

The Membership Life Cycle in Online Support Groups

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This study explores the membership life cycle in online support groups for people with depression by examining 558 people with various membership durations in 16 online support groups. Results indicated that membership duration was associated with age, self-defined condition, frequency of visits, active posting, the benefits gained from participation, and the level of depression. Related to both behavioral and psychological aspects of participation, these findings serve as a basis for suggesting a membership life cycle model that is exclusive for online support groups.

Introduction

Online peer-to-peer support groups are a main resource of social support on the Internet. In such groups, members usually have some sort of shared burden, and they use the online group as a platform for exchanging knowledge, sharing personal experiences, providing and receiving sympathetic understanding, and establishing social networks. Similar reasons for membership may be found in many online communities, including professional, educational, social, or recreational communities. However, online support groups are differentiated by virtue of the centrality of emotional support provided to members, which may be marginal or nonexistent in other online communities. Hence, while online support groups could be considered a specific type of online community, not all online communities may be considered support groups. This suggests that models describing online communities do not necessarily accurately describe online support groups and that online support groups may have their own unique characteristics.

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Relying on the existing literature on online communities, this study aimed to explore the membership life cycle in online support groups. It specifically examined members with various membership durations in online support groups for people with depression. The study combined an examination of members' participation patterns (i.e., behavioral aspects) and members' interests, the benefits they gained from participation, and their level of depression (i.e., psychological aspects). This combination served as a basis for suggesting a membership life cycle model that is exclusive to online support groups.

Literature Review

The phrase "virtual community" was first used by Rheingold (1994) describing his experiences in an early online community called the WELL (Whole Earth LECTronic Link). He defined virtual communities as "a group of people who may or may not meet one another face to face, and who exchange words and ideas through the mediation of computer bulletin boards and networks" (Rheingold, 1994, p. 57). Lazar and Preece (1998) complemented this definition by outlining four components of an online community: people, purpose, policies, and system. The people are community members who interact online to satisfy a certain need and/or perform a specific role. These people have a shared purpose, such as an interest, need, or service. To achieve that purpose, the community develops formal and informal policies in the form of implied assumptions, rituals, rules, or guides, and it relies on computer systems to support the online interaction.

The study of online communities has been a predominant theme in the social scientific examination of the Internet, and the literature has suggested a membership life cycle for online communities. Kim (2000), for example, proposed five phases in the membership life cycle. According to her model, members of online communities begin their life in a community as "visitors," or "lurkers," who observe the community and consider joining it. The next step is registering and becoming "novices" who are still learning about the community. After participating for a while, members become "regulars." Regulars are established members who are familiar with the community and communicate efficiently with other community members. Some of them may become "leaders" who "help newcomers get settled in, operate the community shops and taverns, volunteer for charities and committees, and run for mayor" (p. 119). In other words, leaders help other members and take an active role in leading the community's dynamics. In the last phase of the life cycle, members become "elders." The elders may be long-time members or leaders who "stepped down from their official roles" but still serve as "respected sources of cultural knowledge and insider lore" (ibid.).

Arrasvuori, Lehtikoinen, Ollila, and Uusitalo (2008) proposed a rather simple discover-join-abandon membership life cycle. According to their model, a person discovers the community, appraises it, and may decide to become a member. Whereas the appraisal phase may be rather short, participation may last for a long time. As a member, the person is involved in various activities. These may be divided into *content* (e.g., getting, sharing) and *people* (e.g., observing, socializing). The intensity of participation and the interest in the community may vary and diminish over time. Finally, at some point, the member abandons the community.

More recently, Sonnenbichler (2009) presented a model that built on Kim's model. He suggested that after visitors become novices, they do not necessarily become active members. They can also become passive members (members with a low level of activity who are mainly interested in information) or "trolls" (members with a high level of activity for a short period of time who are mainly interested in producing information and disturbing the community). The model also suggests mobility among these three roles and the leader's role. Active members can become passive, leaders, or trolls. Passive members may become active or trolls, and leaders may step down to become active or passive members.

Regardless of their differences, these models suggest that participation in an online community is a dynamic process that may evolve over time and that members with different membership duration may vary in their observed behaviors. While this principle is probably valid for online support groups as well, none of the models addressed possible variations in different types of online communities. In addition, just as in any other media usage (Ruggiero, 2000), the varying participation patterns along the membership life cycle may lead to changes in the members' experiences and in the benefits they gain from the online communities. Nevertheless, all the existing models refer to behavioral aspects only, ignoring changes in the benefits gained. The current study aimed to explore the unique characteristics of the membership life cycle in online support groups by combining both behavioral and psychological aspects.

Like other online communities, online support groups may operate through diverse applications, such as e-mail distribution lists, chat rooms, or forums/bulletin boards. Compared with other immediate support alternatives (such as telephone hotlines) and face-to-face support groups, online support groups have several advantages, including accessibility, anonymity, invisibility, status neutralization, greater individual control over the time and pace of interactions, opportunity for multiconversing, and opportunity for archival search (Barak, 2007; Barak, Boniel-Nissim, & Suler, 2008; McKenna & Bargh, 2000; Meier, 2004). These characteristics, along with availability and simplicity of use, may explain the popularity of online support groups among Internet users. Many online support groups address a wide variety of concerns—for example, groups for parents and caregivers, groups for people who undergo negative life transitions (such as divorce or loss of a family member), and groups for unemployed individuals and retirees. Health-related online support groups are prominent among these groups (Johnson & Ambrose, 2006).

Health-related online support groups tend to focus on specific conditions (e.g., chronic diseases, disabilities, and addictions). Members of health-related online support groups are typically people who are diagnosed with a health condition, but they may also be undiagnosed individuals concerned about specific symptoms as well as people caring for loved ones with the condition (Kral, 2006). Previous research has demonstrated that people with stigmatized illnesses such as HIV/AIDS or mental illnesses use the Internet for health information and social support significantly more than those with nonstigmatized conditions (Berger, Wagner, & Baker, 2005; Davison, Pennebaker, & Dickerson, 2000). Apparently, "having an illness that is embarrassing, socially stigmatizing, or disfiguring leads people to seek the support of others with similar conditions" (Davison et al., 2000, p. 213), and online support groups enable them to receive this support while remaining anonymous and invisible. Among those with stigmatized conditions, people with depression use the Internet the most (Millard & Fintak, 2002).

In the past decade, online support groups that are dedicated to the discussion of depression have grown into a mass social phenomenon estimated at dozens of such groups worldwide, with hundreds of thousands of members. Parallel to their increased prevalence, a growing body of research has explored the groups' potential role in the management of depressive disorders. Existing studies of online depression support groups have explored three main issues: members' characteristics and participation patterns, the contents posted in the online groups, and the impact of participation (for a review, see Griffiths, Calear, & Banfield, 2009a; Griffiths, Calear, Banfield, & Tam, 2009b). However, studies that explored these online groups *over time* are scarce.

A recent systematic review (Griffiths et al., 2009a) identified only two longitudinal studies of online support groups dedicated to people with depression. Both studies were experimental and focused on the clinical impact of the groups. One of them indicated a positive impact of the support groups, reporting that heavy users were more likely than less frequent users to experience resolution of their depression during follow-up (Houston, Cooper, & Ford, 2002). The second study indicated limited impact, demonstrating that a combination of cognitive-behavioral therapy and online community was more effective in alleviating depression than community participation alone (Andersson et al., 2005). Nevertheless, the credibility of both studies is in doubt, because they did not apply randomized controlled trials of the effectiveness (Griffiths, Crisp, Christensen, Mackinnon, & Bennett, 2010).

This clinical approach was harshly criticized by several scholars (Barak, Grohol, & Pector, 2004; Barak et al., 2008; van Uden-Kraan et al., 2008), who objected to the application of particular therapeutic measurements in studies evaluating the effects of online support groups. They claimed that separating the groups' impact from other interventions was unrealistic and faulty, since no group is a substitute for treatment; and they claimed that the online support groups should be viewed as complementary to professional care, because this means of emotional support can provide empowerment, stress relief, and improved general well-being.

Support for this argument may be found in survey studies that investigated subjective variables such as the perceived benefits or the reason for participating in online support groups for people with depression. Houston and colleagues (2002), for example, reported that emotional support was the main reason for participation and that the majority of members agreed that participation alleviated their symptoms. Powell, McCarthy, and Eysenbach (2003) found that most repeat visitors reported gaining knowledge of depression, and about half of them indicated that they were "able to discuss subjects that they felt unable to discuss elsewhere" and that they "felt less isolated." Other studies yielded similar findings (e.g., Alexander, Peterson, & Hollingshead, 2003, Barak, 2007) and reported that members' feedback was that the online support group provided them with help and understanding, an outlet for expression, and a place to turn to when alone and that participation was a process that led to a sense of relief and a change in their lives. There is almost no evidence for perceived disadvantages of online depression support groups (Griffiths et al., 2009b). While these studies provide substantial support for the impact of online depression support groups on outcomes other than the level of depression, they lack differentiation among members. Hence, no study so far has examined whether the nonclinical benefits gained from participation vary among different segments of community members, including members with different membership duration.

The Present Study

The study presented in this article provides some of the missing information in the current body of knowledge. The main goal of this study was to explore the membership life cycle in online support groups. For that purpose, online peer-to-peer support groups for people with depression were examined. Online depression support groups may be regarded as a good representative of online support groups because health-related online support groups are the most prominent online support groups (Johnson & Ambrose, 2006), because people with stigmatized illnesses use the Internet for health information and social support significantly more than those with nonstigmatized conditions (Berger et al., 2005; Davison et al., 2000), and because, among those with stigmatized conditions, people with depression use the Internet the most (Millard & Fintak, 2002).

This study was designed to explore the associations between duration of membership in online support groups, participation patterns (i.e., behavior) and psychological measures. The latter included participants' interests, perceived benefits, and level of depression. Hence, the study not only combined behavioral and psychological measures, it also combined clinical (i.e., objective) and nonclinical (i.e., subjective) measures of members' well-being. This combination provided some general suggestions regarding individuals' experience of membership in online support groups.

Method

Although longitudinal research is probably the best method to explore the membership life cycle, it could not be applied in the current investigation because of the need to ensure participants' anonymity. A basic condition for conducting a longitudinal investigation is asking interviewees to provide their contact information for further questioning. Given that the participants here struggled with a stigmatized mental illness, they probably would not have agreed to participate in the study if it was not anonymous. Under this limitation, the study was cross-sectional and simply examined group members with various membership durations.

Data Collection and Sample

The study was based on an online survey of 558 members of 16 online support groups for people with depression. To recruit participants, the principal investigator (PI) contacted the administrators of 30 active online support groups and asked for their permission to post a call for volunteers on their websites. All of the groups were English-based and explicitly targeted people with depression (according to their names, home pages, and welcome posts). Eleven administrators approved and even posted the call on the PI's behalf, two said that they would examine the request but never answered, and one refused. Others did not respond even after three requests. In these cases, the PI independently posted messages in the online support groups. Of the 16 unauthorized messages posted, only five survived. Others were deleted by group administrators after a short period (between several hours and a couple of days), and the PI was banned from the sites. The remaining 16 (11 approved and 5 nonapproved) online support groups surveyed are listed in Table 1. Yet, it is assumed that some respondents were recruited by the short-lived nonapproved posts in the other 11 online groups.

The call for volunteers included a short description of the research aims and a link to the survey website (a Survey Monkey application). The first page of the website included a longer description of the study, a consent form, and the PI's contact information. Volunteers were asked to read the instructions and confirm their consent to participate. Then they were asked to complete an online survey. They were invited to contact the PI with regard to any questions they may have, but none did. There were no sampling criteria, and participation was anonymous. Therefore, the study was exempted from human subjects review. Data collection lasted two months. After screening out those who did not sign the consent form and those who submitted questionnaires with less than 80% of the questions answered, the final sample size was 558.

Table 1. The Online Support Groups Surveyed in This Study.

| Online Support Group Name | Address | Type | Center |
|---------------------------------------|---------------------------------------|--------------|-----------|
| Beyond Blue | www.beyondblue.org.au | Forum | Australia |
| Brain Talk Communities ^a | www.braintalkcommunities.org | Forum | U.S. |
| Christian Forums ^a | www.christianforums.com | Forum | U.S. |
| Depression Fallout ^b | www.depressionfallout.com | Forum & Chat | U.S. |
| Depression Forums | www.depressionforums.org | Forum | U.S. |
| Depression Tribe | www.depressiontribe.com | Forum | not clear |
| Depression Haven | www.depressionhaven.org | Forum & Chat | U.S. |
| Firefly ^a | www.fireflyhealth.org | Forum | U.S. |
| My Depression Connection ^a | www.healthcentral.com/depression | Forum | U.S. |
| Psych Forums | www.psychforums.com | Forum | U.S. |
| Psychlink | forum.psychlinks.ca | Forum | Canada |
| Talk Depression | www.talk-depression.org | Forum | UK |
| Topix – Depression Forum ^a | www.topix.com/forum/health/depression | Forum | U.S. |
| UKDF ^b | ukdepression.co.uk | Forum | UK |
| Walkers in Darkness Forums | forums.walkers.org | Forum | U.S. |
| Wing of Madness | www.wingofmadness.com | Forum | U.S. |

^a No official permission was granted.

^b Dedicated to people caring for loved ones with depression.

Measurement

The questionnaire included mostly closed and some open-ended questions regarding the following areas:

Participation patterns. The questionnaire began with several general questions about how users learned about the online support group and when they visited it for the first time. This question had five possible answers: less than a month ago, one to three months, three to six months, six months to a year, and more than a year. Because many online groups required registration before one could read the posts,

the study did not differentiate between "visitors" and "novices" (Kim, 2000). Additional questions looked at current usage patterns, including frequency of visits, posting behavior, and visiting other online support groups. Respondents were also asked to report whether there were factors constraining their participation in the online support group, and, if so, what they were.

Interest in issues discussed in the online support groups. Respondents were presented with a list of the nine most discussed topics in online support groups for people with depression (Nimrod, 2012): symptoms, relationships, coping, life, formal care, medications, causes, suicide, and work. They were asked to rate their interest in these topics using a four-point scale ranging from "have no interest" to "very interested." While this measurement may, to an extent, represent members' motivation (i.e., another psychological dimension), the main reason for including it was the PI's hypothesis that interests may change over time and explain changes in behavior.

Benefits of participation. Respondents were presented with a list of 13 statements, which describe various benefits from participation in online support groups for people with depression. This list was based on previous research on online support groups for people with depression (especially Alexander et al., 2003; Barak, 2007; Houston et al., 2002; Powell et al., 2003). Respondents were asked to rate the extent to which each of the statements described the benefits they gained from participation, using a five-point scale ranging from "totally disagree" to "totally agree." Sample questions include items such as "I better understand my condition," "I feel connected with others," and "My condition is under better control."

Depression severity. Depressive symptoms were measured by the Iowa short form (Kohout, Berkman, Evans, & Cornoni-Huntley, 1993) of the Center for Epidemiological Studies' Depression Scale (CES-D; Radloff, 1977), asking 11 of the original 20 questions with three rather than four response categories. This self-report instrument asks respondents to describe their mood over the past week on a 3-point frequency scale (1 = rarely or almost none of the time, 2 = some or a little of the time, 3 = most or all of the time). Sample questions include items such as "In the past week I felt depressed," "In the past week I felt lonely," and "In the past week, I enjoyed life" (reverse coded). The CES-D has been shown to be a reliable measure for assessing the number, types, and duration of depressive symptoms across racial, gender, and age categories. High internal consistency has been reported with Cronbach's alpha coefficients ranging from .85 to .90 across studies (Radloff, 1977). The Iowa short form has been found to perform as satisfactorily as the original 20-item CES-D (Carpenter et al., 1998). The Cronbach's alpha coefficient in this study was .87.

Background. The last part of the questionnaire included demographic and sociodemographic questions. The variables examined were age, gender, perceived health, marital status, education, economic status, country of residence, having been diagnosed with depression (and, if so, what was the diagnosis).

Data Analysis

To examine associations between membership duration and background characteristics, participation patterns, interests, and reported benefits, cross-tabulations and Chi-squared tests as well as Pearson correlations were employed. The next step included calculating the depression scores for each respondent and then examining the association between membership duration and level of depression using Pearson correlation. Since membership duration correlated with several variables, which may have correlated with depression as well, further analysis examined whether the association between membership duration and level of depression interacted with these variables. Methods used were variance analysis, two-way ANOVA, and contrast analysis. In the last step, all variables that correlated with membership duration were included as independent variables in a linear regression, with the level of depression as the dependent variable. A confidence interval of 95% was used in all tests.

Results

Sample Characteristics and Participation Patterns

Most of the respondents were 20 to 50 years old, and the mean age was 36.1 years. Seventy percent were women, 48% were single, 36% were married, and most of the rest were divorced. The average number of years of education was 14.8. Half of the respondents reported having average income, and 35% reported income lower than average. Fifty-nine percent were from the United States, 21% were from the United Kingdom, 7% were from Canada, and 6% were from Australia. Relatively few (7%) resided in non-English-speaking countries.

Regarding health, 53% perceived their health as good or excellent, and only 13% perceived their health as poor. Most respondents (76%) were diagnosed with depression, 16% reported being depressed but not diagnosed, and 6% were caring for someone with depression. The most frequent diagnosis was major depression (68%), followed by bipolar disorder (14%) and dysthymia (4%). Depression severity scores ranged between 11 (least depressed) and 33 (most depressed), with a mean score of 23.69 (higher than 21, which is the cutoff for depression).

Twenty percent were relatively new members in the online support group (less than a month), and about 40% were "veterans" (more than a year). Fifteen percent had been members for one to three months, 13% had been members for three to six months, and 12% had been members for six months to a year. Sixty-one percent reported having constraints on participation, and the most common constraints were depression itself (53%) and lack of time (23%). Most respondents found the online support group either after intentional searching for an online support group for people with depression (52%) or coincidentally (39%). Only 1% learned about the online support groups from their therapists.

**Associations between Membership Duration and Background Characteristics,
Participation Patterns, Interests, and Reported Benefits**

The Pearson correlation between membership duration and age was .213 ($p < 0.001$, $N = 522$). The more veteran members were, the older they were. Cross-tab and Chi-square tests showed significant association between membership duration and self-defined condition ($p < 0.05$), indicating that the rate of people who defined themselves as “depressed but not diagnosed” was relatively higher among new members. No significant associations were found between membership duration and type of depression, gender, family status, education, income, perceived health, and country of residence.

The Pearson correlation between membership duration and frequency of visits was $-.105$ ($p < 0.05$, $N = 552$). The more veteran members were, the less frequently they visited the online groups. The Pearson correlation between membership duration and frequency of active participation (i.e., posting) was $-.218$ ($p < 0.001$, $N = 551$). The more veteran members were, the more active participants they were. No significant associations were found between membership duration and type of active participation (opening discussions, replying, or both), participation in other online depression support groups and the frequency of such participation, and constraints on participation.

No significant associations were found between membership duration and any of the interests examined in the study. Hence, new members and veterans shared similar interests. However, there were several significant associations between membership duration and perceived benefits gained from participation (see Table 2). The more veteran members were, the more they tended to report better coping with their daily tasks and with depression in general as well as being able to help others.

Table 2. Associations Between Membership Duration and Reported Benefits

| Benefit Statement | Pearson Correlation | Significance |
|---|---------------------|--------------|
| I am more capable in dealing with daily tasks | .110 | 0.010 |
| I cope with the depression better | .115 | 0.007 |
| I can be of help to others | .119 | 0.005 |

Association Between Membership Duration and Level of Depression

The Pearson correlation between membership duration and level of depression was $-.149$ ($p < 0.001$, $N = 553$). The more veteran members were, the less depressed they were. Since membership duration correlated with several variables, which may have correlated with depression as well, further analysis examined whether the decrease in depression with longer membership duration interacted with these variables. Variance analysis demonstrated that the correlation between membership duration and depression was significant after controlling for age ($F = 4.496$, $p = 0.02847$). In addition, of the

interactions examined using two-way ANOVA, none was significant (see Table 3). Hence, the association between membership duration and level of depression could not be related to mediating variables.

Table 3. Interaction Between Variables Correlated with Membership Duration and Depression: Two-way ANOVA and Contrast Analysis.

| Variable | Association with Depression | F | Significance |
|---|--------------------------------------|-------|--------------|
| Frequency of visits | Main | 0.943 | 0.439 |
| | Interaction with membership duration | 1.139 | 0.315 |
| Frequency of active participation | Main | 2.573 | 0.037 |
| | Interaction with membership duration | 0.970 | 0.488 |
| The benefit "I am more capable in dealing with daily tasks" | Main | 8.776 | 0.000 |
| | Interaction with membership duration | 1.400 | 0.142 |
| The benefit "I cope with the depression better" | Main | 7.591 | 0.000 |
| | Interaction with membership duration | 0.929 | 0.532 |
| The benefit "I can be of help to others" | Main | 6.590 | 0.000 |
| | Interaction with membership duration | 0.845 | 0.634 |
| Self-defined condition | Main | 5.988 | 0.000 |
| | Interaction with membership duration | 1.252 | 0.234 |

Since most variables that correlated with membership duration also correlated with depression, all of them were included as independent variables in a linear regression, with the level of depression as the dependent variable (see Table 4). The overall regression model accounted for only 19% of the variance. Hence, other variables, which were not examined in the model, may predict depression better. Still, five variables were significant predictors of the level of depression (in descending order): the benefit of being more able to deal with daily tasks, self-defined condition (i.e., being diagnosed), the benefit of being able to help others, membership duration, and age. The benefits were negatively associated with depression. The more members experienced them, the less depressed they were. Being diagnosed was positively associated with the level of depression (i.e., diagnosed members were more depressed). Membership duration and age were negatively associated with depression. The more veteran members were and the older they were, the less depressed they were.

Table 4. Linear Regression Analysis of Respondents' Membership Duration and Associated Variables with Level of Depression.

| Variable | Unstandardized Coefficient | | Standardized Coefficient |
|----------------------------|----------------------------|-------|--------------------------|
| | B | SE B | β |
| (constant) | 32.056 | 1.560 | |
| Membership duration | -0.349 | 0.143 | -0.110* |
| Age | -0.043 | 0.017 | -0.107* |
| Frequency of visits | -0.253 | 0.164 | -0.073 |
| Self-defined condition | 2.330 | 0.497 | 0.200*** |
| Benefit: daily tasks | -0.123 | 0.297 | -0.208*** |
| Benefit: better coping | -0.203 | 0.311 | -0.039 |
| Benefit: helping others | -0.736 | 0.259 | -0.153** |
| Frequency of participation | 0.177 | 0.179 | 0.048 |

Note. $R^2 = 0.19$. F score = 13.704. Dummy codes for self-defined condition: 1 = diagnosed with depression, 0 = other.

* $p < .05$. ** $p < 0.01$. *** $p < .001$.

Discussion

Considering the sample size as well as the fact that sample characteristics were quite similar to those found in previous research (Griffiths et al., 2009b), this study seems to be quite representative of members of online depression support groups. It is the first study to specifically examine the membership life cycle in online support groups and the first to combine behavioral and psychological aspects in examining the membership life cycle in online communities. This combination provided some of the missing information in the current body of knowledge, produced a detailed understanding regarding online support group members, and may serve as a basis for several arguments regarding the experience of membership in online support groups.

While only a longitudinal study can accurately examine changes over time, the findings of the current investigation suggest the existence of a distinctive membership life cycle in online support groups (see Figure 1). Group members in the first phase of this life cycle may be described as "distressed newcomers." In the case of online depression support groups, it seems that people join the community when they face severe depression. At this point, many of them have not been diagnosed with depression. As newcomers, they visit the communities quite often, but they do not post much. To an extent, they are similar to the "novice" members described by Kim (2000) and Sonnenbichler (2009) and to people in the appraisal phase as described by Arrasvuori and colleagues (2008). However, they are distinct in the mental distress that they experience.

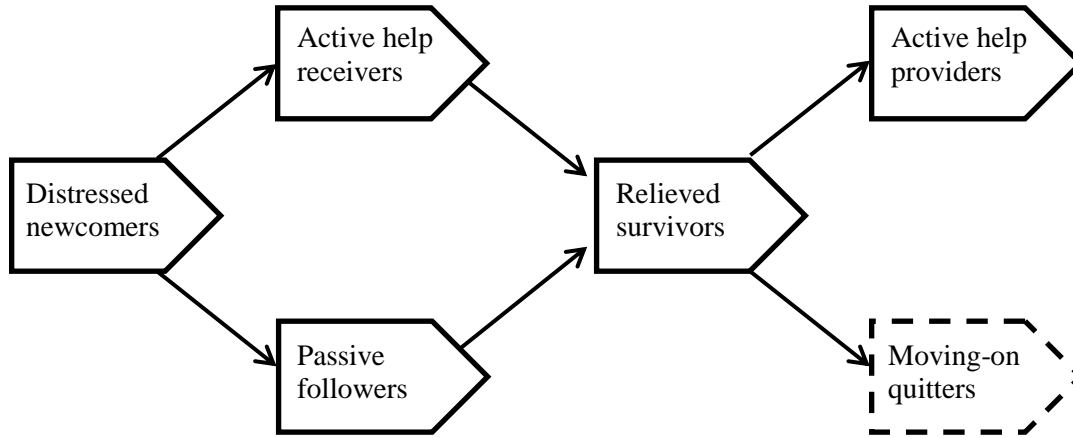


Figure 1. An online support group membership life cycle model.

When members become more familiar with the online support group, some feel more comfortable and start posting more often. These members may be described as “active help receivers.” However, not all members actively interact with other members of the group. Some may choose to simply follow (or “lurk”) the online discussions. The latter may be described as “passive followers.” These two groups mirror the active and passive members portrayed by Sonnenbichler (2009). In addition, their activities may be described using Arrasvuori and colleagues’ terms (Arrasvuori et al., 2008). The “active help receivers” actively seek knowledge, share content, and socialize with other people. The “passive followers” prefer reading others’ contents and observing the online dynamic.

Previous research (e.g., Mo & Coulson, 2010; van Uden-Kraan, Drossaert, Taal, Seydel, & van de Laar, 2009) suggested that, although lurking is less satisfying than active participation, it has similar empowering outcomes. The specific differences between posters and lurkers in the surveyed online depression groups were examined in depth in a separate investigation and are reported elsewhere (Nimrod, in press). Regardless of these differences, the findings of the current investigation demonstrated that the association between membership duration and level of depression could not be related to mediating variables, including the frequency of active participation. Hence, as time passes, the level of depression among group members decreases regardless of their participation patterns. Online support group members at this phase may be described as “relieved survivors.” In the case of online depression groups, the relief is expressed in the level of depression, but in other groups, it may have other forms depending on the type of difficulty group member’s face.

According to the regression model, the relief in depression severity results, among other factors, from participating in the communities, which has a cumulative impact, as well as from the benefits of

participation. These findings support previous studies, which indicated that the online groups have a positive impact on members' psychological condition (Andersson et al., 2005; Houston et al., 2002). However, with more diagnosed members among the veterans, the improvement in members' condition is probably also a result of receiving formal care. This supports previous calls to view the online support groups as complementary to professional care (Barak et al., 2004, 2008; van Uden-Kraan et al., 2008). Moreover, Powell and colleagues (2003) argued that online groups are an important factor in deciding to seek professional help. New members who are not formally diagnosed and treated are encouraged by their online peers to receive formal care. The groups are thus both encouraging formal care and complementing it.

The more veteran members are and the better they feel, the less often they visit the online groups. This may be explained by the fact that they need less social support. The fact that there were no associations between interests and membership duration suggests that those who remain members for long periods are those who do not lose interest in any of the issues discussed. It seems that others, who leave the online support group after a while, feel that they have learned enough about their condition and the means for coping with it and that they can now move on by themselves. These members simply abandon the group and become "moving-on quitters."

The rest of the veterans continue to visit the online group, but less frequently. When they do visit the groups, however, they are relatively more active than newer members. An explanation for this may be found in their agreement with the benefit of "I can be of help to others." It seems that with time and with the improvement in their condition, members turn from followers and support receivers into "active support givers." To an extent, they resemble the "elders" described by Kim (2000). With age being the only sociodemographic characteristic associated with membership duration, it seems that the veterans are indeed older. In other words, the older members are, the more persistent they are. This may be explained by the tendency for continuity associated with aging (Atchley, 1999). Another explanation is that the older people get, the more interested they are in tutoring and supporting the next generations (Erikson, 1963; McAdams & Logan, 2004).

Being able to support others is an important benefit, which may lead to empowerment, a sense of being needed and useful, and even finding more meaning in life. Members may find some comfort in knowing that their own suffering has not been in vain, as they can now help others. They may also feel that they are now giving back to a community that helped them in their darker days. This does not mean that they stop receiving support from the other group members, but there is a change in balance. Turning from help receiver into help provider represents, then, not only the last phase of the membership life cycle but also the reciprocal nature of online support groups.

Limitations and Future Research

The online support groups for people with depression served as a good representative of online support groups. Yet there is an inherent bias in this study—of those who use the Internet and, more specifically, those who are willing to engage with others. In addition, despite a multinational composition, most respondents lived in English-speaking Western countries. This lack of diversity among participants

clearly limits the generalizability of the findings to other online depression support groups as well as to other types of online support groups. Nevertheless, there is a high probability that the results of this study may be applicable across online support groups and in various cultural contexts. Future research, then, should examine whether the suggested online support group membership life cycle model is valid for other types of support groups. This includes not only health-related online support groups but also groups dedicated to other topics. Future studies should also examine non-English online support groups to explore cultural variations. In addition, because the current study was limited to cross-sectional investigation, future research should apply longitudinal methods when applicable (i.e., when examining groups dedicated to nonstigmatized conditions).

Longitudinal research could provide answers for certain questions that remain unanswered. One such question relates to a possible association between phases. As active participation may lead to a greater sense of community, it is possible that "active help receivers" become "active help providers", and "passive followers" become "moving-on quitters." Other questions relate to the factors that encourage active participation and help provision as well as factors affecting greater relief, which were not examined in the current research. Because of the many benefits online support groups offer, further studies should also look for ways to promote participation among people who do not visit such groups. With only 1% referred to the communities by their therapists, additional research should examine professionals' awareness and attitudes and consider educational activities.

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