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Expression of empathy in a Facebook-based diabetes support group

Gabrina Pounds^{a,*}, Daniel Hunt^b, Nelya Koteyko^c^a School of Politics, Philosophy, Language and Communication Studies, Faculty of Arts and Humanities, University of East Anglia, Norwich Research Park, Norwich NR4 7TJ, United Kingdom^b School of English, University of Nottingham, University Park, Nottingham NG7 2RD, United Kingdom^c School of Languages, Linguistics and Film, Queen Mary University of London, London E1 4NS, United Kingdom

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ABSTRACT

Existing studies show that people suffering from chronic illnesses turn to online health communities not only to share and check relevant factual information but also to receive and express empathy from/to their fellow sufferers. Indeed, along with seeking and providing advice from and to others, expressions of social support, including empathic features, have been found to be central to discourse in online support groups (OSGs). This is the first study to use a pragmatics-based discourse analytic approach that focuses on “empathic communicative acts” (Pounds and De Pablos-Ortega, 2016) to investigate the expression of empathy on a social networking site (SNS), and specifically in a Facebook support group or FSG. The analysis is applied to 560 messages to a type 2 diabetes FSG and explores how empathy is expressed within the multi-dialogic context of asynchronous interaction. The study helps qualify the supportive value of FSGs and provides the basis for further studies of empathic communication in other SNS contexts.

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1. Introduction

Existing studies show that people suffering from chronic illnesses turn to online health communities to interact with fellow sufferers (e.g. Lamberg, 2003). While this may be partly motivated by their desire to share and check relevant factual information, this interaction also satisfies their need to receive empathy (Rheingold, 1993). Previous research has identified elements of empathic communication (EC) in online support groups (OSGs) within the wider domain of social support (Pfeil and Saphiris, 2007; McCormack and Coulson, 2009). This is the first study to use a pragmatics-based discourse analytic approach to investigate the expression of empathy on a social networking site (SNS), specifically a Facebook-mediated support group (FSG) for people with type 2 diabetes. The aim of the study is to investigate whether and to what extent:

1. The potential for EC (empathy-seeking and empathy-giving) is realised in a Facebook-mediated community of diabetes-sufferers.
2. The EC is linked to the specific Facebook context.

The pragmatics-based discourse analytic framework used in this study is based on a conceptualization of empathy that comprises its core aspects or core *empathic communicative acts*

(ECAs) (as outlined in Pounds and De Pablos-Ortega, 2016) but is sufficiently flexible to include context-specific features, such as those of an FSG in this case.

Section 2 discusses the notion of EC while Section 3 provides a short review of previous studies on interactional dimensions in online support communities with particular reference to empathic aspects. Section 4 clarifies the nature of diabetes as a condition and the value that online peer-support groups may offer sufferers. In Section 5 we explain how the data was sampled and the analysis applied to 560 postings to the FSG collected during 2014. This includes clarification and illustration of the analytical framework and coding used. In the final sections we present and discuss the findings and highlight the main theoretical and practical contributions of the study.

2. Empathic communication (EC)

As noted in Hojat's (2007: 15) review of the conceptualization of empathy over time and place, “empathy is a vague concept that has been described sometimes as a cognitive attribute, sometimes as an emotional state of mind and sometimes as a combination of both”. Viewed as a primarily cognitive phenomenon, empathy is “the ability to understand someone's situation without making it one's own” (MacKay et al., 1990: 155), while emotion-based models regard empathy as a form of emotional mirroring experienced by human and non-human animals when appreciating another's (typically negative) emotional state (Hoffman, 1981). When empa-

* Corresponding author.

E-mail addresses: g.pounds@uea.ac.uk (G. Pounds), daniel.hunt@nottingham.ac.uk (D. Hunt), n.koteyko@qmul.ac.uk (N. Koteyko).

thy is explored in a communicative context, however, the focus shifts to how this understanding (whether the result of a cognitive, emotive or combined process) is communicated and shapes human interactions. Communicating to others our understanding of their perspective may, therefore, be conceived as a third essential empathic dimension in interactions.

Following Titchener's (1915) initial use of the term empathy to convey "understanding of other human beings", this communicative aspect of empathy has been prominent in psychotherapeutic and medical contexts. A review of medical consultation skills training manuals (Moulton, 2007; Piasecky, 2003; Silverman et al., 2013) and of existing linguistic studies of EC in health contexts (particularly, Martinovski et al., 2007; Suchman et al., 1997; Wynn and Wynn, 2006: 1387) highlights the following core communicative dimensions of empathy in medical contexts (Pounds, 2011):

1. Eliciting patients' feelings and views (directly or indirectly, i.e. from available cues)
2. Responding to patients' cues (explicit and implicit) by:
 - (a) Expressing explicit or implicit understanding and acknowledgement of patients' feelings and views (*I know this is not easy; I see you are upset.*)
 - (b) Expressing acceptance as: Unconditional positive regard (*You are working very hard to support your family*); 'neutral support' (support even when approval cannot be granted as in *Most smokers struggle to give up smoking; it is normal that you are tempted sometimes*) and withholding of judgement of patients as people.

Across these studies, expressions of acceptance are frequently seen as either integral or closely linked to EC and may, therefore, be included under its core dimensions, as illustrated in Fig. 1.

3. Empathic communication in online support groups

Given that empathic concern is greater among people who have the same or similar life experiences and life events (Hodges et al., 2010), interaction in online support groups provides the ideal conditions for both expression and perception of empathy. Long term membership of a support group also means that individual members move between roles of seeking empathy, advice and information from others, and acting as an 'empathiser' in response to others' requests and disclosures (Pfeil and Saphiris, 2007). Given the conversational and non-expert context of the exchanges, we would also expect a higher frequency of challenging and questioning messages than, for example, in expert sites, which may be perceived as un-empathic (Smedberg, 2007) or, conversely, reflect the members confidence, ease and familiarity with each other.

Rapport-building and EC have long been recognised and studied as a feature of online interactions (Rheingold, 1993). For example, Loader et al. (2002) categorise online social support in terms of phatic communication and companionship, expressions of emotional support and praise, and instrumental and informational support. Similarly, Morrow (2006) foregrounds the solidarity-building function of support group members' mutual expressions of positive regard, which could take the form of encouragement, reassurance, praise, unconditional support, rejecting expressed or non-expressed negative self-evaluation, and expressing affect and sympathy (e.g. *I'm sorry to hear; good luck, ...*). Morrow regards as empathic those messages that acknowledge or anticipate others' feelings, while also noting that the indirect and cautious offering of personalised advice can foster close relationships between OSG members.

Fage-Butler and Jensen (2013) highlight the prominence of emotional support in a thyroid OSG, with forum members consistently expressing solidarity and interest in the long-term welfare of each

other. The authors classify empathic expressions as those that indicate the author's capacity to imagine the emotional state of another, which in turn function to acknowledge and legitimise others' experiences of illness. However, Fage-Butler and Jensen also categorise much of the forum's discourse as 'info-relational', whereby information is embedded and refracted through users' personal experiences. For example, users provide medical information related to diagnosis and treatment in the form of personal narratives that both highlight similarities between users' experiences and create opportunities for further empathic responses. Likewise, Zummo (2015) highlights the imbrication of informational and affective content in a corpus of messages provided by doctors on several health websites, noting that this enables doctors to address patients' queries while also responding empathetically to their emotional needs.

Exploring the nature of social support in an online anorexia discussion forum, McCormack and Coulson (2009) also understand empathy as acknowledging and expressing understanding of others' feelings, though list empathy under expressions of encouragement, which also include good wishes and expression of sorrow and compassion. These authors additionally identify information-giving and -seeking and compliment- and praise-sharing as central to the social support provided in OSGs. Like Morrow (2006), they identify the importance of users' references to personal experience, the expression of positive and negative emotional states, and expressions of gratitude.

Locher and Hoffmann (2006) have drawn attention to the rapport-building formulations of advice used in peer-support sites. They note that implicit, mitigated and non-directive forms of advice are preferred, reflecting the members' desire to maintain a symmetric and non-face-threatening interaction. This clearly involves perspective-taking and consideration for the other's needs.

In contrast to the previous studies, Pfeil and Saphiris's (2007) study of a depression discussion board on SeniorNet conceives of empathy in very general terms as falling under activities such as community building, giving medical information and answering medical questions. Nevertheless, the authors identify some specific expressions of support under three main categories, depending on their strength: light support (such as best wishes, generic encouragement, humour and interest), deep support (including reassurance of validity of feelings or action, offers of help (in the form of advice and recommendations), and deep emotional support (emotional support, sympathy and compassion).

This brief review demonstrates the multiple ways in which relationship-building communication in OSGs, and EC specifically, may be conceived. This in turn makes direct comparison between studies difficult. Nevertheless, there is consensus on the significance of particular expressive dimensions, particularly the acknowledgement of others' feelings, sharing of similar experiences and the potential for conveying empathy through the provision of personal advice and information. These similarities in turn complement the dimensions of empathy found in clinical communication (Pounds, 2011). Our analysis focuses on furthering understanding of what these core communicative dimensions are with specific reference to the FSG context.

Initial studies of FSGs were set up, first of all, to assess the usage of Facebook for specific health concerns, noticing their rapid proliferation and identifying their essential purposes, including their supportive functions (De la Torre-Díez et al., 2012; Farmer et al., 2009; Greene et al., 2011). However, to our knowledge, no studies have so far focused on how this 'support' is articulated in a health-related FSG.

4. Diabetes and online support

Affecting 382 million people globally (Guariguata et al., 2014), diabetes is a progressive condition that, if untreated or poorly

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