Online Support Groups for Depression in China: Culturally Shaped Interactions and Motivations

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ABSTRACT

Online support groups have drawn considerable attention from scholars in the past decades. While prior research has explored the interactions and motivations of users, we know relatively little about how culture shapes the way people use and understand online support groups. Drawing on ethnographic research in a Chinese online depression community, we examine how online support groups function in the context of Chinese culture for people with depression. Through online observations and interviews, we uncover the unique interactions among users in this online support group, such as peer diagnosis, peer therapy, and public journaling. These activities were intertwined with Chinese cultural values and the scarcity of mental health resources in China. We also show that online support groups play an important role in fostering individual empowerment and improving public understanding of depression in China. This paper provides insights into the interweaving of culture and online health community use and contributes to a context-rich understanding of online support groups.

Keywords

Mental health; depression; online support groups; culture; stigma; empowerment

1. INTRODUCTION

A third of the global burden of mental illness falls on China and India, where millions of people are untreated due to stigma and lack of resources (Charlson, Baxter, Cheng, Shidhaye, and Whiteford, 2016). An estimated over 100 million Chinese people have a diagnosable mental disorder, of whom 91% have never received any treatment (Phillips et al., 2009). This gap in treatment is partly due to the low level of national investment in mental health care, leading to limited mental health services and a lack of mental health professionals in China (Baxter et al., 2016). The lack of services is compounded by an intense stigma associated with mental illness (Yang, 2007; Yang et al., 2007). In China, mental health issues are often viewed in a negative light that threatens the 'face' or dignity of one's family and ancestors (Yang, 2007). Such traditional values stemming from Confucian ideologies reinforce the stigmatized status of people with mental illness in China (Yang and Kleinman, 2008), and hinder them from seeking treatment (Corrigan, Druss, and Perlick, 2014).

Given the meager mental health resources in China, many people seek information and support online. Studies have shown that engagement in online support groups can lead to increased access to resources and a sense of empowerment (Barak, Boniel-Nissim, and Suler, 2008; van Uden-Kraan et al., 2008). Given the anonymity and lack of non-verbal cues of online communication, people perceive that there is less risk in disclosing their stigmatized issues to others and thus tend to be more open online (Bargh, McKenna, and Fitzsimons, 2002; Tidwell and Walther, 2002). Open online discussions often result in increased knowledge, better decisions, augmented social support, and a sense of control (Barak et al., 2008; Bartlett and Coulson, 2011). These positive consequences can generate individual empowerment which is key to improving health outcomes (Corrigan and Rao, 2012).

Computer support cooperative work (CSCW) scholars have long been interested in online support groups. Prior work has focused on users' needs, types of self-disclosure, social support exchanges among users (Andalibi, Öztürk, and Forte, 2017; De Choudhury and De, 2014; Eschler and Pratt, 2017; Wang, Kraut, and Levine, 2012). Despite a large body of literature on online support groups, the socio-cultural aspects of group engagement have been largely overlooked. Studies have shown that individuals' use of online support groups is contingent on social and cultural contexts (Li, Zhou, Lu, Yang, and Gu, 2016). In particular, Chinese cultural values and health beliefs significantly affect people's understanding of depression, illness management, and social interactions (Li et al., 2016). These cultural values may also influence how and why people participate in online support groups and affect how they benefit from the engagement.

In this paper, we present a study about an online support group for depression in China. Based on online observations and semi-structured interviews, we examine the interactions among users in the group, as well as their motivations for use and benefits they receive from the engagement. Specifically, we focus on the unique aspects of Chinese culture that impact the use of online support groups. We also examine how online support groups are integrated into users' depression management practices and at the same time create new possibilities for individual empowerment and destigmatization.

This paper contributes to the existing body of literature in three ways. First, we describe the social interactions in a Chinese online support group that do not neatly fit previous observations of online health communities in the West. By examining the Chinese social and cultural contexts that shape the user engagement, we contribute to a context-rich understanding of online support groups. Second, we draw attention to the empowering effect of online support groups in places where mental health resources are scarce. This augments existing literature about patient empowerment and online health community engagement. Third, we discuss the potential for online support groups to improve public understanding of depression and reduce stigma at a societal level, which sheds light on the social implications of online health communities.

In the sections that follow, we first present a literature review of prior work on mental illness in China, mental illness stigma, and online support groups, followed by a detailed account of our research methods. We then report our findings from the observations of the online support group and the interviews with its users. We particularly focus on users' social interactions, motivations, and benefits in engaging in the online support group. Finally, we discuss how the findings of this study provide new insights into our understanding of online support groups.

2. RELATED WORK

2.1. Mental Illness in China

China has experienced remarkable economic rise over the past decades. However, despite the rapid transformation, China's mental health care lags far behind other countries. In 2014, China had roughly 23,000 psychiatrists – 1.7 for every 100,000 people, compared to the US with 12 for every 100,000 people (Organization, 2017). Among these psychiatrists, only about 4,000 are fully qualified (Xiang, Yu, Sartorius, Ungvari, and Chiu, 2012). Moreover, mental health care resources in China are concentrated in cities, whereas half of the country's 1.4 billion people live in rural areas (Xiang et al., 2012). The scarce and uneven distribution of mental health services has resulted in a lack of treatment for people with mental illness in China. It is estimated that over 90% of Chinese people with depression have never received treatment (Phillips et al., 2009).

This lack of treatment is compounded by an overall lack of knowledge and awareness of mental illness in China (Li et al., 2016). Depression has long been diagnosed as neurasthenia (*shenjing shuairuo*, a mechanical weakness of the nerves), rather than a mental health diagnosis, resulting in a low reported prevalence of depression over the past decades (Kleinman, 1986; Love, 2017). Neurasthenia is often treated with traditional Chinese medicine such as herbs and acupuncture (Kleinman, 1986). In addition, long-standing Confucian ideologies prompt Chinese people to neglect or hide their inner emotions and feelings, but be more sensitive to somatic symptoms such as fatigue, insomnia, headache, and muscle pain (Li et al., 2016). Therefore, Chinese people with depression often emphasize somatic symptoms as opposed to Western patients who stress emotional and psychological symptoms (Kleinman, 1986; Parker, Cheah, and Roy, 2001; Ryder et al., 2008). Even today, many Chinese still do not consider depression an illness. The lack of knowledge and awareness of depression perpetuates the low rate of treatment in China.

Chinese people with mental illness often experience intense stigma, partly due to Chinese traditional values and the social norms of 'face' (*mianzi*) (Yang and Kleinman, 2008). Confucianism values self-control and the ability to solve inner conflicts (Li et al., 2016). Chinese society tends to consider depression an excuse for failure and for an unwillingness to work hard. People with depression, therefore, are viewed as being weak (Li et al., 2016). Because the behavior of the individual often reflects on the family in Chinese collectivist culture, stigmatized illnesses such as depression are regarded as threatening the 'face' of one's family. Moreover, traditional Chinese beliefs suggest mental illness is a punishment for the misconduct of one's ancestors and, therefore, family members of the depressed may also find themselves stigmatized (Yang, 2007). Consequently, having a mental illness becomes a shame or guilt that threatens the 'face' (i.e. dignity) of one's family and clan (Yang, 2007). This often compels Chinese people to conceal their depression to save face for their family.

People with mental illness are stereotyped as insane and unpredictable with the potential to cause danger to others and to society (Rüsch, Angermeyer, and Corrigan, 2005). Some mental hospitals in China treat their patients as prisoners, locked behind metal doors and strapped to beds (Economist, 2017). Mental hospitals are also sometimes used to detain political dissidents who do not have mental health problems (Economist, 2017). For these reasons, it is unsurprising that the Chinese have significantly greater negative stereotypes towards people with mental illness compared to their Western counterparts (Knifton et al.,

2010; Yang, 2007; Yang, Wonpat-Borja, Opler, and Corcoran, 2010). These stereotypes stem from the stigma attached to mental illness, which can be as disabling as the illness itself. In the following section, we will take a closer look at stigma and strategies to manage stigma.

2.2. Mental Illness Stigma and Stigma Management

The stigma of mental illness does not only exist in China. Goffman defines stigma as a mark of disgrace associated with any physical, social, or personal attribute that is deeply discrediting (Goffman, 1963). Stigmatized individuals are subject to prejudice and discrimination which diminishes their life chances (Goffman, 1963). Stigma undermines an individual's dignity and self-esteem, leading to decreased well-being and quality of life (Corrigan and Watson, 2002; Link, Struening, Rahav, Phelan, and Nuttbrock, 1997). The desire to conceal stigmatized conditions often prevents individuals from seeking treatment (Link et al., 1997). Stigma also limits individuals' access to material, social, and cultural resources, contributing to health disparities (Hatzenbuehler, Phelan, and Link, 2013).

In making sense of the prejudice and discrimination experienced by people with mental illness, researchers have made a distinction between *public stigma* and *self-stigma* (Corrigan and Rao, 2012; Rüsch et al., 2005). *Public stigma* refers to the negative attitudes held by the general public towards a stigmatized group, while *self-stigma* occurs when individuals internalize these stigmatizing attitudes and suffer negative consequences (Corrigan and Watson, 2002; Rüsch et al., 2005). Public stigma often results in restricted opportunities of stigmatized groups (Link et al., 1997), and self-stigma engenders diminished self-esteem and self-efficacy, leading to isolation and poor health outcomes (Corrigan and Rao, 2012).

Stigmatization has also been conceptualized as a socio-cultural process which operates to reproduce structural power relationships that exclude stigmatized individuals from the social world (Farrugia, 2009; Parker and Aggleton, 2003). People with mental illness are positioned as less powerful and thus subject to discriminatory consequences. As Parker and Aggleton argue (2003), 'stigma and stigmatization function, quite literally, at the point of intersection between culture, power and difference' (p.17). The construction and experience of stigma are constituted differently across social contexts and can shift over time (Toyoki and Brown, 2014).

Individuals employ a variety of strategies to manage their stigmatized identities in ongoing social situations (Goffman, 1963; Toyoki and Brown, 2014). For example, stigmatized individuals strategically manage their identity through 'techniques of information control' (Goffman, 1963). They tend to share little with outsiders, but everything with insiders, such as others with similar conditions (Goffman, 1963). This can help them cope with the negative consequences of self-stigma (Corrigan and Rao, 2012). Furthermore, group identification has been shown to diminish the effects of self-stigma on people with mental illness (Jetten, Branscombe, Schmitt, and Spears, 2001). For example, individuals who belong to a group of people with mental illness are less likely to agree with the stereotypes and, consequently, less likely to experience decreased self-esteem and self-efficacy (Watson, Corrigan, Larson, and Sells, 2007). Individuals may develop positive self-perceptions via their interactions with peers from the stigmatized group (Watson et al., 2007).

2.3. Online Support Groups for Mental Health

Given the pivotal role of group identification in combating stigma, online support groups have opened up new possibilities for people with mental illness (Barak et al., 2008). Because of the anonymity and reduced non-verbal cues in online communication, the barriers to and risks of disclosing one's stigmatized illness are greatly reduced (Walther, 1996). Individuals are less likely to face judgment or rejection from others in online settings than those in the offline world (Walther, 1996). Thus, individuals with mental illness often feel comfortable opening up online (Berger, Wagner, and Baker, 2005). Increased self-disclosure

helps individuals to forge relationships that might not be possible offline, leading to increased social support and reduced feelings of isolation (Barak et al., 2008; Berger et al., 2005).

Studies have found empowerment to be the most salient benefit of support group attendance (Barak et al., 2008; Bartlett and Coulson, 2011; Ussher, Kirsten, Butow, and Sandoval, 2006). Empowerment refers to the individual ability to make personal decisions, to access relevant resources, and to experiencing personal growth as a results of developing skills and abilities (Staples, 1990; Wallerstein, 1992). Engagement in online support groups empowers patients through exchanging information, sharing experiences, and providing emotional support (van Uden-Kraan et al., 2008). Online discussions with peers not only help users make better treatment decisions (Barak et al., 2008), but also improve acceptance of the disease and facilitate patient-provider communication (van Uden-Kraan et al., 2008). Patient empowerment also generates improved health and social outcomes, such as enhanced self-esteem and reduced self-stigma (Bartlett and Coulson, 2011; Wright, 2000). In addition, online support groups serve as a place for people to enact a sense of being, to explore preferred, aspirational, and other alternate selves (Obodaru, 2012)

Online support groups have been broadly studied in CSCW, HCI, and related fields over the past decades. Prior work has examined online communities for a wide range of health issues, such as mental illness (Andalibi et al., 2017; De Choudhury and De, 2014), diabetes (Huh and Pratt, 2014; Zhang, 2017), and breast cancer (Vlahovic, Wang, Kraut, and Levine, 2014; Yang, Yao, and Kraut, 2017). Much of the CSCW work on online health communities has used computational techniques to explore types of self-disclosure, social support, and user interactions (De Choudhury and De, 2014; Wang et al., 2012; Yang et al., 2017). While these studies provide valuable insights into the social dynamics of online health communities, we know relatively little about the lived experience of users as well as their struggles and aspirations. It is also unclear how users integrate online health communities into their lives.

Further, extant research on online mental health communities mainly focuses on English-speaking users (Andalibi et al., 2017; De Choudhury and De, 2014). Given the unique social and cultural context in China, as we mentioned earlier, China serves as an interesting case to study the interweaving of culture and online health community use. However, there has been scarce literature on online support groups in China. Li et al. (2016)'s study is among the very few to examine how Chinese people use online depression forums. Other studies of Chinese online health communities employed computational methods to explore the types of social support and user interactions (Wu, Hou, and Jin, 2017; Xu and Zhang, 2015), and thus lost out on the opportunity to gain specific insights into the socio-cultural aspect of online interactions.

In this paper, we draw attention to the role of culture in influencing online support group use. In particular, we explore the online interactions, motivations, and benefits among users of an online depression community in China. By examining how people use online support groups to manage depression, we uncover the meaning of online health community in the lives of its users. Specifically, we address the following research questions:

RQ1. How do people with depression in China use online support groups?

RQ2. What motivates people with depression in China to engage in online support groups?

RQ3. What are the benefits and challenges of online support group engagement in China?

3. METHODS

We conducted a virtual ethnography of *Sunshine*, the largest and most popular online forum for people with mental illness in China. Virtual ethnography has been used to explore the communities and cultures created through computer-mediated interaction (Hine, 2000). We observed user interactions and discussion topics on *Sunshine* for four months. We also conducted semi-structured interviews with 15

users to probe their motivations for using *Sunshine* and the perceived benefits. The research site, data collection, and analysis procedures are discussed in greater detail below.

3.1. Research Site: *Sunshine*

Launched in 2003, *Sunshine* is the first online forum for mental disorders in China. It had 161,211 registered members and over 990,000 posts as of August 4, 2017. The forum contains six discussion sections, including Depression, Anxiety Disorder, Resources, Life, Religions, and Administrative Affairs. In this study, we focused on the Depression section, which is the largest and most active section.

Sunshine is a publicly accessible forum. Anyone can browse the posts as a visitor, but only registered users are allowed to post and reply. Most of the registered users are people diagnosed with mental illness and their family members. Some are not diagnosed but suspect that they have mental health problems. Visitors who want to register are required to send an online request with appropriate reasons, which may be granted approval by administrators. Registered users each have a profile page displaying their personal information (e.g., pseudonym, gender, registration date), status updates, posts, friends, and albums. They can also send private messages to others via the chat channel.

A peer-led support group, *Sunshine* is governed by several administrators and moderators, who are either veteran users or those who have recovered from depression. They manage different sections of the forum and can delete spammed, offensive, or inappropriate posts and ban users who do not follow the community norms from posting. A few psychologists occasionally participate in Sunshine, answering users' questions and posting articles.

Sunshine also has private chat groups that operate through QQ, an instant messaging service in China. Separate from the forum, QQ groups are places where users communicate with each other in a synchronous fashion. Only registered users of the forum are allowed to join the QQ groups. The QQ groups include a main QQ group with over 800 members, and 24 sub-groups featuring different provinces and different issues. There is also a WeChat official account of *Sunshine*, managed by forum administrators who post articles regarding knowledge about and treatment of depression. Anyone who follows the WeChat account can view the articles, but no interaction takes place on this platform. Given our interest in the dynamics of interactions in online support groups, this study primarily focuses on the forum and the main QQ group.

3.2. Data Collection

The first author conducted virtual ethnography in *Sunshine* for over four months in 2015 (Hine, 2000). The first author registered for an account by contacting a forum administrator and disclosing the identity as a researcher and the research objectives. All data collected in this phase was conducted in Mandarin Chinese. The first author, a native Mandarin speaker, observed the forum and its main QQ group to explore its culture and user interactions, without initiating or participating in any discussions. The author spent an hour per day on average in *Sunshine*, observing conversations and collecting publically-available posts illustrative of group interactions. A total of 562 posts were collected from more than 100 forum users, covering a wide array of topics.

Given the public nature of the forum and the anonymity of the users, we did not perceive any potential risks to subjects in conducting observations and collecting posts. Excerpts of the collected posts used in this study were attributed to anonymized users, without disclosing their user names on the forum. We believed that it would be difficult to identify those users based on their posts because of the changes to the wording once they were translated to English. All data collection was conducted in accordance with the first author's university policies at the time of collection.

The first author conducted follow-up interviews with 15 users to understand their motivations for using *Sunshine* and the perceived consequences. The interviews were conducted via telephone or instant

messaging application (i.e., QQ). Each interview lasted from one hour to two hours and followed a semi-structured protocol. We used a maximum variation purposive sampling strategy by recruiting participants who had varied levels of depression and engagement in the forum during our observation period. Recruitment messages were sent to 33 users through the private chat channel of the forum, describing the purpose of this study and the voluntary nature of participation. Fifteen members agreed to participate in the study, including 7 females and 8 males (Table 1). All participants' names used in this study are pseudonyms, different from their user names in the forum. The presentation of this research, and the steps taken to preserve user anonymity and confidentiality, are informed by the ACM Ethics guidelines (ACM, 2018).

ID	Alias	Gender	Age	Time with diagnosed depression	Length of membership
1	Lily	Female	19	A few months	2 months
2	Nikolas	Male	28	Over 10 years	4 months
3	Mars	Male	40s	20 years; recovered	4 months
4	Frank	Male	35	17 years	5 years
5	Aaron	Male	24	2 years	8 months
6	Brian	Male	27	5 years	4 months
7	Catherine	Female	NA	A few months	6 months
8	Jack	Male	30s	9 years	6 months
9	Daisy	Female	25	5 years	4 months
10	Rachel	Female	40s	6 years	6 years
11	Stephen	Male	40s	9 years	9 years
12	Mary	Female	20s	9 years	9 years
13	Adam	Male	63	15 years	3 years
14	Julie	Female	30s	8 years	6 years
15	Elena	Female	NA	2 years	2 years

Table 1. Participant demographics as of August 2015

3.3. Data Analysis

We first conducted a content analysis of the 562 posts collected to identify the themes of the online interactions among *Sunshine* users. All interviews were audio-recorded and transcribed in Chinese; illustrative quotes were translated from Chinese into English by the first author who is also fluent in English. Open coding was first conducted in Chinese, and then two of the authors iterated axial coding in English, identifying themes regarding engagement in *Sunshine*, as well as benefits that the participants received from the engagement (Strauss and Corbin, 1998). Extensive memos were written to document the analytical trajectory, which provided a basis for data analysis. The primary themes that emerged from the analysis are discussed in detail in the following section.

4. FINDINGS

The online observations captured the dynamics of the interactions among *Sunshine* users (RQ1). The interview participants offered nuanced accounts of why they participated in *Sunshine* (RQ2) and how they benefited from the engagement (RQ3). In this section, we first present the types of social interactions in *Sunshine* based on the observations, followed by users' motivations for use and the impact of *Sunshine* on

users. The combination of observational data and interview data offers us a holistic picture of the use of *Sunshine* and its meaning in the lives of its users.

4.1. Social interactions in Sunshine

4.1.1. *Information exchange: medication and coping skills*

Information exchange was the most common practice among *Sunshine* users. Of the 562 posts we collected, almost half of them (48%) were related to medication. We observed myriad posts on the forum asking about the use and side effects of antidepressants. Some users expressed their mistrust towards the 'Western medicine' in their posts and asked if they should take the antidepressants prescribed by their doctors. Others experienced severe side effects after taking medicines and posted their symptoms on *Sunshine* to seek advice from their peers. For instance, a forum user posted her anxiety and despair after taking antidepressants:

> My brain functioning declined after taking Lexapro and Magnesium for three months. I had a hard time memorizing things and solving simple math problems. I'm going to take the College Entrance Exam soon and get so terrified about the side effects of the drugs. What should I do? Should I continue taking them? I feel hopeless and desperate. Please help me! (Anonymous forum user)

In addition, users asked and shared experiences and strategies in coping with depression. Some mentioned that they took traditional Chinese medicine as a complement to antidepressants, and used acupuncture and practiced Tai Chi to relieve pain and anxiety. They described how they practiced these coping strategies, and what worked well and what failed. The information was either exchanged through Q&A, or shared in users' public diaries and stories.

4.1.2. *Peer diagnosis and peer therapy*

We also observed many users posting messages describing their symptoms in great detail, asking others to assess their problems (32%). We labeled this type of interaction as *peer diagnosis*. Some of those who engaged in peer diagnosis had not obtained a formal diagnosis from a doctor, but suspected that they had depression. Others, however, posted their symptoms along with the diagnosis from doctors, asking their peers to help confirm the diagnosis. Often, they would receive comments from other users, who provided their own assessment and encouraged them to seek treatment from a trustworthy psychiatrist. Here is a post characteristic of this type of interaction:

> I feel like I am having depression but I am not sure. I took the PHQ-9 screening test on *Sunshine* and was scored as having moderate depression. Is it clinically validated? I have experienced insomnia, lack of energy, physical pain, and low mood for almost a month. Can anything tell me if I am depressed or not? Please!!! (Anonymized forum user)

Sunshine users also practiced *peer therapy* by disclosing their thoughts and emotions. When a user posted his or her negative feelings, others would jump in and identify the problematic thinking that may contribute to the user's problem, and offer ways to reframe negative thinking. Many participants mentioned that they did not feel comfortable talking about their personal issues with a therapist, who was considered a stranger. Some did not believe a therapist who had never gone through depression could understand their problems. Thus, they preferred to confide in their peers rather than therapists.

4.1.3. *Public journaling: self-tracking and storytelling*

Sunshine users also kept a public journal of their activities and thoughts on this forum. 22% of the posts we collected fell into this category. Some users wrote diaries on the forum to record their treatment and daily progress, such as medication, symptoms, and feelings. Others, however, logged more mundane daily activities – hours slept, food consumed, exercise, and social interactions. Most users who did public journaling tracked both their daily activities and treatment. Below is an excerpt from a user's diary:

> May 29th
>
> Today is the third day of taking medication. I slept at 12am and woke up at 4am, feeling something was stuck in my chest. I lied in bed until 8am and got up to make breakfast. I ate some cabbage and sausages, which were tasty. After taking medicines, I went to work. Lunch was bread and salad, same with yesterday. I love this type of food.
>
> Now is 3pm. Feeling sleepy, I am working while listening to music, A cool breeze brushes softly against my face. I feel like standing on the brink of a cliff – not knowing who I am, where I am going, and where I belong to. (Anonymized forum user)

It was also not uncommon for users to engage in storytelling and narrate their struggles in fighting with depression with minute details and vivid descriptions. We observed a large volume of personal stories on the forum (24%). Some users disclosed what they have experienced in the past, expressing emotions, doing reflection, and making confessions. Others would respond with similar stories about themselves and offer positive explanations.

4.1.4. *Emotional support exchange*

As we observed online, many users revealed feelings of frustration and loneliness in their posts (28%). Other users who read these posts might not provide concrete solutions, but were able to recognize common experiences and offered empathy and encouragement. One example is from a *Sunshine* user who replied to another user on the forum:

> I know how desperate you are, as I have been there. I felt it was the end of the world but I survived. Just hang in there and take care of yourself. I know it's hard to do so when we are mired in depression, but you have to know that you are not alone. We will always be there for you. Big hug ☺ (Anonymized forum user)

In referring to their own suffering, users tended to use inclusive pronouns such as 'we' and 'us' to express empathy towards each other. On the forum, users identified others as 'brothers in arms (*zhanyou*)' or 'fellow patients (*bingyou*)', and described depression as a 'battle' to be fought with 'concerted efforts'. Some used emoji to liven up the text messages and to express their affection towards their peers.

In the QQ chat group of *Sunshine*, hundreds of synchronized conversations took place every day. Compared to the forum, communications in the QQ group were more casual, covering topics from personal problems to jokes and funny stories. Members of the QQ group chatted with each other like siblings, calling each other 'elder brother', 'second brother', 'little sister', etc. When a group member – the 'elder brother', for instance – showed up in the group, others would greet him with great affection, saying 'How you doing today, my dear brother?' and 'We've been waiting for you'. Daily issues such as bickering with partners were also discussed among group members.

4.2 Motivations for using *Sunshine*

Users joined *Sunshine* for a wide variety of reasons, many were intertwined with the social and cultural contexts in China. The motivations for using *Sunshine* presented below were based on our interviews with the 15 users.

4.2.1. *Understanding depression*

A majority of the participants stated that *Sunshine* was their primary source of information about depression. Many encountered *Sunshine* when they searched for information about depression using Baidu, a Chinese search engine. They were tempted to join *Sunshine* in order to understand depression and find out if they had depression. Some participants had no idea what depression was before they joined *Sunshine*. Others viewed depression as the 'emotional flu' that would go away shortly and thus refused to seek treatment.

In other cases, participants regarded their distress as neurasthenia (*shenjing shuairuo)* – or were diagnosed with neurasthenia – a result of weakness in the kidney and spleen. They used to receive treatment with traditional Chinese medicine, such as herbals, acupuncture, and exercise (*qigong*). As the 63-year-old user, Adam, described:

> Depression was largely unknown in China when I first felt depressed in early 2000. I was then diagnosed with neurasthenia and treated with Chinese medicine for many years. But I felt something was wrong. After I got a computer at home, I actively searched my symptoms on the Internet and found *Sunshine*. It was the first time I heard depression. I was very intrigued and eager to find out what depression was and whether I was having depression. (Adam)

Even for participants who knew depression, many had difficulty accurately describing their symptoms to doctors, leading to an inaccurate diagnosis and incorrect prescription of medicines. Taking inappropriate medicines often produced severe side effects, causing enormous pain to the them. Thus, participants said that they spent enormous time on *Sunshine*, reading the articles about depression and the experiences shared by other users.

4.2.2. *Seeking mental health care*

Participants were also prompted to use *Sunshine* for the purpose of seeking treatment. This was mostly because of the limited mental health resources in China and a lack of access to care. Many participants lived in rural areas or small cities, where mental hospitals and licensed therapists were scarce. They had to travel long distances to the nearest large city, spending extensive amounts of time, energy, and money. Rachel, for example, described her struggles in finding doctors:

> I had no idea where to find a psychiatrist when I first suspected I had depression. I lived in [a small county], where no mental hospital existed. I took a two-hour train to the best hospital in our province...However, the so-called 'expert' only asked me to fill out a survey and diagnosed me with depression within 10 minutes. It was too sloppy for me to believe in it. Hopelessly, I posted a message on Sunshine asking where to find a qualified psychiatrist. Many people encouraged me to see doctors in Beijing and recommended a couple prestigious hospitals. Following their instructions, I took an overnight train to Beijing Anding Hospital and was finally diagnosed with depression. (Rachel)

Even for participants who had visited mental hospitals in big cities, many described receiving an inaccurate diagnosis, or being prescribed inappropriate medication. For example, four participants received treatment for depression for many years until they realized that they actually had bipolar disorder

after joining *Sunshine*. Furthermore, some complained that psychiatrists from different hospitals sometimes gave different or contradictory advice and prescriptions, prompting them to seek advice from their peers.

Notably, many participants expressed a feeling of mistrust towards mental health professionals. They complained that good psychiatrists were extremely scarce, which corresponded to the fact that only 20% of the psychiatrists in China are fully qualified (Xiang, Yu, Sartorius, Ungvari, & Chiu, 2012). Negative interactions with unprofessional doctors dissuaded them from seeking treatment and propelled them to turn to *Sunshine* for advice. For instance, Aaron expressed his attitudes towards doctors:

> Doctors are profit-oriented; they always ask you to purchase expensive medicine even though you don't need it. Peers are more reliable; they know what works and what doesn't work. (Aaron)

By describing other *Sunshine* users as "knowledgeable", "experienced", and "trustworthy", our participants treated the online support group, to some extent, as a hospital or counseling center, with a great number of reliable therapists who had rich experience in managing mental illness. Although peer expertise was not equivalent to professional medical advice, many participants said that they trusted information from their peers more than from clinicians.

4.2.3. *Unburdening and self-expression*

Despite the need for information seeking, users also turned to *Sunshine* for self-expression. For those who wrote extensive personal stories, they described this behavior as a way to unburden themselves. Brian, for instance, posted more than 50 posts on the forum, most of which were personal experiences and feelings. He explained his motivation as follows:

> I was in great despair then. A number of factors such as work, relationship, and illness conspired to torture me, day in and day out. I found my life meaningless and I wanted to end my life. But I had no guts to do so. So I posted my thoughts and emotions on the forum, sometimes several times a day. I didn't expect feedback from others; just wanted to get my feelings out there, to reduce stress. (Brian)

Brian's narratives spoke to his need for venting negative feelings. He explained that the mere act of writing things down led to emotional catharsis, which gave him a sense of relief and reduced stress. Even though the cathartic effect was sometimes transient, our participants experienced decreased negative emotions after getting their feelings 'out there'.

Related to these feelings of relief, participants described online support groups as a 'safe haven', where they could open up without the fear of being judged or condemned by others. Because of the mental illness stigma, many have experienced negative treatment in the workplace or in social interactions, and therefore have chosen to conceal their emotions. The anonymity of *Sunshine* gave them the freedom of expression, the ability to self-disclose without being judged. As Frank described:

> No one knows who I am on the Internet. I can write down everything – I mean those at the bottom of my heart – and reflect on my past behaviors and experiences. (Frank)

4.2.4. *Seeking acceptance and empathy*

Participants also joined *Sunshine* to seek understanding and acceptance from others. Given the lack of understanding of depression and stigma in the society, many described being rejected by their family and friends, who sometimes dismissed their feelings, or refused to talk about their illness. As Aaron described:

> My parents are peasants, uneducated, without any knowledge about depression. They couldn't understand my problem and blame me for being weak. I used to be very close to them but now we seldom talk. I don't have any close friends, either. I don't know whom I should talk to…I feel so lonely. (Aaron)

Some experienced a lack of offline social support because they worked far away from their hometown. Because of China's rapid urbanization, some participants were migrant workers who took temporary jobs in faraway urban regions and returned home only during the Lunar New Year. They contended that the long distance isolated them from their family members and close friends and deprived them of the social support they used to have when at home.

The social isolation of our participants was also associated with family 'face'. Among Chinese people, because the behavior of the individual reflects on the family, those stigmatized illnesses such as depression were regarded as threatening the 'face' of one's family. Therefore, some participants told us that their parents urged them to conceal their mental illness condition to protect family 'face' and even dissuaded them from seeking treatment. Some experienced rejection or distancing in the workplace and felt ostracized. For example, one interview participant, Brian, described being fired by his company after he took sick leave for mental health.

4.2.5. *Cultivating healthy habits*

For those participants who kept journaling on *Sunshine*, some undertook this behavior to build up healthy habits and cultivate coping skills. They believed that online support groups could promote healthy behavior. Mary, for example, logged her daily diet and exercise over a year and still kept a journal on the forum even after rehabilitation. She described her motives as holding herself accountable for regular exercise:

> I decided to stop taking the antidepressant in 2014. The psychiatrist suggested that I should do exercise every day to expedite rehabilitation. But it was so hard for me to do that. To motivate myself, I decided to keep a journal on the forum, documenting my daily activities, including exercise and healthy eating. I had the habit of journaling, but privately. Making it public motivated me to be persistent. Everyone was watching me. I had to keep my word. (Mary)

In addition, some engaged in public journaling for the purpose of self-reflection. Since people with depression often experienced declined memory, participants described writing a diary as a way to remind them of what they did for the day and modified their behaviors accordingly.

4.3. The Impact of *Sunshine* on Users

In this section, we provide interview participants' accounts regarding how they benefited from participating in *Sunshine*, as well as the negative experiences they had.

4.3.1. *Increased knowledge and better coping*

A major benefit of engaging in *Sunshine*, as many participants described, was to better understand depression and what it means to have depression. Obtaining information from peers enabled users to think through the nature of their distress and seek appropriate treatment. Some were encouraged to seek therapy, obtain a formal diagnosis, and take medicine. Participants also reported being exposed to a wide array of coping strategies by reading others' posts on the forum, which helped them to make more informed choices regarding help-seeking and treatment.

With increased knowledge, participants felt more control over their illness and gained the confidence to communicate with psychiatrists. Some mentioned that they could describe their symptoms more accurately during the clinic visit and they were able to bring up their issues and concerns to their doctors, rather than blindly following what they suggested. Jack described his experience as follows:

> I learned a lot about the merits and side effects of different types of antidepressants [from *Sunshine*]. Once a psychiatrist prescribed an antidepressant about which I had heard horrible side effects from other users. Then I told the psychiatrist my concern and he prescribed another one that worked well for me. I felt like I saved my life! I would not have been able to communicate with doctors without the knowledge I acquired from *Sunshine*. (Jack)

In addition, for those who wrote personal stories and diaries on the forum, they stated that the process of storytelling allowed them to make meaning of their experiences and to reframe negative thinking. Many said that this reframing process was in line with cognitive behavioral therapy and helped them to view things from a positive light.

4.3.2. *Reconstruction of normality*

Given the stigma associated with depression in China, many participants described feeling worthless, rejected, and abandoned. The online support group, however, became a 'safe haven', where they could open up without being judged or condemned by others. Daisy, 25, said that before she joined *Sunshine*, she often posted on Weibo – a Chinese version of Twitter – when feeling depressed. But she ended up being 'unfriended (*lahei*)' by her friends on Weibo who also shied away from her offline. The anonymous nature of online support groups, however, made her feel less vulnerable:

> I can say whatever I want in Sunshine. People understand me and never judge. I feel like I'm a normal person here, not inferior to anyone. (Daisy)

A feeling of 'being normal' was constantly mentioned by our participants. The mutual experience of depression created a strong sense of identification within the group, which made participants feel accepted and normal, sometimes for the first time in years. In his post, Frank presented his story of struggling with depression for over ten years after a devastating breakup with his girlfriend. Frank described being treated as a 'monster' for a long time, and felt a sense of relief after sharing his story in *Sunshine*:

> The moment I posted it on Sunshine, I felt a sense of relief, a feeling of being forgiven by others and by myself. You can view it (the post) as a monolog or my confession. I wrote it to myself. I don't have the guts to tell anyone around me, including my parents, in fear of being judged or criticized. I've had enough of being treated as a monster over the past 12 years. (Frank)

Similarly, other participants who felt rejected by others in their lives also stressed the non-judgmental acceptance in *Sunshine*, which allowed them to vent, to cry, and to be vulnerable. By positioning themselves as part of this group, the participants constructed a normal self in spite of the social stigma.

4.3.3. *Enhanced self-efficacy and self-esteem*

Participants also benefited from sharing information and experiences with others. Although some reported helping others out of altruism and reciprocity, they all emphasized a sense of fulfillment gained from sharing information with others. In *Sunshine*, veteran users sometimes took on the role of mentor, through which they demonstrated expertise and strength. They felt empowered by acting as experts in this community as a result of self-learning and self-improvement. Mars, for instance, was in his 40s and had

recovered from depression after wrestling with it for almost 20 years. He frequently answered others' questions on the forum and sometimes wrote articles about treatment. He told us:

> I love answering others' questions. Young people on the forum respected me. They sought my advice and regarded me as an expert. This made me feel powerful…I am indeed an expert. I know much more than the doctors, who learned depression from textbooks rather than from experiences. (Mars)

For those participants who kept a public journal on the forum, many commented that recording daily progress gave them a positive outlook based on control and strength. For instance, Catherine wrote diaries on the forum to record a wide variety of activates, such as medication, reading, yoga, and social activities. She described an elevated sense of self-control through the journaling practices:

> I felt increased self-discipline after posting diaries on Sunshine. I became more organized than before, thanks to others' encouragement and follow-up. My mom always thought that I got depression because of a lack of self-control, but I'm not like that. (Catherine)

Participants regarded this sense of control as important, given that they were viewed in society as unable to resolve their inner problems or conflicts. Engaging in public journaling gave group members the ability to exercise self-control and self-regulation. In this sense, the online diaries served as a demonstration of their strong will. For instance, a message posted on *Sunshine* says:

> People think of us as pessimistic and weak, but we are NOT! Most of us are fighting with depression with a strong will and optimistic attitude. We have to prove that we are not sore-losers. Write down your daily progress and share it with others. Although the society has abandoned us, we shouldn't abandon ourselves! (Post by an anonymized forum user)

By recording daily progress and posting optimistic messages, users were claiming a life they wanted to lead, a mindset they hoped to sustain. They presented themselves as people who proactively and positively wrestle with depression, rather than being "pessimistic and weak". The post above also demonstrated a collective effort of users to challenge dominant views of depression and public stigma.

4.3.4. *Elevated sense of belonging*

Many participants thought of themselves as part of a larger collective, who were making 'concerted efforts' to fight depression. For them, the 'enemy' was not only depression, but also rejection from others and the society. Taking part in online support groups, however, provided them with a sense of belonging, affiliation, and social cohesion that they were longing for. Daisy, for instance, held a deep affection for *Sunshine*:

> When I was diagnosed with depression, I felt my life was screwed up and attempted to commit suicide twice. I felt extremely isolated since nobody could understand what it was like to have depression. So, you know, when I accidentally encountered Sunshine, I was so exhilarated that couldn't help crying. It was then that I realized I was not alone. There were a lot of people who shared the same sufferings but held positive attitudes toward life and encouraged each other…We talk with each other like a family. (Lily)

Similarly, other participants also positioned *Sunshine* as a "family", full of their siblings who were "caring", "empathic" and "supportive". Some mentioned that they were the only child in their family, but other users whom they often talked to were like their brothers and sisters. They shared sorrows and happiness, and were always ready to provide help and support when others were in need.

As the bond among the users intensified, they felt the need to get together offline. Some users residing in the same city would go to dinner or bike together. For instance, Mary has joined several offline activities with other users. She described these events as 'relaxing and heartening' and providing her strength:

> Every time we gathered offline, hiking or biking together, we took a group photo. No one said "Cheese". We cried "Fight depression! We are strong!" with our clenched fists. (Mary)

In addition to offline gatherings, administrators of the forum and some veteran users also gave lectures to communities and universities, and participated in TV shows to talk about their experiences and spread knowledge about depression. Although none of our interview participants did this, they felt proud of these users who spoke up for them.

4.3.5. *Negative experiences – regulation and emotional contagion*

As much as the online support group fostered a sense of community, it also created tensions. As a well-regulated forum, *Sunshine* had its own norms, such as rules of speech, written in an eight-chapter document on the forum. Several administrators and moderators were in charge of regulating *Sunshine* and punishing users who did not follow the community norms. The most common punishment for users was being banned from posting (*jinyan*), from a week to indefinably. The case of Stephen was an exemplar. Stephen was with *Sunshine* for 8 years but ended up being indefinitely banned from posting because of his offensive messages. He expressed his frustration over this decision:

> I am very angry and disappointed about the decision. I couldn't understand why they (admins) are so cruel to me. I came to Sunshine in seeking understanding and acceptance, yet was regarded as a madman to be regulated. Is there any difference between those administrators and the discriminatory public? (Stephen)

In addition, some interview participants described being 'infected' by the negative emotions and thoughts of others. When users were in a depressive episode, they tended to post messages with intense emotions, which would be transferred to others who read the post. The transference of emotions sometimes aggravated users' depression, and even triggered depressive episodes or suicidal ideation. Julie said her strategy to counteract the negative influence was to avoid using *Sunshine* when she was emotionally stable:

> There are so many negative emotions there. If I am in the process of recovery, I seldom look at the forum or interact with other members, for fear of being infected. I am too fragile to resist those negative effects. I only use *Sunshine* when I feel bad– usually when I go through a depressive episode. This is unburdening. (Julie)

Despite the challenges faced by the users, most participants described benefiting from their engagement in *Sunshine*. In the next section, we will delve into the findings and analyze how Chinese cultural values influence the use of online support groups.

5. DISCUSSION

In this study, we provide an alternative story of online support group engagement, one that does not necessarily align with prior work in this field. Through our ethnographic research on an online depression community in China, we have described that this community has become the primary source of information for users, rather than a supplement to professional medical advice. Users engage in peer diagnosis and peer therapy and keep a journal on the platform. These behaviors are intertwined with Chinese cultural values and the lack of mental health resources. They also come from Chinese people's health beliefs and health practices that are different from those of the American health care culture. These

findings shed light on the role of online support groups in fostering patient empowerment and improving public understanding of depression in China.

5.1. Online Support Groups in Chinese Culture

We have shown that the way people engage in online support groups in China differs from extant research on online support groups in three specific ways. First, online support groups are regarded as the primary source of information for Chinese users, sometimes in place of professional medical advice. Users rely heavily on their peers to obtain treatment advice and turn to the group for peer diagnosis and peer therapy. These findings contradict prior work in the U.S., where patients often use peer expertise to complement – rather than replace – expertise provided by health professionals (Hartzler and Pratt, 2011). The heavy reliance on peers is partly due to the scarcity of mental health resources in China, in particular a shortage of psychiatrists and therapists. Negative experiences of interacting with unqualified doctors further dissuade people from seeking treatment. Through online information exchange, however, users create a repository of mental health resources, from which they can easily retrieve the information they need. Such a repertoire of resources supplements the limited mental health resources in China.

The reliance on peers may also stem from a mistrust towards Western medical care. *Sunshine* users in our study did not readily accept Western mental health counseling and interventions, particularly when self-disclosure was expected. Influenced by the long-standing Confucian ideologies, Chinese people tend to conceal their emotions and feelings, in particular when trust has not been gained (McLaughlin and Braun, 1998). The self-suppression tendency also explains why very few Chinese people see a therapist even when the resources are available (Ying, 2002). Online support groups, however, provide a safe space for the expression of emotion due to trust and non-judgmental acceptance among users. Therefore, Chinese people regard the online community as a counseling center and feel comfortable opening up.

Second, the public journaling practice appears to be unique to Chinese online health communities. Many *Sunshine* users kept writing diaries about their life and illness on the site; some wrote lengthy personal stories. This behavior, to a large extent, is associated with a lack of support from their family and friends. For Chinese people, because the behavior of the individual reflects on the family, mental illness that indicates lack of self-control may produce shame and guilt that threaten family "face" (McLaughlin and Braun, 1998; Yang et al., 2007). As a result, Chinese people tend to be reluctant to discuss their stigmatized illness with their family (Leung, 2010). Online support groups, therefore, become the platform where users can share fears, hope, and progress on a daily basis, and get attention, caring, and empathy from their peers.

Prior research on online health communities rarely reports the public journaling practice (Vlahovic et al., 2014; Zhang, 2017). Although self-tracking for mental wellness is well documented (Kelley, Lee, and Wilcox, 2017), most research focuses on the use of self-tracking technologies such as Fitbit rather than online health communities. The public journaling in online health communities, on the one hand, opens up opportunities for social computing scholars to examine depression discourse and patterns (De Choudhury and De, 2014; Wang et al., 2012). On the other hand, journaling as a traditional form of self-tracking still deserves attention from researchers. Future research should further explore users' needs and motivations of sharing personal diaries with others in online health communities.

Third, Chinese users have come to recognize online support groups as a type of 'family', where they regard each other as siblings. As described in our study, *Sunshine* has become a venue where users fought together and shared sorrows and happiness. The rejection from family and friends in their lives prompted them to count on their peers. Based on centuries of Confucian thought and an agrarian lifestyle, traditional Chinese beliefs center around the unity and harmony (McLaughlin and Braun, 1998). The interests of the

individual often give way to the rights of the collective (Dien, 1983). This breeds an online community with strong bonds among its users.

In addition, many participants in our study grew up under China's one-child policy. Some of them recalled loneliness, isolation and imaginary friends during their childhood. The development of a 'family' in online support groups, therefore, satisfied people's needs of interdependency and gave them courage, strength, and commitment to take action as a community. This leads to the emergence of group culture, which 'acted as a collective defense mechanism, reducing member's anxiety and buttressing their self-esteem but also detaching them from awareness of the reality of their failures to accomplish their goals' (Farrell, 1982, p. 468).

5.2. Online Support Groups and Patient Empowerment

Because of the unique aspects of Chinese culture, online support groups may also have distinct impact on users. To address RQ3, we examined the perceived benefits of online support group engagement. Similar to prior research (Bartlett and Coulson, 2011; Ussher et al., 2006), we found empowerment and agency to be the most salient consequence of using online support groups. Our findings suggest that online support groups can foster individual empowerment through information exchange, self-tracking, self-disclosure, and emotional support, which corroborate the empowering processes of online support groups (Van Uden-Kraan, Drossaert, Taal, Seydel, and van de Laar, 2009; van Uden-Kraan et al., 2008). These empowering processes, however, are magnified in China because of traditional cultural values and the lack of mental health resources.

The online information helps people to better understand what depression is and what it means to have depression. This has been of great importance in China where people have limited knowledge and understanding of depression. Through exchanging information and resources, users were able to think through the nature of their distress and seek appropriate and effective treatment. It is the reliance on oneself and peers to diagnose and assess treatment, rather than on professionals, that gave users a sense of personal competence. This sense of self-efficacy has been viewed as the most important contributing factor to personal empowerment (Barak et al., 2008).

For those who record their daily progress, public journaling is a way to exercise self-control, one that is highly valued by Confucianism (Leung, 2010). Rather than using self-tracking services, users actively engaged with journaling, where they recorded daily progress and wrote optimistic messages. This behavior gave participants a positive outlook based on self-control and strength, despite being viewed by the broader society as weak and pessimistic. Through exercising self-control, users viewed themselves more positively – as individuals who had control over their illness, rather than as passive victims of depression. Such a positive self-definition not only gave users a sense of empowerment, but protected them from experiencing decreased self-esteem and self-efficacy as a result of internalized stigma (Corrigan, Kosyluk, and Rüsch, 2013).

Moreover, users also felt empowered through self-disclosure and storytelling. Prior research has documented the power of writing for emotional catharsis and meaning-making (Barak et al., 2008). This has been repeatedly mentioned by our interview participants, who obtained a sense of relief by posting online. Intense negative feelings became less toxic after being posted online. Moreover, the process of writing allowed them to make meaning of their experiences and to reframe negative events and thoughts, a mechanism similar to cognitive behavioral therapy (Barak et al., 2008). Therefore, being able to communicate online and describe personal difficulties seemed to induce a sense of empowerment by bringing about emotional relief and freedom of expression (Barak et al., 2008).

Engaging in online support groups can also reduce feelings of loneliness and social isolation. People with mental illness often find it difficult to confide in friends and family members, largely due to stigma

and social distance. In online communities, however, users actively interacted with others who shared a similar condition and were willing to provide social support. This prompted them to open up and express feelings, which was key to the development of interpersonal relationships among users (Bartlett and Coulson, 2011). Thus, users gained a sense of affiliation and social cohesion that they were longing for, which could subsequently translate into feelings of individual empowerment.

Engaging in online support groups could also reduce self-stigma. First, information exchange and self-tracking increased users' self-efficacy and enabled them to view themselves more positively – as individuals who were strong-willed rather than weak. Second, interacting with others who had similar conditions created a sense of normalcy, making individuals feel less inferior. Despite the public stigma and negative stereotypes, *Sunshine* users developed a positive self-perception that buttressed their self-esteem and diminished self-stigma. This is in line with prior research suggesting that people with mental illness are empowered by technology to define themselves beyond traditional diagnostic labels (O'Leary, Bhattacharya, Munson, Wobbrock, and Pratt, 2017) and that social reinforcement for positive attitudes is key to combating self-stigma (Frohlich and Zmyslinski-Seelig, 2016).

In this sense, online support groups function as a site for individual empowerment, resonating with what Foucault (1988) called 'technologies of the self', which 'permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality' (1988, p. 18). For people with depression in China, online support groups have become a means of moving toward new possibilities in achieving self-efficacy and self-worth. A feeling of 'I am competent' is the first step to gaining individual agency – the capacity to act independently and to make their own free choices (Barker, 2003).

Despite the merits of online support groups, they are not a panacea for users. Our findings reveal that excessive self-disclosure might negatively affect others and impair collective goals, although they can empower individuals. The forum regulations can also create hierarchies and power relations, leading to further marginalization of some users. Given these costs of group participation, individuals need to develop strategies to balance the benefits and costs of their engagement.

5.3. Online Support Groups and Destigmatization

This study also shed light on the potential of online support groups to improve public understanding of depression and reduce stigma associated with mental illness. We have shown that *Sunshine* users have attempted to challenge public stigma through collective actions. For example, forum administrators and members gave lectures to communities and universities, and participated in TV shows to talk about depression. In addition, some users have publicly disclosed their stigmatized identities and shared experiences of treatment and recovery. *Sunshine* has organized members to write a book titled *A Journey of Fighting Depression*, which contains 16 personal stories wrestling with depression.

Studies suggest that destigmatization can be achieved in two ways: by *removing misunderstanding* of mental illness and *by drawing equivalences* between the stigmatized and normal groups (Clair, Daniel, and Lamont, 2016). In this sense, *Sunshine* is well positioned to create these two social conditions for destigmatization. First, disseminating knowledge about depression might challenge existing ideologies and misunderstanding of depression and remove blame for people with this condition (Clair et al., 2016). Personal stories of faith, hope, and success can also reconstruct the image of people with depression, portraying them in a more positive light. This can further promote public understanding of this stigmatized group.

Second, demystifying depression and sharing personal stories could bridge group boundaries. According to Clair et al. (2016), "destigmatization is more likely when non-stigmatized individuals find

their own fate linked to the stigmatized group" (p. 229). In a similar vein, *Sunshine* users who publicly shared experiences in wrestling with depression could prompt the general public to view depression as relevant to – or not so different from – their own lives. Disclosing personal stories might also encourage other people with depression in China who have not sought help for mental health issues to open up online or offline.

In addition, the affordances of social media (e.g., interactivity, anonymity, visibility) enable people with depression – who are stigmatized in offline interactions – easily expand the reach of their influence (Zheng and Yu, 2016). For example, the interactive features (e.g., comment, like, repost) of social media, in this case the forum and WeChat, can foster information dissemination, public education, and collective action in China (Rauchfleisch and Schäfer, 2015). An article or video will go viral if reposted many times, making it easier to draw public attention and to engage other social actors (Zheng and Yu, 2016). The anonymity of social media also allows group members to openly express their views, thereby promoting the public understanding of depression. With the aid of social media, people with depression could contribute to destigmatization of mental illness in the society, supplementary to organizational and governmental efforts.

6. CONCLUSION

The human experience of depression is culturally shaped. The way people use technology to manage depression is also influenced by social and cultural contexts. In this paper, we focus on an online support group for depression in China and examine user interactions, motivations, and benefits. We draw attention to the cultural values and limited mental health resources in China that shape how people use and understand online support groups. In particular, this study illustrates the user activities distinct from the extant research on online health communities, such as using peer expertise to replace doctors' advice, engaging in public journaling, and viewing each other as siblings.

We have also found that online support groups create new possibilities for empowering individual users and reducing stigma. Peer support and community building increase users' knowledge, reduce loneliness, and buttress self-esteem. Users also make collective efforts aimed at improving public understanding of depression in China. Therefore, online support groups function as a site of individual empowerment and destigmatization for people with depression in China. This paper has deepened our understanding of online support groups in a non-Western context. It also sheds light on the social and psychological implications of online health communities.

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