

ABSTRACT

Title of thesis: STABLE SCIENCE AND FICKLE BODIES:
AN EXAMINATION OF TRUST AND THE
CONSTRUCTION OF EXPERTISE ON
R/SKINCAREADDICTION

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While there is considerable research on the topic of trust when it comes to health information or news media, there is less work examining how trust and expertise are conceptualized for information that may straddle both subjective and objective approaches to knowledge. In this thesis, I use the subreddit r/SkincareAddiction as a field site to examine how users construct skincare expertise and position skincare expertise in relation to formalized bioscience and experiential knowledge. Building on Science and Technology Studies' theories of lay expertise and embodiment, I investigate how users interpret, share, and enact skincare and subreddit competence, discern trustworthy information, and negotiate the boundaries of science. Through a grounded theory analysis of subreddit posts and comments, I argue that r/SkincareAddiction users engage in forms of boundary work to preserve the expertise of medical professionals and the perceived infallibility of science. I argue that such delineations both uphold formalized systems of expertise and make space for alternative, community-specific forms of skincare expertise. This community-specific expertise is reified through community norms and agreed

upon beliefs, such as the understanding that “your mileage may vary” and “everyone’s skin is different”. I situate these community beliefs within feminist understandings of embodied knowledge and argue that these beliefs are what afford users participation in “expert” conversations from which they might otherwise be excluded.

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CONSTRUCTION OF EXPERTISE ON R/SKINCAREADDICTION

by

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Chapter 1: Introduction

In 1938, the United States Congress passed the Food, Drug, and Cosmetics Act (FD&C Act), which afforded the US Food and Drug Administration (FDA) oversight of food, drugs, medical devices, and cosmetics (Center for Food Safety and Applied Nutrition, 2022). With this set of laws, the FDA codified a distinction between drugs and cosmetics. Cosmetics were defined as “articles intended to be rubbed, poured, sprinkled, or sprayed on, introduced into, or otherwise applied to the human body...for cleansing, beautifying, promoting attractiveness, or altering the appearance” (Food, Drugs, and Cosmetics Act, 1938). Conversely, drugs were defined as products “that had an intended therapeutic purpose such as treating or preventing disease, or to affect the structure or function of the body” (Food, Drugs, and Cosmetics Act, 1938).

By classifying cosmetics separately from drugs, the FD&C created a regulatory precedent that continues to inform the present-day production, distribution, and monitoring of cosmetics. Unlike their drug counterparts, cosmetics are *not* subject to the same regulations, oversight processes, or clinical research. As a result, cosmetics have far fewer restrictions and testing requirements. Most notably, manufacturers do not need any sort of approval (FDA or otherwise) to create and sell cosmetics to the general public.¹ This has helped create a booming but unbridled cosmetic industry that exists under the purview of the FDA, but primarily operates in areas beyond the FDA’s enforcement control.

¹ More information about cosmetic production can be found on the FDA’s “Small Business & Homemade Cosmetics: Fact Sheet”. <https://www.fda.gov/cosmetics/resources-industry-cosmetics/small-businesses-homemade-cosmetics-fact-sheet>

In the 85 years since the FD&C Act, the cosmetic industry has undergone significant expansion and development. This expansion has ushered in a new era of cosmetics and cosmetic technologies, with a particular focus on the “science-backed” efficacy of a cosmetic or cosmetic intervention (Wong, 2019). In a manner similar to biohacking or wellness ideology, the cosmetic industry has taken a turn towards the scientific, with the suggestion that science (and all that it entails) is the key to an effective cosmetic. Conversely, drugs and medicine—once exclusively the domain of “science”—are now becoming aestheticized through things such as cosmetic dermatology, clinical skincare, and medical spas.²

The complex distinction and interplay between drugs and cosmetics both exemplify and contribute to the central tension underscoring the basis of this research—the creation and blurring of boundaries between science and non-science in the context of skincare and cosmetic practices, and its relationship to the construction of skincare expertise. In this thesis, I use the subreddit r/SkincareAddiction as a field site to examine how users construct skincare expertise and position skincare expertise in relation to formalized bioscience and experiential knowledge. Building on Science and Technology Studies’ theories of lay expertise and embodiment, I investigate how users interpret, share, and enact skincare and subreddit competence. Specifically, this research asks following questions:

(RQ1) How do users of r/SkincareAddiction discuss trust, and what factors contribute to or detract from the creation of trustworthiness?

(RQ2) How do users of r/SkincareAddiction evaluate skincare expertise?

² A medical spa is classified as a medical office or business that offers non-surgical cosmetic procedures, such as Botox/filler injections, facials, or laser treatments. They are usually run by a supervising physician, however non-medical staff can provide procedures depending on the local regulations and the type of procedures being offered (O’Brien and Moeller, 2021).

2a. What are the ways users of r/SkincareAddiction perform skincare expertise?

(RQ3) How do users of r/SkincareAddiction view the body as it relates to skincare?

I address these research questions in Chapter Five, and I argue the following six points:

- 1) Sunscreen functions as a boundary object (Star & Griesemer, 1989) because it moves between two distinct social worlds, makes legible regulatory processes, and facilitates a common goal between r/SkincareAddiction users and dermatologists.
- 2) Users' interpretation and evaluation of sunscreen regulations function as a type of interactional expertise (Collins and Evans, 2002).
- 3) Sunscreen problematizes professional/lay boundaries, and users' create artificial boundaries between "regulations" and "science" in an effort to preserve the sanctity of science.
- 4) Users engage in boundary work (Gieryn, 1983) to preserve the lay status of the subreddit. This boundary work is a credibility tactic (Epstein, 1995) designed to distance the subreddit from "fringe" or "anti-science" associations.
- 5) Users employ an embodied understanding of skincare that is contingent on self-expertise. This self-expertise functions as a subreddit community norm and corresponds with the other community norm, "your mileage may vary".
- 6) "Body doubling" is the process of looking for approximations of yourself online and assembling those approximations to construct a cyber body with which you make decisions. Body doubling is essential to the function of r/SkincareAddiction.

1.1 Project Roadmap

This thesis is presented in five chapters. In Chapter Two, I provide an overview of both the theories and research in which this thesis is situated. I start with an examination of the foundational theories in Science and Technology Studies (STS) that engage with lay expertise, the social construction of science, and feminist epistemologies. I then synthesize three theories of trust by notable sociologists Niklas Luhmann, Georg Simmel, and Anthony Giddens. Following this theoretical synthesis, I examine contemporary research on trust and online health information seeking, as well as revisit literature on lay expertise. Finally, I detail the site history of r/SkincareAddiction and situate it within the broader context of social media dermatology.

In Chapter Three, I describe the rationale for employing grounded methodology and my data collection methods. This includes details on acquiring the data set, developing codes, and analyzing data, as well as the ethical considerations and limitations of this research.

In Chapter Four, I detail the major findings of the research and present them in three categories: (1) dermatology and medical/scientific credibility (2) trust and skincare (3) specificity and the role of personal responsibility in skincare.

Finally, in Chapter Five I connect the findings of the research to my initial research questions and offer possible directions for future research.

Chapter 2: Literature Review

This thesis is situated within a larger body of literature in Science and Technology Studies (STS) that investigates how expertise is defined and bounded in scientific and non-scientific domains. In the section below, I provide an overview of theories of expertise that specifically focuses on “lay expertise”, which describes the knowledge of non-credentialed individuals who contribute to research, technical decision making, or scientific work. The theory of lay expertise is essential to unpacking r/SkincareAddiction, because it helps illuminate the central tension present in this research— how do people determine expertise in a lay community, when the topic of that expertise (skincare) is ill-defined and distributed across both scientific and non-scientific domains? In this regard, discussions of skincare on r/SkincareAddiction are uniquely poised for examinations of expertise because there is no culturally dictated consensus on who should be seen as the intellectual authority on skincare. Furthermore, skincare’s liminal status between bio-medicine and lay hobby complicates understandings and applications of science, and provides a rich space to examine the ways in which science is communicated, conceptualized, and bounded. Finally, skincare’s intimate relationship with the body, aesthetics, and systems of power provides a productive field site for applications of feminist theories of embodied knowledge, scientific authority, and degrees of agency.

2.1 Experts and expertise

Scholars such as H.M. Collins, Robert Evans, Bryan Wynne, Steven Epstein, and Donna Haraway provide some foundational theories on what constitutes expertise and how the public engages with science. One prominent thread in the work of Collins, Evans, Wynne, and Epstein

is the notion of non-credentialed expertise, often referred to as “lay expertise”. Wynne provides an example of lay expertise in his 1996 study of Cumbrian (England) sheep farmers and their interactions with scientists sent to evaluate the radioactive soil upon which the sheep grazed. Wynne argues that the farmers’ knowledge of soil composition and sheep movement patterns constituted a type of localized expertise despite existing outside the bounded credentials of their scientific counterparts. The scientists failed to recognize the farmers’ expertise, and as a result, performed a series of unsuccessful tests and interventions due to their limited understanding of the local habitat. Not only did this result in “bad science”, but it created a sense of distrust and alienation among the larger Cumbrian community. Wynne argues that scientific expert knowledge (like that of the scientists) “neglects and denigrates specialist lay knowledge” in part by overlooking particularities in favor of gross standardization (Wynne, 1996:68).

In a similar vein, Steven Epstein addresses the construction of lay expertise within the AIDS activism movement. In his article “The Construction of Lay Expertise: AIDS Activism and the Forging of Credibility in the Reform of Clinical Trials” (1995), Epstein details how AIDS “treatment activists” utilized the language and culture of biomedicine to construct credibility and influence clinical trials of AIDS drugs. Such “credibility tactics” demonstrated a “cultural competence” that rendered the activists legible (and credible) in the eyes of biomedicine. This credibility then afforded the activists more influence and participation in the development of clinical trials despite their lack of formalized credentials.

While both lay experts, the AIDS activists were granted participation in the knowledge process while the Cumbrian sheep farmers were not. This distinction is emphasized by H.M. Collins and Robert Evans in their article, “The Third Wave of Science Studies: Studies of Expertise and Experience” (2002). Collins and Evans argue that the construct of expertise needs

to evolve more thoroughly to account for the contributions of “experience-based experts”, such as those of the AIDS activists or Cumbrian sheep farmers. That said, they assert that the current constructivist paradigm used in the Social Studies of Science suffers from the problem of “extension” in an effort to correct the problem of “legitimacy”. In other words, they believe that theorists have over-extended participation in technical decision making to a monolithic lay public. To remedy this, they suggest a characterization of experience-based expertise that focuses on specific acquired skills, as well as an analysis paradigm that examines (1) interactional expertise and (2) contributory expertise.³ Using this framework of experience-based expertise, Collins and Evans argue that it is a mischaracterization to label expertise of the Cumbrian sheep farmers as lay expertise, because the skill and specificity of their knowledge is not to be found in the general public.

Another core thread in the STS discussion of expert knowledge is the bounding of scientific information. Thomas Gieryn, Geoffrey Bowker, and Susan Star investigate this in their work on classification systems and the demarcation of science from non-science. Gieryn argues that scientists engage in “boundary work”, whereby they create boundaries to delineate science from non-science as a means of preserving intellectual authority, expanding scientific jurisdiction, and protecting the autonomy of scientific research (Gieryn, 1983).

In their book, “Sorting Things Out: Classification and its Consequences” (1999), Bowker and Star investigate boundaries by way of classifications, arguing that classifications can be used as powerful tools due to their potential to valorize one theory, perspective, or person. While neither “all good” or “all bad”, the act of classifying represents a type of bounding that reflects

³ Collins and Evans define interactional expertise as “enough expertise to act interestingly with participants and carry out...analysis” and contributory expertise as “enough expertise to contribute to the science of the field being analyzed” (Collins and Evans, 2002).

the values and practices of a society. This bounding can then be reified (as well as problematized) through “boundary objects”, which Star and Griesemer describe as scientific objects “which are both plastic enough to adapt to local needs and the constraints of the several parties employing them, yet robust enough to maintain a common identity across sites” (Star & Griesemer, 1989).

Finally, a related theoretical branch in the discussion of expertise is feminist STS and feminist embodied knowledge. Broadly speaking, feminist STS aims to deconstruct the traditional, positivist view of scientific knowledge that is founded on principles of objectivity, rationality, and intellectual authority (Barad, 1999). More specifically, feminist STS argues for an intermixed and entangled view of phenomena and actors that dissolves the artificial boundaries between things such as human/non-human, science/culture, and persons/environments (Suchman, 2007; Barad, 1999). Feminist scholars such as Donna Haraway, Karen Barad, and Annemarie Mol investigate how knowledge can be “embodied” in different ways. Haraway rejects “pure objectivity” in favor of “situated knowledges”, which emphasizes the ways in which knowledge is situated within social and historical contexts and contains an embedded standpoint from those contexts (Haraway, 1988). This theory is further expanded upon through Haraway’s concept of “cyborgism”, wherein she rejects forms of feminist epistemic essentialism and argues for communities of affinity and a technology-mediated view of social relations (Haraway, 2000). Technology, she argues, is inscribed *in* us both due to and causing breakdown of human-machine boundaries.

In a somewhat different stance, Barad argues for an embeddedness that focuses on “intra-action” through agential realism, which theorizes the co-mingling of human and non-human agents to produce phenomena (Barad, 1999). Finally, Mol employs an embedded and co-

mingled perspective in her theory of the body as multiple, where she proposes that the body is not a singular entity, but rather an assemblage that is enacted through disease, medical practices, and ontologies of power (Mol, 2002).

2.2 Trust

While this research is rooted in STS theories of expertise, it utilizes the concept of trust as a means of identifying expertise. As such, it is important to establish a basic understanding of how scholars discuss and define trust. Trust, however, can be defined in many ways depending on the context and discipline in which it is being examined.

In this section, I will discuss some of the prominent theories of trust in the field of sociology, as well as the current research investigating information seeking behavior for online health information. While r/SkincareAddiction is not a health website, users may use it to seek and discuss health information about skin and skin related conditions. As such, it is helpful to examine the literature on online health information seeking behavior because it adds a necessary context to the larger ecosystem in which r/SkincareAddiction is situated. Furthermore, this context helps elucidate underlying tensions between formalized medical systems and shared patient experience.

2.2.1 Sociological theories of trust

Trust is a fluid and multidimensional concept that contributes to and supports many aspects of human interaction. While trust can function on an individual level, the sociologist Nikolas Luhmann viewed it as an essential part of systems-building and collective human advancement. According to his earlier writings in *Trust and Power* (1979), Luhmann views trust

as inseparable from its function. In this regard, Luhmann characterizes the function of trust as a means of reducing complexity by endowing responsibilities, tasks, duties, and personal knowledge to others, and in turn, facilitating system development (Luhmann, 1979, p.8). Luhmann draws a distinction between this “systems trust” and what he sees as interpersonal trust, the latter of which is a social phenomenon that contributes to and operates within systems trust. Luhmann also believes that trust must be linked to an action’s outcome. In other words, something only constitutes “trust” if the difference affects the individual imparting the trust (Kroeger, 2019).

While Luhmann’s understanding of trust is operational and systems based, the sociologist and philosopher Georg Simmel employs a different approach that prioritizes the interpersonal nature of trust. In his books *The Philosophy of Money* (1900) and *Sociology: Inquiries into the Construction of Social Forms* (1908), Simmel offers a brief explanation of how he views trust and how it is manifested. For Simmel, trust is first a belief and a constructed feeling: “a state of mind that has nothing to do with knowledge, which is both less and more than knowledge” (Simmel, [1908] 1990, p. 179). Simmel further elaborates on this idea, drawing a distinction between what he considers simple inductive knowledge (“if x then y will happen”), and actual trust, which he asserts has an additional metaphysical or mysterious component that extends beyond expectation and causation. He writes:

To believe in someone, without adding or conceiving what it is that one believes about him, is to employ a very subtle and profound idiom. It expresses the feeling that there exists between our idea of a being and the being itself a definite connection and unity, a certain consistency in our conception of it, an assurance and lack of resistance, in the

surrender of the ego to this conception, which may rest upon particular reasons, but is not explained by them. (Simmel, [1908]1990, pp. 179)

For Simmel, the concept of trust is more than a calculation or emotion, but rather a complex process that is situated relationally. This idea is further expanded upon when describing his theories on the dynamics of secret societies. With this, Simmel introduces the concept of confidence and asserts that when culture becomes more “objectified” (as with secret societies) and less focused on subjective experience, then less personal information is needed from an individual in order to establish confidence (Simmel, [1908] 1990 p. 319). He argues that this speaks to a type of reciprocal confidence among members, but asserts that confidence and trust, while similar and intertwined, are not the same thing. Simmel writes, ... “the trust we receive contains an almost compulsory power...By contrast, confidence is ‘given’; it cannot be requested in the same manner in which we are *requested* to honor it, once we are its recipients” (Simmel, [1908] 1990, p. 138). In his interpretation of the Simmelian model of trust, Mollering (2001) argues that Simmel’s characterization of trust is based upon the positive expectation of the future, which is in turn is dependent on two relationally-constructed elements: (1) the suspension of uncertainty about a situation and potential negative unknown futures, and (2) the present interpretation of a situation (Mollering, 2001; Endgahl and Lidskog, 2012).

The sociologist Anthony Giddens expands on Simmel’s basis of trust and agrees that trust is more than “weak inductive knowledge” (Giddens, 1990, p. 33). Like Simmel, Giddens believes that trust entails an elusive quality that is “psychologically consequential” and rooted in contingency (Giddens, 1990, p. 33). This intersection of contingency and emotional density is seen in his definition of trust, which he describes as “confidence in the reliability of a person or

system, regarding a given set of outcomes or events, where that confidence expresses a faith in the probity or love of another, or in the correctness of abstract principles (technical knowledge).” (Giddens, 1990, p. 34).

Giddens goes on to describe other relevant conditions of trust, and argues that risk should be viewed as a replacement of fate due to the socially-constructed nature of modernity (and in turn, the socially-constructed introduction of risk) (Giddens, 1990, p. 34). Giddens’ understanding of the relationship between trust and risk, however, differs from that of Luhmann’s. While Luhmann sees inaction as a way to avoid risk, Giddens believes that risk, under the conditions of modernity, is inevitable (Giddens, 1990, p. 32). In this sense, Giddens characterizes trust as inextricably linked to risk, with risk being enacted on a collective (rather than solely individual) level (Giddens, 1990, p. 35).

2.3 Trust and online health information-seeking

There is a substantial and ever-growing body of research studying the relationship between trust and online health information-seeking (Lambert and Loiselle, 2007). This is largely due to the increasing use of the internet as a primary source of health information. Pew Research reports that in 2009, 61 percent of American adults looked online for health information, which was an increase from 25 percent in 2000 (Pew Research Center, 2009). According to a study conducted by the Centers for Disease Control and Prevention using data from the Health Information and National Trends Survey, the internet was consistently the most common source of health information for the adults surveyed (Finney Rutten et al., 2019).

Not only have health websites been shown to facilitate health-related decision making (Hu and Sundar, 2010), but they also inform and increase communication with healthcare providers (Hou and Shim, 2010). This is but one of the reported benefits of utilizing online health information. In a literature review of consumer online health-information seeking, Haynes and Cline (2001) identify benefits such as increased interactive communication, increased access to health information, higher degrees of information personalization, and a larger degree of anonymity for stigmatized or embarrassing health topics. That being said, research has also identified some pitfalls with the proliferation of online health information. Such challenges include inconsistent or low-quality health information (Zhang, Sun, and Xie, 2015), variable eHealth literacy of consumers and their evaluation of reputable health resources, (Loeb et al., 2019), online privacy concerns for health information (Bodenheimer and Grumbach, 2003) and barriers to online health resources due to inaccessible technologies for older populations (Charness and Boot, 2009; Czaja et al, 2006; Pak, Price, and Thatcher, 2009).

2.3.2 Assessment of trustworthy health information

A significant factor that influences online health information-seeking behavior is the evaluation and assessment of trustworthy or credible sources. How consumers determine trustworthiness and credibility, however, is manifold. In a systematic literature review examining 20 articles related to the psychological and behavioral aspects of consumers engaging with health information websites, Kim (2014) identifies three categories of trust antecedents—individual difference antecedents, website-related antecedents, and consumer-to-website interaction-related antecedents.

2.3.2.1 Individual difference antecedents

Individual difference antecedents describe how assessments of trustworthiness or credibility can be influenced by consumer characteristics like socio-demographics (Dutta-Bergman, 2003), personality traits (Bansal et al, 2010), individual health status (Ye, 2010), and health literacy (Eastin, 2001). In an empirical study on the impact of personal dispositions on privacy when disclosing health information online, Bansal et al. (2010) found that individuals who had a poor health status were less likely to disclose health information due to increased privacy concerns. In spaces like r/SkincareAddiction, there are fewer (if any) signifiers of individual characteristics, and it raises questions about how to account for or measure these influences when considering the construction of trust.

2.3.2.2 Website-related antecedents

Website-related antecedents describe how assessments of trustworthiness and credibility can be influenced by aspects of a website, such as its appearance (Rains and Karmikel, 2009), information quality (Eysenbach and Kohler, 2002) quality of user interface (Bart et al., 2005), and ease of use (Corritore et al., 2012; Flavian, Guinaliu, and Gurrea, 2006). This relationship between ease of use and trustworthiness is further examined in a study by Corritore et al. (2012) and reports similar findings. In their study of factors that influence trust in health websites, Corritore et al recruited 176 participants to examine the website WebMD and evaluate the website using a Likert scale. The Likert scale was distributed across 34 items: credibility-honesty (5 items), credibility-expertise (4), credibility-predictability (6), credibility-reputation (4); ease of use (4); risk (7); and trust (7). Through principal factor analysis followed by a confirmatory factor analysis, the researchers found a positive relationship between trust and ease of use, as well as a positive relationship between credibility and trust. The researchers also

found that high usability increased the users' perception of credibility, while perceived ease of use (PEOU) had an indirect relationship with risk through credibility. In other words, the effect of PEOU on risk was mediated by credibility since low PEOU predicted low credibility, and low credibility predicted high risk. Most interestingly, however, the researchers found that participants appeared to consider items associated with expertise ("knowledge", "competency", "qualified") equivalent to honesty items which focused on truthfulness, integrity, and believability. The researchers interpreted this finding to mean that participants understood content expertise as an issue of honesty. For the participants, health websites that did not display expertise in health information also signaled a lack of honesty and truthfulness in addition to the lack of domain expertise. This finding is especially relevant when considering how expertise can be constructed in lay spaces that are supplemental or reactionary to official expert domains.

2.3.2.3 Consumer-to-website antecedents

Consumer-to-website interaction-related antecedents describe how assessments of trustworthiness and credibility can be influenced by the consumer's engagement with the health website and related websites (Kim, 2014). These include the consumer's perceived reputation of the website (Sillence et al., 2007), perceived risk of acting on the information presented by the website (Mun et al., 2013) and familiarity with similar websites or topics (Sillence et al., 2007). In a study of post-menopausal women seeking information on hormone replacement therapy, Sillence et al. found that participants utilized the internet to supplement the information they received from their doctor. When looking for information online, participants rejected information from sales sites quickly and showed some distrust of websites that were sponsored by pharmaceutical companies. Conversely, participants were more trusting of websites that had a "medical" feel. In addition, participants demonstrated a preference for first-person stories

related to their health conditions with which they could identify. Ultimately, participants viewed their doctor as the primary source of information and advice, however internet research made them feel more confident in their medical decisions.

2.5 Expertise in online communities

While I have spent a considerable amount of time discussing trust and its many complexities, this research is ultimately interested in constructions of lay expertise, with a specific focus on lay expertise in online communities. As detailed in section 2.3, there are now more opportunities than ever to access, consume, and produce health information online. It is possible that with this expansion, however, characterizations of expertise may become more complex and reconfigured. Eysenbach (2008) addresses this with his theory of apomediation, wherein he suggests that mechanisms of filtering and influential peers displace or diminish the role of healthcare professionals. That said, this does not speak to expressions of expertise in domains where there is no medically-agreed upon authority, or in taboo domains that exist on the fringes of society.

An example of one such domain can be seen in Hine's (2014) study of head lice eradication strategies discussed on the internet forum, Mumsnet. Since there is "no single, universally agreed, medically approved, solution to head louse infestation" (Hine, 2014, p. 575), users of Mumsnet are left to judge different forms of expertise and conflicting advice. Hine found that users made little use of formal literature or official recommendations, and instead preferred to rely on informal personal narratives or branded products.

Conversely, Hall, Grogan & Gough (2016) found that synthol users in an online bodybuilding forum drew from medical and pharmaceutical knowledge as a means of building legitimacy, and by extension, expertise.⁴ These users also communicated and sought personal narratives, however personal narratives anchored in medical discourse increased credibility. Another signifier of credibility was the creation of “guides”, which detailed instructions and precautions for injecting synthol.

In the studies of head lice and synthol, both sets of users constructed and assessed expertise in the absence of specialist knowledge. That said, creation of lay expertise also exists for topics that traditionally utilize formalized, scientific expertise. In their study of online discussions of ADHD medication and aspartame, Versteeg, Molder, & Sneijder (2017) examined how users employed the idiomatic expression “listen to your body” to reject scientific authority and position themselves as self-experts. By invoking this expression, users demonstrated a type of health vigilance and collective understanding that positioned the body as innately legible and science as corrupted and indiscernible. “Listen to your body” was also used as a tactic to close controversies, and allowed users to “provide advice without making themselves vulnerable to criticism” (Versteeg, Molder, & Sneijder, 2017, p.445).

Experiential knowledge and its relationship to collective identity is also seen in Bilgre’s (2017) study of “broscience” in online Norwegian drug forums. These users valued the experiential knowledge (“broscience”) of other users, and saw that information as trustworthy and “legit” in comparison to the information put out by public health officials. Shared collective

⁴ Synthol is a mixture of oil, benzyl alcohol, and lidocaine. Some bodybuilders inject it into their muscles to increase muscle size. This practice is not recommended by medical professionals and can lead to things such as stroke or nerve damage (Pupka et al., 2009).

identity and cultural norms facilitated this legitimacy, and users with more subcultural competence and authenticity were seen as more trustworthy.

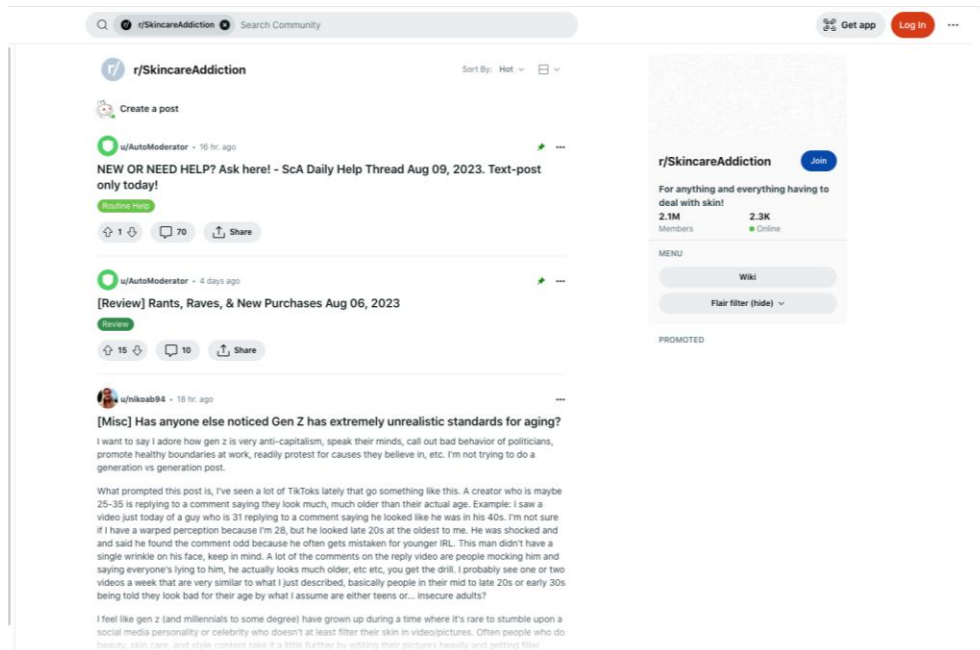
r/SkincareAddiction offers a rich field site for pursuing how lay communities utilize diverse resources to make sense of expertise. It engages with similar themes of subcultural competence, self-knowledge, and the anchoring discourse of medicine. In the following section, I will provide a brief overview of the structure of r/SkincareAddiction and the rise of social media dermatology.

2.6 Site history and functions

In order to better understand r/SkincareAddiction, we have to know more about its history and user experience. r/SkincareAddiction is the largest and most popular skin care subreddit. Established in 2012, the subreddit now has close to 2.1 million members as of August 2023.⁵ While there is no official demographic data for r/SkincareAddiction, posts frequently feature users self-identifying as female. This is a departure from the average Reddit user who is generally male (Gilbert, 2020).

The subreddit features all discussions related to skin care, like skin care routines, sun protection, anti-aging practices, acne, “holy grail” products, progress photos, dermatologists, cosmetic chemistry, and more. The most common posts on the subreddit are members seeking advice on routines, products, and cosmetic advice (Buntix-Kreig et al., 2017; Gholami-Kordkheili et al, 2013). This aligns with the larger trends in other dermatology subreddits, where members utilize the crowd-sourcing capability of reddit to seek information and advice on skin conditions, treatments, and referrals (Chu et al., 2021).

⁵ <https://www.reddit.com/r/SkincareAddiction/>



The front page of r/SkincareAddiction showing recent posts.

The subreddit features tags such as “PSA [Public Safety Announcement]”, “Routine Help”, “Sun Care”, “Anti-Aging”, “Acne”, “Skin Concerns”, “Shelfie”, “Selfie/B&A”, “Product Question” and “Miscellaneous” to organize posts. In addition, members can self-identify with “flair” next to their usernames to highlight their skin conditions or credentials. For instance, “30s F| dry & extra dry” is for a skin-based flair, or “verified” (credential-based) flair for dermatologists, aestheticians, cosmetic chemists, doctors, and nurses.

Overall, members of r/SkincareAddiction are inclined to recommend or advise users to seek professional care from a dermatologist (Parks et al., 2020). Periodically self-identified doctors and chemists will also participate in the subreddit and review scholarly articles that

engage with skin care-related topics. These posts will fall under the tag of “research” and feature more academic discussions of skin care and the accompanying science behind it.

Although the subreddit is discussion-based, it has ascended to prominence given its informative wiki and subreddit-branded advice. The “Skincare Addiction routine” is the basic, recommended routine that has become popular beyond the subreddit (Skincare Addiction routine, 2019). This detailed, four-part document outlines the subreddit-endorsed steps and rules to follow when establishing a skin care routine.

2.6.1 Social media and health information

r/SkincareAddiction is part of the growing trend of social media and online dermatology communities (Szeto, 2021). Social media has been shown to help users build emotional support by connecting users with similar symptoms or experiences of disease (Broom, 2005; Colineau and Paris, 2010; Wicks et al., 2010). Although these online communities frequently engage in medical content, the majority of the communities and content they produce are created by non-medical professionals or “lay people” (Gholami-Kordkheili et al., 2013; Nguyen et al., 2021; Park et al., 2018). As a result, social media-influenced dermatological content is frequently at odds with official medical guidelines and characterized as imprecise (Iglesias-Puzas et al., 2021; Yousaf et al., 2020). This is especially pertinent considering that users seeking health-related information are more likely to act on the information they find (Record et al., 2018).

The use of social media has also been shown to influence the patient-provider relationship and patient understandings of expertise. According to the current literature, patients do not use social media as a replacement for medical intervention, but rather as supplemental information to complement their care plan (Gholami-Kordkheili et al, 2013). This is due in part to patient perception of healthcare professionals; medical professionals’ knowledge is viewed as

more expert and clinical, while social media information is viewed as experiential and based on first-hand accounts (Gholami-Kordkheili et al, 2013). To some medical providers, the use and incorporation of patient-provided social media information is viewed as a challenge to the professional's expertise and credentials, leading to suboptimal patient-provider interactions (Broom, 2015; Gholami-Kordkheili et al, 2013).

Chapter 3: Methods

This chapter discusses the process of using grounded theory to analyze r/SkincareAddiction. In this section, I detail the basis for using the grounded theory methodology, as well as the methods I used to acquire, sort, and code the dataset. Research limitations and ethical considerations are also discussed. Finally, I describe my coding process and the development of the final codebook.

3.1 Methodology

3.1.1 Grounded theory

Most literature examining r/SkincareAddiction focuses on the *accuracy* of the advice in the subreddit, and how that information is positioned within the larger context of medical misinformation. These studies involve doctors evaluating the accuracy of user assessments of skin conditions (Lee, Aboul-Fettouh, & Kash, 2022), as well the use of natural language processing models to identify skincare trends and correct misinformation (Sagar et al., 2021; Reddy, 2021; Cummins & Nambudiri, 2022). That said, there is a considerable gap in the

literature addressing how users of r/SkincareAddiction understand their participation in the subreddit, the construction of skincare expertise, and the interaction of the two. The existing studies primarily focus on external medical measures to determine information credibility, which makes it difficult to assess how members of the subreddit understand their own community and create group competencies.

Due to this, I believe adopting a grounded-theory methodology is particularly appropriate for this research and the questions it asks. Kathy Charmaz (1990, pp. 1161), one of the main theorists of contemporary grounded theory, has argued that this methodology is particularly suited to unraveling the tensions that emerge between patients' and medical staffs' differing understandings of the same disease:

“Grounded theory analyses [can] provide physicians with alternative understandings of patients’ beliefs and actions than those readily available in clinical settings. Subsequently, physicians may use these understandings to improve communications with patients and to act on problems which patients define.”

Skincare, while not entirely medical, straddles both medical and non-medical domains. This liminal positioning not only makes it a compelling context to examine notions of expertise, but also lends itself to the type of body theorizing that aligns with grounded theory.

Grounded theory methodology encourages the use of unstructured and open methods to support all potential avenues of analysis. Similarly, ground theory methodology discourages the use of preconceptions and foundational theoretical lenses, which is one of the largest differences between this methodology and others. Prior to starting this research, I had a nascent understanding of r/SkincareAddiction and the tensions surrounding expertise. That said, I did

not develop any particular theories or epistemological stances on the subject prior to starting this research process. An STS lens, however, was used to interpret the data after the data was collected and analyzed.

3.2 Methods

3.2.1 Data collection

To acquire the dataset, I first limited the sample size of posts on r/SkincareAddiction to those that had an appearance of the word “trust” in the title or the body of the post. This keyword-based approach was used in other studies of expertise in internet forums (Hine, 2014; Hall, Grogan & Gough, 2016), although studies of subreddits often utilized scraping to build a corpus (Batchelor, 2023; Alzaid & Garcia, 2021; Shen & Rudzicz, 2017; Parks et al., 2020). This approach was chosen over scraping and other time-bound methods of data collection because it aligned more with the nature of the subreddit. Subreddits, especially ones that have branded advice, frequently encourage users to visit seminal posts rather than generating new posts on common topics. In this way, r/SkincareAddiction functions more as an archive or repository rather than social newsfeed. Highly-upvoted seminal posts, therefore, can provide more information and better reflect the prevailing themes of the subreddit.

“Trust” needed to have a keyword appearance in the post to confine the dataset and increase the chances of yielding discussions that engaged more explicitly with notions of credibility, expertise, and the construction of knowledge. Trust was chosen as the keyword search for three reasons. First, a brief examination of the subreddit indicated that searches for “trust” would provide a productive area for analysis. In other words, discussions of trust were a natural way that users invoked notions of expertise. Second, there is a rich body of STS research

that examines the relationship between trust, risk, expertise, and public engagement with science. Lastly, there is also a rich body of research examining trust and health information seeking behavior, which helps situate this research in a broader context.

3.2.1.1 Post filtering and exclusion criteria

Posts with keyword appearances of trust were sorted by the categorical tag (or “flair”) assigned to each post. This was accomplished by using the search query, “flair: [flair name] AND trust”. For example, if I were searching the “acne” flair, I would use the search query, “flair: acne AND trust”. This would then yield all the posts that had a keyword appearance of trust and were in the “acne” flair category. In total, there were 18 flair categories, but four were eliminated due to irrelevance or lack of instances of “trust”.

Each set of results from the keyword and flair pairings were then filtered using the “top” and “all time” facets to sort results by the highest vote counts (solutionering, 2021). The top ten posts (and all post comments) of each flair category were then chosen for this study.

The decision to structure data collection around flair and highest-voted posts was chosen for two reasons. First, r/SkincareAddiction requires all posts to have flair. Due to this, I attempted to collect posts from all flair categories in order to address the breadth of conversations and topics that may be occurring on the subreddit. Second, the “top” and “all time” facets were used to find posts that had high engagement, and theoretically, were more influential or aligned with the ethos of the subreddit. In keeping with the grounded theory methodology, I collected all associated comments with the chosen posts in order to see how conversations developed and users constructed meaning through interacting with each other.

The top ten posts and all accompanying comments of each flair category were then screen shot using a full-page screen capture application. The screen captures were then imported into

Atlas.ti. In total there were 128 screenshots, 501 quotations (segments of text that received coding), and 14 different flair groups.

3.2.2 Developing codes and coding the data

Codes were developed using an inductive and iterative coding process adopted from the grounded theory approach (Charmaz, 2014). The first round of coding helped generate broad categories of codes (“I trust it”, “I don’t trust it”) as well as process codes that described the action of the comment or post (“*stating* my experience”, “*citing* research”). Quotations were coded with one or more codes in order to capture multiple sentiments or themes in a single block of text. After the data were sorted into extremely broad categories, the codes were reevaluated, regrouped, and renamed through a process of constant comparison.

Due to the iterative and generative nature of the coding process, I did not complete discrete rounds of coding or countable codebook revisions. Instead, all data were first imported into atlas.ti and initially coded with broad categories. The data were then revisited and coded with more specific codes that interacted with their initial, broad coding. Finally, the codes were again revisited to determine if any could be joined, renamed, or eliminated. The final codebook included 37 primary codes; 21 of the 37 codes had subcodes. Including subcodes, the codebook had 155 codes in total.

Throughout the coding process, memos were produced to help explain the rationale for codes as well as document the relationships and emerging themes between them. This practice of reflective memoing is part of the grounded theory methodology and helped contribute to theory building.

3.3 Analysis

Keeping with the grounded theory methodology, the process of coding also involved the process of analysis (Charmaz, 1990). As codes were refined and restructured, emergent themes and theories were identified and situated among the data. The creation of subcodes aided in this process; while the primary codes served as themes, the subcodes helped clarify relationships and patterns in the data.

The majority of codes had in-vivo naming conventions. This was done to reduce my immediate interpretation of the data and instead represent the data in the words of the users being studied. That said, the codebook also contained some thematic codes, however these were more for organizational purposes rather than contributors to the process of meaning making.

3.4 Limitations

This study had several limitations, both in terms of methods and theoretical framing.

3.4.1 Single coder

The data was coded only with a single coder. A single coder only provides one perspective on the data and inhibits the robustness of interpretation.

3.4.2 Single word search

Data collection was based on appearances of “trust” under the assumption that discussions of trust would provide insight on constructions of expertise. This provided a necessary constraint for data collection, however it limited what type of data would be collected. In some cases, trust may not have been an appropriate mediator for discussions of expertise. In

other cases, trust may have been appropriate but the actual word “trust” was not used so it was not captured by the data collection method.

3.4.3 Decontextualization

Subreddit forums, like all internet forums, are conversational in their nature. As such, comments viewed in isolation may be interpreted differently than comments viewed in context with the post or comment to which the user is replying. Some data may have experienced a degree of decontextualization after it had been coded and sorted several times. While the codes were created knowing the original context and incorporating that in the coding process, it is possible that given the high volume of quotations and codes, some data may have undergone a degree of decontextualization.

3.4.4 Dimensions of trust

Trust is dynamic, longitudinal, and highly relational. Given the way this study was organized, I was not able to account for how time (and change over time) influenced notions of trust, and in turn, understanding of expertise. Relatedly, this research was not situated in any particular time period, meaning that the influence of world events (especially the pandemic) could not be evaluated or accounted for.

3.4.5 Bias towards newer posts

It is possible that post flair was created sometime after the subreddit was created. If this is true, then the oldest posts from the subreddit would not appear using my flair-based search query.

3.5 Ethical considerations

This research did not undergo an IRB review because it uses publicly available data. That said, understandings of privacy and publicness on the internet (especially in “anonymous” forums like Reddit) are varied and complex (Burkell et al., 2014; Strauss & Nentwich, 2013). I have chosen not to attribute quotations to specific users on r/SkincareAddiction as a means of preserving some degree of privacy. This is more of an artificial attempt, because the quotes have not been changed and are therefore searchable. According to Reddit’s official press guidelines, they advise to “always credit the community that the post is from....Crediting the person who posted it is optional but encouraged” (Reddit press guidelines, 2020).

The decision not to attribute usernames to comments and posts also poses ethical considerations surrounding credit and labor. It is possible that users on r/SkincareAddiction would prefer credit or recognition for their contributions to the subreddit. That said, I have decided to preserve anonymity at the expense of assigning credit in an attempt to minimize potential harms.

Chapter 4: Findings

This chapter describes the findings of the grounded theory analysis conducted using the dataset consisting of 501 quotations from r/SkincareAddiction. The quotations were transcribed as they appeared in the subreddit; quotations were only altered when misspellings drastically affected their readability.

This chapter contains three major sections that describe the major themes that emerged from this research: (1) Dermatology and medical/scientific credibility (2) Trust and skincare (3)

Specificity and the role of personal responsibility in skincare. Each section has a significant amount of quotations rather than narrative summary; this was done in an effort to preserve and convey the nuances of the sentiments expressed by the users. At the end of each quotation is an identification number that corresponds to the quotation in the dataset in Atlas.ti. The chapter concludes with a brief summary of the findings.

4.1 Dermatology and medical/scientific credibility

This section describes emergent themes that engage with the practice of dermatology, medicine, and or scientific credibility. The primary codes associated with it are:

- “A dermatologist is a doctor” (35)
- Credibility (56)
- A dermatologist treats diseases (11)
- Dermatology–in favor/positive account (80)
- Dermatology–against/negative account (32)

4.1.1 Dermatologists are credible and their information is trustworthy

One of the largest themes to emerge from the dataset was the favorable credibility and trustworthiness of dermatologists, and by extension, doctors. Users frequently cited the fact that someone was a dermatologist (or doctor) as a means of conveying that person’s trustworthiness or credibility. This sentiment was captured using the code, “A dermatologist is a doctor”, and appeared 35 times.

“Simple answer: people on this sub are not dermatologists and didn’t graduate medical school.” [102:19]

“Because random people on the internet with opinions are not medical professionals. Your doctor has a perspective that people here don’t.” [102:46]

“Who do you trust. A random redditor with no sources or a doctor with a MD/DO?” [102:50]

But what does it mean to be a doctor? For many users, training, credentials, and experience were important aspects of being a doctor that signaled credibility:

“Your dermatologist is a doctor with a doctorate and years of experience in treating the skin. Most of us here are amateurs by comparison. Trust your dermatologist over strangers on the internet. While what you know about these products is technically true, your dermatologist is an expert at treating each individual’s skin type and skin condition the right way. If your dermatologist thinks your particular skin needs something different than you are using then trust them. You’re not just paying for their product knowledge, but also their knowledge of skin itself” [102:36]

“Who would’ve thought someone with 14 years of schooling in how the skin works would possibly know more than a bunch of randos on an internet forum?” [102:24]

In a similar vein, users commonly cited a doctor's unique medical knowledge, access to healing objects (like prescriptions), and ability to give medical advice as reasons for establishing trust. In other words, users made explicit the information or abilities that they felt were unique to doctors due to the doctor's access to and participation in the medical profession:

"Besides having a grasp of fundamental physiology and chemistry which even the most well read beauty devotees often lack, derms also have the benefit of witnessing the effects of various treatments in dozens or hundreds of patients over the years. While it may be true that not all derm have extensive or cutting edge knowledge of cosmetic ingredients or treatments, as they are skilled in treating disease, they still outmatch most anyone without knowledge of advanced chemistry and biology which is often a prerequisite even to accurately assessing the validity or significance of all the information available to us. I would never choose unverified "common knowledge" over the advice of my doctor—unless my doctor was a quack, in which case, he would not be my doctor." [102:15]

"I'm sorry but this is such a dumb question. Your dermatologist is a medical professional that knows about the actual functions of the skin/cells and how it all works. They went to school for years studying the skin specifically...why on earth would you think the people in this sub, most of which I'm assuming have no anatomy and physiology experience, are more knowledgeable than a literal skin expert???" [102:45]

"I'm upset that the Internet (this sub included) has created such resentment toward medical professionals, especially dermatologists. They have years of schooling and

experience to diagnose what is wrong and to get you on skin products that you wouldn't be able to get without a prescription. I've tried so many different internet remedies with no success. A dermatologist put me on a prescription to fight fungal acne and my skin is the clearest it's ever been" [101:5]

In addition to citing the title or tier of "doctor" and the training and practices the title subsumed, some users identified characteristics and ethical alignments that made doctors trustworthy. They included a doctor's ability to understand science, perform evidence-based research, and not be influenced by profit:

"[dermatologists] don't have the interest in skincare products. Because of course they don't. For the most part, dermatologists aren't in the business because they want to sell products to their patients. Plus, how can one even say these people don't know or care about skincare when dermatologists spend literal years getting a medical degree AND specialization in...skin health?!" [48:13]

"Honestly, it's such a relief to finally go to a derm for help. It was so nice to feel like I was receiving genuine recommendations rather than a sales pitch." [101:10]

"My derm doesn't focus as much on skincare for "beauty" purposes (in the sense of wrinkles, texture, brightness, etc)" and more about skin health (cancer, acne, rosacea, etc). BUT, I would 100% trust my derm over Susan in her assessment of a product I brought to her. She will have SCIENCE and research on her side." [48:12]

“[.....] Despite all of these, I would still listen to dermatologists over influences and estheticians any day because they are schooled to ignore marketing and anecdotal bullshit.” [48:21]

One of the most interesting ways users identified credibility in dermatologists, however, was by highlighting the difference between themselves (the collective subreddit) and dermatologists. This sentiment was captured with the primary code “We aren’t doctors” and appeared 18 times.

“Because we are not dermatologists..we speak from experience, hearsay, and google. They speak from education, practice, and evidence” [102:35]

“Your derm is a doctor with a doctorate and years of experience in treating the skin. Most of us here are amateurs by comparison. Trust your derm over strangers on the internet.” [102:36]

“LOTS of bro-science on the sub. Listen to your doctor and, like someone else suggested, if you don’t see improvements in a few months then go back to your method.” [102:22]

More specifically, some users contrasted dermatologists and the subreddit to indicate that dermatologists were not just better authorities than r/SkincareAddiction, but that they were the

highest authority on skincare. This sentiment was captured with the subcode “They are the ultimate authority” under the primary code “Dermatology—in favor/positive accounts”, and appeared 13 times:

“I do still think there’s a place for people in the skincare community like this subreddit to talk about their experience using certain products, but to say this type of knowledge is more important than the knowledge dermatologists have [...] isn’t really ok” [48:23]

“As much as this sub offers great advice on skincare and recommendations, it’s still a must to go to the derma and get personal advice. All those years spent in med school is not nothing and they’re the ones who know sin 100% best” [101:4]

“In my opinion, ANY derm has more knowledge and practice than this sub and their advice should be taken first. Theres nothing wrong with being on this sub and trying things out, but a derm will know the most on the subject of skin” [102:48]

4.1.2 Dermatologists have limited knowledge about skincare

Another theme that emerged was the notion that dermatologists have less knowledge about skincare *because* they are doctors. Some users separated skin “health” from “skincare”, and only saw doctors as experts in the former rather than the latter:

“With actual skin health concerns, I trust my dermatologist. For simpler things, a well-educated esthetician who uses scientific expertise to back up her advice is better. Not all

dermatologists keep up to date with skincare. Not all estheticians care about giving helpful advice.” [78:6]

“I worked with dermatologists and they are medical doctors, not skin/beauty optimization experts. Acne is a disease and there are treatments backed up by research for this disease-I would air on the side of listening to your doctor until your acne is under control. If you are trying to take your skin to the next level and make it super beautiful, a derm isn’t going to have much expertise” [102:21]

“I think a lot of people go to the Derm expecting an aesthetician. Keep in mind dermatologists are looking for cancer (so much cancer), pre cancer, psoriasis, eczema, dermatitis, and other diseases.” [102:25]

Other users noted how doctors were limited in what they could recommend for skincare due to the lack of testing on skincare products:

“MD with dermatology experience here.[...] I do admit that there’s a big variation in how much derms know/care about skincare and ingredients.[....] Having a derm qualification (like board cert or FRACD) doesn’t automatically make you an expert in skincare..To be honest, it’s largely because as doctors we rely so much on evidence based medicine and the ladder of data quality. Aside from a few exceptions (eg sunscreen, retinoids, HQ, vitamin C etc) most ingredients have very little study data behind them, largely because no one cares enough to fund human trials. [...] Tldr; yes,

she's probs a skill, but shes not wrong in that derms probably aren't the absolute highest tier of knowledge when it comes to skincare.” [48:10]

“As a dermatologist, my friend is first and foremost physician who's focus is more on the health of skin using medical grade techniques, materials, and chemicals. [...] A dermatologist is limited in what he or she can recommend from an OTC product perspective, but this doesn't mean that OTC products are lacking in efficacy.” [101:6]

4.1.3 I don't trust dermatologists

While one of the largest code groups captured positive experiences with dermatologists, there were also users who had negative experiences as well. These users did not trust dermatologists due to these negative experiences, and therefore did not see them as sources of skincare information or help. Users described negative experiences like not being taken seriously, feeling exploited, being physically hurt or injured from a procedure, or not receiving a cure for their skin ailment:

“Yeah, I've seen many dermatologists over the last 25 years and none of them cured my acne. One even misdiagnosed my staph infection. I was able to get rid of my acne on my own through trial and error.” [1:16]

“Same I know/have heard of people going to a dermatologist and not getting any better. Plus I'm scared of taking pills, the last time I took antibiotics it messed me up so much. It's taken me years to heal from.” [1:17]

“If dermatologists can “solve” acne, why do people (like me) go to multiple dermatologists and still have acne? There isn’t a quick fix or one single doctor who can wipe the acne off of our faces.” [1:29]

4.2 Trust and skincare

This section describes emergent themes that engage with trust and skincare. Skincare, in this context, overwhelmingly refers to the consumption, use, and evaluation of skincare products.

The primary codes associated with this section are:

- I trust it (167)
- I don’t trust it (141)
- Discrepancy between what it says and what it does (20)

4.2.1 I trust it

Unsurprisingly, “I trust it” was the largest code group in the dataset and was coded for 167 times. What is interesting, however, was that the explicit use of the word “trust” was most common when discussing actual skincare products. Trust, therefore, was commonly associated with specific skincare brands and ingredients:

“Of all american sunscreens, I trust those under the Johnson & Johnsons or L’Oreal parent companies (so Neutrogena, Aveeno, La Roche Posay, etc.)” [20:1]

“[Research] Do you trust indie brands? If yes, how do you research if indie brands work well and are safe? I recently received a sample from an indie company. I’m usually leery

of such companies as it's difficult to find information on them. I also know established, larger companies have better access to studies and in-house testing (and are therefore usually more efficient). That being said, do you trust indie brands? What kind of research do you do to make sure it's safe and not from rebottling untested Alibaba products?" [79:1]

"[Misc] I found these dry face sheets at a dollar store in Canada. They're perfect for creating your own face mask with ingredients you trust" [43:1]

"Ceramides are actually one of the ingredients that I have the most confidence in based on research that I've done. They are a requirement for me now. Based on my understanding of the ingredient, they seem like a logical ingredient for improving or maintaining skin barrier function. A source that really helped me understand the importance of ceramides in relation to skin barrier function is the intro & review portion of this paper: "The physics of stratum corneum lipid membranes" [link to paper]. There are also tons of patents that include the use of ceramides for restoring the skin barrier and treating eczema. (ex. [link to paper])." [73:2]

Relatedly, users invoked trust when discussing regulations for skincare products. Sometimes regulations were implicitly referenced by mentioning trust in "European" products. This is because Europe has stricter regulations for skincare products— a fact that is well known on the subreddit:

“Personally, as a Canadian, since sunscreens are related as drugs, I trust the ones approved by health Canada” [17:3]

“I trust European Pharma brands like La Roche Posay, Uriage, Eucerin, Avene, A-Derma, SVR, Bionike, Rilastil. In Europe regulations about sunscreen testing are much stricter as far as i know” [17:8]

“Wait, it has 2 filters TOTAL? I’m extremely skeptical. I wouldn’t take my changes personally but that’s just me. I stick to European sunscreens exclusively.” [57:6]

Users also referred to science as a signal of trust, and this conceptualization of science was separate from regulations:

“I am so glad for the new changes. I lost interest in the sub after Cheryl Lee AMA. It was all “just trust me and buy this” and no science. [...] We’re here to learn and not to be bullied into believing a corporate line of bullshit. AMAs should be science-based. If you have a good product show us the science, not your marketing campaign.” [36:2]

“Just please, please, PLEASE keep this sub science-centric! I get that everyone is doubting the former mods’ recommendations right now, but I’ve also seen some users throwing around “ST. I’ve’s Apricot Scrub and lemon juice works for me! Must’ve been a conspiracy ヽ(͡°)_” and it really is disheartening. The science doesn’t change just because some people were corrupt” [36:3]

“[MISC] Can we stop with all this “organic” “natural” stuff? It’s not better for your skin! Recently I’ve been seeing a lot of posts from people who want all-organic/all-natural products. Lemme just say, as someone doing a PhD in chemistry (saying this to get you to take me seriously, not to brag) ORGANIC AND NATURAL DO NOT MEAN ANYTHING. They’re marketing techniques. If anyone recommends an organic/natural skincare routine, you can safely conclude that they don’t know anything about skincare product ingredients. [.....] If you’re afraid of ingredients in your cosmetics, don’t be: there is an extremely long and difficult process if you want to introduce any type of new chemical. NOTHING in your skincare products will hurt your health..[...] Your ARE chemistry. Your cells need the right chemistry, they DON’T need a bunch of crushed up plant matter in ethanol. Support brands who care about science adn who stick to the research and what works for the skin. Don’t support brands who sell products based on fear and ignorance of ingredients and who slap “natural” labels everywhere.” [44:1]

Another interesting way users invoked trust was by asking the subreddit to trust them. While “trust me” is a common turn of phrase, the users were using it more as a way to promise accuracy of their own experience. In other words, users were not asking the subreddit to trust them for an expected outcome, but rather to trust that they were accurately communicating their experience or reality:

“Mainly I just want to know if anyone has experienced this and it has went away??? It FREAKS ME THE HELL OUT. And trust me, I’m not exaggerating. That’s why I’m so scared..” [94:1]

“It will TAKE TIME. It took a year for me guys. It gets worse before it gets better, trust me.” [128:1]

“So I’ve had moderate to severe acne for quite some time now. I’ll just need you all to trust me when I’ve said I’ve tried everything myself and with my dermatologist to address it, including (but not limited to) a myriad of benzoyl peroxide products, products with niacinamide, antibiotics, Differin gel, the birth control pill, and accutane.[..] I also have been taking detailed daily notes on my skin every day for a couple of years, so I know exactly how certain products and routines have affected my skin” [115:1]

Finally, users also invoked trust when discussing the subreddit itself. To some users, the subreddit was already a source of trust which motivated them to seek advice from it.

Alternatively, some users implicitly referenced trust in the subreddit by instructing users to “trust the process”, the process being the tenets of and attitudes about skincare expressed in the subreddit:

“I’ve been to not one but two very rude and disinterested dermatologists for my acne/scars and they both didn’t know (or just didn’t share) a thing about skincare. They just put me on anti-biotics and gave flyers from the brand that sponsored them and

nothing else. I only now, at 27 and thanks to this reddit, started to figure out what to do with my skin” [48:26]

“[Product Question] Neutrogena Light Therapy Acne Mask? I saw this at Target and it has me curious. Has anyone tried this mask, and if so did you notice any major difference? The reviews seem pretty mixed, but I trust people on this subreddit a whole lot more. I’d love to hear anyone’s opinions if you’ve used it.” [55:1]

“[B&A] Trust the process. 4 months ago until now.” [121:11]

“[Selfie] Trust the process and be patient! You will find your routine :) <3” [125:1]

4.2.2 I don’t trust it

Understandably, users also addressed things that they did not trust. One of the most common themes associated with distrust was distrust due to perceived monetization or attempts at profit. This theme was coded for 52 times:

“I stopped trusting them the day the product line was launched. How can you be an impartial reviewer and advisor when you’re competing in the marketplace?” [50:2]

“We’re supposed to trust Liah Yoo because she said so. That’s really not good enough. They should retest their sunscreen, given the controversy surrounding Purito. It would help assuage people’s worries, at least. I have no reason to trust her over anyone else in

the industry who is trying to make coin, no matter how charming or earnest they may be.”
[52:2]

“That’s not a dermatologist, that’s a nurse. This nurse seems to be placing profit over patients. Report her to the board of nursing, report her on online resources such as yelp. Never go back. Never give this nurse another penny of your money.” [103:8]

“Beautypedia has always been biased. Seriously. Even when Paula was in charge. Because she herself is biased, not a scientist, and just looking to sell her shit” [105:4]

In addition to monetization, another theme that emerged was distrust due to cheating or inadequate regulations for skincare products. In some cases, this meant that products did not have the claimed ingredients, while in other cases, products had ingredients that were perceived to cause harm:

“Yes it’s not very easy to find but it makes sense as labs make formulations and sell them under different brand names with different fragrance for example or when they make different shades of the same product they do not have to individually test each of them. But here is why these brands are not to be trusted in my opinion. You cannot do these things and miss the fact that you change the formula so much. For some reason I trust L’Oreal or Neutrogena to do that.” [13:5]

“Read my other comment to OP. They're plenty of instances where quality control has failed. Consumers can't solely rely on companies to do the right thing. We know by now there's many times where they have failed us and we need to learn from that. [.....] But still some things that serve no benefit in products (e.g, benzene) should not even be there in the first place. So while you can argue its not present in a high enough dose, why would you want a product that contains it at all?” [79:4]

Similarly, users expressed distrust when they felt that a product was misrepresenting itself. While related to the theme of cheating and regulations, this theme was more aligned with feelings of deception and non-transparency rather than the manipulation of regulatory safeguards:

“I tried contacting Murad for the percentages of their new Daily Peel with AHA/BHA/Retinoid and they said they couldn't provide that info to the public. With actives, I believe that percentages should be made available, otherwise I assume that they're too low for my preferences and I won't buy the product” [32:3]

“Be careful, there are so many knock off products floating around, I don't trust bargains on something I put on my face. Thanks but no thanks” [51:2]

“That's messed up. I always check the negative reviews on websites first. And if they don't have any, I don't trust them.” [41:10]

Some users also cited distrust with the subreddit itself. In these instances, users indicated that the advice given on the subreddit, as well as the way the advice is curated and engaged with, was not to be trusted:

“I can’t tell you how often I see things [on r/SkincareAddiction] spouted as sage advice, but never with any scientific research to back it up, and if you ask for sources you get downvoted for being a heretic or something, idk. Upvotes/downvotes only work when the hivemind is educated. Spoiler warning: the hivemind is never educated. This sub will freak out about microscopic tears because irritation, but putting acid in your skin cells and irritating them that way is totally fine and safe, and nobody will cite credible information about either of these things.” [46:3]

“As for myself I’ve removed all occlusives (except in my foundation which I don’t wear every day) and my skin has never been better. But don’t let the Becky’s in this sub catch a wiff of my personal experience because I will get downvoted into oblivion! This sub can be so militant and clueless sometimes.” [102:14]

“Basically, nobody on here has any clue what the hell they are talking about. Your dermatologist hasn’t given advice consistent with this sub because this sub gives terrible advice” [102:57]

4.2.3 Testing and sunscreen

One of the most prominent and complex topics of the dataset was sunscreen. Users explicitly referenced trust when discussing sunscreen and negotiated whether to trust sunscreen testing, assume sunscreen testing was flawed, or seek additional testing to confirm certain sunscreen claims:

“I’m definitely no sunscreen expert, but I attended a sunscreen regulations webinar where they discussed ISO 24444 for in-vivo SPF testing which was recently updated (December 2019?). It was honestly surprising to learn how variable in-vivo SPF testing can be....there are so many factors that need to be more standardized, which explains why one lab can test one SPF value, and another lab can test a different value.[....] Hoping these revision to ISO 24444 will help decrease the lack of consistency of SPF values in the near future, but not actually sure if manufacturers and test labs are already following the updated ISO..” [12:13]

“I realized this spf didn’t have the protection it claimed when my dark skin TANNED over 2-4 hours at the beach on a mostly cloudy day even after reapplying. Just didn’t know it was this bad. I hope this puts future spfs under more scrutiny in the future.” [13:9]

“Brands are not likely lying. You just have to understand that claims substantiating testing is not the same as science. When a brand wants to make an SPF test they sent off their product to be tested. The testing house runs the test one time and sends them the

results. They might run a couple batches but they don't run multiple tests in an effort to figure out the exact SPF that you will get every time you test the formula. If results meet the numbers they want then they make the claim. They are not lying or doing something out of the ordinary in the Cosmetic industry. They also don't retest every new production batch and there is certainly variability between batches. SPF is related to both the amount of ingredients used and the way they are blended together. Incidentally, this is true of any claim made about cosmetic products. They run tests to prove what they want to say and use that as evidence. They're not trying to find out what is always or most likely true. As a consumer you need to be skeptical of claims about cosmetic products or ingredients. When you see an SPF claim you should really think "up to SPF X" It very well could be less." [42:3]

4.3 Specificity, the body, and the role of personal responsibility in skincare

This section describes emergent themes that engage with the problematization of skin, the purpose and responsibility of skincare, and how skincare is socially situated (in both society and the subreddit). The primary codes associated with this section are:

- "Everyone's skin is different" (25)
- Appearance based credibility (14)
- Embodied Knowledge/theorizing about the body (34)
- Outside assumptions about why a person has "bad" skin (13)
- The arbitrary and futile nature of skin care (5)

- Trial and error (17)
- YMMV (9)

4.3.1 Skin is something that can and should be fixed

One interesting theme surrounding skincare was the idea that acne and “poor” skin was something that needed to be fixed. In particular, users discussed how those sentiments were projected onto them, and included the connotations that they were unclean, not trying to “fix” their acne, or yet to discover the “root cause” of their symptoms:

“Edit: I have gone to my doctor/derm about acne and they prescribed something less strong than accutane as they’ve said my acne isn’t severe enough for the risk. I eat as healthy as I can, drink water, wash my face, not pick, use things and have build a good routine overtime. My acne is much better than it’s been in years and her advice brought my entire sense of happiness with my progress down. I absolutely hate the amount of dermatologists/ skincare professionals that act like acne’s a one n done deal. It just amplified the sense that people with acne are genuinely in the wrong and “arent trying enough” to stop it. It’s stupid and shouldn’t be freaking accepted.” [4:2]

“Best friend’s sister told me “you should wash your face”. NO SHIT Sherlock. She has perfect skin and no pores and genuinely thought until that day that people with acne just didn’t wash their face.” [104:3]

“One time when I was in college, a girl came up to me unprompted and said, and I quote, “I know something that can fix your face.” She then proceeded to tell me to mix yogurt and fruit together and apply it to my face in order to cure my acne (????). The phrase “fix your face” broke my heart and I still think about it all the time. At that point I’d been suffering from bad cystic acne for years, trying everything to make it go away. People can be so cruel without thinking, I’m sorry this happened to you.” [4:8]

43.2 Is there anything to be done for my body?

Another theme that emerged was the idea of the body as a problem. Users discussed the arbitrary nature of skin and skincare, including the idea that the body is flawed if it was not responding to skincare interventions:

“I’ve seen multiple derms and each one told me “it’s genetic, there’s nothing you can do.” I’ve tried literally everything to get my adult acne under control and it just won’t budge, not even slightly. It’s really starting to take a toll on my mental health.” [1:24]

“Yeah, I’d like to add that while “you need to find the root cause of you skin problem not just throw a prescription at it” which is often used as a reason to dissuade people from seeking medical care and instead suggests that if you just ate the right food or treated your body in the proper way it always fixes itself can be a damaging way of thinking. It presupposes that everyone’s bodies when treated optimally perform optimally and any deviations from that are therefore a failure on your part and somehow your fault. It is actually an unintentionally ableist line of thought if you think about it. Sometimes no

matter what you eat or how many glasses of water you drink or positive thoughts you have health problems including acne and medical treatment for them is not lazy or giving up.” [1:28]

“Although frustrating, skincare really is a shot in the dark. I have friends that sleep with makeup on, chug dairy, eat cupcakes and drink wine and have no pimples and then there is me who suffers cystic acne and scarring. Just like going to the dermatologist can be frustrating. I’ve been to four and have tried all from antibiotics, prescription BP, spiro, BC. The only thing left because accutane is seeing if tretinoin does the trick. It’s extremely frustrating but part of it for those of us who aren’t genetically blessed.”
[102:34]

4.3.3 My role in skincare

A similar theme that emerged was the effort required to perform skincare and the community adage of “YMMV” (your mileage may vary). Users expressed the importance of doing your own research, performing trial and error, and caring for your skin on your own. YMMV, as a result, was often used to explain and encourage the process of continual trial and error on the part of the consumer:

“For me, the great thing about SCA on Reddit is that I can search a particular subject, ingredient, or product, and read a lot of different experiences with the product. Because skin care is VERY much YMMV (hence my dislike of “Addict Approved”, since it means

nothing about whether it works for anyone else), all you can do is try and identify what people have had success with who have skin and conditions similar to your own” [38:2]

“Not all derms agree, but I would follow your dermatologist’s advice unless it doesn’t work.

Almost everything is YMMV” [102:38]

“Everyone, do your own research, don’t look for someone to tell you what to think. Get second opinions.” [44:10]

“I think like with any profession, there are some who are amazing and well informed about the latest techniques and seek out new education whenever they can, and some who are egotistical jerks who think they know everything out of school. [...] I would do your own research (from peer reviewed scientific sourced) if you feel very unsure.” [97:2]

“Yeah, I’ve seen many dermatologists over the last 25 years and none of them cured my acne. One even misdiagnosed my staph infection. I was able to get rid of my acne on my own through trial and error” [1:16]

“Yes I diagnosed myself due to a lack of availability of dermatologists. My doctor agreed with my diagnosis after Differin failed and after he researched it himself.” [9:2]

4.3.2 Body knowledge/self-knowledge

One final theme to emerge was the idea of self-knowledge as well as lived-experience credibility. Users expressed the importance of trusting your own instincts, trusting your gut, and

listening to your body. Similarly, some users cited the importance and helpfulness of seeing and learning from those with similar skin ailments:

“-you have the feeling it is NOT acne, seriously trust your instincts, you deal with your skin everyday you know more about it than any person (who is not a dermatologist)” [9:1]

“Anyways, I used to gravitate towards the advice of people with “perfect” skin, but over the last few years I’m more prone to seeking the advice of people who have/had acne. Because 99% of the time people with fabulous skin have always been blessed with it and nothing they’re doing will help me. The folks with acne know the struggle and imo have the best advice for me.” [5:6]

“You don’t have to buy the products someone recommends. Think about it, do some research. You can always purchase it later if you want to. We should always listen to our skin- again what I SHOULD have done.” [3:6]

“So she proceeds to berate me and kind of talk down to me in general about skincare. Bitch I know what’s good for my skin, and I know what I’m talking about. Trust me, it’s been a long, harrowing road and I’m finally happy with my face for the first time in a loooooong time. [...] You have nay one acne scar on your face and admitted “you’ve never really had a problem with acne, but could totally help.” No thanks, Please, just believe me.” [104:1]

4.4 Summary

There are three major themes that emerged from this research: (1) dermatology and medical/scientific credibility (2) trust and skincare (3) specificity and the role of personal responsibility in skincare.

4.4.1 Dermatology and medical/scientific credibility

Overall, users found dermatologists to be credible due to their extensive training, unique medical knowledge, and participation in the medical system. The expertise of dermatologists was frequently contrasted to that of the users' as a way to demonstrate the dermatologists' intellectual authority. Dermatologists were also characterized as not being influenced by profit and practitioners of science.

Some users did not see dermatologists as authorities on skincare *because* they were doctors. These users believed that dermatology prioritized the health of the skin, while skincare dealt more with the aesthetics of the skin. Finally, some users did not trust dermatologists because of the poor experiences they had with them, like being hurt, being exploited, or not being cured.

4.4.2 Trust and skincare

Users most explicitly invoked trust when discussing skincare products. Certain factors signaled the trustworthiness of a product, such as the brand, ingredients, proximity to science, or European origin. Users also expressed trust in regulations and trust in the Skincare Addiction

community. Interestingly, some users invoked trust as a means of conveying that they were accurately representing their experience or the nature of their skin.

The greatest factor associated with distrust was monetization. Other themes that signaled distrust were cheating or inadequate regulations, absence of science, big box online retailers, or inadequate ingredients. Some users also expressed distrust in the Skincare Addiction community.

The most complex and overt conversations about trust had to do with trusting sunscreen. These conversations had users discussing the efficacy of certain sunscreens, the reports of sunscreen testing, and whether sunscreen testing was trustworthy.

4.4.3 Specificity and the role of personal responsibility in skincare:

Users spoke about their experience with poor skin and how that related to broader societal conceptualizations of skincare. One theme was the problematization of skin—this involved figuring out the “root cause” of skin ailments and using the appropriate products to “fix” the skin. Users also discussed the social connotations of poor skin, which included being seen as dirty or unwilling to fix their skin.

Another theme that emerged was the idea that skincare may not do anything, and that poor skin cannot be solved because the body is actually the underlying problem. Alternatively, many users discussed the role and effort required to achieve good skin and engage in the practice of skincare. This involved doing their research, fixing their skin on their own, being a critical consumer, and understanding that their mileage will always vary.

One final theme to emerge was the idea of self-knowledge or self-expertise. Users encouraged people to trust their gut, listen to their body, and understand that skincare is

extremely personal. Relatedly, users also discussed seeking out the expertise of people who had similar skin ailments or experiences due to shared understanding and personal commonality.

Chapter 5: Discussion

This chapter discusses the findings of the grounded theory analysis as it relates to the research questions. It also revisits the STS theories of expertise and embodiment discussed in Chapter Two, and examines how those theories can support, contradict, or expand on the findings of this research. Following the discussion of the findings, this chapter concludes by identifying areas for future research.

This research sought to explore the following research questions:

RQ1: How do users of r/SkincareAddiction discuss trust, and what factors contribute to or detract from the creation of trustworthiness?

RQ2: How do members of r/SkincareAddiction evaluate skincare expertise?

RQ2a. What are the ways members of r/skincareaddiction perform or enact skincare expertise?

RQ3: How do users of r/SkincareAddiction view the body as it relates to skincare?

5.1 Trust, credibility, and dermatologists

Trust was invoked in several different ways, but one of the most common appearances was trust as it related to the expertise of dermatologists. In these conversations, users contrasted the knowledge of the subreddit with the knowledge of a dermatologist, which prompted many users to comment and explain their confidence in the practice of dermatology. Users cited a dermatologist's position as a doctor as the main affordance of confidence; in other words, the

fact that a dermatologist was a doctor was enough to make their information the most trustworthy. Users also cited other factors associated with being a doctor as signifiers of trustworthiness, such as the multiple years of medical school they acquire and the unique medical knowledge they possess.

While referred to as “trust” in the specific reddit post, users were actually explaining and justifying the *credibility of* or *confidence in* dermatologists and the information they provide. Trust, in this situation, was contingent on confidence in the systems and processes that produce doctors. These systems were deemed to be inherently credible at a systems-level, and that credibility was transferred to those who passed through them. In this regard, the credibility afforded to dermatologists is highly unspecific and externalized; it lives at the monolithic systems-level rather than the interpersonal level. This characterization of trust and identification of credibility aligns with the systems-oriented view of trust proposed by Luhmann (1979, p.8). As actors in expert systems, dermatologists reduce complexity and assist in transfer knowledge through their expert lens.

Some users also ascribed generalizable characteristics or practices to dermatologists, such as the dermatologist’s ability to understand science and not be influenced by profit. Once again, these traits spoke to a larger monolithic interpretation of dermatology and the expert system in which it is situated rather than the possible specificity or variability of skills of a particular dermatologist. Interestingly, users that expressed *distrust* of dermatologists cited negative personal experiences that were reflective of a poor interaction with a *specific* dermatologist. The most common reason for distrust of dermatologists was the dermatologist's inability to cure the patient, as well as the feeling that the dermatologist did not take the patient’s skin concerns seriously. In these instances, the users were expressing a failure on a localized level, in which

the failure was not a lack of system credibility, but rather a specific failure of the dermatologist to translate and transform the patient's needs into the medical context.

5.2 Trust and skincare products

Another frequent occurrence of trust involved discussions of products and their respective ingredients. The most common factor for trusting a product was a trust in the brand that produced the product. This trust was based in the belief that the product (and by extension, the brand) were accurately or authentically representing the ingredients or formulation. Sometimes this line of thinking was taken to a further technical level, with users trusting a formulation on the assumption that the brand had a robust quality assurance process and access to well-regarded laboratories. Most interestingly, however, trust in products was *not* contingent upon the product conferring its promised benefits. Instead, the focus was more heavily placed on the purity of the ingredients and the ability to accurately and transparently represent those ingredients. This focus on ingredients and their positioning as stable, discrete units is one of the ways users of r/SkincareAddiction subtly begins to mirror normative understandings of science.

While trust in a brand was one of the biggest factors of trustworthiness, the greatest factor that influenced *distrust* was the perceived influence of money or attempts at monetization. This aligns with the findings of Sillence et al. (2007) and their study of post-menopausal women seeking online information about hormone replacement therapy. Ostensibly, all products that are being sold are an act of monetization, but some users felt that certain actions by brands and influencers were more egregious than others. Usually, these actions involved breaking some sort of previous covenant promising neutrality or impartiality.

Another factor that influenced trust in products was proximity to and incorporation of science. Some users expressed trust in a product due to its supposed scientific grounding or orientation. Interestingly, these users also contrasted this scientific trust with a *distrust* of marketing or monetization. Science, in these situations, was seen as the opposite of marketing. As mentioned earlier, this dichotomy was also ascribed to dermatologists, with dermatologists being seen as practitioners of science who are not influenced by profit. The relationship between trust in science and distrust in marketing is an example of what Hilgartner refers to as a “purifying” power of science (Hilgartner, 2000, pg. 4). In the context of r/SkincareAddiction, this power prevents the influence of societal ills, like corruption, monetization, or dishonesty, and helps preserve epistemic boundaries between science and culture.

5.3 Trust and sunscreen

One of the most interesting and complex conversations to arise around trust had to do with sunscreen and sunscreen testing. Users expressed great concerns around the trustworthiness of sunscreen, with “trust” being the belief that the sunscreen was providing the appropriate sun protection and was not harming the wearer. Sunscreen represented a unique product in r/SkincareAddiction because it clearly straddled both aesthetic and medical realms. On the one hand, sunscreen protects against sunburn and significantly reduces the risk of skin cancer. On the other hand, sunscreen helps prevent the formation of wrinkles, and is therefore a staple in skincare routines as a means of combating the signs of aging. Sunscreen, in this sense, can be seen as a non-traditional boundary object. It moves between two distinct social worlds (biomedicine and personal aesthetics), yet accomplishes a similar goal for each—the preservation and protection of the wearer’s skin (Star & Griesemer, 1989). While boundary

objects have traditionally been more explicitly didactic or interpretive (like a map), sunscreen still maintains these properties of translation through the larger systems with which it engages. Sunscreen, as a non-prescription drug in America, makes legible the regulatory processes essential to its production, as well as the *absence* of such processes for cosmetic objects. In this way, sunscreen is engaging with the inherently murky distinction between drugs and cosmetics, while still allowing two different social groups intransitive collaboration towards a common goal.

The dual nature of sunscreen is also reflected in the risks associated with its disuse. Taking the biomedical perspective, *not* using sunscreen (or in this case, using inadequate sunscreen) carries the possibility of skin cancer and the physical degradation and risk of death caused by that cancer. Alternatively, the aestheticized perspective suggests that not using sunscreen carries the possibility of excessive or premature aging, and with that, the loss of social and beauty capital. Either way, sunscreen is an incredibly risk-dense object, and this density is what contributes to its strong association with trust. While Giddens' (1990) theory of trust is oriented around understandings of risk, it does not accommodate for this unique type of social risk that accompanies the loss of beauty capital. In this way, Giddens' theory of trust and risk is not as applicable to more feminist interpretations of modernity.

One of the ways users on r/SkincareAddiction mediate and engage with the complexity of sunscreen is by interpreting and assessing the regulations associated with it. In the United States, sunscreen is considered a drug and is therefore bound by the same FDA regulatory and approval processes as other non-prescription drugs (U.S Food and Drug Administration, 2023). Alternatively, sunscreen is classified as a *cosmetic* in the European Union, meaning that it has more regulatory flexibility and can therefore use different formulations of ingredients to provide

stronger UVA/UVB protection (U.S Food and Drug Administration, 2023). Users on r/SkincareAddiction will implicitly reference these regulations by avowing their trust in European sunscreens, thereby demonstrating a familiarity and competency with sunscreen regulations' specific protective formulations. While the users are not creating or testing the sunscreen themselves, they are displaying an elevated level of interpretive proficiency that can be seen as a type of lay expertise, as characterized by Collins and Evans (2002). These users are not only assessing different levels of protection at an ingredient level, but they are also evaluating formulas in light of their country-specific regulations and reading the associated classifications like a text. In this way, users are engaging in a type of triangulation that demonstrates an “interactional expertise” that is quite skillful (Collins and Evans, 2002).

5.3.1 The Purito sunscreen controversy

One particularly provocative discussion surrounding trust and sunscreen involved a sunscreen scandal. Purito, a Korean sunscreen brand that was championed by many r/SkincareAddiction users, was found to have drastically lower sun protection capabilities than the brand advertised.⁶ This controversy played out on the subreddit and yielded two very interesting findings. First, users on the subreddit struggled to resolve the claims of the sunscreen and the claims of the sunscreen *wearers*. Despite some users reporting sunburns or tanning, there was no particular consensus on whether this was a product problem or a consequence of user error. In fact, many Purito wearers were the ones struggling to determine if they applied the sunscreen incorrectly, or if the sunscreen itself was ineffective. It can be argued that this ambiguity and confusion around

⁶ <https://nymag.com/strategist/2020/12/what-went-wrong-with-puritos-sunscreen.html>

the efficacy of Purito was once again reflective of the duality of sunscreen as both a skincare and medical product.

Eventually, the Purito brand made a statement and confirmed user suspicions that the sunscreen was not as effective as advertised. Interestingly, this misrepresentation was due to a specific regulatory loophole for sunscreen testing in Korea. Purito submitted one sunscreen formula for review which passed inspection. However, Purito then changed the formula, which in turn changed the protective qualities of the sunscreen. Although the formula was changed, the current regulations in place did not require the product to be retested since it passed the initial test.

This revelation of a regulatory loophole served as the catalyst for many discussions of trust and sunscreen on r/SkincareAddiction. This led to the second interesting finding—users did not blame the subreddit for championing a sunscreen that was ineffective, but instead blamed the regulatory system for allowing such a loophole, as well as the Purito brand for knowingly changing the formula and not retesting it. Furthermore, the controversy with Purito caused users to express concern about all types or brands of sunscreen and question whether any claims by sunscreen brands could be trusted or substantiated.

What is particularly interesting about this, however, was how regulations and testing were understood by users in relation to science. While users had previously expressed confidence in science, they had a mistrust of regulations and did not see the two as related. Regulatory failures were not *consequences* of “bad” science, but rather some sort of sociotechnical failure due to the *misappropriation of* science. Once again, users of r/SkincareAddiction enacted a model of science as pure, objective, and rational.

Given this, I propose that sunscreen problematizes the professional/lay dichotomy understood in r/SkincareAddiction. As previously stated, users on r/SkincareAddiction characterized dermatologists as credible authorities due to their schooling, understanding of science, and participation in expert systems. That said, dermatologists are not included in the conversation of sunscreen, despite sunscreen being such a risk-dense object and regulated as a drug in America. When it comes to sunscreen, being an expert has less to do with an understanding of science, and more to do with interpreting regulations and questioning the socially situated conditions that may affect the production, testing, and efficacy of sunscreen. Sunscreen fiascos (like the Purito controversy) have the potential to undermine faith in expert systems, such as the systems that afford dermatologists credibility. Perhaps in an effort to preserve those systems (and the sanctity of science), users view regulatory failures as distinctly separate and non-scientific. This sentiment is best explained by the historians of science Steven Shapin and Simon Schaffer- “To entertain these doubts about our science is to question the constitution of our society. It is no wonder that scientific knowledge is so difficult to hold up to scrutiny.” (Shapin and Schaffer, 2011, p. 343).

5.4 Skincare expertise

Skincare expertise is hard to characterize without a strong definition of what constitutes skincare. That said, one way to examine this issue is to work backwards and see who was viewed as an expert on skincare, and in turn, what unique skills they possess or spaces they occupy. As previously discussed, one way users configured expertise was through the medical knowledge and skills of dermatologists. This was the prevailing sentiment regarding dermatologists, which aligns with previous research on online health information seeking

(Sillence et al., 2007; Hou and Shim, 2010; Gholami-Kordkheili et al, 2013). While factors like extensive schooling and access to expert systems were associated with dermatologists' expertise, users also highlighted their own lay status and knowledge deficiencies as a means of bolstering the expertise of dermatologists. The expertise of dermatologists, in this regard, was understood in relation to the lay status of the subreddit users.

While the majority of users positioned dermatologists as the ultimate knowledge authority, there is the undeniable fact that these users were still participating in a subreddit devoted to lay participants discussing, dissecting, researching, and testing skincare products and practices. Ironically, this collective deference to dermatologists could be seen as a credibility tactic to help legitimize the status of the subreddit (Epstein, 1995). By complying with normative understandings of expertise, users are demonstrating a competency that distances themselves from “fringe” movements or anti-science accusations. In order to maintain the subreddit, engage in scientific discussions, and fill in the knowledge gaps of dermatologists, users must position themselves as lay people to avoid threatening or questioning the credibility of doctors, and by extension, science itself.

In a slightly different manner, some users characterized this dermatological expertise as *skin* expertise, but not necessarily *skincare* expertise. This characterization did not counter the credibility of dermatologists, but instead placed skincare outside of their domain. For these users, medical credibility was not applicable to skincare because skincare was more aligned with the use and understanding of *products*, as well as the aesthetic or sensual aspects associated with those products. This positioning of skincare still affirmed the expertise and credibility of dermatologists, but did so by moving skincare out of their domain and further away from an association with science.

In both of these instances, users are engaging in a type of boundary work to preserve the expertise of each respective party (Gieryn, 1983). The majority of subreddit users in the dataset delineated the lay perspective of the subreddit from the professional knowledge of doctors, with deference and primacy given to the doctors. That said, this delineation (whether intentional or not) is what actually *allows* subreddit users to participate in complex skincare discussions and develop their own lay expertise. Alternatively, some users engage in boundary work to prevent skincare from being seen as the domain of doctors and exclude it from the scientific realm. This boundary work still validates the credibility of doctors, but does so in a way that affords subreddit users more participation, authority, and engagement with the practice of skincare.

5.4.1 r/SkincareAddiction meta expertise

While the previous examinations of expertise were relational to outside expert systems, there is also a specific enactment of skincare expertise that is socially situated within the context of r/SkincareAddiction. On the subreddit, users enacted a type of expertise that is contingent on knowing yourself, knowing your body, performing body vigilance, and affirming your own innate knowledge. This ethos, which functioned as a type of community norm, prioritizes a self-expertise that is seen as necessary to effectively share, receive, and compare skincare information on r/SkincareAddiction, and in turn, assess and evaluate skincare products online. In this regard, users adopted an embodied understanding of skincare that has less to do with knowing the cause of skin problems or the taxonomy of ingredients, and more to do with maintaining a constant self-awareness of and corporeal connection that only the user can discern. While this is a type of expertise, it also functions as a type of “subreddit competence” similar to that found in Bilgre’s (2017) study of “broscience” in online Norwegian drug forums.

This type of embodied self-expertise also intersects with a specific enactment of trust. One particularly interesting way users invoked trust was by compelling other users to “trust them” to accurately convey and communicate their particularly situated experiences. Trust, in this configuration, was based around assurances that the users communicating their experience had the appropriate awareness, body connection, and self-knowledge to begin to engage in questions about skincare.

5.5 Skincare and the body

One of the more abstract areas of this research dealt with themes surrounding the body—how the body was understood on the subreddit, how the body was understood in relation to skin products, and how the body was understood in relation to other bodies. In a similar manner to the community norm of self-expertise, users also set norms regarding the nature of skin and the nature of skin products. These norms included the idea that everyone’s skin was different, and as a result, everyone’s mileage may vary (“YMMV”) with skincare and skincare products. This is similar to the use of the tautological phrase, “listen to your body” in Versteeg, Molder & Snejder’s (2017) examination of online health discussions. Skin, as it is conceptualized in r/SkincareAddiction, is seen as hyper specific and entangled with skincare products. While skincare products are immutable, skin itself is constantly changing, reacting, and adapting.

This feeds into another community norm present in the dataset—the importance of trial and error. If users believe that everyone’s skin is unique (and this uniqueness affects interactions with skincare products), then skincare products cannot be expected to have generalizable or guaranteed results. Constant trial and error, therefore, is seen as the most appropriate means of engaging in skincare and achieving some sort of desirable outcome.

5.6 “Assembled” skin and body doubling

The community belief in the unruly and unpredictable nature of skin is central to understanding how users utilize and engage with the subreddit. As mentioned earlier, users leverage self-expertise to share skincare product knowledge and assess the effects (or anticipated effects) of skincare products. This process, however, is done under the shared community assumption that everyone’s skin is different, and as a result, no single, generalizable conclusion can be drawn about the experience or effectiveness of a particular skincare product. Then how do users engage in skincare discussions when there are two seemingly conflicting community norms dictating how the subreddit is used? This is resolved through a concept I propose called “body doubling”. Much like affinity orientation in Haraway’s theory of Cyborgism (Haraway, 2000), the process of body doubling involves looking for approximations of yourself online and assembling those approximations to construct a cyber body with which you make decisions. r/SkincareAddiction users engage in the process of body doubling by intimately detailing their experiences with skincare products, exchanging those experiences, and creating an assemblage of skin approximations with which to evaluate products. In the context of r/SkincareAddiction, the success of body doubling is dependent upon the accuracy of the source material—the experiential accounts of other users. Self-expertise and the associated body vigilance, therefore, is paramount to the project of skincare as it is enacted on r/SkincareAddiction.

5.7 Future research

One area that warrants future research is the theme of appearance-based credibility in the construction of skincare expertise. This theme was coded for 14 times and revealed some interesting findings around the intersection of embodied knowledge, credibility, and social

capital. Some users preferred and sought skincare expertise from individuals who had similar skin ailments, even if that meant those individuals had skin that looked aesthetically worse. Other users, however, demonstrated a preference for skincare advice from individuals with cosmetically aspirational skin. These users felt that cosmetically aspirational skin demonstrated skincare credibility and access to transferable skincare knowledge.

Appearance-based credibility also intersected with issues of identity and identity *loss*. Users with acne expressed feelings of despair and isolation due to their inability to resolve their skin ailments. These feelings were especially acute in users who previously had “good” skin and identified as a skincare expert or enthusiast. The experiences of users with acne provide an interesting space to investigate notions of information poverty (Chatman, 1996; Gibson & Martin, 2019) and the role of r/SkincareAddiction. At this time, it is unclear if the subreddit offers a reparative space to address information marginalization, or if it in fact reproduces blame-based social sentiments associated with the idea of “fixing” acne through consistent, applied effort.

5.8 Conclusion

The current research on r/SkincareAddiction primarily employs a medical perspective to examine and evaluate the accuracy of the information presented on the subreddit. As such, there is a gap in research addressing how users within the subreddit think about their own community, the information they generate, and how it relates to larger expert systems.

This thesis aims to investigate how members of r/SkincareAddiction evaluate trust and skincare expertise. Specifically, this research asks three main questions:

- (1) How do users of r/SkincareAddiction discuss trust, and what factors contribute to or detract from the creation of trustworthiness?
- (2) How do users of r/SkincareAddiction evaluate skincare expertise?
 - 2a. What are the ways users of r/SkincareAddiction perform skincare expertise?
- (3) How do users of r/SkincareAddiction view the body as it relates to skincare?

To investigate these questions, I employed grounded theory methodology and collected posts and comments from r/SkincareAddiction that engaged with concepts of trust. In total, I amassed 128 screenshots, 501 quotations (segments of text that received coding), and 14 different flair groups. The dataset was coded in Atlas.ti and resulted in 155 codes.

There were several themes that emerged from the findings. Generally, users found dermatologists to be trustworthy and credible due to their participation in expert systems. Users contrasted the knowledge of dermatologists with their own knowledge as a means of emphasizing the dermatologists' expert status and intellectual authority. That said, users emphasized a type of self-expertise for evaluating skincare products, and this self-expertise interacted with other community norms, such as the ethos "your mileage may vary".

For some users, the fact that dermatologists were doctors meant that skincare was outside of their domain. The factors that contributed to trustworthiness of skincare products were brand, ingredients, proximity to science, and being of European origin. The greatest detractors of trustworthiness were monetization or misrepresentations.

I discuss these findings and argue that users engage in various forms of boundary work to position skincare (and themselves) in relation to science. I also propose the concept of body doubling to address a specific phenomenon occurring on r/SkincareAddiction.

This research contributes to the larger body of work investigating how communities construct and evaluate expertise in the absence of specialist knowledge. It offers a unique look into how science and personal experience are compared and contrasted, and how those relationships play out through entanglements with skincare products.

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