Public and private faces in web spaces – How Goffman's work can be used to think about purchasing medicine online.

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Abstract

Medicines and drugs are subject to national, state or federal regulation. The misuse, illegal consumption and purchase of drugs and medicines is not a new phenomenon, but it is one which the Web may enable or magnify, opening up as it does access to online information and purchasing. People can use the Web to discuss buying medicines online and provide new opportunities to avoid stigmatisation and manage their illnesses and medicine purchasing in a private or backstage spaces. This paper discusses how Erving Goffman's analyses of social behaviour and interaction are useful for understanding digital interactions and can be fruitfully applied to the specific problem of understanding the act of buying medicines online. Goffman's connections to symbolic interactionism, and the development of his ideas regarding dramaturgy and interaction as performance, as well as his concepts of the presentation of self and stigma are investigated to show how these ideas are pertinent for scholars interested in studying the Web and digital communication. The paper also draws on recent studies which have applied Goffman's concepts to the digital realm before proceeding to propose how Goffman's ideas can be used to understand new health behaviours, such as the purchasing of prescription medicines via the Web, via the presentation and discussion of initial findings of a study concerning the observation of online forums.

Introduction

Despite writing in an era that predated many of the digital communication technologies that have become important to us, Erving Goffman's analyses of social behaviour and interaction are useful for understanding digital phenomena. This paper reviews Goffman's contributions, notably in relation to dramaturgy, performance and presentation of self to argue that his ideas are salient for scholars interested in studying the Web and digital communication about health related matters. This paper draws on recent work which has applied Goffman's ideas to the digital field and goes on to suggest how, in my own work, his concepts can be used to shed light on new health behaviours such as the online purchasing of medicines.

Keywords:
Medicine, Web, Goffman, Health, Behaviour

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This is synonymous with mail ordering across jurisdictional boundaries, with the Web functioning like the catalogues of yesteryear.

Goffman's contributions

Goffman's work is often located with symbolic interactionism although he might not have aligned himself with this approach[1]. Symbolic interactionism focuses attention on patterns of communication and interpretation between individuals and suggests that society and individuals are created out of social interactions. It is an approach which posits that social interaction is mediated by symbols – such as language – which enable individuals to interpret each other's meaning and actions. Linked with the work of key theorists George Herbert Mead and Charles Cooley writing at the turn of the last century, symbolic interactionism focuses on our perception of how others (society) see us (Cooley 1902: 17)

and how we reflexively see ourselves, or as Mead put it:

'one does respond to that which he addresses to another and where that response of his own becomes a part of his conduct, where he not only hears himself but responds to himself ' (Mead 1934: 139).

Goffman used these ideas to examine mundane and everyday social interactions such as walking on the street and getting in a lift. He was especially interested in understanding behaviour that occurred in public places and 'regulation', that is how people handle or manage themselves in face-to-face interactions with others. Goffman developed the idea of dramaturgy – using the metaphor of drama to understand these interactions. He suggested that presence of others – the audience - allows individuals to adjust and perfect their behaviour, a technique he termed 'impression management' (Goffman,

[1] Thomas J. Scheff, a student of Goffman, claims that for the majority of his career, Goffman was a symbolic interactionist, following in the tradition of Cooley. Scheff asserts that up until 1974 (and Goffman's work on frame analysis) the only sustained theoretical structure in Goffman's work followed Cooley's supposition of the looking-glass self. Just as Cooley had assumed shared awareness in interactions, Goffman also placed such importance on common comprehension with positive or negative states of consequence. However, Goffman studied the management of embarrassment or shame (Goffman, 1959).

1959:17, 59). Through empirical studies, notably his work in psychiatric hospitals, Goffman showed how behaviours and actions are expected and conform to conventions or behavioural rules that apply in particular spaces. Goffman was especially interested in how different types of setting shaped performances. He delineated 'front' and 'back' stage regions for interactions: the front or stage was a place where the performance was public and seen by many and 'backstage' was where access was more controlled and limited (1959:113). These ideas about staging have proved especially useful for thinking about healthcare for example in understanding public and visible areas such as waiting rooms and clinics, and less accessible areas such as operating theatres (Fox, 1997, Pope, 2002). Goffman also used these ideas of dramaturgy to alert us to scripts - patterns that structure talk and interaction despite the appearance of improvisation. This was an idea taken up by ethnomethodologists and conversational analysts (Sacks, 1995; Garfinkel, 2002; Schegloff, 2007) to explore how interactional conversations were structured (a classic example being the observation that when a patient is asked at the start of a consultation "how are you?" this typically elicits the normative response "fine, thank you…."(Barrat, 2005)). For smooth working of society individuals may suppress their feelings in order to convey a view of the situation which other people may, at least temporarily, accept. However, this does not exclude the possibility of real agreement (Goffman, 1959:18-21).

Based on field research in the Shetland Islands (1959) and in asylums (1961) Goffman argued that social interactions and talk are carefully managed and performed for others to present particular versions of the self. When an individual comes in contact with other people s/he attempts to control or guide the impression that others form, using verbal communication, physical gestures and signs. Goffman argues that people constantly construct and reconstruct these presentations, partly adjusting to the reaction they get from others, and partly in response to perceived social rules for behaviour in each setting. Goffman used his concept of stigma (1963) to show how the breaking of rules or the failure to comply with societal norms may lead to negative reactions.

He defined stigma as 'the situation of the individual who is disqualified from full social acceptance' (Wright, 1960). This might occur in relation to a visible stigma such as a scar or functional disability, or because the individual failed to conform to social norms. Goffman showed how stigmatized persons struggled to reconcile gaps between their perceived reality and the identity expected by the social group.

Goffman's ideas, perhaps in part because of his accessible and popularist writing style, have been very influential within healthcare research. Examples of how his ideas have been used include Leary et al. (1994) who discussed the role of self-presentational motives in health-relevant behaviours, identifying several patterns of behaviour that increase the risk of illness and injury which arise from people's concerns with how they are regarded by others. They examine several health problems, including HIV infection, skin cancer, eating disorders and acne. In some cases, namely those linked with image – such as sun-induced skin cancer or eating disorders, they argue that self-presentation may be the most important factor placing the person at risk. Similarly Culos-Reed et al. (2006) in their study of cosmetic surgery argue that the perceived opinion and reaction of others is highly significant. They show that there are compelling differences between the self-presentational concern and public self-consciousness of those who elected cosmetic treatment for appearance motives versus those who elected treatment for health-based motives. Appearance-related motives induced greater self-presentational concerns and greater public self-consciousness.

Applying Goffman's ideas to digital lives

In his later writing, Goffman (1981) looked at advertising and interactions where parties were not co-present, but most of his work explored face to face interactions. All of his writing predated the emergence of now commonplace digital forms of interaction – including email and the Web. However Knorr Cetina (2009) has argued that Goffman's work can be useful for understanding digitally mediated interactions. She has used his ideas to explore 'synthetic situations' such as digitised stock market

trading where buying and selling shares takes place in virtual space such that *"the interacting parties meet in time rather than in a place"* (Knorr Cetina, 2009:79).

In addition, Goffman's ideas have been applied to mobile phone communication. Rettie (2009) used ideas about presentation and etiquette to understand the technology behind SMS (text) and email messaging, showing that like face to face interactions these were governed by normative expectations. In a similar vein earlier work by Spitzberg (2006) about computer mediated communication drew on the dramaturgical perspective offered by Ring and colleagues (Ring, Braginsky, & Brajinsky, 1966; Ring, Brajinsky, Levine, & Braginsky, 1967; Ring & Wallston, 1968) which sought to understand performances and scripts in the digital space. Elsewhere Adkins and Nasarczyk (2009) examined asynchronous interactions on the photosharing website Flickr, synthesising the theoretical and methodological insights of Goffman, Garfinkel, and Sacks to show how a social order was created around the practices of sharing photographs online. More recently Murthy (2012) has used Goffman's ideas to think critically about the microblogging platform Twitter. Providing some initial directions on how such theoretical innovations can be utilised to study emergent web phenomena.

It seems clear that Goffman's ideas continue to resonate with researchers. However much of his work appears to have been overlooked in the context of understanding online interactions related to health and illness. It is to these interactions – notably the specific issue of buying prescription medicine online that the paper now turns.

Applying Goffman's ideas to the online purchasing of medicine

Sherry Turkle has reconnected with the earlier symbolic interactionist ideas, notably those of Cooley, in her analysis of digital communication. She argues that

"when we step through the screen into virtual communities, we reconstruct our identities on the other side of the looking glass. This reconstruction is our cultural work in progress" (Turkle 1995:177).

Seen from this perspective the Web can

be understood as a digital space where identities can be made and remade. While distinctions between public and private online spaces are virtual rather than physical there are often clear boundaries (firewalls and restricted password access) and codes of conduct which demarcate digital spaces.

My research examines web forums to see how people interact and communicate about buying prescription medicines (i.e. therapeutic pharmaceuticals rather than supplements). While many medicines are subject to national, state or federal regulation the Web may be used to bypass these restrictions, opening up access to online information about medicines and opportunities for purchasing. Online purchasing can be 'impersonal' – buying medicines may be done without needing to consult a health practitioner or prescriber and may circumvent national regulation.

Web forums are online discussion groups where communities of people can converse about topics of mutual interest or problems and issues. They are comprised of strings or threads that begin when an individual creates a post via the writing of text under a subject title. Others can respond with posts of their own, and multiple posts are connected together to create the strings/threads. Data obtained from web forums allows us an opportunity to explore how digital interactions are accomplished. In this study the posts were manually collected and thematically analysed.

Goffman's concept of dramaturgy seems particularly relevant to the study of these web forums where there are back regions that only forum members have access to and much more public areas which anyone can view. What is interesting about the Web is that the boundaries between private and public spaces are often blurred and forum members appear to forget how visible public spaces are and post information that is not necessarily meant for those outside of the forum community. At other times members may present expertise, for example knowing what types of medicine to use and where to get it from, as the following posts indicate:

'*Found this forum when I was searching for syndol on Google, so have decided to join! Not sure if people are still struggling*

but I have found some here at ___.' [2]

'Hi new here and like many of you i found this site when i searched for syndol. Glad i did as it looks likely that i will receive my tablets like some of you already have! Please keep me informed about the results you get.'

In public spaces individuals are expected to 'fit in,' and not attract undue attention. This includes not being drawn in to strangers' conversations (Goffman, 1971). However, the Web allows users to intrude upon other's communication as posts and messages may be 'overheard' by stumbling upon them via links and web searches. The normal etiquette is not always followed as users may interject, as in this response to a forum post about buying medicines on the Web:

'*Nobody should buy drugs off the internet. It is stupid, dangerous and not reliable. The sister of a friend is DEAD because she got some sort of anti-psychotic from a website. She wasn't crazy, but googled her symptoms and decided she was.*'

Goffman used the idea of 'copresence' to describe how people might find themselves in close proximity to others and be perceived as part of the activity they are engaged with. In the 'real-world' this could be in the close confines of a space such as in a lift, where people can expect to overhear and observe the conversation of others. The opportunities for copresence with many individuals appears to be enhanced on the Web. The nature of web interactions is that posts remain visible forever such that many different individuals can read them. Copresence becomes highly problematic and as a result this is an area which is receiving considerable debate with the proposed EU regulation regarding 'The Right to be Forgotten' (http://www.stanfordlawreview.org/online/privacy-paradox/right-to-be-forgotten). This is an attempt to manage the presentation of self online by proposing that individuals can request companies to remove personal data from their databases.

Goffman describes the lengths to which people go to manage how they are perceived by others in interactions. My initial research on web forums has suggested that online people may be

far less careful about how they present and perform. For example some forum members discuss how to purchase 'banned' medicines:

"*Do you mind me asking where you order them from? Because they've just banned then (sic) in the EU and I can't get hold of any anywhere! I really need some.*"

*can anyone advise.......
i have been taking reductil for 3 weeks now and lost 1 stone and am feeling a lot (sic) more confident and happy in myself......
however......i went to re order the tablets online from where i purched (sic) them b4 as i have ran out only to be told that they are no longer available in the Eu. I am very unhappy about this and have tried lots of uk websites to try and buy them but are having no luck.
therefore please if anyone can help or advise on where i can get any from i would be greatly appreciated..*

It appears that individuals interacting online may rely on the apparent anonymity afforded by the Web. They may use pseudonyms but this does not mean they cannot be traced (Holt, 2007). Some users appear to be aware of this vulnerability and manage their presentation in more private spaces, by requesting the conversation be continued away from public view, as in this forum post:

"*Better news is I know where you can get them for cheaper but I can't advertise it on here so pm/email me if interested.*"

Here we see how Goffman's 'front and backstage' ideas might be employed to explore how deviance may be performed.

The Web appears to remove some of the potential awkwardness that can occur in face-to-face transactions but rules still operate within an online community. Forums and web communities may have their own rules for behaviour, both formal stated regulations and informal behaviours in response to hostile and disparaging interaction such as 'trolling' - where individuals post inflammatory messages with the primary intent of provoking readers into emotively responding, and the slightly more subtle 'flaming' – which involves the targeting of specific controversial conversations. Individuals who participate in these

[2]Some identifying information such as links to websites, have been removed from the data.

types of behaviours are unconcerned about being perceived negatively; on the contrary they are seeking the label of an agent provocateur. Whereas offline, concern may be attributed to presenting oneself positively in order to avoid any sort of stigmatisation, the online world enables disassociation from expected norms via the reduced awareness of other people's feelings and the lack of physical cues.

Goffman's concept of stigma can also be used to explain how the Web influences the management of virtual and offline identities. In the scenario of buying medicine people may feel stigmatised due to the condition or reason for purchasing some medicines – and the Web may allow them to manage this stigma by making less visible purchases. The need to manage stigma is likely to be condition and medicine dependent; someone who is very overweight may fear being labelled as greedy and might use the Web to buy slimming pills to manage this problem. Especially where some medicines are not available via legitimate means – if for example they were banned in the individual's country, forum users may attempt to manage their presentation of self, by justifying breaking rules.

'I have bought kamagra from some web sites in the past.
The UK Government shut down most (or maybe all) of the UK sellers.
Since the Government has done this, may 'official' chemists are charging extreme prices in this country (and much cheaper in other countries). Everything is inflated in the UK.
I realise that some sites are now back up and running.
Can anyone suggest any good suppliers of kamagra?'

'Does anyone know how to get hold of reductil in the UK? Tried many websites, but had no luck. Found the tablets amazing and really worked for me!'

'I used to take reductil but they've stopped selling it in the UK. Does anybody know of any online places that I might be able to get some?'

Hello, i have been taking reductil for one year. Its nearly impossible to find online anymore and has been withdrawn everywhere as most of you know. I have

found people selling it on ___, and I've also tried ___.'

Goffman, in his work, showed how patients managed damaged or stigmatised identities. The discussions above offer examples of how people manage presenting the self as subverting medicine regulation, but being open about this and providing legitimations to suggest they are somehow still respectable.

The application of Goffman's concepts to online interaction and discussions about buying prescription medicine within web forums informs our understanding of how those individuals who buy medicine from the Web present themselves. This may in part be influenced by the various affordances of the Web, and the private, backstage, spaces it opens up. My initial explorations of web forum discussions suggest that the boundaries between public and private are not fixed on the Web, sometimes the Web enables anonymity but at other times users are surprisingly open and appear less conscious of their multiple audiences and public faces. Opportunities for copresence on the Web also appear to be increased, both in terms of the number of people who might see a particular discussion, but also because the Web provides a permanent trace of these conversations. I have suggested that some uses are open about behaviour that may be considered deviant, but at the same time others may use the Web to move their presentations of self from the public to the private region. The Web appears to offer new ways to manage 'the self' or selves and potential stigmatisation.

Conclusion

In this brief paper I have suggested that Goffman's ideas are useful for studying online interactions – in particular for exploring buying medicines online. The concept of dramaturgy, where people work individually and collectively to present a version of reality in performances can be usefully applied to understand behaviours on the different platforms and spaces of the Web. The concept of presentation of self helps us explore and compare offline and virtual identities and performances and it appears that the Web removes or reduces some of the perceived societal expecta-

tions and norms allowing the presentation of different identifies and new ways of managing these.

My initial explorations of web forums have suggested that people are using the Web to discuss buying medicines online. The Web may allow people new opportunities to avoid stigmatisation and manage their illnesses and medicine purchasing in a private or backstage space. Yet the forums also offer highly visible, semi public accounts of these purchasing behaviours, some of which may transgress regulation or societal norms. I plan to pursue this work by developing my use of Goffman's theorisations to explore, empirically, the phenomena of purchasing medicines on the Web. I hope that this paper has indicated some of the ways that Goffman's work, undertaken in a pre-Web era – can be fruitfully applied to the digital era and can continue to help us study health related behaviours.

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