The many faces of diabetes: A critical multimodal analysis of diabetes pages on Facebook

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ABSTRACT

Health communication published on Facebook has become a popular source of medical information and large organisations now utilise Facebook to disseminate multimodal representations of health and illness. Drawing on a sample of posts to two popular diabetes-related Facebook pages, this paper aims to examine the multimodal representation of people with diabetes and consider the implications of this emergent context of health communication. These posts draw upon visual and linguistic features of social intimacy to synthesise personal relationships with their audiences and to foster user involvement with their authoring organisations. The promissory vision of living well with diabetes that predominates on these pages is thus also designed to serve the agendas of organisations who are dependent on user participation to generate revenue.

1. Introduction

A significant component of the public uptake of Internet technologies over the past twenty years has been growing use of the Internet as a medium for communicating health and medical information. The consumption, production and reproduction of health-related content has become a widespread practice online, sustained through diverse applications and activities including emailing or tweeting clinicians, accessing online health records, using health apps and contributing to health communities on the world wide web (Segal, 2009). As the web has become a principle source of health information for lay individuals in the developed world, websites have become a central medium in the on-going negotiation of meanings around health and illness, including the commodification of health and healthy lifestyle choices (Koteyko, 2009). As increasing broadband speeds have enabled rapid access to media rich webpages, online health discourses are increasingly conveyed through combinations of existing forms of media, such as text, photographs and recorded audio and video. Analysing the health messages communicated through contemporary websites thus warrants a framework that attends to the multiple forms of representation they increasingly combine.

The recent growth in the use of social media applications – and particularly social networking sites such as Facebook and Twitter – has underscored the salience of the web as a medium for multimodal health communication. Social media sites are used as a source of health information by over a third of adults in some developed nations (Fox, 2011) and facilitate the easy, low-cost production of multimodal health discourses by a range of lay individuals and institutional agents. Using a site such as Facebook, representations of health and illness can be rapidly published, disseminated and consumed by thousands of users,

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meaning they have the potential to influence health beliefs and behaviours on a large scale. Despite this, little critically-motivated research has sought to explicate the multisemiotic representations of health articulated in this particular context. In light of this, and building on ongoing linguistic research (Hunt and Koteyko, 2015), this paper adopts a critical social semiotic approach to analyse multimodal health communication on Facebook. Specifically, I analyse two popular pages' representations of people who either have diabetes – a chronic condition with a growing prevalence in developed nations – or are involved in its care. The analysis aims to illuminate the salient ways in which diabetes and its management are represented on these Facebook pages and to consider the implications of these representations for both their authoring organisations and their intended audience of Facebook users with diabetes.

2. The Internet and multimodal health communication

Early social scientific research on 'e-health' was frequently optimistic about the potential of the web to empower lay users by offering them ready access to medical information with which they could reflexively understand their conditions and make informed health choices (Nettleton and Burrows, 2003). Celebratory accounts also claimed that the Internet would disrupt the paternalistic, professionalised hierarchies of traditional healthcare through the growth of lay expertise (Nettleton et al., 2005). Hardey (1999, 2001), for instance, argued that public participation on the web would mean that medical discourses would no longer be the preserve of medical professionals and that alternative representations of health and illness based on patient experience would be able to emerge. Likewise, Fox and Ward (2006) discern a range of 'health identities' in online health communities that variously align with, appropriate and contest expert understandings of the body and medical technologies, suggesting the web is indeed a context in which medically unorthodox health discourses can flourish.

Optimism around the health potentials of the Internet has been renewed by the recent development of 'Web 2.0' applications, and particularly social media (Koteyko et al., 2015). In contrast to early static webpages with limited interactive opportunities, social media platforms such as social networking sites (SNSs) enable multiple connected users to collaborate in producing, modifying and distributing multimodal content online. With an attendant rhetoric of democratic participation and 'crowdsourcing' solutions of problematic issues, social networking sites are claimed to provide even greater opportunities for health information seeking and peer-to-peer social support, thereby taking web-driven patient empowerment 'to a new level' (Eysenbach, 2008, n.p.).

In contrast to early formulations of the web as a medium that promotes diversity in health discourses, a latter stage of sociological research has emphasised the institutional nature of much online health information. For example, Seale (2005) argues that the technical availability of diverse representations of illness on the web does not dictate actual patterns of consumption by users, particularly when web browsing is mediated by search engines. Well-resourced, mainstream health organisations are more able to exploit search engine algorithms to ensure their websites appear high on search results and hence receive a high proportion of traffic (Mager, 2009). This in turn means that representations of health and illness that accord with the agendas of these government, commercial and charitable organisations come to dominate many users' experiences of online health discourse. Health content on such organisational websites is conveyed to users by drawing on the multisemiotic potential of the web and the communicative power of design to encode health ideologies and produce a particular response in a way that users may not consciously be aware of (Thompson, 2012, p. 397). Rather than simply democratising and diversifying cultural representations of illness, therefore, the Internet can also constitute a medium through which longstanding medical and commercial orthodoxies are discursively reproduced (Conrad, 2005).

This contention is borne out in recent multimodal analyses of health websites. Harvey (2013) examines popular websites related to baldness, identifying the medicalization of male hair loss as a strategy for promoting pharmaceutical treatments to prospective consumers. The balding man is depicted visually and verbally as an isolated biomedical specimen suffering from 'androgentic alopecia' due to the over-production of 'dihydrotestosterone' (2013, p. 705) and users are invited to use diagnostic tools to assess their own chances of hair loss. Faced with the visual representation of the bald man as an outcast, website visitors are impelled to 'save the hair' (p. 698), consuming pharmaceutical products as a means to evade the social isolation with which baldness is associated. Conversely, hirsute men are represented as attractive, confident ideals using 'demand' images in which men stare directly at the viewer, meeting them face on (Kress and van Leeuwen, 2006). This eye contact simulates an amiable social relationship with the viewer who is visually addressed as an equal. Contrasting with the isolation of the balding man, these images cast ample hair as a source of confidence and esteem and construct hair loss treatments as both a physical intervention on the body and a social and psychological remedy.

Similarly, Moran and Lee's (2013) multimodal analysis of websites that promote female genital cosmetic surgery identifies a comparable representation of people who undergo medical procedures as conventionally attractive, able bodied and desirable. Web content produced by cosmetic surgery businesses present the recipient of surgery as empowered, playful and sexually confident and also employ 'demand' images to draw the viewer into this representation of 'successful femininity' (2013, p. 377). These images are situated against text that medicalises the unaltered body, describing it in terms of biological malfunction and emotional dissatisfaction. In parallel with Harvey (2013), Moran and Lee demonstrate that problematizing the unmodified body forms the first half of a rhetorical strategy that cues individualised surgical intervention as a source of 'psychological and emotional benefits, promoting inner well-being' (2013, p. 375). In each case, this rhetorical strategy works across semiotic modes to produce a problem-solution structure in which linguistic content that configures the body as a site of pathology is juxtaposed against images of beautiful men and women who represent the successful outcome of medical intervention.