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

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A R T I C L E   I N F O

A B S T R A C T

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.

1. Introduction

Characterised by interactivity, connectedness and multi-modality, 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 though 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 mediatized 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

value of active participation in the field as beneficial for providing first-hand experience of the communicative activities and practices in which the research participants are themselves involved. In our own case, active participation in diabetes-related networks on Facebook would be premised on having a diagnosis of type 1 or type 2 diabetes or caring for someone with the condition. As neither of the authors of this paper meet this criterion, we adopted a position of passive participation.[1]

In focusing on the discourse of the participants, our observation was particularly concerned with the dynamics of participants' interactions, the activities performed on Facebook, and the semiotic (linguistic and visual) resources they used to achieve these[2] (Androutsopoulos, 2008). The difficulties of coding the resulting multimodal data are well documented (Herring, 2013). In this study, a particular challenge was accounting for both the language use and the accompanied use of Facebook's features, such as sharing and 'liking' in the interpretation process. We decided to focus on what the participants were doing, making notes of how this doing was performed, that is what modes were involved (and combined) in creation of particular meanings (Bolander and Locher, 2014). From this perspective, a multimodal action of posting a status update about diabetes is comprised of the following: (1) linguistic elements related to self-presentation; (2) visual elements: the use of architectural features such as creating a page, posting a status update, attaching pictures or video, tagging content or friends; (3) meanings: what to post, when, and for whom (imagined audience).

We took into account the following processes that contribute to the emergence of identity: an explicit mention of identity categories and labels, evaluative orientations to ongoing talk as well as interactive footings, and the use of linguistic phenomena that have ideological associations (Bucholtz and Hall, 2005: 594). In terms of linguistic features we scrutinised each post for personal pronoun use, spatial and temporal deixis, and membership categorisation (Edwards, 1997; Bucholtz and Hall, 2005; Giaxoglou, 2015). In research on social media these categories are merged under the term 'narrative stance-taking', which covers both the topic of the story and expectations about what stories to tell and circulate, and where; as well as who the teller is, and who is selected as audience (Georgakopoulou, 2013: 22).

The resulting procedure was documenting both 'linguistic' and 'visual' information about particular actions (Bolander and Locher, 2014: 19). This information was discussed together and used at the same level of coding – for example, the linguistic construction of expertise through the use of medical terminology in a group discussion comment was seen as inseparable from the act of posting (using the Facebook's comment feature in specific groups) and the use of hyperlinks to share relevant information. As van Leewen (2004: 8) points out, the study of multimodality pushes the linguist to view speech acts as multimodal microevents in which 'all the signs present combine to determine its communicative intent'. From this perspective it is useful to extend the concept of accountability (Edwards, 1997) to include not only textual exchanges but also the semiotic content circulated on Facebook. According to Edwards (1997):7, 'when people describe events, they attend to accountability. That is to say, they attend to events in terms of what is normal, expectable, and proper; they attend to their own responsibility in events and in the reporting of events'. As Facebook users share

pictures, videos and hyperlinks through status updates that report on their feelings and events, the multimodal content they distribute is part of the work undertaken to manage accountability.

4. Data

Data was collated from a four-month ethnography that combined systematic observation of 20 participants' activities on Facebook with a direct follow up contact via in a semi-structured interview. Observation participants joined the study through a combination of recruitment by Diabetes UK and concurrent observational work examining the uses of peer-run diabetes groups on Facebook.

The participants were between 21 and 65 years old, had communicated via Facebook in English for at least six months, and were purposively sampled to provide a balance across the categories of ethnicity and sex, and individuals with type 1 and type 2 diabetes (Table A1). Consented access to participants' contributions was provided via Friending a member of the research team, which made their personal profiles, Timelines and related activities available for observation[3]. Participants' profiles were visited every few days over the four month period to identify diabetes-related content which they had published. In addition, the researchers visited diabetes-related organisational pages to which participants had subscribed ('Liked') and the publically-accessible, diabetes-related Facebook groups which they had joined. Given the number of participants and the number of diabetes-related Facebook pages and groups to which they each belonged, this entailed extensive searching to identify participants' contributions across Facebook and the connections between their use of different Facebook groups and pages.

Timeline posts were considered to be diabetes related if they explicitly mentioned diabetes or aspects of its management including self-management technologies and medication, diet and exercise, blood glucose readings or referenced diabetes-specific campaigns or news. Observations were recorded through field notes, screen shots of participants' posts and comments, and saving external webpages that the participants shared or linked to in their Facebook contributions. Contributions saved by screenshot were organised according to where on Facebook they were published (individual timeline, group, organisational page) as well as the type of activity they constituted (posting, commenting or 'liking') in order to build a picture of each participant's favoured Facebook environment and the sorts of activities they engaged in within them[4]. There was significant variation between participants in terms of how frequently they published status updates, 'liked' existing content and made contributions in groups and on pages. For example, whereas some participants did not make any diabetes-related timeline contributions, one participant managed to make 506 timeline contributions. Similarly, whilst some participants posted status updates about their diabetes, others largely restricted their diabetes discussions to groups or pages (see Table A2). In total we recorded 685 timeline contributions, 201 page and group contributions, and 508 likes.

We conducted analysis of both textual and visual data, using constant comparison to ensure each type of data was compared with other similar types, to develop themes and concepts, as well establish the function and effect of emerging linguistic patterns (Peel et al., 2005). Through an iterative process, data extracts (screen shots of text and images) were discussed and reviewed by

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[1] However, the process of subscribing to groups and pages also meant that their content was curated on the Newsfeed of the Facebook profile used in this study. Hence our own experience of logging into Facebook involved being confronted with posts published on diabetes groups and institutional pages in the same manner experienced by our participants.

[2] It is important to note that we adopt only some elements of the ethnographic method and follow Hine's suggestions that virtual ethnography remains necessarily partial and is an "adaptive ethnography which sets out to suit itself to the conditions in which it finds itself" (Hine, 2000: 65; Androutsopoulos, 2008).

[3] The University of Leicester Research Ethics Review board approved the project to which this paper contributes (Project Reference: nk158-f4cc9).

[4] The ethical and practical parameters of our study meant that several other Facebook environments were excluded from our field of observation, including individual messages, Facebook apps and closed groups to which we did not belong. However, these additional sites were discussed during semi-structured interviews with participants (Authors, in prep.).

both authors. For the purposes of checking the coding reliability we sampled mean contributions for 19 participants (excluding the exceptionally prolific user) from each of the above-mentioned recorded categories: 9 diabetes-related posts on the participants' own timelines, such as status updates; 11 contributions to diabetes-related groups or pages; and 14 Likes of content on diabetes-related groups and pages. The inter-rater reliability rate was at 80 percent and disagreements were resolved after discussion.

5. Analysis

The analysis resulted in different communicative actions and focused on how and for what purpose such acts were performed in this particular online environment. Following the above protocol for coding multimodal data, we identified four intersecting actions that account for how participants use Facebook in relation to diabetes: 1) constructing personal expertise in relation to diabetes management; 2) displaying the individuals' integration into wider diabetes-related networks, 3) reporting on mundane aspects of self-management, and 4) using play to negotiate professional and cultural expectations of diabetes self-management. All of these actions illuminate how our participants recruited the different modes of performance and self-presentation enabled by SNSs, or indeed 'social awareness platforms' (Papacharissi, 2012), in communication about their chronic condition.

5.1. Constructing personal expertise in relation to diabetes management

Performance of this multimodal action involves the participant assuming the role of a lay expert (Armstrong et al., 2011) through sharing and discussing diabetes-relating information on their personal profiles, Facebook pages and groups. As noted in other online health communication contexts (Morrow, 2006), during discussions and advice-giving contributions, Facebook users typically include references to their own diabetic status and their experiences with the condition as a means to signal their competence as an advice-giver. Membership categorisation devices used by the participants to refer to themselves and their audience include *diabetic, a person with diabetes, Type 1, T1,* or *Type 2* . For example, one participant responded to a question posed by a parent of a teenager with type 1 diabetes regarding the use of an insulin pump, simultaneously suggesting a course of action, evaluating this proposal and supporting her suggestion through a final claim of extensive experiential knowledge of type 1 diabetes:

> Why not get him to call his nurse or pump trainer then discuss the advice and decide together what's best? Partnership is best-give him support in making decisions and let his 'empowerment' over his pump management grow. (I've had T1 for 49 yrs and never had any support as a teen!)

> Participant 1, type 1 diabetes, 19-08-2014

Some participants positioned themselves as translators of recent developments in the medical field and used the content-building and sharing tools of Facebook to provide on-going updates and comments. By using Facebook's 'Like' feature, participants frequently affiliated with informational posts published on the pages of diabetes organisations. This action accounts for the 'Like' actions of the most active participant in our sample.

Such content was also subsequently shared by the recipient among his/her network and accompanied by evaluative commentary. One participant shared a link to an online article about a new glucose monitor system which relies on a sensor attached to the arm that eliminates the need for finger pricking, endorsing it through his positive evaluation:

> The way forward for blood testing.
> Participant 2, type 1 diabetes, 08-11-2014

Lay expertise assumed in such posts complemented rather than contradicted existing medical guidelines. For example, recommendations for lifestyle choices (exercising or taking vitamins) were legitimised both through reference to medical advice as well as personal or social experience:

> I take vitamin B complex it is recommended by the medical profession for T2s.

> Participant 18, type 2 diabetes, 03-03-2015

The same participant also announced his creation of a new page for 'Type 2 Diabetics not on insulin medication' through a status update. In describing the aims of this virtual 'bootcamp' for those who are 'really serious about effectively managing their T2 Diabetes', the participant stressed the importance of diet and exercise, backing this by reference to his own experience: 'I have found that you need both diet and exercise [to get] BS down to below 6.5 (117)' (02-01-2015).

5.2. Building and maintaining diabetes-related networks

Whereas construction of personal expertise was evident through the use of first person pronouns, references to medical terminology, and information or fact-oriented content, performance of this action was characterized by expressions of solidarity, the use of affective language, and explicit selection of diabetes-related audience both in status updates and contributions to groups. This involved sharing and 'liking' humorous and motivational content related to diabetes, posting about online and offline events, and addressing the audience using inclusive personal pronouns and membership categorisation devices signalling group allegiance (for example, 'people with diabetes', 'For all my UK Diabetes friends', 'any of you guys'). In these instances, participants do not only identify themselves with a specific group, but are also constructing identity for other people (Anderson, 1983).

In the following example, a participant selects the categorisation 'UK Dexcom CGM users' to specify her audience before negotiating her position among the members of the diabetes-related group through the shift from first person singular pronoun to the inclusive first person plural:

> Info for any UK Dexcom CGM users: I've often wondered whether my BG control actually affects the longevity of the Dex sensors (can't ask Dexcom as they only approve them for 7 days, but we all know they last far longer).[…]
> Participant 1, type 1 diabetes, 05-09-2014

Activities involved the use of 'likes' to display association with motivational content shared on pages created by organisations and groups. As Page (2012) points out, the use of comments and 'likes' allows social media users to display their engagement with others and their position within a social group. Some group posts used collective references ('people with diabetes') to challenge aspects of local (NHS) provision, or sought to elicit other group members' views on unsuccessful consultations with GPs.

When sharing visual content participants used captions or comments that signalled a sense of belonging to a diabetes network (see Fig. 1 above), such as 'things only a person with diabetes would understand', 'Hard to explain to someone who has no clue' or 'Share if you know someone with Diabetes'. Such performances serve to display ambient affiliation (Zappavigna, 2014) as well as to limit the intended audience of the posts to a specific in-group of people whose lives are affected by diabetes.

Just as in face-to-face communication, the use of inclusive lexis and humour in status updates is aimed at reducing the distance with the

Fig. 1. Post 'liked' by participant 2, type 1 diabetes, 19-11-2014.

Fig. 2. Post shared by participant 9, type 1 diabetes, 11-11-2014.

audience, and can make some audience responses more relevant than the others. Whereas the membership categorisation device 'UK diabetes friends' is explicit and specific, the evaluative lexis, interrogatives and exclamation marks (as in the above post in Fig. 1), and the non-linguistic content (a humorous image about diabetes) are more subtle strategies of selecting an audience and the type of a response sought. It is in this way that stance taking in social media 'indexes affiliation with certain readers more than others' (in this case others who take a similarly wry attitude towards their diabetes) which can be seen as a strategy to counteract context collapse in SNSs environments (Georgakopoulou, 2013: 27).

Although we observed a variety of themes in images and language used and shared by participants as part of such online social exchanges, the emphasis was on sharing good-natured and humorous posts and providing expressions of positive reinforcement. In seeking and selecting other people with diabetes as co-tellers of their optimistic posts (both implicitly through personal deixis as well as more explicitly through name tagging), the participants were co-creating unspoken norms around the content and style of diabetes-related posts. For example, one participant shared news about an online training course 'MySugr Academy – Tame Your Diabetes Monster' using name tagging to select members of the audience 'Very exciting times at MySugr headquarters. […] Congratulations FXXX and MXXX!, as well as provided a wry commentary on the '50 Shades of Diabetes' video he shared (Fig. 2):

In another instance, such norms were partially spelled out when the participant created a page for help with managing T2 diabetes and described its aims as follows:

> This is not a place for those that want to make excuses that they 'can't live without sugar in their tea or not eat bread' or whatever. […] As it is a bootcamp that means there's no room for whinging or complaining about our condition (there's plenty of groups that cater for that). This means that we take responsibility for the management of our condition and no amount of blaming others or circumstances is going to change that.

Participant 18, type 2 diabetes, 02-01-2015

Similar to the above-cited example of the categorisation 'any UK Dexcom CGM users', here the participant is constructing a new community on a situated basis ('not a place for those that want…') as well as reproducing a wider, already constructed community of 'people with diabetes' (the inclusive pronoun 'we'). He then proceeds to ascribe specific qualities to the newly constructed in-group by invoking the ideological norms of individual responsibility for health.

The activities we observed in this category demonstrate that Facebook users with diabetes talk, provide support, and, as indicated in their responses to events posted within diabetes groups, they also may meet offline. The language of status updates suggests that participants construct situated affiliations by limiting their audience through membership categorisation devices while simultaneously displaying a sense of belonging to the wider network of people with diabetes. In Anderson's (1983) terms, they appeal to 'imagined communities' by orienting to them verbally as well as multimodally through using images and the user tagging function provided by Facebook. The performance of such activities goes some way to explaining the sense of connection experienced by users of online support websites as well as SNSs to other whom they may have never met.

The multimodal actions we have described so far indicate that the participants use diabetes-related groups and pages as separate spaces within Facebook. These are set apart from their own personal profiles, which potentially addresses the tension between the participants' everyday performance of selves to their own network of friends and their projections of identity as members of diabetes communities. In what follows we turn to multimodal actions performed mostly through the use of status updates, which provide instances of the strategies adopted by the participants to address 'context collapse'.

5.3. Reporting on mundane aspects of self-management

In addition to research-based information and discussions of medical guidelines, participants used first person deixis to post about their daily experiences including descriptions of symptoms, daily routines, incidents of pushing oneself too hard, records of stress levels, and blood sugar levels. When posted in the form of status updates, online contributions orient to Facebook's emphasis on recency through the use of proximal temporal deixis (Page, 2012). In the following two examples, a participant uses 'this morning' and 'today' to anchor events in recent time and render them reportable to an audience. She also draws heavily on evaluative lexis to encode a negative stance and elicit support:
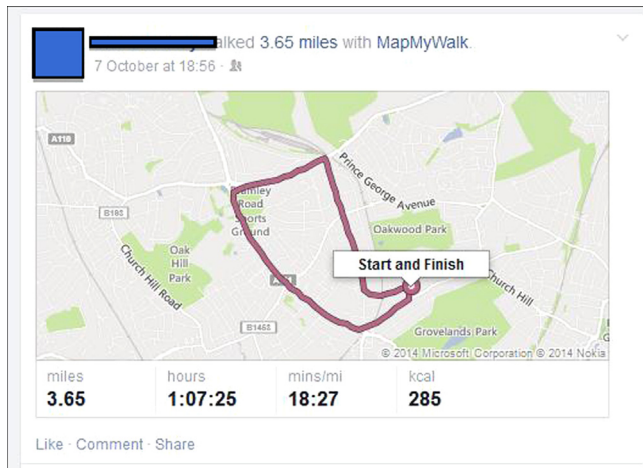
Fig. 3. Posting results using MapMyWalk app that provides a map of the area walked, participant 4, type 2 diabetes, 07-10-2014.

2 hypos already this morning…today does not look good. Stupid insulin. Grrrr.
Damn it! Forgot to change my cannula again!
Participant 3, type 1 diabetes,11-09 and 10-11-2014

Representing emergency through temporal deixis in combination with the projection of negative stance constructs the post as a 'demand' or, in Goffman's (1961) terminology, a 'sad tale' that calls for support and compassion from the audience (Giaxoglou, 2015). In the above instances, such a strategy is successful in that the participant receives follow up comments expressing sympathy and support from members of her own network.

In addition to posting status updates to chronicle day-to-day (or hour-to-hour) changes in one's condition, the use of status updates enables users to inform their friends of their location. This is realised either through direct references to places ('Waiting for my annual eye check at a clinic in Wood Green' participant 4, diabetes, 03-09-2014) or through location tags and Facebook-integrated apps to visually display users' movements. In the case of Fig. 3 below, the participant uploads the results of a walk along with distance, time, speed and calorie figures to illustrate the exercise she has taken that day, thus entextualising this activity in a context where it can be commented on by herself and members of her online network.

The use of status updates allowed our participants to represent their ongoing diabetes experiences and receive support from diverse groups in their wider Facebook networks rather than only online peers with diabetes. In other instances, however, users' reports of their daily management were also provided in their interactions with diabetes organisations who operate on Facebook. For example, participants added responses to questions such as 'Have you had your flu jab?' posted on a page run by a diabetes charity and 'What have you had for breakfast this morning? ☺', posted on a popular commercial organisation's Facebook page (Hunt and Koteyko, 2015 provide a detailed analysis of such posts). These comments both allow the users to entextualise their routine management practices and potentially seek additional responses from the wider network of individuals who comment on these posts.

5.4. Using play to negotiate social and professional expectations of diabetes self-management

Status updates and comments coded in this category recruited humour and/or irony as a key strategy of self-presentation. Performances in SNSs often recruit linguistic play and reversal of norms to bring affective dimensions to self-presentation. This process is further supported in SNSs through the availability of different architectural 'props' (videos, pictures) that offer a heightened potential for theatricality and drama (Parks, 2010). Papacharissi (2012: 1991), for example, posits that play allows individuals to 'mix public and private to deconstruct, reconstruct, and transform performances in search of an authentic sense of self'. In this way, self-presentation becomes mitigated disclosure, or 'a public way to show private stuff' (Schechner, 2003: 265, cited in Papacharissi, 2012: 1991).

For example, our participants used the unique features of the SNSs sites as well as linguistic strategies of play in order to highlight pleasurable and 'normal' aspects of everyday life where diabetes was presented as only a small part. One participant took part in the Facebook 'challenge' where friends nominate each other to do a chosen set of activities (announced through status updates). This challenge involved sharing 'things you may not know about me' and is one of many strategies facilitating disclosure and sense of connection in online social networks. The participant took up the challenge by providing a long list of recreational and spiritual activities (singing and tap dancing, performing in West End, believing in God) and 'too many hobbies' and only briefly referred to diabetes among other biographical facts (participant 19, type 2 diabetes, 01-02-2015)

Posts in this category did not always limit the audience to members of diabetes community. This was evident through the absence of specific terms of address, as well as through responses in comments (e.g. friends who posted comments disclosed that they do not have diabetes). In contrast to the above mentioned status update in which a participant provides his expert evaluation of a diabetes technology ('The way forward for blood testing'), status updates in this category recruited irony and/or membership categories from pop culture to construct a playful, non-serious stance in relation to their condition:

Pray that The Precious get delivered tomorrow. I need my Dexcom sensors. I'm a cyborg.
Participant 7, type 1 diabetes,16-09-2014

As many other technological inventions created to assist ill health (from a walking stick for the blind to prosthetic limbs), the glucose-monitoring device in this case is represented as extending one's experience of bodily presence, changing the individual's perceptual relation to her 'cyborg' body. Our participants capitalised on such shifts in perception and physical appearance to embrace the new opportunities for agency, story-telling, and performances of self. Furthermore, the popular culture references in the post ('the Precious', 'cyborg') can be seen as expressions of sociability as they allow the participant to relate subjective experiences to something that is understood and shared by many.

Such uses of the cyborg metaphor were further supported and enhanced via the multimodal affordances of the platform. In Fig. 4, for example, a recently diagnosed participant uploaded a picture of his arm with a state of the art glucose monitoring system attached, accompanied by a similar reference to the man-machine system popularised in science fiction literature and movies.

The participant uses the photo to embed the post in offline experience and render it authentic (Tagg and Seargeant, 2014), while also projecting a playful and optimistic narrative of technologically-assisted ideal glucose scores. In this case, as Becker (1997) argues, people with chronic conditions may use metaphors to integrate 'out-of-the-ordinary life experiences into identity':

In using metaphor, people work simultaneously on changes in their identities and on changes in their lives. Metaphor thus serves as a mediator for change, enabling individuals to re-establish a sense of connection with the social order, while obscuring social paradoxes and unresolvable dilemmas (Becker, 1997: 197–198)

Fig. 4. Example of a playful identity construction, participant 20, type 1 diabetes, 02-04-2015.

Fig. 5. Participant 8, type 2 diabetes, 14-01-2015.

The resulting success story resembles narratives of conquering illness (Frank, 1995) and is further encoded through the sharing of humorous content. Instead of posting memes to diabetes-related groups or addressing peers with diabetes (as is done in Fig. 2 above), participants sometimes shared diabetes-related memes on their walls without pre-selecting users who have diabetes (Fig. 5 below).

In such instances, the sharing of humorous content directly with members of one's own network can be used to draw attention to the difficulties of living with diabetes and constant self-management, while also signalling both a (relatively) light-hearted approach to the condition and its seriousness.

Overall, the use of linguistic resources of humour and irony together with Facebook's affordances allowed our participants to present multiple and mutable aspects of their identities while keeping a unitary profile, and enabling performances of authenticity not only as entitled members of diabetes-related groups and expert diabetics but also as friends and relatives living with a chronic illness.

6. Discussion

In setting out to examine identity construction by people with diabetes on Facebook, this paper relied on the premise that the actions people with diabetes were involved in as part of (or against) collectivities to which they consider they belong, can be revealing of how they view themselves and others. This in turn provides understanding of how our participants may want to manage their chronic condition in the everyday and what social, political, and cultural resources they have to mobilise to support them in these endeavours.

The different actions performed by the participants on Facebook demonstrate that online social networking is a locus of different concurrent practices: not only empowering, but also both resistant and compliant. First of all, the participants sought and provided mutual support through building or maintaining social networks, which points towards empowering practices in these online spaces. Ziebland and Wyke (2012) identify connecting with others and narrating experience as one of the key domains through which online activity can affect health. Our analysis of activities on Facebook support this thesis as the observed practices of producing experiential knowledge, reporting everyday stories of management success and failure, and disseminating information can be used by the participants to improve management of diabetes and may give them a sense of greater agency.

The practices of reporting on mundane experience as well as building and maintaining social connections, in particular, are inextricably linked to the architecture of the social networking platform and have been described as empowering since 'the monitoring and registration facilitates new ways of constructing identity' offering opportunities to seek information and communicate (Albrechtslund, 2008, n.p.). The use of creative language and the multimodal affordances by our participants shows that they have embraced these new ways of constructing identity. Drawing on linguistic play and cultural references in their semi-public disclosure of information about the condition, the participants harnessed the Facebook's potential for 'deliberate improvisation':

> ..the *as if* aspect of play supports a premise for the convergence of private fantasy and public disclosure that may make individuals more comfortable expressing thoughts they would otherwise withhold.
> (Papacharissi, 2012: 1998).

In the case of chronic illness, such mode of expression can be used to negotiate expectations of strict compliance with medical guidelines (Broom and Whitaker, 2004) and redefine the social meanings of physical and mental changes associated with diabetes.

At the same time, however, the range of voices and emotions we have observed in this study is rather limited. Clinical literature about the potential of the SNSs in healthcare typically asserts that the use of the new interactional tools can encourage patients to voice a range of concerns and potentially challenge medical expertise (Koteyko et al., 2015). Although we observed instances where participants discussed and challenged medical expertise and expressed negative emotions, such topics were not frequent or popular in our sample. Furthermore, in contrast to studies that highlight the importance of playful identities in promoting

activism and social movements, the activities we observed were not recruited to foster political discussions around access to healthcare provision or social causes of diabetes. Rather, they were drawn upon to present a story of coping with disruption, which is often used to assert the individual's determination to maintain a 'normal' life.

Stommel and Koole (2010) offer an insightful analysis of the role and power of group norms in a website-based online community. While participation in SNSs is characterized by 'context collapse', our participants did nevertheless take care to articulate and display their relationship to a wider community of people with a similar condition. This was most evident through contributions to specific groups, the use of inclusive pronouns and membership categories, as well as through the content of diabetes-related 'memes' they chose to share. In this context, selecting, circulating, and commenting on motivational and humorous posts contributes to the construction of solidarity and was used to signal group allegiance (Varis and Blommaert, 2014).

As the same time, however, the emphasis on humorous posts invites further contributions of this kind, promoting the cultural imperative to stay resilient and hopeful in the face of life-long illness. As Broom and Whittaker point out, people with diabetes have 'the desire to present a positive subjectivity' (2004: 2376). Such focus on optimistic content is also a response to the tension arising from collapsed contexts, as participants were adopting a 'lowest common denominator' strategy: in light of the diverse audiences for whom a message is not be intended but who may receive it regardless, only 'unproblematic' content can be posted (Hogan, 2010). While this positive outlook may be instrumental in helping some participants cope, for those who want to convey other emotions or engage in critical discussion, such a stance functions as an exclusionary mechanism[5].

7. Conclusions

The analysis offers an interpretation of the way in which user contributions on Facebook become mechanisms where diabetes self-management is negotiated and defined as part of a social network, and away from the medical model and professional guidelines.

The site's architectural affordances provide a unique forum for the performances of identity, yet this is not the space void of social, cultural, as well as interactional constraints. Even as relatively "new" communication technologies, SNSs are not as revolutionary as their advocates would have us believe (Thurlow, 2013) and are embedded in the practices of everyday life as well as in pre-existing social, economic and political structures (Herring, 2013; Koteyko et al., 2015). Although the participants shared important information and exchanged social support, the communicative actions they performed via SNSs reflect the neoliberal initiatives in healthcare, such as the UK Department of Health 'the Expert Patients Programme' which exhorts the individual 'to cultivate an entrepreneurial, healthy subjectivity, as the expert patient is motivated to undertake the ethical work of self-craft by the ultimate rewards that the cultivation of self promises' (Glasgow, 2012: 6). Whether constructing their own expertise in the management of the condition, reporting on the everyday aspects of its management or experimenting with different ways of self-presentation, participants also oriented

themselves to the cultural imperative of creating and sharing the narratives of optimism and resilience (Wilkinson and Kitzinger, 2000).

The convention to post mostly about optimistic scenarios and emphasis on cheerful stories is well documented in research on online support groups. Whereas scholars such as Orgad (2005) pointed out that users of support fora face pressure to produce a success story of how they cope with their illness, for the SNSs users the situation may be exacerbated by the (sometimes) unspoken norms and affordances of the sites. Although the rhetoric and politics of 'happiness' and its institutionalisation predates SNSs, social media have played an important role in the reception and dissemination of claims about life as one would want to live it. Fostering social connections through performances of authenticity and the use of 'affective talk' (Page, 2012) to express personality, solidarity, and emotional closeness plays into the commercially-driven imperative of the online networking platforms that harvest data from targeted user bases. We hope to have shown that this has important implications for the analyses of illness identities in non-anonymous environments, as the corporate ownership of such platforms and wider neoliberal politics of health may present significant constraints to achieving the ideal of 'patient empowerment' in online spaces.

Acknowledgements

Appendix A

See Tables A1 and A2

Table A1
Observation participant information.

Participant number	Age	Sex	Diabetes type	Reported ethnicity
Participant 1	62	Female	Type 1	White British
Participant 2	63	Male	Type 1	White British
Participant 3	26	Female	Type 1	White British
Participant 4	43	Female	Type 2	Middle East and British
Participant 5	44	Female	Type 2	East African
Participant 6	53	Female	Type 2	White
Participant 7	32	Female	Type 1	Caribbean
Participant 8	55	Female	Type 2	White British
Participant 9	26	Male	Type 1	White British
Participant 10	28	Female	Type 1	White British
Participant 11	26	Male	Type 1	White British
Participant 12	44	Female	Type 2	White
Participant 13	31	Female	Type 1	White British
Participant 14	61	Male	Type 2	White British
Participant 15	56	Male	Type 2	White British
Participant 16	22	Male	Type 1	British Asian
Participant 17	48	Female	Type 1	African-Caribbean
Participant 18	63	Male	Type 2	Irish
Participant 19	49	Male	Type 2	Sri Lankan
Participant 20	27	Male	Type 1	White British

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[5] However, such content may have been posted within private messages which, for ethical reasons, we did not access. With greater privacy, these spaces may provide a more acceptable venue for expressing sadness or despair than users' public timelines.

Table A2
Breakdown of observation participant contributions.

Participant number	Totals		
	Timeline contributions	Page and group contributions	Likes
Participant 1	32	62	32
Participant 2	4	14	3
Participant 3	44	4	22
Participant 4	12	1	3
Participant 5	1	0	0
Participant 6	9	41	21
Participant 7	1	7	0
Participant 8	20	1	94
Participant 9	9	9	7
Participant 10	21	0	60
Participant 11	2	3	0
Participant 12	0	2	2
Participant 13	506	0	250
Participant 14	1	2	0
Participant 15	1	0	0
Participant 16	0	0	8
Participant 17	12	9	1
Participant 18	2	41	4
Participant 19	6	0	0
Participant 20	2	5	1

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