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Lonely and Sick: The Role of Social Media in Consumer Practices of Relief

Beatrice Medici[1,2] | Stefania Borghini[3] | Rossella Gambetti[1]

[1]Università Cattolica del Sacro Cuore, Milan, Italy | [2]SDA Bocconi School of Management, Milan, Italy | [3]Università Commerciale Luigi Bocconi, Milan, Italy

Correspondence: Beatrice Medici (beatrice.medici@unibocconi.it)

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ABSTRACT

Loneliness is increasingly recognized as a major mental health concern, yet the role of social media in alleviating it remains poorly understood. This study asks how social media help consumers cope with loneliness amid chronic illness. Focusing on women living with endometriosis, an under-recognized and often stigmatized condition marked by pain, diagnostic delays, and invisibility, we adopt a technocultural perspective to conceptualize social media as collective consumption spaces where loneliness is mediated through parasocial and consocial dynamics. The study draws on a team netnography of 38 online endometriosis-related pages and profiles, triangulated with 20 in-depth interviews with consumers affected by endometriosis, medical influencers, patient influencers, and experts. We identify four interrelated practices—grounding, sense-making, attuning, inspiring—through which consumers transform digital encounters into tangible relief that extends beyond the screen into their physical, emotional, and social lives. We contribute to the debate on social media and loneliness, showing that relief is not an isolated act of consumption but a ritualized, collective accomplishment, achieved through culturally embedded practices addressing both social and emotional loneliness dimensions. For brands, healthcare professionals, and platform providers, the study reframes social media as ecosystems of recognition where lonely sick consumers can feel seen, believed, and accompanied.

1 | Introduction

Loneliness is linked to an estimated 100 deaths every hour (World Health Organization 2025), underscoring the scale and urgency of a condition that cuts across ages, contexts, and social groups (Goldman et al. 2025) and is increasingly recognized as a critical mental health concern. Against this backdrop, public discourse increasingly questions the role of digital technologies – and social media in particular. "How Tech Created a 'Recipe for Loneliness'", as The New York Times (2024) put it, reflects a dominant cultural narrative suggesting that social media deepen social disconnection. More recently, however, other commentators have cautioned against attributing the surge in loneliness solely to social media, arguing that digital communities may, in some cases, offer more support than harm (e.g., Fortune 2025). This emerging counter-narrative matters because, although research overwhelmingly documents the detrimental effects of social media on well-being (McLean et al. 2025), far less is known about when, how, and for whom these platforms might instead provide relief.

A vast and sometimes controversial body of scholarship has debated the role of social media in this so-called "loneliness epidemic" (Appel et al. 2020), with studies emphasizing the "dark side" of social media (e.g., Primack et al. 2017), its connective and supportive potential (e.g., Miguel et al. 2025; Pittman and Reich 2016), or positioning it at the crossroads of both dynamics (e.g., Hall 2025). Yet little is known about how coping practices for loneliness unfold within digital social environments conceptualized as arenas of consumption, where daily acts of following, interacting, and consuming content

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structure new modes of sociality. This gap is especially salient in the context of chronic illness, where loneliness is often persistent and multifaceted (Li et al. 2024). Although this condition has been examined among patients experiencing loneliness (Lewis et al. 2024), existing research has yet to address if and how consumers affected by chronic illness engage in consumption practices on social media to mitigate their experiences of loneliness. To explore this, we focus on women living with endometriosis—a chronic, under-recognized gynaecological condition characterized by delayed diagnosis, stigmatization, and a persistent sense of being unseen (Hudson 2022). For many of these women, social media have become crucial spaces where their condition is named, explained, and made visible in ways that traditional medical and social environments often fail to provide. Adopting a technocultural perspective rooted in consumer culture, we attend to the parasocial (Horton and Richard Wohl 1956; Chung and Cho 2017) and consocial (Kozinets 2015) dynamics intrinsic to these platforms and conceptualize social media as collective spaces of consumption in which affectively meaningful, socially embedded practices can emerge.

Guided by this conceptual lens, we investigated how social media support consumers in coping with loneliness and examined the specific consumption practices through which individuals mitigate feelings of disconnection within these spaces. In doing so, we extend a growing stream of research exploring how consumption can help individuals cope with loneliness. Prior studies show that physical consumption communities can function as self-help support groups (O Sullivan and Richardson 2020), yet social media environments operate through different platform logics (Caliandro et al. 2024) and therefore require further investigation to understand the forms of consumption they enable and how these practices support consumers in coping with loneliness.

Our findings show that, in the context of chronic illness, relief emerges from four digitally mediated practices—grounding, sense-making, attuning, and inspiring—which respectively enable material, informational, emotional, and symbolic forms of consumption. Ultimately, the current study makes four contributions. First, we contribute to the debate on loneliness and consumption by demonstrating that relief from a chronic condition of loneliness arises from embedded, ongoing, and socially shared practices of digital consumption rather than from isolated acts, creating a virtuous circle in which sociality and consumption continuously reinforce one another. Second, we show that social media consumption practices simultaneously address both social and emotional loneliness (Weiss 1975) through integrated, practice-based forms of consumption. Third, we contribute to the literature on social media, loneliness, and technocultural consumption by reframing social media as arenas in which parasocial and consocial forms of sociality jointly structure material, informational, emotional, and symbolic consumption capable of alleviating loneliness. Fourth, we advance understanding of vulnerable consumers and health-related consumption by showing how social media can offer a gentle re-entry into connection—countering the self-protective cycles described by evolutionary accounts of loneliness (Cacioppo et al. 2006)—and providing a meaningful form of technocultural relief from the loneliness of chronic illness.

2 | Theoretical Background

2.1 | Loneliness in Contemporary Technoculture

In contemporary technoculture, understood as the intersection of digital technologies, cultural meanings, social formations, and consumption practices (Kozinets 2020; Penley and Ross 1991; Cavusoglu and Belk 2025), loneliness has long been conceptualized as a subjective discrepancy between desired and actual social relationships (Peplau and Perlman 1982; Gierveld 1998). However, its contemporary manifestations cannot be fully understood without accounting for the socio-technical environments through which relationships are initiated, maintained, and evaluated (Slade 2012; Turkle 2012).

Two psychological perspectives ground our understanding of how loneliness operates in contemporary society (Shrum et al. 2023). The Evolutionary Theory of Loneliness (Cacioppo et al. 2006; Cacioppo and Cacioppo 2018) frames loneliness as an adaptive signal motivating reconnection, which becomes maladaptive when persistent, heightening hypervigilance and defensive withdrawal, and being associated with depression, cardiovascular disease, cognitive decline, and increased mortality (Holt-Lunstad et al. 2015; Hawkley and Cacioppo 2010; Lim et al. 2016). Social Needs Theory (Weiss 1975) further distinguishes between emotional loneliness, arising from the absence of close, intimate bonds, and social loneliness, stemming from a lack of broader group belonging—dimensions that require qualitatively different forms of social connection to be addressed.

Building on these foundations, a technocultural perspective foregrounds that loneliness is not merely an individual psychological state, but a condition that is co-constituted through technological infrastructures, cultural expectations, and market-mediated forms of interaction (Turkle 2012; Dwyer 2025). Digital platforms do not simply host social relationships; they actively organize them by structuring visibility, recognition, and participation through algorithmic curation, engagement metrics, and platform-specific features. In this sense, social media shape not only the quantity of social interactions, but also their perceived quality, intensity, and legitimacy.

This structuring role is particularly consequential because platforms embed users within continuous streams of socially evaluative content, where indicators such as likes, comments, and shares become proxies for social validation. As a result, the experience of connection is increasingly mediated by quantifiable and publicly visible signals of recognition, which may amplify perceived discrepancies between desired and actual social embeddedness. At the same time, these environments enable new forms of mediated proximity, allowing users to feel emotionally connected to others despite physical or social distance (Kozinets 2024; Penley and Ross 1991).

From this perspective, loneliness emerges as a structurally mediated condition of technoculture, one that is simultaneously produced and alleviated through the same socio-technical systems. That is, the very platforms that may intensify feelings of disconnection by fostering comparison, exclusion, or superficial interaction also provide the resources through which individuals seek recognition, understanding, and belonging. This paradox suggests that loneliness in contemporary society cannot

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be understood independently of the technocultural environments in which it is enacted, navigated, and potentially relieved (Jacobs 2024).

2.2 | The Role of Social Media in Loneliness

Building on this technocultural perspective, prior research has examined the role of social media in shaping experiences of loneliness, giving rise to a substantial and ongoing scholarly debate (Appel et al. 2020) which appears as highly ambivalent.

On the one hand, a stream of research has emphasized the "dark side" of social media, showing that heavy use is associated with greater perceived social isolation, depressive symptoms, and loneliness (Brailovskaia and Hamdan 2026; Primack et al. 2017; Steers et al. 2014). These outcomes have been linked to multiple intertwined processes: the displacement of face-to-face interactions, exposure to highly curated portrayals of others' lives, social comparison, and the superficial nature of online contacts (Primack et al. 2017; Steers et al. 2014). Parasocial relationships with social media influencers—shallow attachments characterized by seemingly emotional closeness with media figures (Horton and Richard Wohl 1956)—have similarly been associated with greater perceived loneliness, partly mediated by fewer good friendships (Chung and Cho 2017; Gaëlle 2026). Recent evidence further suggests that loneliness itself may shape online behavior, fostering engagement with polarizing content and reinforcing dependency on the platform (Rynarzewska et al. 2026). On the other hand, other studies suggest that certain platforms, such as Instagram and Snapchat, may alleviate loneliness by fostering perceived intimacy through their image-based affordances, namely the possibilities for interaction, communication, and engagement that digital technologies enable (Pittman and Reich 2016; Ronzhyn et al. 2023). In line with this, social media use has been found to alleviate loneliness and anxiety primarily by enhancing social support and fostering psychological resilience, highlighting its role as a coping resource during periods of social isolation (Jin et al. 2025). Additionally, although relationships mediated through social media are often one-sided and lack genuine reciprocity, they can evoke feelings comparable to those experienced in direct social interactions. As Horton and Richard Wohl (1956, p. 215) note, "the illusion of face-to-face relationship" allows audiences—and, by extension, social media users—to feel personally connected to the performer, integrating this perceived exchange into their everyday behaviors and emotional lives. Even in more extreme contexts, such as among digital nomads, social media has been found to function as a resource for mitigating loneliness, facilitating intimate connections, and cultivating a sense of community (Miguel et al. 2025).

This debate is further complicated by research adopting a more nuanced perspective. Nowland et al. (2018) suggest that the impact of online interaction on loneliness depends on how digital technologies are used: when employed to strengthen existing relationships and develop new social connections, they may reduce loneliness, whereas when used to escape the "social pain" of offline interactions, they may instead increase it. Hall (2025) further argues that while social media use may promote feelings of belonging, it does not necessarily constitute an effective long-term coping means for loneliness, thereby calling for greater attention to the conditions under which social media use may be beneficial or detrimental.

Taken together, these studies suggest that the role of social media in loneliness is inherently ambivalent and contingent upon patterns of use and contextual factors. However, prior research predominantly emphasized the (negative) outcomes of social media use, paying less attention to how coping with loneliness unfolds through everyday engagement with these platforms, particularly by overlooking their role as spaces of consumption. This gap calls for a closer examination of the specific practices through which users experience connection and relief within these environments.

2.3 | Social Media, Consumption, and Coping With Loneliness

Only recently has research begun to explore how social media affordances, namely "the perceived actual or imagined properties of social media, emerging through the relation of technological, social, and contextual" (Ronzhyn et al. 2023, p. 3178), and consumption practices jointly shape experiences of loneliness and potential coping strategies. Existing research has examined how individuals cope with loneliness through consumption (Huang and Fishbach 2021). As digital platforms serve as distinctive commercial arenas where consumption practices unfold (Caliandro et al. 2024), it becomes important to examine how social media enable forms of sociality that may alleviate loneliness through consumption.

In this light, contemporary social media environments enable consumers to consume sociality, creating temporary bonds of "consociality" (Kozinets 2015): transient and situational modes of togetherness grounded in what individuals share in the moment—a "contextual fellowship"—rather than in who they are, forms of connection that may contribute to alleviating negative emotional states, including feelings of loneliness (p. 11). In this sense, online consocial relations epitomize the contemporary condition of social life, characterized by flux, mobility, speed, and impermanence, where connections are fleeting yet emotionally charged and momentarily meaningful (Kozinets 2015). This, therefore, allows consumers to engage emotionally and relationally through digital media, experiencing a form of mediated affective participation that underpins these consocial modes of engagement and symbolic affiliation, and may be relevant in understanding how individuals cope with experiences of loneliness and social isolation. Here, social energy is fuelled by the connective intensity of interactions—what Biraghi et al. (2021, p. 218) define as the "technological and affective intensification" that liberates consumers' "connective energy." Such transitory yet affectively intense exchanges foster relational intimacy that, although short-lived, generates a sense of proximity and emotional attunement, which may be particularly relevant for individuals struggling with feelings of loneliness.

Therefore, while consuming technologies and their connective affordances (Kozinets 2020; Shugars and Ha 2025), consumers

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also turn to social media to satisfy relational needs – the desire to connect with, support, and feel understood by like-minded others (Mardon et al. 2023). In such cases, the "product" consumers seek is not material but emotional, resulting in experiences of bonding where the emotional gratification participants derive stems from feelings of empathy, safety, and belonging to the online collective (Brodie et al. 2013). In some cases, this emotional engagement evolves into a more symbolic form of consumption, becoming a source of identity inspiration and empowerment, enhancing consumers' sense of control over their experiences (Yuksel et al. 2016), which alleviates their condition of solitude. Within these spaces, consumers bond with social media "gurus" (Mardon et al. 2023) or inspirational figures who not only foster individual identity dimensions such as trust (Breves et al. 2021; Conde and Casais 2023) or purchase preferences (Bi and Zhang 2023; Ashraf et al. 2023), but also shape broader communal lifestyle ideals such as socio-political activism (Dekoninck and Schmuck 2024), while also encouraging the incorporation of objects, routines, and practices into consumers' extended sense of self (Belk 1988, 2013), thereby enhancing consumers' collective participation and social engagement.

This potential of social media as a means of enhancing consocial, collective dimensions of identity building has been overshadowed by a growing body of literature that has focused on the implications of social media use on consumers' individual identity dimensions such as well-being (McLean et al. 2025), self-reflection, self-representation (Pera et al. 2020), perception of body image and self-esteem (Ameen et al. 2022). It is therefore relevant to examine whether social media use may also foster collective dimensions of identity building that mobilize community building and social connectivity to overcome structural conditions of loneliness (Appel et al. 2020; Huang and Li 2023).

2.4 | Research Gap and Questions

Taken together, the literature reviewed above shows that the relationship between social media and loneliness remains theoretically and empirically unsettled. Existing research has generated important insights into both the harmful and beneficial consequences of social media use, showing that these platforms may intensify loneliness through comparison, exclusion, dependency, and superficial forms of connection (Primack et al. 2017; Steers et al. 2014; Rynarzewska et al. 2026), while also potentially alleviating loneliness by fostering perceived intimacy, social support, resilience, and belonging (Jin et al. 2025; Hall 2025; Miguel et al. 2025; Pittman and Reich 2016). More nuanced accounts further suggest that the effects of social media are contingent on how platforms are used, by whom, and under which contextual conditions (Nowland et al. 2018; O Sullivan and Richardson 2020; Vinuales and Thomas 2021; Dutot 2020; Barbosa Neves et al. 2019).

While these perspectives provide important insights, they share a common limitation: they predominantly adopt an outcome-oriented lens that focuses on whether social media increase or reduce loneliness, paying limited attention to social media as technocultural consumption spaces in which digital affordances, algorithms, influencers, brands, communities, images, and narratives jointly organize how consumers seek recognition, support, and belonging (Kozinets 2020; Vicari and Kirby 2023). As a result, we still lack a deep understanding of how individuals transform digital encounters, content consumption, parasocial attachments, and consocial participation into affectively meaningful forms of relief through situated, socially embedded consumption practices. This gap is especially salient in contexts of chronic illness, where loneliness is persistent, multifaceted, and often rooted in experiences of invisibility and epistemic marginalization (Lewis et al. 2024; Petersen et al. 2020).

To address this gap, we adopt a technocultural perspective rooted in consumer culture (Kozinets 2020; Kozinets 2015; Biraghi et al. 2021; Caliandro et al. 2024) and conceptualize social media as collective spaces of consumption in which loneliness is mediated through both parasocial and consocial dynamics. From this standpoint, consumers do not simply communicate about loneliness; they consume content, expertise, stories, images, and identities in ways that render loneliness more intelligible, shareable, and manageable. Accordingly, our study shifts attention from the effects of social media use to the practices through which relief is constructed within these environments, examining how consumers affected by endometriosis use social media to cope with loneliness through everyday consumption practices.

We therefore ask:

> **RQ1.** How do social media enable healthcare consumers to cope with experiences of loneliness?
>
> **RQ2.** What consumption practices do healthcare consumers engage in within social media to mitigate loneliness?

3 | Methodology

3.1 | Research Context

The research gap we have identified is especially salient in healthcare contexts. Chronic illness often produces persistent and layered forms of loneliness, including the emotional loneliness of feeling misunderstood and the social loneliness of being excluded from shared routines, identities, and communities (Li et al. 2024). For consumers affected by under-recognized conditions such as endometriosis, loneliness is not only a private psychological state but also a socially and culturally produced experience, shaped by medical dismissal, stigma, invisibility, and the difficulty of finding others who can understand embodied suffering (Tragantzopoulou 2024). In such contexts, social media may become especially important: they can make illness visible, connect consumers to experiential knowledge, and provide access to figures, communities, and narratives that reconfigure how consumers understand and manage their condition (Van Oerle et al. 2018). These characteristics reveal the participatory nature of contemporary healthcare, in which consumers themselves contribute to shaping their own well-being, either individually or collaboratively with other actors in the healthcare service network,

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including family members, peers, healthcare professionals, and the broader community (McColl-Kennedy et al. 2017). By engaging in health communities on social media, sick consumers thus extend their participation beyond the traditional provider-recipient dyad, actively contributing to the collective creation of meaning, support, and expertise (Hartmann et al. 2015). However, existing research has yet to explain how healthcare consumers engage with social media as consumption spaces to cope with loneliness, nor has it identified the specific practices through which such coping takes shape.

We investigate women affected by endometriosis, a chronic, inflammatory, and often underdiagnosed gynaecological condition characterized by the presence of endometrial-like tissue outside the uterus (Hudson 2022). We focused on the online discourses surrounding endometriosis as our empirical setting for three main reasons. First, experiences of loneliness are particularly pronounced among those living with endometriosis, where chronic pain, diagnostic uncertainty, and the repeated invalidation of women's symptoms often render their suffering invisible and poorly understood (Hudson 2022). Second, because the condition disproportionately affects women, it intersects with broader issues of gendered healthcare neglect, stigmatization, and emotional burden. These dynamics not only exacerbate women's experiences of isolation and misunderstood suffering but also heighten the need for social validation and empathetic connection—making loneliness a central affective condition in this context. Third, although increasing attention has been paid in medical and psychological research, consumer and marketing studies have yet to explore how endometriosis is discussed, represented, and navigated through social media consumption practices, particularly as the topic gains visibility on digital platforms.

In this sense, endometriosis represents a critical and understudied case of loneliness experienced under conditions of uncertainty, stigma, and limited social recognition. As such, it provides a particularly insightful context for examining how social media may enable practices of relief in situations where individuals struggle to feel understood, recognized, and part of a shared social world. These dynamics make the findings particularly transferable to other contexts of chronic, stigmatized, or poorly understood conditions, including but not limited to health-related ones, where similar challenges of recognition and validation shape experiences of loneliness. Conversely, the four practices may apply less directly to acute illnesses, whose shorter temporal horizon weakens the demand for community-based recognition, or to highly visible, medically uncontested conditions, where social media play a less central role as a corrective to invalidation.

3.2 | Data Collection

Given the socio-cultural and technocultural nature of this study and its focus on the interplay between loneliness dynamics and online consumption practices emerging in social media conversational spaces, we adopted a netnographic approach (Kozinets 2020). This method was particularly appropriate for our context for two main reasons. First, because as an evolving qualitative approach that is an adaptation of ethnography, netnography focuses on social media and on immersive technological environments to capture and articulate the meanings of discourses and interactions generated within and through digital platforms as well as other immersive technological environments (Kozinets 2020), with the aim of gaining deep cultural understanding through the systematic, immersive and multimodal use of digital traces, elicitations and observations (Kozinets and Gretzel 2024, p. 1). Second, because prior research has successfully applied netnography to examine the experiences of vulnerable consumer groups lived and shared in digital platforms, including those related to health and well-being contexts (Wilson-Nash and Pavlopoulou 2024). Accordingly, this approach enabled us to capture the social and cultural meanings, as well as the discursive and symbolic content produced and shared by experts and consumers on social media, alongside the spontaneous conversational flows that develop among them.

We conducted a team netnography (Kozinets 2020), whereby multiple researchers independently immersed themselves in the field, kept immersion journals and triangulated their reflections and interpretations. We began with the *immersion* movement, conceptualized as a process of "experiencing, observing, reflecting, and recording" (Kozinets and Gretzel 2024, p. 6). Following their guidelines, this stage was articulated in three interrelated steps to ensure analytical focus, reflexivity, and methodological transparency. First, given the vast accessibility of digital experiences and traces, we adopted a focused perspective to prevent data overload and ensure relevance. Guided by the four criteria of "netnographic praxis"—relevance, activity, interactivity, and richness (Kozinets 2020, p. 136)—we selected the most pertinent keywords using relevant scholarly references, combined with online keyword generators, generative AI consultation, and social media internal search functions. These results were integrated with updated rankings of medical and health influencers, and each account's prominence and authenticity were verified. Second, we defined the field boundaries by combining our thematic focus (endometriosis) with the platforms most relevant to this topic—primarily Instagram, with cross-links to TikTok, YouTube, Facebook, X, and Reddit. This process yielded a global sample of 38 active pages and profiles, categorized as follows: (1) ten pages managed by associations or foundations, typically led by individuals with endometriosis and/or healthcare professionals; (2) sixteen profiles belonging to doctors and specialists; and (3) twelve personal profiles where individuals openly shared their experiences and cultivated legitimacy around the illness (Table 1).

Third, to ensure rigor and avoid impressionistic interpretation, we implemented a systematic practice of immersion journaling (Kozinets 2020, p. 283). Throughout a 1-year observation, the research team maintained a structured journal of 85 single-spaced pages and 12,227 words to map the research terrain, document encounters with data, integrate emerging insights with theoretical constructs, and record introspective reflections.

Then, we delved into the *investigation* movement, centered on identifying, discovering, and selectively collecting pre-existing digital imprints and data. The archival nature of social media profiles allowed us to retrospectively reconstruct users' online

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TABLE 1 | Netnography data set.

Profile	Category	Social Media	Geographic scope	# Post	# Comments	# Pages of data
drluigifasolino_ginecologo	Doctor influencer	Instagram	Italy	14	105	88
endometriosis_surgeon	Doctor influencer	Instagram	United States	13	121	103
drbozmd	Doctor influencer	Instagram	New York	12	52	59
endonutrition	Doctor influencer	Instagram	Canada	16	137	86
endo. fertility. dietitian	Doctor influencer	Instagram	Canada	16	126	86
theendofertilityspace	Doctor influencer	You Tube	Canada	7	3	20
drendometriosis	Doctor influencer	Instagram	Missouri and Santo Domingo	20	85	101
drmangs	Doctor influencer	Instagram	India	12	41	55
endometriosis_surgeon_uae	Doctor influencer	Instagram	Dubai and Abu Dhabi	17	14	55
drliu_endometriosis_surgeon	Doctor influencer	Instagram	New York and New Jersey	17	157	106
dr. albertjung	Doctor influencer	Instagram	Australia	12	45	47
drmathewleonardi	Doctor influencer	Instagram	Ontario	9	69	50
Mathew Leonardi MD PhD	Doctor influencer	X	Ontario	12	1	15
dr. tina. fleming	Doctor influencer	Instagram	United Kingdom	22	30	56
mallorystuparichmd	Doctor influencer	Instagram	California	14	107	78
endotogether	Doctor influencer	Instagram	Ontario	11	18	59
rebeccamallick	Doctor influencer	Instagram	United Kingdom	16	175	134
imogenroseig	Doctor influencer	Instagram	Manchester	8	30	48
seckinmd	Doctor influencer	Instagram	New York	20	168	101
endofound	Group/Association/Foundation	Instagram	United States	23	222	140
Endometriosis UK	Group/Association/Foundation	Facebook	United Kingdom	19	59	65
qendoau	Group/Association/Foundation	Instagram	Australia	22	13	50
endo_black	Group/Association/Foundation	Instagram	(African) America	27	89	96
WES	Group/Association/Foundation	X	Global	34	0	42
Endometriosis Australia	Group/Association/Foundation	Facebook	Australia	24	57	66
Endometriosis. org	Group/Association/Foundation	X	Global	37	0	25
EndoActive Australia & NZ	Group/Association/Foundation	Facebook	Australia and New Zealand	22	4	35
icarebetter	Group/Association/Foundation	Instagram	Boston	29	111	90
emiliavictoria	Influencer with endometriosis	Instagram	Australia	20	89	153
emiliavictoria	Influencer with endometriosis	TikTok	Australia	10	51	41
endometriosisem	Influencer with endometriosis	Instagram	Portland	10	89	138
sophie. richards	Influencer with endometriosis	Instagram	London	13	113	94

(Continues)

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TABLE 1 | (Continued)

Profile	Category	Social Media	Geographic scope	# Post	# Comments	# Pages of data
mikzazon	Influencer with endometriosis	Instagram	United States	15	124	123
mikkzazon	Influencer with endometriosis	TikTok	United States	11	96	48
imaprilchristina	Influencer with endometriosis	Instagram	New York	25	196	104
allaboutannieblog	Influencer with endometriosis	Instagram	New Zealand	11	83	65
sineadheg	Influencer with endometriosis	Instagram	Australia	11	51	76
chloe. elizabeth_elliott	Influencer with endometriosis	TikTok	United Kingdom	9	135	49
ems_endodiary	Influencer with endometriosis	Instagram	Australia	9	143	97
sistergirlfoundation	Influencer with endometriosis	Instagram	California	11	11	43
the_endo_chronic_ills	Influencer with endometriosis	Instagram	Atlanta	19	100	86
itscaseyjoe	Influencer with endometriosis	Instagram	Atlanta	5	32	42

trajectories and preserve relevant digital traces, continuously enriching our dataset over time.

Subsequently, we engaged in the *interaction* movement, aimed at connecting with relevant actors and eliciting data (Kozinets and Gretzel 2024). Netnographic observations were triangulated with 20 semi-structured in-depth interviews involving medical influencers, influencers and followers both affected by endometriosis, journalists, and writers engaged in endometriosis-related discourse. We deemed it important to complement our online investigation with individual interviews because they allowed us to gather in-depth understanding of underlying motivations, meanings, emotions and reflections about their loneliness condition that participants preferred not to share publicly on social media. To strengthen the rigor of the interview component, we drew on Arsel (2017) guidance on designing interviews with reflexive focus. The protocol combined open-ended questions on lived experiences of loneliness and chronic illness with targeted probes on platform-specific practices, and was iteratively refined as the fieldwork progressed. Reflexive note-taking after each interview allowed us to calibrate subsequent conversations to the developing understanding of the field. Informants were selected purposively to ensure variation in role, engagement depth, and primary platform, and interviewing continued until theoretical saturation. Interviewees were recruited through "self-selection and convenience" sampling (Kozinets et al. 2017, p. 665) following prolonged online engagement in the online field. Interviews were conducted online, in either Italian or English depending on participants' preference, and were audio-recorded, fully transcribed, and translated when necessary. Informed consent was collected from all interviewees. The average duration of each interview was approximately 1 h (Table 2) for a total of 17 h and 319 pages of transcribed material.

We followed established ethical guidelines for online research, carefully considering issues of privacy, consent, and potential harm when collecting and analyzing digital data (Townsend and Wallace 2017). Although the data analyzed were publicly available, we adopted a cautious approach to protect participants' anonymity, avoiding the disclosure of identifiable information and paraphrasing sensitive content where appropriate. For the interview component, the study protocol was reviewed and approved by the relevant institutional ethics committee, and informed consent was obtained from all participants prior to data collection.

3.3 | Data Analysis and Interpretation

The *integration* movement, where analysis meets interpretation, followed a bottom-up, inductive pattern-matching approach consistent with netnographic praxis (Kozinets 2020). The process began with the systematic organization of the collected posts, content, and user interactions across the identified platforms. The dataset was examined for its technocultural elements, including distinctive personality traits, communicative styles, language and vocabularies, values and meanings, and rituals supported and amplified in platform-mediated environments, which highlighted visibility practices.

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TABLE 2 | Interview informants.

Alias	Role	Age	Duration (minutes)	# Pages	# Words
Int_1	Follower—consumer with endometriosis	31	60	17	7387
Int_2	Follower—consumer with endometriosis	34	79	20	8433
Int_3	Follower—consumer with endometriosis	58	32	10	4660
Int_4	Doctor influencer (9.4 K followers)	50	49	16	7379
Int_5	Follower—consumer with endometriosis	31	69	25	8844
Int_6	Influencer with endometriosis (66.6 K followers)	26	46	15	6882
Int_7	Follower—consumer with endometriosis	53	49	23	6876
Int_8	Follower—consumer with endometriosis	29	64	22	9050
Int_9	Follower—consumer with endometriosis	53	44	13	6235
Int_10	Follower—consumer with endometriosis	48	36	12	5081
Int_11	Follower—consumer with endometriosis	61	40	14	5746
Int_12	Follower—consumer with endometriosis	47	38	12	4707
Int_13	Doctor influencer (1.8 K followers)		53	19	7337
Int_14	Doctor influencer (113 K followers)		60	20	9036
Int_15	Doctor influencer (13.1 K followers)	39	48	13	5860
Int_16	Follower—consumer with endometriosis	34	34	14	4822
Int_17	Journalist and media expert	49	50	12	5095
Int_18	Influencer with endometriosis (2.4 K followers) and writer	62	64	17	9115
Int_19	Doctor influencer (8.6 K followers)	26	62	18	10,090
Int_20	Influencer with endometriosis (24.8 K followers) and writer	39	48	17	8377

Data analysis was conducted through an iterative coding process (Spiggle 1994; Strauss and Corbin 1990) articulated in three steps. We first generated first-order codes that stayed close to informants' and users' own vocabulary, drawing on interview transcripts, immersion journal field-notes, and digital traces. We then aggregated these codes into second-order themes capturing the underlying logics of consumption activity, before abstracting them into the four aggregate practices reported in the Findings. Following the hermeneutic tradition (Thompson et al. 1994), this process unfolded through ongoing iteration between "data fragments" and the broader context (Kozinets 2020, p. 142), combining telescopic and microscopic glances. To strengthen the trustworthiness of our interpretations, we triangulated across data sources, maintained an audit trail of analytical decisions, and discussed coding discrepancies within the research team until consensus was reached. In line with this interpretive stance, our analysis—which is reflected in the narrative of the findings—took the shape of what Geertz (1973) described as "thick description": a detailed, contextualized, and meaning-rich account that is guided by the researcher's own interpretations and systematizations of the observed reality. This process entailed identifying recurring patterns linking users' embodied expressions, emotional narratives, and platform-mediated interactions, in order to uncover how social media environments structure experiences of loneliness, shape distinct forms of consumption, and foster coping practices of relief. Through this process, overarching themes were both inductively and deductively identified by the researchers and then jointly refined to capture recurrent meanings emerging from the data.

4 | Findings

The data analysis revealed four interrelated relief-practices through which consumers affected by endometriosis cope with feelings of loneliness in social media. We term these practices *grounding, sense-making, attuning*, and *inspiring* (Figure 1). Within social media spaces, these practices coalesce and are mutually reinforcing, as consumers move across them in their everyday engagement with social media. Together, they form a virtuous circle in which consumption practices and sociality continuously sustain and amplify one another, as engagement in one practice tends to trigger and extend into others. Each section below unpacks one of the relief-practices and illustrates how consumers enact it through specific behaviours, interactions and content practices within the platforms.

4.1 | Grounding: Material Consumption as Coping

We define grounding as the material consumption practices triggered by social media through which consumers use objects, products, and embodied routines to construct tangible anchors that help manage symptoms and reassert a sense of everyday normalcy. Social media therefore host spaces centered on such material forms of consumption (Mardon et al. 2023).

As shown in Figure 2, consumers affected by endometriosis share and promote products, objects, and routines that support coping with everyday discomfort. These items become artifacts of care that transform unliveable routines into ordinary daily rituals, reflecting how consumption becomes entwined with everyday life (Cavusoglu and Belk 2025) and helps stabilize the

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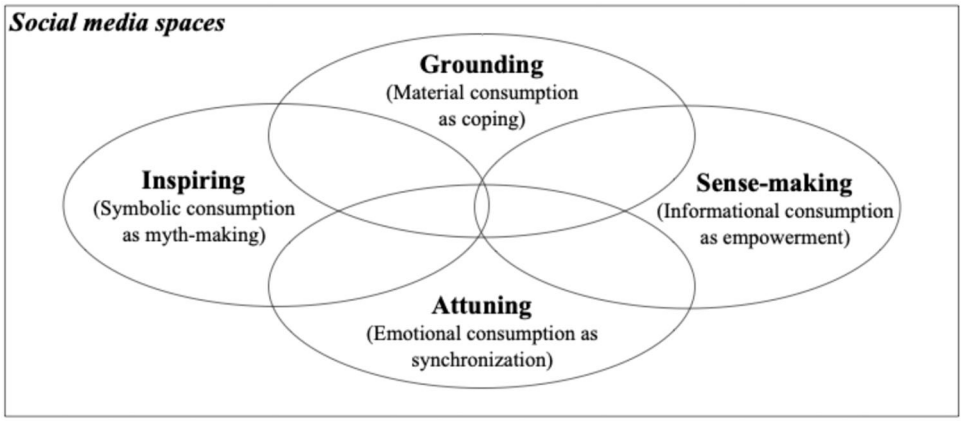


FIGURE 1 | Visual representation of the four interrelated practices through which consumers affected by endometriosis cope with loneliness in social media spaces.



FIGURE 2 | Instagram posts showing consumers affected by endometriosis sharing products, objects, and routines used to cope with pain and everyday discomfort. *Source:* Immersion journal excerpt showing authors'-created collage of doctors and influencers affected by endometriosis illustrating the products/objects/concrete methods they use in their daily life; authors' copyright.

body despite pain and unpredictability. Such mundane acts of preparation and self-care function as symbolic gestures of control over an uncontrollable body, allowing consumers to sustain normality without compromising their sociality. Grounding thus introduces a tangible and durable material dimension within social media environments typically characterized by fleeting interactions (Biraghi et al. 2021; Kozinets 2015), revealing a tension between the ephemerality of platform exchanges (Brailovskaia and Hamdan 2026) and the durability of material coping practices, as the latter anchor relief in objects and routines that persist over time and across online and offline contexts, thereby counterbalancing the tendency to use social media as a means of escaping the "social pain" of offline interactions (Hall 2025).

The sociality intrinsic to social media further sustains this virtuous circle, as consumers also share their experiences in relation to material forms of consumption. Discourses extend beyond individual products (e.g., hot-water bottles, bloat-friendly elastic trousers) to include broader routines and protocols (e.g., 'immune support,' 'anti-inflammatory' protocols, stress management). As one follower commented on an Instagram post: "The AIP (autoimmune protocol) changed my life... but you know what else has? Moving more, resting more, managing stress and a whole bunch of other things!" Such exchanges illustrate how social media foster participatory spaces where material consumption is shared and reshared, transforming personal coping routines into socially networked forms of healing.

In line with this, a follower explained during an interview:

> *It can help, first of all, reduce the feeling of isolation you feel when you receive a diagnosis like this. Knowing there are other people like you facing something similar, to feel*

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> *a bit less alone and to get ideas and experiences that in some way might help you or give you something concrete.*
>
> (Int_5)

Exposure to others' practices also mitigates market-mediated loneliness: when mainstream offerings fail to address their needs, consumers use social media to discover products, routines and artifacts that resonate directly with their embodied experiences, transforming feelings of exclusion into moments of recognition and belonging. What initially appears as a source of comfort may ultimately evolve into a set of artifacts and rituals progressively integrated into the consumer's sense of self, extending the boundaries of identity. The sociality embedded in social media discourses enables influencers, doctors, and followers alike to transform personal routines and objects of care into meaningful extensions of the self (Belk 1988, 2013).

4.2 | Sense-Making: Informational Consumption as Empowerment

We define sense-making as the informational consumption practices through which healthcare consumers use social media to interpret their condition, fill knowledge gaps, and construct shared understandings of the disease. Social media operate as participatory infrastructures of knowledge, where informational exchanges complement—and often compensate for—the limitations of traditional healthcare systems and the broader culture of silence surrounding the illness. Through these interactions, information consumption becomes a collective practice of meaning-making and relief.

Doctors and medical influencers play a key role by translating scientific knowledge into accessible formats and inviting interaction—"Ask me anything related to women's health"—and creating approachable spaces, thereby fostering dialogue, social support, and psychological resilience (Jin et al. 2025; Miguel et al. 2025). They also clarify medical doubts through private messages, positioning social media as informal arenas of consultation.

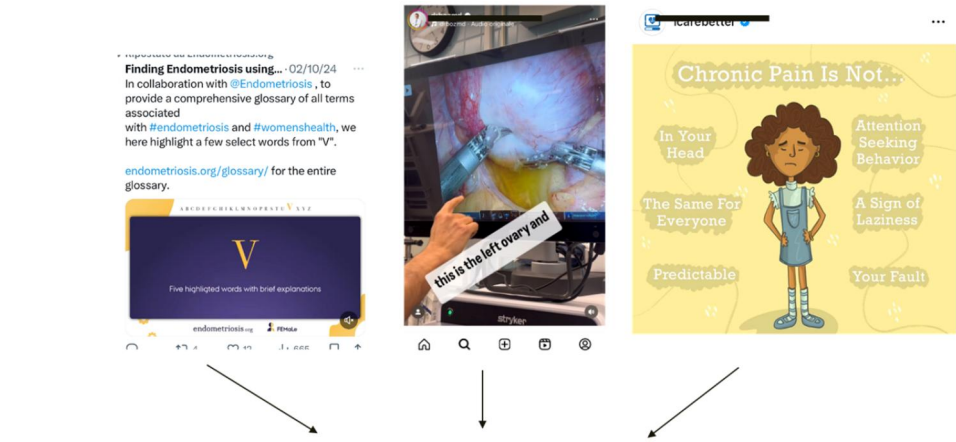
At the same time, consumers themselves engage in active information-seeking and sharing practices. By exploring hashtags, they search for specific topics related to the disease—such as dietary advice, lifestyle suggestions, and symptom explanations—that resonate with their lived experiences:

> *I had looked for someone doing recipes or things like that, more of a light topic. Searching by hashtags—with hashtags like food, endometriosis diet.*
>
> (Int_1)

As illustrated in Figure 3, informational posts circulate widely, ranging from glossaries that explain medical terminology, to surgeons' visual documentation, and educational infographics challenging misconceptions. Through social media, knowledge becomes accessible and shareable, transforming the act of "knowing" into a relational experience. This ongoing flow of informative content generates an informational loop of consumption, whereby followers not only consume but also reshare educational posts to raise awareness and give voice within their close circle of (relevant) others. As one participant noted:

> *...every now and then they make posts where I don't know, they say [...] even that you can repost to raise awareness, right, on the topic.*
>
> (Int_2)

However, sense-making is not frictionless. Consumers affected by chronic conditions are exposed to heterogeneous and sometimes conflicting sources (medical expertise, experiential



Instagram and Facebook posts illustrating sense-making practices through the sharing of informational content related to endometriosis. The examples include educational glossaries explaining medical terminology, visual documentation of surgical procedures aimed at clarifying bodily experiences, and infographics challenging misconceptions about chronic pain.

FIGURE 3 | Instagram posts and stories illustrating *informational consumption* through the sharing and circulation of educational content related to endometriosis. *Source:* Authors'-created collage of medical influencers and associations sharing educational and awareness content; authors' copyright.

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knowledge, and peer advice), making it difficult to assess credibility. In this contested field, followers calibrate trust through pragmatic heuristics—coherence with medical evidence, perceived honesty about uncertainty, the warmth and responsiveness of a creator—rather than through formal credentials alone, often leading users to rely on a limited set of trusted figures in ways that reflect parasocial dynamics (Chung and Cho 2017). At the same time, the same affordances that enable knowledge circulation also facilitate the spread of questionable claims: dietary protocols (e.g., AIP or detox regimens), supplements, and alternative therapies are sometimes promoted without clear evidentiary grounding. Sense-making thus operates at the intersection of empowerment and risk. While informational consumption enables consumers to better understand their condition and act upon it (Yuksel et al. 2016), it also requires ongoing evaluation and negotiation of credibility. Ultimately, these practices reinforce the social dimension of knowledge, as consuming and circulating information becomes a collective act that fosters recognition and alleviates loneliness.

4.3 | Attuning: Emotional Consumption as Synchronization

We define attuning as the emotional relief that emerges as consumers witness, share, and respond to testimonies of pain online. Within endometriosis-related communities, attuning captures the affective dimension of social media engagement—a mediated sense of proximity (Chung and Cho 2017) through which individuals synchronize their emotional states with others, fostering mutual understanding and belonging. By making vulnerabilities public, doctors and influencers living with endometriosis, as well as followers alike, transform private suffering into a shared emotional terrain where feeling "seen" and understood provides validation and alleviates isolation. As one participant explained, before acquiring more self-awareness also thanks to entering the online discourses, recognizing similar others and reading their stories:

> *I remember, in the beginning, this feeling of isolation, of not being understood, of not being seen inside what I was going through—because of the general ignorance of society. At the time, I didn't have a boyfriend. And for sure, even without having one, it still had a major impact on how I related to men because—now we're stepping right into a purely psychological sphere—in the beginning the perception I had of myself was that I was defective, not good enough, and so I objectively got myself into situations that now, with the awareness I have, I'm like: 'What the hell were you thinking?' But that was how I saw myself at the time. So I sought confirmation of that distorted perception from men who were objectively assholes—if I can say that, right? And so, after this devaluing of myself—because on the side of my friends there was the 'I don't feel understood,' and on the relational side there was self-devaluation [...].*
>
> (Int_5)

Attuning unfolds across a continuum from invisible to highly visible discursive practices. At the more silent end, users save comforting posts, privately message others for reassurance, or respond to anonymous Q&A boxes—micro-interactions that allow them to feel accompanied without exposing themselves publicly. As one consumer affected by endometriosis noted:

> *Sometimes also when they put the boxes... where you can ask questions or they ask you—I remember the last one I answered: after how long were you diagnosed with endometriosis?*
>
> (Int_8)

These fleeting exchanges foster subtle emotional resonance and intimacy among users who might otherwise remain alone.

More visible forms of attuning include commenting on others' testimonies, resharing posts, and participating in collective expressions of empathy. One user commented under an association's Instagram post:

> *I love that we are all talking about our endo together! Feels less isolating and helps normalize that we aren't alone in our suffering.*

Similarly, an American influencer affected by endometriosis and active on both Instagram and TikTok reflected:

> *No one in my life really seemed to understand what I was going through until I started posting about it online, which might seem silly to some.*
>
> (Int_6)

As illustrated in Figure 4, attuning is sustained through the public expression of vulnerability, where embodied and emotional experiences of illness are shared and recognized. By sharing content that reveals wounds, scars, swelling, and tears, the body becomes a visible showcase for their otherwise invisible pain – a medium through which they express what they feel and challenge their sense of inadequacy and the negative social comparison dynamics often amplified on social media (Steers et al. 2014). Social media thus becomes a space where this tension between visibility and invisibility is negotiated, as the embodied representation of pain is placed at the core of self-expression and serves as a tool for fostering empathy and emotional synchronization, thereby mitigating both their own and their followers' loneliness, counteracting the withdrawal and hypervigilance associated with chronic loneliness (Cacioppo et al. 2006). Yet this same visibility carries costs: continuous bodily exposure can intensify scrutiny and, for some users, produce a feeling of being defined by their illness in ways they did not fully anticipate. Attuning thus operates on a paradoxical edge—the very exposure that fosters synchronization can also amplify exposure beyond what users initially welcomed. However, sharing one's own embodied experience becomes a form of affective expression that not only elicits empathy but also invites audiences to participate in an emotional consumption process, where affective exposure becomes both the medium and the object of exchange, thereby enabling forms of mediated proximity through which users feel emotionally connected to others (Kozinets 2024). In this sense, attuning reflects a form of emotional consumption in

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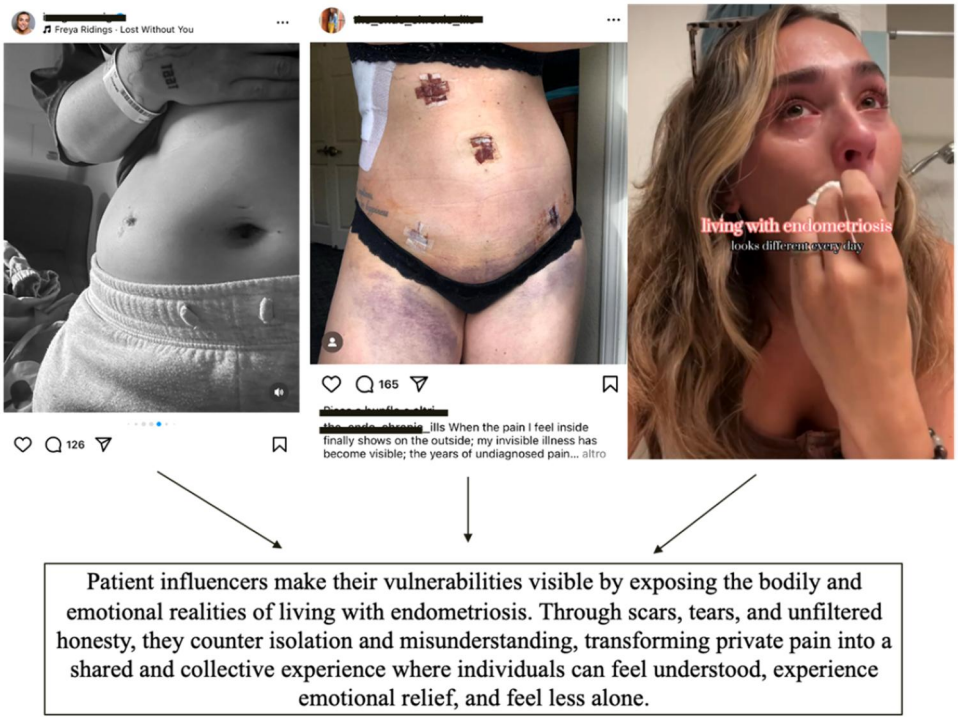


FIGURE 4 | Instagram posts showing influencers affected by endometriosis making their vulnerabilities visible through the exposure of bodily and emotional pain. *Source:* Authors'-created collage of influencers affected by endometriosis making their vulnerabilities visible; authors' copyright.

which affect circulates as a shared resource—felt, expressed, and re-experienced—allowing users to collectively process pain and derive relief. These fleeting yet meaningful exchanges function as a social glue (Kozinets 2015), fostering affective connection and alleviating emotional loneliness (Weiss 1975).

4.4 | Inspiring: Symbolic Consumption as Myth-Making

We define inspiring as the symbolic consumption practices through which consumers recast their illness experiences into myth-like narratives of endurance, transformation, and possibility. Across social media, consumers affected by endometriosis circulate stories that reframe suffering into narratives of strength, advocacy, and hope, portraying themselves as active agents rather than passive sufferers. One TikTok influencer, for instance, invites followers to witness her journey toward motherhood with the caption: "Watch us become a family"—a storyline that reframes the illness experience by envisioning a hopeful outcome achieved through perseverance. Similarly, a doctor influencer reflected on how advocacy can open closed mindsets and inspire new ways of thinking and envisioning solutions:

> *The advocacy may be to encourage people to be inspired and to learn about ultrasound, or learn about surgery, or learn about various research projects that are produced by my team.*
>
> (Int_15)

These narratives create symbolic spaces of possibility where consumers affected by endometriosis can imagine alternative futures. Witnessing others "make it through" fosters vicarious hope that counteracts despair and emotional isolation, supporting re-engagement rather than withdrawal (Cacioppo et al. 2006). The inspirational power of such content lies in its dual nature: it conveys both the pain of the condition and the capacity to transcend it, transforming social media into a space for reframing the meaning of illness itself and, in doing so, inspiring the (consumption) choices of others (Mardon et al. 2023). Consumers experiencing this condition often become role models, narrating the story of an "unusual" consumer who has overcome the worst through an unprecedented journey. Through social media storytelling, they mythologize their condition to symbolically resolve broader social tensions around loneliness and misunderstanding. Followers adhere to this myth, appropriate it, and use it to make sense of their own struggles, thus turning individual resilience into a shared cultural resource, enabled by the community affordances of social media (Shugars and Ha 2025). Concrete landmarks of this consumer journey are significant others. Through shared testimonies, users often expose relational misunderstandings with significant others – as in a comment under an influencer's post stating, "My ex always thought I overexaggerated my endo pain." At the same time, others reframe such experiences to highlight the possibility of illness coexisting with genuine and compassionate relationships. A TikTok video, for instance, shows a partner gently washing the influencer's hair with the caption: "I used to be terrified of my endometriosis scaring him off, but I'm so glad I let him in." In these stories, significant others serve as emotional intensifiers that further expand and reinforce the mythological nature of the narrated condition, pointing out social media as arenas that challenge stigma and redefine the meaning and boundaries of intimacy and care.

To strengthen these narratives, posts and captions increasingly adopt symbolic and mythological motifs that aestheticize

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endurance, foster a sense of belonging, and reinforce emotional bonds (Brodie et al. 2013). Hashtags such as #endowarrior and the yellow ribbon emoji function as emblems of collective identity, while captions like "We are warriors. Our confidence makes us alluring. Our scars make us victorious." transform signs of vulnerability into symbols of pride and beauty.

At the same time, the mythologized framing of the #endowarrior repertoire is not received unambivalently. Some users and informants distance themselves from its celebratory tone, suggesting that the imperative to be "strong" or "inspirational" can itself function as a normative pressure that delegitimizes ordinary expressions of fatigue, doubt, or grief. The aestheticization of suffering, in this sense, can simultaneously offer recognition and impose new scripts of acceptable emotional expression—a tension that the inspiring practice negotiates rather than resolves.

As illustrated in Figure 5, inspirational content spans multiple formats, combining personal storytelling, educational framing, and motivational messaging. This repertoire reflects an ongoing negotiation between grounded understandings of illness and culturally circulated representations, highlighting how symbolic consumption shapes the ways in which endometriosis—and its associated loneliness—is collectively interpreted and coped with.

5 | Discussion

5.1 | Consociality as Ritualistic, Collective Relief to Loneliness

Previous research has examined how individuals turn to marketplace consumption to cope with social disconnection (Fumagalli et al. 2022; Shrum et al. 2023), as well as the role of collective consumption and support-group practices as a form of "treatment" for loneliness (O Sullivan and Richardson 2020). Our findings extend this literature by showing that, in the context of chronic illness, relief from loneliness emerges not merely from isolated acts of consumption but from socially embedded practices enacted within social media environments that enable and sustain material, informational, emotional, and symbolic forms of consumption.

This generates a continuous reciprocal interplay between consumption and sociality, where each reinforces the other in a virtuous circle. Rather than viewing consumption as compensatory, we conceptualize it as a socially organized and ongoing accomplishment, in which consumers move across mutually reinforcing practices of grounding, sense-making, attuning, and inspiring. Through this interplay, consumption and sociality recursively reinforce one another, giving rise to a specific form of consociality (Kozinets 2015), enacted through shared practices of doing, sharing, embodying, and narrating.

At the same time, this collective accomplishment is not frictionless. The same practices that generate relief also expose consumers to contested expertise and misinformation, normative pressures embedded in inspirational repertoires, and asymmetric visibility through which they may feel both seen and over-exposed. These tensions do not negate the relief potential of consocial participation, but delineate its boundary conditions: relief emerges only insofar as consumers are able to navigate the ambivalence of the resources made available to them.

Hence, the first contribution of our study lies in showing that loneliness is alleviated through an ongoing and collective accomplishment—though inherently marked by ambivalence—in which consumers move across mutually reinforcing practices of grounding, sense-making, attuning, and inspiring, rather than conceptualizing loneliness relief as the outcome of isolated

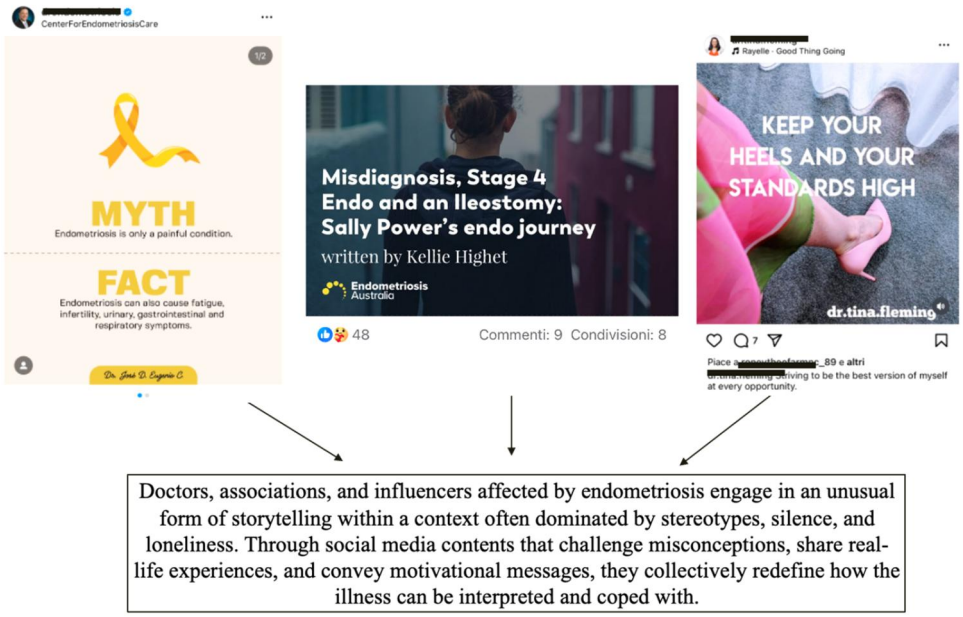


FIGURE 5 | Instagram posts illustrating inspirational storytelling among doctor influencers and consumers affected by endometriosis.*Source:* Authors'-created collage of posts exhibiting an inspirational and positively reframed mythology of consumption within endometriosis disease.

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acts of coping. In doing so, our findings shift attention from consumption as compensation for loneliness to consumption as a socially organized and shared process of relief.

5.2 | Social Media to Counter Social and Emotional Loneliness

Our findings extend key theoretical perspectives on loneliness by showing how social media consumption practices simultaneously address both social and emotional dimensions of loneliness, thereby extending foundational psychological insights into the context of social media consumption. Building on Social Needs Theory (Weiss 1975), our study demonstrates that these dimensions are not addressed separately but through integrated, practice-based forms of consumption unfolding within social media environments. Specifically, sense-making practices reduce social loneliness by creating shared interpretive spaces in which individuals understand their condition alongside others facing similar uncertainties, turning informational consumption into a source of collective orientation and belonging. Grounding practices extend beyond digital exchanges into everyday life through embodied routines and objects, mitigating loneliness both socially—by embedding individuals in communities of shared doing—and emotionally—by fostering a sense of accompaniment in managing chronic pain. Attuning and inspiring practices more directly address emotional loneliness, providing empathy, validation, and affective resonance often absent in offline relationships not attuned to the endometriosis condition. Hence, our second contribution lies in showing that social media do not simply alleviate loneliness at one level or the other, but enable forms of consumption that simultaneously and relationally address both social and emotional loneliness through everyday practices.

Our findings also advance literature on the role of social media in loneliness by moving beyond an outcome-oriented view of whether platforms are harmful or beneficial. While prior research has highlighted both the dark and bright sides of social media (e.g., Pittman and Reich 2016; Primack et al. 2017), our study conceptualizes social media as technocultural consumption spaces in which parasocial and consocial forms of sociality structure distinct forms of relief-oriented consumption. Thus, our third contribution lies in showing that, rather than being oppositional, parasocial and consocial relations work together in shaping relief: parasocial ties with doctors and influencers provide perceived intimacy, credibility, and inspiration, while consocial interactions with peer communities offer contextual fellowship, recognition, and belonging. In this sense, social media relieve loneliness not merely by connecting users to content, but by organizing multiple forms of sociality through which consumers engage in material, informational, emotional, and symbolic consumption.

The Evolutionary Theory of Loneliness (Cacioppo et al. 2006) further illuminates our findings by framing loneliness as an adaptive signal motivating reconnection. When chronic, however, it can heighten vigilance and inhibit social re-engagement. The practices we identify counter this cycle by creating environments in which consumers can access forms of support often absent in the marketplace. Social media enable graded modes of engagement—from low-exposure participation (e.g., searching, messaging, Q&A interactions) to more visible forms (e.g., posting, commenting, influencing)—that facilitate a gradual re-entry into sociality. Accordingly, our fourth contribution lies in showing that relief does not stem from the elimination of loneliness, but from the possibility of re-entering social connection through mediated practices of recognition, validation, and accompaniment.

6 | Conclusions

In conclusion, we can conceptualize the relief that emerges from the consumption triggered by the sociality intrinsic to social media not simply as the easing of physical symptoms but as a broader form of alleviation that also addresses the loneliness surrounding chronic pain. For individuals living with endometriosis, the technocultural relief shaped by social media discourses is rarely a purely bodily achievement; rather, it unfolds through the consociality that social media enable. Our findings show that the consumption practices enacted within social media spaces – grounding, sense-making, attuning, and inspiring – offer pathways through which consumers experience not only better management of their condition but also a reduction in the loneliness of pain. This dynamic resonates with what Ahmed (2014) terms the "sociality of pain" (p. 31): an ethics of proximity in which individuals move toward one another's suffering. In the interactions we observed, social media facilitate precisely this kind of closeness: users come "close enough to touch" one another's pain by recognising it, responding to it, and allowing it to surface without demanding explanation. Such encounters transform pain from an isolating, private experience into a shared, socially held one. Relief thus emerges not from the disappearance of pain but from the presence of others who witness it. In this sense, the relief fostered by social media consumption is also a relief of recognition: being seen, understood, and accompanied in experiences that are often dismissed or silenced in medical and everyday contexts. Ultimately, the sociality embedded in digital consumption environments provides a gentle but powerful antidote to the solitude of chronic illness, enabling individuals to rediscover forms of connection, understanding, and mutual presence that extend beyond the screen and reshape the lived experience of pain. In doing so, it reveals how the social media setting allows consumption—when enacted through shared practices and consocial participation—to become a meaningful vehicle for easing not only the physical but also the relational burdens of chronic illness.

6.1 | Limitations and Future Research Directions

In an era where social media are often framed as accelerators of loneliness and disconnection, this study shows that, under certain conditions, they can also serve as collective arenas of relief, therefore carrying important implications for mental health and well-being. Among women living with endometriosis, relief arises through shared practices of grounding, sense-making, attuning, and inspiring that weave together material, informational, emotional, and mythic dimensions of consumption. These practices transform loneliness from a

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purely individual, compensatory struggle into a processual, socially held accomplishment, sustained by consocial participation and mediated recognition.

Nonetheless, we acknowledge the limitations of our analysis. First, our netnography focused on the single empirical context of women with endometriosis. This setting is particularly suited to studying loneliness, especially given the invisibility, gendered health neglect and frustration associated with this condition. Future research, however, should adopt comparative designs that explore how the four relief-practices travel across different illnesses, including conditions that are more visible or differently stigmatized. Second, our results point to the centrality of (in)visibility and recognition, but we did not explicitly structure the study around these constructs. Endometriosis is a paradigmatic invisible illness: pain and symptoms are often unseen and invalidated, intensifying loneliness. Future research could more directly investigate how invisibility exacerbates both social and emotional isolation, and to what extent being "made visible" through social media—via bodies, stories, metrics, and hashtags—can counter this, bringing exposure and ultimately recognition. Third, the grounding practices we identified highlight the central role of the body and embodied experience. Everyday objects and routines function as artifacts of care and as socio-material resources that stabilize an unpredictable body, extend the self, and help consumers seek recognition. Future research could build on this by focusing more explicitly on the body as a site of technocultural consumption: how bodily images, scars, or symptom displays become shared interfaces of legitimacy and belonging, and how material infrastructures of care mediate both coping and visibility in the context of chronic illness. Fourth, although our data include a wide range of profiles, we did not investigate how these actors are perceived in terms of legitimacy. In this domain, influencers—whether consumers affected by the disease, doctors, or associations—are likely to derive legitimacy not only from formal credentials but also from lived experience, relational responsiveness, and ethical conduct within a delicate health sphere. Future research could examine how these different forms of legitimacy are constructed, signalled, and contested on social media, and how they shape who is trusted, followed, and believed in online health environments.

6.2 | Managerial Implications

Different managerial settings may benefit from this study. Brands, healthcare professionals, patient organizations, platform providers, and content creators operating in the health sphere—including influencers affected by endometriosis—can all draw value from understanding that effective engagement on social media does not arise from focusing on a single dimension of consumption. Rather, it depends on activating the full spectrum of the four practices identified in this study: grounding, sense-making, attuning, and inspiring.

For brands, this means moving beyond product-oriented communication and recognizing that consumers engage with social media not only to evaluate solutions but to navigate the emotional, informational, and symbolic dimensions of chronic illness. By contributing to consumers' sense-making and attuning to their emotional experience, brands can position themselves within the broader ecosystem of relief that consumers affected by disease actively seek online.

Healthcare professionals can similarly enrich their presence by integrating different modes of consumption. Followers do not only consume medical information; they also consume reassurance, recognition, and inspirational narratives that help them interpret and manage their condition.

Patient organizations and associations can play a particularly important role in sustaining the collective dimension of relief. Because our findings show that loneliness is alleviated not only through information but also through active participation, normalization and belonging, organizations can create consumption spaces in which educational materials, everyday routines, community testimonies, and inspirational narratives coexist.

Platform providers and designers should recognize that the affordances of social media shape how consumers navigate loneliness at different levels of exposure. Features such as anonymous Q&A boxes, saving functions, and private messaging enable low-threshold forms of participation that allow users to engage while maintaining a degree of invisibility. At the same time, more visible features such as commenting, posting, or sharing content enable users to gradually increase their exposure and actively participate in collective interactions. Designing for this continuum of engagement may be especially important in contexts marked by stigma and invisibility.

Finally, influencers and content creators operating in health-related spaces should be aware that their role extends beyond content production. Their posts may function as practical anchors, interpretive guides, affective companions, and symbolic role models. This also entails responsibility: content that inspires hope can be valuable, but should remain attentive to the tensions highlighted by our findings—for instance, between information and misinformation.

The challenge for researchers, practitioners, and policymakers is therefore not to idealize social media as inherently therapeutic, nor to condemn them as inherently harmful, but to understand how their affordances can be organized in ways that honour the sociality of pain and the need for recognition without reducing suffering to a market opportunity. If approached with ethical care, the digital consumption environments we have studied can offer lonely and sick consumers not only tools for managing their bodies, but also pathways to being seen, believed, and accompanied—ultimately allowing consumption itself to become a source of meaningful relief from the relational burdens of chronic illness.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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