Online Communities. Benefits and Risks
A Literature Review

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ABSTRACT
This article reviews empirical studies from 2008 to 2017 on the effects of participating in online communities. The review uses three databases: PubMed, Scopus and ScienceDirect. The criteria are: (1) online community aimed to provide support by and for people with a common problem; (2) the content of the sessions was determined by users; (3) members met via the Internet; (4) online community was available 24/7; (5) online community access was free and open to everyone with an Internet connection. Of the articles, 13 of 105 met the inclusion criteria. Seven studies reported positive changes: informational and emotional support, increased sense of belonging, less isolation, better medical understanding. Six articles also considered risks: the rise of the level of stress because of successes or failures of other users, the addiction to the forum and the consequent isolation from real relationships.

KEYWORDS
Digital Health Social Networks, Online Health Communities, Online Support Groups, Review, Self-Help Groups

1. INTRODUCTION
In the 90s, the use of the Internet resulted in a significant change. At first, the Internet was used for information. Internet users were passive users, because the only thing they could do was to read what was written on websites. This was called Web 1.0. Most of users sought ready-made contents, usually created by professionals (Guazzini et al., 2010; Conrad, Bandini, & Vasquez, 2016). Nowadays, it is difficult to imagine a website without at least one comment area. In fact, in 2001, with the development of technology, the Internet has passed from Web 1.0 to Web 2.0 (O’Reilly, 2009). The emphasis has been put on active users, that can comment, interact between each other, write blogs and, in particular, create communities. The most well-known communities are represented by social media, such as Twitter, Facebook and Instagram, where individuals’ names usually appear on their personal page. They allow users to create, share, or exchange information, experiences, photos and videos and to connect people with same or similar interests with one another (Conrad, Bandini, & Vasquez, 2016).

Similarly, many other online communities were created for specific illnesses and they are usually called “online health communities” or, more rarely, “electronic support groups” or “digital health social networks” (Conrad, Bandini, & Vasquez, 2016, p. 3). Around 1990 (Wentzer & Bygholm, 2013) and 2000 (Conrad, Bandini, & Vasquez, 2016) interactions on the Internet became quite common and lots of websites discussed many illnesses, both well-known and unknown. Studies started to research on how being a part of an online self-help/support group and sharing interests and support could have an empowering effect on users (Wentzer & Bygholm, 2013).
Today users can find on Google 13,300,000 diabetes support groups, 636,000 celiac disease support groups, 1,490,000 anorexia support groups, to name but a few (Conrad, Bandini, & Vasquez, 2016). This means that there are many opportunities to get in touch with people who can understand what an individual is going through. This is especially true for people with chronic illnesses rather than people with acute illnesses (Conrad, Bandini, & Vasquez, 2016; Glenn, 2015). But it also means that results are not filtered when searching on the Internet. Moreover, this is a 24/7 service, always available, even when other face-to-face services seem not to be. In fact, users can share and read the content of communities anytime they want and they can discuss with people they may not ever see in their life, thanks to the communication power of the Internet (Malik & Coulson, 2010).

“A mutual help group is defined as a group of people sharing a similar problem, who meet regularly to exchange information and to give and receive psychological support” is the definition of Pistrang, Barker, and Humphreys (2008, p. 110) to explain what self-help groups are. Starting from the first half of the 20th century, self-help groups developed all over the world, with many and different focuses. Participants of self-help groups build new networks and learn how to cope with the situation, in a condition of “warmth, encouragement, and acceptance towards everyone involved” (Brown et al., 2008, p. 106). But stronger needs for privacy and anonymity (Finn, 1999) have brought people to find solutions behind the screen, as the most part of the articles of the present study sustains. In fact, as said above, with the development of Web 2.0 in 2001, individuals had the chance to choose: face-to-face help, virtual help, or both.

The aim of the present review is to describe positive and negative effects of online communities and their effectiveness, also comparing results with those coming from face-to-face self-help groups, where possible. The first hypothesis is about the benefits of online communities: the Internet groups can be the only option and a very welcome one for people dealing with rare diseases, disabilities, family and work obligations. So, in online communities, users may find the support they need (emotional or informational) and keep their anonymity. The second hypothesis regards the risks of participating in online communities. The Authors assumes that the risks may be more than the benefits and that an integration between face-to-face groups and online communities is needed.

Considering the limits cited in the Pistrang, Barker, and Humphreys’ article (2008), different target problems have been considered: cancer, caregivers, grief, loss of weight, mood disorders and other physical illnesses. Pistrang, Barker, and Humphreys (2008) have not considered these target problems, in order to focus on mental health problems (including chronic mental illnesses, depression/ anxiety and bereavement). In their recommendations for future research, they underline to consider other target problems.

From 2008 to 2017, reviews on online communities focus on a single topic (e.g. Griffiths et al., 2009 about depression). The strength of the present review is to analyze different target problems and to consider different cultures, in order to generalize the results to a wider population.

2. METHOD
2.1. Inclusion and Exclusion Criteria
2.1.1. Characteristics of the Group
In order to maintain the comparison between face-to-face and online groups, the review enclose articles regarding communities with these characteristics: (1) the community is aimed at providing support by and for people with a common problem; (2) the content of the sessions is determined by users (e.g., the group was not built around a structured self-help intervention such as a series of prescribed cognitive-behavioral techniques); (3) members met only via the Internet; (4) the online community was available 24/7; (5) the online community access was free and open to every person with an Internet connection. These criteria has been chosen following the principal characteristics of
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Videogames as Therapy: A Review of the Medical and Psychological Literature
www.igi-global.com/chapter/videogames-therapy-review-medical-psychological/78017?camid=4v1a