



Performing health identities on social media: An online observation of Facebook profiles



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ARTICLE INFO

Article history:

Received 2 August 2015
Received in revised form
18 November 2015
Accepted 21 November 2015
Available online 30 November 2015

Keywords:

Social media
Health and illness identities
Multimodality

ABSTRACT

The increasing role of online technology in mediating our accounts and experiences of health and illness is now well recognised. Whereas earlier research has examined the language of support groups and institutional websites, attention is increasingly turned to the uses of social networking sites/SNSs for health. Our study examines the role of Facebook in the lives of users with type 1 and type 2 diabetes and the multimodal discursive practices they employ in their ongoing representation of life with a long-term condition. Through the longitudinal observation of 20 individual Facebook profiles, we focus on the dynamics of our participants' interactions, the interactional activities they performed on Facebook (individual contributions, group contributions, and 'likes'), and the multimodal resources they used to achieve these. The analysis reveals Facebook users' sensitivity to the varied social contexts that are collapsed within their networks as well as the strategies they employ to perform publically acceptable identities. Salient multimodal actions performed by participants include constructing personal expertise in relation to diabetes management, displaying the individual's integration into wider diabetes-related networks, presenting mundane aspects of self-management verbally and visually, and adopting a playful stance. The analysis situates diabetes-related SNSs practices within the contexts of representation and production, problematizing optimistic policy and professional rhetoric that anticipates a Health 2.0 revolution.

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1. Introduction

Characterised by interactivity, connectedness and multimodality, social networking sites (SNSs) such as Facebook and Twitter facilitate information sharing and the co-creation of new knowledge shaped by personal experience. Fox (2011) notes that over a third of US adults have accessed social media sites related to health while a survey by the US National Research Corporation found that the majority of people who use social media for health purposes indicated Facebook as their site of choice (NRC, 2011). Facebook, currently the social networking site with the largest membership base of over 1.55 billion users (Facebook, 2015) is a significant venue in which contemporary discourses around health and illness are produced, consumed and filtered (Hunt and Koteyko, 2015). In this context, clinical and policy literature have described SNSs as another source of 'patient empowerment' that fosters democratisation of healthcare (Koteyko et al., 2015). Critical voices, on the other hand, point out that this promissory view of

an active 'e-patient', defined in terms of a neoliberal discourse of individual responsibility and risk management, serves to further extend the reach and power of medicine and marketisation of healthcare (Hunt et al., 2015; Powell and Boden, 2012).

In doing so, however, academic and policy communities have neglected to consider how individuals already employ social media to perform and negotiate health and illness identities. In contrast, in this study we approach SNSs as an important source of data on discursive practices and situated experience in relation to diabetes self-management. Diabetes mellitus is a metabolic disorder characterized by high blood sugar resulting from defects in the production of or response to insulin (Zimmet et al., 2001). People with diabetes often need to develop complex strategies for managing the condition on a daily basis that include glucose monitoring and insulin management, as well as access to education courses, psychotherapy and social support. They are therefore regarded as a group that may benefit substantially from the networking and information-exchanging functions of SNSs (Shaw and Johnson, 2011), and there is a growing number of webpages on Facebook and the web generally that are dedicated to providing support for people with diabetes (Greene et al., 2011). In this context, there is a timely opportunity to examine the role of social

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media in the lives of users with type 1 and type 2 diabetes and the online practices they employ in their ongoing representation of life with this long-term condition.

SNSs bring new material constraints and possibilities, new patterns of representation and a new social context within which health and illness identities are constructed (Koteyko et al., 2015). Platforms such as Facebook converge different means of interaction by allowing microblogging in status updates, the uploading and sharing of pictures, video clips and web links, and the use of chat windows and messaging options. As such, these sites are not only technologies of entextualisation (Bauman and Briggs, 1990) but also technologies of *recontextualization* (Varis and Blommaert, 2014), in that they allow users to reuse and comment upon pre-existing content, tag various resources and through these action make claims to identity. In this study we therefore emphasise the need to attend to the presentational features through which illness experiences are reflected, and can be observed on social media sites, but which may not be coded linguistically. This is in line with the programme of research advocated by Thurlow and Mroczek (2011) who call for the study of discourse, ideology, and technology that incorporates the analysis of multimodality, as well as with the increasing recognition of the importance of gestures and images in the research on illness narratives (Riessman, 2008).

In examining how the issues of identity and chronic illness are presented and managed through actual interactions on the Facebook site we intend to contribute to the understanding of online diabetes-related representations and practices. In this context, our research questions are as follows: what are the linguistic and semiotic resources used by people with diabetes to manage and organise their identities on Facebook? How is their use of the site's architectural affordances involved in such identity construction? What can such identity performances tell us about the implications of SNS use for narrating illness experiences? We focus on how participants created content through their status updates and on personal pages, how they engaged with content created by others, and for what social and rhetorical purposes.

2. Health identities in a mediated society

In today's society health identities are increasingly forged in the context of technologies ranging from digital media (Haraway, 1991), to cosmetic surgery, and body modification through pharmaceuticals (Potts, 2004). However, although there is a growing body of research on online support for chronic diseases (e.g. Van Uden-Kraan et al., 2008), existing studies tend to focus on patient support groups (rather than SNSs) and their instrumental uses by people with different conditions. This body of research is dominated by approaches that track difference at the level of psychological traits and therefore neglect the interactional as well as wider economic and social contexts. From the content analysis-based perspective typically adopted in such studies, the act of sharing is conceived in instrumental terms (as contributing or hindering the management of symptoms). From the perspective of self-presentation (Goffman, 1961), however, users of SNSs who share information or provide support are at the same time negotiating particular social activities and, through this, performing different identities in a given situational as well as socio-political context (de Fina et al., 2006).

By contrast, linguistic research in computer-mediated environments is increasingly recognising the importance of studying identity construction and the building and maintenance of community links (Androutsopoulos, 2008; Herring, 2013; Hine, 2000). This research has particularly focused on the expression of evaluation and stance in online communities, drawing on the research on group identity (de Fina et al., 2006) as well as earlier work by Anderson (1983) on the 'imagined community'. Studies in this domain have examined how the display of evaluative, affective, and epistemic orientations can be the

resource for the construction of social identity (Hunt and Harvey, 2015; Morrow, 2006; Stommel and Koole, 2010).

The burgeoning literature on identity construction in SNSs (Zhao et al., 2008; Lee, 2011; Page, 2012; Papacharissi, 2012; Thurlow, 2013; Tagg and Seargeant, 2014; Zappavigna, 2014) has examined how users tailor their contributions to address the problem of 'context collapse', whereby potentially distinct audiences of acquaintances, friends, employers, as well as close family are collapsed into a single space (Marwick and Boyd, 2011). SNSs constitute a 'non-anonymous' setting predicated on 'anchored relationships' (Zhao et al., 2008), which means that such environments can limit the range of identity claims available to users (for example, adopting fictional identities or performing acts of intimate self-disclosure facilitated by high levels of anonymity). Status updates on Facebook are seen as instances of micro-blogging, i.e. 'short messages on the web designed for self-reporting about what one is doing, thinking, or feeling at any moment' (Lee 2011: 111). These acts contribute to continuous performances of relational identity through ambient affiliation, which takes place when users are not necessarily interacting directly, but instead contributing to iterations of Internet memes (Zappavigna, 2014).

The post-structuralist view on identity adopted in this paper characterises recent research in sociolinguistics and social psychology: rather than being reflected in discourse, identity is seen as constructed in discourse, and is emergent (Bucholtz and Hall, 2005). Analytically, it is important to view identities as managed not only at the local level of interaction but also linked to shared ideologies (de Fina et al., 2006). In relation to health discourses, this constructionist position invites us to consider health and illness as 'political' categories (Fox, 2002) that extend beyond physical characteristics of the body to include material and cultural possibilities and constraints. Sociological critiques have charted the moral dimensions of these health discourses, revealing the power and pervasiveness of notions such as personal 'responsibility' and 'thinking positively' in discourses about cancer (Wilkinson and Kitzinger, 2000). Such notions also pervade discourses on chronic illness; Broom and Whitaker (2004), for example, have shown how people with diabetes negotiate illness identities through the language of control, surveillance, discipline and responsibility.

Subscribing to the above-mentioned tenets, our approach aims to situate online contributions by people with diabetes in the relations of production, that is, in their institutional, political as well as interactional contexts. We intend to reveal how 'being a person with diabetes' is made observable and reportable via the affordances of social media, and how participants use, negotiate, or resist various cultural and technological resources available to them in this process. Although our analysis is informed by the medical sociology perspective, using the framework described below our analysis seeks to go beyond the mere identification of cultural and political resources to clarify *how* participant's constructions are achieved discursively and multimodally.

3. Conceptual framework

We adopt the framework of discourse-oriented ethnography structured around online participant observation as well as detailed text analysis (Androutsopoulos, 2008). In contrast to the study of log data detached from its social and cultural contexts, the framework allows examining participants' situated use of social media, associated discourse practices, together with observable patterns of language use.

The aim of the ethnographic observation was to enter the participants' life-world as mediated through Facebook and to understand the roles it plays in relation to their diabetes and its management (Rampton et al., 2014). Hine (2000) discusses the

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