Crowdfunding a "Real-life Superhero": The construction of worthy bodies in medical campaign narratives ☆,☆☆

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ABSTRACT

While research into crowdfunding in general has been steadily increasing, few studies have looked at how requests are formulated on personal fundraising sites. Through a narrative analysis of 105 medical campaigns on GoFundMe (GFM), we examine the way people appeal to the lived experiences and moral assumptions of members of their own social network in order to request funding. While requests are deeply embedded in the suggested scaffold of the GoFundMe platform, authors depart in codified ways from the strategies recommended by the site. These vernacular departures serve to position people in dire need of assistance as respectable and worthy of help. We argue such self-positioning distracts from the injustices of a free-market medical system that depletes people's resources and renders them precarious subjects at the mercy of donations from individuals in the same socio-economic boat.

1. Introduction

An increasing number of creatives, scientists, and even members of the public are turning to crowdfunding as a resource for their personal ventures, or even for their survival. Research interest in this phenomenon is evident from special issues on crowdfunding in *New Media & Society* (Bennett et al., 2015) and *California Management Review* (Fleming and Sorenson, 2016). While scholars have looked at practices used by artists (Davidson and Poor, 2015), film-makers (Kocer, 2015), scientists (Byrnes et al., 2014), technology start-ups (Antonenko et al., 2014), community citizens (Stiver et al., 2015), and journalists (Jian and Usher, 2014), few studies have examined donation-based, personal fundraising on sites such as GoFundMe.com (GFM). Studies have most closely examined what makes crowdfunding efforts succeed (Antonenko et al., 2014) or fail (Davidson and Poor, 2015) and what motivates people to undertake and support such efforts (Galuszka and Bystrov, 2014; Gerber et al., 2012). We have little understanding of how personal fundraising campaigns are crafted for needs such as medical care, nor the implications for society when its members must turn to crowdfunding to pay for what other wealthy nations have decided is a basic human right.

The United States has the highest health care spending of any nation in the world. Personal medical spending in the US reached $9110 per person between 2013 and 2014 (Dieleman et al., 2016). Medical requests on sites such as GFM reflect the financial burden of rising costs and demonstrate the kind of reliance on "friends, family or the kindness of strangers" conservative politicians and policy advisors recommend as an alternative to a comprehensive national health care coverage system (Hiltzik, 2017). We argue that crowdfunding to cover medical expenses perpetuates structural inequalities, since it draws resources from within social networks whose members tend to come from the same socio-economic class. Additionally, Young and Scheinberg (2017) note the campaigns that are "more vocal, photogenic, or emotionally appealing" are the most successful and also tend to be launched by those who have "the means to engage with online tools and tap into large social networks" (1623). Our research examines the narrative mechanisms of emotional appeals in medical campaigns, pointing to the way these narratives themselves reinforce the status quo.

2. Review of the literature

Driven initially by the financial crisis of 2007–2008, crowdfunding platforms have proliferated over the past ten years (Antonenko et al., 2014). From Kickstarter, which finances the creative industries, to GFM, a personal fundraising site, crowdfunding harnesses the power of participatory media to reach networks of donors directly. Requests rely heavily on integrated uses of other participatory media, such Facebook and Twitter, to get the word out. As such, the success of crowdfunding campaigns relies on the mobilization of existing communities (Bannerman, 2013).

Crowdfunding is not new; subscription-based fund raising has helped underwrite big public projects, such as the Statue of Liberty and the Blue Ridge Parkway, as well as personal requests (Baeck and Collins, 2013: 3). More contemporary crowd*funding* platforms grew out of the online crowd*sourcing* movement, whereby corporate entities ranging from pharmaceutical companies to t-shirt designers create participatory online platforms to allow the general public to contribute time and talent to corporate tasks (Kocer, 2015: 234). Crowdfunding and crowdsourcing are similar in their reliance on particular (and existing) crowds or networks (Gonzales et al., 2016; Wang, 2016).

However, unlike crowdsourcing, which is primarily about harnessing free (or mostly free) labor to construct knowledge and conduct corporate work, crowdfunding focuses on financing particular endeavors. It departs from traditional art-patronage and business start-up models, which rely on private investors to generate initial capital, by removing financial middlemen and opening calls for funding to the "crowd" (Bannerman, 2013: 3; Belleflamme et al., 2014). Through online payment systems individuals can contribute any amount to a campaign.

Crowdfunding is particularly prevalent in the creative arts, but has gained traction in professional fields, such as journalism and the sciences, and in non-profit and small-business development (Aitamurto, 2011). Bennett et al. (2015: 143–145) cites "civic crowdfunding" as a new phenomenon in community service endeavors. However, scholarship on crowdfunding makes only passing mention of the personal fundraising phenomenon (e.g. Belleflamme et al., 2014). Popular media accounts of such sites are largely critical, emphasizing absurd and frivolous requests to level critiques of entitlement on users (see Newman, 2015).

GFM campaigns run the gamut—from funds to re-carpet the sorority house or cover the cost of study-abroad trips to financing for chemotherapy and funerals. Brad Damphousse and co-founder Andrew Ballestar started the company as CreateAFund in 2008 as a tool for funding "life's important moments," such as vacations and celebrations (see Harvey, 2013). But the site quickly became a means for raising money to cover medical costs and other emergencies, often in partnership with non-profits (see Allen, 2013). Damphousse and Ballestar rebranded in 2010, renaming the site to GoFundMe. The company took off, with *Consumer Affairs* suggesting that it ranks in success behind only Kickstarter and Indiegogo with users raising US$4 million each day (see Allen, 2013; Harvey, 2013).

Those wishing to start a campaign are provided a scaffold for how to "tell your story". The initial steps emphasize that "signing up is free" and consistently encourage and direct the person in need to link their campaign with other social media, specifically Facebook. The author is encouraged to use their Facebook account to create the GFM campaign, provide photos, and share with their friends. A photo or video is required, with the directive that "great photos will help your campaign raise more money." The site highly encourages using an existing Facebook photo or Youtube video, but a new photo can be uploaded.

The scaffold recommends a temporal structure for crafting the request, a convention of English language narratives in the West (see Linde, 1993: 127; Labov and Waletsky, 1967). As shown in Fig. 1, for medical campaigns the "tips" recommend a specific storyline, starting with explaining what happened, describing the recommended treatment, explaining the timeline for needed funds, explaining how the funds will help, providing other ways to help, and emphasizing the urgency of the situation. Examples of "successful medical campaigns" which follow this scaffold are provided for the author to consult.

Once the narrative has been written, the author is highly encouraged, again, to connect their campaign with existing social media – first by providing another option to add a Facebook photo and emphasizing that doing so "helps donors understand who is raising the money; adds credibility and trust to your fundraising campaign; and campaigns with Facebook photos raise much more money." If, despite this warning, the author clicks "skip", the next screen chastises, "are you sure?", restating the same warnings. Authors are encouraged to connect with e-mail contacts and to post the campaign link on Facebook (which, it is claimed, can increase the amount raised by 10×). If the author declines, another screen emphasizes the importance of connecting with social media (Fig. 2). The last few steps include an option to create daily updates for Facebook, to send personal messages to friends on Facebook, to share on Twitter, and to download the GFM app.

From encouraging integration with other social media platforms to instructions on how to craft the campaign narrative, the GFM guidelines promote dominant online self-presentation strategies. Ultimately, the site rewards those who "learn to tell the story of their illness" in just the right measure (Gonzales et al., 2016: 3). While authors generally adhere to these strategies in their request practices, they also depart from them in patterned tactical moves that seek to maintain dignity as they violate the North American cultural taboo of asking for money (de Certeau, 1984).

Damphousse, founder and CEO of GFM, described his company as an alternative path to funding "the long tail of everyday life" (Harvey, 2013). De Certeau (1984) identified everyday life as creative practices (*tactics*) enacted by ordinary people in spite of and often in resistance to the *strategies* of dominant institutions and systems. In his famous example of walking in the city, DeCerteau contrasts walking city streets with viewing them from above or on a map (1984). The walker employs tactics—cutting across open green space rather than taking the sidewalk around—that suit her purposes. In so doing she resists the strategies of urban planners to predict and control human behavior. The act of walking, DeCerteau shows, is everyday life as resistance when seen against the backdrop of a master urban plan. When framed as a resource for everyday life then, GFM, and by extension other participatory media, also emerge as forms of resistance. Indeed all participatory media offers alternative space for telling stories (themselves the tactics of ordinary people) and reaching audiences outside of the regulatory impenetrability of institutions. Yet, even as GFM creates space for requests that can't be made anywhere else, they necessarily have regulations and procedures of their own, thus creating an institutional structure. As authors take to GFM to make their requests, they assume a vernacular authority—made possible by the GFM platform, but also in resistance to it—that "emerges when an individual makes appeals that rely on trust specifically because they are not institutional" (Howard, 2013: 81). This vernacular authority emerges in the way people depart from the GFM norms to tell stories of illness. All their departures are in the service of positive self-presentation.

Identity management is a key concern in personal narrative, both in online platforms (see Bareket-Bojmel et al., 2016; Gonzales et al., 2016; Lyu, 2016) as well as in face-to-face contexts (see Goffman, 1959; Linde, 1993; Roberts, 2013; Sawin, 2004). People tend to position themselves in a culturally coherent manner, if not in an outright positive light. Coherence includes presenting