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INTRODUCTION

The arrival of Covid-19 has seen governments and health authorities struggle to successfully inform and ‘influence’ the public with regard to health measures. On the one hand, this difficulty resulted from the general uncertainty and confusion surrounding the...
PANDEMIC AND CRISIS DISCOURSE

Pandemic, which in turn led traditionally trusted information sources (e.g. the WHO) to lose credibility (Archer, Wolf and Nalloor, 2020). On the other hand, the pandemic has seen a surge in social media influencers (SMIs) who have taken ‘advantage of the atmosphere of destabilisation for personal gain’ (Archer, Wolf and Nalloor, 2020: 3), by positioning themselves as trustworthy sources of health information. This has led audiences to perceive them as sources of guidance in this ‘age of health consumerism’ (Zou, Zhang and Tang, 2020: 1). However, in reality, many SMIs have been shown to be important distributors of Covid-19 mis- and disinformation (see Brennen et al., 2020). Overall, Covid-19 has thus forced the public ‘to re-asses whose interpretation of the crisis and consequent advice to trust’ (Archer, Wolf and Nalloor, 2020: 3).

In general, governments and health authorities tend to disregard the social capital of SMIs, which has resulted in a continuous struggle to catch up with the online spread of Covid-19 misinformation (see Archer, Wolf and Nalloor, 2020). Yet, at the same time, there have been unprecedented efforts from traditionally authoritative institutions to employ social media and join forces with SMIs in an endeavour to disseminate correct information to the general public. For example, the World Health Organization has enlisted an Instagram influencer as part of their Covid-19 prevention campaign (see, e.g. Williams, 2020) and the United Nations launched various campaigns to encourage the spread of relevant information (i.e. the Verified campaign1) and to warn against misinformation disseminated online (i.e. the Pause campaign2). Similar trends can be observed among social media platforms, such as Facebook and Instagram, which issued statements detailing their strategies to prevent the spread of Covid-19-related misinformation.3,4 These attempts are generally considered to be successful and efficient (see, e.g. Smith, 2020).

Medical doctors play a particularly crucial role in the dissemination of what is considered to be correct medical information, especially in an online context. Even before the Covid-19 pandemic, the presence of medical doctors in the online world had already steadily increased (see, e.g. Wong, Liu and Sebaratnam, 2019), but this has proven to be a challenging endeavour because ‘patients’ in these environments do not act as ‘passive receivers of information’ (Wong, Liu and Sebaratnam, 2019: 1330, see also Mao and Zhao, 2019). Moreover, consumers of online information often prefer SMIs who may have no professional credentials or expertise, but who are perceived as more accessible, trustworthy, authentic and thus credible than traditional sources (see Zou, Zhang and Tang, 2020). This is because these SMIs create parasocial relationships with their followers, which create an illusion of ‘intimacy and friendship’ (Jenkins et al., 2020: 12) and because they present themselves as ‘fun’, thus following the online environment’s ‘broad tendency towards the humorous’ (Deumert, 2014: 27), while treating truth, relevance and clarity as optional in digitally mediated interactions.

Although social media have largely been accepted as a powerful tool for health communication in medical circles, current guidelines still make it difficult for medical doctors to compete with SMIs and become influential online. Up until fairly recently, medical boards have generally recommended that physicians separate their professional and personal identities in online environments (see, e.g. Crotty, Arash and Vineet, 2013; Farnan et al., 2013) in order to maintain professionalism and ‘the traditional values of the profession’ (O’Regan, Smithson and Spain, 2018: 113). However, such recommendations have received criticism, as they are deemed ‘operationally impossible’ (DeCamp, Koenig and Chislon, 2013: 1). Nowadays, medical doctors tend to be increasingly attracted by the ‘intentional blurring of boundaries, the levelling of hierarchies and the value of transparency’ (DeCamp, Koenig and Chislon, 2013: 2) provided by social media. This has
led physicians active on social media to ‘deliver scientific knowledge with accessibility and visibility’ (Zhou, 2020: 538) by constructing hybrid online identities through the layering of ‘scientific, professional discourses’ (Zhou, 2020: 545) with internet vernacular, thereby creating a ‘heteroglossia of voices’ (Bakhtin, 1981; Zhou, 2020: 545). Importantly, such a hybrid identity enables them to diverge from the traditional image of medical doctors and share their expertise without sounding authoritarian, whilst building an online identity ‘as funny, culturally sophisticated medical professionals who are also extremely savvy about internet memes and trends’ (Zhou, 2020: 456, see also Mao and Zhao, 2019) and are thus able to connect with their (youthful) audience. Yet, at the same time, such a hybrid identity may also threaten these doctors’ credibility and expert identity as authoritative and serious professionals (rather than non-expert, non-serious online celebrities) (see, e.g. Andrew, 2020; Chen, 2020; Ohlheiser, 2020), thus clearly showing that doctors who are active online are faced with a challenging balancing act.

One of the medical doctors who have engaged extensively with this balancing act is Mikhail Varshavski, better known as Dr Mike, an American family doctor who is the focus of this study. Dr Mike is regularly ranked among the ‘top 10’ most popular and influential online doctors. He currently has almost 4 million followers on his Instagram account, and over 6 million on his YouTube channel. His Twitter account has almost 300,000 followers, and his Facebook page has attracted close to 2 million followers. Moreover, in June 2020 Dr Mike was named the ‘Official Information Ambassador’ for the United Nations’ ‘Pause’ campaign (Carter and Evenson, 2020, see also above). Many of his online posts during the pandemic have specifically dealt with Covid-19, and he has repeatedly emphasized his commitment to combating misinformation disseminated by ‘fake experts’, by countering it with ‘expert knowledge’ (see Dr Mike’s TEDx Talk, Varshavski, 2017).

In this chapter, we focus on identity construction on Dr Mike’s Instagram account. More specifically, we aim to identify and describe some of the discursive processes through which this typical ‘doctor-influencer’ hybrid identity is constructed by and for Dr Mike by looking at both some of his own posts and the comments that they received from his followers. In particular, we tease this out by exploring this identity work from the perspective of intersectionality (e.g. Crenshaw, 1991a, b). We thus aim to demonstrate how ‘people [here Dr Mike] are simultaneously positioned and position themselves – in multiple categories’ (Christensen and Jensen, 2012: 110). In other words, Dr Mike not only constructs (and is constructed by his followers in terms of) various identities, but rather by bringing together different professional and social identities, new – and perhaps more complex – intersectional identities are created and constantly negotiated. These identity claims that Dr Mike formulates for himself are generally reinforced and supported by his followers in their responses, but they can also be challenged and rejected – often in relation to issues around expert knowledge and the dissemination of misinformation.

We take a socio-constructivist stance and follow recent conceptualizations of identity as a fluid and dynamic process (De Fina, Schiffrin and Bamberg, 2006: 2). In contrast to essentialist approaches which view identity as a product or an attribute of individuals that exists outside of discourse (Bucholtz and Hall, 2005; De Fina, 2010: 207; Jenkins, 2008), we understand identity as something that people do when they interact with each other. Moreover, identity construction is an inherently collaborative process. Identities are always constructed in relation to others (e.g. Bucholtz and Hall, 2005) and negotiated among interlocutors. For example, while someone may portray themselves as a medical expert when giving advice about Covid-19, these identity and related knowledge claims may be reinforced or challenged by an audience, who through engaging with these claims
actively participates in the identity construction of the person who made them in the first place – thereby constructing them either as a knowledgeable medical expert or as a charlatan. It is the aim of this chapter to explore the discursive processes involved in this identity construction and negotiation with a focus on identity struggles (Van De Mieroop and Schnurr, 2017). More specifically, we consider how the pandemic causes particular challenges to Dr Mike’s identity work and pay particular attention to those instances where his identity claims as a medical expert about Covid-19-related issues are challenged. In the following section, we will first describe the data set and explain the methodological framework of this study, after which we will analyse the co-constructed nature of Dr Mike’s identity work by scrutinizing some of his posts and related comments.

DATA AND METHOD
The study utilizes data from Dr Mike’s (@doctor.mike) Instagram profile in order to explore the ways in which he constructs a hybrid identity and how his followers associate themselves with or challenge this identity through their comments. Our data set consists of Dr Mike’s posts on his Instagram account as well as the comments his followers have posted in response. We pay particular attention to the first six months of the pandemic, covering the period between 30 January (Dr Mike’s first Covid-19-related post) and the end of July 2020.5

Methodologically, we apply a multimodal discourse analytic lens and draw upon the multimodal framework by Page (2018, 2019) in order to study the visual, aural and verbal resources with which Dr Mike’s intersectional identity is constructed and responded to. We thereby aim to link the micro-level analysis of Instagram posts and comments to the macro-level – namely, the offline social context – by tracking temporal evolutions in Covid-19-related issues (e.g. changing advice about wearing masks) as well as in commenters’ (dis)affiliative stances to Dr Mike’s intersectional identity in the wider context of the Covid-19 pandemic.

ANALYSIS
In this section, we first discuss Dr Mike’s own posts in the period under study, after which we scrutinize his Covid-19-related posts. Subsequently, we focus on the comments these Covid-19-related posts generate, first analysing affiliative responses and then, finally, looking into disaffiliative comments.

Dr Mike’s own posts
During the specified data collection period, eighteen out of the twenty-six posts (69 per cent) that Dr Mike published on his Instagram account are related to Covid-19 (see Figure 24.1). In these posts he either attacks misinformation about the pandemic or educates the public. Of the remaining eight posts, three (11 per cent) can be classified as commercials for fashion and sports brands, while the other five (19 per cent) refer to miscellaneous topics, such as Dr Mike’s YouTube channel, the Black Lives Matter movement, and his affection for dogs. Typically, in these non-Covid-19-related posts, Dr Mike self-positions as an attractive man, whilst his doctor identity takes a backseat. Oftentimes, Dr Mike constructs this identity by relying on images which, for example, resemble a fashion shoot and which are accompanied by hashtags such as #mensstyle or #mensfashion. Importantly, the combination of these various types of posts leads to the construction
of a hybrid online identity typical of doctor-influencers (see Zhou, 2020) on Dr Mike’s Instagram page as a whole. This hybridity mainly revolves around the intersection of Dr Mike’s professional doctor identity and his personal identity as an attractive man. This is, for example, reflected in the title Dr Mike received in 2015 from People magazine, as ‘The Sexiest Doctor Alive’ and it explains the success of his social media activities.

When zooming in on Dr Mike’s Covid-19-related posts, we can distinguish two different types, namely informative posts and posts expressing gratitude towards healthcare workers. The informative posts can further be subdivided into those that primarily aim at providing information (e.g. about the importance of regular and thorough handwashing), and those that aim at combatting misinformation (e.g. about bat-soup being the alleged cause of the virus).

Our particular focus in this chapter is the identity work that is taking place in and through Dr Mike’s Covid-19-related posts and the comments responding to those posts. It is, first of all, noteworthy that across all of these posts, Dr Mike portrays himself as a medical expert. This is accomplished through the general framing of his Instagram page as doctor Mike’s, through other verbal features (cf., the content of his posts) as well as non-verbal features (e.g. wearing a doctor’s uniform in his profile picture as well as in many of his posts). Second, a closer discursive analysis shows that in many of his posts while portraying himself as a medical expert, Dr Mike often establishes a link to a collective identity of medical professionals around the globe, which he exploits to construct and legitimize his own professional identity. For instance, in his 5 March 2020 post he notes that:

(a)6

"[…] it’s good to know that we have hope from a vaccine on the horizon. In fact, we have some vaccines available now, but they’re just going into the beginning trials now. We want to make sure they’re safe. So we do do tests on vaccines to make sure they’re safe before we give them to the general public."

FIGURE 24.1: Summary of Dr Mike’s Instagram posts over the period of study
Using the inclusive first-person plural pronoun ‘we’ throughout this post, Dr Mike associates and includes himself in the group of medical professionals who are working on a vaccine against Covid-19. This collective identity of medical professionals who ‘do tests on vaccines’ (although he is not personally involved in any of this testing) is set in opposition to ‘the general public’ who will benefit from these actions. Through his self-association with another group of medical experts, Dr Mike not only portrays himself as one of them, but he also at the same time legitimizes his claims for this professional identity and the associated medical knowledge and advice that he shares in his Instagram posts and elsewhere.

Similar observations can be made when looking at Dr Mike’s post from 15 April 2020, where his identity work is even more obvious. This post consists of a clip of his CNN interview in which he praises the hard work of healthcare workers during the pandemic, of which we discuss a short excerpt here:

“We may be doctors from different countries, we may be doctors that have different specialties, we may have different backgrounds. But we are all working in some way to battle COVID-19 [...] I think that we need to highlight these stories from frontline healthcare workers – this isn’t limited to doctors – nurses, pharmacists, custodial staff [...]”

By again using the inclusive ‘we’ and explicitly mentioning the professional identity categories of medical experts, including ‘nurses, pharmacists, custodian staff’, Dr Mike once more orients to a collective identity of healthcare workers in which he also includes himself. Moreover, by stating that these professionals may be ‘from different countries’, he constructs this collective identity as global rather than local. Through the syntactic structure of his comments, which first repeatedly mention differences (e.g. with regard to ‘specialties’ and ‘backgrounds’ of medical professionals), before emphasizing similarity and unity among health professionals (marked by the utterance-initial ‘but’), Dr Mike portrays himself as one of those who ‘battle COVID-19’ – in spite of the fact that as a family doctor, he may – strictly speaking – not actually be involved in the treatment of Covid-19 patients or in the development of a vaccine. But creating and emphasizing this global, collective identity of healthcare workers and portraying himself as one of them, he legitimizes his claims for medical expertise in all his posts.

Importantly, Dr Mike’s identity work in his Covid-19-related posts – as an expert who is part of a community of medical professionals – is constructed against the backdrop of his non-Covid-19-related posts in which he presents himself as an attractive man, which, together, result in the construction of an intersectional identity of ‘sexy doctor’, as discussed above. Below we scrutinize how this intersectional identity affects followers’ perception of Dr Mike in his Covid-19-related posts by analysing the comments these posts have generated. Particular attention will be paid to commenters’ stance towards Dr Mike’s identity, as well as to how Dr Mike’s identity work affects commenters’ own identity construction.

Comments on Dr Mike’s Covid-19-related posts

AFFILIATIVE COMMENTS

We found that the affiliative comments written in response to Dr Mike’s Covid-19-related posts can be divided into two categories. First, commenters commonly position Dr Mike
as an attractive and desirable man, even though Dr Mike himself typically emphasizes the medical expert aspect of his intersectional identity in his Covid-19-related posts. But considering that the majority of Dr Mike’s non-Covid-19-related posts are oriented to his identity as an attractive man, it is self-evidently not surprising that commenters often orient to this aspect of his intersectional identity, also in response to his Covid-19-related posts:

(1) Although I payed close attention to what you said I literally spaced out. All that handsomeness kept distracting me. @doctor.mike

Example 1 clearly refers to Dr Mike’s good looks (‘all that handsomeness’), but also displays a humoristic undertone – a characteristic shared by many of the comments which orient to Dr Mike as an attractive man. In particular, Dr Mike’s intersectional identity of ‘sexy doctor’ regularly becomes the focal point of these humoristic comments. Interestingly, Example 1 indirectly touches upon the problematic nature of this intersectional identity, as the commenter indicates in their comment that they ‘spaced out’ and were ‘distracted’ due to Dr Mike’s ‘handsomeness’. Hence, Example 1 forms a first demonstration of how physical attractiveness, which is an integral aspect of Dr Mike’s intersectional identity, may undermine his professional identity as a doctor, even in instances where Dr Mike emphasizes his medical expertise. This tension between the two aspects of Dr Mike’s intersectional identity will be discussed in greater detail in the section on disaffiliative comments.

Second, another important category of affiliative comments on Dr Mike’s Covid-19-related posts consists of grateful comments which orient to the professional, medical doctor aspect of his identity. Generally, commenters thank Dr Mike for providing reliable information:

(2) Agreed. I’ve been so incredibly grateful about the attention your videos and channel had received. It’s something that everyone needs to hear and learn from. It’s important to follow these guidelines. And it’s what most people need to understand. Coming together as a community can really improve for the better. I just want to thank you for everything that you’ve been doing with these patients, and how much work you put in to fight through
this as well, along with many other doctors around the world. Keep it up.

In Example 2, a commenter expresses their gratitude (‘so incredibly grateful’, ‘thank you for everything’, ‘Folded Hands’ emoji) to Dr Mike for providing medical information. The commenter thereby clearly positions Dr Mike as an expert and medical doctor who ‘fights’ the pandemic as part of a larger community of medical professionals (‘along with many other doctors around the world’). Additionally, the commenter also vouches (‘agreed’) for Dr Mike’s information, by repeating and positively evaluating his recommendations: ‘It’s important to follow these guidelines’, ‘coming together as a community can really improve for the better’. Consequently, the commenter seems to self-position as someone who is already informed and repeats these guidelines for those who are still uninformed, since ‘it’s something that everyone needs to hear and learn from’. However, it remains somewhat unclear whether the commenter considers themselves part of this group of non-experts (‘most people’) who need to rely on Dr Mike to be properly informed. Interestingly, commenters regularly point out that they are grateful for Dr Mike’s information, not necessarily because they need it, but because others do.

Importantly, affiliative comments are not only written by non-experts, or the general public, but medical doctors also express their gratitude to Dr Mike:

(3)
As a practitioner and colleague on the front lines,
THANK YOU for using your platform to educate our patients that desperately have questions but we unfortunately otherwise could not reach. Fuego🔥!

In Example 3, the commenter clearly self-positions as a medical professional by referring to themselves as a ‘practitioner’ and ‘colleague’. In addition, they present the medical community as a community at war (‘the front lines’), in which medical doctors presumably function as soldiers – a metaphor which is also reflected in Example 2. Additionally, the commenter displays gratitude (‘THANK YOU’ – emphasized through the use of capital letters) to Dr Mike, as his post will ‘educate our patients’, thereby implicitly vouching for the information provided by Dr Mike. In addition, the use of the pronouns ‘our’ and ‘we’ again invokes the medical community, whilst the commenter also creates a clear divide between the non-expert group of patients – who have ‘questions’ – and the expert group of medical professionals – who, in a joint effort, answer those questions.

Interestingly, affiliative comments to Dr Mike’s Covid-19-related posts also regularly occur in narrative form. While experts tend to use these stories in a similar way as discussed above, in the case of non-experts, these narratives most often consist of stories in which the commenter explains how they used Dr Mike’s expert information to help other story characters in becoming better informed about the pandemic. This is also the case in Example 4:
My little 12 y/o brother had a breakdown yesterday because of the news. He had just had a common flu (which he got from me) and when the coughing didn’t go away, he was scared it was the noval coronavirus. I didn’t really know how to help him, because I know how easily diseases are spread, but when I watched your video I immediately showed it to him. We’re from the Netherlands so his first language is not English but he is so smart that he understood your entire video. I was so proud of him and I am so thankful for you that I was able to help him calm down and be properly informed. Thank you from the bottom of my heart❣!

In this narrative, the commenter self-positions as a non-expert who is already somewhat informed, as illustrated by their ability to differentiate between ‘the common flu’ and ‘the noval [sic] coronavirus’ and their awareness of ‘how easily diseases are spread’. However, despite this knowledge, the commenter does not ‘really know how to help’ their scared little brother, but instead has to rely on Dr Mike’s video, which they ‘immediately showed’ to their brother after having ‘watched’ it themselves. The commenter thereby clearly takes an affiliative stance to Dr Mike’s expert status, since they consider his video trustworthy, informative and convincing enough to educate their younger sibling. The evaluation stage of the narrative further underlines this, since Dr Mike’s expert advice indeed allowed the commenter to help their brother ‘calm down and be properly informed’. Finally, the commenter ends their narrative by extensively thanking Dr Mike, since his content allowed the commenter to turn a non-expert story character – i.e. their brother – into a well-informed individual.

Additionally, there are a number of narratives in which informed non-experts ‘lead by example’, by narrating which steps they take to follow Dr Mike’s guidelines, as we see in example 5:

Finally, someone actually talks about these stupid bs. I’m not a doctor, but I studied biology and have a common sense.
My reaction for the pandemic was to fly home to the UK to my parents and lock them in. I have given them my savings and gonna start to work from home and give them as much as I make, because I don’t want them to go to work until we start to have decreasing numbers of deaths [...] Thank you for your video, huge virtual kisses

The commenter in Example 5 immediately takes an affiliative stance towards Dr Mike as a source of correct information, since they express relief that Dr Mike is refuting misinformation (‘these stupid bs’). In addition, the commenter self-positions as a non-expert, since they are not a medical professional (‘I’m not a doctor’), but they do present themselves as someone who is well-informed, since they ‘have studied biology’ and have ‘common sense’. Furthermore, the commenter also self-positions as a highly agentive individual, who is willing to undertake many far-reaching measures to stay in line with the guidelines which are propagated by Dr Mike among others. The commenter’s actions of ‘flying home’, ‘locking their parents in’, ‘giving them my savings and … as much as I make’, their decision to ‘work from home’, as well as their monitoring of the situation (‘until we start to have decreasing numbers of deaths’), further underline that they are well informed about the recommended guidelines. Finally, the commenter expresses gratitude to Dr Mike for sharing his video, thereby once more taking an affiliative stance towards him as a source of trustworthy information.

Overall, in addition to the many appreciative comments regarding Dr Mike’s good looks, the affiliative reactions to Dr Mike’s Covid-19-related posts orient to Dr Mike’s identity as an expert and medical doctor, who is a source of trustworthy information. These reactions were posted by two large groups. On the one hand, well-informed and knowledgeable non-experts, who aim to follow Dr Mike’s guidelines and who are grateful to Dr Mike for providing information to the less well-informed. Hence, they construct a sub-expert identity and situate themselves between the real experts and the uninformed lay people. On the other hand, medical experts vouched for the information provided by Dr Mike and co-constructed a community of medical professionals, of which they considered themselves to be a member together with Dr Mike. In the following section, we will scrutinize the disaffiliative comments to Dr Mike’s identity work in his Covid-19-related posts.

DISAFFILIATIVE COMMENTS
In general, most negative reactions to Dr Mike’s Covid-19-related posts consist of calls to remove older posts in which the information that is provided is not up to date anymore. In this respect, both the January 30th and March 5th posts are responded to most frequently. In the first post, Dr Mike is sketching a pre-pandemic situation in which the virus is ‘still limited to China’, while the second one is a compilation of Dr Mike’s first three YouTube videos on the coronavirus in which he provides five updates on the virus, e.g. on potential treatments and vaccines, but which is mainly picked up by followers because of Dr Mike’s advice not to buy and wear masks (see discussion below). That these posts are responded
to the most in a disaffiliative way is thus not surprising since the information that is
provided has become obsolete at a very rapid pace. It is also interesting to note that, as
part of the introductory section of the March 5th post, Dr Mike formulates an explicit
disclaimer about the limited shelf life of the post’s information:

(c)

“The date is February 18, 2020. I need you to know that because all the information I’m about to
give you is relevant up until this date.”

Yet, as we will see later, this disclaimer is hardly ever picked up by the post’s commenters.
In response to these posts, we saw many reactions pointing out the inaccuracy of the
information. These range from short comments stating that the information in the post
‘didn’t age well’ over negative evaluations of the information currently being ‘misleading’
to explicit requests to remove the post (see Example 9 below).

Next to these general observations, there is one specific thread of posts and comments
that is particularly interesting to discuss here, namely the issue of wearing masks. As Dr
Mikes changes his advice about wearing masks, this topic can on the one hand be related
to the information’s shelf life, but on the other hand it also touches on the intersectional
identity work on Dr Mike’s entire Instagram page. We will subsequently discuss these two
aspects in the remainder of this section. First, we will look into the issue of information
becoming obsolete by zooming in on the initial ‘mask’-post (March 5th) in which Dr Mike
advises against wearing a mask, which, at the time, was an advice in line with general
guidelines by, e.g. the WHO. We will demonstrate how the reactions to this post evolved
over time along with the changing context, namely, the evolution of the virus spread as
well as advancing insight regarding the usefulness of masks. Second, we explore how this
mask issue also relates to more general aspects of this Instagram page, and actually taps
into the very essence of it, namely the problematic nature of Dr Mike’s construction of an
intersectional identity of ‘sexy doctor’. The issue of wearing masks is situated right at the
interface of this intersectional identity. This is because wearing a mask on the one hand
considerably complicates the construction of the ‘attractive man’-identity, while on the
other hand facilitating the construction of a professional identity as medical expert. These
conflicting demands thus pose a challenge to the intersectional ‘sexy doctor’-identity of
Dr Mike and are clearly reflected in Dr Mike’s own posts when he advises in favour
of wearing a mask, as well as in his followers’ comments to these posts. We will now
subsequently discuss both aspects related to the issue of wearing masks.

TRACING AN EVOLUTION IN RESPONSES IN RELATION
TO THE CHANGING CONTEXT

In the March 5th post, the issue of whether or not to wear masks comes up for the first
time. While this issue is not part of the core of the message, the topic of wearing masks is
actually what the post starts with and also what it (almost) ends with. Namely:

(d) The opening lines

“Don’t buy masks for yourself if you don’t need them. And the CDC has been firm on this: most people,
the ones that are healthy and not sick, do not need a mask at this time.”
(e) The pre-final lines

"And also, I want to note that there’s becoming a shortage of masks, both regular surgical masks and specialised N95 masks because it seems like everyone is ordering them. Leave the equipment to professionals, people who truly need it. In fact, there’s been 1,700 medical workers who have been infected by COVID-19 virus. They’re already facing significant risk, do not make the problem worse by having them."

In both slightly overlapping excerpts, Dr Mike formulates a clear instruction for his followers not to buy masks. Unlike in many of his other posts, this advice is formulated from a third-person perspective instead of the collective we-form (see above). Moreover, he also ‘does’ fact construction here (Edwards and Potter, 1992) by drawing on authority sources such as the CDC (see Excerpt d) and by using jargon (e.g. N95 masks, Excerpt e) and exact numbers (1,700 medical workers, Excerpt e) to support his argument. Both elements contribute to the construction of an ‘ostensibly disinterested factual report’ which is often used for stake inoculation (Edwards and Potter, 1992: 158), or, in other words, to avoid coming across as speaking out of self-interest (namely, ‘you cannot buy masks because we, medical workers, need them’).

What makes the reactions to this post particularly interesting is that there is a clear evolution visible in the comments and that this evolution can be related to changes in the surrounding context. In essence, we discern three phases in post-responses. Initially, in addition to many affiliative comments, there are also quite some critical reactions that often challenge Dr Mike’s expert identity, as we see here:

(6)
This is fucking bullshit and you guys just listen to this “doctor” 🤦

(7)
Naturally all misinformation and panic inciting ‘fake news’ should be avoided BUT please do not pretend to be an expert on SARS-Cov-2. Neither you nor CDC can be considered as expert NOONE really has extensively studied this novel virus – for one very simple reason – ITS NEW. All really competent virologists and immunologists are talking with extreme caution about this issue but @doctor.mike talks about it as if he actually knows better. That’s really sad.
In Excerpt 6, the use of the quotation marks around the word ‘doctor’ questions Dr Mike’s expert identity in a general way, while in 7, the challenge is oriented to the specific characteristics of the pandemic, namely on the one hand that it is a novel virus and that there are thus no extensive studies on it, and on the other hand, that Dr Mike does not have the specialization required to be competent in this (namely, as he is not a virologist or immunologist). In this way, this commenter challenges Dr Mike’s identity as a spokesperson for the medical community, while at the same time also deconstructing this community, namely by pointing out that it is not monolithic, but consisting of people with various types of expertise.

Then, a bit later and parallel with the Covid-19 outbreak in Italy, the focus of many comments shifts, and the topics tend to be related to the situation outside of the United States (i.e. Italy and Hong Kong).

(8)
I’m an Italian medical doctor living and working in Milano.
This post is COMPLETELY NONSENSE. Shame on you

The commenter of this post first establishes their own expert identity, by presenting themselves as a ‘medical doctor’, but also by making their geographical origin relevant. While they do not provide any additional arguments as to why the latter aspect adds to their expertise, it is implied that a doctor working in an area heavily confronted with the impact of the virus at the time has more credibility than a doctor who does not have hands-on experience yet (like Dr Mike). On the basis of these implications, this commenter’s high expert status is established, and this enables him to explicitly evaluate Dr Mike’s post very negatively, even holding Dr Mike accountable for it (‘shame on you’).

Finally, the more recent critical comments tend to call for the post to be taken down:

(9)
Do you never read the comments or are you choosing to keep this misleading video of yours?
TAKE THIS VIDEO DOWN PLEASE BEFORE YOU KILL MORE PEOPLE.

While this appeal is directly oriented to Dr Mike (cf., the use of the second-person pronoun) and does not shy away from holding him accountable for the potential effect of his post (namely, killing more people), the tone of these appeals gradually softened and some comments even refer to the fact that in the original post, Dr Mike warned his followers that the information was only valid when posted (see Excerpt c).

Thus, in response to this post, we could clearly pinpoint a temporal evolution along with the spread of the virus from China over Europe to the United States, with an increasing degree of urgency in the calls to take the information down when it starts to be relevant for the local audience of followers in the United States. In spite of this
evolution, the tendency to challenge Dr Mike’s expert identity as a doctor remained fairly constant.

THE CLASH BETWEEN THE MASK ISSUE AND THE CONFLICTING DEMANDS OF DR MIKE’S INTERSECTIONAL IDENTITY
As explained above, wearing a mask is at odds with Dr Mike’s intersectional identity work on his Instagram page. This really comes to the fore in the two final posts of our data collection period. In these posts, Dr Mike’s advice is clearly in favour of wearing masks, but the pictures of these posts are somewhat ambiguous. First, on July 8th, Dr Mike posts an allegedly old picture with a high ‘fashion shoot’-quality of himself in a fancy suit and without a mask (see https://www.instagram.com/p/CCYTV9TJGDj/, last accessed on 6 May 2021), with the following accompanying post:

(f)

doctor.mike Man, I miss the #summer days ⭐ when you can walk around without a mask! Please know we in the medical community know the masks aren’t comfortable or sexy, but they truly do limit the spread of #covid19 #stayalertnotanxious coração

This post is quite emblematic for the intersectional identity that Dr Mike establishes on his entire Instagram page, as it constructs a ‘medical worker’-in-group (‘we in the medical community’ as well as the final emoji referring to the gratitude of healthcare workers coração) while also orienting to the importance of looking good, both in the text (‘sexy’) and through the clearly posed nature of the accompanying picture. This then leads up to the advice to wear a mask, which is briefly accounted for (‘they truly do limit the spread of #covid19’).

Given the prevalent status of pictures over texts on Instagram, it is rather unsurprising that the vast majority of the comments are oriented to appreciations of Dr Mike’s ‘sexy doctor’ identity without any reference to the mask issue. Yet, there are a few commenters who link either one of the aspects of Dr Mike’s intersectional identity to masks, namely, to his looks (see Excerpt 10) or to his professional identity as doctor (see excerpt 11):

(10)
You’re sexy with or without a mask 😊

(11)
Crazy how you guys wear them all day for long hours it’s very uncomfortable. Hopefully one day things can go back to normal:/

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(11)
Crazy how you guys wear them all day for long hours it’s very uncomfortable. Hopefully one day things can go back to normal:/
Finally, next to this avalanche of appreciative comments, there is a tiny proportion of critical remarks, of which the following stands out:

(12)
I swear I’m not trying to be rude, but despite how much you ask the public to wear masks, you don’t seem to be wearing one. I don’t blame you for not wearing one, because I refuse to wear one… but I find it somewhat hypocritical…

Again, I swear I’m not trying to be rude or mean or whatever! Also, I love your videos! As a person who finds it difficult to know who to trust (as far as media goes) your videos are VERY helpful and very enjoyable!

Thank you for all you do!

While this criticism is mitigated and downgraded by the surrounding disclaimers and expressions of gratitude, this commenter points at the contrast between the ‘maskless’ picture and the ‘mask-wearing’-advice in the text. This really makes the contrasting demands of Dr Mike’s intersectional identity explicit, as wearing masks is required in terms of his professional identity as a medical worker although it at the same time undermines his ‘attractive man’-identity.

This also surfaces clearly in the final post in our dataset (July 19th), in which Dr Mike posts a picture of himself with a mask under his chin (see https://www.instagram.com/p/CC1aJN3JA_S/, last accessed on 6 May 2021). The accompanying text reads as follows:

(g)
doctor.mike PSA: Wear your mask and freckles proudly!
Tune in this Wednesday for a #covid19 & schools (opening) update!

Again, we see here an orientation to his professional identity (‘wear your mask’) as well as to his appearance (‘freckles’). Once more, many commenters swoon over Dr Mike’s freckles rather than respond to his advice to wear a mask, but this time, there are also quite a few comments that challenge the position of the mask in the picture (namely under Dr Mike’s chin). While some commenters point this out in a light-hearted ironic tone (see excerpt 13), there are also more critical comments (see excerpt 14).
Hey um...doc I think you’re supposed to put your mask over your nose and mouth

A mask on your chin? My god, what kind of doctor is this? You should just stick to your self-centered YouTube channel and this attention-seeker Instagram. You, sir, are no doctor.

As we see in the final comment, the challenge is directly oriented to Dr Mike’s professional identity, which is actually refuted at the end of the comment (‘You, sir, are no doctor’). This is then related to Dr Mike’s presence on YouTube and Instagram, which are framed in derogatory terms and associated with alternative, inherently negative and non-professional identities (‘self-centred’ and ‘attention-seeker’). Hence, once more, we see a clash here between the different demands of Dr Mike’s intersectional identity surfacing.

Overall, we observed in these last two posts that there is a contrast between Dr Mike’s maskless pictures and his advice to wear masks, which can be related to his attempt to construct two identities at the same time, namely that of an attractive man (cf., the pictures without masks) and his expert identity as a doctor (cf., the advice to wear masks). This juxtaposition between picture and text – but also within the texts – demonstrates the problematic nature of masks at this interface of Dr Mike’s intersectional identity, as was also clearly visible in some of the commenters’ reactions.

CONCLUSIONS

In this chapter we have scrutinized the identity work that takes place on Dr Mike’s Instagram account and in the comments that his posts generated in the first six months of the Covid-19 pandemic. As a benchmark for our analyses, we observed that in general, Dr Mike constructs an intersectional identity on his Instagram page, in which posts presenting him as an expert doctor appear alongside posts that frame him as an attractive man. It is exactly at the interface of these two identities that this identity of the ‘sexy doctor’ emerges, and this intersectional identity is what makes Dr Mike so successful in an online medium like Instagram. This is also clearly reflected in the comments on his posts, which are very often oriented precisely at the interface of these two identities. Overall, it thus became obvious that Dr Mike, in line with other physicians active on social media today, successfully constructed a hybrid online identity by portraying himself as an authoritative expert who combats misinformation, as well as an ordinary individual (see, e.g. Mao and Zhao, 2019; Zhou, 2020).

On the one hand, the pandemic did not have a crucial impact on these two aspects of Dr Mike’s identity work, as illustrated by his own posts during the period of study and most followers’ ongoing appreciation for both aspects of his intersectional identity. While the construction of – as well as orientations to – Dr Mike’s identity as an attractive man remained highly constant, it was noteworthy that his expert identity as a doctor was
clearly framed against a background of a collective and international group of medical workers. This can be related to the framing of the virus as an opponent against which people are ‘at war’ and which thus requires unity and a collaborative effort among medical workers. Many of Dr Mike’s followers contributed to strengthening the establishment of this collective group by self-identifying as medical workers and affiliating with his posts through their comments and narratives, thereby co-constructing this collective identity of medical professionals. Moreover, many non-expert followers shared stories of personal experience and thereby constructed a ‘networked narrative’ or ‘a constellation of evaluations, retellings and reactions … embedded in a wider aggregation of talk about a particular topic, which in turn constitutes a social narrative’ (Page, Harper and Frobenius, 2013: 209–10) through which they established their identities as – what we have called – ‘sub-experts’ who are thus somewhat affiliated with the collective group of medical professionals. The construction of this ‘sub-expert’ group can, of course, be related to the nature of the pandemic, as a result of which all people need to be mobilized, change their behaviour, and become informed in order to ‘win the war’ against the virus. Hence, we argue that because of the pandemic, a greater orientation to a collective identity of those who are fighting the virus – as experts or sub-experts – is co-constructed in this community of Dr Mike and his followers.

On the other hand, the pandemic also presented a challenge to Dr Mike’s intersectional identity work, which culminated in our data in the form of the ‘mask issue’. First of all, this is a highly debated topic in many countries because the official guidelines regarding mask-wearing have changed significantly in the period under discussion here. This was also visible in the evolution in the many disaffiliative comments that were – and are still – produced against Dr Mike’s initial advice not to wear masks. Second, and more importantly for the purposes of this chapter, the mask issue clearly resulted in a double bind in terms of identity work on Dr Mike’s Instagram page. While the textual advice in his posts changed along with international guidelines, the pictures that he posted of himself did not. So, while urging people to wear masks, he still posted pictures of himself without – correctly worn – masks. This was emblematic for the ‘problem’ that the mask issue posed for Dr Mike’s intersectional identity work, because during the pandemic, masks are on the one hand a requirement for the construction of his expert identity as a doctor, but on the other hand they are detrimental for the ‘attractive man’-identity that Dr Mike constructs at the same time. This issue is raised by many of Dr Mike’s followers, who challenge the fact that the ‘attractive man’-identity sometimes seems to preponderate over his expert identity as a doctor in this pandemic.

This identity struggle (Van De Mieroop and Schnurr, 2017) is, of course, quite characteristic of a medium such as Instagram, where ‘singular’ identity work in terms of expertise (e.g. a doctor who only constructs his expert identity) may generate fewer conflicting demands and result in a higher credibility in the traditional sense, but may at the same time not be as attractive to potential followers and may thus lead to much less influence (see, e.g. Archer, Wolf and Nalloor, 2020; Zou, Zhang and Tang, 2020). Importantly, it is Dr Mike’s ‘heteroglossia of voices’ (Bakhtin, 1981) and close intertwining of his medical expertise with his social identities, which allows him to construct an influential online identity. We would even argue that in order to gather crowds of followers and to generate considerable influence on this medium (and beyond), as Dr Mike does, the successful construction, negotiation as well as legitimization of intersectional identities are crucial. It is precisely being ‘sexy’ and ‘knowledgeable’ that makes Dr Mike such an Instagram success. However, while such new types of online
identity work can ‘provide new opportunities for identification [...] and social action’, they
can also ‘impose new divisions, hierarchies and exclusions’ (Leppänen et al., 2014: 133).
In the case of medical doctors’ online identities, generational dichotomies have previously
been pointed out as a possible challenge, since – in comparison with digital natives –
older generations may deem physicians’ traditional, authoritative and trustworthy status
compromised by their hybrid or intersectional online identity work (see e.g. O’Regan,
Smithson and Spain, 2018; Zhou, 2020). Interestingly, the Covid-19 pandemic rendered
these challenges even more complex, as medical doctors are now faced with, on the one
hand, a virus about which medical knowledge was initially – and is still – limited, and,
on the other hand, an online audience that consists of – or considers itself as – both
experts and sub-experts, rather than uninformed lay people. Consequently, in instances
where the attractive and ‘sexy’ aspect of Dr Mike’s intersectional identity was not in line
with official health measures – as was the case for the mask issue – he received criticism
from his well-informed audience. Hence, in those instances the more personal layers
of his intersectional identity did not have their desired effect of increasing his online
‘followability’, but instead turned well-informed followers against him and diminished his
expert status. Consequently, the current health crisis – and the general public’s ensuing
expertise – seems to have further problematized the boundaries within which physicians
can construct authoritative, yet ‘followable’ online identities.

Nevertheless, despite this added complexity caused by Covid-19, Dr Mike’s
intersectional identity construction remained largely successful. The observation that
the skilful portrayal of himself as a ‘sexy doctor’ still proved more ‘followable’ and
thus more influential than either of the identities of ‘expert doctor’ or ‘attractive man’,
further confirms that medical doctors are indeed increasingly and successfully adapting
their identity work to the social media environment by constructing hybrid, rather than
traditional, online identities. Given their ‘followable’ nature, these layered and complex
online identity constructions can thus form an important tool in the online battle against
misinformation on Covid-19 and other health topics. Yet, as this chapter illustrated,
medical doctors have to carry out a delicate balancing act, as their intersectional identity
work can easily diminish their ‘followability’ and expertise, if it is not properly tailored
to the specific audience and context. Hence, we hope that future research will further
explore the processes involved in this relatively new and complex hybrid identity work
at the intersection of various personal and professional identities on Instagram, as well as
on other social media platforms.

NOTES

1 https://www.shareverified.com/en
4 https://about.instagram.com/blog/announcements/coronavirus-keeping-people-safe-informed-and-supported-on-instagram
5 For the purposes of this study, the cut-off point was decided on the last July post (namely
on 19 July), as afterwards, we noticed that there was a growing attention to the political
aspect of the pandemic in the Covid-19-related posts, which can be linked to the upcoming
presidential elections in the United States in November 2020. This intermingling of the
pandemic and politics is outside the scope of this study.
Dr Mike's own posts are listed by using letters in this chapter, while his commenters’ posts are numbered. As such, the two types of contributions can easily be discerned from one another. All the written posts are presented in plain text and are anonymized except for Dr Mike's own posts, while Dr Mike’s spoken contributions are literally transcribed and presented as textboxes to make the oral character come to the fore more clearly.

Although we aimed to select comments by a wide variety of commenters, posted by seemingly real, personal Instagram accounts, the possibility of affiliative comments having been fabricated by Dr Mike or his social media team can, of course, not be ruled out, which forms a limitation of this study.

Between March 5th and July 8th, there are no posts relating to masks.

REFERENCES


