



Breaking news: “I have an eating disorder.” Video testimonials on YouTube



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ABSTRACT

Over the last several decades there has been an exponential increase in the usage of the Internet, and social networking websites in particular. Social networking websites have gained popularity because they allow people to network on both a personal and professional level. The rise of testimonial videos about one's experience with hardships has gained popularity as another way for people to connect with one another for support. The current study looks at men and women who utilized YouTube, a video posting website, to document their struggles with eating disorders (ED). Fifty videos were viewed and analyzed regarding content and viewer response. It was found that most posters actively sought treatment for their ED, yet sought out additional support on the Internet while also offering support for others. In addition, viewers responded with an overwhelmingly large number of supportive comments compared to negative comments (8:1).

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In the 21st century, society has undoubtedly become more intertwined with computers and the Internet. Since the advent of websites such as Match.com, LinkedIn, and Facebook, people of all ages are networking, meeting, connecting, and reconnecting with one another for a multitude of purposes in the safety of their own homes. YouTube, which allows users to post videos, has become one of the leading sources of information media. Users can upload videos detailing their experiences with a variety of topics, ranging from their interpretations of movies, to their personal struggles. Users battling eating disorders are one of the many groups that have created an informal support network through the videos they have posted about their illness. In this article we examine a possible theoretical explanation for this phenomena, as well as sample the content of videos users have uploaded.

1. Background

Attachment theory, originating in the works of John Bowlby (1969), generally states that the relationship with a child's primary caregiver shapes his or her emotional well-being and relationships with others for the rest of his or her life. Poor

connections to primary caregivers can lead to harmful attachment styles, which then may lead to pathological behavior and poor relationships. Theorists believe that ED patients suffer from an anxious-avoidant attachment style and describe this as the desire to be close to someone (compulsive care seeking), while also wanting to seem strong and independent (compulsive self-reliance) (Ward, Ramsay, Turnbull, Benedettini, & Treasure, 2000). Ward and company further explain this as "... 'leave me alone' ... 'you can't leave me, I'm dying' ..." (2000, p. 374). Addressing this conflict has been a major obstacle in therapy (Johnson, Maddeaux, & Blouin, 1998; Ward et al., 2000). ED patients sometimes state that they believe their identity is defined by their disorder while also feeling the illness is their primary relationship and the sole comforter in their daily struggles with life; the ED can, thus, complicate the ability to form new and healthier attachment bonds (Giles, 2006; Ward et al., 2000). Creative therapies have been helpful when addressing these issues in this population through their indirect way of approaching interpersonal conflicts (Burkhardt-Mramor, 1996; Fleming, 1989).

Therapists often cite the desire to address interpersonal issues that are often hard to talk about for ED patients while enhancing their patients' awareness of their own bodies as a primary therapeutic goal (Wood, 2000). In doing so, this freedom of expression allows the patient to develop a sense of self while boosting their confidence (Fleming, 1989). In addition, because patients report

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feeling alone in their struggle, delivering these interventions in a group setting, including traditional group psychotherapy, fosters the development of a community that encourages the building of additional trusting relationships (Crino & Djokvucic, 2010; Gallagher, Tasca, Ritchie, Balfour, & Bissada, 2014; Levens, 1994; Wood, 2000). In turn, this helps to lay groundwork to improve attachment patterns in individual psychotherapy sessions as well. However, dropout rates in treatment for eating disorders are notoriously high, and the inability to make and maintain healthy relationships may have something to do with this (Mahon, 2000). Creative therapies, therefore, may be one way to address this problem.

1.1. Creativity, self-exploration, and the internet

Diary writing and expressive writing paradigms have been well documented by researchers as a tool for self-exploration, emotion/stress management, symptom reduction (including in ED patients), and aiding psychotherapeutic treatments (Arons, 2003; Hymer, 1991; Johnston, Startup, Lavender, Godfrey, & Schmidt, 2010; Lepore, 1997; Rabinor, 1991; Sosin, 1983; Utley & Garza, 2011). Similar to creative therapy, writers are prompted to express themselves in an imaginative way. However, unlike most forms of creative therapy, the writer uses direct verbal expression and, in some cases, sharing entries is optional. Blogs, or online diaries, have also been used in a similar capacity and offer the unique ability to allow a user to share their thoughts, however intimate, in a public setting, and receive feedback from others, all while choosing a level of anonymity that is comfortable to them (Boniel-Nissim & Barak, 2013). Qian and Scott (2007) have found that the less identifying information a person disseminates about him or herself, the more they are willing to write about the personal aspects of their lives. An expressive writing paradigm studied by Johnston and colleagues found that patients who delivered information via email reported “increased disclosure, provided greater control, and caused less shame” (2010, pg 413). Another study discovered that blog writers who receive feedback and more visits to their page become motivated to keep writing, i.e. share more information, precisely because they know people are reading (Miura & Yamashita, 2007). It has been shown that the more these users write, the more they benefit from the personal growth they go through (Hevern, 2004; Miura & Yamashita, 2007).

Another unique quality of blogs is that they offer its writer time to reflect on social interactions, as they do not require an immediate response in the same manner that face-to-face conversation does. This may allow for additional introspection and personal growth. In most cases blogs are kept of one’s own accord. However, studies are now beginning to explore directed writing about specific topics, or expressive writing paradigms reflecting the modernization of these theories (Boniel-Nissim & Barak, 2013). Studies support that this cycle of writing, reflecting, and reviewing feedback allows people to discover and verify their identity through understanding of their self and their own worth, as well as reduce symptoms related to mental illness and improve their social skills (Boniel-Nissim & Barak, 2013; Hevern, 2004; Miura & Yamashita, 2007).

1.2. The Internet, attachment, and self-disclosure in eating disorders

With regards to attachment issues, blogs may be a useful tool in building and/or repairing attachment bonds as they allow writers to feel safe enough to express themselves and receive support, while still maintaining a level of distance and a sense of security (Hevern, 2004; Miura & Yamashita, 2007; Qian & Scott, 2007; Skårderud, 2003). In a study conducted by Ye, it was possible for a person with an ED to become close to another person via the

Internet, regardless of attachment style (2007). The author posited that this could have been due to a lack of verbal and body cues that could lead to employment of familiar self-preservation techniques by those with fearful and dismissing attachment styles (Ye, 2007). Another theory addressing patients’ ease of self-disclosure on the internet is the online disinhibition effect which, in short, states that as a result of relating to a computer versus a human—and the lack of negative personal consequences in doing so—users of the internet are more disinhibited with their behavior (Suler, 2004). For some ED patients the level of anonymity, and thus, safety that online relationships provide can help them to open up and share feelings which they might have kept hidden from someone they know personally for fear of being judged (Johnston et al., 2010; Skårderud, 2003; Weinstein-Carmeli, 2004). Online support groups have been shown to be helpful, with respect to support seeking and networking, possibly for this reason (McCormack & Coulson, 2009; Winzelberg, 1997). Judgment, regardless of the mental illness, is a fear of many patients, often contributing to negative treatment outcomes. The ability to share one’s feelings in a safe place where one can present the best of themselves can encourage discussion outside of the Internet and therefore lead to further personal growth and the eventual remission of symptoms (Skårderud, 2003).

A growing trend online is the creation of the testimonial video. The uploader of a testimonial video shares his/her experiences with a personal struggle as a way to document this moment in her or his life. Users of YouTube.com have uploaded videos detailing their experiences with a number of mental illnesses, including EDs. In a similar fashion to websites, which serve as support for sufferers and discredit “Thinspiration” and other pro-Ana (Anorexia) and Mia (Bulimia) sites, many users post videos chronicling their battle with an ED and allow comments to be left underneath the video. It appears that without any prompting, YouTube users suffering from EDs have created a valuable resource for themselves. In a similar fashion to creative group therapy the user presents her piece of “art” to the group whereupon comments are made. The user, in turn, can comment in response. This process may be another helpful Internet tool for ED patients in the same way that blogging and other forms of Internet communication have been shown to be helpful in other populations with regards to self-exploration, relationship building, and symptom reduction. Ideally this may then prompt the user to seek out or become more invested in professional help for their illness.

1.3. Current study

Currently little research has been done to examine the growing trend of testimonial videos online. However, some research has shown its utility in connecting a community of cancer and bariatric patients (Chou, Hunt, Folkers, & Augustson, 2011; Young & Burrows, 2013). It was the hope of the authors of this paper to conduct exploratory research quantifying and describing general information concerning the content of and responses to testimonial videos uploaded to YouTube. The authors surmised that when conducting the research they would see users with an eating disorder discussing their desire to find relief from symptoms to a generally positive audience. However, due to the exploratory nature of this study, hypotheses were not written prior to data collection. Upon review of the data, to help guide the analyses, the following hypotheses were written:

- H1 – The majority of comments posted to videos will be supportive in nature.
- H2 – Videos posted by those with an eating disorder will primarily highlight aspects of their struggles with their illness.

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