals.
Support through Morale & Feedback	Morale is commonly exchanged between members to generate a sense of support within the community. Example: “to assure you you’re not alone, help people in any way I’m able, whether it be listening, providing advice when I am able and simply being there for others" -Saramarie
Language & Social Conventions	An informal and more intimate language is developed among familiar members through emoticons (☺) and descriptive acts of intimacy (HUGS). Members express shared identity by stating "we", and develop a sense of team within the forum

Advantages of the Forum	The advantages of the forum are most commonly expressed by its members as: easy accessibility, free, private, safe, common minded people
Disadvantages of the Forum	The most significant disadvantage of the forum is the low response rate. On average 5 responses comparative to the 279 individuals who have viewed any specific post.

Defining Community

As there is still no one accepted definition of online community, it was to be determined as to the core characteristics and identities of an online community. Preece & Maloney-Krichmar identified five factors that were determined essential to the structure and success of any online community. Therefore as guide to the study of this specific online community, these five factors were examined in order to identify the function and practice of the community as well as the patterns and trends among members within healthyplace.com depression forum.

" 1. Members have a shared goal, interest, need, or activity that provides the primary reason for belonging to the community

2. Members engage in repeated, active participation and there are often intense interactions, strong emotional ties and shared activities occurring between participants

3. Reciprocity of information, support and services between members is important

4. There is a shared context of social conventions, language and protocols

5. Member have access to shared resources and there are policies for determining access to those resources" (Preece & Maloney-Krichmar, 2003, p.2)

1. Goals, Interest & Needs

In order to understand the common goals, interest and needs of any community, one must first examine and understand its platform. A region as defined by Goffman is any place, physical or artificial, that is bounded to some degree by barriers to an individual's perception (Goffman, 1959, p. 106). The barriers of perception in study are through the experiences of depressed individuals and those looking to reason their depression within the specific depression board healthyplace.com. "A back region or backstage may be defined as a place, relative to a given performance, where the impression fostered by the performance is knowingly contradicted as a matter of course" (Goffman, 1959, p. 112), as in this backstage region members are free to express their limitations and struggles with depression in which they may conceal or contradict in their front stage performance of everyday life. Member **Randy1Rhoads** *(Depression maybe? Or something else)* expresses the complete contradiction between her front stage performance and backstage reality; "I laugh and show that I'm happy when the truth is I don't feel a thing ever".

"I think that online is a stage for some people who don't have opportunities to express themselves in real life" (Rheingold, 2000, p. 235). Therefore within this "backstage" presence known as the forum, members congregate by their common interest with depression and common goal of finding others with similar experiences to exchange information and/or support. As the visibility or "known-about-ness" of an individual's stigma influences the reaction and response of others in regard to the stigma and the

formation of the individual's social identity, online communities become an outlet free from prejudice. "Because we cannot see one another in cyberspace, gender, age, national origin, and physical appearance are not apparent unless a person wants to make such characteristics public. People whose physical handicaps make it difficult to form new friendships find that virtual communities treat them as they always wanted to be treated--as thinkers and transmitters of ideas and feeling beings, not carnal vessels with a certain appearance and way of walking and talking (or not walking and not talking)" (Rheingold, 2000, p. 11).

Members motivation for joining the community derives from their need to resolve the contradiction of identities from their virtual and actual realities, Member Klassen *(Feelings of unworthiness)* expresses a conflict between his virtual and actual social identity as he is not able to reason his feelings of sadness with his reality of his material happiness; "I am a healthy, intelligent male with encouraging family members and a number of gifts and skills but…". Member **ppkallday** *(I think I may be depressed/suicidal, what should I do?)* expresses a similar confliction between the societal expectations and definition of happiness with his actual internalization of this happiness; "I have plenty of good friends here at school and at home, I have a family that loves me, etc" member furthermore expresses hesitation in confiding the depression to his parents as "they would never understand". This conflict is experienced when the expectations (attributes) and assumptions of an individual's virtual social identity are not fulfilled and differentiate from their actual social identity. "we do not become aware that we have made these demands or aware of what they are until an active question arises as to whether or not they will be fulfilled. It is then that we are likely to realize that all along

we had been making certain assumptions as to what the individual before us ought to be" (Goffman, 1963, p.2). These assumptions are questioned by member **Randy1Rhoads** *(Depression maybe? Or something else)*; "I mean I'm a smart kid, I excel in school work and I'm very active in sports. I've never done a drug in my life and I'm for the most part not stressed out. Does that mean that I'm right?".

2. Member Participation & Contribution

Members were first categorized by discredited, discreditable, wise or unknown as this identification helped the research understand the perspective of each member. An example of typical forum interaction among all members is found in Appendix A, forum post *drugged happy.*

In order for the researcher to identify whether a member is discredited certain key words were commonly found within the text such as hospitalization, therapy, the use of antidepressants and other medications, as well as the mention of family and friend's involvement and understanding of the illness:

> "Everyone says I'm probably Bipolar but my parents refuse to get me help of any sort" –**Randy1Rhoads** (*Depression maybe? Or something else?)*

> "I'm only beginning to do serious writing about my history of ECT, hospitalizations, medications, therapy and life with two sons affected by depression and a husband who didn't leave me" –**carollkm** *(An alternative to group therapy)*

> "I am getting help from the health service" –**skylib** (*Up and Down)*

Discreditable members were identified by common key words such as shame, embarrassment, isolation and loneliness/alone:

> "I feel like I should tell someone but, I'm too ashamed and embarrassed. I've never been one to express my feelings" -**ppkallday** (*I think I may be depressed/suicidal, what should I do?)*

> "I've done some of your test on line. I fit in serveal spots….For the last 3 years I have been little by little closing myself in my house. Now, I never leave" – **Pennylane** (*What am I?).* This discreditable member choosing to diagnose herself through the online test provided by healthyplace.com rather than seeking medical advice.

> "I have never had any kind of therapy and none of my friends want to talk to me about my problems…so what I do is I bottle up my emotions" –**HiMizuIwaKaze** (*I need help with family problems)*

To identify wise members no common words were found however members themselves were often very clear at defining their role as 'wise'. Member **D02583205** clearly states in her post title "Please help me with a friend in need", member expresses she is concerned for a close friend as he may be suicidal and this wise member is able to identify this depression as member states "I went through depression and grief after my dad died too". Goffman defines 'the wise' as "the marginal men before whom the individual with a fault need feel no shame no exert self-control, knowing that in spite of his failing he will be seen as an ordinary other" (Goffman, 1963, p.28). Member **Azul** another identified wise member states "My son faced the same his freshman and sophomore year" (in forum post *waiting.*) and throughout other vague and impersonal forum posts we can assume member is not dealing with depression himself but rather looking for information and help for another.

Finally, all members unable to be categorized were identified as "unknown" as they typically provided minimal personal information about oneself but rather were seeking specific answers to general questions regarding depression and/or treatment/therapy options.

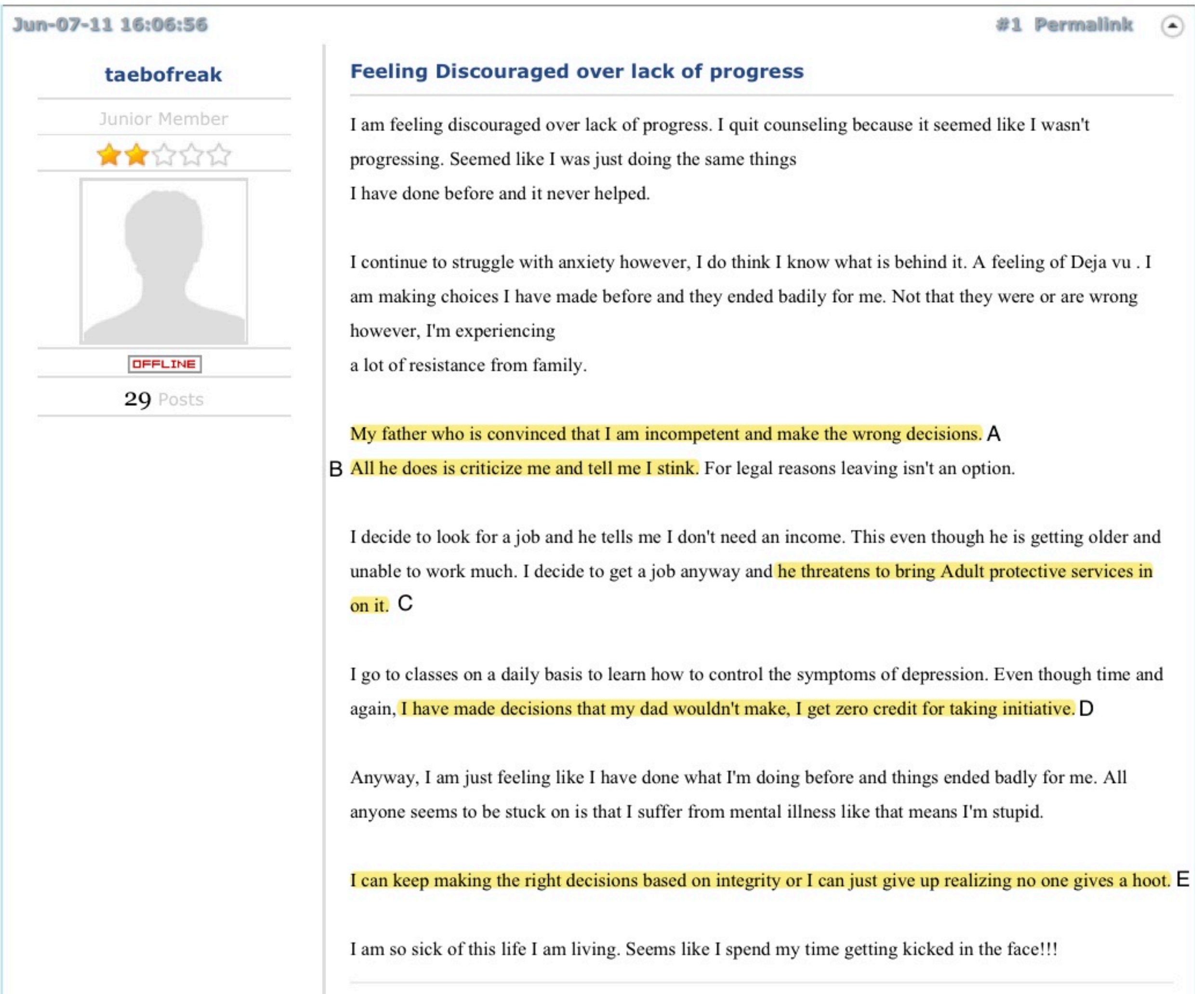
The table found in Appendix B indicates the frequency of posts by certain members as well as the ratio of members by their status as discredited, discreditable, wise and unknown.

Behaviours of the Discredited

Member **taebofreak** in forum post *Feeling Discouraged over lack of progress* expresses how his discredited stigma has affected the behaviours of others around him as well as his personal identity with depression. **Taebofreak** shares that he is experiencing resistance from his family as "all anyone seems to be stuck on is that I suffer from mental illness like that means I'm stupid". Goffman explains this resistance from 'normals' or non-stigmatized individuals as a way to interpret the stigma and define it:

> "[we normals] believe the person with a stigma is not quite human. On this assumption we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his life chances. We construct a stigma-theory, an ideology to explain his inferiority and account for the danger he presents, sometimes rationalizing an animosity based on other differences…We tend to impute a wide range of imperfections on the basis of the original one"
>
> (Goffman, 1963, p. 5).

Examples of these discriminations and inferiorities are present in the text below as A, B, C, D & E.


Jun-07-11 16:06:56
#1 Permalink
taebofreak
Junior Member
OFFLINE
29 Posts
Feeling Discouraged over lack of progress

I am feeling discouraged over lack of progress. I quit counseling because it seemed like I wasn't progressing. Seemed like I was just doing the same things
I have done before and it never helped.

I continue to struggle with anxiety however, I do think I know what is behind it. A feeling of Deja vu . I am making choices I have made before and they ended badily for me. Not that they were or are wrong however, I'm experiencing
a lot of resistance from family.

My father who is convinced that I am incompetent and make the wrong decisions. A
B All he does is criticize me and tell me I stink. For legal reasons leaving isn't an option.

I decide to look for a job and he tells me I don't need an income. This even though he is getting older and unable to work much. I decide to get a job anyway and he threatens to bring Adult protective services in on it. C

I go to classes on a daily basis to learn how to control the symptoms of depression. Even though time and again, I have made decisions that my dad wouldn't make, I get zero credit for taking initiative. D

Anyway, I am just feeling like I have done what I'm doing before and things ended badly for me. All anyone seems to be stuck on is that I suffer from mental illness like that means I'm stupid.

I can keep making the right decisions based on integrity or I can just give up realizing no one gives a hoot. E

I am so sick of this life I am living. Seems like I spend my time getting kicked in the face!!!

Taebofreak expresses his frustration and anger with the perceptions and attitudes others have towards his stigma "Further, we may perceive his defensive response to his situation as a direct expression of his defect" (Goffman, 1963, p. 6).

Member **Crazygurl** also expresses her frustration in her forum post *Living with depression, PTSD and Panic Disorder* however not with her depression but with the behaviour and perceptions of others since her depression. **Crazygurl** states, "when a staff member has a mental illness every little issues is associated to the label and not the person simply advocating for his or herself", "We don't have to put up with discrimination, labels and stigma". Furthermore stating "living with mental illness does

not mean that we are not bright, articulate, have genuine empathy for others, creative nor have a lot to offer to the health and human service organization", **crazygurl** expresses a conflict between how she feels others view and identify her depression and how she defines her depression, "mental illness does not solely define who we are and what we are capable of accomplishing". **Crazygurl** expresses a sense of isolation from her depression. She feels as though the individuals around her treat her depression as all consuming to her identity whereas she identifies herself as many things beyond the illness, "I may be someones patient but I am also a mother, sister, daughter, friend, wife, clinician and obtained an MSW during one of the most challenging times in my life".

Member **Krazeekat**s response to member bmcman in forum post *depression with psychosis* shares his/her negative experience as being discredited due to depression: "I hate to say this, but 'employers' (at least in the US) have a way of laying off people who take psych meds, even if while on them they do just fine at their work. There is no way they don't find out what you take if you have and use any kind of company-sponsored insurance. It's gotten to the point that now, it's almost impossible to even GET hired without a full drug-screening test". Another example of how relationships (both work and personal) of individuals suffering from depression have been affected by the negative stigmatization of mental illness.

Behaviour of Discreditable

Discreditable members are concerned about the change in behaviour and attitude those around them may feel once their depression is discovered, member **ppkallday** explains that he has concealed his depression because he does not trust anyone and would rather people not know; "Especially my parents, for I don't want to worry them, as they

are already worried about me enough as is… I'm afraid I am a disappointment to my parents…I will NOT tell my parents. They would never understand and would react very angrily if they knew". This member is concerned with the consequences that may present themselves if he becomes discredited and worries about the behaviours that will develop from his parents once they find out about his depression.

"When his differentness is not immediately apparent, and is not known beforehand (or at least known by him to be know to the others), when in fact his is a discreditable, not a discredited, person, then the second possibility in his life is to be found. The issue is not that of managing tension generated during social contacts, but rather that of managing information about his failing. To display or not to display; to tell or not to tell; to let on or not to let on; to lie or not to lie; and in each case, to whom, how, when, and where" (Goffman, 1963, p. 42).

Behaviours of the Wise

A common behaviour among wise members is an apprehension with their posting and participation to the forum. They try to seek support and guidance of the members in the community however feel a sense of awkwardness as they themselves are not individuals suffering from depression and therefore do not know how the community will receive them. Forum posts were commonly found to be vague and impersonal (assuming the wise find it difficult to share personal information about someone else) making it difficult for other members to contribute. Member **mom95** posts twice consecutively asking members to share their experience with depression while receiving no response from the community. Within these two posts **mom95** does not explain her reasoning for joining the community nor provide her own personal experience with depression and

therefore explains the unsuccessful attempt at generating conversation although over 300 members have viewed these posts. Goffman explains the dynamics of the team within healthyplace.com; “a team, then, may be defined as a set of individuals whose intimate co-operation is required if a given projected definition of the situation is to be maintained” (Goffman, 1959, p. 104) furthermore, “teammates tend to be related to one another by bonds of reciprocal dependence and reciprocal familiarity” (Goffman, 1959, p. 83). As member **mom95** is asking others to share their own vulnerability and intimate details while refraining from sharing her own, the member is not participating in the mutual co-operation and vulnerability explained above. Thus by not providing the reciprocal dependence team members share within the forum, she is not fulfilling her role as team member and therefore not received by the members in the community.

Behaviours of the Unknown

‘Unknown’ members typically did not follow the norms of the community by disclosing personal information and insight to their experience with depression and were often unsuccessful at generating responses by other community members. Member **artemesia** expresses feeling depressed over a recently discovered scar on her lip that is “really getting to me”, however member does not mention any specific symptoms of depression nor provide any personal detail beyond the scar.

Finally, those members who observe the conversations (an estimated average of 279 members) taking place within the forum however do not post themselves nor respond to the posts of others are considered and defined by Goffman as “service specialist”. We interpret this type of member by its definition as a member whom “does not share the risk, the guilt, and the satisfaction of presenting before an audience…. and unlike

members of the team, in learning the secrets of others, the others do not learn corresponding secrets about him" (Goffman, 1959, p. 153).

3. Reciprocity of Information and Support

Through the analysis of the forum posts it is evident that the community provides support as it is frequently expressed by its members, however it was to be determined how this support is tangible and furthermore how the virtual community fosters this supportive environment. As support is a multidimensional construct it becomes difficult to define while examining its presence within online communities however Cutrona and Russel argue that support can be provided in five specific and tangible ways:

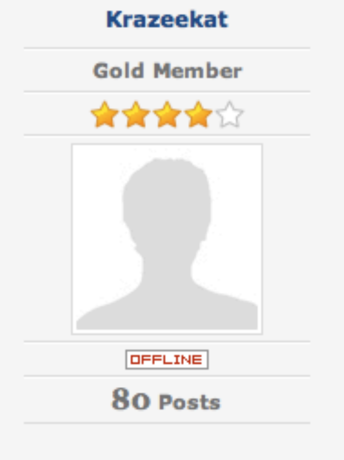
> "Informational support (providing the individual with advice or guidance concerning possible solutions to a problem), emotional support (giving comfort and security during times of stress, leading the person to feel that he or she is cared for by others), esteem support (bolstering a person's sense of competence of self-esteem; e.g., by giving positive feedback on his or her skills and abilities or expressing a belief that the person is capable of coping with a stressful event), network support (facilitating a sense that the person is a part of a group with common interests and concerns with whom the person can feel part), and instrumental support (giving concrete instrumental assistance in which a person in a stressful situation is given the necessary resources to cope with the stressful event).
>
> (Cutrona and Russel, 1990 in Loane & D'Alessandra, 2013, p.238)

While examining the forum it is evident that support was received through all five tangible elements: information exchange, shared experiences, morale, feedback and resources. Through these exchanges of support the depression forum was identified as a *Communities of Practice* defined by Preece above. These *Communities of Practice*

develop and grow on the domain of knowledge: both explicit and tacit. Examples of both types of knowledge exchange are seen below within the forum.

Support was commonly received as members exchanged practical information and resources that they have accumulated themselves through their depression and their use of mental health services as a way to educate others with similar experiences. Often discredited members expressed this type of support as they shared their knowledge and experience with mental health services, alternative therapies, treatments and/or pharmaceuticals. Member **chanda** advises **middleofnowhere** (*drugged happy)* of the resource, *The Psychiatric Service Dog Society*, and provides a link to the service as an untraditional form of depression therapy. As another example, practical information is exchanged between members **Abree** and **BeamMeUp** (*~ECT and loss of creativity…anyone?~)* regarding their experiences with Electroconvulsive Therapy as a treatment for depression.

These *Communities of Practice* develop as “its members share expertise, often by telling stories and support by interacting to solve or help solve problems. Gradually shared solutions and insights emerge that contribute to a common store of knowledge that accumulates over time” (Preece, 2004, p.295). Below is an example of how beneficial the exchange of information and resources can be to members of the forum. In this post member **bmcman** expresses his experience with the negative side effects after changing his brand of medication because he could no longer afford the high cost. Below is member **Krazeekat’s** response:



Re: depression with psychosis

I've not had the hallucination problem, but have certainly gone through my fair share of the other maladies you mention; are you sure your medications don't need to be readjusted? Were you feeling better on the Seroquel than you do on the Risperdal? You said something about switching those, due to the lower cost of Risperdal; are you aware that Seroquel will be coming off its patent soon? Can't recall exactly when, but I think it'll be some time in 2012.

I was looking at a chart I found recently which showed what drugs would come off patent and when, and lots of them are the pricy psych meds; usually, generics cost a lot less than brand names, especially once there is more than one generic equivalent available, and finding that 'more than one generic' generally takes about 6 months after a patent ends. Learning about this gave me some hope, and I trust it'll help ease your mind as well. So many of these drugs are terribly expensive and that puts the best of them out of reach for many of us.

How often do you see a doctor about your meds? I guess you already know that for some people, symptoms can become more pronounced with the 'wrong' meds and that there's no way of telling how any given individual will react to a particular med, hence most of us have had to go through lots of trial-and-error in finding what will work best for us.

When members provide others with information and resources, it becomes not only beneficial to the all the members of the community but also beneficial to the esteem of the specific member as it validates their worth to the community and in general. This information exchange develops a participatory role for its contributors in the forum by generating a sense of community and responsibility to other members and their team.

Another means by which members express their support is sharing their own experiences and encouragement with a member struggling with a similar concern: as an example witnessed within the forum, “we have a lot to offer and many times we are able

to make connections with folks that are hopeless by sharing our experiences" –**crazygurl** (*living with depression, PTSD and Panic Disorder)* as well as "You are not alone although you may often feel like it is so" and furthermore expresses "peer support groups are great because you can socialize with others that feel similar to how you feel" – **Pennylane** (*What am I?*).

Finally morale is most commonly exchanged between members to generate a sense of support within the community. Member **Saramarie** (*You're not alone*) explains her reasoning for participating in the community: "to assure you you're not alone, help people in any way I'm able, whether it be listening, providing advice when I am able and simply being there for others". Support is not simply what the member *receives* from the conversations within the forum but also what a member *provides* to the forum. It was identified that members who originally sought the support of community became help to others as conversation progressed, developing their esteem and value to the community.

4. Social Conventions, Language & Protocols

By examining the community over the course of the year we were able to identify and follow the progression of the relationship between its members by their language. As the relationship between members developed, so did the language and norms of the community. Goffman defines backstage informal language as "reciprocal first-naming, co-operative decision-making…use of dialect or sub-standard speech…allows minor acts which might easily be taken as symbolic of intimacy" (1959, p. 128). Once posts are more frequently exchanged by members it is common to see individuals sign a post with their actual name as oppose to their virtual member name. Furthermore as seen between

frequent contributing members nicknames developed as well as virtual attempts at intimacy; “Hugs ((☺))” –**Suzanna** (*Feeling Blue)*

Stigmatized individuals gravitate to communities of their own kind to help understand their new “own” and recreate this stigmatized identity. This becomes very important to examine as it significant to the development of their new identity; whether it is accepted, refuted and most importantly what identity is created. This creation of ones “own” within a community will “mark a great difference between those whose differentness provides them very little of a new “we,” and those…who find themselves a part of a well-organized community with longstanding traditions” (Goffman, 1963, p. 38). The stigmatized individual’s relationship to the community of his own kind is important to ones identity and, as examined through the depression forum, we can begin to understand how this identity is created. The “we” language used within the forum helps create a unity and common identity for its members, “Remember we are special, gifted, good people in spite of living with an illness in our brain” (**crazygurl –** *feeling very depression).* The use of the pronoun *we* has been identified to encourage feelings of closeness, intimacy, and involvement of the other. “First-person plural pronouns (e.g., *we*, *us*, *our*) reflect common experience whereas first- (e.g., *I*, *me*, *my*) or second-person singular (e.g., *you*, *your*) pronouns reflect individuated experience” (Seider, Hirschberger et al., 2009, p. 605). As posts become more familiar and frequent between members the use of “we” becomes more common, and those who used “we” as opposed to “you and me” often perceived a relationship as closer and of higher quality (Seider, Hirschberger et al., 2009). It is through the language of the members that we can identify the development of relationships in the forum, and how identity and support are created

within this community language. The language of the forum is an important reflection of the relationships within the community. As informal language develops, and is more frequently expressed, informal relationships form.

Although members are united as a team by the specific participation in the depression forum, unofficial communication allows members to extend a 'non-compromising' invitation to others, "known as putting out feelers and involves guarded disclosures" (Goffman, 1959, p. 190). When individuals are unfamiliar with the views or status of the members or team, a 'feeling-out process occurs' where individuals admit their views a little at a time, dropping his guard as he waits for reassurance from the other members that confirms these positions. Examples of this hesitation is shown by member **alicia27** (*whats wrong with me…)* "I feel badly about posting this because I feel as if I get making myself target for men to use" as well as member **brocw09** (*what is the next step after years of treatments has failed?)* "sorry this is how I feel and have been feeling this way for years".

Often with wise and unknown members we can identify this type of communication as the phrasing and structure of their posts are ambiguous. Goffman explains this communication as a form of information control where "the individual is in a position to halt the procedure of dropping his front at the point where he gets no confirmation from the other, and at this point he can act as if his last disclosure were not an overture at all" (Goffman, 1959, p. 193). Member **mom95** *(Chronic or Atypical Depression)* asks if any members have been diagnosed with Chronic or Atypical Depression and if so to share their experience. This member is 'feeling-out' the other members of the community and trying to gain information from their experiences

however never disclosing any personal details herself. As the community is dependant on the personal disclosures of others, the post by **mom95** did not generate any responses, as is common pattern with wise and unknown members to receive little support, as they do not participate to the norms of the community.

5. Shared Resources

While examining the forum the advantages and disadvantages of the platform were considered as interpretations of the communication among members were made. The study seeks to examine whether the uses and limitations of the specific depression forum on healthyplace.com were consistent with those presented in the chart below.

Message Boards Bulletin Boards Discussion or Forum	**Advantages** No special equipment beyond Internet access Participants may take time to reflect, compose and edit items posted to the list It is easy to find an existing group to match your interests Discussion threads provide historical context Linear organization provides separate topics for each conversation and is good for in-depth discussion Participants may take time to reflect, compose and edit items posted to the list Many Bulletin boards provide good search facilities that enable participants to search on topics, or people, or messages sent on or between particular dates, etc. Emoticons are also becoming increasingly common so participants can signal the content of their message and their mood
	Disadvantages Newcomers may find it hard to break into the conversations Following threads may become confusing May be difficult and time consuming to moderate a large board Group norms may develop that stifle new points-of-view and participation

Table 2 Characteristics, Advantages and Disadvantages of Various Online Community Technologies (Figallo, 1998, Kim, 2000; Preece, 2000 in Preece & Maloney-Krichmar, 2003)

Member **Krazeekat** (*about to loose my mind)* expresses the advantages of accessibility to the forum as he states, “It doesn’t cost anything to be here since we do have Internet access”. The web structure and design of healthyplace.com allows its

participants and first time browsers to find specific forum topics (categorized by mental health issues) easily without loosing the attention of its browser. As the categories of forums are clearly displayed on the home page (Eating disorders, Schizophrenia, Gender GLBT, Depression, etc.), it allows for web browsers to efficiently access specific information on the topic of their interest.

In the forum post *about to lose my mind* response member **krazeekat** expresses her experience with the community and the opportunities it possesses for its members: “Here on these forums, most of us are very far apart in distance, but at least we can come together as ‘internet forum friends’. And it’s nice that we have these forum Chat Room features, as well. Have you ever tried chatting with someone else who is a member here? It’s private, and appears to be quite safe. Sometimes, we can kind of act as ‘lay therapists’ for one another; at least, we can bounce ideas off one another, and it doesn’t cost anything to be here since we do have internet access…Keep coming here and posting; I’m still fairly new but it seems a lot of good-hearted people are members here, and I’ll bet some of them might have some real suggestions you could use. It just takes time for people to respond to a post like yours”. However, the member expresses the limitations of the community as well: “I only wish there were something I could DO besides leave this rather pitiful reply that has no truly workable suggestion for you in it”.

With specific forum topics such as depression, it was frequently identified that conversations among members became sensitive or controversial, therefore emoticons were a tool used by many individuals to properly express themselves against the limitation of text and the disability of none verbal cues. The use of emoticons helped members to articulate or soften their responses while limiting misinterpretations that

could present in their text. Member **Papillon,** who frequently responds to posts, is noted to often use emoticons to better express her stern advice, "but life's not for sissy's is it? ☺" in post (*What's wrong with me?).* The emoticon contradicts the aggressive response **papillon** presents, and therefore without the aid of emoticon would have perhaps been misunderstood by its readers. Emoticons were furthermore used among members to develop a virtual sense of intimacy within the forum, like member **suzanna** *(Feeling blue)* who signed her response with "Hugs (((☺)))".

The largest disadvantage witnessed within the forum is the hesitation individuals feel to participate in the discussions. On average 279 people have viewed any specific post and on average only five have responded. Therefore there is a significant number of individuals who, for reasons undetermined, do not wish to participate or contribute to the forum. This hesitation is difficult to determine as no interviews were conducted among members however some posts have helped us understand why individuals may not wish to contribute. For example, Member **alicia27** *(What's wrong with me)* writes "I really feel badly about posting this because I feel as if I get making myself target for men to use", therefore expressing her concern with becoming a vulnerable pray for those within the forum.

As expressed within the chart above and experienced first hand while analyzing the forum, it was difficult to follow threads as often communications were continued by members off the forum, assumed via e-mail or the chat room provided in healthyplace.com. As the relationships among members progressed within the forum so did off forum communication. Thus personal conversations became difficult to follow and analyze as conversations were fragmented between the different mediums. Therefore

for new members this could become a deterrent to their participation, as conversations were not always easy to follow. Furthermore, as relationships among certain members developed as did a sense of exclusion.

As there was no present mediator throughout the forum when first presented on January 19th, 2011, an administrative member of healthyplace.com named **ravila** introduced the forum by defining depression and providing a link to a video initiated the first post. Furthermore **ravila** encourages dialogue as she asks members to express their thoughts about the video. However, while examining the forum, member's exchange is determined by the vulnerability of the posts and members feel more inclined to share their personal stories when others have put forth their own vulnerability. Aside from the initial introduction to the forum, there is no other mediator assigned by healthyplace.com. However, as the norms and relationships of the group develop as do the roles of its members, and certain members who have committed to the participation of the forum have ruled themselves as mediators. This mediation was performed by: encouraging dialogue and discourse within the forum, keeping members on topic, mediating disagreements between members, and providing members with external resources beyond the forum.

Below is an example of a forum response from a highly active member **Chanda** who naturally developed as forum mediator due to her frequent participation and familiarity with forum members. Within this specific forum post, Chanda addresses a confrontational member **ca** on her behaviour in the forum and attempts to understand and calm her aggression.

Sep-12-11 11:18:18 #2 Permalink

Chanda

Platinum Member

OFFLINE

2647 Posts

Re: never ceases to amaze

Ca, I find this post totally inappropriate again. You are attacking board members for no reason!

I also find your posts hard to read with the spaces and the shouting capitals. I wish I knew what was going on with you. Are you bipolar and in a manic phase?

I didn't notice any of this behavior earlier so I am wondering if you were triggered by something?

Can you tell us what is going on with you?

I think that everyone has the right to express how they feel. Sometimes I feel 'cured' due to my medications and might say so. Then something bad will happen and I will be proven wrong like you said. There is nothing wrong with having a good day though!

Chanda

Highly active members frequently provided others with external resources as a form of mediation. See examples below:

Jan-14-11 17:16:43 #2 Permalink

mariac

Maria Ro

Platinum Member

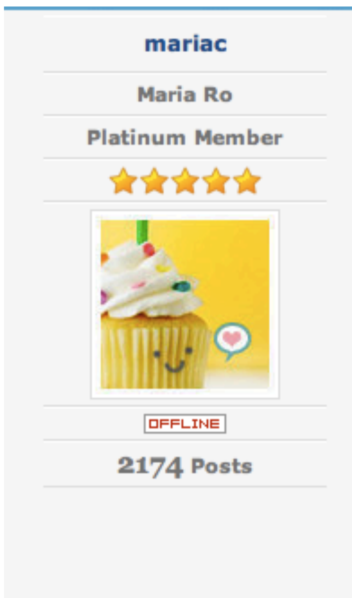
OFFLINE

2174 Posts

Re: ECT, memory loss and continued depression-help!

Hi Caroll, I dont know a lot about this issue, but I found some people sharing their stories here in healthyplace. Here is the link: http://www.healthyplace.com/depression/ ... u-id-1362/ I hope it is useful.

"We cannot solve our problems with the same thinking we used when we created them." -Albert Einstein



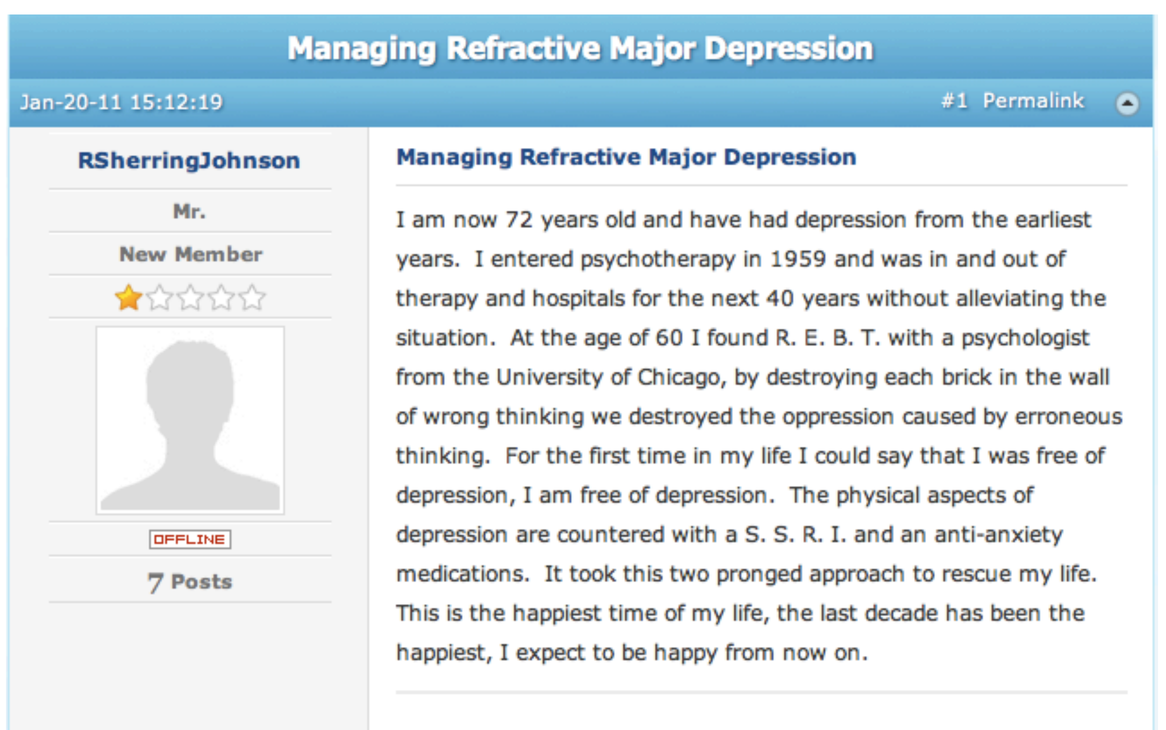
Re: Feelings of unworthiness

Hey Klassen, welcome!
Maybe youre depressed. Even if you have a wonderful life you can experience depression. In here they have a lot of information, you should try reading it:
http://www.healthyplace.com/depression/menu-id-68/

Have you felt this way for a long time? Do you remember when it started? I deal with anxiety and depression, now just anxiety. I thought it has always been just anxiety, but about 2 months ago I discovered I also had depression. Well I was diagnosed but didnt believe it so much, until now. I had great family, good student, good life, but depressed. Just recently started to really enjoy life, thats when I realized I had had depression.

Anyways, in here you may find a lot of support.

"We cannot solve our problems with the same thinking we used when we created them." -Albert Einstein



Managing Refractive Major Depression

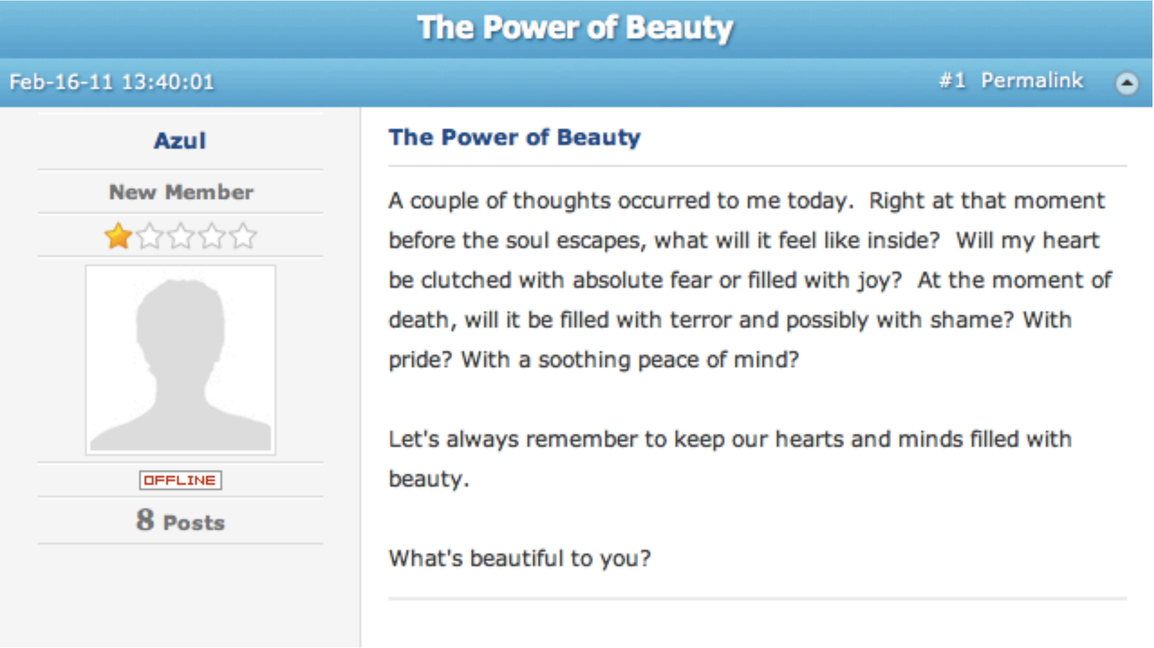
Jan-20-11 15:12:19 #1 Permalink

RSherringJohnson
Mr.
New Member
OFFLINE
7 Posts

Managing Refractive Major Depression

I am now 72 years old and have had depression from the earliest years. I entered psychotherapy in 1959 and was in and out of therapy and hospitals for the next 40 years without alleviating the situation. At the age of 60 I found R. E. B. T. with a psychologist from the University of Chicago, by destroying each brick in the wall of wrong thinking we destroyed the oppression caused by erroneous thinking. For the first time in my life I could say that I was free of depression, I am free of depression. The physical aspects of depression are countered with a S. S. R. I. and an anti-anxiety medications. It took this two pronged approach to rescue my life. This is the happiest time of my life, the last decade has been the happiest, I expect to be happy from now on.

Finally, the most frequent type of mediation witnessed in the forum was by highly active members encouraging dialogue and discourse among other members. This was performed in different ways, for example member **Mariac** (in *I feel numb*) follows up with **alicia27** asking "Alicia? Where are you? Are you ok? I love your new avatar! I hope to hear from you. I miss you". Another example of a mediators attempt to encourage dialogue and discussion is seen by member **Azul**:



By examining the progression of the forum throughout the course of a year we were able to identify tangible relationships that developed among a few members. These relationships took place off the forum as well making their once weak and estranged ties, strong friendships. However beneficial this became for the few members apart of this newly forming circle of friends, it became crippling and isolating for others as conversations became repetitive and new points of view were none existent. The members monopolized the discussions with topics of their own interest and did not generate new information. An example of these exclusive friendships is seen in the forum

posts *Feeling blue* and *I feel numb* among four highly active female members: **Papillon**, **alicia27, mariac** and **Chanda**.

Alicia27 states: "some times wish you all were my real family.."

Mariac responds: "It would be great that we could adopt each other hehe, I adopt all of you as my family =D"

Papillon responds: "I second the motion! You have my vote to adopt ME!"

Chanda responds: "third here. Our new family!

Furthermore in post *Feeling Blue* **Papillon** addresses a forum post specifically to these women "Hey there Ladies!" and introduces topics of off-forum conversations "thanks Chanda…hope your pup's recovering well…heard about the stitches opening". Therefore indicating that these women are continuing their communications off the forum (assumed via healtyplace.com chat or through e-mail). However these conversations that are taking place off the forum, that only few members are privy, make it difficult for others to participate and contribute.

Chapter 5: Discussion

This chapter discusses the findings relative to key themes and existing literature in the field. As well as the significance and contribution of the findings to the specific communication theory applied: Goffman's dramaturgical analysis.

As the study was performed and interpreted using Goffman's theory and perspective of social interaction among stigmatized individuals within the modern setting of Internet forums, it contributed to a new perspective on his fundamental ideologies of interaction. Goffman focused most of his research on the impact of others presence on one's behavior. His approach to seeing the world as staged is called the dramaturgical

approach, “All the world is not, of course, a stage, but the crucial ways in which it isn’t are not easy to specify” (Goffman, 1959, p.72), however the limitation of Goffman theory did not consider the evolution of communication technologies nor predict its impact on interaction and behaviour today. Goffman’s dramaturgical perspective of front and back stages were limited to face-to-face interaction therefore this study extends Goffman’s ideas to situations he never studied, while discussing Goffman’s concepts in a new context and also considering the limitations of its application.

As expressed above, Goffman’s definitions of both *discredited* (those who assume their stigma is known) and *discreditable* (those who believe their stigma has yet to be revealed) individuals were consistent with the findings in the study of healthyplace.com. Following the dramaturgical approach, members that were categorized as discredited expressed the affects depression have on the behaviours of others around them as well as their own personal identity with depression. Members that were categorized as discreditable shared a similar concern for this reaction if their depression were to be discovered. The discrepancy Goffman expresses between an individuals virtual and actual social identity was also present throughout the forum and members were open to express this sense of conflict as they were defining and reasoning their new identity within the forum.

Meyrowitz was one of the first theorists to take Goffman’s notion of dramaturgical analysis and apply it within a new media context – at the time the television. Meyrowtiz introduces the concept of the blurring boundaries of private and public space as electronic media exposes traditional backstage behaviour, “through electronic media, groups lose exclusive access to aspects of their own back region, and

they gain views of the back regions of other groups" (Meyrowitz, 1986, p. 135). However different and more complex online communities are of a medium from the television, Meyrowtiz's interpretations on the possibilities of front and back stages remains a relevant reference by applying the principles of Goffman's work to a modern technology.

Goffman's concept of "barriers to perception", as he defined necessary for the front and back stages, is challenged by Meyrowitz as he believes it is not the physical setting itself that determines the nature of our interaction but rather the patterns of information flow (Meyrowitz, 1986, p. 36). "Behavior in an environment is shaped by the patterns of access to and restriction from the social information available in that environment" (Meyrowitz, 1986, p. 42). Meyrowtiz expresses the static set of backstage as private and front stage as public, once limited to face-to-face interaction, to be no longer restrictive due to new media. He rather introduces the "middle region, deep backstage and the forefront of the backstage" as blurring boundaries of communication. These blurring boundaries were witnesses as members presented different front stages to their depression. As some members were discredited, living and identified with depression in their physical realities, the forum provided a different backstage than to those who were discreditable and keeping their depression hidden.

More recently many scholars have applied Goffman's dramaturgical analysis to online media contexts to better understand how individuals employ impression management within an online setting and how different internet platforms allow for the "presentation of self" (Boyd, 2004; Boyd, 2006; Boyd 2007; Lewis, Kaufman, and Christakis, 2008; Mendelson and Papacharissi, 2010; Tufekci, 2008). Researchers have applied Goffman's approach to prove that Facebook allows for backstage performances

to foster (Lewis et al., 2008; Tufekci, 2008), while other research refutes this hypothesis and argues these types of platforms to be merely a performance and perhaps “even more public and intensified compared to front stages as within Goffman’s traditional model (Aspling, 2011, p.36).

However, examining the interactions among the depression forum within healthyplace.com illustrates that forums can provide individuals with the idealized backstage envisioned by Goffman unlike other platforms online studied (such as Facebook), that do not take place within a face-to-face environment. Throughout the forum members describe their front stage as the interactions they have with others in their *actual, physical* realities where they attempt to manage, control or conceal their impressions and identity with depression. However the specific forum examined on healthyplace.com fostered a backstage environment and backstage behaviour where individuals were free from this identity due to two unique reasons i. common goal and purpose and ii. Anonymity. By examining the techniques of impression management we can identify examples in which the forum studied has proven to provide a backstage environment.

Dramaturgical Loyalty

The team is innately developed within the forum as members are united by the common reality of depression and their interest in finding a) information b) others and c) support. As the principle motivation to the forum are those looking for help and those looking to provide help, it creates what Goffman defines as *team*: individuals who cooperate in order to maintain a given projected definition of a situation (Goffman, 1959, p.108). The mutual dependency teammates experience was witnessed in the results

above, as the success of the forum is dependent upon the reciprocity of information and support. Members who did not disclose personal information in return did not receive the personal information and support from forum members. The forum prospers on the contributions of its members and as identified the forum posts that were most responsive were those with detailed and personal self-disclosure. As the forum allows for members to remain anonymous it creates an appealing factor when containing sensitive content as examined. It does not allow for dramaturgical disloyalty, as it is in the advantage of no one to disclose the secrets of its members and it is of the risk to no member to disclose any personal information. Therefore it was possible for members of the forum to be dramaturgically loyal to one another by never disclosing the secrets shared among the group, and the interactions examined were supportive and productive, as all the identities of members remained anonymous.

Dramaturgical Openness

Dramaturgical circumspection, contradictory to dramaturgical openness, is based upon carefully selecting an audience. However within this specific forum where the audience and members are present yet unknown, it does not allow nor need for members to manage or control the impressions on their audience. As the backstage is presented as the private realm where the audience is absent and the "performer can relax, he can drop his front, forgo speaking his lines, and step out of character" (Goffman, 1959, p.115), if the audience and individuals are unknown this same behaviour is witnessed to be possible. As Wolfe (1997) suggests, Goffman "leaves the impression that the real reality is always offstage and behind closed doors. Indeed, the door may be the most important of all Goffman's images…the area behind the door allows people to let off the steam"

(Wolfe, 1997, p.183), therefore the reality present within the members examined is on the forum as they are no longer performing or managing their impressions as anonymity allows the freedom from identity.

Dramaturgical Spontaneity

The conversations, although typed and not face-to-face, were however spontaneous and genuine conversations, not rehearsed or a performance as it wouldn't be in the interest of a member of the group to play a performance when they a) do not know their audience and b) have no identity to control or conceal. The forum works based on the principles that people are looking for help and are looking to help. People need to have genuine intentions and to be honest and truthful about their experiences with depression (reciprocity, disclosure and trust) in order for the forum to be successful. A confidence among members must develop as more disclosure and vulnerability of members is expressed and the unique factor of anonymity found is internet forums allows for this to take place as these members develop as what Goffman defines as *team*. Unlike social media sites that require public profiles, with pictures and personal identification, through forum with sensitive content such as depression, individuals are no longer *performing* by managing the impression others create but rather he himself is attempting to identify and create a sense of identity through the members within the team.

This study has extended Goffman's theory on dramaturgical analysis by applying his distinction between the public and private, front and back stages in a new context and environment to determine how backstage behaviour can be witnessed within online forums such as healthyplace.com. This backstage environment allows and encourages for members of the forum to disclose personal information, gain support and exchange

morale while being absent of the prejudices and impressions others would create if interacted in a face-to-face setting.

Significance of Study

This study is significant to the research of computer-mediated communication as it contributes to a gap in information on the capabilities of virtual communities and the interactions and social ties that it fosters through the theoretical framework of Goffman's interaction theory. As Goffman's theory of dramaturgical analysis is restricted to face-to-face communication, few have adapted it to current communication technologies. Those who have applied the theory (as seen above) have used mediums such as Facebook and Blogs where the performer and audience are known. However this study applies the dramaturgical analysis to a context where the performer is anonymous, providing a unique perspective on how backstage behaviour and interaction is possible within these forums. Furthermore due to this backstage environment individuals can interact and receive support, that they may have feared face-to-face, on sensitive topics such as depression.

Chapter 6: Conclusion

Virtual communities such as healthyplace.com are important platforms for individuals to gain information and support regarding health-related issues and sensitive topics such as depression.

This research set out to answer two questions:

1: What is being communicated within healthyplace.com and what prevalent themes arise?

2: How is Goffman's dramaturgical perspective applicable to the depression forum on healthyplace.com?

This section provides a brief overview of the answers to these questions revealed in the research.

What is being communicated within healthyplace.com and what prevalent themes arise?

The findings from this research reveal that the participants within healthyplace.com depression forum are motivated by the desire to find like-minded individuals, also battling depression, to resolve the contradiction between their virtual and actual social identities. This conflict is experienced when the expectations and assumptions of an individual's virtual social identity differentiate from their actual social identity with depression. Different types of members were identified within the forum: those who concealed their depression in their actual social identity, those who identify with depression in their actual social identity, non-depressed members looking to help someone in need and unknown members that did not disclose any personal information. These members each provided particular insight on the way in which they live with depression, how it affects the behaviours of others around them, and how they identify with it.

The most common interaction exchanged among members was to find support and information about depression. Support was most frequently expressed through shared experience; members would contribute their own personal stories on a similar experience in order to provide encouragement and companionship for the member in need. Information and resource exchange was also another means by which members provided support, to educate others on the possibilities of treatment and therapies available. Finally, members received support by the morale and esteem of their members, as the

community became a platform for individuals to speak freely among an encouraging audience.

How is Goffman's dramaturgical perspective applicable to the depression forum on healthyplace.com?

Through the use of Goffman's dramaturgical analysis the study was able to identify that anonymous forums, as examined in healthyplace.com, provide individuals with a backstage environment devoid of face-to-face interaction. The members in the online forum become a team, as they are united by the common reality of depression and interest in finding information, others and support. The forum prospers on the reciprocity of information and support of its members therefore as the anonymity from these backstage communities allows individuals the freedom from their identity, they no longer attempt to manage, control or conceal the impressions they make. Individuals can feel free to express their feelings with depression. However there are many limitations with a "team" in a virtual backstage community as witnessed within the forum. As members remain anonymous throughout their participation to the forum neither the researcher nor the members can ever determine exactly who participating to this "team". The team is developed of members in whom the ties between people tend to be very weak and is furthermore limited to the interactions online, restricted of face-to-face communication. Therefore although this virtual backstage does allow for members to remain anonymous and protected from their identity with depression, it does impede how these relationships developed and to what level.

Goffman's dramaturgical analysis of front and back stages was applied in a modern context to determine that backstage behaviour can be witnessed beyond face-to-face

interaction. And furthermore due to the technological advances in the way we communicate and interact today, the backstage behaviour possible in these anonymous forums can enrich our interactions by uniting like-minded individuals to discuss issues they would not have discussed face-to-face.

Limitations and Future Directions

The qualitative research method used in this study was limited to content analysis and therefore became a limitation to the study. As the research was very limited to the interpretations of the discourse and dialogue online, it did not allow for the researcher to interact with forum members. Although the data collected from the forum provided rich descriptions of the participants' experience within the forum and with their experiences with depression, many interactions continued on the chat rooms provided by healthyplace.com. Therefore to gain insight on these interactions and to further develop the research, the researcher would need to participate in these discourses or conduct interviews with its members to generate a more specific perspective to the motivations and interactions online.

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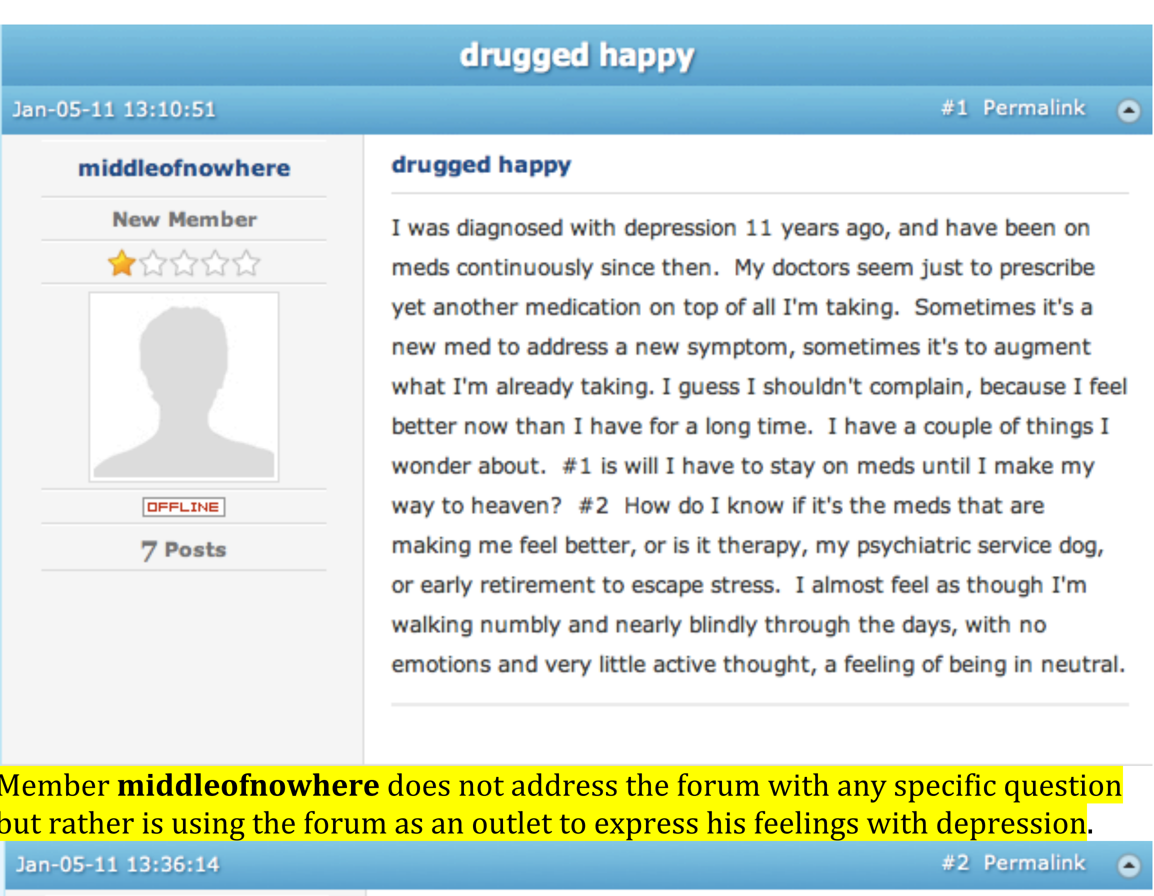
Appendix A:

Below is a forum post started on January 5th, 2011 by member **middleofnowhere** with 16 forum replies. The interactions below are an example of typical behaviours within the depression forum, illustrating the types of support and language that is exchanged.



Member **middleofnowhere** does not address the forum with any specific question but rather is using the forum as an outlet to express his feelings with depression.

Jan-05-11 13:36:14 #2 Permalink

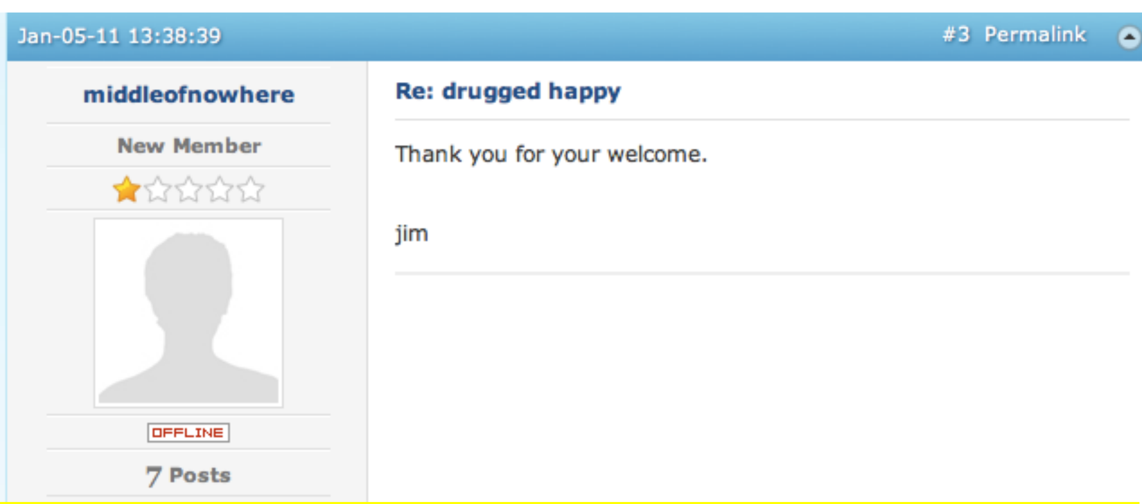
davila

Admin

Re: drugged happy

Hi middleofnowhere, welcome to the HealthyPlace forums!!

Healthyplace administrative member **davila** welcomes member to the forum.



Jan-05-11 13:38:39 #3 Permalink

middleofnowhere

New Member

OFFLINE

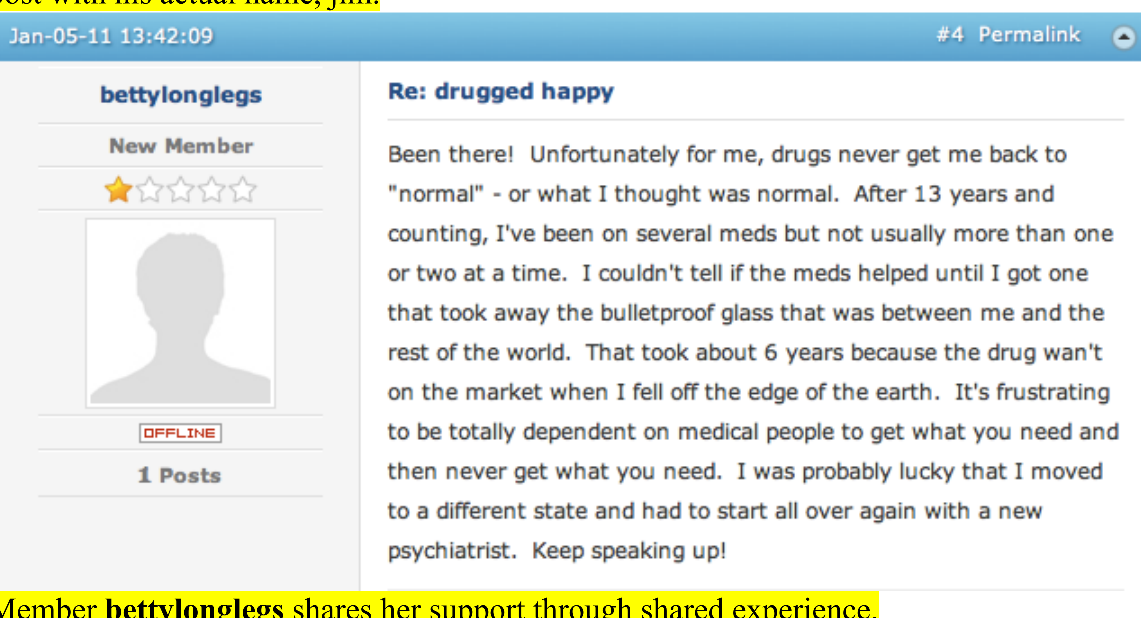
7 Posts

Re: drugged happy

Thank you for your welcome.

jim

Middleofnowhere responds to administrator to continue dialogue, member also signs his post with his actual name, jim.



Jan-05-11 13:42:09 #4 Permalink

bettylonglegs

New Member

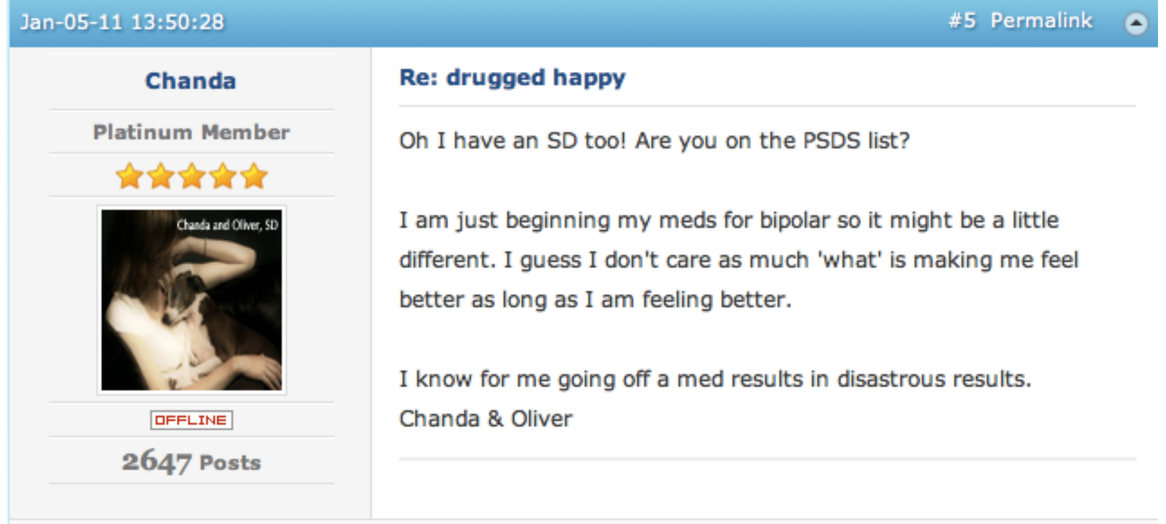
OFFLINE

1 Posts

Re: drugged happy

Been there! Unfortunately for me, drugs never get me back to "normal" - or what I thought was normal. After 13 years and counting, I've been on several meds but not usually more than one or two at a time. I couldn't tell if the meds helped until I got one that took away the bulletproof glass that was between me and the rest of the world. That took about 6 years because the drug wan't on the market when I fell off the edge of the earth. It's frustrating to be totally dependent on medical people to get what you need and then never get what you need. I was probably lucky that I moved to a different state and had to start all over again with a new psychiatrist. Keep speaking up!

Member **bettylonglegs** shares her support through shared experience.



Jan-05-11 13:50:28 #5 Permalink

Chanda

Platinum Member

Chanda and Oliver, SD

OFFLINE

2647 Posts

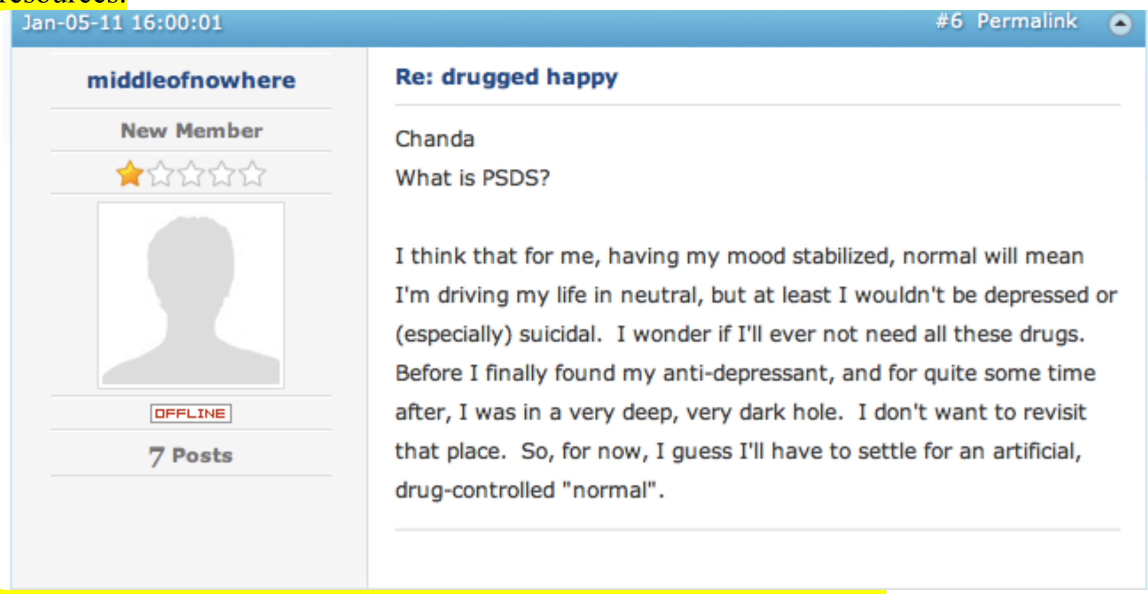
Re: drugged happy

Oh I have an SD too! Are you on the PSDS list?

I am just beginning my meds for bipolar so it might be a little different. I guess I don't care as much 'what' is making me feel better as long as I am feeling better.

I know for me going off a med results in disastrous results.
Chanda & Oliver

Member Chanda shares her support through shared experience as well as shared resources.



Jan-05-11 16:00:01 #6 Permalink

middleofnowhere

New Member

OFFLINE

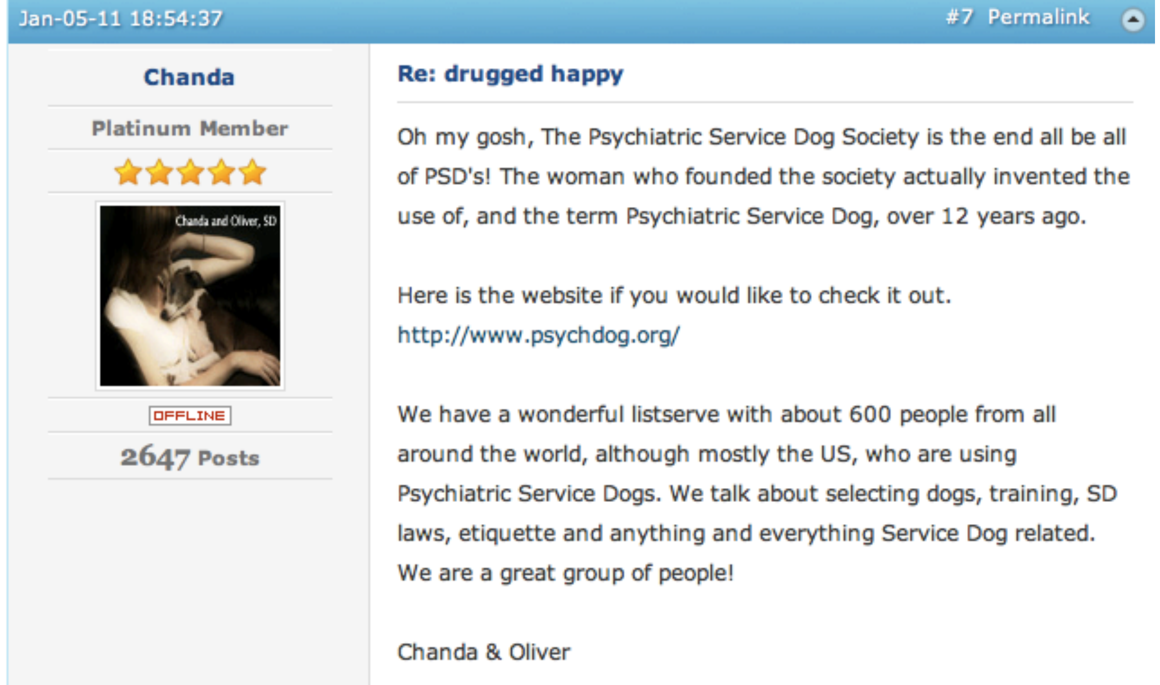
7 Posts

Re: drugged happy

Chanda
What is PSDS?

I think that for me, having my mood stabilized, normal will mean I'm driving my life in neutral, but at least I wouldn't be depressed or (especially) suicidal. I wonder if I'll ever not need all these drugs. Before I finally found my anti-depressant, and for quite some time after, I was in a very deep, very dark hole. I don't want to revisit that place. So, for now, I guess I'll have to settle for an artificial, drug-controlled "normal".

Member **middleofnowhere** acknowledges Chanda's post and advice.



Jan-05-11 18:54:37 #7 Permalink

Chanda

Platinum Member

Chanda and Oliver, SD

OFFLINE

2647 Posts

Re: drugged happy

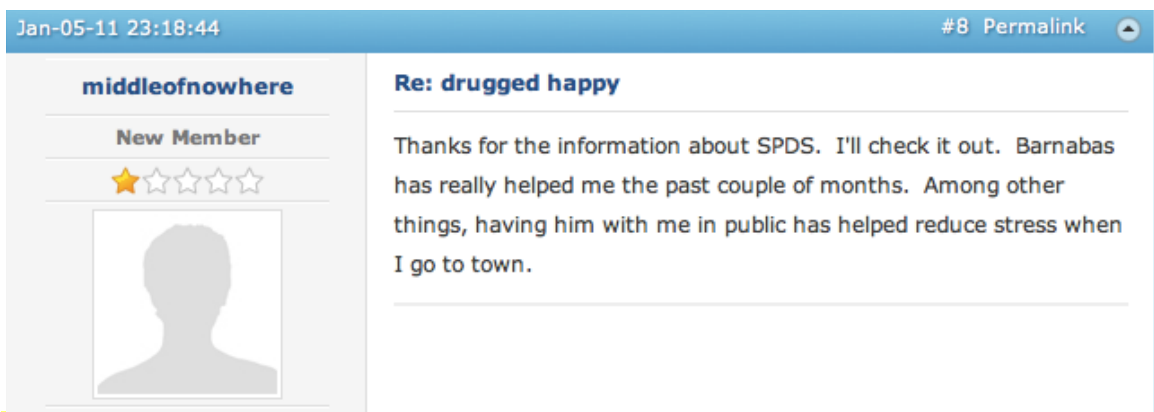
Oh my gosh, The Psychiatric Service Dog Society is the end all be all of PSD's! The woman who founded the society actually invented the use of, and the term Psychiatric Service Dog, over 12 years ago.

Here is the website if you would like to check it out.
http://www.psychdog.org/

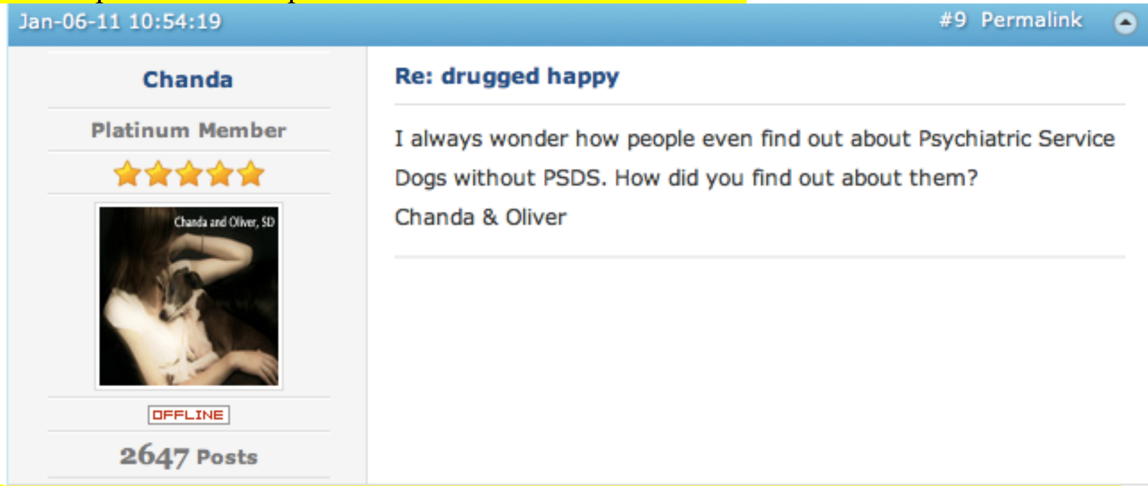
We have a wonderful listserve with about 600 people from all around the world, although mostly the US, who are using Psychiatric Service Dogs. We talk about selecting dogs, training, SD laws, etiquette and anything and everything Service Dog related. We are a great group of people!

Chanda & Oliver

Member **Chanda** provides further detail of her resource as well as provides member(s) with link.

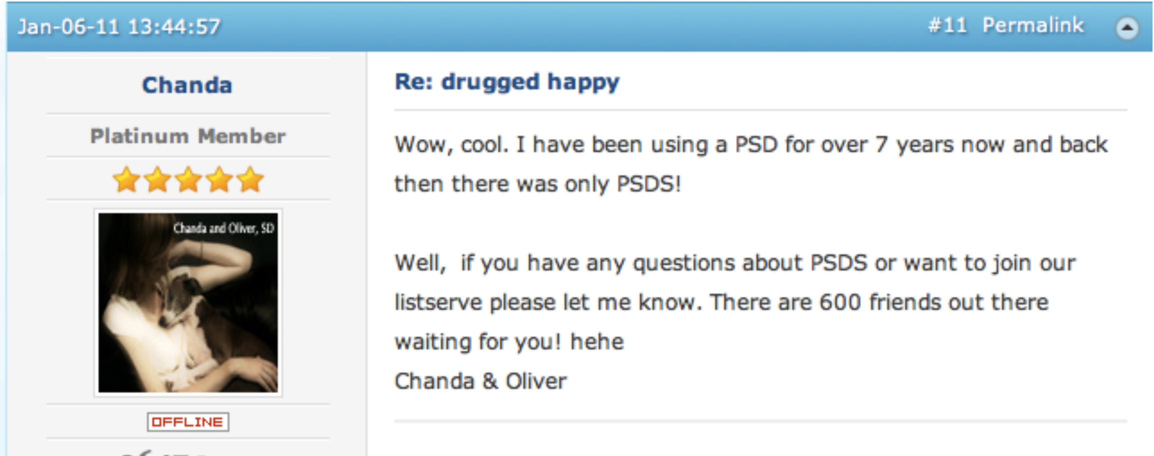


Member **middleofnowhere** again acknowledges and appreciates members support as well as provides more personal information about himself.

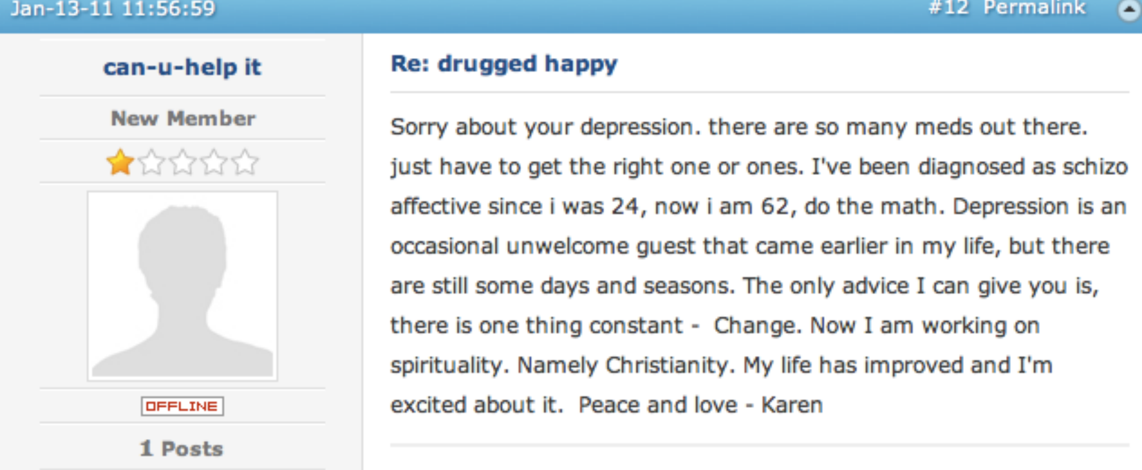


Interaction between member **Chanda** and **middleofnowhere** is developing as members are specifically asking each other questions.

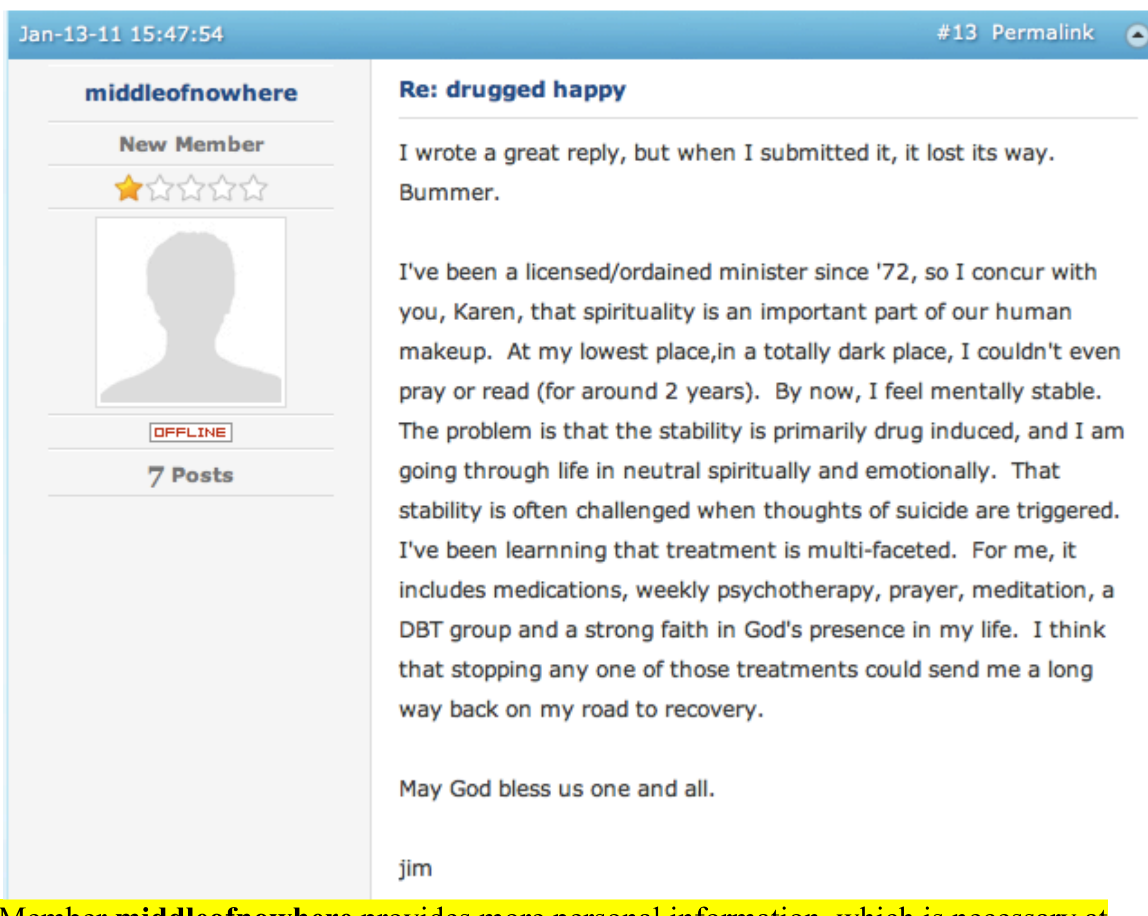
The replies between posts are becoming more frequent.



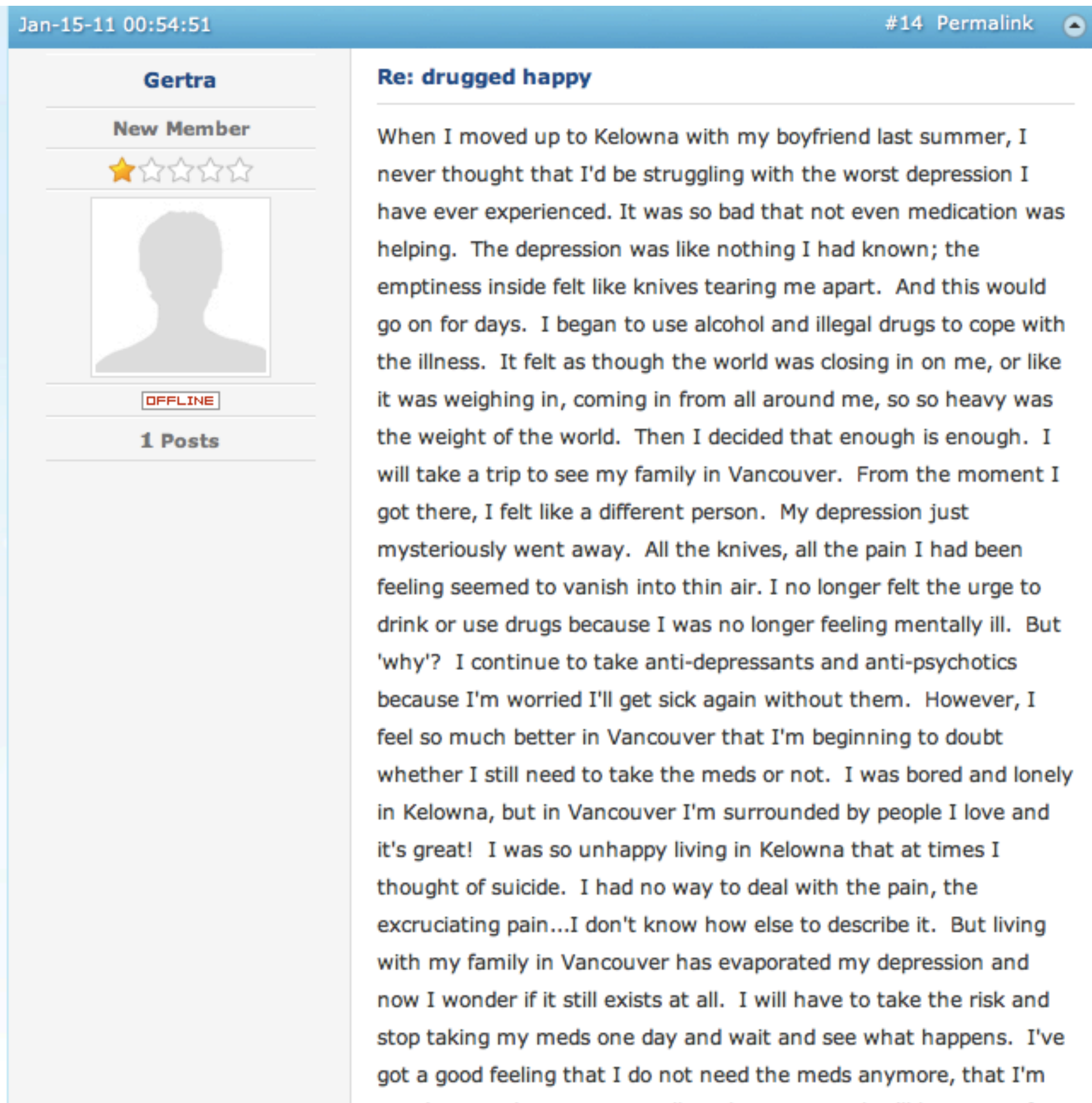
Member **Chanda** is trying to be inclusive to member **middleofnowhere** by extending an invite. The language has also become more informal as **Chanda** writes "hehe"



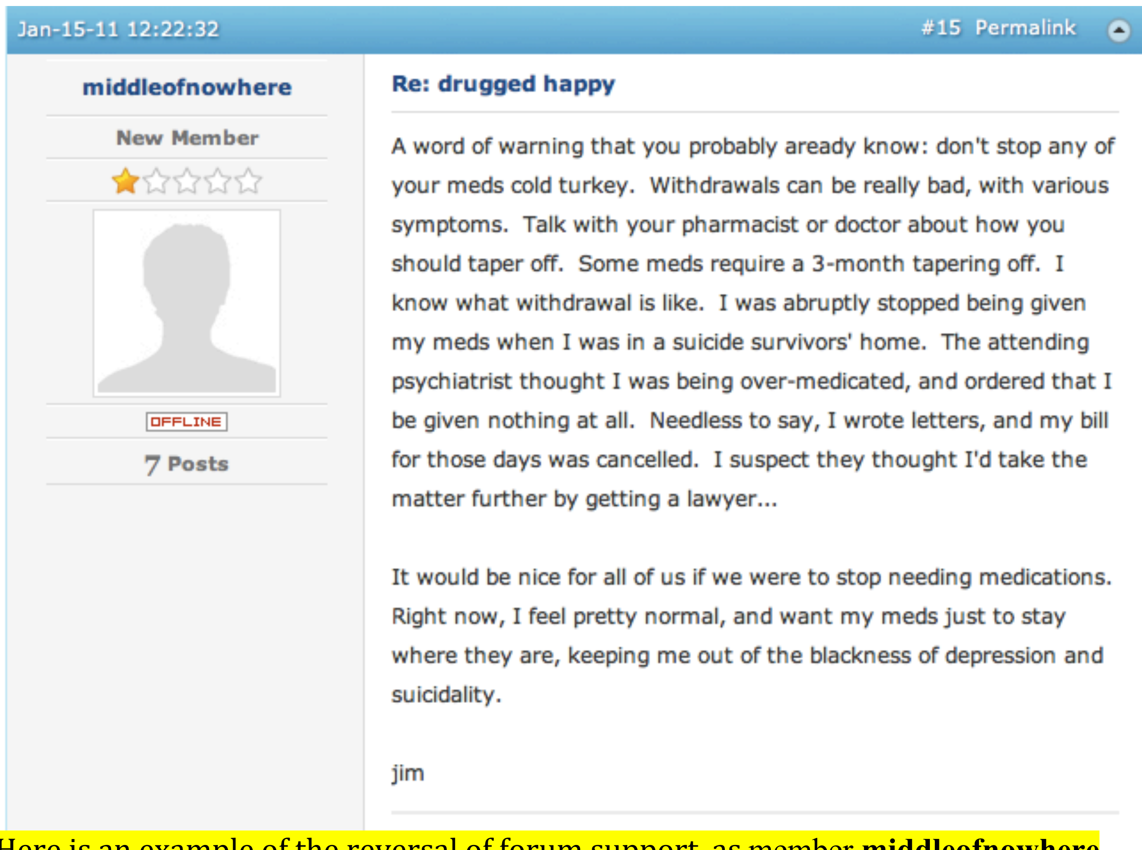
Member **can-u-help it** expresses support through morale as he expresses sympathy and provides members encouragement and advice on possible pharmaceuticals to help with depression.



Member **middleofnowhere** provides more personal information, which is necessary at generating responses by other community members.



Member **Gertra** responds to forum post with a similar experience with depression, however not acknowledging the other forum posts or replies.



Jan-15-11 12:22:32 #15 Permalink

middleofnowhere

New Member

OFFLINE

7 Posts

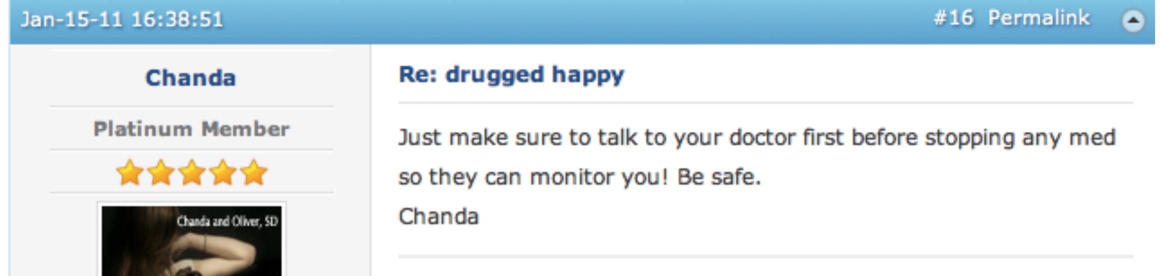
Re: drugged happy

A word of warning that you probably aready know: don't stop any of your meds cold turkey. Withdrawals can be really bad, with various symptoms. Talk with your pharmacist or doctor about how you should taper off. Some meds require a 3-month tapering off. I know what withdrawal is like. I was abruptly stopped being given my meds when I was in a suicide survivors' home. The attending psychiatrist thought I was being over-medicated, and ordered that I be given nothing at all. Needless to say, I wrote letters, and my bill for those days was cancelled. I suspect they thought I'd take the matter further by getting a lawyer...

It would be nice for all of us if we were to stop needing medications. Right now, I feel pretty normal, and want my meds just to stay where they are, keeping me out of the blackness of depression and suicidality.

jim

Here is an example of the reversal of forum support, as member **middleofnowhere** who originally sought the support of community became help to other member **Gertra.** This develops the esteem and value to the community and to the member.



Jan-15-11 16:38:51 #16 Permalink

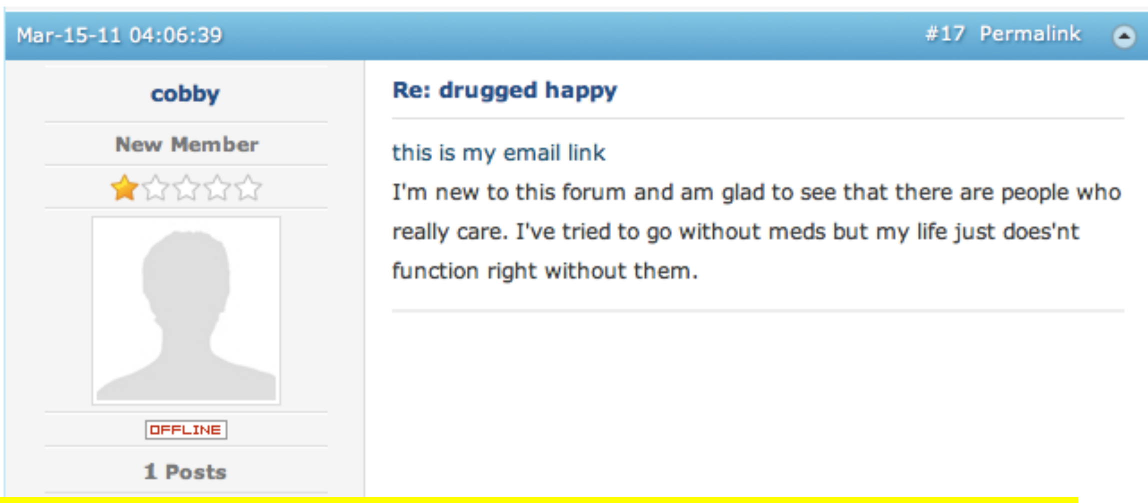
Chanda

Platinum Member

Re: drugged happy

Just make sure to talk to your doctor first before stopping any med so they can monitor you! Be safe.
Chanda

Member **Chanda** expresses her advice and concern for member(s).



Member **cobby** reaches out to other members to make connection and friendships by providing his e-mail address.

Appendix B:

Forum Post	Member Name	Member Status
1, 5	ravila	Administration
2	carroll	Discredited
3	RSherringJohnson	Discredited
4	Artemesia	Unknown
6, 8, 10	Azul	Wise (from responses)
7	Randy1Rhoads	Discredited
9	PhoenixTalion	Discreditable
11	Klassen	Discreditable
12	middleofnowhere	Discredited
13, 14	mom95	Wise
15	Saramarie	Discredited
16	ppkallday	Discreditable
17	aljmeow	Unknown
18	abbeyxo	Discredited
19	skylib	Discredited
20	Abree	Discredited
21, 26, 37, 38	taebofreak	Discredited
22	carollkm	Discredited
23	Pennylane	Discreditable
24	D02583205	Wise
25	Crazygurl	Discredited
27	Sommer29	Unknown
28, 30, 51	brocw09	Discredited
29	ronnirok14	Unknown
31	flywheeljack	Discredited
32, 33	bmcman	Discredited
34	cheryl1961	Discredited
35, 39, 43, 46	alicia27	Unknown
36	Papillon	Unknown (from post), Discredited (from responses)
40	zone45	Wise
41, 42, 44, 45, 47, 49, 50	ca	Unknown
48	HiMizulwaKaze	Discreditable
52	losing my family	Unknown

Discredited members	17
Discreditable members	5
Administrative member	1
Unknown members	6
Wise members	4
Total Members	33