Expression of empathy in a Facebook-based diabetes support group

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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.

Keywords: Empathy, Empathic communicative acts, Advice, Facebook-based support group, Diabetes, Discourse

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 in 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-
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; Piascicky, 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 Must 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 in the context of relationship-building communication in OSGs, and EC specifically, may be conceived. This in turn makes direct comparison between studies difficult. 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-Diez 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 (Guarguata et al., 2014), diabetes is a progressive condition that, if untreated or poorly
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