THE ROLE OF COMMUNICATION AFFORDANCES IN POST-TRAUMATIC STRESS DISORDER SUPPORT GROUPS ON FACEBOOK AND WHATSAPP

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Background

Digital health research has highlighted the fact that people with stigmatized health disorders are drawn to online support group (OSG) because these groups help them to manage their stigmatized health conditions. However, little is known about how media affordances—the outcomes of the relation between the technology and the user (Evans et al., 2017; Gibson, 1977)—reconfigure the ways in which stigmatized individuals use OSG and interact with others like themselves. The current study applied an affordance framework to evaluate how Facebook and WhatsApp support groups can help military veterans and their partners cope with posttraumatic stress disorder (PTSD).

Method

This paper presents findings from in-depth interviews with 34 members of PTSD-OSGs. These interviews captured participants' voices as they told their stories, creating detailed representations of their experiences in PTSD-OSGs. To identify the themes emerging from the interviews, we conducted an inductive thematic analysis (Braun & Clarke, 2006). This process resulted in 13 thematic categories were further reduced to five underlying concepts—visibility, availability, multimediality, surveillance, and synchronicity—all central to the communication affordances framework (Boyd, 2010; Coulson, 2017; Ellison et al., 2016; Evans et al., 2017; Treem & Leonardi, 2013) (see Table 2 for thematic categories).

Table 2: Thematic categories

| Affordances | Themes             | Participants' quotes                                                                 |
|-------------|--------------------|--------------------------------------------------------------------------------------|
| Visibility  | Public nature of posts | I know some say WhatsApp is private. That’s bullshit. You have to be very careful and even more careful what you write on Facebook. |

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I am very careful not to write anything suicidal.

| Disclosing PTSD condition | Lots of people commented on my first post. It filled me with lots of energy. On the other hand, it stressed me terribly because I'm not used to this level of exposure. |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Anonymity | There is no anonymity. Not in the WhatsApp group and not on Facebook. I tried to make our Facebook group as anonymous as possible. If you're not a member, but you're looking for the group, you can't see the posts published, but you can see who the members are. |
| Availability | I can upload a post at 3 am and know that there will be immediate comments. Lots of group members are awake, and they'll respond immediately. |
| Reach | One member needed help with a doctor who would write him a prescription for medical marijuana. So I asked the group in the middle of the night and lots of people shared their experience. |
| Multimediality | If something happens at home, I record a message, share it with the girls, and then their reactions are encouraging. |
| Use of voice messages | In one video some veterans filmed themselves telling their story to raise awareness and raise donations for the organization. |
| Use of images | Sometimes I post photos of what needs to be done at night to go to sleep. Combinations of alcohol and drugs. Any possible way to sleep more than two hours without getting up and screaming. |
| Surveillance | I was upset and left the group. Then the admin and another member wrote to me and convinced me to come back. |
| Admins monitoring members | |
| Members monitoring members | If someone leaves the group, suddenly there is complete hysteria. And the biggest panic is when |
someone writes, “Enough is enough” because he can kill himself within 15 minutes.”

| (A)synchronicity | Ongoing communication | Once people felt comfortable in the offline group, they continued connecting on the WhatsApp group and kept talking about the training. |
|------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Discontinuous communication | Communication on Facebook works like movie cuts. A few days after writing about my trauma, I can upload entirely different content, like a selfie with my nephew, and no one remembers I wrote something hard and painful. |
| Controlling communication | On Facebook, we have control. We can look away when we feel like it, and we do not have to give in to any norms. Facebook is not invasive or intrusive. It’s nothing. |

**Findings**

This research identified five affordances that members appraised to enhance their coping efforts in the digital world: visibility, availability, multimediality, surveillance, and synchronicity.

**Visibility.** The potential visibility of online content played a significant role in deciding which digital platform to use. Although most participants already used multiple groups on Facebook and WhatsApp, most found WhatsApp to be a safer space for support. They perceived the WhatsApp group as a closed space that guaranteed a low level of visibility and less risk of online disclosure. Participants felt that this low visibility safeguarded their online content from being posted outside the boundaries of the group.

**Availability.** Compared to Facebook, most participants preferred to use WhatsApp because its high availability enabled them to reach out to the group in times of need. The ease of entering the group via the app and the group members' immediate responses were significant advantages. Nevertheless, a few participants felt that this high availability was burdensome at times and the group's frequent communications became an additional source of distress.

**Multimediality.** The group members highlighted the benefits of providing and receiving information in various configurations such as text, image, audio, and video. Group members took advantage of their phones' multimediality and found new and creative ways to cope with their distress. Nevertheless, some participants were unable to use all of the configurations available because their phone capacity did not allow for such large files.
**Surveillance.** In their search for support, group admins and group members found WhatsApp to be a useful tool because of its surveillance affordance, defined as the ability to monitor group members' behavior. Surveillance was exercised in two ways: through notifications about message status and notifications about members leaving the group.

**Synchronicity.** When considering the different synchronicity levels afforded by WhatsApp and Facebook, WhatsApp synchronous communication seemed to serve as a hindrance; that is, participants felt that their call for emotional support was left unanswered because of the too-prompt interactions in the group. Participants preferred the asynchronous and turn-taking type of interaction Facebook offered them for more organized forms of communication.

**Conclusion**

This study reveals the connection between a specific stigmatizing mental health disorder (i.e., PTSD), perceptions of communication technologies (i.e., affordances), and specifies uses of technologies for coping with this mental health disorder. Moreover, this study may inform digital intervention designers about which communication affordances can potentially lead to better health outcomes.

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