

## Smoking Cessation Struggle in Online Communities: A Netnographic Analysis of Kadinlarkulubu.com

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	ABSTRACT
<p style="text-align: center;"><b>Corresponding Author</b> Elvan Emine ATA</p> <p style="text-align: center;"><b>DOI</b> <a href="https://10.48121/jihsam.1185031">https://10.48121/jihsam.1185031</a></p> <p style="text-align: center;"><b>Received</b> 06.10.2022</p> <p style="text-align: center;"><b>Accepted</b> 20.10.2022</p> <p style="text-align: center;"><b>Published Online</b> 27.10.2022</p> <p style="text-align: center;"><b>Key Words</b> Netnography, Online Communities, Social Support, Social Forum, Smoking Cessation</p>	<p>Online communities are social networks that are shaped around computer-mediated communication, where individuals can discuss and share various topics of interest, and at the same time, social support exchanges are provided in an online environment. Today, these online communities are very important for every individual to express themselves by participating. This research has observed, using a Netnographic method, the social support exchanges of women members for quitting smoking through an online community, Kadinlarkulubu.com. The research was first observed by the researcher unattended for about two months and was examined by becoming a member of the online community between 01.12.2019-01.01.2020. The research data were coded by the researcher in NVivo 10 program.</p> <p>According to the findings of the research, community members not only demand social support from each other but also provide social support. This social support exchange has been examined in two dimensions. While the first one creates informational messages for the members to obtain and provide information with each other, the second is the encouragement and motivational messages that the members receive and provide from each other. Informative messages of the members; seeking information, history of meeting with smoking, current status in the smoking cessation process, smoking cessation situations, smoking cessation stories were classified as giving advice. Another dimension of the social support exchange that members gain from each other and provide each other within the community includes the dimension of encouragement and motivation. In this dimension, especially members; direct support requests, messages of encouragement, messages of comfort, to check. Meditation has been observed as intimidation. Finally, regardless of other dimensions, it creates wishes for success, celebration of success and thank you messages for each other.</p> <p>It was observed that the research members were quite willing to request and provide social support in the community. They sincerely share this information, encouragement and motivational support with each other. It has been determined that there is no expert in the community and that social support is provided only by community members.</p>
<p><i>This paper is derived from the master thesis conducted by Gizem MERCİMEK in 2021 at the Institute of Social Sciences of the Gumushane University under the guidance of Assoc. Professor Mehmet Salih GÜRAN <a href="mailto:megur@yaho.com">megur@yaho.com</a>, Gumushane University School of Communications.</i></p>	

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## INTRODUCTION

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Community help for smoking cessation has its roots in the beginnings of the internet. Schneider and Tooley were the first (1986) who studied a bulletin board system conference based on *behavioural intervention* (White and Dorman, 2001: 696). They concluded that the bulletin board self-help group played a beneficial role on those members who quit smoking (Winzelberg, 1997: 397). To achieve more defined results, Schneider et. al. (1990) compared two behavioural therapy based smoking cessation programs. One consisted of traditional behavioural intervention while the other included in addition an online discussion forum. The authors stated that the added forum increased cessation success of this group (White and Dorman, 2001: 696).

Hwang et. al., (2010) studied an online community about weight loss for assessing the social support that was perceived by community members. They complemented a user survey with content analysis of the shared messages and as a result, classified the main social support themes as encouragement and motivation in addition to information and experience sharing. They found that the members expressed community adherence and family feelings.

The research on health related online communities continued with Coulson et. al. (2007) who analysed messaging content between members of a Huntington's Disease social support community and found as most frequent requests, information request, emotional support, social network support, appreciation support, financial support. Coursaris and Liu (2009) analysed the social support exchanges in online HIV self-help groups, Algtevi et. al. (2015) analysed messaging exchanges in an online support group for head and neck cancers. All three of the above mentioned studies along with most similar studies used the typology developed by Cutrona and Suhr (1992) for social support communities.

Yılmaz and Candan (2016) represented Turkish research on the field with their study on a *Facebook* support community for kidney transplants.

While there are online intervention programmes that are founded and monitored by professionals, our study is focused only on volunteer online support/self-help communities whose main purpose is to engage in social communication. Online support communities do not necessarily replace any real life relationship nor interfere much with the procedures of any other intervention. But as social interaction frameworks, they can help to get the best of all approaches by complementing them into informed individualised mixes aided by a healthy measure of social control/support. Content analysis of online communities studied behaviour change interactions, social support (Wang and Kraut, 2015), and emotional

copied. Because communication an integral part of the human ecosystem, effects of low-intervention social processes is elusive, yet negative effects of it's absence is evident (Eysenbach et. al, 2004).

Some authors (Shelby and Ernst, 2013) have noted that powerful information effects might also entail negative effects of misinformation which is a hazardous affair in most healthcare situations. Online communication can empower anecdotal instances into seemingly factual statistics with immense power of persuasion. As an example, the risks that may come with smoking related communication are not comparable with the enormous risks that have arisen from online anti-vaccine communities.

Yet it is believed that, different from other online groups, the virtual society that is formed by the interaction of established online communities has the membership resources, sensitivity, responsibility, awareness and most plenty of all, accumulated information that is systematized with time (Betsch et. al., 2012). We believe that the online community has less barriers to interaction than face-to-face communities thus online communities that have come of age, are themselves able to alleviate inevitable negative aspects.

The objective of this study is to explore the social-psychological interaction dynamics of virtual communities in the context of smoking cessation related interaction in the case of a general virtual community in Turkey, [www.kadinlarkulubu.com](http://www.kadinlarkulubu.com), founded for women by volunteering women. The method used for acquiring information from online communication flows is called Netnography, implicating the application of ethnographical information gathering methods to assessing social interaction on online networks.

The study's importance is based on findings addressing the social dynamics in virtual communities and also has practical implications in relation to online self-help processes.

### 1. The concept of virtual community

The dawn of the Internet age established a virtual world where past and future formed together a wider sense of present time and transcended local boundaries to give precedence to shared contexts and cultures in the formation of online communities (Sayımer, 2012: 3).

A global study by Forrester Research suggested that even at it's early stages, the world wide web hosted 400 thousand online communities and 27 % of all online users adhered to some online community (Yeygel, 2006: 38). A later study by Pew Internet and American Life stated that 84 % of all internet users were in some kind of relationship with some online

community and the study also stated that 23 million users maintained communication a couple of times weekly with other online community members by e-mail (Yeygel, 2006: 38).

While it can be argued that modern society encourages a mass society where any kind of social power that was traditionally yielded by local communities is claimed by the mass media, some approaches still contend that the individual is naturally more inclined to adhere to some kind of communal organisation as an intermediary subsidisation to the nation as a mass society (Dechert, 1980: 41). More, the cyberspace has relatively freed the virtual settlement beyond the restrictions of place and time (Buhmann, 2003: 2) which were deemed essential in traditional concepts of community.

Actual definitions of communities that include virtual existence, emphasize the shared mental, cultural, relational aspects of the online community which is established around an intense interaction dynamism (Güçdemir, 2015: 64). As Rheingold (1993: 6) put it from the beginning, virtual communities are “social groups that are founded on the internet by personal relationships of sufficient amount of individuals with the aim of establishing relationships, with sufficiently felt engagement, for a sufficiently long time”.

### 2.1. Elements and features of virtual communities

While not every virtual or online grouping should be named as a community (Jones, 1997), Blanchard and Markus (2004: 71) make the *community feeling* and *relationships* that are developed in the cyberspace of the online community a requirement of a virtual community from other cyber-groupings.

Hummel and Lechner (2002: 172) determined and detailed four fundamental dimensions for the establishment of virtual communities. Virtual communities have to be:

“*Clearly defined groups* by clear limitations, related by references to real communities, entry rules, primary authorization, rules of treatment, sanctions for misconduct. They have to be bound to a *common place* by archives of past interactions and members, by analysis of participants, by voluntary work, rituals, and role of members.

*Interaction* is maintained by chats/forums, possibility for own postings, screening of contributions, active organization, events, regard to recent events.

*Bonding* is established and maintained by privacy protection, individualizing, sub-community, user-friendliness, identification of organizer, identification of members”

### 2.2. Classification of virtual community members

While Preece et. al. (2004: 2007) introduced a starting classification for online community membership in dividing members by visibility, namely *hidden* members who while taking advantage of the community do not or not yet able to contribute to the virtual community, and the *overt members* who as long-time regulars are involved with other members and the propagation of culture of the community. Kozinets (1999: 255) on the other hand classified memberships of virtual communities of consumption along the relationships in his interest focus of marketing as *tourists*, *insiders*, *devotees*, and *minglers*,

Although hidden members are less interactive in virtual communities, nevertheless they possess the community feeling and actually may even consist the majority of a virtual community (Blanchard and Markus, 2004: 77). Attending to the communication of more active members is also participation and communicating.

Various membership specifications may differ with various online platforms, issues, leadership and engagement histories, cultural-social-political views that may or may not be present in the relationships of members.

### 3. The Concept of Social Support and Virtual Communities

Various categories of social support utilise on the one hand expectations, perceptions, quality of support, quantity of supporting interactions, on the other hand the abstract features of supporting persons, behaviours, relations, or social systems which results in almost every interaction as being deemed as social support (Hupcey, 1998: 1231).

Social support can help resolve stressful crises firstly by making sense of the stressful situation and thus can achieve difference in the reaction. This aspect of social support is crucial for sustaining the life and health of the individual (Erzurum, 2017: 362).

Ardahan (2006: 69), asserts that social support can be categorised into main categories of *material support* that includes financially supporting individuals who are not able to care for their immediate needs, *emotional support* with directing feelings of love, appreciation, interest, trust to someone who feels adherence to the community. And *intellectual support* which includes exchanges of information, experience, advice and example. While face-to-face social support may include parents, spouses, lovers, friends, teachers, relations and experts (Yıldırım, 2004: 20), in one’s social circle of relations, actions meant for social support to an individual may end up counterproductive by becoming restrictive, coercive, destructive etc.

### 3.1. Virtual support communities

As of December 2002, according to a research by the Pew Research Center's Internet and American Life Project, 54% or 63 million internet users in the U.S. used virtual support communities for various medical conditions and/or personal problems (Coursaris and Liu, 2009: 911).

Virtual communities can exert influence on life style changes of members and thus can affect their health positively and ultimately can help attain health awareness in society in general (Koçak and Bulduklu, 2010: 8). According to studies (Bradford et. al., 2017: 9-10) traditional face-to-face social support communities are decreasing in numbers while online communities are growing in numbers. Beyond being mere a consumption point, virtual communities can achieve essential help and understanding and thus can constitute an ideal connection place for those individuals with goals to pursue (Bradford et. al., 2017: 11).

### 3.2 Advantages and Disadvantages of support virtual communities

**Advantages:** Non-synchronous communication enables members to engage 7 days and 24 hours in virtual communities, in their preferred time window. As an important result of this members can compile their messages with greater care according their own pace which is of greater help to individuals with time constraints, nursing commitments, mobility and accessibility restrictions (White and Dorman, 2001: 693). Particularly for the elderly and/or disabled individuals meeting online can be of greater value. Thus, health related virtual support communities are characterised as self-help communities that function with high levels of emotional support and understanding (Pfeil and Zaphiris, 2010: 3). Aside from this, virtual support communities may enrich the view points and attitudes with unknown experiences and insight into other's personal worlds (Braithwaite et. al., 1999: 4). Anonymity is a great help when members are feeling embarrassed, ashamed, guilty, when they are anxious of being negatively judged (Coulson et. al., 2007: 5). Not only HIV patients or cancer patients, (Roffeei et. al., 2015: 337), but also addicts, alcoholics (Wellman and Gulia, 1999: 171) can turn without hesitating to "their" virtual communities for help. While not entirely absent, the notions of social control, social status and social pressure have different meanings in these places. With passing time, for members who sought friendship, social support, and relation. many virtual communities have taken a central place in their lives (Wellman and Gulia, 1999: 171).

**Disadvantages:** Because participation in many virtual support communities is open to all, there is little control on who should be allowed to participate, regularity of member participation, duration, the accuracy of information and feedback given to

community members. Discordant members may disrupt the communication process and may cause the diversion of the communication into unfruitful courses. Unfavourable events in the community may impede trust of community members. Another disadvantage and particularly crucial in health related communities is the dissemination of false and potentially harmful information can be accepted as true by community members before an intervention by expert healthcare professionals among the membership, if there would be any. There is the possibility that many community members would not read the corrective feedback messages (Winzelberg, 1997: 396-397). Not only conflicting and false information but also true knowledge in inappropriate conditions can be harmful even can lead to death (Çetin and Özhanlı, 2018: 48). Doubts about the accuracy of information in a virtual community can cause members to leave the community.

Members of support communities mostly believe that their participation and messages would stay anonymous. While this is true for most situations, there are instances when sensitive personal information was leaked which proved harmful for many afflicted participants (Winzelberg, 1997:397).

As the leading cause of preventable death, smoking is a global public health issue. Diseases that affect the respiratory system together with the cardiovascular system make smoking the major risk factor for heart attacks, strokes, chronic respiratory ailments, and also a heightened risk for various cancer types. According to Jha and Peto (2014), tobacco will likely kill about 1 billion humans in the 21st century, % 50 of these before 70, if current smoking habits cannot be disrupted.

Smokers who quit before the age 40 evade more than 90% of the illness that would come with smoking and even those quit at 50 would be freed from half of the ordeal that would torment them in their later years (Doll et. al., 2004). Most smokers try for the first time to quit without medical assistance. Yet, this produces only a 3-6% rate of long-term success in this group (Rigotti, 2012). While some quitters had to try it up to 30 times before final success, combinations of all available help like Behavioural counselling, medications, support groups etc., have shown to be more effective than any intervention alone (Stead et. al., 2016). Quitting smoking can lead to withdrawal symptoms such as cravings, anxiety, irritability, depression, weight gain (Benowitz, 2010) which are responsible for making quitting a hard endeavour to engage, and necessitate all kinds of help one can put together. In the U.S., the rate of unassisted cessation attempts in 1986 was 91%, which fell to 52% in 2009 (Edwards et. al. 2014). Increased accessibility of information via emerging online communities might have informed quitters to reconsider their options. 44.2% of smokers in the U.S. attempt to quit smoking annually (Centers for Disease Control and Prevention,

2006) of whom an estimated 1-2% were able to succeed unassisted (Stoddard et. al., 2008). 10% of all adults of this nation have searched online for related

information (Cokkinides et. al., 2005) compared with the only 1.3% who sought behavioural counselling (Ossip-Klein and McIntosh, 2003).

## MATERIALS AND METHODS

The objective of the study was to define the characteristics and functions of the members who were guiding the online community of *www.Kadinlarkulubu.com*-“Womens’club”, and were setting the topics and themes for the communication in relation to social support exchange in the context of each members’ struggle to quit smoking.

Two research questions have been defined for the study:

**Research question 1:** What are the defining the online community member typologies and their functions of *www.Kadinlarkulubu.com*?

**Research question 2:** How is the social support exchange between members of the *www.Kadinlarkulubu.com* established?

The qualitative method of the study is coined Netnography by Kozinets (1997: 470), an approach that tries to apply the research tools of ethnography on digital communication data that is found abundant on bulletin boards, e-mail servers, online chat rooms, online forums, social media, personal webpages, institutional web pages, institutional communication servers and other online communication platforms. Netnography was first used as a marketing research technique to “determine and understand the needs and decision influences in related online consumer groups” (Kozinets, 2002: 62). As with traditional face-to-face ethnography, Netnography aims to gain view into the norms, interaction processes, culture that is used in communication in online communities. Compared with traditional face-to-face ethnography, Netnography is much less time consuming and offers more detailed data.

The main differences from face to face field ethnography is the anonymity of the researcher which

is less obtrusive and interventional to the community, but because of lesser communicational cues and more cultural diversity between online communities, it requires more of the researchers’ interpretation for general application while makes it easier to access past data (Kozinets, 2002: 62).

Messages that have been communicated between the online community members between 01.12.2019-01.012020 on the online forum of *Kadinlarkulubu.com* under the forum chapter of “Step-by-step health” under the sub-chapter of smoking cessation. With 10.663 messages under 144 message topics that had been viewed a total of 1.586.989 times, the issue was the most frequent visited section of the whole online forum which had set up to be a general forum for women. Some messages have been excluded from the sample like advertisement related messages, sole tags, meaningless sharings, out-of-context sharings etc..

NVivo 10 has been used for the analysis of this qualitative study. After the data was obtained from the website, it was controlled and manually coded by the researcher.

The social support/self-help dimension in virtual communities has not been yet widely studied in the Turkish literature of related research and is still an ongoing focus of interest in the English language healthcare research. The communication processes involved in social support/self-help communities have various social, psychological, cultural even political aspects that are important for many disciplines and fields. Also, the site being a women focused established online community may involve sociological insights from the view of women that could be useful in healthcare campaigns and for future research.

## RESULTS

**1.** The study established the following member categories in the smoking cessation virtual community of *Kadinlarkulubu.com*.

*Addicts*; are described as members who have been smoking for a long time and have established a close relationship with smoking. While they may be aware of the harm that smoking has on them, they don’t feel any need to quit smoking.

*Flakers*; *excuse makers* appear as wanting to quit smoking but they are not sufficiently motivated. They never take action and are notorious for postponing.

*Social smokers*; do not think of quitting to smoke as a hardship, because these members are not addicted to nicotine and quitting is a piece of cake for them. Their relationship to smoking is to accompany friends and relatives during an enjoyable chat.

*Family members*; are unhappy and worried from the condition of their beloved ones. Their concern is not for themselves, it is for the health of their kin. They joined the virtual community to represent their afflicted family members.

*Former smokers*, victorious members, strong-willed quitters who did not relapse.

*Eager members*; who feel the needed resolution to quit smoking.

*Critics*; are members who have no relation to the issue but nevertheless tag along within the community. These members are the least able to develop empathy with other members.

*Failed members* who have tried once or more times to quit smoking, yet lost their motivation in the process. They failed to maintain their motivation and willpower in the struggle and success evaded them.

## 2. Findings of Social Support Relations between Community Members

The sharing of social support interactions between members have been studied along two dimensions: messages of information sharing and messages of encouragement and motivation.

### 2.1. Findings about the Information Interaction among Community Members

Information messages include both information finding and giving. It has been found that the most basic interaction mode amongst members were information sharing. Shared information between members included particularly their histories of making the “acquaintance” with smoking, their struggle for quitting, advice for coping with bouts and the their actual situation in the quitting process.

#### 2.1.1. Search for Information

Searches about wanted benefiting from the experiences of the other members, as to hear of the duration of their quitting period, getting evaluation about a particular situation, to overcome a bout, duration of a bout, learning of alternatives about any topic, information about a product, specific questions about weight issues.

- *Learning from the experiences of the community*

New members express their desire to quit smoking and want to hear from the experiences of the “older” members.

- *Duration of the cessation period.*
- *Members are anxious to hear from other members about the duration of the cessation process.*
- *Situational evaluation*

Members share their particular situations like the circumstances of a quitting or not quitting spouse and ask other members to share particulars of their related experiences.

- *Help for overcoming the cravings*

A member requests help by advice from other members or at least support for overcoming the cravings.

- *Information request about the duration of the cravings*  
*Members ask how long this ordeal will last.*
- *Searching for a substitute to smoking during the cravings*
- *Searching product info that can be used to mitigate withdrawal effects during the cravings.*
- *Weight issues: Members are concerned whether quitting smoking makes one gain weight.*

## 3. Sharing of personal history and reasons for getting “acquainted” with smoking

### 3.1. Emulating examples:

- *Mother: Members complain from ending up like their mothers in spite of not liking smoking.*
- *Friends and peers; the most frequent reason for starting.*

## 4. Sharing actual personal conditions during the cessation process with fellow members

Fellow members are informed about personal actualities related to the cessation process like the personal gains the sharing member obtained, problems that were encountered, the commitment level etc.

### 4.1 Benefits

#### 4.1.1. Physical benefits that are obtained,

- *Health benefits*
- *Beauty benefits*
- *Cleanliness benefits*
- *Financial benefits, making savings*

**4.1.2. Social benefits:** becoming an envied and admired person.

### 4.2. Problems that were encountered during the cessation process

#### 4.2.1 Physical problems

*Dizziness, nausea.*  
*Skin related problems.*  
*Gaining weight.*

#### 4.2.2. Psychological problems

*Losing temper and/or fits of crying.*  
*Being unable to focus.*  
*Sleep problems.*  
*Feeling lonely.*  
*Fixated on smoking: thinking continuously about smoking.*

#### 4.2.3. Social Problems

*Lack of support:*  
*Not quitting spouse.*  
*Not quitting friend.*

*The social circle does not believe in the individual.*

#### **4.2.4 Personality related problems**

*Facing the power of addiction.*

*Facing the personal lack of will power.*

#### **4.3. Shared feelings related to the actual state of the cessation process**

*Feelings of success.*

*Feelings of regret.*

*Feelings of despair.*

#### **4.4. Quitting Stories-Reasons that are shared between community members**

##### **4.4.1. Quitting because of fear**

*Fearing illness.*

*Fearing death.*

*Pregnancy: protecting the unborn child.*

*Children: who will care for them?*

*Spouse: a not smoking spouse is an important quitting reason for women.*

##### **4.5. Shared advice for battling cravings**

*Herbal support.*

*Social activity, in particular with family and friends will distract from the cravings.*

*Psychotherapy and counselling support.*

*Directing towards experts, particularly smoking cessation clinics of the state hospitals.*

*Electronic cigarettes are recommended.*

*Other professional medical therapy, like bio-resonance etc.*

*Video, book and seminar resources.*

*Cessation medication.*

*Making new friends who do not smoke in order to stay away from smoking friends. It is an uphill battle if your best friends smoke.*

#### **4.6. Findings in relation to encouragement and motivation exchange between community members**

**4.6.1.** As with information exchange, help pleas for encouragement and motivation is expressed mutually in forms of

*request for direct support,*

*want to break off from the habit,*

*need of a quitting mate.*

Simultaneously, encouragement and motivation were enacted in particular with messages of

*encouragement,*

*cooperation,*

*seeking comfort,*

*controlling,*

*empathy,*

*suggestions for relief,*

*celebration,*

*frightening,*

*indoctrinating self-confidence,*

*expressing the belief in the fellow member,*

*trying to mobilise the fellow member,*

*demonstrating resolution,*

*trying together,*

*comforting,*

*normalisation of a state,*

*directing towards a forum for passing time in a controlled social environment,*

*allowing time for things to settle,*

*recognising every success,*

*presenting alternatives,*

*staying tough,*

*trying again,*

*showing empathy.*

**4.6.2. Messages of Control:** Shared messages of mutual controlling were found aiming to maintaining continuity of the progress, monitoring the carving struggles of a member.

**4.6.3. Appeals of fear,** were enacted by scaring with sickness, invoking an unborn child, threatening with religious consequences.

**4.6.4. Good luck wishes,** as the start of a collective voyage.

**4.6.5. Celebrating** collectively the event of success.

**4.6.6. Thanking the community** and showing appreciation of the collective support after a successful struggle, and also after unsuccessful trials. Unsuccessful closures prompted “never give up, let’s try again” messages that showed the resolution and readiness of the community to never give up.

## **DISCUSSION**

Virtual online communities are more than only information gathering and sharing platforms, they are social environments where persons can seek and provide various social support. This study explored the functionality and interaction modalities of a typical forum, “Kadinlarkulubu.com/ Women’s club” by providing social support interaction in the topic of “quitting smoking” and leadership personalities who give direction to the community.

The study is the first in Turkey which uses Netnography to explore the social interaction of social support in a virtual community founded largely by women for a personal crisis of quitting to smoke but is also a general healthcare problem.

The member typology for this study has been defined according to the typology that Kozinets (2002) has established for Netnography for virtual communities. The users of the virtual community have been classified in relation to their engagement to smoking

cessation into eight basic member types. Those members called as *addicts*, are smoking since ages and have established an important bond with smoking. While they are aware of the harms that smoking does to them, they do not have a wish to quit smoking. They see smoking as an indispensable friend particularly in company of coffee and tea, feel sympathy towards it and find a life without smoking meaningless. Quitting smoking comes not into their minds which translates for weak relationships with other members of the community and a neutral stance in seeking and providing social support. Another member type which affects the direction of the community are the *flakers*, persons who pretend wanting to quit smoking but do not have sufficient motivation. They never get into any action and continuously postpone quitting smoking into another time. In seeking and providing social support, these members show a similar behaviour like the *addicts*. Another member of the community are the *hobbyists*, who don't experience the hardships of quitting smoking, because they are not addict smokers yet but they enjoy smoking as a recreation among friends and believe they can part ways anytime they wish. These members are supporting others in the community by cheering them up with well-wishing and prayers. Another member type of the community are *family members*. They feel sad, anxious, and concerned over the related situation of someone in the family. Although they didn't join for themselves, they worry for the health of the family member they represent. These members are quite friendly and sympathetic towards other community members and cheer them up in their fight for quitting of smoking. The community member type who is enviously admired is the *ex-smoker*. These strong-willed veterans who have passed one or more years without relapsing to smoking, support the members who want to quit smoking by sharing their past experiences and practical advice. Another member type in the community are the *eagers*. These are the members who feel the inner motivation to quit and consist the majority of the community members. *Eagers* are actively engaged in seeking social support and also in providing it. An important member type is the *unsuccessful*. Those are the members who tried to quit smoking over and over again but could not muster the required motivation and willpower. They are again seeking support from the community for their purpose. At last come the *critics*, members who are not personally concerned like those family members but happen to co-exist as a member of the community. They are the members with the least empathy capabilities.

The social support relationships between members have been studied in two dimensions. The messages between members consist of knowledge and information sharing messages and cheering and encouragement messages. Knowledge and information messages can either seek information or either provide

it. An important feature of virtual communities is that you can ask questions which you could hesitate to ask real-life acquaintances. The most frequent and thus important questions were about experience for smoking cessation, the timespan for cessation to conclude, situational evaluation. New members want to learn first-hand experience, how long it takes to get clean, whether their circumstances are normal for the go or not. They also ask how they could cope with tobacco cravings, how long cravings would last, tobacco alternatives, information on various products and also weight gaining issues.

Most frequent shared personal histories of addiction beginnings have been found as imitating the mother or imitating peers in teen friendship circles.

The actual daily situation of members during cessation; the physical benefits they acquired in this process, being healthy, being beautiful, cleanness, financial gains, savings, personal gains, being admired, all these are frequently shared motivational feelings which are quite important by the members.

Most frequent shared complaints and wails during cessation were bodily problems of dizziness, nausea, skin problems, gaining weight and psychological problems of anger/crying, being not able to focus, sleeplessness, feeling lonely, can't stop thinking about it. On the other hand, social problems were, not getting support in particular, spouse not quitting together smoking, friend not quitting together. Personal issues were habits related to addiction, weak willpower. Encountered personal problems complicated the cessation process. The members shared their last actual situations like emotions of success, regretting, and despairing. Members who persevered and maintained their struggle shared their feelings like those who bemoaned their regrets over their failure to keep on. On the other hand, there are also those who share their despair with their community companions.

A community feature are the shared personal smoking quitting stories of members. Quitting stories revolved around children, pregnancy, fearing illness, fearing death, and spouses. Ex-smokers were asked by those wanting to quit to detail their personal quitting stories. For women members, wanting children, getting pregnant were noticeable among cessation motives. Also illness in their close relations, and experienced own health problems were influential in the decision to quit. Another cessation motive was the discomfort of the spouse. Successful members who fought and overcame their problems gave information and motivation support by sharing their past mostly negative experiences with those in distress. Most frequent cited motivations in particular were severe illnesses of close relatives, sorrow, stress and fears were more severe to them than the hardships of quitting.

Practical advices were sought and shared for aids including herbs, social activities, and various therapies, experts, gadgets, medical therapy, video/book, medication, starting relationship.

The most dramatic situation is those of struggling with the onset of tobacco cravings. Craving members are despairing for their willpower and are getting answers by devoted members. While messages may vary in their seriousness, all messages are concluded with a warning to consult a health professional. Additional sources like book and video are recommended for those members who seek self-help. The members noted that medical therapy and medication in hospital were included in the healthcare system. Electronic cigarettes were suggested as a first step solution. Another important notice was for the person's friends' group. Friendships providing support for quitting and not tempting smoking were found very important.

It has been observed that community members lose their motivation with time, in addition to information needs, they wanted to continue to lifestyle changes, get rid of errors, and overcome hurdles. By this means, other community members were able to form relationships that could provide hope confidence and encouragement, they didn't want to leave them to themselves, and they wanted to witness their experiences, efforts, successes without judging them. The emotional support that bonded "quitting buddies" together has been in the forms of encouragement, instilling self-confidence, believe, activate, show determination, try it together, comforting, normalize, directing to the forums, give time, acknowledge the success, show options, stay strong, trying again and empathy. Control modes have been observed as continuity, monitoring the craving situation. This shared communication was important to fighting community members beyond everything. By this motivation assistance, they could overcome various problems and motivation loss. Many members who came to a point of belief exhaustion have been persuaded by other community members to go on. Other members who lost their belief and failed in their struggle were not judged negatively and were prevented from feeling worse.

Not all members were able to convey empathy successfully and appropriately. Some members underrated the conditions of other members and talked about frightening issues occasionally. On the other hand, encouragement and motivation has been done in particular by *critics*, not only by positive appeals but also by fear messages which included mentioning illness, unborn baby, and religious beliefs. The empathy deficit by the *critics* makes them judgmental to other members but in spite of their negativity, their rational arguments worked as eye opener to some members. When new members begin seriously considering to quit smoking, or when a quitter begins to lose heart, *the critics* begin the work of reminding them their illnesses, families, and religious beliefs to instil some resistance. They were particularly good in making them feel guilty by accusing them with being inconsiderate of their own conditions and of their family members who would be left alone. Last but not least, they tried to persuade them by reminding them that it was a religious obligation to realize the harms they did to their bodies and health which were entrusted to them.

Besides those, independent from each other, members were wishing success, were congratulating on success, and were thanking other members all times. All efforts and successes were deemed important and appreciated for sustaining the community motivation and applauded accordingly. Congratulations were accompanied with wishes for lasting success.

While it is arguable whether virtual communities can fully replace face-to-face support communities of "real-life society", but they are surely helpful to give guidance by sharing precious knowledge and information and also emotionally guaranteeing that nobody is left alone. The observation of social interaction amongst community members showed that giving social support was more prevalent than seeking it.

While community members were not experts in the related issues, and were not geographically close to each other, they were committed to be there for help and support.

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