SOCIAL SUPPORT IN A CHANGING WORLD – THE IMPORTANCE OF ONLINE SUPPORT GROUPS FOR PEOPLE SUFFERING FROM EATING DISORDERS

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Abstract: The role of social support in dealing with a disease is extremely important. People who are in a similar life situation, facing the same problems, may not only be a relevant source of support and useful information, but also help to increase patients' quality of life. They can also reduce the feeling of otherness and alienation. Moreover, social support facilitates the process of recovery. Since the emergence of new technologies, especially the cyberspace, it can be seen that social life is transferring to the Internet. The number of forums and online support groups is growing rapidly, however, there are still not much data regarding the psychological consequences and benefits of being a member of an online support group.

The aim of this presentation is to compare the level of satisfaction with the social support experienced by those who attend traditional self-help groups and those who look for support on the Internet.

The research was conducted on a group of 73 women with eating disorders (41 suffering from anorexia nervosa and 32 suffering from bulimia nervosa). The following measurement tools were used in the research: Berlin Social Support Scales (BSSS) and an original survey prepared by the author.

The analyses showed that 77% of the participants got high results in the Need For Support Scale. Moreover, 2/3 of participants got high results in the Searching For Support Scale, out of whom 75% were searching for support on the Internet.

Keywords: social support, eating disorders, received social support adequacy, online support groups.

1. Introduction

It is a well-known fact that humans are social beings, thus only functioning as a part of society allows them to shape and realize their humanity (cf. Aronson, 2001). One of the most famous Polish sociologists, namely Florian Znaniecki, wrote that humans function in a social environment, i.e. in a social space which he recognized as all the groups and individuals that he

has encountered throughout his life in many different dimensions: private and public, direct and indirect, permanent or temporary (Znaniecki, 2001, after: Walter, 2016). People accompany us throughout our lives in many situations and events. Some of these situations are good and positive for us while some are difficult, even stressful. One of the most popular and most often cited theory in the literature of the subject is the Transactional Model of Stress and Coping Theory by Lazarus & Folkman. According to the theory, a stressful situation can be defined as a relationship between a person and environment that is weighed up by the person as aggravating, exceeding his resources or threatening his well-being. Any stressful situation can be considered as falling into one of the following three dimensions: 1) harm/loss, 2) threat, or 3) challenge (Lazarus, 2013). In order for the person, to be able to effectively deal with life's difficulties, help and support from other people are often essential.

Social workers (psychologists, psychotherapists, educators, doctors) had been involved in building social support networks for a very long time, when the phenomenon of social support became the subject of interest for researchers in the 1970s. Even then, some evidence was found that social support, especially received from the loved ones, plays an important role in treatment and rehabilitation of people struggling with various health problems, e.g. coronary heart disease, strokes, cancer or mental disorders (Cohen, & Syme, 1985; Wortman, & Cronway, 1985).

The concept of social support, according to Sęk & Cieślak (2012), should be defined as "objectively existing and available social networks that stand out from other networks in that, by the fact of the existence of bonds, social contacts and interdependencies, they perform a function that is helpful to people in difficult situation." Social educator Radziewicz-Winnicki (2008, in: Walter, 2016) understands support as: mutual care, offering a helping hand, offering help in getting out of a stressful situation and in returning to mental well-being. In the literature on social support, two types of research can be distinguished. The first one concerns sources of support (e.g. help received from the family, friends, loved ones, people in a similar life situation, professionals) while the second one deals with the types of support (e.g. natural and formalized; informational, emotional, instrumental, support perceived and received) (Barrera, 1986; Norris, & Kaniasty, 1996; Schwarzer, & Knoll, 2007).

Researchers most often focus their attention on differences between perceived and actually received support. Perceived support is understood as the current beliefs of the individual regarding various forms of help. Received support denotes various forms of help that have already been received. Received support does not always have a positive function, nor does it always help to cope with difficulties. In his Optimal matching hypothesis, Cutrona (1990) says that received/given support is the most beneficial when it is tailored to the needs of the individual, because it prevents or minimizes the negative effects of the disease on the individual's functioning. The occurrence of a difficult situation leads to the mobilization of support resources from the individual's environment (Smuktonowicz, Cieślak, & Żukowska, 2013). However, as emphasized by Kaniasty & Norris (1993), it is worth noting that in the case

of a long-term stressor, the help resources decrease, which may be related, among other things, to the fact that the person who provided support suddenly found himself or herself in a difficult situation.

Studies concerning the phenomenon of support in the process of recovery and rehabilitation of people struggling with a disease, cover a very wide spectrum of medical problems and have been richly documented. The importance of social support in everyday life was emphasized by Bulska (2017).

Research models that capture the importance of social support in coping with a disease assume that social support can fulfil three main functions. Firstly, it may have a direct impact on health; secondly, it can affect health indirectly when personal resources and coping strategies are concerned. In the third model, support acts as a buffer (Cohen, & Wills, 1985; Berkman, & Glass, 2000; Bovier, Chamot, & Perneger, 2004; Holt-Lunstad, & Uchino, 2015). The third model concerns a situation in which social support reduces or eliminates the effects of the stressor. In this situation, one can talk about the so-called Buffering Hypothesis. Researches based on this model are the most numerous in the literature concerning the subject (Arbel, Perrone, & Margoline, 2018; Gellert et al., 2018; Uchino et al., 2018). These models are also a part of the research on human resources, helpful in coping with stressful and difficult situations. An example of such a model is the Diathesis-Stress Model (Seligman, Walker, & Rosenhan, 2003; Ingram, & Luxton, 2005) which, apart from social support understood as an external factor, takes into consideration biological (e.g. sensitivity of the nervous system) and psychological factors (e.g. personality variables). This approach, in contrast to etiopathogenetic models (which focus on the past and factors that led to the emergence of difficulties or illness), tries to focus on the present and find the answer to the following question: "What would a person need now to deal with a problem with which he or she is currently struggling?" (Cierpiałkowska, & Sęk, 2016).

For years, people who wanted to deal with problems sought professional help from specialists (e.g. doctors, psychologists, psychotherapists, support groups) or reached for the so-called unprofessional help, seeking support from family members, friends or acquaintances. Support from family, professionals and other patients clearly reduces the burden of being diagnosed with a serious somatic disease/disorder (Fan, Lederman, Smith, & Chang, 2014).

The modern world is full of new technologies. Since the 1990s, that is from the moment computers and Internet use became more popular, groups, forums and websites offering online help began to appear in cyberspace. This form of help presents a basic resource – it can be useful for people who, for some reason, are unable (e.g. due to physical disability) or do not want (e.g. due to fear) to meet face-to-face. (White, & Dorman, 2001; Walther, & Boyd, 2002). What is more, such support is virtually available 24 hours a day, 7 days a week, at the time most appropriate for the user. In addition, people struggling with communication restrictions (such as speech or hearing impediments) can communicate easily thanks to the Internet (White, & Dorman, 2001). It is also emphasized that online support can be a perfect

complement to support received in a traditional way, e.g. when the person's need for support exceeds what can be received face-to-face (Chung, 2014). As Fan & Lederman (2018) showed in their research, finding people in an online community who are struggling with the same difficulties allows – as is the case with traditional therapeutic or support groups – to develop a sense of belonging, security and mutual trust. By reviewing the available literature on the subject and research reports, these researchers also showed that many people start to seek support on the Internet due to insufficient support from people in the immediate environment, sense of isolation, misunderstanding or lack of information about available treatments, as well as anxiety with the medical treatments ahead of them (Fan et al., 2004).

However, in addition to the undeniable benefits and advantages of using help provided in the virtual world, people participating in online support groups may face some difficulties and dangers. First of all, although the Internet is becoming more widely available, it is still not accessible everywhere: for example, people living in the countryside or in smaller towns often cannot use such help, even if they want to. It is worth adding that communication via the Internet, even with the use of a webcam, will never be able to fully reflect all that happens between people during face-to-face contact (many issues escape our notice, the climate of the relationship is also different) (Wright, 2002). In addition, answers are not always received directly, they often come with a considerable delay, or do not reach the interested party at all (this can happen, for example, on internet forums). Moreover, due to the fact that almost everyone can communicate using an Internet forum from anywhere in the world, reading users' statements in order to find an adequate answer to the question posed, often requires a considerable amount of time. In addition, we can never be sure who really answers the questions we ask on the Internet and taking into consideration the fact that such groups are often not even moderated, we are not able to verify the person's knowledge and experience (White, & Dorman, 2001). Barak, Bonel-Nissim, Suler (2008) add that participation in online support groups is very distant from everyday face-to-face contact. Additionally, it exposes the participant to unpleasant experiences typical of social functioning in cyberspace (e.g. bulling). Finfgeld (2000) also notes that the lack of physical contact between the interlocutors and impossibility of observing facial expressions or body language, can lead to misinterpretations of the answers given. To enrich communication, members of online groups and forums use a paralanguage in the form of punctuation, parentheses, emoticons and acronyms.

Foreign literature offers more and more reports prepared based on researches on the quality of support and satisfaction with participation in online support groups. Many such groups were created for people struggling with cancer, neurological problems, HIV, body deformities, or diseases hindering everyday functioning outside the place of residence (Coulson, 2005; Uden-Kraan et al., 2008; Mo, & Coulson, 2008; Hong, Pena-Purcell, & Ory, 2012; Nurullah, 2012; Mo, & Coulson, 2014). There are also online support groups for parents or carers of sick people (whose diseases include Down syndrome, multiple sclerosis, schizophrenia or Alzheimer's disease) (White, & Dorman, 2000; Perron, 2002; Clifford, & Minnes, 2013;

Rupert et al., 2014). The main advantage of the aforementioned online groups for carers of sick people is the ability to obtain the necessary information and emotional support sitting at home, without having to leave the sick person alone or arrange care for him or her during the carer's absence, as is the case with traditional support groups.

Polish literature presents very little research on social support provided online, and if such research appears, it is mainly qualitative in nature, i.e. concerns only a small group of participants. On the one hand, it is associated with poorer Internet access compared to Western countries, on the other – with less-widespread use of the Internet. One of the few publications on online support is a monograph by Natalia Walter: *Online social support. A sociopedagogical study* (2016). In her book, the author emphasizes the importance of social support in the process of struggling with the disease, analyses the forms of support available on the Internet and presents the results of her original research on the phenomenon of online support: its universality and its users (who most often use this form of support and for what purpose). In total, 656 people took part in the author's research, out of whom 322 people (i.e. almost half of the respondents) declared seeking support on the Internet in critical situations, which would prove this form of seeking information and help in a disease situation to be more and more common also in Poland. Among the reasons why the virtual world has become a space for research, the respondents mentioned: too long wait time for a specialist appointment, high prices of private medical care, unpleasant experiences in the doctor-patient contact (including treating their problem without enough seriousness).

Eating disorders, such as anorexia nervosa and bulimia nervosa are not a new problem and are of interest to both researchers and clinicians. As indicated in the literature on the subject, they are adolescents who most often suffer from these disorders (Pawłowska, & Masiak, 2007). They regard cyberspace and social media as a place where a large proportion of teenagers build relationships with their peers, spend time together playing games or conversing. Therefore, it seems natural that it is on the Internet that young people will look for answers to the questions bothering them, and seek support in dealing with problems they face (Greenfield, & Yan, 2006; Valkenburg, & Peter, 2009). The importance of the Internet and online support in this group of patients is demonstrated by numerous articles on the subject in world literature. Also researches on the quality of support which people struggling with anorexia and bulimia may receive in cyberspace are carried out. What is important and worth emphasizing is the fact that most reports on online support provided to both the patients suffering from somatic diseases and their relatives, emphasize the positive role of the medium in the process of coping with the disease; however, in the case of eating disorders the results are significantly different.

In addition to research reports on the positive role of online support received by this group of patients (Eichhorn, 2008; McCormack, 2010), many authors raise the problem of negative interactions on the Internet, writing about *pro-ana* and *pro-mia* movements (Tierney, 2006; Gavin, Rodham, & Poyer, 2008; Haas, Irr, Jennings, & Wagner, 2011). These authors explain these phenomena in the following way: *pro-ana* and *pro-mia*, otherwise written as pro-anorexia

and pro-bulimia, are websites (blogs, forums) that associate people who declare neither anorexia nor bulimia to be mental disorders; they deny their having many negative consequences in somatic, psychological and social aspects, and instead perceive them as a certain choice and lifestyle. People participating and expressing their opinions on such websites have their own decalogues, golden thoughts and sayings (e.g. "you can never be too thin") In addition, they exchange photos (often digitally manipulated) of very thin people, the so-called "thinspirations," and motivate one another to lose weight, persist in non-eating, as well as advise on how to cheat the loved ones on the subject of eating. Due to its popularity, pro-ana has gained the status of a movement and new websites are created almost every day to support this idea - something that has nothing to do with supporting the fight against eating disorders and motivating people to recover. What is more, people who are members of this community – as the research carried out by Norris, Boydell, Pinhas & Katzman (2006) shows – are very often diagnosed with eating disorders themselves, but are not motivated to get treatment and fight for themselves.

In recent years, information on another pro-disease activity in the aspect of eating disorders has appeared on the Internet (Boero, & Pascoe, 2012). The aforementioned activity is undertook by people who describe themselves as wannarexic, i.e. people, usually during adolescence, who do not accept themselves and their appearance, and claim that they would prefer to get sick, be skinny and have anorexia.

In cyberspace, one can also encounter more and more people and websites that support persons struggling with anorexia and bulimia in their recovery process. These are pro-recovery websites that employ a specialist or even a group of specialists who deal with health protection and promotion. In comparison with the pro-eating disorders websites, pro-recovery websites are far less numerous. It seems scary, since entering "pro-ana" in a popular internet search engine results in over 151 million websites popping up in less than half a second, which unfortunately proves the extraordinary popularity of this phenomenon in cyberspace.

The increasing availability of the Internet, combined with a relatively small number of reports on online support provided to people struggling with eating disorders in Poland inclines one to explore the issue, as well as to design preventive actions related to the promotion of healthy lifestyle and proper eating habits in the group of children and adolescents using the Internet, and to reduce the incidence of these disorders. Unfortunately, as shown by the epidemiological studies that have been carried out during recent years, the number of children and adolescents diagnosed with eating disorders is constantly increasing (Wojtyła, Biliński, Bojar, Wojtyła, 2011).

2. Methods

The main purpose of the presented work was to assess the magnitude of demand for social support in a group of women struggling with eating disorders (such as *anorexia* and *bulimia nervosa*). Then, it was checked where the respondents had sought help (whether using traditional forms of assistance or online help) and whether they had managed to obtain what they had expected. Additionally, it was analysed whether people with anorexia differ significantly from people with bulimia in terms of various types of social support.

The research questions were stated as follows:

1. Is social support an important factor in the recovery process for women suffering from eating disorders?
2. Do participants look for support on the Internet to deal with anorexia and bulimia?
   a. What kind of support they are looking for on the Internet?
   b. What can they receive there?
   c. Are the participants satisfied with what they received on the Internet?
3. Do women with anorexia differ significantly from women with bulimia in terms of various types of social support?

The study group consisted of 73 women with a confirmed medical diagnosis of one of the eating disorders in accordance with the criteria of the International Statistical Classification of Diseases and Related Health Problems *ICD-10*, among whom 41 women were diagnosed with anorexia and 32 with bulimia. The study was conducted in full-time and day psychiatric wards in Silesian and Lesser Poland voivodships.

All respondents were informed about the survey which was completely voluntary and anonymous, and that they could resign at any time. The aim of the study was also explained, as well as all additional questions were answered. Women who agreed to participate in the study received a set of paper and pencil in an envelope, which they could seal after filling the questionnaires to preserve the anonymity and confidentiality of the study. Completing the whole set of questionnaires, along with a short survey regarding the history of the subject's struggle with eating disorders and current treatment, which also included several questions related to seeking support on the Internet, took about 10-15 minutes.

The inclusion criteria, in addition to the above-mentioned medically confirmed diagnosis of an eating disorder, was the age of 18 to 35 years and the respondent's participation in therapeutic process. The exclusion criteria included: addiction to psychoactive substances, presence of psychotic symptoms in the respondent and reduced intellectual ability. The research was approved by the Ethics Committee of Scientific Research at the Faculty of Pedagogy and Psychology of the University of Silesia in Katowice (No. 1/2016).

The research was conducted in a mixed approach – quantitative and qualitative. The study used the Berlin Social Support Scales - BSSS (Schwarzer, & Schulz, 2000; in the Polish adaptation by Łuszczyńska, & Kowalska, 2002) and an original survey. The Berlin Social Support Scales (BSSS) are a tool widely available and used, especially in Polish and European research. The tool consists of 6 scales: 1) Perceived Available Support, 2) Need for Support, 3) Support Seeking, 4) Actually Received Support, 5) Protective Buffering Scale 6) Provided Support. The scales can be used together, but each of the scales can also be used separately. Since the present study did not assume the participation of supporters, the scale of Provided Support was not used. Each of the scales contains several questions, to which the respondent reacts using a 4-point Likert scale (where 1 means *completely false*, 2 − *hardly true*, 3 – *moderately true*, 4 – *completely true*).

The reliability of BSSS used in the presented analyses was between .82 an .88 measured by the Cronbach-alpha coefficient.

Statistical analysis was performed using PS Imago program (SPSS for Windows 25.0). The non-parametric Mann-Whitney U-test was used to assess the significance of intergroup differences, and then the effect size r_g was calculated.

3. Results

The age of the examined women, in accordance with the study guidelines, ranged from 18 to 35 years; the average age was about 24 years ($M = 24.17$; $SD = 4.71$). The vast majority lived in medium-sized (over 100.000 inhabitants) or large cities (over 500.000 inhabitants) – 52% and 38%, respectively. The remaining 10% of the respondents were residents of small towns and villages.

The mean value of a BMI in the examined group was in the underweight range and amounted to 17.31 ($SD = 4.09$). The woman with the lowest body weight was diagnosed with anorexia and her BMI was 12.66 (level of cachexia), while the woman with the highest BMI had bulimia and her BMI was 30.99 (obesity, 1st degree). Nearly 2/3 of the surveyed women (64.38%) were hospitalized at the time of the examination, or had had hospitalization experience in their treatment history. For 40% of women, current treatment was the first attempt to deal with the problem of eating disorders. Other participants struggled with relapses. All respondents received the diagnosis of an eating disorder for the first time during adolescence, i.e. when they were between 12 and 19 years of age. Among people for whom the current treatment attempt was not the first, almost 70% had previously used other forms of assistance, including family therapy, group therapy or pharmacotherapy. In the group of women surveyed, the average duration of illness amounted to 7 years ($M = 17.14$; $SD = 4.56$).

The respondents also answered questions about the support they sought and received during the disease and the healing process. The questions included sources of support – family, friends or medical support (doctors, psychologists, therapists), types of support (informational, emotional) and forms of support (face-to-face or online). The analysis of the individual survey's questions allowed for a closer look at the needs of the respondents in terms of support in coping with eating disorders and recovery.

To make the presentation of results more readable, the results obtained by the respondents were converted into stens and then classified accordingly. Stens 1 to 3 are low, stens 4 to 6 are moderate, and stens 7 to 10 are high. The number of responses is expressed in the form of percentages. A collective summary of the results obtained by the subjects in the Berlin Social Support Scales (BSSS) is presented in Table 1.

Table 1.
Results obtained by the respondents in individual Berlin Social Support Scales (BSSS)

BSSS	Results	Percentage of answers
Perceived Available Support	High	19%
	Moderate	60%
	Low	21%
Need for Support	High	77%
	Moderate	23%
	Low	0%
Support Seeking	High	63%
	Moderate	30%
	Low	7%
Actually Received Support	High	37%
	Moderate	56%
	Low	7%
Protective Buffering Scale	High	56%
	Moderate	40%
	Low	4%

As can be seen in the table above, the majority of respondents perceived the currently available support as moderate. What seems significant, 77% of women surveyed had a high demand for support; there were no individuals who achieved low scores on this scale. Almost 2/3 of the respondents declared active seeking support in coping with the disease. 1/2 of the respondents obtained moderate results on the scale concerning actually received support. The analyses also showed the respondents' tendencies to protect their loved ones against bad information (only 4% of the respondents obtained a low result).

As the next step, the respondents were asked whether they sought help and support in dealing with their disease also on the Internet. The results are presented in Figure 1.
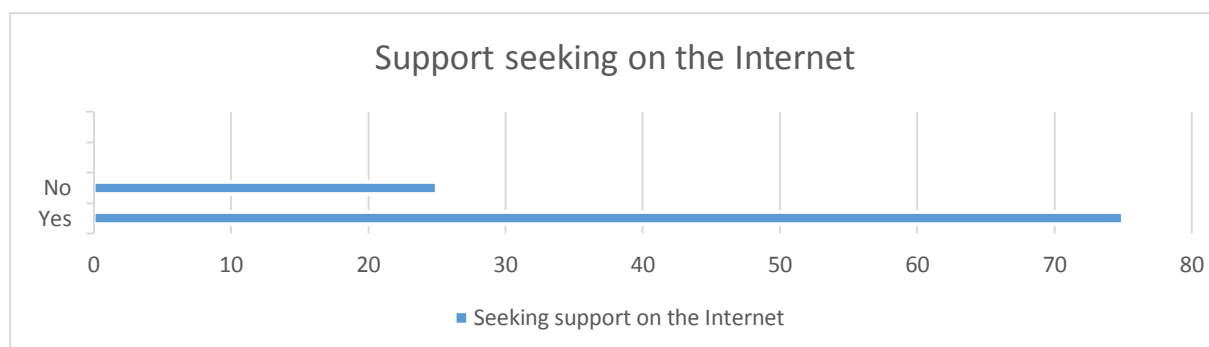
Figure 1. A comparison of answers to the question "Did you seek support in dealing with the disease on the Internet?" – expressed as a percentage.

As the presented graph shows, the respondents deemed the Internet as a very important source of support taking into account that 3/4 of them declared that they had been looking for help in coping with anorexia or bulimia.

Then, people who declared seeking support on the Internet were asked to express their opinions on several open-ended questions. The questions were as follows:

1. What kind of support did you search for on the Internet? What did you expect?

2. What did you receive?

3. Were you satisfied with it?

The answers provided by the respondents were then categorized. The list of categories is presented in Table 2.

Table 2.
Categories of the respondents' answers to individual questions from the survey

Question	Categories	The number of answers (expressed as a percentage)
1. What kind of support did you search for on the Internet? What did you expect?	Understanding and emotional support	67%
	Information about the therapy/treatment	33%
2. What did you receive?	The sense of affinity	60%
	Strength and motivation to fight the disease	30%
	Company in the hardships of recovery	10%
3. Were you satisfied with it?	Yes	62%
	No	31%
	Partly	7%

The respondents mainly searched the Internet to understand their situation and to find emotional support. There was also a demand for information related to the treatment process and medical centres that could provide it.

What most respondents managed to obtain from the people they met in cyberspace was a sense of affinity and belonging.

Nearly 2/3 of the surveyed women were satisfied with the support they obtained online. Noteworthy is also a large number of dissatisfied people (31%). To better visualize the research data, some of the answers obtained are presented below:

1. What kind of support were you been looking for on the Internet? What did you expect?

- Understanding.
- Understanding, the ability to talk to people with similar problems, advice, methods of dealing with symptoms, the ability to talk and motivate myself to fight the disease.
- Understanding, acceptance, explanation to what was happening and why, as well as information about medical centres and other places where I could go for help.
- Understanding of the state I'm in. A sober look at matters that I do not have the right distance towards.
- Keeping up the spirits when I did not have anyone to talk to; virtual 'hugs'.

2. What did you receive?

- I met people similar to me, I stay in contact with them all the time and they support me in fighting the disease.
- I felt understood, I had the opportunity to talk about what was difficult for me and I finally did not feel so lonely.
- I met a lot of great people. People to whom I can turn in every situation, who not only supported me in the fight and moving towards specific 'goals,' but who also participated in these worse and better moments, people who really know me better than my 'real,' 'non-forum' friends.

3. Were you happy with this?

- Yes, I am very happy that I could also meet some of the people from the virtual world in the real world.
- I met people who, like me, struggle with eating problems. Talking with them gave me strength to fight THIS, but among all those people, there were also those who said they could do 'anything' to lose weight. They wound themselves and others, completely not understanding…
- No, these were just superficial conversations, short answers, sometimes no answer at all. I still felt just as helpless and lonely.

The last step of statistical analyses involved women with anorexia being compared with women with bulimia to check whether they differ significantly in terms of any of the types of support analysed in the study. The results are presented in Table 3.

The obtained results show that the surveyed women do not differ significantly in terms of most of the types of support analysed. The only difference between women with anorexia and women with bulimia is that women with anorexia tend to be more inclined to protect their loved ones from bad information or difficult emotions compared to women struggling with bulimia, and the measure of the multiplicity of the effect indicates that this difference is significant (the size of the effect is large).

Table3.

*Average results in the form of mean ranks in the examined groups, and the results
of the Mann-Whitney U-test and the magnitude of the r$_g$ effect*

Variable	Anorexic ($n = 41$) Mean Rank	Bulimic ($n = 32$) Mean Rank	Mann-Whitney *U*-test	*p*-value	*r$_g$*
Perceived Available Support	802.00	524.03	293.00	0.68	0.21
Need for Support	758.51	567.55	291.52	0.68	0.20
Support Seeking	762.00	564.23	297.08	0.74	0.55
Actually Received Support	774.52	551.58	309.52	0.63	0.52
Protective Buffering Scale	971.00	486.50	193.06	**0.00**	**0.72**

4. Discussion

Eating disorders such as anorexia and bulimia are not a teenage invention related to the desire of slim figure, but they are instead serious diseases having somatic, psychological and social consequences. Over 25% of patients die due to health complications resulting from anorexia and bulimia (Józefik, 1999). Taking the above into consideration, the presented results seem to be important not only for a better understanding of this group of patients, but also for clinical practice.

As was stated above, social support is an important factor, which helps people to deal with a disease. Like other illnesses, both somatic and mental disorders pose difficulties and people who suffer from them need support in the process of treatment and recovery (Linville el al., 2012; Buszman, & Przybyła-Basista, 2016).

The need for support increases the motivation to seek it. Usually, the help is sought for in the immediate surroundings, and if nothing satisfying is found there, one seeks further. The development of new technologies and increasing availability of the Internet have caused cyberspace to become the area where one begins to seek help and support in dealing with difficult situations (Barak, Boniel-Nissim, & Suley, 2008; McCormack, 2010; Walter, 2016). In the presented study, the Internet also turned out to be a significant area to search for help.

As can be seen in this study, the respondents were looking for understanding, acceptance and some useful information about the healing process on the Internet, mainly because they were not able to find them in their daily surroundings. Illness is a situation that mobilizes resources in the individual's immediate environment, however, its chronic nature causes them to decrease with time, and finally run out. Very often, when a person close to us suffers, we would like to do the best we can to help. Nevertheless, more than once we do not have knowledge and skills required, we are not able to assess what kind of help would be the most adequate, as well as what are the actual needs of the person close to us. (Cutrona, 2005; Nurullah, 2012). It seems that the moderate results in terms of currently received support should

be understood in such a way. The results obtained in the study were similar to other researchers outcomes in that field. Moreover, according to data provided in the literature on the subject, it is indicated that people with eating disorders have worse communication skills and are not always able to tell their loved ones what are their actual need at a given moment (Grissett, & Norvell, 1992).

The support the participants received on the Internet, was not always consistent with their expectations and needs. 2/3 of them stated that they had been provided with both the sense of affinity, as well as strength and motivation to fight, which was satisfying. Some of the participants reported, however, that they had not found help or support they had been looking for. According to the reports of other researchers and data obtained in the present study, online support groups, in addition to their undoubted advantages, also have disadvantages to be reckoned with (Wright, 2002, 2005). What can be found on the Internet is "pro-disease" phenomena i.e. pro-ana, pro-mia and wannarexic (Boreo, & Piscoe, 2012; Haas et al., 2012), which are not aimed at supporting the sick person in the healing process but focuses only at glorifying thinness, disturbed ideal of the female figure and unhealthy eating habits.

The last question concerned the differences in various types of social support between women with anorexia and with bulimia. Both analysed groups did not differ significantly in terms of social support, apart from the protective buffering scale. Therefore, it can be stated that women with anorexia have a tendency to protect their relatives from bad news and do not want to make them upset. This result seems to confirm data found in the literature (Grisssett, Norvell, 1992), however, it is relatively poorly studied and would require a closer look during subsequent studies on the phenomenon of social support in this group of patients. The fact of no significant differences in terms of other variants of support shows that a medical diagnose does not corelate with this psychological variable. In the literature of the subject it is assumed that medical diagnose often corelates with some personal traits and intrapersonal resources – not intrapersonal – i.e social support (Izydorczyk, 2015).

That is why it is very important to broaden public awareness in the sphere of eating disorders and implement assistance programs for patients and their relatives so that they can learn how to talk about and listen to their needs. The honest and open statements of the respondents showed that very often patients need only as many (or maybe as much) as the presence of their loved ones around them, hugging, understanding and feeling that they no longer have to deal with a problem on their own which is crucial bearing in mind that the said problem clearly goes beyond their ability to cope with it and from which they will not recover by themselves and without outside support.

In addition to emotional support, informational help is also very important. It should be individualized and adequately tailored to the needs of the person struggling with eating disorders and should be provided by both relatives and professionals. Informational support may concern the course of the disease, its potential consequences, as well as proven methods of treatment and medical centres that offer help. According to the reports from other researchers

it seems that informational support, together with emotional help, form an important buffer in the process of treatment and recovery of mental well-being.

As the study also showed, an important factor supporting the process of coping with the disease is reduction of the sense of otherness and social incompatibility in the sick person, by normalizing, shaping affiliation and showing the individual that he or she is not the only person struggling with such a problem, but that there are people just like them who also face similar difficulties. This is one of the most important healing factors used in group therapy and widely described in the literature.

The conclusions of the original research presented in this article may constitute a hint and inspiration for further research that would explore the quality and adequacy of support groups operating in the virtual world. What is more, they can be useful for people dealing with the prevention of mental disorders (e.g. doctors, psychologists, educators). Additionally, they can help professionals who deal with psychological assistance and psychotherapy on a daily basis, in designing adequate, individualized therapeutic programs or modifying the existing ones in such a way that the help provided to people with eating disorders is even better tailored to suit their needs. It is now believed that the discovery of protective factors supporting the process of coping with the challenges of everyday life is extremely important. The knowledge of the aforementioned process can not only contribute to a more effective and shorter treatment process, but also, which seems equally important, significantly support the process of maintaining health and individual well-being.

Notwithstanding the above, what seems to be very important to emphasize is the fact that the presented results are only preliminary and further research should be conducted. In the researches to be carried out, some aspects need to be taken into consideration. Firstly, the group of respondents should be enlarged. Furthermore, scientific model needs to contain more variables corelated to social support. In addition, the methods and questionnaires should be standardized. Application of the aforementioned suggestions would make possible to draw broaden conclusions.

5. Summary

1. People struggling with eating disorders express a great need for support in coping with such diseases as anorexia nervosa and bulimia nervosa, as well as with recovery.
2. Cultural changes and increasingly easier access to the Internet mean that a significant proportion of people seek help in the virtual world. They mainly seek informational and emotional support, but what they receive is not always adequate to their needs.

3. In recent years, there has been more and more research on the phenomenon of online support groups, however, this area requires further exploration, especially due to widespread Internet "pro-disease" activity and the number of pro-ana and pro-mia sites.

4. To increase the effectiveness of assistance provided to people suffering from anorexia and bulimia, it is important to run social campaigns, as well as psychoeducational and support programmes for families.

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