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Kevin B. Wright & Stephen A. Rains

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Weak Tie Support Preference and Preferred Coping Styles as Predictors of Perceived Credibility Within Health-Related Computer-Mediated Support Groups

Kevin B. Wright
Department of Communication
Saint Louis University

Stephen A. Rains
Department of Communication
University of Arizona

Drawing upon an optimal matching model framework, this study examined weak tie support preference and coping style as predictors of credibility perceptions among members of health-related computer-mediated support groups. One hundred and thirty-five participants from various health-related online support groups responded to a survey questionnaire. The results indicated that increases in weak tie support network preference and problem-focused coping scores predicted increases in perceptions of credibility of online support group members. However, emotion-focused coping was not a significant predictor of perceived credibility. The implications of these findings for weak tie support network, coping, and credibility theories are discussed along with limitations of the study and directions for future research.

The growth and popularity of computer-mediated support groups in recent years have gained the attention of social support researchers from a number of disciplines (e.g., Barrea, Glasgow, McKay, Boles, & Feil, 2002; Lieberman & Goldstein, 2005; Tanis, 2008; Wright, 1999). There are now thousands of computer-mediated support groups on the Internet for almost every imaginable health issue, and scholars have been intrigued by the potential of these groups to supplement or replace traditional face-to-face social support networks in terms of helping to better meet the informational, emotional, and instrumental support needs of individuals facing health concerns (Rains & Young, 2009; Turner, Grube, & Meyers, 2001; Wright & Miller, 2010). The theory of weak ties (Granovetter, 1973) has been used as a framework both for understanding the motives participants in these groups have for obtaining certain types of support and for explaining how features of computer-mediated communication can facilitate meeting their needs (Walther & Boyd, 2002; Wright, Rains, & Banas, 2010). For example, computer-mediated support groups on the Internet provide individuals with opportunities for building a social network of weak tie peers who, in many cases, may be in a better position than closer ties to provide satisfying informational, emotional, and other types of support (Wright & Bell, 2003; Wright et al., 2010).

Despite the advantages of weak tie support in this context, there are risks involved with obtaining social support online that may potentially undermine perceptions regarding the credibility of support providers and ultimately lead to dissatisfaction with the quality of support obtained. For example, the anonymity of participants within these groups may lead to flaming and other forms of unsupportive behavior (Barak, Boniel-Nissim, & Suler, 2008) and can make it more difficult than in face-to-face settings for individuals to detect deception, insincerity, and alternative motives for using the group (Hancock, 2007; Wright, 2002). This includes people within the groups who are voyeurs, profiteers who hope to sell health-related products to participants, or people who may have other motives for using the group (besides giving and receiving support). Finn and Banach

Correspondence should be addressed to Kevin B. Wright, Department of Communication, Saint Louis University, Xavier Hall, Room 300A, St. Louis, MO 63108. E-mail: kwrigh28@slu.edu

(2000) even discuss cyberstalking and identity theft as potential negative outcomes of participating in computer-mediated support groups. These factors, as well as others, can potentially undermine the credibility of online support providers and the usefulness of computer-mediated support groups for obtaining adequate support. Credibility, in general, refers to the degree to which a source is perceived to be trustworthy and expert (McCroskey, 1966; McCroskey & Teven, 1999), and perceptions of credibility have been shown to play an important role in computer-mediated support groups (Hu & Sundar, 2010; Wang, Walther, Pingree, & Hawkins, 2008). For example, increases in perceptions of the trustworthiness and expertise of individuals who provide support within these groups have been linked to increases in size of support networks and satisfaction with support (Campbell & Wright, 2002; Wright, 2000).

Given the potential benefits of computer-mediated support groups and the risks associated with seeking support online, it is critical to better understand how group members evaluate the quality of online support groups and support they provide. The purpose of this study was to examine weak tie support preference and coping style as predictors of credibility perceptions among members of health-related computer-mediated support groups. Through better understanding factors associated with perceptions of support group credibility, it will be possible to gain insight into how credibility may enhance or undermine the potential benefits and risks potentially associated with weak tie support within these groups. Toward that end, we first examine the relationships among source credibility, weak tie network preference, and coping. Next, we advance several hypotheses stemming from this body of theory/research, followed by a report of a study conducted to test them. Finally, we conclude with a discussion of the theoretical implications, limitations, and directions for future research.

CREDIBILITY AND COMPUTER-MEDIATED COMMUNICATION

Perceptions of credibility influence the impact of a message, and the question of what marks credible information has been a long-standing topic of interest for communication scholars (for a review, see Metzger, Flanagin, Eyal, Lemus, & McCann, 2003). Credibility is generally agreed to result from source characteristics, including perceived expertise and trustworthiness (Burgoon, Bonito, Bengtsson, Cederberg, Lundeberg, & Allspach, 2000), as well as message characteristics (e.g., plausibility, quality, internal consistency) and receiver characteristics (e.g., prior beliefs, cultural background) (Self, 1996). Investigations of online credibility have found that assessing the credibility of information on the Internet is challenging for many individuals (Metzger, 2007; Rains, 2007; Wathen & Burkell, 2002). Moreover, part of the rationale for developing information-seeking guidelines by agencies such as MedlinePlus (2004) and the *Journal of the American Medical Association* (Winker et al., 2000) is to improve consumers' ability to evaluate the credibility and authority of online health resources.

Relatively few researchers have examined perceptions of credibility within the context of computer-mediated support groups. Yet there are several reasons to believe that credibility is an important issue to consider. Robinson, Patrick, Eng, and Gustafson (1998), in their discussion of interactive health communication, argue that characteristics of the Internet influence perceptions of source/information credibility, including (a) improved opportunity to tailor messages, (b) the increased possibility for users to remain anonymous, which may increase their willingness to engage in more honest discussions, and (c) increased access to information and support on demand. The increased interactivity of computer-mediated communication (e.g., the ability to post comments and receive feedback within online communities, etc.) is also important to consider since individual users are able to ask direct questions of information sources, which is generally impossible with traditional media (Burgoon et al., 2000). In addition, the ability of members within the larger online community to read and respond to online posts provides an opportunity for increased quality control of information (Esquivel, Meric-Bernstam, & Bernstam, 2006). For example, information that does not resonate with the experiences of members of the larger community may be subject to greater scrutiny (Rieh & Belkin, 2000), a process similar to peer review.

Research conducted on data has shown that perceptions of online support group credibility are associated with several noteworthy outcomes. Wright (2000) found that two dimensions of source credibility, perceived competence and character, were associated with the perceived similarity of other online support group members, online support group network size, and satisfaction with the support received. Similarly, Campbell and Wright (2002) found that these dimensions of source credibility were associated with perceptions of situational similarity among online support group members. Moreover, both dimensions of source credibility were associated with perceptions of social support providers' receptivity and status equality within these groups. Finally, Wang et al. (2008) showed that perceived similarity of support group members influenced perceptions of their credibility and, in turn, the evaluation of health information they provided. However, these studies did not examine the implications of weak tie support preference or coping style for perceptions of support group credibility.

OPTIMAL MATCHING, WEAK TIE SUPPORT PREFERENCE, COPING, AND CREDIBILITY

The degree to which a person who is seeking the potential advantages of computer-mediated support and/or credible information online is able to find these characteristics in

online supportive relationships is associated with the larger concept of optimal matching. The optimal matching model (Cutrona & Russell, 1990) suggests that people typically differ in terms of the types of support they find useful due to factors such as the context of the stressful situation they are facing, their perceived coping skills, and their relationship with the support provider. People tend to make decisions regarding approaching potential supporters based on the perception that members of their network will be able to meet their specific need(s) for support as well as their relational needs. Goldsmith (2004) contends that optimal matches in supportive episodes may lead to more positive perceptions of relational partners and the type of support that is being offered, and this, in turn, may ultimately influence positive health outcomes. The optimal matching model offers a useful theoretical framework to explain factors that could be associated with perceptions of online support group credibility. Two factors, in particular, are individuals' preference for weak tie support and coping strategy.

Weak Tie Support Preference and Perceived Credibility

Individuals often differ in their preferences for strong tie versus weak tie social support in both face-to-face and computer-mediated contexts (Adelman, Parks, & Albrecht, 1987; Walther & Boyd, 2002; Wright & Bell, 2003). The notion of weak ties is drawn from Granovetter's (1973) work; weak ties typically consist of individuals that are not interpersonally close, yet rely upon one another for various types of social support. Relative to strong ties such as family and friends, weak ties can provide access to diverse points of view and information, present less risk associated with disclosing information, offer more objective feedback, and require less role obligation such as reduced pressure on the support receiver to reciprocate information and assistance (Adelman et al., 1987; Wright & Miller, 2010). Computer-mediated networks appear to be a particularly important resource for connecting to weak ties and weak tie support (Rains & Keating, 2011; Walther & Boyd, 2002; Wright et al., 2010).

Wright and colleagues (Wright & Miller, 2010; Wright et al., 2010) contend that a preference for weak tie support might be a reason that individuals would be motivated to use computer-mediated support groups. As such, it seems plausible that, in cases where the advantages of weak tie support meet the needs of online support group participants, people would find the support offered within this context to be credible. The match between the desires of individuals who prefer weak ties in terms of gaining access to diverse points of view, reduced risk, more objective feedback, and less role obligation and the potential for online support groups to meet these needs may lead individuals who prefer weak tie support to perceive online support groups to be a credible resource. Given that individuals with health concerns are often drawn to weak tie support due to problems in their traditional face-to-face networks (Wright & Miller, 2010), it is reasonable to expect that people who have higher a greater preference for weak tie support will perceive weak ties (i.e. other online support group members) to be more credible than individuals who have less of a preference for weak tie support. The following hypothesis is proposed to examine the association between preference for weak tie support and perceptions of online support group credibility.

> Hypothesis 1: Preference for weak ties will be positively associated with perceived credibility of online support groups.

Coping Styles and Perceived Credibility

Another variable that is likely to be associated with perceptions of credibility within computer-mediated support groups is the coping styles of individuals who seek support within these contexts. Stemming from Lazarus and Folkman's (1984) theory of psychological stress and coping, coping styles have received a substantial amount of scholarly attention, particularly as they relate to social support (Billings & Moos, 1981; Kohn, 1996). Coping can be defined as a person's ongoing cognitive and behavioral efforts to manage external or internal demands that are appraised as taking or exceeding a person's resources (Lazarus & Folkman, 1984). Studies suggest that problem-focused coping, which is "directed at remedying a threatening or harmful external situation" (Kohn, 1996, p. 189), is often linked with positive adaptation to stressful situations (Heady & Wearing, 1990; Lazarus & Folkman, 1984), while emotion-focused coping, which is defined as "ventilating, managing, or palliating an emotional response to a situation" (Kohn, 1996, p. 189), is typically associated with negative adaptation (Billings & Moos, 1981; Kohn, 1996). However, problem-focused coping strategies are more likely to be used when a situation is appraised as changeable, whereas emotion-focused strategies tend to be used when a situation is assessed as unchangeable (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986). As a result, sometimes emotion-focused coping can lead to positive outcomes, although to a lesser extent than we typically see with problem-focused coping. In the context of research on computer-mediated support groups, Wright (1999) found that support-group participants who were more satisfied with the support provided by other group members were more likely to use problem-focused coping strategies than individuals who had lower support network satisfaction scores.

In traditional face-to-face support networks, individuals often have a limited array of choices for seeking specific types of support to help them cope with stressful situations. One advantage of computer-mediated networks, such as online support groups, is that they provide access to a larger network of weak ties many of whom may offer the specific type of support individuals are seeking to help them

cope with their situation effectively. From an optimal matching model perspective, individuals who tend to cope with problems in a certain way, such as seeking more information about the problem or venting their frustrations to others, are likely to seek out individuals who will provide them with the type of support that facilitates their preferred coping style. In cases where support offered by a provider effectively addresses the specific coping needs of a seeker, the seeker should be satisfied and perceive the provider to be credible. As such, it seems possible that a person's preferred coping strategy is associated with perceptions of source credibility when seeking support within a computer-mediated support group. Previous research on computer-mediated support groups has found that the majority of online support group participants appear to seek information about how to cope with health concerns (problem-focused coping) or emotional support/validation (emotion-focused coping) more frequently than avoidance-focused coping (Wright, 2000). It follows that when individuals encounter others within these groups who offer support that matches problem-focused and emotion-focused coping style preferences, they will perceive support providers to be more credible. The following hypothesis is proposed to investigate this issue.

> Hypothesis 2: (a) Problem-focused coping and (b) emotion-focused coping are positively associated with perceived credibility of online support groups.

Finally, it seems plausible that preference for weak tie support may moderate the relationship between coping style preference and perceptions of online support group credibility. The associations between problem- and emotion-focused coping and perceived credibility should be stronger among individuals who have a greater preference for support from weak ties. A preference for weak tie support should make the individuals who rely on problem- and emotion-focused coping styles particularly likely to achieve satisfactory levels of support from participating in online support groups. That is, the match between one's coping style and type of support offered in online support groups should be particularly strong among individuals who prefer weak ties and, consequently, these individuals should be more likely to view online support groups as a credible resource. The following hypothesis is forwarded to examine this relationship.

> Hypothesis 3: Preference for weak ties moderates the relationships between (a) problem-focused coping and (b) emotion-focused coping and perceived credibility of online support groups.

METHOD

Sampling Procedure and Respondents

Respondents were recruited from one of over 40 online support groups focused on a specific illness or health condition. An invitation to participate in the study was posted on the website for each group. The questionnaire was completed sufficiently by 135 respondents. Respondents ranged in age from 19 to 85 years ($M = 51.90$, $SD = 13.23$) and were more likely to be female (75%; $n = 101$). Approximately half (53%) of the respondents indicated having earned a college degree or greater education. Respondents reported visiting an online support group for a range of health conditions including, but not limited to, Addison's disease, Alzheimer's disease, bipolar disorder, bulimia, cancer, diabetes, depression, epilepsy, gout, hepatitis, infertility, joint replacement, prostate cancer, rheumatoid arthritis, and weight loss surgery.

Measures

Preference for weak tie support was assessed with the 19-item weak-tie/strong-tie support network preference scale (Wright & Miller, 2010). Items were rated on a 5-point scale using the anchors (1) *strongly disagree* and (5) *strongly agree*. All items were combined to form a single index representing respondents' preference for weak tie support ($M = 3.08$, $SD = .67$, $\alpha = .92$).

Problem-solving and emotion-focused coping were measured using the coping strategy indicator scale (CSI; Amirkhan, 1990). Five items were used to evaluate each type of coping. Items were rated on a 4-point scale with the anchors *never* (1) and *always* (4). The five items for each dimension were combined to form two indices representing the degree to which respondents used problem-solving ($M = 2.89$, $SD = .64$, $\alpha = .82$) or emotion-focused ($M = 2.47$, $SD = .68$, $\alpha = .82$) coping strategies during the prior month.

Online support-group credibility was assessed using McCroskey's (1966) measure of source credibility. Twelve semantic differential items were used to measure perceptions of the expertise and character of online support groups. Ratings were made using a 7-point scale and the 12 items were combined to form a single credibility index ($M = 5.57$, $SD = .91$, $\alpha = .92$). Larger scores on this measure indicate greater amounts of perceived credibility.

RESULTS

Preliminary Analyses

Confirmatory factor analyses (CFAs) were conducted for the measures of weak tie support preference, credibility, and coping style. Model fit was assessed using the dual criteria established by Hu and Bentler (1999) of a comparative fit index (CFI) value greater than or equal to .96 and a standardized root mean-squared residual (SRMR) value less than or equal to .10. The measures of weak tie preference, $\chi^2(df = 146) = 287.61$, $p < .01$, CFI = .96, SRMR = .07, coping style, $\chi^2(df = 34) = 69.96$, $p < .01$, CFI = .95, SRMR =

TABLE 1
Weak-Tie Preference and Coping Strategy as Predictors of Online Support Group Credibility

	Perceptions of Online Support-Group Credibility		
	B	*t*	ΔR^2
Block 1: Weak-tie preference and coping strategy			.12*
Weak-tie preference	.21*	2.53	
Problem-focused coping	.28*	3.19	
Emotion-focused coping	.04	0.39	
Block 2: Interactions			.002
Weak-tie preference × Problem-focused coping	−.05	−0.58	
Weak-tie preference × Emotion-focused coping	.002	0.02	

Notes. Significance indicated by *p ≤ .05. All variables in Blocks 1 and 2 were mean-centered. Model summary: $F(5, 127) = 3.60$, $p < .01$, $R^2 = .12$.

.07, and credibility, $\chi^2(df = 42) = 132.18$, $p < .01$, CFI = .96, SRMR = .08, sufficiently fit the sample data.

Weak Tie Preference, Coping, and Perceived Credibility of Online Support Groups

Hypotheses 1 and 2a–2b predict that weak tie support preference and the two forms of coping are associated with perceptions of online support group credibility. Hypotheses 3a–3b predict that weak tie support preference moderates the associations between the two forms of coping and credibility. A single regression model was constructed to test the three hypotheses. Weak tie preference and the two forms of coping were entered in the first block. The second block consisted of the interactions between weak tie preference and the two forms of coping. The variables in the first block were mean-centered prior to constructing the interaction terms (Aiken & West, 1991). Online support group credibility was the outcome variable.

The results, which are reported in Table 1, offer support for Hypotheses 1 and 2a. Weak tie support preference and problem-focused coping were positively associated with perceptions of online support group credibility. Hypotheses 2b and 3a–3b were not supported. Emotion-focused coping was not associated with perceptions of online support group credibility, and weak tie preference did not moderate the association between the two types of coping and credibility.

DISCUSSION

The purpose of this study was to examine weak tie support preference and coping as predictors of online support group credibility perceptions among members of health-related computer-mediated support groups. The findings have a number of implications for weak tie support network theory and psychological coping related to support within computer-mediated support groups. In this section, we discuss these implications along with several limitations of the study and future directions for research.

The findings show that preference for weak tie support was predictive of perceived credibility of online support groups. This indicates that individuals who have a higher preference for weak tie support to meet certain information and interpersonal needs, such as the need to interact with others who can provide greater access to diverse points of view and information (based on firsthand knowledge of health issues), reduced risk/judgment when disclosing sensitive information, and fewer role obligations, perceive members of computer-mediated support groups to be more credible than people with lower weak tie support preference scores. This finding extends previous research on weak tie support within computer-mediated support groups by demonstrating that weak tie support network preference may influence perceptions of the credibility of support providers within these groups. Credibility is an important variable in terms of influencing health behaviors (Robinson et al., 1998; Sillence, Briggs, Harris, & Fishwick, 2007), including consulting physicians about health information (i.e., information about screenings, medications, and treatment options) obtained from others within the group, lifestyle choices, and medical decision making. However, future research should assess the degree to which perceptions of source credibility within these groups ultimately influence specific health behaviors (vis-à-vis other predictor variables and moderators).

Perhaps the specialized information about health concerns found within these groups (which often stems from the firsthand experience other people within the group have living with a health problem) resonates with respondents' experiences. This specialized knowledge of support-group members may enhance perceptions of their expertise with health issue. In addition, the lower risk/judgment that people often experience within online support groups (due to interacting with others who often have greater empathy due to living with the same health issues) may enhance perceptions of trust. Trust appears to be an important component of credibility for participants in these groups (Wright, 2000), particularly for individuals who are coping with stigmatized health conditions. Individuals with stigmatized health issues report increased stress and depression resulting from interactions with traditional face-to-face support network members (Link & Phelan, 2006). Computer-mediated support groups may be a viable alternative for people with stigmatized health conditions to obtain satisfying support, particularly if individuals trust and feel comfortable sharing information with other group members. Future studies would benefit from comparing traditional face-to-face sources of support with weak tie support providers (within computer-mediated support groups) to see how perceptions of source credibility differ, particularly in terms of meeting specific health information and relational needs.

Moreover, respondents who were more likely to use problem-focused coping styles were more likely to perceive other computer-mediated support group members to be credible. However, the findings indicated emotion-focused coping was not predictive of perceived online support group credibility, and weak tie preference did not moderate the association between the three types of coping and credibility perceptions. It appears that problem-focused coping styles may be an important predisposition to assess when examining perceptions of source credibility within computer-mediated support groups. Again, the specialized information that members of these groups possess regarding specific health problems may be perceived as highly credible for individuals who are seeking support that can help them to reduce (or avoid) stressful circumstances surrounding their health issues. It is not clear why emotion-focused coping was not associated with perceived source credibility. However, it appears that the study participants had higher problem-focused coping scores than emotion-focused coping scores, which indicates that the sample as a whole may have had a predisposition toward problem-focused coping.

The findings from this study are generally consistent with the optimal matching model (Cutrona & Russell, 1990). It appears that when individuals find support within computer-mediated support groups that matches their specific information and relational needs, such as a desire for increased objectivity and heterogeneity of information, increased empathy/reduced judgment, and fewer role obligations (all of which are dimensions of weak tie support preference), this may enhance perceptions of the credibility of online support group providers. Given previous research that suggests that people with health concerns (especially those with stigmatized health conditions) frequently encounter problems obtaining adequate support from traditional support networks (Wright, 2002), it appears that unique information, empathy, and lack of judgment in computer-mediated support groups may better meet the support needs of participants, particularly in terms of perceptions of expertise and trust. Future research would benefit from identifying specific supportive messages within these groups that enhance perceptions of credibility.

Limitations

There are a number of limitations to the current study. These include a potential selection bias due to the voluntary nature of the online survey and a relatively small sample size, both of which may limit the generalizability of the study findings. Moreover, this study did not assess the influence of weak tie support preference, coping styles, and perceived credibility on health-related outcomes such as stress or symptom management. Future research would benefit from exploring how perceived credibility is related to health outcomes (as well as mediating variables such as online support network satisfaction).

CONCLUSION

Online support groups present both challenges and risks for obtaining social support. This project explored the implications of online support group credibility. Two variables that appear to influence perceptions of credibility among individuals who use health-related computer-mediated support groups are weak tie support preference and coping styles. However, future research is needed to assess how these and other related variables may influence computer-mediated support group usage, satisfaction with support, and health outcomes.

REFERENCES

Adelman, M. B., Parks, M. R., & Albrecht, T. L. (1987). Beyond close relationships: Support in weak ties. In T. L. Albrecht & M. B. Adelman (Eds.), *Communicating social support* (pp. 126–147). Newbury Park, CA: Sage.

Aiken, L. S., & West, S. G. (1991). *Multiple regression: Testing and interpreting interactions*. Newbury Park, CA: Sage.

Amirkhan, J. H. (1990). A factor analytically derived measure of coping: The Coping Strategy Indicator. *Journal of Personality and Social Psychology*, *59*, 1066–1074.

Barak, A., Boniel-Nissim, M., & Suler, J. (2008). Fostering empowerment in online support groups. *Computers in Human Behavior*, *24*, 1867–1883.

Barrera, M., Glasgow, R. E., McKay, H. G., Boles, S. M., & Feil, E. G. (2002). Do Internet-based support interventions change perceptions of social support?: An experimental trial of approaches for supporting diabetes self-management. *American Journal of Community Psychology*, *30*, 637–654.

Billings, A. G., & Moos, R. H. (1984). The role of coping responses and social resources in attenuating the impact of stressful life events. *Journal of Behavioral Medicine*, *4*, 139–157.

Burgoon, J. K., Bonito, J. A., Bengtsson, B., Cederberg, C., Lundeberg, M., & Allspach, L. (2000). Interactivity in human–computer interaction: A study of credibility, understanding, and influence. *Computers in Human Behavior*, *16*, 553–574.

Campbell, K., & Wright, K. B. (2002). On-line support groups: An investigation of relationships among source credibility, dimensions of relational communication, and perceptions of emotional support. *Communication Research Reports*, *19*, 183–193.

Cutrona, C. E., & Russell, D. W. (1990). Type of social support and specific stress: Toward a theory of optimal matching. In B. R. Sarason, I. G. Sarason, & G. R. Pierce (Eds.), *Social support: An interactional view* (pp. 319–366). Oxford, England: John Wiley & Sons.

Esquivel, A., Meric-Bernstam, F., & Bernstam, E. V. (2006). Accuracy and self correction of information received from an Internet breast cancer list: Content analysis. *British Medical Journal*, *332*, 939–943.

Finn, J., & Banach, M. (2000). Victimization online: The down side of seeking human services for women on the Internet. *Cyberpsychology & Behavior*, *3*, 243–254.

Folkman, S., Lazarus, R. S., Dunkel-Schetter, C., DeLongis, A., & Gruen, R. J. (1987). Dynamics of a stressful encounter: Cognitive appraisal, coping, and encounter outcomes. *Journal of Personality and Social Psychology*, *50*, 992–1003.

Goldsmith, D. J. (2004). *Communicating social support*. New York, NY: Cambridge.

Granovetter, M. S. (1973). The strength of weak ties. *American Journal of Sociology*, *78*, 1360–1380.

Hancock, J. (2007). Digital deception: When, where and how people lie on-line. In A. N. Joinson, K. Y. A. McKenna, T. Postmes, & U. Reips

(Eds.), *Oxford handbook of Internet psychology* (pp. 287–301). Oxford, UK: Oxford University Press.

Heady, B. W., & Wearing, A. J. (1990). Subjective well-being and coping with adversity. *Social Indicators Research*, *22*, 327–349.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York, NY: Springer.

Lieberman, M. A., & Goldstein, B. A. (2006). Not all negative emotions are equal: The role of emotional expression in online support groups for women with breast cancer. *Psycho-Oncology*, *15*, 160–168.

Link, B. G., & Phelan, J. C. (2006). Stigma and its public health implications. *Lancet*, *367*, 528–529.

McCroskey, J. C. (1966). Scales for the measurement of ethos. *Speech Monographs*, *33*, 65–72.

McCroskey, J. C., & Teven, J. J. (1999). Goodwill: A re-examination of the construct and its measurement. *Communication Monographs*, *66*, 90–103.

MedlinePlus. (2004). *MedlinePlus guide to healthy Web surfing*. Retrieved from http://www.nlm.nih.gov/medlineplus/healthywebsurfing.htm

Metzger, M. J. (2007). Making sense of credibility on the Web: Models for evaluating online information and recommendations for future research. *Journal of the American Society for Information Science and Technology*, *58*, 2078–2091.

Metzger, M. J., Flanagin, A. J., Eyal, K., Lemus, D. R., & McCann, R. (2003). Credibility in the 21st century: Integrating perspectives on source, message, and media credibility in the contemporary media environment. In P. Kalbfleisch (Ed.), *Communication yearbook 27* (pp. 293–335). Mahwah, NJ: Lawrence Erlbaum Associates.

Rains, S. A. (2007). The anonymity effect: The influence of anonymity on perceptions of sources and information on health websites. *Journal of Applied Communication Research*, *35*, 197–214.

Rains, S. A., & Keating, D. M. (2011). The social dimension of blogging about health: Health blogging, social support, and well-being. *Communication Monographs*, *78*, 511–534.

Rains, S. A., & Young, V. (2009). A meta-analysis of research on formal computer-mediated support groups: Examining group characteristics and health outcomes. *Human Communication Research*, *35*, 309–336.

Rieh, S. Y., & Belkin, N. J. (2000). Interaction on the Web: Scholars' judgment of information quality and cognitive authority. In D. H. Kraft (Ed.), *Proceedings of the 63rd ASIS Annual Meeting* (pp. 25–33). Silver Spring, MD: American Society for Information Science.

Robinson, T. N., Patrick, K., Eng, T. R., & Gustafson, D. (1998). An evidence-based approach to interactive health communication: A challenge to medicine in the information age. Science Panel on Interactive Communication and Health. *Journal of the American Medical Association*, *280*, 1264–1269.

Self, C. S. (1996). Credibility. In M. Salwen & D. Stacks (Eds.), *An integrated approach to communication theory and research* (pp. 421–441). Mahwah, NJ: Lawrence Erlbaum Associates.

Sillence, E. Briggs, P., Harris, P. R., & Fishwick, L. (2007). How do patients evaluate and make use of online health information? *Social Science & Medicine*, *64*, 1853–1862.

Tanis, M. (2008). Health-related online forums: What's the big attraction. *Journal of Health Communication*, *13*, 698–714.

Turner, J. W., Grube, J. A., & Meyers, J. (2001). Developing an optimal match within on-line communities: An exploration of CMC support communities and traditional support. *Journal of Communication*, *51*, 231–251.

Wathen, C. N., & Burkell, J. (2002). Believe it or not: Factors influencing credibility on the Web. *Journal of the American Society for Information Science and Technology*, *53*, 134–144.

Walther, J. B., & Boyd, S. (2002). Attraction to computer-mediated social support. In C. A. Lin & D. Atkin (Eds.), *Communication technology and society: Audience adoption and uses* (pp. 153–188). Cresskill, NJ: Hampton Press.

Wright, K. B. (1999). Computer-mediated support groups: An examination of relationships among social support, perceived stress, and coping strategies. *Communication Quarterly*, *47*, 402–414.

Wright, K. B. (2000). Perceptions of on-line support providers: An examination of perceived homophily, source credibility, communication and social support within on-line support groups. *Communication Quarterly*, *48*, 44–59.

Wright, K. B. (2002). Social support within an on-line cancer community: An assessment of emotional support, perceptions of advantages and disadvantages, and motives for using the community. *Journal of Applied Communication Research*, *30*, 195–209.

Wright, K. B., & Bell, S. B. (2003). Health-related support groups on the Internet: Linking empirical findings to social support and computer-mediated communication theory. *Journal of Health Psychology*, *8*, 37–52.

Wright, K. B., & Miller, C. H. (2010). A measure of weak tie/strong tie support network preference. *Communication Monographs*, *77*, 502–520.

Wright, K. B., Rains, S., & Banas, J. (2010) Weak tie support network preference and perceived life stress among participants in health-related, computer-mediated support groups. *Journal of Computer-Mediated Communication*, *15*, 606–624.