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## **Online support for vulnerable consumers: A safe place?**

**Purpose:** This paper examines the service experience in an online support community of consumers to understand the nature of social support and how it is experienced and enacted by vulnerable consumers.

**Design/methodology/approach:** A netnographic study was conducted to examine vulnerable consumers' participation in an online support group for weight management. The Linguistic Inquiry Word Count (LIWC) program was used and additionally data were coded using open coding. A hybrid approach to data analysis was undertaken using inductive and deductive methods.

**Findings:** The findings suggest online social support groups can be used as an online “third place” to support vulnerable consumers, with vulnerable groups engaging with the online support group differently to those in the normal weight group. Social support was also found to be bi-directional in nature.

**Research limitations/implications:** This study only investigates one online support group. To gain deeper insights other support groups should be examined over a longer period of time.

**Practical implications:** This paper demonstrates that transformative services have the hidden capacity to optimize their services to enable vulnerable consumers to co-create social support in a safe place, thus providing a non-judgmental environment with the end goal of improving their health and wellbeing.

**Social implications:** Findings reveal how services can enable marginalization and stigmatization to be overcome and inspire social action through the use of online support groups.

**Originality/value:** This research is unique in that it used a netnography approach to examine how vulnerable consumers such as the overweight and obese interact in an online service setting, reducing self-report bias and allowing for a natural research setting.

## **Introduction**

Managers and academics alike argue transformative service research (TSR) is emerging as a top priority in services marketing, with widespread acknowledgement service affects consumers in ways beyond the satisfaction and loyalty outcomes that have traditionally dominated inquiry (Anderson *et al.*, 2013; Rosenbaum, 2015). Transformative services have the hidden capacity to encourage wellbeing on a broader scale (Anderson *et al.*, 2010). A dominant focus of TSR has thus been on the wellbeing outcomes of services (Anderson and Ostrom, 2015), including physical health, mental health, financial wellbeing and literacy (Anderson *et al.*, 2013; Rosenbaum *et al.*, 2011). There has been less focus on service experiences from a TSR perspective. Disparity in the quality of services experienced by different groups of consumers is a core challenge for TSR (Rosenbaum *et al.*, 2011).

Research shows vulnerable consumers often experience less favorable service outcomes (Bone *et al.*, 2014). Yet firms have little insight into the potential implications of vulnerable consumers' use of transformative services. To facilitate health and well-being outcomes, vulnerable consumers are turning to online service providers to provide social support in a safe space. Vulnerable consumers thus participate in online support communities, with the belief that doing so will increase their health and well-being outcomes. However, little research evaluates the bi-directional nature of support in online social support groups (Zhao *et al.*, 2015). Thus, this paper aims to enhance understanding of the nature of social support and how it is experienced and enacted by vulnerable consumers using an online service.

Baker and colleagues (2005) posit vulnerable consumers are those where individual characteristics and states interact with external conditions to create a state of powerlessness in

consumption situations. One such group of vulnerable consumers is those who are overweight or obese. Obesity is a significant problem worldwide (WHO, 2016). The effectiveness of current obesity treatment frameworks has been questioned. Many of these frameworks are grounded in weight management programs accessed through primary care with an education focus (Fildes et al. 2015). Importantly, low rates of program uptake have been noted thus limiting their effectiveness (Fildes et al. 2015). In contrast to expert-led programs with an education focus which dominate obesity interventions, services oriented programs which offer consumers value have the potential to produce superior outcomes (Donovan and Henley, 2010). Thus, a commercial online service oriented program with a range of services and an online support group provides the context for the current study. In contrast to low intervention uptake rates dominating current obesity treatment frameworks, this program has demonstrated both consumer uptake and perhaps more importantly, repeat purchase behaviour.

A dominant “healthism” discourse, for example, positions those who are overweight or obese as lazy and costly to society (Rail and Lafrance, 2009), facilitating the social construction of obesity as a marginal position (Cronin *et al.*, 2014) and encouraging stigmatization and blame (Gurrieri *et al.*, 2014). This stigmatization and marginalization of overweight and obese consumers extends to consumption situations, impacting the service provided to these consumers in health care (Phelan *et al.*, 2015), fitness (Cardinal *et al.*, 2014), retail (Bickle *et al.*, 2015) and other contexts. In health care specifically, the consequences of this service disparity are severe, affecting health, generating health inequalities and interfering with interventional efforts for overweight and obese consumers (Puhl and Heuer, 2010). Furthermore, the perceived vulnerability of these consumers is likely to increase with an increase in obesity level (Puhl, Andreyeva, & Brownell, 2008),

thus to gain a holistic understanding of these vulnerable consumers it is important to examine the experiences using different categories of Body Mass Index (BMI) which is a measure of body fat based on your weight in relation to height.

Previous research has identified technology as a potential mechanism for more fully addressing the service needs of vulnerable consumers (Schuster *et al.*, 2013, 2015). Online social support groups have received significant attention recently as one such mechanism (Loane *et al.*, 2014; Zhao *et al.*, 2015; Yao *et al.*, 2015), promising convenience, anonymity and non-judgmental interactions (Mo and Coulson, 2010). To date, however, there is limited TSR into how vulnerable consumers such as the overweight and obese experience online support groups.

This study advances the social support research stream by identifying how participants in an online support group for weight management give and receive social support and how this differs on the basis of consumer vulnerability that is the level of overweight or obesity. In particular, it examines the extent to which social support comprising emotional, esteem, informational, network and tangible assistance support (Coulson, 2005; Turner-McGrievy and Tate, 2013) is bi-directional in nature as called for by the literature (Yao *et al.*, 2015). Improved understanding of the manner in which vulnerable consumers use, and experience online support groups relative to other consumers will provide insight into how these services can be optimized to create safe “third places” for vulnerable consumers. Overall, this research enhances understanding of how services can improve rather than detract from vulnerable consumers’ wellbeing, an important avenue of research for advancing the service field (Anker *et al.*, 2015; Heinonen and Strandvik, 2015; Ostrom *et al.*, 2015) and for mitigating consumer vulnerability, a key objective in TSR (Rosenbaum *et al.*, 2011). Finally, this research also extends existing knowledge of the design of third places

given the focus of extant research on physical locations (Rosenbaum, 2006; Rosenbaum *et al.*, 2016; Rosenbaum *et al.*, 2007).

### **Vulnerable consumers, transformative services and third places**

Defining consumer vulnerability is difficult and is complicated by the fact vulnerability can be temporary or permanent (Mansfield and Pinto, 2008). Vulnerability is generally accepted as a state of powerlessness that hinders consumption goals and may create circumstances which negatively affect perceptions of self (Baker *et al.*, 2005). Overweight and obese consumers participating in group fitness classes or going to the gym may experience vulnerability, where their goals are hindered by a program too advanced for their needs or owing to negative reactions from service participants (Cardinal *et al.*, 2014), affecting their perceptions of self (Teixeira and Budd, 2010). One way to overcome this vulnerability is to create safe third places (Rosenbaum *et al.*, 2007). Traditionally these third places are physical locations such as coffee shops (Rosenbaum, 2006; Rosenbaum *et al.*, 2007), shopping malls (Rosenbaum *et al.*, 2016) and casinos (Rosenbaum and Wong, 2015). However, online third places or spaces, such as online support groups, offer several advantages for vulnerable consumer groups.

Online spaces provide improved accessibility, especially for “unserved and underserved” consumers (Fisk, 2009, p. 135). Such an extension of access is a key objective in transformative service practice (Ostrom *et al.*, 2010) and strategies targeting vulnerable consumers (Krepps, 2008). Further, online environments characterized by two-way communication are proposed to be a pathway to consumer empowerment (Fisk, 2009). For overweight and obese consumers specifically, who find physical third places such as gyms and health care centers daunting (Teixeira and Budd, 2010), online support groups offer convenience, anonymity and non-judgmental interactions (Hwang *et al.*, 2010). While

previous studies have examined vulnerable consumers' adoption of online transformative services (e.g., Schuster *et al.*, 2013; Wunderlich *et al.*, 2013) and the wellbeing outcomes of such services (Rosenbaum and Wong, 2012), few studies examine how vulnerable consumers experience transformative services which are consumer-dominant in an online context (Anker *et al.*, 2015; Heinonen *et al.*, 2010; Tynan *et al.*, 2014).

### **Online social support groups**

Online social support groups have been shown to be beneficial to maintaining or improving the wellbeing of consumers who could be characterized as vulnerable, including those suffering from HIV/AIDS (Mo and Coulson, 2008) and those who are overweight (Ballantine and Stephenson, 2011; Moisio and Bercuchashvili, 2010; Turner-McGrievy and Tate, 2013). Social support is often more useful to and sought by people stigmatized by societal norms (Bar-Lev, 2008). The social support provided through these online groups has been found to contribute to improved wellbeing (Barack *et al.*, 2008) and quality of life (Yao *et al.*, 2015), although it is important to note support groups—as opposed to therapeutic groups—offer improved feelings of wellness rather than therapeutic change (Barak *et al.*, 2008). Five categories of social support that benefit members of online support groups have been identified, including emotional, esteem, informational, network and tangible assistance (Coulson, 2005; Turner-McGrievy and Tate, 2013).

Emotional support refers to instances where group members post messages to express empathy, support the emotional expressions of the recipient or reciprocate emotion (Coulson, 2005). Barak and colleagues (2008) argue emotional support is key to empowering consumers to achieve higher levels of wellbeing. Esteem support occurs when group members praise individuals and commend them on achieving or coping with challenges, whereas informational support occurs when group members offer guidance or advice

regarding how to deal or cope with challenges (Coulson, 2005). Guidance and advice can assist in building strategies or taking steps towards dealing with concerns (Elwell *et al.*, 2011). Network support is characterized by access, presence and companions, with new members being invited to share their experiences (Turner-McGrievy and Tate, 2013). Studies have found online support groups can build networks to achieve a common goal, including to lose weight (Hwang *et al.* 2010). Tangible assistance is the final dimension of support and includes the specific activities which individuals may undertake for the benefit of others (Coulson, 2005).

This study addresses recent calls for further research into the social support co-created in online support groups (Loane *et al.*, 2014; Zhao *et al.*, 2015) and, in particular, Yao *et al.*'s call for greater research into the bi-directional nature of support (2015). Social support is thought to be underpinned by a bi-directional process in which both recipients and suppliers of social support attain positive outcomes (Leung, 2011). Consequently, we extend the literature by empirically investigating the extent to which the five categories of social support are bi-directional. Further, in our study the online support group is for both weight management and loss and, as such, members at an ideal weight (aiming to maintain their weight) and those who are overweight (aiming to lose weight) are in the same support group. Greater understanding of the bi-directional process of social support is thus particularly important in the context of online support groups where there is a potential for vulnerable and other members to interact, given other consumers are often a source of stigmatization for vulnerable consumers.

## **Methodology**

### ***Data collection***



We conducted a netnographic study to identify how participants in an online support group give and receive social support and how this differs on the basis of consumer vulnerability. By examining vulnerable consumers' service experience in an unobtrusive way within a naturalistic setting through netnography, this research avoids biases of undisguised methodologies where prior expectations can influence the insights generated (see Silverman, 2006) and so overcomes a key criticism of other approaches to addressing consumer vulnerability whereby researchers and policy makers project their perception of what vulnerable consumers experience rather than gain an understanding of their actual experiences (Baker et al., 2005). Communications among online support group members in a three-month weight management program were analyzed. Data were collected from the online support group in the month of September 2015 for a two-week period. The online support group had high levels of member interaction and was established as part of the weight management program before data collection commenced, providing a stable study context as recommended by Kozinets (2002). As part of the program registration, members recorded their age, height and weight. Participants were categorized according to BMI, namely, normal weight (n=72, BMI=18.5-24.9), overweight (n=102, BMI=25-29.9), obese class I (n=70, BMI=30-34.9), obese class II (n=41, BMI=35-39.9) and obese class III (n=23, BMI $\geq$ 40). Comments posted by each participant were linked with this demographic data; in total 1002 comments were posted. Staff (n = 7) participation in the online support group was also analyzed. All participants gave permission for their data to be analyzed when they accepted the terms and conditions of the online support group. Pseudonyms are used to ensure participants remain anonymous.

### ***Data analysis***

Automated text analysis can increase objectivity, reproducibility and reliability of qualitative data analysis (Berger and Milkman, 2012; Gephart, 2004) and uncover relationships manual

coding studies are not able to capture (Wang *et al.*, 2015). The Linguistic Inquiry Word Count (LIWC) program was used in this study to identify and measure psychological constructs from text using pre-developed and validated dictionaries (Berger and Milkman, 2012; Tausczik and Pennebaker, 2010). LIWC has been used to analyze online content from blogs (Cohn *et al.*, 2004) and discussions in online communities (Alpers *et al.*, 2005; Wang *et al.* 2015). LIWC is an established approach in psychology and linguistic research, and has recently been applied to marketing research (e.g., Barasch and Berger, 2014; Berger and Milkman, 2012).

LIWC identifies the total number of words in each category and divides them by the total number of words in each analyzed text block, providing the percentage of the text that represents each category (Ludwig *et al.*, 2012). This has the effect of transforming qualitative data into a quantitative format, allowing further analysis with statistical methods. In the LIWC dictionary the construct “positive emotion” consists of words such as “love”, “nice” and “sweet”, whereas “negative emotion” captures words such as “hurt”, “ugly” and “nasty” (Pennebaker *et al.*, 2007). LIWC also captures more complex constructs and processes, including level of confidence, authenticity and tone of conversation (for a more detailed description of LIWC dictionaries see Pennebaker *et al.*, 2007). In phase one of the data analysis, data was entered into LIWC and run at a group (all the comments within one group) and individual (the comments posted by each individual) level. ANOVAs (Analysis of Variance) were then conducted on LIWC outputs to determine any differences between groups on the LIWC dimensions. Tukey’s method was used as a post hoc test.

In addition to the LIWC analysis data were coded using open coding to identify processes LIWC could not adequately capture, such as acts of giving or receiving support. Thematic coding was chosen as there was already a theoretical framework established (Coulson, 2005; Turner-McGrievy and Tate, 2013). Therefore, a hybrid approach to data

analysis was undertaken using both inductive (data-driven using LIWC analysis) and deductive (theory-driven using thematic coding) methods. Rigor was demonstrated through the use of constant comparison, and member checking. Two authors independently verified the coding. Results were further interpreted within the context of empirical research and existing theoretical perspectives using the social support categories.

First, data were examined using open coding to understand if bi-directional social support was present, followed by thematic analysis. This approach was useful for organizing and describing data within a pre-determined framework. Thematic analysis was undertaken using the five categories of social support as noted earlier (Coulson, 2005; Turner-McGrievy and Tate, 2013). Similar expressions were coded together in relation to the categories of social support. To assist with the qualitative analysis, analytic memo writing was conducted, with the focus on emergent codes themselves, along with the category properties and dimensions (Saldana, 2009). Analytic memo questions asked were: reflect on and write about the emergent patterns, categories, themes, and concepts; reflect on and write about the possible networks (links, connections, overlaps, flows) among the codes, patterns, categories, themes and concepts.

## **Results**

The results are presented as follows, first the results of the LIWC analysis with comparisons to previous LIWC study results are outlined. Then we compare LIWC results between BMI groups to understand differences in the language used between groups. We then use the social support framework to provide greater insights into the social support provided.

### ***LIWC weight group comparisons***

Comparisons of the LIWC results between different BMI groups are outlined in Table 1. Four LIWC categories were found to have significant differences between groups: authentic, tone, social, and the use of “I” while there were no significant differences in the use of the question

mark (Table 1). Authenticity is how open and honestly people interact and discuss topics with other group members. Whilst overall participants' levels of authenticity were high, it is important to note participants in the obese class III group were the least authentic, statistically significantly differing from all other groups (Table 1). This suggests while participants in the obese class III group are actively seeking support from other members they are simultaneously being the least honest about themselves. This could mean participants in the obese class III group remain cautious in their interactions with others, protecting their perceptions of self by revealing little about themselves to others. In addition, the general tone of the conversation was highly positive (see scores related to tone in Table 1) indicating the supportive nature of the communication in the online support group. This suggests online support groups may be able to provide a safe, alternative third place for overweight and obese consumers. Further, the results reveal while the staff provided significantly more social words, among the participants those from the obese class III group used the most social words followed by participants in the obese class I group (Table 1).

The results reveal participants consistently used the word "I", indicating they were talking about themselves and sharing their own experiences. The usage of "I" is relatively high when compared to previous studies of online content (Pennebaker *et al.*, 2007) and support groups (Thompson *et al.*, 2015). Related to asking directly for support, the question mark was more often used among obese class III participants than among all other groups (Table 1). This suggests asking direct questions can be interpreted as support-seeking behavior. Thus, anonymity and non-judgmental interactions (Hwang *et al.* 2010) offered by online support groups may be facilitating support-seeking from arguably the most vulnerable participants in the study. Previous research shows individuals often tell narratives about their disease/condition to elicit emotional support (Han *et al.*, 2008; Helgesib *et al.*, 2000). Supporting this position, LIWC values indicate emotional writing within the groups was

relatively high in this study compared to previous studies (Pennebaker *et al.* 2007). In general, expressing emotions is associated with coping and adjusting in stressful situations (McKenna *et al.*, 1999). These results suggest participants were using the group to seek and receive emotional support. Interestingly, participants who were categorized as obese class III, obese class I and overweight (expressed significantly more emotions than participants belonging to the normal weight group (Table 1) This may suggest these groups express their emotions in order to cope with their current situation.

In particular, positive emotions were expressed often with a high LIWC value. This result is consistent with Thompson *et al.*'s (2015) study, indicating positive emotions are expressed much more within these types of support groups than in other mediums. Most expressions of negative emotion originated from participants in the overweight and obese class III groups, followed by the normal weight group (Table 1). Furthermore, the difference between the normal weight group and the overweight groups were statistically significant (Table 1). Furthermore, the overweight and obese class I, II and III participants appeared to express more sadness and anxiety compared to the normal weight group, although the difference was statistically significant only between the overweight and normal weight group (Table 1). This may be owing to the societal stigmatization and blame (Gurrieri *et al.*, 2014) that have shaped these overweight individuals' experiences of weight management relative to other participants.

<Insert Table 1 about here>

### ***Social support***

Using the social support framework to analyze the data, two distinct types of social support behavior were highlighted: support-seeking and providing support. Support-seeking was characterized by participants asking specifically for support to assist them while undertaking the program. Providing support was demonstrated by participants responding to other participants' posts. While participants from all groups demonstrated both social support behaviors those from the higher BMI categories tended to seek support, whereas those from the normal and overweight category tended to provide support. Participants seeking support used two different strategies, direct and indirect. Direct was asking specifically for support and indirect was asking questions to elicit support.

Providing support was enacted in a variety of ways, including providing encouragement, reinforcement, and empathy. To provide support participants frequently drew on their own experiences to encourage and motivate their fellow participants. Providing encouragement to other participants was undertaken in a variety of ways, including the anticipation of seeing future results and words of encouragement, for example:

Good on you for taking control of your health. You will get there, I can't wait to see your amazing results after the [program]. You can do it! (Normal weight group)

Providing support using empathy was also found to be important. Participants expressed empathy in the form of relating to their own experiences with weight issues, such as poor health, body image and self-loathing. This may allow participants to understand they are not alone in their journey and others have had similar experiences to them and have been able to achieve successful outcomes:

I hope you're through the worst of it and that you achieve what you have set out to accomplish! I know what it's like to see yourself in the mirror and not like what you see. (Normal weight group)

Several types of support-seeking behaviors were present in the data, including tangible assistance, network support, informational support, self-esteem support and emotional support. While some support behaviors occurred in a single direction others were bi-directional, for example seeking informational support and providing informational support. First, the findings regarding tangible assistance and network support are presented, followed by the bi-directional support dimensions of informational support, self-esteem and emotional support.

### *Unidirectional support dimensions*

Tangible assistance typically refers to the specific activities which individuals may undertake for the benefit of others (Coulson, 2005). Tangible assistance was perceived to be delivered by the service provider in the form of the specific aspects of the service, including the nutrition plans and exercise programs. Tangible assistance features of the program manifested as motivation triggers for participants. :

I am back because [the program] provides me with the structure and support I need.

(Obese Class I)

My commitment is to lose 20kg, I am going to stick to my meal plan and exercising sessions during the week. So I can feel comfortable and proud of myself and stop making excuses for myself. (Obese Class I)

Tangible assistance is frequently excluded from, or not visible in, online social support studies due to the absence of close physical proximity (Coulson, 2005). The results from this study generally support this notion due to the online nature of the social support group. However, there were instances of tangible online social support where participants

offered help to others, primarily through providing informational support and links to other websites:

I hope this all makes sense and is of use to you. If you're not sure of anything, just let me know. (Normal weight group)

This finding demonstrates how tangible support is exchanged in an online environment and therefore the term should be defined differently in an online context. Adapting Coulson's (2005) definition of tangible assistance, tangible online social support refers to the specific online activities which individuals may undertake for the benefit of others, including providing information, links to relevant websites, or instructions on how to undertake an activity.

Network support consists of access, presence and companions, and reminds the person of the availability of companions who have similar interests or experiences (Coulson, 2005; Cutrona and Suhr, 1992). Through online introductions and interactions participants shared experiences and conveyed their commitments and acknowledged their fears and apprehensions about starting the program. Across time these interactions developed into a support network for the participants. However, the normal weight group and the obese groups used network support differently. The overweight and obese groups shared their apprehensions, and weight loss goals, whereas the normal weight group expressed their overall health and fitness goals:

Hey, I'm 21 and really need to lose some weight! Sick of struggling to find pants that fit and not being able to shop at all the 'trendy' stores ... time for a change! (Obese Class III)



I am committed to losing 20kg ... I am committed to exercising 5 days a week ... I am committed to changing my bad habits into good habits ... (Obese Class I)

My commitment is to follow [the program] as best I can to increase my muscle tone and strength and enjoy learning how to nourish my body with the right foods. I am committed to the program and myself. (Normal weight group)

### *Bi-directional support dimensions*

Interestingly, some of the support dimensions were found to be bi-directional. This is consistent with Wang *et al.* (2015), who found participants in online communities ask questions to get factual information and to elicit emotional support; participants often tell narratives about their condition and their emotional reactions to it. Bi-directional support dimensions included informational support, self-esteem and emotional support.

Informational support has been identified as an important category of social support where participants offer ideas and suggest actions (Cutrona and Suhr, 1992). Participants sought and received informational support from their peers. For example, participants frequently offered guidance to other participants in relation to a range of topics. Participants often provided factual or technical information about various aspects associated with the program, including coping, specific dietary choices and exercise times:

You could substitute with soy or nut cheeses, pan-fried tempeh in soy sauce, Sanitarium's vegie roll or any vegie or gluten meats that are usually quite widely available. Hope that helps ... :) (Overweight group)

Using a direct elicitation strategy, there were numerous instances where participants in the group posted queries about specific topics both directly related to the program and

other aspects indirectly related. Peer to peer informational support was found to be very important and may indicate that these vulnerable consumers consider their peers to be credible sources of information:

Who here does morning workouts and what time do you get up to do them? How do you keep yourself motivated to get up early? (Obese Class III)

Hi, I've just joined today for the next round, I've decided to stop all alcohol and I'm trying to stop the sugar also, Is Natvia an ok alternative or should I try and stop all sugar. (Obese Class I)

Self-esteem support manifests through compliments offered which praise individuals on their motivations and commitments (Coulson, 2005). Self-esteem support was found when there was acknowledgement of the feelings of other participants and functioned to validate their views. For example, in response to a comment posted by a participant who was describing how a health scare had changed their attitude to their health, one participant said:

Sandy I fully understand where you are coming from and well done for your motivation. (Obese Class III)

Validation of fear of failure was also an important aspect of self-esteem support:

I am sick of looking in the mirror and feeling sorry for myself and hating myself. I have started training but getting nowhere with it so today I decided no more excuses no more wasting time it's time to get my life back and be the fit and happy girl I used to be! (Obese Class III)

Hi this is my first time. I am a bit scared to fail. I have tried so many types of ways to lose weight. I lose it then go back to the old ways and put it back on plus more. I want

to be healthy again and start to enjoy life again. If only I could stop all my negative thoughts about myself (Obese Class III).

Cutrona and Suhr (1992) identify empathy as a dimension of the emotional support construct where one participant expresses their understanding of the situation and may disclose a personal situation which expresses their understanding. This category of social support appeared to be helpful to participants who were nervous or anxious about starting the program. Drawing on previous experience enabled participants to empathize with their peers who were having difficulties:

I feel the same way Trina - we can do it! (Obese Class I)

I feel the same way myself. Good job on getting started! :) (Normal weight group)

Hey Rayleen, I completely understand your struggles. I look forward to seeing your progress along the way :) (Obese Class I)

Expressed by participants from all BMI groups another important dimension of emotional support is encouragement, where the recipient is provided with hope and confidence (Cutrona and Suhr, 1992). Encouragement was expressed in numerous comments which may indicate that participants have previously benefited from others' encouragement and now reciprocate the sentiment. This is illustrated in the following responses:

I think the fact you are trying again is the very first reason you should not doubt yourself :) (Normal weight group)

Swimming would be your best bet :) Well done for joining again! (Obese Class I)

### ***Summary of results***

The analysis using LIWC showed participants frequently spoke about themselves and used high levels of emotions in their conversations in comparison to previous support group

studies. The group comparisons showed higher BMI groups were less authentic in their conversations within the support group meaning they were less likely to be honest about their own situation. There was support that some dimensions of social support are bi-directional whereby participants both seek and provide support. The results also revealed that the higher BMI groups were more likely to seek support, conversely the lower BMI groups tended to provide support. These findings and their implications will now be discussed.

## **Discussion**

The purpose of this paper was to enhance understanding of the service experience in an online support community of overweight and obese consumers to understand the nature of social support and how it is experienced by these vulnerable consumers. Overall, the findings suggest online social support groups can be used as an online third place to support vulnerable consumers. The research shows social support is bi-directional in nature and overweight and obese consumers use online support groups to give and receive the social support they need in a safe space to assist them in their weight management journey. This is important given that for some vulnerable consumers, such as obese consumers, traditional physical third places such as coffee shops (Rosenbaum, 2006; Rosenbaum *et al.*, 2007) and shopping malls (Rosenbaum *et al.*, 2016) can be spaces characterized by stigmatization and discomfort rather than support (Guthman and DuPuis, 2006). This finding espouses value creation for some transformative services (e.g. online support groups, instant messaging services, mobile phone applications) can be intangible in nature (Gallegos *et al.*, 2014), whereby improved wellbeing can be supported with little to no physical interaction (Rosenbaum and Gallan, 2011). Specifically, it suggests online support groups facilitated by transformative service providers can remotely provide support that enhances vulnerable consumers' wellbeing.

This research found not everyone interacts with the transformative service in the same way. In general, the vulnerable groups engaged with the online support group differently to those in the normal weight group; the obese groups appeared to employ support-seeking strategies which influence how they interact with the service provider. Conversely, the normal weight group members tended to provide a variety of support depending on what their fellow participants required, for example many gave emotional and esteem support based on their own experiences. Notably, participants in the obese class III group, arguably the most vulnerable in the study, were most actively engaged in seeking and receiving support. This supports the proposition that online environments characterized by two-way communication can be a mechanism for consumer empowerment (Fisk, 2009). Further, findings suggest participants in the obese groups exhibited more negative emotions than those in the overweight or normal weight categories, indicating differential service needs. In this study these service needs were met by the other group members through supportive communication.

Consistent with previous online support group frameworks, this research found tangible, information support, emotional support, self-esteem support and network support can be given and received by obese vulnerable consumers (Coulson, 2005; Loane *et al.*, 2014; Zhao *et al.*, 2015; Yao *et al.*, 2015). The findings of this research also extends Coulson's (2005) definition of tangible assistance to tangible online social support, which refers to the specific online activities individuals may undertake for the benefit of others, including providing information, links to relevant websites or instructions on how to undertake an activity. Further, this research extends current insight into the bi-directional nature of co-creation and support as called for by the literature (Zhao *et al.*, 2015). The findings revealed informational support, self-esteem support and emotional support were all bi-directional in nature. More specifically, different dimensions of support could be both

given and received by vulnerable consumers in addition to service providers in an online social support group.

## **Implications**

### ***Theoretical and methodological implications***

Overall, this study extends the TSR agenda (Anderson *et al.*, 2013; Rosenbaum, 2015) by providing improved understanding of how vulnerable consumers experience online support groups relative to other consumers. In doing so, this study adds to the emerging evidence vulnerable consumers have different service needs and experience services differently. In addition, it improves knowledge of how vulnerable consumers experience transformative services which are consumer-dominant in an online context – an area which has received limited research attention to date (Anker *et al.*, 2015; Heinonen *et al.*, 2010; Tynan *et al.*, 2014) – by showing vulnerable consumers can be active givers and receivers of social support. This finding also extends research on the bi-directional nature of support in online social support groups, which to date has also been largely neglected (Yao *et al.*, 2015).

Moreover, the research broadens the conceptual boundaries of third places (Rosenbaum *et al.*, 2016; Rosenbaum and Smallwood, 2011; Rosenbaum *et al.*, 2014) by demonstrating an online social support group can be viewed as an online third place. Online social support groups are unique third places which are consumer-dominant and anonymous. This contrasts with physical third places such as coffee shops (Rosenbaum *et al.*, 2007), cancer centers (Rosenbaum and Smallwood, 2013) and casinos (Rosenbaum and Wong, 2015), whereby consumers often come into physical contact with service providers and other consumers.

As such, our findings contribute to recent theoretical discussions in the services marketing literature around the need to move beyond service-dominant logic to understand

services with little to no service provider interaction (Heinonen and Standvik, 2015; Heinonen *et al.*, 2010). In the case of this study, service-dominant logic is applicable to the extent that the service provider initially created the online social support group and then performed a moderating role. However, once established, the service mostly comprised consumers interacting with each other for support. This suggests consumer-dominant logic and service-dominant logic are not always competing approaches; rather, they are complementary in the case of online support groups. As such, this research provides a basis for future investigation of online support groups using a consumer-dominant logic perspective to provide a greater understanding of services where the customer is at the center of the service interaction (Dey *et al.*, 2016; Tyan *et al.*, 2014).

Finally, this study shows how a netnography approach can be employed to investigate online service experiences in addition to other online activities (Weijo *et al.*, 2014; Fisher and Smith, 2011) and improves on past online support studies where researcher presence is apparent (Coulson *et al.*, 2007; Turner-McGrievy and Tate, 2013). In particular, the findings suggest this approach may be particularly useful to improve understanding of vulnerable consumers in these service contexts by examining consumer interactions in an unobtrusive way, within a naturalistic setting (Baker *et al.*, 2005). In contrast, undisguised methodologies are subject to biases potentially introduced by vulnerable consumers' fear of stigmatization or negative judgement. Moreover, the study supports using LIWC software to analyze data collected in such contexts. Specifically, this research showcases how LIWC can be used in conjunction with hybrid coding to confirm and extend previous conceptual frameworks. Taking such a methodological approach to future studies may therefore yield important insights into qualitative data collected online and be conducive to theory confirmation and extension.

### ***Managerial and societal implications***

For this social support group we found transformative service providers offer online platforms for exchange of social support to facilitate a co-created safe space where feelings, encouragement and information can be shared. Participants' various interactions within the online support group suggest an opportunity for the co-creation of social support in a more consumer-driven process of collaborative transformative services. At a societal level, findings reveal how services can enable marginalization and stigmatization to be overcome and inspire social action (Blocker and Barrios, 2015) through the use of online support groups. By encouraging participation in online support groups vulnerable consumers are enabled to engage in discussions with members with similar interests or experiences (Coulson, 2005) and share support strategies and information. In contrast to more isolated consumers promoted by traditional health care models (Foucault, 1994), the co-creation of social support addresses a limitation of traditional health care services where there is an expectation of self-management; however, in traditional health care services consumer participation in the process is not encouraged (Tian, 2014). Therefore, we demonstrate transformative services have the hidden capacity to encourage wellbeing on a broader scale (Anderson et al., 2010). Thus transformative service managers should develop strategies to optimize their services enabling vulnerable consumers to co-create social support in a safe place, thus providing a non-judgmental environment where they are free to share their thoughts, ideas and insecurities with the end goal of improving their health and wellbeing.

### **Limitations**

Importantly, this study only investigates one weight management program's online support group. To gain deeper insights into how vulnerable consumers engage with online support groups and co-create social support we recommend other support groups be examined.



Further, this study only examines data from a two-week period. This provides an opportunity for future research to gain a broader understanding of how vulnerable consumers give and receive social support over time, thus a longer time period of data collection is recommended. Further research over a longer period of time is also needed to examine if the levels of authenticity for the most vulnerable groups change over time as they build trust with their fellow participants. Moreover, the findings of this paper may be constrained to online support groups. Nonetheless, the findings of this study encourage service marketers to explore new online servicescapes—such as social media and online gaming communities—which can be transformed into third places to support vulnerable consumers. In addition, whilst this research used social support as a conceptual foundation consistent with existing research in the domain, future research can examine how, and the types of value, vulnerable consumers co-create in online support groups to identify differences from more general consumers. Researchers are also encouraged to examine more deeply the co-producer and co-consumer roles undertaken by vulnerable consumers and where service providers are situated whilst these interactions between consumers take place.

This research advances theoretical understandings of vulnerable consumers and how they give and receive support in an online social support group, providing a foundation for future research into an important and emerging domain in TSR at the intersection of vulnerable consumers and online third places.

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