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Youtube, Dr. Pimple Popper, and the Human Body

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Abstract:

Pimple poppers around the world rejoice at the Youtube series, *Dr. Pimple Popper*, where they can experience a range of different ways to pop something out of the skin. A highly popular series that features videos of Dr. Sandra Lee, a certified medical dermatologist, who squeezes and cuts open cysts, lipomas, and any other forms of degenerative skin conditions. These videos are taken by her medical assistants, while she performs surgeries on her patients. Dr. Lee has gained a mass following as her views and subscriptions surpass a million. The popularity of her channel demonstrates validity of a research topic, as many speculations can be made about this channel's popular appeal. This channel is a media and communications topic, while integrating other academic fields, as it transcends into symbolic constructions and perceptions of what is a clean human body. The perception of the human body has historically been abstractified and critiqued as a medium of interpretation or as a tool to execute systemic power. Now, we must ponder the current interpretation of the human body, as it becomes the focus of a popular Youtube series. This postulation can be explored through Michel Foucault's medical gaze theory and Mary Douglas's cultural theory on dirt. The utilization of anthropological and philosophical theories, applied to *Dr. Pimple Popper*, can give us answers about how Dr. Lee's patients are affecting the way viewers make sense of their own bodies through visually graphic material.

Introducing Dr. Sandra Lee, aka Dr. Pimple Popper

“This is bigger than I ever imagined, but I still think there’s room to grow” - Dr. Sandra Lee (Mathews, 2018).

In an interview with *The Daily Mail*, Dr. Sandra Lee, is surprised and hopeful about her widely popular Youtube series. A grotesquely sensational show, with over a million views, and subscribers. The content features patients with normal to abnormal skin conditions, such as blackheads or lipomas, and Dr. Lee provides surgeries to remove them. She fervently believes that she is educating viewers, while also providing release for those with dermatillomania, or skin picking disorder (Mathews, 2018). While there is much fascination surrounding the physical popping of these skin growths, *Dr. Pimple Popper* transcends popular entertainment. This channel reflects much larger cultural conceptions about how a clean human body is conceived. *Dr. Pimple Popper* even affects representations of the human body, in terms of medical care entertainment.

The human body is at the center of this Youtube series, as we are shown how Dr. Lee performs dermatological surgeries on all parts of the human body. Foreheads, backsides, legs and arms, are all featured as part of a diverse milieu of dermatological video content. Dr. Lee is a certified medical doctor, and provides medical facts on the focused skin condition. In her Youtube channel description page, Dr. Lee observes how her channel has changed over time; it has progressed from television appearances, educational videos, to videos of her surgeries. Dr. Sandra Lee’s channel has become much more than a medical educational platform, as her videos have become more sensational. In the *Daily Mail* interview, Dr. Lee has even stated that she used to pose with her patients, when she popped their cysts, and this sparked an interest in posting videos of her work, on Youtube (Mathews, 2018). Youtube has allowed Dr. Lee to expand and dispense her pimple popping interest to the world, which gave her a mass audience of followers, who share her idiosyncratic passion.

Youtube remains a relatively new convergent medium, that involves features of traditional and modern digital technology. Youtube is similar to television and film, yet can solely present photographic still images. Despite the increasing usage of Youtube, when communicating health material, there is still a demand for research that crosses this interdisciplinary field of media studies, Youtube and health. This is demonstrated by the low results when searching for academic articles published in this area. In comparison to other research on media technologies, much academic scholarship has been published on media studies, digital telephone applications, and health. This is demonstrated by Deborah Lupton's widely acknowledged sociological research on health and fitness digital applications. Because there is little research on Youtube health content, this thesis would like to bring more attention to this media platform. While Youtube and digital applications appear irreconcilable, health content creates a commonality between the two. The shared commonality is that the general public engages in a utilitarian application of digital media technology, in order to facilitate a healthy lifestyle. There is an intense interest in taking care of the body, or as Rui Machado Gomes calls it, "body management," in *Culture, Bodies, and Sociology of Health* (2010).

If it is true that the general public is interested in health and wellness, then it must parallel the innovation of digital technology, as new technological applications, will be used for such purposes. The confluence of digital media technology and health practice was indicated by medical anthropologist, Dr. Arushi Sinha, with *An overview of telemedicine: the virtual gaze of healthcare in the next century* (2000). While published eighteen years ago, this article retains relevance as medical health care experiences a new wave of digital innovation, affecting the complex and intricate relationship that technology and medical care share.

Dr. Arushi Sinha contended that Michel Foucault's theory of the medical gaze had progressed into the 21st century. Michel Foucault's book, *Birth of the Clinic* (1973), which argued the epistemological change of medical knowledge, helped Dr. Sinha perceive this through the distribution of new media technologies, which has helped expand medical care between doctors and patients, beyond the medical clinic. United States prisons and military bases became areas

for medical professionals to provide telemedical care. Dr. Sinha saw the current United States medical health care system, as a collection of multiple stakeholders, vying for influence over the current medical infrastructure. Dr. Sinha's work provides a set-up for looking at how does the medical gaze transfer into medical care and popular entertainment. This research project will take Michel Foucault's idea of the fragmented human body, into a more visual analytical route. A case study on the *Dr. Pimple Popper* Youtube series will be applied to help explore the relationship between digital visual capture of health care practices, in the purview of cultural analysis.

This isn't enough, as Michel Foucault's theory has the potential to combine with an anthropological theory. Anthropologist Mary Douglas postulated a cultural theory on dirt, in *Purity and Danger* (1966). Douglas believed that if dirt is matter out of place, then it can be categorized within a system of organization. This connects with *Dr. Pimple Popper* as the show organizes medical patients by their contained skin condition. These types of skin conditions fall into the categorization of matter, as they are physical substances appearing on the surface of the skin, which deviated from the approved norm.

The theoretical combination of Michel Foucault's medical gaze, and Mary Douglas's categorization of matter, is possible because both emphasize how the modern human body and society has diminished into fragments. Foucault believed that through the formation of the modern medical clinic, that medicine had diminished and fragmented the human body. Then, Mary Douglas believed that with the transition from primitive societies into more modern secular societies, systems of organizing matter had diminished and fragmented as well. The themes of diminishment and fragmentation help create a figurative bridge that assembles the two theories. Overall, it will facilitate an innovative inquiry into *Dr. Pimple Popper*. A popular cultural phenomenon, such as this Youtube series, is a signal that there is a presence of much deeper insight into the current culture. Sinha, Foucault and Douglas are outside the field of media and communications, which requires media scholarship to provide a foundational structure.

Clive Seale's assemblage of work on media and health communications has contributed to building a platform for proceeding into this interdisciplinary field. In *Media and Health* (2002), he explains how rhetorical communication strategies are used to present and form media health content, within mass mediums. Newspaper journalism and broadcast journalism have relied heavily on narratives and metaphors to communicate health content. The combination of academic fields will help direct the case study within, the field of media and communications, and have contributed to the current research questions:

Research Questions

1. How are rhetorical communication strategies used, in *Dr. Pimple Popper* videos?
2. How does the theory of the medical gaze explain visual representations of the human body, in *Dr. Pimple Popper*?
3. Where does fragmentation apply to these visual representations?
4. How can the cultural theory on dirt apply to *Dr. Pimple Popper* videos?
5. How can *Dr. Pimple Popper* videos reflect cultural symbols of cleanliness?

When looking at mass media, there is a self evident interdisciplinary theme, which was noted by Andreas Hepp, and Nick Couldry. They argued that “the more intricately the construction of the social world becomes implicated in our uses of media, the more intricate are the interdependencies between media themselves” (2016, p.33). Interdependence is the key word that helps bring all of this together. If there is an interdependent relationship between society, and media, then there is an interdependent relationship between academic disciplines that involve the study of media, culture, and society. The idea of interdependency will guide the case study of *Dr. Pimple Popper*, which reveals the intricate and overlapping relationships occurring within this Youtube series.

Overall, this thesis project hopes to elucidate on the influence of medical knowledge over cultural depictions of a clean human body. Since medieval times, with the concomitant emergence of a bourgeois class, the presentation of the human body in society has been given

special attention. This was noted in Norbert Elias book, *The Civilizing Process* (1939), which postulated a connection between economic status, psychology, and the human body (1939). In summary, our societal self-image was greatly regulated by how we treated our body in regards to sex, cleanliness, and waste. Self-image, the human body and waste, coincides with *Dr. Pimple Popper*, and visual analysis can help unravel this connection.

Rather than focusing on language to decipher this connection, studying the depiction of the human body through visual imagery will be emphasized. A focus on visual material and the human body can facilitate how meaning is created through visual patterns. It is through images and other forms of visual art that people create meaning, which was explained by philosopher Mark Johnson, in *The Meaning of the Body* (2007). Johnson concluded that meaning transcends the purview of language and that “meaning is embodied” (2007, p.273). Through critically looking at the visual content of *Dr. Pimple Popper*, there is potential to discover how this show deals with the human body. In this context, through a visual medium, the human body ascends into an encompassing structured system of culturally symbolic manifestations of pureness.

Literature for An Interdisciplinary Approach to Media and Health Communications

Anthropologists Merrill Singer, and Hans Baer, in *Introducing Medical Anthropology: A Discipline in Action* (2011), define medical anthropology as “how health-related beliefs and practices fit within and are shaped by encompassing social and cultural systems and social and environmental contexts” (2011, p.12). Medical anthropology seeks to ascertain how society, and culture, connect with medicine. In so doing, it lends itself well to make sense of *Dr. Pimple Popper*, a Youtube series featuring health and cultural content. Most medical anthropologists seek to aim how medicine is culturally positioned, in relation to health and illness. This paper seeks to aim how dermatological surgery influences cultural conceptions of skin purification, through Youtube; however, medical anthropology includes a range of academic tropes. Because of the medium of this topic, medical anthropology will not form the basis, but will help situate the topic’s background. This field of inquiry involves questioning “the cultural construction of symptoms and treatments, and the nature of interactions between biology, society, and culture” (Singer, 2011, p.12). Singer and Baer’s work was needed to interpret medical anthropologist Dr. Sinha, who propositioned the continuation of Michel Foucault’s medical gaze theory.

In, *An Overview of Telemedicine: The Virtual Gaze of Health in the next century* (2000), Dr. Arushi Sinha argues that Foucault’s concept of the medical gaze has progressed into the 21st century, in concurrence with digital media technology. This is evident in new technology that streams telemedical care between doctors and patients, as Dr. Sinha deduces this claim from an in qualitative study on the interaction of medical care professionals with United States prisons, military, and government. She arranged her study through the theories of Foucault’s medical gaze, the political economy of health, and deterritorialization and multisite ethnography.

Dr. Sinha’s paper will provide the springboard for looking at the medical gaze, within *Dr. Pimple Popper* videos. While *Dr. Pimple Popper* doesn’t provide direct medical care to her patients through youtube, she perform dermatological surgeries in front of a camera, which is another facet of telemedicine, in a form of medical voyeurism. Dr. Sinha argues that “the

primacy of the gaze as the ordering mechanism of medicine prompted Foucault to question medical voyeurism and the power that is derived it” (2000,p.292). This is applicable to *Dr. Pimple Popper*, as it raises questions about how the medical gaze influences the presentation of skin conditions via the Youtube medium.

There is additional medical anthropological work that can be used to connect academic disciplines. Dr. Lewis Wall’s article, *Ritual Meaning in Surgery* (1996), demonstrates how modern medical surgical treatment is similarly structured to religious ritual processions. Wall establishes a structure of three stages; separation, transition, and reincorporation, which are found within surgical procedures. Wall states, “surgical procedures are part of a complex symbol system that relates to health and well-being” (1996, p.636). These same patterns can even be seen in religious performative acts of sanitization. This will help carry Foucault’s *Birth of the Clinic* (1973), into the following literature by Mary Douglas. Foucault had exposed how the perception of the patient had changed alongside the introduction of a new school of medical knowledge.

The Combination of Michel Foucault with Mary Douglas

Michel Foucault and the Theory of the Medical Gaze

Michel Foucault postulates the idea of a medical gaze, which is created through the social construction of diseases. Patients are diminished to fragmented representations, of singular body parts, which encapsulates their disease, thus objectifying them. Foucault calls it “spatialization and verbalization of the pathological” (1973, p.xi). Foucault derives his argument through a historical analysis of the French medical institutions, which were created in order to suppress quackery, within the medical field. After the enlightenment, French medical educational institutions were reformed and regrouped, in order to create a more professional and expertise discipline. According to Foucault, medical knowledge historically derives from the natural scientific system of classification. Foucault states, “natural history had set out to analyse and classify natural beings according to their visible characters” (1973, p.88). In summation, the hierarchical systematization of scientific knowledge, was applied to the creation of a more

modern system of medical knowledge. This medical epistemological development changed the way medical doctors viewed their patients. Foucault's work demonstrates a transformation of how the human body is perceived, as "the birth of modern medicine entails the emergence of a modern being "as an object of science" (1973, p.197).

Foucault's connection is built on the medical process, which reduces patients to their singular physical body part components. The focus on specific body parts creates a geography of the human body, which plays into the medical gaze. Foucault establishes this proposal through studying classic French medical works, such as *Nosologie of Sauvages* (1761), and *Nosographie of Pinel* (1798). These were French scientists who contributed to the French medical knowledge base, and helped create a classification system for disease, and mental illness. According to Foucault, the "human body defines, by natural right, the space of origin and of distribution of disease" (1973, p.3). Succinctly, the geography of the human body is imperative to conceiving medical diagnosis, which coincides with Foucault's main theoretical component of the fragmented human body. Fragmentation can also be found in the work of anthropologist, Mary Douglas.

Mary Douglas's Cultural Theory on Dirt

Mary Douglas argued that primitive cultures contain organized systems for understanding anomalies. She concludes this from her cultural theory on dirt, which proposes that dirt is matter out of place, and can represent symbolic systems. Douglas states "dirt then, is never a unique, isolated event. Where there is dirt there is system" (1966, p.35). Dirt can take many forms of interpretation, such as different skin conditions. While looking at skin conditions through primitive cultural constructions of symbolic systems, it is additionally beneficial to look at skin conditions through more modern secular constructions of symbolic systems. Mary Douglas outlines the differences and similarities between primitive and secular societies.

Through a comparative analysis, Mary Douglas states that "the real difference is that we do not bring forward from one context to the next the same set of ever more powerful symbols: our experience is fragmented" (1966, p.69). The combination of Mary Douglas and Michel Foucault,

enables this project to take a different path from Dr.Sinha, and provide an alternative and innovative interpretation to the current state of the medical gaze through *Dr. Pimple Popper*. While primitive cultures have organized their symbols in a more holistic, and larger encompassing order, modern secular cultures have decreased in structural size, and detached and fractured into much smaller systems of organization. The deconstruction and diminution of symbolic systematic structures, connects with Foucault's assessment of medical knowledge, which compartmentalizes and fragments human bodies, in order to understand pathological orientation.

Dermatological pathologies consist of skin deformities, which exist in these diminished, and compartmentalized worlds that Douglas proposes. Douglas's work is based on her previous ethnographic field studies, of the Lele people from Congo, which she uses as examples to support her theory of universal cultural interpretations of dirt. Douglas argues that "in a chaos of shifting impressions, each of us constructs a stable world in which objects have recognized shapes, are located in depth, and have permanence. In perceiving we are building, taking some cues, and rejecting others" (1966, p.36). Skin conditions can be considered a "chaos of shifting impression," as it is a deviation from the accepted norm of a flat smooth surface. Skin conditions can take abnormal shapes, which coincides with Douglas's scaling of impurities. Douglas's social anthropological work will give insight into viewing dermatological conditions from a larger cultural perspective. Now, that there is a medico-cultural context created around the Youtube series, this leads to established media and communications literature

The Transition from Traditional Media into Digital Media

A health centered Youtube series requires media and health literature, which will help provide a linkage between anthropology and media studies. This is crucial to the next step of this research project on *Dr. Pimple Popper* because the series contains still imagery, and videos. These visuals can be looked at through the communicative art form of persuasion. Rhetorical communication is used by media scholars to study how health content is distributed, within mass media. Before elaborating on this, Youtube needs to be clearly defined. According to Communications

specialist, Guosong Shao, in *Understanding the appeal of user-generated media* (2009), Youtube can be defined as “a convergence of the traditional entertainment choices of television, music, and film” (2009, p.12). This relatively new platform consist of “millions of video clips” (Shao, 2009, p.12). Youtube involves a confluence of traditional communication mediums;therefore, we need to understand how health content has been distributed through previous traditional platforms, like newspaper journalism or broadcast journalism.

Traditional Media Platforms and Rhetorical Communication Practices

Vladimir Propp’s narrative theory of folktales has been adapted into media studies, which Clive Seale, in *Media and Health* (2002), contends to present “elements of a more general mythic form” (2002, p.33). Narratives provide structure to build health content distribution. Seale claims that health content can be presented like a folktale, with character archetypes, plot twists and finales. These have been found in previous studies, such as Jonathan Benthall’s visual analysis on news media platform’s presentation of developing countries. In Benthall’s book, *Disasters, Relief, and the Media* (1993), he concluded that news media carries specific narratives that influence the way audiences perceive the developing world. In respect to health content, Seale believes that the human body is narrated like a “struggle against the evil of death, its search for an admiring gaze, its elevation of Everyman or Everywoman to the status of hero or victim,” (2002, p.37). Narrative structure will be further utilized in this research project, to provide insight into *Dr. Pimple Popper’s* video presentation of skin conditions. Narrative is not the only rhetorical strategy found within media studies and health, as metaphors are equally used as well.

Metaphors, which are figures of speech, are used to help present complicated health information, in a way that is understandable for mass audiences. Cancer is presented through metaphors, to mitigate the intensity of its negative associations and fears surrounding it. This is explained in Susan Sontag’s work, *Illness as Metaphor* (1978), which focuses on the discursive experience of cancer and tuberculosis patients. Sontag provides insight into the connection between language and illness, as she explains that cancer is usually described as a “ruthless, secret invasion” (1978, p.5). In conjunction with Sontag, Clive Seale gives additional examples of how metaphors are

utilized in health as “the cancer experience may be considered as being like a battle (Sontag, 1991) or a race or other sporting struggle (Seale, 2001a)” (2002, p.38). Scientific medical research is written in a theoretically abstract form, and can not be easily comprehended by the general public; therefore, metaphors allow medical knowledge to be distributed at a mass scale or transformed into experiences related to everyday life. Seale argues that “an alertness to the effects created by the use of metaphor is helpful in analysing media health representations” (2003, p.38). Metaphors can even work with narratives to create an overall effective method of communication.

While Susan Sontag’s work provides some insight into the cultural influence of metaphors, it would be additionally beneficial to incorporate work from prominent cognitive linguists, such as Mark Johnson and George Lakoff. Their work helps provide the theoretical importance of metaphors in cultures, and how the ubiquitous presence of metaphors, can be analyzed through structured systems. In their article, *Conceptual Metaphor in Everyday Language* (1980), they demonstrate the invasive presence of metaphors, such as “the concept is metaphorically structured, the activity is metaphorically structured, and consequently, the language is metaphorically structured” (1980, p.455). Metaphors can be placed in an objective framework, which facilitates critical analysis of how different cultures use metaphors. Lakoff and Johnson provide many examples of different metaphorical structures, some are based on spatialization, and others are context dependent.

Metaphors and other communication strategies present a way of looking at media and health content from a more nuanced position. Newspapers have preconceived agendas shaping health content, as established by Anne Karpf’s study on disease and the American press (1988). This is shared with television broadcast networks, as proven by Nancy Signorielli’s studies on mass media health imagery (1993). These scholars have confirmed the range of influences traditional media had on shaping public health knowledge. Seale’s reference to these academic works help provide a comparison for the present, in order to best understand how much has changed within this field. This leads to more current work by Sociologist Deborah Lupton, who has studied the

most current digital media health platforms. Lupton recently published a book on the the state of digital health, which is an academic critique on the relationship between sociology of health and digital media technology.

Digital Media and Health Communication Practices Today

In *Digital Health: Critical and Cross-Disciplinary Perspectives* (2017), Lupton looks at the broader scope of how new media health technologies are affecting the relationship between individuals and groups, and its interconnection with medical infrastructures. Lupton states that there is a “new bioeconomy of medicine, health and illness, leading to an intensification of focus on promoting health and preventing illness and disease using technologies, greater medical surveillance of individuals and social group” (2017, p.9). Lupton supports her argument through qualitative research on digital health apps. In a study, with health professor, Annemarie Jutel, they discovered “app developers used various claims to entice users. Their app descriptions asserted that they will save lay people’s time and money” (2017, p.34). In comparison with previous studies on traditional media and health, this shows a change in the way health content is consumed through the media. New digital media health content has become more individually personalized, as a scheme to keep illness and death at a distance.

Individualized personalization can contribute to mass surveillance. Academic Tara Donker studied the use of digital apps and mental health, and concluded that digital health records can be used to track people. According to Lupton, these apps “target depression by monitoring the user’s movements using GPS” (2017, p.34). Research on health and digital applications is utilized by Deborah Lupton, to provide evidence of an invasive presence of medical institutions, into the everyday lives of people. Lupton’s work demonstrates how media health content has changed dramatically from broadcast journalism television, and newspaper journalism. The new forms of digital media have expanded access to different types of media platforms, but are mostly individually personalized. As well, *Dr. Pimple Popper* videos focus on single patients at a time, rather than multiple patients with one specific skin condition. While it appears that new digital health technology has become more personalized, modern medical education has lost

patient personalization. This is demonstrated in an art historical analysis of dermatological pathological illustrations.

Visual Culture and Medicine

Before current medical technology, such as magnetic resonance imaging (MRI), and computed tomography scans (CT), there were illustrations of medical diseases. During the 19th century, medical doctors relied on these illustrations, in order to help them make diagnoses. These illustrations reveal an interdependent relationship between imagery and medical diagnosis. Mechthild Fend explains that there was a transformation of medical illustrations as it developed (2013). French dermatologist Jean-Louis-Marie Alibert drew medical illustrations as portraitures, and then eventually physical characteristics were dropped. This illustrative change was noticed with French medical illustrator Pierre-Francois Rayer. He drew specific diseases, minus the physical features of patients (2013, p.157).

Fend's work, *Portraying Skin Disease: Robert Carswell's Dermatological Watercolours* (2013), helps contextualize Foucault's conception of the medical gaze, as it demonstrates the division of a whole diseased human body. Fend's critical analysis of Robert Carswell's medical illustrations, demonstrated that visual imagery and verbal definitions complement each other, and work in relation (2013, p.156). During Carswell's period, medical doctors relied on illustrations of different pathologies, and dermatology benefited most from a diverse set of illustrations. According to Fend, dermatology had a "dependency on surface scrutiny and the concern with nomination and classification, the discipline relied on the coordination of observation and enunciation" (2013, p.161). Here is physical evidence of how there is a relationship between dermatological imagery and the medical gaze.

Fend explains that dermatological diseases create patterns, as the grotesque imagery demands visual attention to schematic formation, in order to prevent disgust. Fend states, "in those cases, the eye-catching pattern diverts attention from the disease while keeping it within the image. It serves as a formal balancing device that eases the pain of looking at the image (while

simultaneously attesting to it) by making the symptoms themselves look like a pattern” (2013, p.164). Pattern creations will be most beneficial for applying Douglas’s conceptualization of impurities, with *Dr. Pimple Popper* videos.

Fend’s work isn’t alone as Deborah Lupton’s book, *Medicine as Culture* (1994), dedicates an entire chapter to visual representations of illness and the body. This chapter features the critical work of Sanders Gilman. In *Disease and Representation* (1988), Gilman studied visual representations of illness, from Ancient Greece to the 1980s, ending with the mass media portrayal of the AIDS epidemic. According to Lupton, “Gilman's thesis is that the iconography of illness is an indication of the ways in which society deals with and conceptualizes disease” (2012,p.72). Gilman’s studies on the visual imagery of illness concluded that text and image have a powerful influence on the way society conceives illness, and how diseased bodies are interpreted (1988). There is ample evidence of interconnectedness of image and text, but the human body needs attention as well. Since these skin diseases appear on the surface of bodies, then sociological conceptions of the human body need to be incorporated into this project. Sociological abstractions of the human body reveal alternative discernments on the visual imagery of skin deformities.

Sociology, Body, Culture, and Health

Bryan Turner’s book, *The Body and Society* (2008), contributes an essential overview of the historical development of how societies define the human body. One important component of the book, are the chapters about how the human body had been viewed from religious societies into secular societies. Turner’s main argument was that religious institutions lost authority over the body, and that medical institutions claimed it. Turner states, “the assumptions of the transitional confessional- the culture of guilt, the criteria of the true confession, the innocence of talk, and the interior conscience- are through a process of secularization redistributed in a network of modern institutions” (2008, p.184). Medical institutions have become representative of a modern authoritative state over moral and social protocol. Turner references the work of Irving Zola’s, *Medicine as an Institution of Social Control* (1972), whose observational findings on the

sociological role played by medical professionals, deduced an absolute authoritative role (Zola, 1972).

Zola, and Turner's work is a continuation of Foucault's medical sociological paradigm, of the medical institution's control over the body. In Turner's work, *Regulating Bodies: Essays in Medical Sociology* (1992), Turner believes that medical institutions act as moral authorities. He states that "they are ultimately legitimized by an appeal to scientific rather than religious authority... medicine occupies the space left by the erosion of religion" (1992, p.23). Medical institutions are able to establish their authority because of their purported rational pursuit of truth and scientific knowledge. Turner's work can even be found in the William Cockerham's (ed), *Blackwell Companion to Medical Sociology* (2001). This book includes established academic scholarship on medical sociological interpretations of the body, with reference to Mary Douglas. Her work from *Natural Symbols* (1970), explores the interconnectivity of the body, and social meaning making. Douglas argues that "the physical experience of the body, always modified by the social categories through which it is known" (Douglas, 1970). Human bodies can be affected by social and even economic conditions, which was proposed by Pierre Bourdieu.

Bourdieu argues that human bodies are a result of social and cultural capital. Bourdieu's work on the human body takes a more political economical turn, but it is important to recognize because of his contributions to the field of sociology. Bourdieu conceives of a "habitus," which involves an organized structure of the mind that affects people's habits, in relation to their lifestyle choices and body. In *Distinction* (1984), Bourdieu explains the mechanism of habitus, which evolves through patterns, which he discovered through a correspondent analysis of French working class, and bourgeois citizens. Bourdieu states, "Taste, a class culture turned into nature, that is, embodied, helps to shape the class body" (1984, p.190). Bourdieu provides many examples of how social and cultural capital have a major influence over the physical act of eating, and food selection. Fish is considered unsuitable for working class men because it is deemed unfilling (1984, p.190). Bourdieu's studies provide insight into how many external factors influence the human body. Furthermore, Bourdieu's hypothesis is based on pattern

making, which demonstrates how an interdisciplinary thread is conceived through pattern making. This can be incorporated into more contemporary literature on the body and culture, as other sociological scholars emphasize the current interest of body management.

Culture, Bodies, and the Sociology of Health (2010), is collected academic work, edited by Sociologist Elizabeth Ettorre, which features the empirical evidence of body management. This collection helps fasten academic work on the interconnectedness of health, body, and culture. In the chapter, *The Visible Body: Health Representations in a Consumer Society*, by Rui Machado Gomes, he provides current interpretations of how the human body became a form of attentive personal care. Gomes states that “in the 21st century western high-tech societies, the media, as new social brokers, affirm themselves as a privileged means for the transformation and dissemination of values, ideals and standards, particularly when related with body management” (2010, p.93). This claim was deduced from an audience study of Portuguese consumers of men’s and women’s lifestyle magazines. According to Gomes, these magazines “disseminate and reinforce those values, ideals and standards” (2010, p.93). The argument that the human body has become a project of adjustment and alteration, is another example of the complex relationship between culture, and the human body. It is even relative to previously mentioned scholarship.

Bourdieu’s work represents body management, as those who lack cultural capital, have no interest in taking care of their bodies. Concurrently, Lupton’s work on modern digital media applications shows an excessive interest in body management. This can even correspond with dermatological procedures, as medical surgery involves intensive physical alteration of the body. There is even a connection between human body and value assessment. Since there is an abundant amount of sociological scholarship on the body, it is paramount to pay attention to pre-established psychological scholarship. Psychological analysis can help provide a more scientific inquiry into fractured compartmentalized symbolics systems of the human body, in relation to medical sociological conceptions.

Psychology, Body, Culture, and Health

Skin deformities can elicit feelings of disgust, which social psychologists argue have scientific and religious origins. In the book *Handbook of Emotions* (2008), Paul Rozin, Jonathan Haidt, and Clark R. McCauley, have written the chapter, *Disgust*, and its psychological breakdown. They begin with a quote by Charles Darwin, who defines disgust as “something revolting, primarily in relation to the sense of taste, as actually perceived or vividly imagined” (1872, p.253). *Dr. Pimple Popper* involves vividly grotesque imagery, such as patients with large lipomas on their neck, and this will help weave together the presence of the medical gaze, and configurations of impurities in society.

Douglas claimed that dirt is categorization of matter (1966), which infers multiple interpretations of symbolic meanings of pureness. Bodily fluids can represent an impurity. Skin deformities that are cut open, release a viscous liquid, which triggers feelings of disgust. This emotion has become a border between the body, and the self (Rozin, 2008, p.758). An invisible border is conceived in order to act as a protective force from contamination, which was concluded through a qualitative study of focus groups, done by Fessler, and Haley, on the dichotomy of disgust and the body. Anthropologist Daniel Fessler, and Kevin Haley’s study produced findings that demonstrated an internal link between body, the self, and disgust (2006).

If skin conditions release liquid substances, then an illusion of contamination is present. According to Rozin, in reference to religious thinking, organized ritual acts of “cleansing” can be considered a “magical law of contagion” (2008, p.760). This connects with Douglas’s work on primitive cultures, which had established strict rules for potential substances that carry risk of contamination. This frame of contamination can be applied to the human body, when perceived as a temple. According to Rozin, disgust can be a “guardian of the temple of the body” (2008, p.764). While this connects with more faith based interpretations of anomalies, Psychologist Andras Angyal provides a more rational approach to disgust.

In his paper *Disgust and Related Aversions*, Angyal deduces the psychological interpretation of disgust through the application of anthropological studies, such as John Bourke's book, *Scatalogic Rites of all Nations* (1891). Bourke studied the position of excrements in religions and societies from around the world, which helped Angyal build an organized system for identifying and comprehending disgusting objects. One of Angyal's central tenets is that "the object of disgust may be rather defined as "anything coming from the body" (1941, p.396). Skin deformities originate from the surface of the body, and contain waste, like fat. There is a "fact that disgust from true wastes is rather universal, whereas disgust from other substances varies greatly with the culture" (1941, p.396). Feces is an example of true waste, as it must be properly disposed of. The universality of waste helped Douglas create an objective framework of impurities, just as it helped Angyal create an objective framework of disgust.

Angyal believes that "wastes, to our minds, are something base, and contact with them is experienced as debasing, degrading rather than harmful" (1941, p.397). The debased object is also a mystery, and this causes confusion or an "uncanny threatening object is thought of as an "unnatural" power, as something which is beyond the lawful and orderly course of events" (Angyal, 1941, p.407). So far, there is a connection made between culture, body, and psyche, and Jonathan Haidt explores this topic even more, in his article, *Body, Psyche, and Culture: The Relationship between Disgust and Morality* (1997). This work concretely argues the interconnectivity of cognition, culture, and disgust.

Schematas of Disgust and Interconnection of Mind, Body, and Image

Jonathan Haidt concludes that disgust can change through schemata, which are cognitive pattern formations. People have different ideas of disgust, as they continue to change overtime, such as which food is appropriate to intake. Haidt's argument is developed through the previous work of Jean Piaget, and Ernst Mayr, whose studies proved that schematas exhibit evolutionary and cultural influence. Piaget's research derived from the study of how children's motor schemata change as they grow and conform. Mayr's research concluded that schematas carry preadaptive qualities, which adapt with new environments, for survival (1997, p.124). These past studies will

help the analysis of *Dr. Pimple Popper's* videos. The presented skin conditions come in all different shapes and sizes, which enables presumptions about how it creates schematas.

If schematas exist for conceiving disgust, then they exist in current fragmented molds. For people make sense of the world through quick and intuitive “pattern matching, in which patterns get “tuned up” gradually by past experience” (1997, p.122). Skin conditions exist in patterns as well, which brings these two ideas together. Disgust has evolved through previously learned patterns, which implies that our bodies can be platforms for interpretation. According to Haidt, “We will use the term “embodied schemata” to refer to imaginative structures or patterns of experience that are based on bodily knowledge or sensation” (1997, p.122). Bodies are fragmented, and this affects the interpretation of the world, as explained through the studies of academic Mark Johnson, in *The Body in the Mind* (1987). Johnson had found that people interpret the world through the body, language and imagery. In Haidt’s article, he explains how Johnson argues that “image-schematic structures growing out of our physical embodiment, that allow us to understand one domain in terms of another” (1997, p.122). When visualizing skin deformities, a presumed interconnectivity of mind, body, and image, will join well with conceiving schematas of impurities.

Haidt’s psychological work is the final stage of interweaving the selected academic literature. To recapitulate, this paper focuses on Youtube videos of the medical surgical removal of skin conditions. The academic literature derives from anthropology, sociology, psychology, and media and communications, which all help approach the expansiveness of studying the relationship between culture and health/medicine. The *Dr. Pimple Popper* Youtube series contains cultural and health content because of its medium and theme. Yet, this raises bigger questions that transcend the visual material. In order to answer these questions, the application of Michel Foucault and Mary Douglas work, provides insight into how to approach this topic. Dr. Sinha has shown that the medical gaze has progressed into contemporary society, during 2000. Now, it is time to look at the medical gaze eighteen years later, and provide an academic

explanation. These sources help provide a groundwork for implementing a case study on *Dr. Pimple Popper*, which is the first step of the methodological execution.

The Methodological Structure for a *Dr. Pimple Popper* Assessment

The Dr. Pimple Popper Case Study

The Youtube series selected for this project, *Dr. Pimple Popper*, involves mixed visual material, such as still images and videos, which indicates that the selected method must fully utilize visual material to its highest potential. There should also be room for flexibility, when approaching such kind of content and potential data. *Dr. Pimple Popper* is a Youtube series that crosses between medicine and culture. Given the interdisciplinary content, a case study is the most appropriate choice for this project. In *The case study as a type of qualitative research* (2013), academic Arijana Biba Starman, defines a case study as “a comprehensive description of an individual case and its analysis” (2013, p.31). Starman’s article will provide the necessary structure for organizing this case study on *Dr. Pimple Popper*, and will additionally aide in critical reflection on the research methodological tools involved with this project.

This method begins with classifying the material, as Starman argues how classification helps create structure. Classifications of different case studies can be found in Alexander George and Andrew Bennet’s book, *Case Studies and Theory Development in the Social Science* (2005). Here they explain how a multitude of various case study classifications can be used to incorporate theories. For example, a disciplined configurative case study is most applicable to this research project because it is defined as to “use established theories to explain the case” (Starman, 2013, p.34). Once the form of case study is recognized, it then provides lucidity to the proposed project, as it helps situate the subject matter in the case study method. To further build on the process of executing a case study, it requires recognizing the object of study, or its position within a field of research.

According to Starman, researchers must “clearly identify the research field; that is, the “class” or “subclass” of events within which a single case or several cases are instances to be studied” (2013, p.35). This breaks down the case study into subject (case), and object (field of research). For this project, the use of a visual analytical framework helps situate the field of research (object), within the specific case. Starman argues that focusing solely on a case shortens the

potential vastness of description and interpretation. The visual analytical framework for this project has been developed from how the field of social sciences approaches visual material. Visual research methodologies are a part of this framework, which helps direct the implementation of this case study. According to academic Stephen Spencer, “visual methodologies relentlessly particularise, highlight the unique, go beyond the standardization of statistics and language” (2011, p.51). My project recognizes the use of language, in *Dr. Pimple Popper*, but wants to go beyond it, and show how visual imagery can be at the center of a research paradigm. The combination of a case study, with visual research methods, allows potential for answering research questions that are derived from artistic mediums.

Integrating Visual Research Methods

Dr. Sandra Lee uses artistic mediums to create *Dr. Pimple Popper*, thus visual research methods can operate and steer the collection of visual data. Qualitative methods use of artistic mediums are explored in Stephen Spencer’s book, *Visual Research Methods in the Social Sciences* (2011). His work helps provide the essential groundwork for executing this part of the research method, as it justifies the importance of incorporation and assessment of visual material.

Visual material can function as a figurative window, or an “indirect ethnography,” into the current culture, at the time that the visual material was produced (2011). *Dr. Pimple Popper* is evidence of current cultural fascinations, with medical treatment as entertainment. The popularity of broadcast television medical knowledge, such as *The Doctors*, or *Dr. Oz*, has transitioned into Youtube, with *Dr. Pimple Popper* exceeding a million subscribers. This Youtube series is a representative piece of the larger Youtube culture that globally dominates. It has been established by Gomes, that women’s and men’s magazines, from a specific time period, had been used to tap in the wider gender and political culture. This is applicable to *Dr. Pimple Popper* as it to can be a figurative window. iSpencer writes that “images from popular culture, cinema, TV, advertising and postcards can show social construction at work and the accretion of meaning around visual forms” (2011, p.43). The visual forms of *Dr. Pimple Popper* provide a

social science researcher with ideas about how cultural symbols of skin conditions, affect the social values and identities of our current time.

Social values and identities are representative of cultural meaning, as proven by the axiom that cultural analysis creates meaning (2011). This can be done through the facilitation of a sociological eye on imagery, which weaves a connected thread of paradigms, methods, and data (2011). *Dr. Pimple Popper* contains eliminations of skin conditions, which reflects current cultural impressions of bodily cleanliness. These skin conditions can possibly represent elements, within a much larger symbolic system of bodily purity. While Stephen Spencer's work helps provide hard evidence to justify the choice of this method, it also helps spark reflection on the importance of visual images.

Visual Research and Cultural Methodologies

There are multiple cultural methodologies that can be applied to the study of visual imagery. In this specific project, the context of production and viewing, is most applicable. In Theo Van Leeuwen & Carey Jewitt's book, *The Handbook of Visual Analysis* (2004), they provide a chapter of cultural methodological tools that can be used to inquire into visual imagery. These methodologies help generate questions such as, what is being viewed, and how did this image get there? (2004). Answers to these questions can be derived from the "centrality of vision in everyday experience and the production of meaning" (Lister and Wells, 2004, p.63). *Dr. Pimple Popper* displays the everyday routine of dermatological body checkups, and through the centrality of vision, we transcend that ordinary medical social custom.

This is possible through the methods of context of production, and viewing, which help direct the critical eye towards visual imagery. These methodologies help organize and structure the visual data, in order to approach it with precision. Context of production sets up the scheme of how these particular videos are made, which then helps proceed into the context of how these videos are seen. It is imperative to pay attention to the camera, as Clive Seales notes the value of the camera's role in the visual researcher's relationship with the material (2007). Visual research

methodologies are an additional advantage, with a case study approach, but there needs to be a comparison of these advantages and limitations.

Advantages of a Case Study

The benefits of a case study are explored, in Bent Flyvbjerg's article, *Five Misunderstandings about Case-Study Research* (2006), where he discredits five main arguments against case studies, and provides explanation for how case studies are scholarly beneficial. One advantage for a case study is that they "can contribute to the professional development of a researcher, as case studies can provide concrete, context-dependent experience that increases their research skills" (Flyvbjerg, 2006, p. 223). Researchers need to see beyond the abstract theoretical, and be exposed to more nuanced ways of thinking. Flyvbjerg states, "human behavior cannot be meaningfully understood as simply the rule-governed acts found at the lowest levels of the learning process and in much theory" (2006, p.223). Case studies with context-dependent empirical evidence allows researchers to make comparisons and perceive differences within the collected data, which enables introspection and critical reflection. *Dr. Pimple Popper* videos contain context-dependent empirical evidence, which will reveal unexpected dissonances that weren't preconceived in preparation for this study.

A second advantage is that context-dependent knowledge allows researchers to approach the subject of study with proximity, and to generate feedback. When these two factors disappear, Flyvbjerg argues that it proceeds "to a stultified learning process, which in research can lead to ritual academic blind alleys, where the effect and usefulness of research becomes unclear and untested" (2006, p.223). The combination of visual research methods with a case study will prevent such limitations, as utilizing multiple methodologies builds arguments based off strong evidence, and a comprehensive weave of connections.

Disadvantages of a Case Study

Case studies are too subjective, and can't generate theories. These are a few of the preconceived arguments against case studies; however, this isn't true as documented by multiple social science research disproving such fallacies. Condensed from Bent Flyvbjerg's arguments in support of

case studies, the possible limitations are as follows: 1) Case studies cannot make generalizations, and don't provide progress in the sciences. 2) Case studies inherently prove the researcher's bias (2006). These arguments invalidate the scholarly potential of case studies, and I will speculate how these could affect my selected case study, and then in conjunction with Flyvbjerg's work, provide reason for how to prevent such ramifications.

Flyvbjerg provides a multitude of examples from the social sciences, to justify how single case studies had changed established paradigms. The first argument about generalizations is false because generalizations are a part of a figurative academic tool box that researchers must use, in order to acquire more knowledge. Thomas Kuhn predicates that researchers hold a wide variety of attributes that help produce scholarship (1987). Accepted generalizations contribute to overall knowledge, but we must recognize that they can't be the single impetus of scientific inquiry (Flyvbjerg, 2006).

The conclusions derived from *Dr. Pimple Popper* can create many generalizations of the relationship between medicine and culture, relationships between doctors and patients, or even how medical surgeries can be considered a form of entertainment. In Flyvbjerg's point of view, some of these generalizations can be a springboard for creating other case studies. This project could inspire case studies to explore the intricate relationships between medical health, culture and mass media. This project carries potential for future case studies, as it has been structurally modeled from previously established studies.

The second perceived argument against case studies is that it proves the researcher's own preconceived notions. Flyvbjerg contends that the rigidity of executing case studies disqualifies that notion, which is accomplished by studies that involve intense observation of selected subjects. Intense direct observational studies is an advantage, as it can "close in on real-life situations and test views directly in relation to phenomena as they unfold in practice" (Flyvbjerg, 2006, p.235). This means that case studies allow an increased proximity between the researcher and case at hand, which facilitates learning, and is an essential element in the production of

knowledge. In comparison to my selected case study, I had no expected conclusions from watching these videos, as my interest in these videos derived from the observation of the channel's intense viewership.

Furthermore, I left out critical discourse analysis (CDA), as this method emphasizes the linguistic medium. Instead, this project focuses on the visual medium, where visual interpretation through the visual eye, precedes discursive interpretation. Academic Norman Fairclough, explains that the methodological purpose of CDA, is to identify the interconnected relationship between the social and physical realities through text (2003). There is textual material within *Dr. Pimple Popper*, but the dermatological surgeries presented, are inherently visual.

Intercoder Reliability Testing

An additional limitation of this project was the inability to perform an intercoder reliability test. This project wasn't collaborated with another researcher, and code testing wasn't facilitated. The purpose of intercoder reliability, as explained by Academic Nick Mouter, is that "conclusions can be drawn from the data and, more important, which conclusions can no longer be supported" (2012, p.6). If the purpose is to determine the strength of the concluded data, than this can be determined from coding, with this project's same structure, in another set of *Dr. Pimple Popper* videos. One can speculate similarities and dissonances, as these were found in this project. The chance of another *Dr. Pimple Popper* case study is possible because of the abundance of *Dr. Pimple Popper* videos available, which leads to ethical considerations.

Ethical Considerations of Dr. Pimple Popper

The ethical standards of this research project can be assessed through the themes: confidentiality, negotiation, and accessibility, as defined by Helen Simon, in *Case Study Research in Practice* (2009),

“Confidentiality helps to secure the trust and conditions necessary to gather honest, valid data. Negotiation is the means through which data that are not harmful to individuals can be released for public knowledge. Accessibility refers to the need to communicate to audiences beyond the case in ways they understand” (2009, p.102).

These three ethical themes applied to *Dr. Pimple Popper* provide enough evidence that this research project did not breach any ethical conduct. *Dr. Pimple Popper* provides legal disclaimers at the beginning of each video, which demonstrates that these videos are up to legal code. There is no breach of confidentiality, as patients’ information remains private. Since private information isn’t disclosed, the data collected presents no harm, and has the potential for release into public knowledge, as this project aims to contribute to academic scholarship. Finally, in terms of accessibility, these videos are open to everyone, and Dr. Lee states these videos are made for educational purposes.

On the other hand, despite Dr. Sandra Lee’s educational claim, two videos were subsequently removed from her Youtube channel. The videos *Meet Rainbow Steatocystoma: Session One, Part One*, and *A Man with Steatocystoma Multiplex: Session 1*. These videos were visually coded; however, they are unable to be currently accessed. This raises concern about patient privacy and public access, and how Dr. Sandra Lee is facilitating her Youtube Page, in regards to how she communicates with her patients.

Dr. Pimple Popper Case Study Research Design

To recapitulate, *Dr. Pimple Popper* features visual imagery of Dr. Sandra Lee performing surgeries on patients containing skin conditions. Dr. Lee physically removes different types of skin conditions, such as cysts, lipomas, and even extracts blackheads. During her videos, she squeezes or pops these skin conditions, which release an assortment of different substances. These have become the main reason for her popularity and Youtube fame. Beginning in 2010,

Dr. Pimple Popper has amassed over a million subscribers and views. As previously noted, my research purpose is to critique the visual content within this Youtube series. I have formulated research questions to help approach this material. After I have formulated these research questions, I then proceeded into the organization of the data collection.

Dr. Pimple Popper contains over a thousand videos, with a wide range of videos made each year, and has ultimately changed over time. Dr. Sandra Lee began with basic medical educational videos, such as, *Dr. Sandra Lee Discusses Tickle Lipo*, or *Dr. Sandra Lee Discusses Facial Volume Rejuvenation*. Yet, she has transitioned from educational to more sensational videos like cyst excision and blackhead extractions. In the beginning, there were surgical videos, but there was a heavy mix with educational content. As the years progressed, her content became more focused on surgical videos. The diverse content of her videos require a very specific choice of controlled data.

I selected videos from the most popular video playlist, which can be accessed on the *Dr. Pimple Popper* Youtube channel. Within the most popular video playlist, the videos range from three years ago to present day. This indicates that *Dr. Pimple Popper*'s popularity is most recent. Given the neoteric attention, I decided to select the videos from 2017. This year contained thirty-seven videos, with a wide range of time lengths. Overall, the selected videos added up to about nine hours worth of viewing. The shortest video was two minutes and twenty-five seconds, and the longest video was thirty-seven minutes and two seconds. My reasons for selecting the year 2017 are: 1) A fixed and current time period. They are the most recent year of videos, and do not change. While compared to the videos in 2018, this current year, they are continuously uploaded, which makes it a non permanent set of data. 2) An established production method. Over seven years of making videos, Dr. Lee has found a consistent visual format that helps her retain a large fan base. 3) Diverse content, which is created by a mix of different skin conditions, that allows for possible variations within the data collection.

Organizing Dr. Pimple Popper Visual Data

After I selected the year, I created an outline for how to organize the data. Within a chart, the first box contained each video by number, video title, length of time, amount of views, date published, and amount of likes and dislikes. This helps establish the basic background information, which allowed me to handle the data in a precise manner. The basic background information creates a foundation, which eventually helps build additional charts that will contain the visual content. Within Appendix B, I provided examples of charts of highly referenced videos. These videos remain uploaded on Youtube, and can be accessed at any time.

Now, in the chart, below the videos basic information, I made sections for observations on the videos. These notes were organized under the following themes: camera techniques, and visual content. These sub-categories help set up a structure to place my observations of the objects visually situated, which further aides a route for coding the diverse set of *Dr. Pimple Popper* videos. The camera techniques are part of the cultural method on the context of production, which delves into assumptions of the camera's role in the creation of the visual material.

Approaching the Dr. Pimple Popper Visual Data

Camera techniques involve camera positioning, video sequence and editing, which explain the camera's functional role. These are terminologies used in visual production, to technically explain the process of creating videos. *A Mother of a Lipoma Part One*, will be used as an example to explain the value of focusing on video production techniques. A camera position is the physical placement of the camera in a space, which creates a visual outline of the presented image. In the video, there is a clear view of the lipoma, which places the lipoma as a centered object in plain sight (Appendix A1). The physical placement of the camera creates the position of that lipoma. This is evident in other videos, where we see different skin conditions, viewed at different angles.

After the camera shots are taken of the patient, they are assembled together, through a digital editing process, which creates a series of video shots to help form a narrative. This is interpreted

as a video sequence. One observation in *A Mother of a Lipoma Part One*, was a “cross over to more close up surgical procedure, where patient’s body is covered, and you just see an opening of the back growth. (2:13)” (Appendix B1). Video scene cuts, which act as transitions, facilitate the narrative structure. The addition of slow motion and zoom ins, is a part of this, which helps sensationalize the visual content. While a part of the editing process, they are visual effects that exaggerate the content, which is a part of the video producer’s strategic intention (Leeuwen and Jewitt, 2004). This is a general overview of how basic film production techniques can help social scientist as they critically approach visual material.

In order to truly understand the depth of visual material, one must recognize and understand the procedure for making these videos. The technical assessment of these videos, then aides in the process of understanding the meaning behind visuals (Spencer, 2011, p.53). Spencer helps place the benefit of camera techniques, when applying abstract theories to visual material. It is imperative to repeat the structural benefits, when one organizes the collection of visual data with the camera work first, in order to acquire the camera’s featured content. Simply, one begins with the large encompassing framework, and then proceeds toward the actual subject matter.

This is where the methodology of context of viewing comes into place. The visual content found within *Dr. Pimple Popper* videos, are then organized under the following categories: surgical step, physical body part, location of skin deformity, physical attributes of the skin deformity, physical attributes of the internal substance extracted. These categories were concluded by an overview of visual content found within the video of, *No More Unicorn, with Dr. Pimple Popper*. This was the pilot video for approaching the *Dr. Pimple Popper* data, and it helped provide an outline for what to observe, and eventually what to code for. These last set of subcategories contain every visual detail found within these videos, such as how Dr. Lee begins her surgeries.

Surgical step involves the beginning procedure for surgery. Dr. Sandra Lee invariably takes a precise method for implementing physical surgery. For example, Dr. Lee begins with a physical

assessment of her patient's skin condition. This involves marking patients' skin conditions, to know where to cut, as seen in the screenshot taken from *A Mother of a Lipoma Part One* (Appendix A2). Her assessment of the specific body part leads to its categorization, such as backsides, or foreheads. These videos contain every fragment of the human body, as each part contains the focused skin condition.

Now, we can move on to more micro observations of the skin condition. The physical attributes of these skin conditions appear in all different shapes and sizes. Even two of the same conditions may appear divergent in color and size. One lipoma may appear larger than the other, and even when they are cut open, they release substances in different shapes and colors. This is where the physical attributes of the substances need to be noted. It is important to pay attention to these physical details because they communicate systems of categorizing matter out of place. The main purposes of these videos is to show these skin conditions; thus, it is pertinent to annotate every detail, from the bowling shape of a lipoma and its chicken breast contents (Appendix A14).

The execution of my analysis is explained in the following chapter, where I organize the section into three themes. Rhetorical communication, Michel Foucault's medical gaze theory, and Mary Douglas's cultural theory on dirt. Then, under these themes are subcategories pertaining to more specific details that help analyze the collected data, such as metaphors, body fragmentation, or system of skin anomaly pops and schematas. These all weave together to create an elaborative cognitive web to help explain how the ideas of bodily pureness, can be concentrated within *Dr. Pimple Popper* videos of skin conditions.

“Thank you, for Watching,” *Dr. Pimple Popper* Analysis

Rhetorical Communication Strategies Discovered

Visual structure of Dr. Pimple Popper

Preceding the application of Mary Douglas’s cultural theory and Michel Foucault’s medical gaze theory, will be the critical assessment of how *Dr. Pimple Popper* videos are formatted. Through looking at the presentation framework of these videos, it provides a groundwork for analysis development. Rhetorical communication strategies can be found in how these videos are titled, presented, and sequenced. Before Youtube, traditional media platforms had utilized the same methods for distributing health content, as explained by Clive Seale, in *Media and Health* (2002). In his chapter, *The Forms of Media Health*, the categories of oppositions, narratives, and metaphors, are used by media platforms to help communicate these types of messages. These were found in *Dr. Pimple Popper* videos, and begins with how Dr. Lee named them.

Grapefruits are like Lipomas, and Marbles are like Cyst

Dr. Lee creatively uses metaphors to title her videos, which is determined by the type of skin condition. Dr. Lee has created very unique and amusing titles, which reflect the patient’s diagnosis. Examples of these are: *A Mother of a Lipoma Part One*, or *It Pays to be Per-Cyst-ant*, and even the three part series of *Grapefruit Sized Growth*. Additional titles include, *An Amazing Baby Faced Cyst*, and *An Excor-Cyst-em*. Every single video is craftly titled, with the exception of montage collection videos, like *Our four final pops for you- Pimple Popper Madness!!*, or even literal titles such as, *Blackheads on a young teenager’s face*. These titles come from Dr. Lee’s sense of humor, which is revealed in her videos, and her interview with *The Daily Mail*. While the intention is to make the video appear entertaining, metaphors can be used to communicate complex information.

These video titles employ metaphors to help communicate medical health information more lucidly. When information is communicated in a way that mass audiences can understand it, then it helps distribute medical health information. In regards to *Dr. Pimple Popper*, it even foreshadows what is forthcoming, and leaves room for speculation, such as the video *What do you think this was?* Susan Sontag had written extensively on how metaphors explain illnesses such as cancer and tuberculosis, which had darker analogies that stigmatized the diseased patients.

In *Illness as Metaphor*, Susan Sontag's conclusion is that illness has historically taken on metaphoric understanding. When Sontag explains how cancer had been perceived, she argues that "the solution is hardly to stop telling cancer patients the truth, but to rectify the conception of the disease, to de-mythicize it" (1978, p.7). In comparison with *Dr. Pimple Popper*, these titles could be demythicizing skin conditions such as cyst or lipomas. Viewers have no previous knowledge of these skin growths, and comparing them to everyday objects like bowling bowls, allows them to be conceived effortlessly.

In the video, *A Mother of a Lipoma Part One*, Dr. Lee provides a bottom caption stated, "A lipoma bowling bowl" (Appendix B1). Dr. Lee uses the size of a bowling bowl to convey the physical size of this particular lipoma. In *It Pays to be Per-Cyst-ant*, Dr. Lee plays with the word, cyst, off an idiom, it pays to be persistent. Then, in *Grapefruit Sized Growth*, we have a comparison between a lipoma, and a piece of fruit. Additionally, a baby face can be used to describe a skin condition, which is shown in, *An Amazing Baby Faced Cyst*. Dr. Lee wants her videos to have humorous appeal, but she unintentionally conveys complicated dermatological conditions much simpler, when she use metaphors. It can be discerned that the general public is not educated on current medical dermatological knowledge; therefore, these metaphors help unravel the perplexity of the skin condition. Clive Seale explains that literary techniques in conjunction with scientific research creates effective communication.

According to Clive Seale, metaphors help create “a sense of underlying order in the world” (2002, p.38). Skin growths are interpreted as disorder, as they are deviations from the socially accepted norm. Dr. Lee’s utilization of metaphors helps bring structure and order to the presentation of these skin anomalies because she demythicizes them. The general public is unaware of what types of medical skin conditions exist, or even if they carry them. Dr. Lee wants to educate her viewers, as a way to help explain complicated medical material. These metaphors are then used to help frame and contribute to the overall narrative structure of her videos.

Dr. Pimple Popper and the Tale of A Grapefruit Sized Growth

Through the sampling of thirty-seven most popular videos from 2017, the findings concluded a consistent narrative structure of the layout and presentation of *Dr. Pimple Popper*. Previous linguistic studies on journalism, such as Allan Bell’s *The Language of News Media*, concluded that newspapers create narratives through structured headlines (1991). This can be applied to Youtube, as they are both communicative mediums that utilize discourse to convey messages. There is a specific procedure for how newspapers present information, as Clive Seale states that there is “orientation, then a complicating action, an evaluation of this, a resolution showing how the sequence of events has been concluded and frequently a coda that wraps up the action and returns the speaker to the present” (2002, p.31). We can take this narrative structure and apply it to the *Dr. Pimple Popper* series.

In the video *It Pays to be Per-Cyst-ant*, it begins with the patient’s cyst. Still images of the patient’s face from multiple angles are shown (Appendix A6-7). This allows viewers to be acquainted with the specific cyst. Proceeding the still images, is a short video of Dr. Lee talking to the patient, and feeling around the patient’s face and cyst. This is how Dr. Lee orients her viewers to what they are about to see in the following clips. Orientation is also found in other videos, like a *Mother of a Lipoma Part One*, and *Grapefruit Sized Growth* series, where Dr. Lee physically assess these lipomas. Next, the video proceeds to the surgical procedure, which would be the complicating action.

Medical physical surgery is representative of a complicating action, as it contains high chances of risks. Surgical procedures are highly structured and technical, to prevent any complications. Dr. Lee verbally expresses her concern for precaution throughout her videos, as shown in the sample transcript of the *It Pays to be Per-Cyst-ant*, where she repeats “Are you okay?” (Appendix C). Within, the middle of the video, Dr. Lee has to search around the cyst, in order to make sure nothing remains. This is another complicating factor, as the cyst may have remnants leftover from the main squeeze, which will cause future problems with sutures. This is found in all of the surgical videos, such as *A Mother of a Lipoma Part One*, or *A Grapefruit Sized Growth*. Dr. Lee explains how a routine extraction could have complications, as she may forget to check if she removed everything. A part of this complicating action process involves Dr. Lee scooping around inside the opening, to check that the entire cyst was removed. Dr. Lee explains that this is her assessment for post-removal, in order to prevent anything from growing or having to perform surgery again (Appendix C). We see Dr. Lee’s precaution visually demonstrated throughout all of her videos, as it is an integral step in her surgical procedure, which comes before the resolution.

A resolution involves the complete physical removal of the skin growth. In *It Pays to be Per-Cyst-ant*, we see that Dr. Lee successfully removes the cyst. There is no video where Dr. Lee is unable to remove a certain skin condition; however, depending on the skin condition, some resolutions can take longer than others. In *It Pays to be Per-Cyst-ant*, the patient’s skin was too thin, which required additional cheek skin removal for better application and recovery from sutures. In *A Mother of a Lipoma Part One*, the lipoma had deteriorated and this too required additional skin to be removed, in order to take out the entire lipoma (Appendix A3). Part of the resolution involves a smooth removal, but there is always uncertainty because we cannot see underneath the skin. After the removal of the skin growth, there is application of sutures, which is a return to the present.

The final wrap up which returns viewers to the present, is the post-surgery still images and videos. These videos end with a view of the extractions laid out on a medical table, displayed

near the surgical tools, with tints of blood. Then, the video cuts to still images of the patient. In *It Pays to be Per-Cyst-ant*, we are presented with a side by side imagery of the patient, before and after the surgery (Appendix A8). In *Updates: A True Over the Shoulder Boulder Holder With One Month Update!* you are shown pre and post surgical photography (Appendix A9). This allows viewers to make a comparison with what they had seen in the beginning, to what they see now. The presentation style of each of these videos demonstrates the narrative structure outlined by Clive Seale. While it isn't heavily orchestrated by words, the sequence and flow of videos carries out that narrative objective that was found in newspapers. Since we have an overarching outline for how these videos are presented, we can proceed into the more finer elements of how these videos are edited.

Digital Assembly of Dr. Pimple Popper

The technical aspects of *Dr. Pimple Popper* deserves attention as there is an overt emphasis placed on video effects. *Dr. Pimple Popper* videos all follow the same sequence of still images and videos. The sequence is as follows: First, there is a slideshow of still imagery featuring patients' skin conditions. Second, there are video cuts in between scenes. Third, there are close ups and zoom ins. These are part of the previously mentioned film production techniques, which involves the context of production.

In *It Pays to be Per-Cyst-ant*, you have a zoom out following the suture application, which allows viewers an exposed view of the patient's face, after the surgery (Appendix B2). In *An Excor-Cyst-em*, after the opening of the cyst, we see the camera zoom in more finely into the patient's face (Appendix B4). We even see another zoom in after the physical removal of the cyst, right before the application of the sutures. The purpose is to provide a clear view of what is happening in front of the camera.

Zoom ins are accompanied by slow downs. These are used after pops. In *It Pays to be Per-Cyst-ant*, after the cyst is popped, there is a slow down. This cyst was small, but with even smaller extractions, such as *Blackheads on a Young Teenagers Face*, they slow down the

blackhead removals. The purpose is to extend the sensational effects of these pops, to give pleasure to the audience. If these production effects are seen in many videos, it can be concluded that these were a strategic intention. In comparison to the change of newspapers appeal to sensationalism over time, Clive Seale explains that newspapers had become more sensational in order to retain an audience following. It can be assumed that Dr. Sandra Lee wants to retain a mass audience as well.

This production aspect is relative to the narrative structure, as Seale states that “media producers seek out ways of stimulating appetites for entertainment that may be somewhat jaded” (2002, p.40). Slow motion and zoom in effects help satisfy the audience's’ emotional appetite, as it draws watchers in, and creatively adds to the presentation of these videos. This can also be seen with Dr. Lee’s heavy and arbitrary reliance on captions to help stimulate the flow of these videos.

“This is not a needle, but a blunt-tipped cannula, it’s painless when passed under the skin...”
(1:19).

Captions dominate these *Dr. Pimple Popper* videos. There is no planned or organized usage of them, and this is derived from their arbitrary placement. Some examples of how these captions have been used: to provide additional medical information, to provide commentary, or even present inaudible comments from her patients. The incoherent use of captions demonstrates that the visual elements, within these videos, deserve more attention than captions, but this doesn’t imply that the captions should be ignored. The captions are supplementary in comparison to the visual display of skin conditions, which all have an order and structure involved with visual presentation. In addition, captions in these videos can be seen as a form of everyday language that Dr. Lee uses to communicate with her audience, which has been a proven study on language and newspapers.

According to Clive Seale “newspaper language – particularly the tabloid style – attempts to mimic conversational modes of interaction” (2002, p.31). This can be seen in the *Dr. Pimple Popper* videos, as many of them are grammatically incorrect, silly, and even feature smiley

emoticons at the end of them. In *A Mother of a Lipoma Part One*, at (3:41), the caption states: “I had high hopes here, that this would be a big and easy pop!!” (Appendix B1). In *It Pays to be Per-Cyst-ant*, there is a caption at (2:19), “The skin is really thin overlying the cyst.” Here she is explaining a problem with patient’s surgery (Appendix B2). Then in, *A Grapefruit-sized Growth part 1: the Punch*, there is a caption at (1:46), “I decided to initially do an aspiration, to see if i can figure out what it is” (Appendix B3). It appears that Dr. Lee likes to provide additional commentary, what she feels was left out, or necessary to provide during a certain time, or something she forgot to say, while being filmed.

Dr. Lee communicates a friendly rapport with her viewers through the use of captions, as evidenced by the incorrect grammar, and unstructured use of them. It appears that Dr. Lee wants to be creative with her videos, and this is even seen in how she creates hypothetical battles between different skin conditions.

Battle of the Cysts

Previous studies on newspaper coverage of health information proved the use of oppositions to facilitate narratives. This is demonstrated in Dr. Lee’s most popular videos, where she uses charts and diagrams to create a feux battle between two different skin conditions, where the winner is determined by the sensational response created from the squeeze. In Clive Seale’s book, he explains how contrived confrontation creates a setting of opposition (2002). In *Dr. Pimple Popper’s* favorite videos, she uses graphic visuals to create a pseudo battle between skin conditions. This includes charts to demonstrate the selection process of these videos, and to show how Dr. Lee came to her decision of which videos to select. Dr. Lee encourages viewers interaction to vote on their favorite pops because that will determine the winner.

For example, in *Our four final pops for you- Pimple Popper Madness*, the beginning shows an animated basketball court. A symbol of a platform for competitive play. Then, proceeds to a voting poll and an animated chart. The voting poll presents which skin conditions viewers want

to see. Then, an animated chart presents which skin conditions were eliminated, as they are crossed out, and the chosen skin conditions are brought to the foreground (Appendix A11-12).

The collected skin diseases are placed in a structural depiction of battle progression. Presumably, how Dr. Lee organizes these images, is an attempt to present information to help viewers make sense of how to place the different skin conditions, in terms of sensational satisfaction. Then, we are shown highlighted title captions like *Epidermoid cyst vs dpow*, and *Whitehead vs Steatocystoma* (Appendix A13). These captions are vivid representations of a constructed battle. Viewers are shown each video of the selected skin types being squeezed out. In this example, the videos of a whitehead and steatocystoma extraction are shown. There is no formal conclusion at the end, where a clear winner is announced because the winner is presented in following *Final Two Pops* video. Juxtaposed oppositions are used to create anxiety and release, as Seale states how health stories in newspapers are used to “present extrematised contrasts” (2002, p.34). Dr. Lee establishes a need for resolution as she divides her videos into separate parts. The intended effect could be to leave viewers with wanting to watch more.

Additional videos of similar character include, *EIGHT POPS for you - PIMPLE POPPER MADNESS!!*, which focuses on cysts again, but in competition with the skin condition, milia. Dr. Lee uses the same graphics from *Our four final pops for you- Pimple Popper Madness*, such as charts, and a graphic basketball court. This demonstrates an established visual pattern that Dr. Lee carries out for her battle of the skin conditions videos. The rhetorical themes found within *Dr. Pimple Popper*, like narratives, metaphors, and oppositions, builds a foundation for beginning visual analysis. This leads to an interpretation of the visual symbols found within the imagery of skin conditions. From here, begins the application of Michel Foucault’s theory of the medical gaze, as it can assess how medical patients and their diseases are presented within these videos.

Dr. Pimple Popper and the Medical Gaze

Michel Foucault postulated that the medical gaze derives from the scientific classification system of medical knowledge. Since this form of knowledge construction involves a hierarchical order, then this has an impact on the perception that medical doctors have, with diseased patients. Foucault explains that it begins with the “spatialization and verbalization of the pathological” (1973, p.xi). Essentially, the human body has become an objectified space subordinate to medical discourse. The medical discourse of diseases, dehumanizes patients and diminishes them to a disconnected and fragmented human body. There is a decompartmentalization of the human body because it is connected with the specific area that is diseased. The work of Michel Foucault’s medical gaze theory, will be broken down into a visual analysis of three sections; 1) framing of the medical gaze, 2) visual framing of medical surgery, and 3) the cultural representation of the human body. Within these sections, the previously used *Dr.Pimple Popper* videos, and some additional videos, will be exemplified.

Visual Framing of the Medical Gaze

Foucault’s theory helps explain the visual placement of the camera, within these videos. Dr. Lee has the camera positioned at a continuous focus on the patient’s specific body part, where the skin condition is located. This connects with the context of production, which involves film techniques. The consistent visual focus on the patient, creates the visual framing of a medical gaze. The patient becomes an object that is viewed, while the viewer becomes the gazer. This can be explained through a close analysis of the three videos, *A Grapefruit Sized Growth*, *It Pays to be Per-Cyst-ant*, and *MORE Back Blackheads from Heaven!*. All three represent a variety of visual data, that provides room for interpreting the medical gaze through *Dr.Pimple Popper*.

In the episode, *A Grapefruit Sized Growth*, we are shown still images and videos of the patient’s backside. There is not a visible view of the patient’s face, which creates a sense of invisibility. The video begins with a still image of the patient’s back. Next, follows a still image of the day of surgery, which involves images of thick pen marks on the skin growth. These images are shown in every video, to demonstrate the pre-surgical step, of marking where to apply a physical laceration (Appendix A5). In connection with Foucault’s theory, surgical drawings are an example of the human body as a figurative space. It is through the conception of the body as a

space, that works with the visual framing of the body. As Foucault stated, “The space of configuration of the disease and the space of localization of the illness in the body have been superimposed” (1973, p.3). In these videos, the camera remains focused on the specified skin condition, where there are illustrative marks, through which the human body becomes a figurative geographic space. An element of the medical gaze, which turns the human body into a diagram that reduces the patient’s holistic value.

This diagrammatic conception can be found within, *It Pays to be Per-Cyst-ant*, but this video focuses on the patient’s cheek. We are shown still images of the cheek, but not the whole face. Then, the video proceeds to another still image of the patient’s cheek, from an opposite angle. This creates an entire view of the cyst. Yet, throughout all of this, we don’t see any other part of the patient’s whole body, which represents how there is a reduction of the patient to their specific medical condition. While this ostensibly may be done to focus on the cyst, the video could have been made to show the entire patient from the beginning, but this wasn’t done. This patient has surgical marks drawn on her cheek, which eventually aids in the visual representation of before and after surgery (Appendix A8). We see how her bump is removed, almost like hills on a map, but her cheek has become a flat surface.

In the next video, *MORE Back Blackheads from Heaven!*, we find a focus on the whole encompassing layer of back skin. This video was chosen to demonstrate the range of *Dr. Pimple Popper* videos, and how they showcase skin conditions all over the human body. These skin conditions range from extremely small, to the extremely large. While this video focuses on the patient’s backside, it features the camera moving all over the patient’s back, constantly following Dr. Lee’s blackhead extractor hovering over the body (Appendix A10). Through the lens of the camera, that follows every extraction, we have physical visual evidence of how this turns the human body into a geographic space, where the medical doctor must map out and explore, to navigate in order to eradicate the present skin condition.

As an extra reference to demonstrate variations within the data, the video, *Updates: A True Over the Shoulder Boulder Holder With One Month Update!*, reveals the transformation of the human body into a geographical map. We only see the shoulder existing separately from the patient's body, as the pre-surgical photo is imposed on the post-surgical image (Appendix A9). Photos of the patient, long after the surgery, aren't shown in other videos. This may be the case for the patient having something on her shoulder, which wasn't found in other cases. The transformation of the human body into a dimensional layout connects with physical surgery separating the human body into parts.

Medical Surgery and Body Fragmentation

As each of the *Dr. Pimple Popper* videos progress, we are shown the surgical procedures on the patients. This signifies a change from the visual framing of the human body, as it is the video content that demonstrates fragmentation. The physical removal of the skin condition represents a fragmentation of the human body because it reveals how modern medical treatment heavily involves severance. In *Culture, Bodies, and Sociology of Health* (2010), Rui Machado Gomes explains that "the body emerges as a final resource to controlling events" (2010, p.86). Modern medical treatment, as demonstrated through Dr. Sandra Lee, entails a physical control over the body through physical removal, as surgery can imply an action of control. In the *Dr. Pimple Popper* videos, there is a visualization of this experience through the skin condition elimination process.

In the video, *A Grapefruit Sized Growth*, the massive sized lipoma is cut open, and we are exposed to the innermost parts of the lipoma, which can be compared to chicken breast (Appendix A13). Then, Dr. Lee attempts to remove the lipoma; however, she encounters an obstacle. We see the doctor's fingers feeling around the lipoma, and she announces that she can't pull it out, and the excision will require scissors. This is seen in many of the videos, where the physical size impacts the excision process. Dr. Lee emphasizes a clean removal, and to prevent any complications with sutures. Gomes believes that this is related to scientific medicine's purpose of "turning the opaque content of body volume into a crystal-clear surface" (2010, p.89).

A clean surface is created through the physical removal of the skin condition, which coincides with the previous conception of the human body as a spatialized map, as physical removal requires measuring the human body in regiments. Through mathematical measurement, medical knowledge negatively imposes on the human body. According to Turner, the human body becomes “an object within a medical discourse where the body is a machine to be controlled by appropriate scientific regimens” (1992,p.38). Dr. Lee visually assesses her patients through pre-surgery, and even in the final application of sutures. Figuratively, a map involves dividing the space into segments, to break down a large space into easily perceptible and compartmentable portions, which continues the fragmentation of the human body. We can visually see this in *Dr.Pimple Popper* videos, as we are always shown the post-surgical photos where sutures have been added, and you see bodies physically change. These surgeries can range in difficulty, as others are much quicker and smoother. In *It Pays to be Per-Cyst-ant*, Dr. Lee doesn't have this much trouble as she deals with a small cyst on the cheek.

We are only exposed to the upper part of the human body, as we are shown the patient's cheek, under the surgical smock, which covers the entire face. While this can be an example for the diverse dermatological conditions that exist all over the body, it also demonstrates body fragmentation. By only exposing parts of the patient, the human body is perceived as separate entities working independently from each other. Given this, doctors act in a way to pinpoint specific locations of the medical condition to sever it. In conjunction with Foucault's ideas, Gomes states that from the 16th century, “medicine's view over and inside the body has become a sort of exploration of new wild landscapes and power has been acquired to reveal the newly found territories” (2010, p.89). Similarly, these patients are territories that Dr.Lee must conquer with her dermatological knowledge, as she successfully removes visually hideous skin growths. On top of this, she exemplifies Foucault's spatialization of the pathological, as her patients' bodies are territorial spaces for her medical intrusion. We see this in even smaller skin conditions.

Blackheads are a very fast removal process. These are the smallest of skin conditions that appear in these videos. In *MORE Back Blackheads from Heaven!*, we are stuck with the patient's back side throughout the entirety of the video, as Dr. Lee moves from one area to the next, extracting many mini-yellowish substances. The lay out of the human body's backside is also compartmentalized, as Dr. Lee places her blackhead extractor over one part, rather than attempting to remove everything at once. This is a minor form of surgical excision and body fragmentation, as a tool is used to excavate micro parts of the patient's backside.

To help situate this concept of the fragmented human body, as a laid out space of examination, is Mechthild Fend's research on Robert Carswell's medical illustrations. Fend explains there is a relationship between visual imagery, dermatology, and medical doctors perception of their patients. Fend states, "If there was thus a dominance of visual observation in nineteenth-century medicine, then dermatology seems to be the paradigmatic discipline within that regime of the eye. Images were a medium and instrument intimately linked to these observational practices, and their production and use were indispensable for the formation of dermatology as a discipline" (2013, p.153). *Dr. Pimple Popper* videos are a continuation of this medical eye, as we are exposed to different parts of the human body, but we are never shown the human body as a whole. Fend discovers that medical illustrations of the diseased human body had changed from portrait, to sole depictions of the disease. Fend states that illustrations became "the form of segments: noses, eyes or nails indicating the typical location of the lesion" (2013, p.157). These illustrations were used by doctors to diagnose patients, and even perform surgery on them, which exemplifies the connection with surgical fragmentation.

The visual fragmentation of human bodies overlaps with the visual framing of the medical gaze, but it is the actual physical surgery that facilitates the fragmentation process. Physical surgery involves instruments that slice and divide. All of these videos reveal how medical science objectifies the human body through surgery. Foucault claimed that the human body was seen as a map, when French medical institutions started dissecting corpses for understanding human anatomy and pathology. Foucault states, "It is when death became the concrete a priori of

medical experience that death could detach itself from counter-nature and become embodied in the living bodies of individuals” (1973, p.196). The disconnected human body as a map had derived from physical surgery, as the scientific examination of corpses made this possible. Anthropologist Beverly Ann Davenport claims that corpses became objects of science through autopsy and “medical scientists learned to understand and treat disease better, as they saw it mapped on to the dead bodies of their patient” (2000, p.312). Through cutting up corpses, the decompartmentalization of the human body began and continues today. The patient has become an object of science, but we can also conclude the cultural implications of this.

Cultural Interpretations of the Human Body

The visual depictions of the interaction between Dr. Lee and her patients, infers how the human body is culturally perceived. Foucault states, “The importance of Bichat, Jackson, and Freud in European culture does not prove that they were philosophers as well as doctors, but that, in this culture, medical thought is fully engaged in the philosophical status of man” (1973, p.198). The status of man involves the human body, and through literature on the sociological constructions of the human body, they be can used to explore this conception, within the lens of *Dr. Pimple Popper*. Eventually, this will bridge into Mary Douglas’s cultural theory on impurities, as her work helps form the schematic symbols surrounding the human body.

The human body connects with *Dr. Pimple Popper*, as it is the host of the skin condition, and is treated by Dr. Sandra Lee. Medical institutions authority over the human body had descended from religious institutions, as societies became more secularized. Medical institutions retain elements of former religious institutions as evidence by their persistence to determine how clean human bodies should look. Turner states, “Medicine was no longer restricted simply to the cure of maladies, but became part of a wider movement in the education of the citizen in the requirements of healthy existence” (1992, p.190). The *Dr. Pimple Popper* Youtube page may be influencing medical connotations of a healthy existence. Viewers learn about different skin conditions, how they form, and how they can be treated through her videos. Medical institutions

share close resemblance to religious institutions because surgical procedures express organized ritualistic patterns of behavior, which are demonstrated in Dr. Lee's surgeries.

In all of the *Dr. Pimple Popper* videos, the surgical procedures are executed in a precise order. We see the process develop through careful observation of the physical actions of Dr. Lee, that she performs throughout the videos presented. Dr. Lee is medically certified, and we can infer that her surgical knowledge derives from the American Medical Association, which has an established and approved surgical education, which all American medical doctors receive. A part of medical surgical education involves how to cleanse the body. Religions clean the body through performative inclusive rituals that involve "cultural work upon the body and their effect is to transform the natural body into a social entity with rights and status" (Turner, 1992, p.173). The sanitization process of washing, burning, and cutting are symbolic procedures of cleansing the human body, which is seen throughout medical surgeries.

Dr. Pimple Popper's Ritualized Medical Surgeries

The connection of medical surgery with ritualistic practices was developed in Dr. Lewis Wall's medical anthropological work. Through a cross comparative analysis of ritual performance and medical surgery, Wall was able to explain how the two are very similar, and demonstrate the cultural interpretations of the human body. This will help create a structure of Dr. Sandra Lee's surgical performances. Additionally, Wall claims that "each stage of a surgical operation contains facets of such a ritual process" (1996, p.634). The surgical process can be broken down into three sections; separation, transition, and reincorporation. All three stages will be exemplified through *Dr. Pimple Popper*.

The first stage involves recognizing the designated "sacred space" where the surgery will take place. Dr. Lee always performs her surgeries in her examination rooms, as seen in the background of the captured still images, within Appendix A. These surgeries are performed in examination rooms because they involve the surface of the skin. According to Wall, surgical rooms can be "a form of controlled trauma in a socially sanctioned place" (1996, p.635). Dr.

Lee's examination rooms are socially sanctioned as an appropriate environment to perform her surgeries. Before surgery, Dr. Lee dresses in the appropriate medical garb, as depicted through her gloves, and surgical robe. The patient is also clothed with surgical attire. In these videos, patients are always covered, and the surgical attire has a designated hole for where the surgery will take place. According to Wall, the physical disrobing is the transition into "surgical patients, where they are symbolically diminished and under the authority of medical experts." This leads into the transition period.

The middle period of the surgical stage is considered the most risky, as this step involves the physical excision. There is uncertainty about what Dr. Lee is about to face, as a laceration to the skin growth and pressure to squeeze out the internal substance creates a feeling of tension. According to Wall, "a surgical operation has a defined internal structure dictated by the patient's anatomy" (1996, p.636). This is true for *Dr. Pimple Popper* videos because certain patient's skin conditions determine how Dr. Lee should proceed with the surgery. Lipomas, like in *A Grapefruit Sized Growth*, are much larger than a facial cyst, and Dr. Lee has to cut much more skin off around the area, in order to facilitate a smoother extraction. While in *It Pays to be Per-Cyst-ant*, the cyst was much smaller and didn't require much skin extraction. Despite the differences in physical anatomy, operating on these skin conditions involve a much larger scheme, which Wall described as a rhythmic flow of structure (1996, p.636). When Dr. Lee applies sutures to the patient, one can see how Dr. Lee performs a sort of pattern with the needle and scissor, how she criss crosses the stitch in order to close up the open wound. The suturing process is always the final stage, which leads to the patient's reincorporation.

After the application of sutures, Dr. Lee cleans up the area with medical tissues, and we are shown the remnants of the procedure (Appendix A15-16). The patients are shown what was taken out, and then viewers are shown still images of the patient pre and post-surgery. The still images represent a successful transition from illness to health. The patient no longer faces the burden of having a skin condition. This last stage of the surgery, as Wall claims, "are part of a complex symbol system that relates to health and well-being, and that they can carry profound

ritual meanings” (1996, p.636). These ritual meanings can be explored through the human body as a medium, as I have explained how symbols can be embodied, and eventually categorized.

Skin Conditions and Mary Douglas’s Cultural Theory on Dirt

Mary Douglas’s work provides a cultural framework for anomalies. This begins with the shape of anomalies, which will be applied to the presented skin conditions, in *Dr. Pimple Popper*. Skin anomalies can range from all sorts of unique sizes and outlines, from small to large, to disfigured or discolored. The physical appearance of these skin conditions determines their anomalistic label, which influences how cultures make sense of the world through recognizing distinct shapes. When something doesn’t fit into a pre-conceived and established mold, then they are considered an anomaly.

According to Douglas, “in a chaos of shifting impressions, each of us constructs a stable world in which objects have recognized shapes, are located in depth, and have permanence” (1966, p.36). *Dr. Pimple Popper* visually displays a range of skin conditions, from grapefruit sized lipomas, to tiny blackheads on a patient’s backside, or even a cyst that looks like a baby face. These are unrecognized shapes, which contradict normative expectations of human skin. The physical shape of human skin is a flat surface, and the emergence of a disfigured and unrecognizable substance creates concern. Some examples of this can be seen in *A Mother of a Lipoma*, or *An Amazing Baby Faced Cyst*, or *An Excor-Cyst-em*. As described by Dr. Sandra Lee, lipomas can

take the shape of everyday household items. It could appear that only the surface of the skin anomaly is important to look at, but also the internal substances squeezed out because they can take unrecognized shapes as well.

A System of Skin Anomaly Pops

There is always uncertainty, when Dr. Lee squeezes or pops a cyst or lipoma. Even when two videos share the same skin condition, the second video could reveal a totally different substance. This evidence carries dissonance with constructed interpretations of recognized shapes. In all of the sampled videos, the removal and squeeze of the skin anomaly, revealed a diverse set of colors, forms, and shapes. Some were liquidy, some were mushy, and some were as round and hard as marbles. In *Grapefruit Sized Growth*, the internal substance extracted, looked like a chicken breast, and was different from another lipoma video, which looked like a ball of collected fat, seen in *Updates: A True Over the Shoulder Boulder Holder With One Month Update!* (Appendix A15). Even how the substance was extracted didn't follow the same pattern. As the substance could deteriorate or remain clumped together.

An example of two videos, with the same skin condition, and opposite extractions are *An Amazing Baby Face Cyst*, and *An Excor-Cyst-em*. In *An Amazing Baby Face Cyst*, a greyish liquid substance oozes out of the cyst. It can be described as a shape and color of an oyster. Even more, at the end of this specific video, we see that the extracted substance looks like a piece of meat (Appendix A16). Then, in *An Excor-Cyst-Em*, there is an ambiguous marble shaped substance extracted (Appendix A17). Two different internal substances extracted, yet both are diagnosed as the same skin condition. This creates a heightened sense of uncertainty, which may play into the high amount of viewers, but it also overlaps with how certain skin anomalies may represent danger. There is a lot of uncertainty in what is inside the specific skin condition, which leads to Mary Douglas's next category of physical control of exposure to danger.

The Physical Control and Danger of Present Skin Conditions

Mary Douglas claims that anomalies can be physically controlled and considered dangerous (1966). Physical control is expressed through Dr. Lee's medical surgical procedure. Medical instruments are tools used to physically remove them, and prevent them from spreading, or even increasing in physical size. This connects with the previous work on medical surgery as a ritual practice, as medical surgery is carried out to implement a form of control over the skin anomaly, and prevent any form of danger impacting the patient. Danger can be expressed in terms of contamination, if the human body is perceived as a temple (Haidt, 1997, p.114). It is an established fact that medical doctors wear special surgical attire, to prevent any form of contamination. But, the true danger lies in the patient's respective body, as complications can arise. Their skin condition raises concern of danger, as many videos end with Dr. Lee explaining how the type of skin condition is benign, or innocuous and not cancerous.

This connects with ritual elements of medical surgeries as the middle period, or transition period, is filled with risk and danger. The actual surgical process is risky; however, in the *Dr. Pimple Popper* case, these are low risk surgeries as these patients are awake during the surgery and not under anesthesia. These are minor surgeries performed to remove skin growths. They still contain elements of risk because Dr. Lee physically cuts into her patient's bodies. We are shown how Dr. Lee takes extra precaution to ensure that the patient doesn't feel pain, as she generously reapplies small doses of anesthesia around the area of the skin condition.

To help situate this in a cultural context, Mary Douglas provides an example of the Israelites perception of the body. Douglas states, "The threatened boundaries of their body politic would be well mirrored in their care for the integrity, unity and purity of the physical body" (1966, p.124). Dr. Lee and her patients strive for human bodily pureness, as they seek to extract this skin condition. The quest for physical removal transcends into larger ideas about what we consider impure. Skin anomalies are impure as they are visually unappealing and provide no health benefits. This leads to the last category for understanding the relationship between cultural symbols of impurities and skin anomalies.

Skin Conditions as Cultural Symbols

These skin conditions appear superficially as entertaining content, but they represent much larger ideas about our cultural attitudes toward the body. Douglas states, “ambiguous symbols can be used in ritual for the same ends as they are used in poetry and mythology, to enrich meaning or to call attention to other levels of existence” (1966, p.40). The higher level meaning could be interpretations of disgust. If people seek Dr. Lee’s medical expertise to have skin conditions physically removed, then we can place them as matter existing outside of the acceptable norm, and illiciting disgust. Patients seek Dr. Lee to have her remove disgusting substances, so they can inhabit a pure body. This allows Dr. Lee to retain a form of symbolic power, which Douglas explains through additional analysis for understanding cultural constructions of symbols.

She believes that there is a difference between well structured society and unstructured societies, and how these reflect distributions of authority into the psychic realm. According to Douglas, “distribution of symbolic and psychic powers; external symbolism upholds the explicit social structure and internal, unformed psychic powers threaten it from non-structure” (1996, p.99). While *Dr. Pimple Popper* exist in a well structured society, this is important to consider because it reflects how people leverage authority to those, they deem to have the knowledge to protect them from unknown external influences. The general public is uninformed about skin conditions, which can be implied through Dr. Lee’s emphasis on the educational purposes of these videos. Medical authorities have tremendous influence over societies, as they are the keepers of medical knowledge. Dr. Lee protects her patients by fixing their bodies, which acts as the component for how people make sense of the world. We can go further than Douglas’s argument over symbolic power because the human body can act as a platform for symbolic construction. A psychological analysis of bodies and symbolic construction allow elucidation on the connection between skin anomalies and schemas.

The Human Body and Cultural Symbolic Construction

Mary Douglas’s cultural work on symbol construction needs further analysis from a field that studies the subconscious mind. Psychologist Andras Angyal argues that the emotional state of

disgust is "anything coming from the body" (1941, p.396). The human body is the bridge between symbolism and schematic constructions of skin anomalies. *Dr. Pimple Popper* videos feature skin deformities that derive from the surface of the body, like *MORE Back Blackheads from Heaven!*, and *Grapefruit Sized Growth*. Each features grotesque imagery of anomalies that should elicit a feeling of repugnance. *Dr. Pimple Popper* entails vivid imagery of skin conditions, which elicits disgust and effects symbolic patterns of bodily impurities. Before unpacking how the human body acts as a mediator between symbolism and schematic construction, Jonathan Haidt provides a clear explanation for how schemata are a part of this embodied symbolic construction.

Jonathan Haidt contends that "cognition, for humans as well as animals, is primarily a matter of quick and intuitive pattern matching, in which patterns get "tuned up" gradually by past experience" (1997, p.122). These cognitive patterns are called schemata. If we take the diverse presentation of *Dr. Pimple Popper* videos, we can conclude that there is an exposure to a multitude of different skin conditions, which influences schematic patterns of different skin conditions. All of them combined create a structured pattern of interpreting the human body. It can even be inferred that the combination of these videos, creates an overarching schematic conception of the fragmented diseased human body.

The fragmented diseased human body is constructed through visual imagery of surgically removed skin growths. A combination of still images of separated necks and backsides, that contain lipomas, allows this to happen. Mark Johnson argues that "image-schematic structures growing out of our physical embodiment, that allow us to understand one domain in terms of another" (1997, p.122). One domain contains a fragmented patient's neck, while another contains a fragmented patient's leg. Isolated visual domains of single surgical operations creates separated human body parts. Then, as a symbol of well-being and health, only exist in one area of the body. Instead, a more holistic symbol of well-being would be how the entire physical anatomy of the human body can be healed.

This fragmented symbolic structure found in *Dr. Pimple Popper* effects the way people make sense of their world. George Lakoff argues that “the structures used to put together our conceptual system grow out of bodily experience and make sense in terms of it” (1997, p.122). *Dr. Pimple Popper* influences symbolic interpretations of a holistic body, as she performs multiple surgeries on different body parts, which infers that there is a whole range of diverse substances that exist everywhere, and insight uncleanliness and need physical removal. These skin conditions relate to bodily experiences of cleanliness because we learn from Dr. Lee that even the smallest of skin growths, like blackheads, need to be removed.

Cultural symbol construction is a part of our everyday life has it effects moral and social attitudes. According to Haidt, “Each culture draws from these schemata to spin its own particular “webs of significance” upon which its social and moral life is based” (1997, p.128). It can be concluded that *Dr. Pimple Popper* is influencing social and moral codes of life, as it equates skin growths with grotesqueness, and people from all over seek Dr. Sandra Lee for her medical expertise.

Unintentionally, Dr. Lee’s medical work is constructing the human body as fragmented, rather than a holistic one. A more encompassing view would involve how each body part influences another. Dr. Lee doesn’t explain how one part of the body’s degeneration may affect another part of the body. Furthermore, she doesn’t encourage how one can take care of their whole body, in order to ensure prevention of such skin conditions. The theatrical display of dermatological medical surgeries unintentionally effects the perception of a disconnected and separated human body. This represents much larger symbolic conceptions of cleanliness because a clean body is smooth and rid of externally protruding disfigurements. The fragmented human body, which contains patterns of skin conditions, influences symbolic representations of the human experience.

Conclusion

Dr. Pimple Popper carries more than visual displays of grotesque skin conditions that are extracted, squeezed, and popped. This video series transcends the everyday activities of dermatological body check-ups. It surpasses the ordered procession of surveying your body, with fine precision, to purposively remove any irregular protrusion from the surface of the skin. The visual content reveals broader ideas about how cultures interpret and comprehend a manifestation of a clean and pure body, which was concluded from the collected visual data. This leads to evidence of substantial answers to the proposed research questions.

The first research question propositioned the purposeful use of communication strategies. Through a detailed observation of selected *Dr. Pimple Popper* videos, I discovered how Dr. Sandra Lee uses narrative, metaphor, captions, and opposition to convey her featured content to a mass audience. It is more than just Dr. Lee's attempt to make things more creative. Dr. Lee could have taken a more professional and academic approach to her videos, but instead she creates these endearing narratives of her experiences with her patients and their surgeries. Dr. Lee is able to turn dermatological medical care into a visual and oratory artform. She knows how to effectively combine artistic mediums with communicative rhetoric.

While entertaining, these rhetorical communication strategies establishes a strong method for simplifying complicated medical information, like cysts or lipomas, to a broad audience. This produces an expected educational goal for Dr. Lee's Youtube channel. Her audience is simultaneously entertained and educated about dermatological matter through her videos. For example, someone can gaze at the size of a bowling bowl shaped lipoma, in the video *Grapefruit Sized Growth*, while subconsciously learning the typical visual characteristics and physical appearance of a diagnosed lipoma. Eventually, this will aid in viewers' detection of one, which should encourage seeking dermatological guidance. These videos facilitate a form visual learning because the camera work and medical content concurrently work together.

The camera as a medium parallels with the visual content of patient skin surgery, which helps interweave the selected theories and the visual data. Fragmentation was found in the camera and with the presented skin conditions. Fragmented videos of body parts enabled the perception of Michel Foucault's medical gaze theory. This provides an answer to the second and third research questions. These videos revolve around individual isolated parts of the human body, which are never presented as a whole. Patients' faces are never revealed, and only their skin conditions visible. It can be concluded that the presentation of these skin conditions, enables conceptions of isolated bodily segments that exist, but separate and adjacent. The shoulders, foreheads, backsides, arms, are there to contain the skin condition, but we aren't given the opportunity to understand if they coexist or even affect each other in some way, that may actually benefit someone's health and well-being. Instead the human body is presented as a figurative map. Dr. Lee draws on her patients and only presents images of the area that she cuts into. While a part of the sensational release from skin pops, the visual emphasis on severing parts of the body, has an effect.

The human body as a spatialized diagram, with potential for physical severance, continues today as this medical view has remained stagnant. The visual fragmentation of the human body parallels with Mary Douglas's idea about how secular societies have put symbolic systems of "dirt," into diminished fragmented systems. This bears repeating as the visual evidence retains focus on single individual cases of body parts, rather than holistic group cases of the human body. These individual video narratives carry diminished unrelated subworlds (Douglas, 1966). Within these diminished visual subworlds, involves physically ambiguous skin conditions, which create symbolic conceptions of human bodily pureness.

This leads to the last two research questions that were concerned with Mary Douglas's conception on cultural symbols. *Dr. Pimple Popper* videos of skin conditions enable formations of bodily purity symbols. A clean body part is the physical removal of grotesque substances from the area. A result of how human body parts have become perceived as condensed physical surfaces that must be smoothed, purified, and protected from contamination. My analysis

concluded how the human body has become isolated fragmented mechanisms to purificate degenerative skin conditions, visually demonstrated through the imagery of *Dr. Pimple Popper* videos.

Now, it is through these *Dr. Pimple Popper* imagery that people make their own interpretations of a clean body part, from cognitive systems of established patterns, or schematas. The psychological research on cognition and pattern making helps bring all of this together, to clarify how *Dr. Pimple Popper* creates meaning through visual patterns. I've documented images of different cysts, lipomas, and blackheads, that are a part of this cognitive construction. These skin conditions establish patterns as we repeatedly see similar physical attributes throughout *Dr. Pimple Popper* videos.

Based on this conclusion, then symbolic meaning can be embodied, for humans make and experience meaning through art (Johnson, 2007). *Dr. Pimple Popper* is a form of visual art, where she creatively makes videos of her surgeries, which form an interdependent relationship between art and embodied meaning. Skin conditions are formed by different shapes of lines, that can be round or a bit curved, which are the fundamental illustrative units (Johnson, 2007). The shapes of these cysts or lipomas, are not just grotesque substances. Embodied meaning through physical dimensions involve skin conditions. As seen in *Mother of a Lipoma*, the large lipoma is the size of a bowling bowl, which is formed by round curves (Appendix A1). The physical shape of a bowling bowl like lipoma has potential for influencing viewers conception of what it means to have such a skin condition, on a specific body part, as illustrative dimensions are associated with emotions.

People associate negative or positive emotions with different illustrations of physical dimensions (Aiken, 1998). A jagged line creates discomfort, while smooth straight lines creates the opposite. Then, in *Dr. Pimple Popper*, these lipomas and cysts are formed by curved and irregularly shaped lines, which must bring forward feelings of disgust. The surface of these cysts, and lipomas begins with a modicum of disgust, but when they are popped or squeezed, the internal

substances, which also invariably have irregular shapes, creates the utmost disgusted feeling. This can be concluded from *Dr. Pimple Popper* viewers, as Dr. Lee has compared her show to porn consumption (Matthews, 2018). If these videos are consumed at the frequency of those who consume porn, then *Dr. Pimple Popper* viewers must receive some form of intense feeling from these videos.

If conclusions about disgust and a clean body can be derived from a case study on *Dr. Pimple Popper*, then this could be seen as an example of how more Youtube channels can formulate case studies. *Dr. Pimple Popper* involved an interdisciplinary approach, which could be the scenario for other Youtube series that features mixed content. *Dr. Pimple Popper* serves as an example of how mass media phenomenons can provide bountiful data for critical analysis. There is an abundant amount of content being created from individual Youtube channels. Since Youtube channels are heavily visual, it provides opportunity for using visual material for research projects that don't solely focus on the popular paradigm of critical discourse analysis. There are many different paradigms that can be used to create research, and ultimately contribute to knowledge creation.

Dr. Pimple Popper believes she is satisfying many viewers with an assortment of bizarre skin growths, unbeknownst that she also influences the way people can construct broader ideas about what is a clean body. Dr. Sandra Lee believes that when she medically cleans her patient's bodies she is creating "a sense of completion, of cleansing" (Ogden, 2018). A human body will never cease redefining and challenging symbolic conceptions of cleanliness, as one dermatologist continues to satisfy millions with her skin pops.

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Appendix A. *Dr. Pimple Popper* Screenshots

A1. *A Mother of a Lipoma Part One*



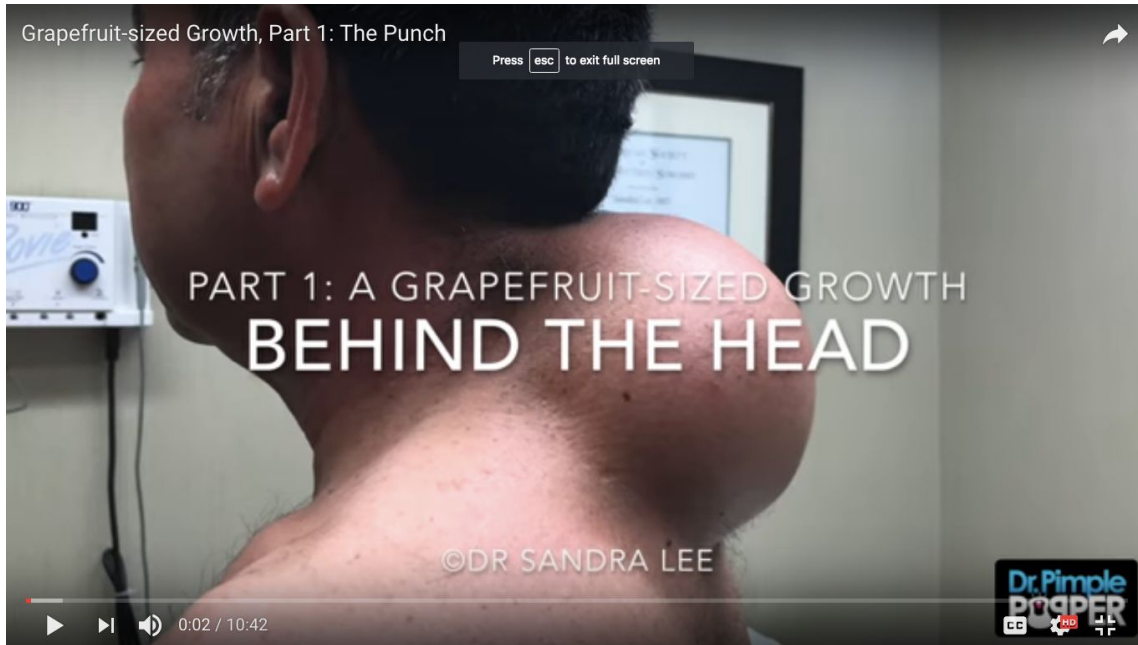
A2. Surgical Drawing in *A Mother of a Lipoma Part One*



A3. Internal Contents of *A Mother of a Lipoma Part One*



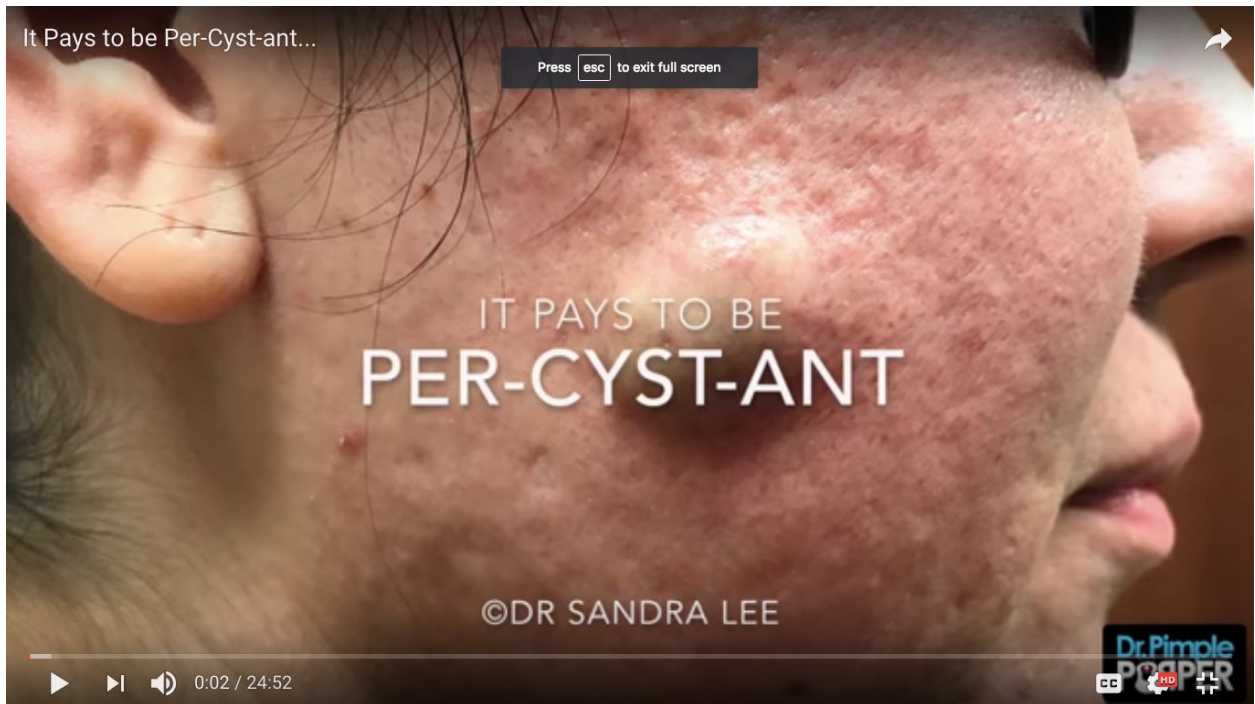
A4. *A Grapefruit-sized Growth Part One*



A5. *Surgical Illustration of A Grapefruit-sized Growth Part One*



A6. *It Pays to be Per-Cyst-ant*



A7. Different angle in *It Pays to be Per-Cyst-ant*



A8. It Pays to be Per-Cyst-ant Pre and Post Surgery Still Image



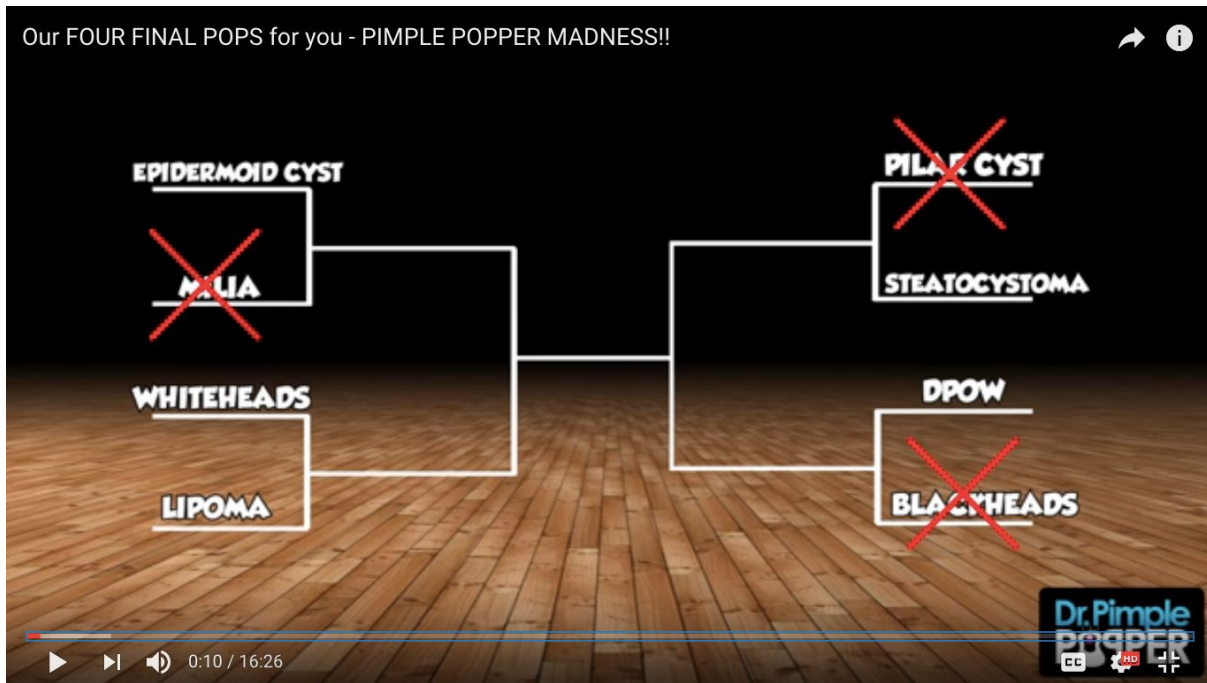
A9. Pre and Post Surgery Image of Updates: A True Over the Shoulder Boulder Holder With One Month Update!



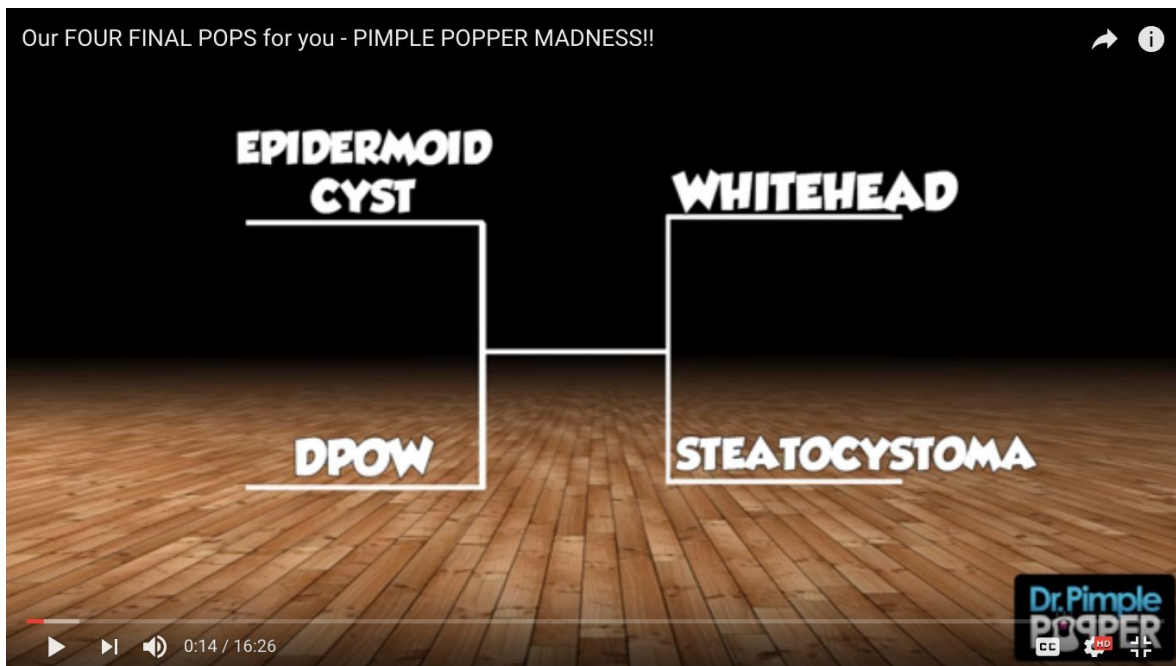
A10. MORE Back Blackheads from Heaven!



A11. Battle Diagram in *Our FOUR FINAL POPS for you - PIMPLE POPPER MADNESS!!*



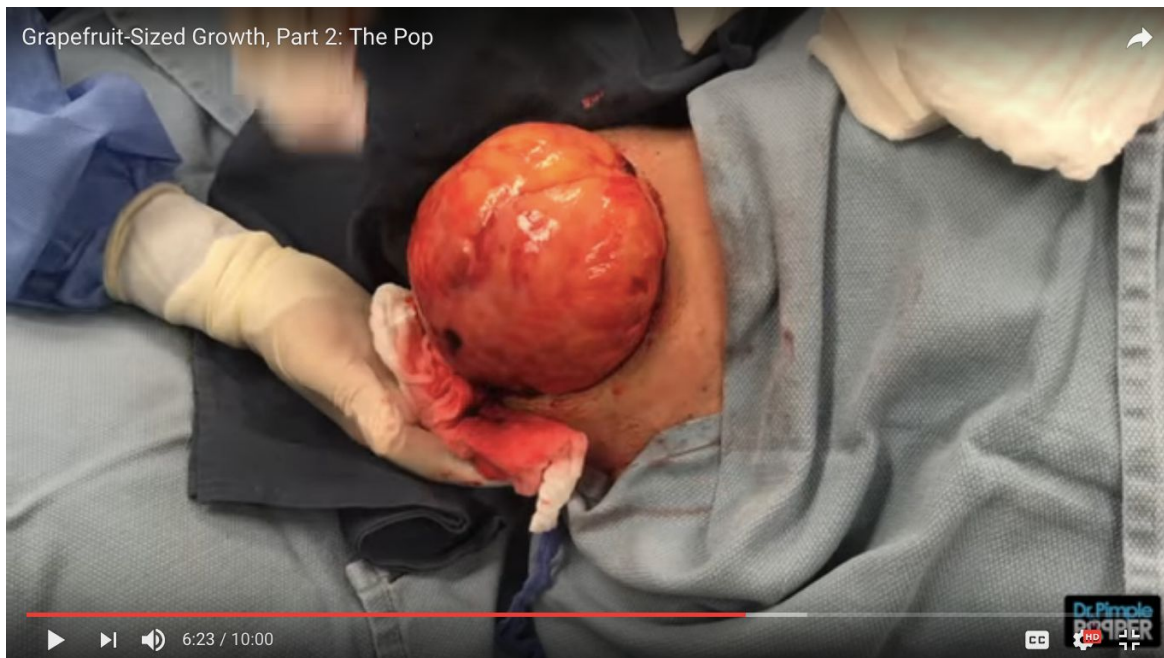
A12. Selected skin conditions to battle



A13. Skin Condition Battle Title



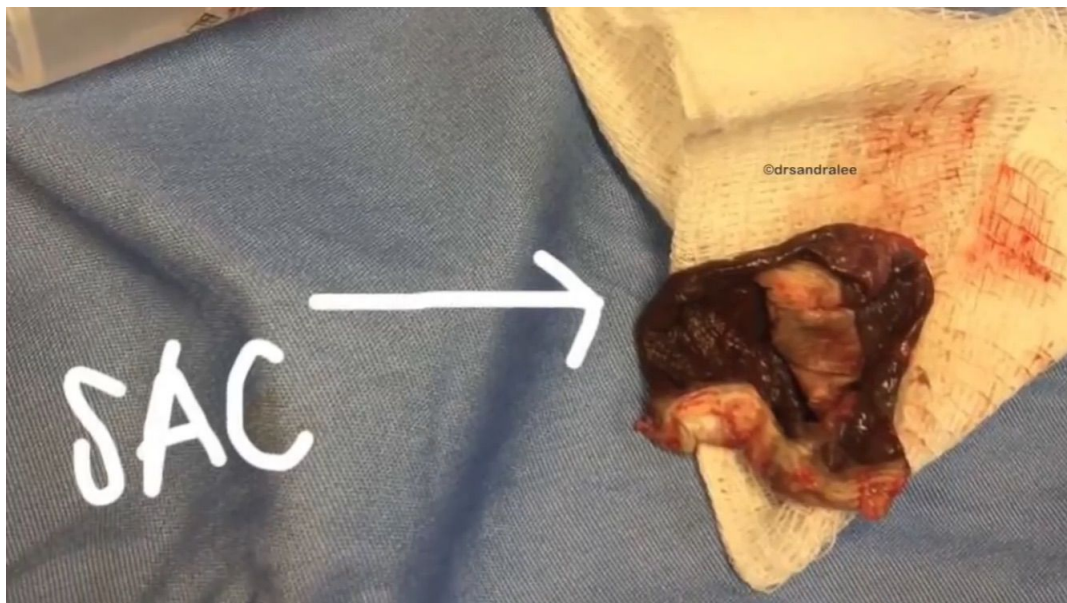
A14. Internal Extractions from *Grapefruit-Sized Lipoma Part Two*



A15. Updates: *A True Over the Shoulder Boulder Holder With One Month Update!*



A16. Internal Extractions from An Amazing Baby Faced Cyst



A17. An Exor-CYST-em...with Dr Pimple Popper



Appendix B. Data Collection

B1.

Video Title/#	A Mother of a Lipoma/ #8
<u>Background Information</u>	<p>Length: 17:21 Views: 5,054,154 Likes: 11k, Dislikes: 1k Published: May 14, 2017</p>
<p><u>Technical Information:</u> Camera Positioning Video sequence</p>	<ul style="list-style-type: none"> ● Center caption: “A LIPOMA BOWLING BALL” (0:03) ● Cuts to still image of patient’s backside, where growth is visible. ● Bottom caption: “Using tumescent technique to anesthetize this larger area (0:34) ● Camera has patients back to the right, and you have visible sights of back growth. ● Bottom caption: “This is to avoid lidocaine toxicity (0:59). ● Cross over to more close up surgical procedure, where patient’s body is covered, and you just see an opening of the back growth. (2:13)
<p><u>Visual Content</u> Surgical step Physical body part Location of skin deformity Physical attributes of the skin deformity Physical attributes of the internal substance extracted</p>	<ul style="list-style-type: none"> ● Still image of patient backside, from the left side. ● Still image of back growth with surgical drawings (0:15) ● Adds numbing liquid. Bottom caption: “Now i’m numbing the surface of the skin that we will excise...” (1:43) ● (2:45) Cut open and you see yellow substance inside. Continues to cut open. ● Yellow substance hangs out of the opening. Coming out slowly. Pulling pieces of it out. ● Begins to break apart. Doctor struggles with pulling it out. (7:34) ● (3:34) Begins to cut under the surface of the opening.

	<ul style="list-style-type: none"> • Becomes even more difficult that doctor has to cut extra layer of skin off (16:05) • Scissor pieces out. • So much extra substances around the side • Tugging on the substance and pulling it apart • Becomes even more difficult that doctor has to cut extra layer of skin off (16:05)
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B2.

<u>Video Title/#</u>	It Pays to be Per-Cyst-ant/ #9
<u>Background Information</u>	<p>Length: 24:52 Views: 4,854,380 Published: November 27th, 2017 Likes: 18k, Dislikes: 1k</p>
<p><u>Technical Information:</u> Camera Positioning Video sequence</p>	<ul style="list-style-type: none"> • Center caption: “It pays to be per-cyst-ant (0:02) • Still image of a focus on patient’s cheek with bump in the center. • Then another still image of the patient’s face, with bump showing on patient’s right side. (0:22) • Cuts to surgery, with cheek shown, while everything else covered. • Cuts to patient looking in the mirror (24:08). Camera pans out, but then we cannot see the procedure. • Side by side still image of before and after surgery. Front of patient’s face. (24:32)

<p>Visual Content Surgical step Physical body part Location of skin deformity Physical attributes of the skin deformity Physical attributes of the internal substance extracted</p>	<ul style="list-style-type: none"> ● Cuts open, and right away pus comes out. White mushy substance. Looks like mashed potatoes (1:12) ● Looks like a hole inside. More is squeezed out. ● Begins to cut more out. More squeezing. Uses a scraper to check inside for remains. A process of scraping the inside of the cyst hole. ● Some of it is attached to skin, and little pieces of it are broken up ● Narration of what she has to do, to completely remove leftover cyst. (6:13) ● Begins stitching at (13:02) ● There is no order for how the stitches are put in. (Maybe pay more attention to it. Started bottom, then top, then middle. ● Has to cut the stitches open and redo them at (18:22)
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B3.

<p>Video Title/ #</p>	<p>A Grapefruit-sized Growth part 1: the Punch/ #15</p>
<p>Background Information</p>	<p>Length: 10:42 Views: 3,540,084 Published: September 23, 2017 Likes: 18k, Dislikes: 2k</p>
<p>Technical Information: Camera Positioning Video sequence</p>	<ul style="list-style-type: none"> ● Zoomed out still image of patient’s backside ● Video of doctor touching it ● Then cuts to still image of patient’s back side, with caption “Day of his procedure”

	<ul style="list-style-type: none"> ● Caption: “believe you me, this one has been on my mind...i want to know if this is a cyst” (1:00). ● Then cuts to doctor feeling around the area. ● Cuts to still image of patient lying on backside. Caption: “I decided to initially do an aspiration, to see if i can figure out what it is. (1:46). ● Zoom in on the punch biopsy (4:58)
<p><u>Visual Content</u> Surgical step Physical body part Location of skin deformity Physical attributes of the skin deformity Physical attributes of the internal substance extracted</p>	<ul style="list-style-type: none"> ● Lipoma is located on the backside of the patient ● Caption: “Now, I’ll use a 6 MM punch biopsy tool to see if I can visualize the contents” (3:19). ● Using a tool to poke holes into the growth (3:32). ● Use anesthetics to make sure the area is numb (4:10). ● Caption: “Using tumescent anesthesia technique because I need to numb a large area and don't want the risk of lidocaine toxicity” (5:28). ● Ends with a proposition to watch part 2 of this video

B4.

Video Title/ #	An Exor-Cyst-em..with Dr. Pimple Popper/ #5
<u>Background Information</u>	Length: 17:32 Views: 6,385,422 Likes: 19k, Dislikes: 3k Published: Aug 30, 2017
<u>Technical Information:</u> Camera Positioning	<ul style="list-style-type: none"> ● Image of bump on nose ● Centered title “A pop tantrum”

<p>Video sequence</p>	<ul style="list-style-type: none"> ● Still image of pre-surgical area ● Then cuts to video of operation ● Camera zooms in at 1:18. ● Bottom caption: “Putting in what I call a suspension stitch” (8:09). ● Camera zooms in, while sutures are put in. (14:07) ● We have another zoom in on the suture process. (15:02). ● Still image of stitched wound. ● Microscope view of extraction (16:33). ● Lower caption: “Diagnosis: benign chondroid syringoma. AKA mixed tumor of the skin” (16:40). ● Close up of of the microscopic view.
<p><u>Visual Content</u> Surgical step Physical body part Location of skin deformity Physical attributes of the skin deformity Physical attributes of the internal substance extracted</p>	<ul style="list-style-type: none"> ● Video begins with doctor feeling the cyst ● Patient’s face is covered, except nose and eyes area. This is where the surgery will be. ● Doctor cuts open the cyst and tries to squeeze it out. She continues to repeat the same movements. It is very hard to take out. ● Cyst is squeezed out. An ambiguous marble shape. She had to use a tool to pool it out. (8:50). She then proceeds to take some skin tissue out. ● Top left corner advertisement, for Dr. Pimple Popper skin care line (10:05). Clickable link. ● Then, the doctor cuts skin out, to make room for stitches, which proceeds to cleaning underneath the skin. ● Sutures begin (12:53) ● A clear image of the cyst (15:18). ● Patient’s face blurred, and doctor attempts to describe the shape. ● Dr. Lee cuts open the cyst, and provides a medical explanation (15:47). ● In this video she presents a

	microscopic view of the skin condition, which is a wave of purplish and pinkish colors.
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B5.

Video Title/ #	An Amazing Baby Faced Cyst
<u>Background Information</u>	<p>Length: 37:35 Views: 8,426,358 Likes: 23k, Dislikes: 1k Published: June 27, 2017</p>
<p><u>Technical Information:</u> Camera Positioning Video sequence</p>	<ul style="list-style-type: none"> ● Still image of surgery prep, with surgical lines. ● Caption: “I really thought this was a lipoma.” (0:47). ● Caption: “To answer your question, no, it doesn’t smell, but I’m not trying to smell it.” (2:02). ● Scene cut at (2:50). ● Caption: “Teasing the sack away fro normal tissue” (8:34). ● Still imagery of post surgery (36:54). ● We see a still image of the waste, which is visually disgusting because it is the internal remains of the cyst. Then, imposed on the image is a thank you for watching caption. (37:04). ● Image of the internal sac at (37:22). SAC is written on the image.
<p><u>Visual Content</u> Surgical step Physical body part Location of skin deformity Physical attributes of the skin deformity Physical attributes of the internal substance extracted</p>	<ul style="list-style-type: none"> ● We are presented with an ambiguous body part. ● The skin growth is on the right side of the body. ● She begins surgery by cutting it open, and immediately a grey liquid is released and oozes out. ● Some excess liquid on the side, which looks like a mushroom colored cream. ● We see continuous oozing (1:58).

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| | <ul style="list-style-type: none">● Dr. Lee reviews patient's history (3:35). She then feels a hard part on the side of the growth, which she claims may be some kind of wall.● Adds numbing liquid around cut open area (5:18).● Cuts open some more, and more greyish liquid appears.● We learn it is old skin under hip (7:39).● The internal substance is described as an oyster, but also compared to chicken meat (13:10).● More pieces of discoloration, and lots of digging under and around inside the hole.● She doesn't explain how she knows what to remove internally.● Stitching at (29:50). |
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Appendix C. Sample Transcript of “It Pays to be Per-cyst-ant”

Title of Video: “It Pays to be Per-Cyst-ant”

Speakers:

Dr. Sandra Lee: Dr.

Patient: P

Medical Assistant: A

Mother of Patient: M

Dr.: Okay, make sure you are doing okay. Make sure your arms are not in the field. This is pretty superficial, so I think it’s going to were not going to, we’re not going to get it out whole, we’re just gonna squeeze it and try to take it out of a small little incision as we can. You okay?

P: Yeah.

Dr.: Good. How long have you had this? You said four years?

P: Mm-hmm.

Dr.: Man, it must have been hard to see it kind of grow like that.

P: Yes, it wasn’t this big like it’s, like a year and a half ago, to two years ago, it got bigger.

Dr.: And then did you see a doctor, up where you live? And they just said they would take care of it?

P: No, I didn’t.

Dr.: Oh you didn’t. Wow, you waited to see us.

P: Yeah.

Dr.: Make sure I’m not hurting you at all. Okay?

P: Yeah.

Dr.: Okay, sure?

P: Yeah.

Dr.: I'm just going to give you a squeeze, like grandma does. As they try to say. Just putting a little more numbing underneath, okay? I'm just putting a little more numbing to make sure. Now I can see where it is and I'm going to pull this. This is a little baby pinch you might feel, but that's normal, and make sure if it really hurts, you tell me, okay?

P: Okay.

Dr: I'm just going to squeeze. What was the hardest thing about this? Maybe, it was hard to disguise it?

P: Yeah.

Dr.: Yeah. I would think it would be a little bit. I mean atleast you have that beautiful hair that can cover it, but it was kind of hard, huh? That must be hard to deal with. So it was very on the surface of the skin, so it may have been thin skin a little bit on top. Maybe, you had to go to the bathroom or something. You are shaking.

P: (Laughs)

Dr.: You alright, huh?

P: Yeah.

Dr: Good. I'm just squeezing because I'm trying to get out as much of it out of this little hole and then we don't have to make it very big. Your hair wants to get very interested in what we are doing. Sorry about that. I'm going, turn back against me, there we go. I know, it's like a boyfriend and girlfriend, you and I. I push you away, I pull you back in. I'm sorry.

P: (laughs).

Dr.: That's how I roll. You are doing fantastic, girl. Not bad, right?

P: Yeah.

Dr: Good. Make sure, if I'm ever hurting you, now. Make sure you let me know, okay? I can always put more numbing under here, okay? I'm trying to tease it away from ya. It like ya, so I'm trying to get it off you delicately. I actually love how close she videotapes. Because we need

that. Because people mention how we might take too far but then I think then I'm not use to it also to.

A: You tell me.

Dr.: No, you are good. I actually like it, that's why I'm not saying anything. But, it's just um, I'm just not use to it. You just got to always make sure, you're out of the field, which you are, but just please always be aware of that. I love into it you are because I'm going to get closer and closer. It's like um, those guys, that make me be the guy, the geek in school or something that use to stock you. Get a little closer.

P: (laughs)

Dr.: Come on. It doesn't like, it just wants to, it just wants to come out in little pieces with us, but we're taking our time and making sure we get it all. So you feel tugging, but you shouldn't feel pain, like I said.

Dr.: So when I was feeling this, it was actually bigger than it looked on the surface. It looked pretty big on the surface too, but it was under there, so I know I'm tugging on ya. I'm not just. I'm just, you don't have to come back towards me this time. Now, you're commenting too much. I can't make up my mind. You're okay over there, mama?

M: Yeah.

Dr: Sorry, we have weird discussions over here, I know. We talk about weird things.

P: (laughs).

Dr.: It's actually a lot having to do with me just blabbering because I just try to distract her from what we're doing, but then it always makes me sound like an idiot. So, sorry about that. That's okay, I'm okay with that. I'm in touch with myself.

Dr.: I'm just blabbering, sorry. I'm in one of those moods.

P: It's friday.

Dr.: Yeah. It's friday, and this thing is sticking to her. I'm just trying to be delicate, you see. Where you can see. I just need to, see what I'm doing this. I push my hand here, to push that out, in towards a little bit. You know what I'm talking about.