Engineering the Skin: Embodied Experiences of Healing from Acne Among YouTube Vloggers

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Abstract

We examine how 24 adult YouTube vloggers tell their 'acne stories' by means of videos posted on YouTube between 2015 and 2020. In doing so, we study the relationship between embodied experiences of acne and health-seeking practices, particularly as they pertain to managing the everyday life of the body, abandoning medical expertise and embracing lay knowledge, living with disability, and engineering an improved self. Overall, we suggest that the vloggers share a general scepticism about the clinical management of their condition, often eschewing medical treatments while advocating for the modification of lifestyle practices. Ultimately, our study shows that vloggers understand healing from acne as both a personal journey that requires individual initiative and a shared pursuit best supported not by doctors and prescription medication but by an online environment that encourages self-engineering through free-market health care options and neoliberal values of working on the body.

Keywords

acne, alternative medicine, explanatory models of illness, patient-expertise, self-engineering, skin, vlogs, YouTube

Introduction

'Today I want to talk to you about something that . . . has really affected a huge portion of my life and how I feel about myself', says Kayla, a young white YouTuber, facing the camera while seated in

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front of a rack of clothing. Addressing more than 200,000 viewers, Kayla continues,

> I want to make this video . . . to show you that you are not alone and that there's other people out there who have dealt with it and that it will get better, it will pass, eventually, and that it will make you a stronger person in the long run.

Kayla's is one of many 'acne story' videos uploaded to YouTube from around the world. Like hers, these videos often consist of personal accounts that are watched by millions of viewers who make their way to the online platform in search of a solution to their skin problems. Characterised by neoliberal discourses of body management, authenticity, and self-engineering, they serve as both guides and companions to those attempting to heal from acne.

Drawing on 24 videos posted on YouTube between 2015 and 2020, we explore how adult vloggers understand their embodied experiences of acne. In doing so, we examine their health-seeking practices (Chrisman, 1977), and how the individual explanatory models they use to make sense of their acne either converge with or diverge from those of the medical community. While we build on previous studies (Lafrance and Carey, 2018, 2020; Murray and Rhodes, 2005; Santer et al., 2017), ours is the first to use YouTube vlogs to explore how embodied experiences of acne inform pathways to healing. Informed by the burgeoning field of skin studies as well as the more established field of body studies, our findings suggest that acne is understood by vloggers not only as a disabling condition that exerts an all-consuming influence over daily life, but also as a multifaceted project that makes use of patient-expertise to engineer an authentic self.

Despite its wide-ranging incidence and far-reaching implications, embodied experiences of acne have been largely overlooked by qualitative researchers. Murray and Rhodes' (2005) study was the first of only four that exist. Their findings suggest that living with acne is associated with a lack of ability to control the condition despite repeated attempts to do so, a loss of time and energy resulting from attempts to treat it, an ongoing reluctance to socialise, a preoccupation with the condition by close family members and romantic partners and a tendency to feel chronically disabled. Building on Murray and Rhodes (2005), Lafrance and Carey (2018) study advice shared

by users of the online forum, acne.org. They consider how those with acne engage in three prevalent types of 'skin work' – concealing, medicating, and grooming – and how this work is shaped by norms of gender and sexuality. In a follow-up paper, Lafrance and Carey (2020) find that acne forum users' skin work is bound up with the 'dermatologisation of life' in three key contexts: the hormonal, the alimentary, and the nocturnal. In doing so, they show that living with acne involves a complex combination of pleasure and pain, excitement and exhaustion, and work and play. Finally, Santer et al.'s (2017) work investigates online acne-related forums in an attempt to increase patient compliance with oral antibiotics, claiming that they 'offer opinions that could confuse patients, or lead to early abandonment of treatments, challenging consultations, and patient dissatisfaction' (p. 751). Santer et al.'s conclusions differ from those of the other studies as they suggest that conventional medicine provides the only legitimate pathway to healing.

The studies outlined above put thematic analyses of online data in the service of examining the relationship between acne and an individual's sense of self, social realities, and everyday life practices. Ours examines this relationship too but uses a different set of theoretical and methodological tools to do so. Theoretically, we bring new conceptual concerns to the fore by highlighting how individuals explain their illness, how their explanations are informed by ongoing tension between expert medical knowledge and patient-expertise, and how their efforts to heal from acne become ways of engineering what they see as an improved self. Methodologically, we present ethnographically inspired thick descriptions of user-generated video content and the vivid portrayals of embodied experience that characterise them. The result is an expanded set of findings that confirms many of the claims of earlier studies while also bringing new ones to bear on this growing body of qualitative research.

Context

The skin condition known as *acne vulgaris* affects approximately 79%–95% of adolescents, 64% of adults in their 20s, and 43% of adults in their 30s (Cordain et al., 2002; Williams et al., 2012). Considered 'normal' when it strikes in adolescence but 'pathological' when it stretches into adulthood (Lafrance and Carey, 2018: 56),

adult acne – especially in its severe forms – is often considered a disability whose symptoms stand in the way of 'practising' everyday life (Chrisman, 1977). Indeed, acne is disabling because it interferes with 'making the body beautiful' (Gilman, 2001), thereby impeding an individual's access to and accumulation of symbolic capital (Jarrín, 2017). As a result, acne undermines what gives the body 'social value and creates conditions of possibility for human dignity and happiness' (Jarrín, 2017: 4).

Conventional medicine tends to conceive of acne as an inflammation of the skin's surface, often failing to consider how it is connected to other body parts and processes and how this connection might shed light on why acne appears and how it can be treated. In doing so, it tends to understand the skin in reductive terms; that is, as passive and static rather than as 'open, processual, relational and sentient . . . [and] crucially bound up with . . . rethinking agency, experience, power, and technology' (Lafrance, 2018: 10). To deepen conventional medicine's superficial understanding of the skin, we situate our study in the field of skin studies and its insistence on the skin as active rather than passive, and dynamic rather than static. Drawing on the field's central tenets as they grow out of the broader field of body studies, our study considers how the acne-prone skin is made 'liveable, intelligible and meaningful' (Lafrance, 2018: 3) as it is worked on, worked through, and worked towards (Ahmed and Stacey, 2001).

Skin studies is characterised by a number of epistemological principles that allow us to explore lived experiences of acne from a critical perspective. To start, it assumes that the skin, like the body, is a project (Shilling, 1993) on which we must work on an ongoing basis. As a result, the skin's significance is inextricably linked to embodied practices and to the meaning attributed to them (Crossley, 2006). As that which 'confronts and is confronted by us no matter where we are or what we are doing' (Lafrance, 2018: 5), the skin is both enabling and disabling. It is enabling because it is that which allows us to sense the world and to be sensed by it (Merleau-Ponty, 1969), but it is also disabling, particularly when it is felt to have failed (Anzieu, 1989), as is often the case for those with acne. Here, failed skin is skin that does not meet prevailing standards of appearance, particularly as they are entangled with norms of gender, sexuality, race, age, and ability. The skin's entanglement with these norms points to the fact that, like the body, it is 'materialised through particular

conceptions of normality and abnormality' (Blackman, 2008: 12). Like Hurst (2018), then, we argue that skin studies provide useful ways of thinking about how acne informs our understanding of normative and non-normative skin modification processes. Like the processes Hurst considers, acne is 'a treasure trove of potential qualitative data for skin studies scholars' who are well-placed to conceive of it 'as an evocative demonstration of the manifold meanings' of the body's surface (p. 188). Having presented the epistemological principles guiding our research on acne, we now turn to the theoretical tools used to conduct it.

Theoretical Framework

Our research is informed by three theoretical approaches: (1) Kleinman's (1978) explanatory models of illness, (2) Barker's (2008) work on the wane of expert medical knowledge and the rise of patient-expertise in online support groups, and (3) Le Breton's (2011) notion of the body as a site of self-engineering.

Explanatory Models of Illness

Kleinman's (1978) explanatory models of illness (EMs) illuminate 'the meaning of illness and the sense people make of it' (Weiss, 1997: 238). Kleinman identifies a variety of explanatory models, two of which are particularly relevant to our research: the 'scientific EM' which is made up of a prevailing set of beliefs shared by medical practitioners and their institutions, and the 'individual EM' which consists of an individual's understanding of their illness including the meanings they attribute to their symptoms and the practices they deem important to healing.

Kleinman's EMs have been criticised for lacking 'operational specificity' and attributing overly rigid beliefs to patients (Weiss, 1997: 241). As a result, Williams and Healy (2001) suggest that EMs are best conceived as explanatory 'maps' that more 'fully convey the fluid status of [patient] beliefs' (p. 465). Combining the insights of Kleinman with those of Williams and Healy, we make use of EMs to understand how the vloggers in our study view their approach to acne treatment in relation to the approach espoused by the medical establishment.

Expert Medical Knowledge and Patient-Expertise in Online Support Groups

A combination of factors, including powerful market forces, instant access to information, and a growing mistrust of medical professionals, has given rise to 'patient consumers' who take responsibility for diagnosing and treating themselves by means of goods and services available in the medical marketplace (Barker, 2008). With 'the waxing of lay expertise and the concurrent waning of deference toward expert knowledge systems' (Barker, 2008: 21), health and illness are now often seen as personal problems whose solutions require individual initiative.

Online support groups, which include social media platforms characterised by topic-specific forums, provide their members with an opportunity to address their health concerns by playing the role of 'citizen scientists' and 'patient experts' (Barker, 2008: 23). But unlike topic-specific forums, YouTube is a highly heterogeneous space that allows for a range of online activities. While YouTube visitors often find support in the videos and comment sections that relate to their disease context, they are nevertheless positioned more as viewers consuming content made to entertain than members of a specific support group engaging in purpose-driven dialogue.

Engineering the Authentic Self

Le Breton (2011) argues that, over the course of the 20th century, the body has become a site on which the individual engineers their own authenticity (p 144). Within the context of late capitalism, the body has become a do-it-yourself 'self-improvement project' (Hurst, 2018; Mears, 2011; Shilling, 1993), where individuals are 'bioengineers' who 'distinguish themselves from others through careful management of their appearance' (Le Breton, 2011: 143). The body is now the 'screen on which one projects a re-workable, virtual identity' that is outwardly expressed by an apparently authentic aesthetic (Le Breton, 2011: 140). This aesthetic which connects selves to bodies and bodies to social worlds can be likened to the marketing practices of a 'personal brand' that can be 'seen and appreciated' (Le Breton, 2011: 140).

Self-engineering is bound up not only with norms of beauty and hygiene, but also with a constant negotiation often experienced as a

moral obligation to monitor one's body on an ongoing basis. As a result, individuals in contemporary Western societies tend to be 'over-informed about possible styles and how they are received by others' (Le Breton, 2011: 141). We show that the YouTube vloggers in our study embody Le Breton's conception of self-engineering in contexts where authenticity is increasingly mediated by online technologies.

Methods

Data Collection

Using YouTube as our 'field' site (Fullenkamp, 2019; Groenevelt et al., 2022), our study analyses vlogs uploaded to YouTube from 2015 to 2020, with data collection taking place from 2019 to 2020. Vlogs are well-suited for qualitative data analysis as they offer thick descriptions similarly found in in-depth interviewing. They are also more accessible: they do not require lengthy recruitment processes, and publicly available videos do not require internal review board approval.

The first author chose the videos based on the top suggestions generated for the search terms 'acne', 'story', and 'skin'. She selected the first five videos based on the suggestions generated by the search bar, and the other 19 using the Suggested Videos bar. She relied on the Suggested Videos since more than 70% of YouTube views are driven by its algorithm (Nicas, 2018). None of the videos were password-protected, encrypted, or required vetting by a moderator. Because YouTube videos are 'public performances' (Fullenkamp, 2019: 95) made to be shared – and because this sharing is inevitably bound up with the pursuit of visibility (Duffy and Meisner, 2022; Toffoletti and Thorpe, 2018) – the names listed on the vloggers' channels were used. As Fullenkamp (2021) explains, 'Vloggers relinquish their anonymity with the expectation of a delayed and ongoing gaze' (p. 101).

The vloggers featured in the study were compensated for their 'visibility labour' (Abidin, 2020: 78) through a subscription and a video 'like', both of which assist them in obtaining more views while allowing them to attract more advertisers who pay to place advertisements in their videos (Munnukka et al., 2019). It is precisely this visibility

labour that motivated us to avoid the use of pseudonyms. Subscriptions
are a vital form of compensation for those who perform visibility
labour (Munnukka et al., 2019), which makes it ethically relevant for
researchers who seek to avoid conducting exploitative research that
takes from its participants without giving back.

Data Analysis

Inspired by ethnographic approaches to field observation, the first
author took detailed notes of video content that captured the key fea-
tures of the vloggers' embodied experiences of acne. Using an induc-
tive approach, she made use of open coding to identify common themes
across the videos for the purposes of answering the following ques-
tions: 'How do vloggers describe their embodied experiences of acne,
and how do these experiences inform their treatment trajectories?'

Sample

Our sample of participants (n=24) consists of English-speaking
vloggers. Their videos last between 15 and 30 minutes and are char-
acterised by images of the vloggers' acne and personal accounts of
their affliction. Information relating to the age of the vloggers was
not always available, but their videos suggest that they were between
18 and 32 years old.

   Although acne is experienced by individuals across the categories
of race/ethnicity and sex/gender, most of the videos we consider were
made by those who appear to be white (n=20) and those who appear
to be women (n=22). In fact, most of the videos we came across
were made by members of at least one of these two groups. Their
overrepresentation demonstrates how 'whiteness is an unstated norm
on YouTube' (Horak, 2014) and confirms the claim that most 'aes-
thetic labour' (Elias et al., 2017) is performed by women.

Limitations

Our sampling process was influenced by YouTube's algorithm, which
is known to be strategically manipulated by content producers and
algorithmic 'experts' to enhance the visibility of some forms of content
over others (Bishop, 2019, 2020). Many researchers have argued that
the algorithm is problematic because it favours sensationalism while

increasing inequality by privileging content that is produced by white people and marginalising content that is not (Bishop, 2018; Nicas, 2018; Pedersen, 2019). The limitations associated with YouTube's algorithm should be borne in mind when considering our findings.

Positionality

The first author is a former mild acne sufferer and a young white adult woman from a middle-class background. When she was conducting research for the study, she was – like the YouTube vloggers she was studying – in search of pathways to healing from acne that did not involve visits to the dermatologist. As a 'patient-consumer', she consulted YouTube in particular, and the Internet in general, as her primary source of information on how to treat her acne. She identified with most of the vloggers she was studying, many of whom were also young white women from similar class backgrounds who had stories that resembled hers.

The second author is a former moderate acne sufferer and a middle-aged white man from a middle-class background. Given his age and the fact that acne is no longer of concern to him, he did not identify in any sort of substantive way with the vloggers whose videos were chosen for the study. That said, his identification – or lack thereof – with the vloggers was largely irrelevant given that he was not involved in the data collection process and, as a result, did not engage as extensively with the videos as the first author. Instead, the second author's contribution consisted of further developing the literature review, the theoretical framework, and the data analysis while assisting in the writing of the paper.

Findings

Our data analysis generated four themes relating to embodied experiences of acne: (1) managing the everyday life of the body, (2) rejecting medical expertise and embracing lay knowledge, (3) living with disability, and (4) engineering an improved self.

Managing the Everyday Life of the Body

According to the vloggers in our study, healing from acne involves a rigorous process of self-reflection. This process involves careful

scrutiny of how one treats their body, particularly as it pertains to what one eats and drinks, and is crucial to preventing future outbreaks. For example, in her video describing how she cleared her cystic acne in 2 weeks, Jazz Nicole stated, 'Skin care can take care of what's already there, but prevention is key'.

Many of the vloggers claimed that their insistence on prevention through diet clashed with the advice they were given by medical experts. Another vlogger, Kristina, explained, 'when you eat poorly, your body has to find a way to release these toxins and one way it does that is through your *pores*, thus creating acne!' Because she saw her acne as the path through which the 'unhealthy' foods she put in her body exited, Kristina's acne story emphasised that it was her 'lack of attention' to her diet – combined with her failure to consume nutrient-rich foods – that caused her skin condition.

For Kristina, paying increased attention to her body did not just involve eating healthier food; it also involved trying to better understand what her body was 'saying' when her acne appeared. As she put it, 'I definitely wasn't listening to my body because it was clearly trying to tell me something'. Kristina felt that her acne appeared when she was neglecting herself, especially in times of stress. Her feeling was shared by another vlogger, Patrice. Patrice had suffered from severe cystic acne for approximately 2 years and believed that what was 'happening on my skin' was 'just a mirror' of what was 'going on inside my body'. Patrice, like Kristina, saw what was taking place on the inside of the body as bound up with what was taking place on the outside.

According to the vloggers, acne caused by 'a poor diet' was often exacerbated by intolerance to certain foods containing ingredients such as gluten or dairy. Allison, who watched her cystic acne worsen during her junior year of college, claimed that cutting gluten and dairy out of her diet was the first step in her healing process. After years of unsuccessful trips to the dermatologist and ineffective courses of antibiotics, Allison concluded, 'What really matters is what you're putting in your body and how you're treating your body and your gut health'. Even though, as she put it, 'dermatologists in the past have told me that diet doesn't affect my skin', she – like Katrina and Patrice – argued that it was only when she changed her diet that her skin started to improve.

Allison's experience is affirmed by Sarah Therese, a young mother whose acne story chronicled the appearance of acne on her forehead, chin, chest, and back. She, too, concluded that her acne was mainly caused by what she consumed, noting that 'I got to take a lot of care into what I put into my body *cause it's gonna show* in my skin'. Like Sarah Therese, Bryan – whose YouTube channel is focused primarily on healing from acne – stated, 'basically anytime you're putting bad things in your body, your body has to try to get them out somehow, and acne is one of the ways that your body can filter bad things out'.

Bekah, a vlogger who went on two rounds of Accutane and started 'breaking out' 6 months after she stopped the second one, cited her consumption of kimchi as a key factor in clearing her skin. In her advice to her viewers, Bekah insisted that dietary changes had to be consistent, and that it was important to incorporate probiotic-rich foods into what they ate every day to see positive results. Like those of other vloggers, the beliefs that underpinned Bekah's health-seeking practices revolved around permanent lifestyle changes, particularly as they pertain to diet and gut health.

Many vloggers mentioned other lifestyle changes that they considered simple but significant to the healing process. Cassandra discussed how she noticed a small reduction in her skin irritation after changing her pillowcase to one that did not contain flame-retardant chemicals and using laundry detergent that was 'natural [and] environmentally friendly'. Similarly, Kristina – when explaining that her skin required a routine to remain clear – described how limiting the number of products she used on her skin 'actually sped up the process of healing'. Kristina advised her viewers to consume skin care products in moderation, connecting excessive consumption to harm and controlled consumption to healing.

Rejecting Medical Expertise and Embracing Lay Knowledge

Consulting a doctor was the first step in all the vloggers' health-seeking processes. But apart from Bryan, Alexia (who applauded her doctor for giving her space to cry during visits), and Mari (who found relief after following the ketogenic diet recommended by her doctor), they all expressed dissatisfaction and frustration with the treatment they received. They felt their doctors failed to present them with useful information and had too little time to provide the

personalised care they required. They also felt their doctors pre-scribed expensive and often ineffective medications that sometimes made their acne worse.

Mari, who sought the help of a dermatologist after her cystic acne outbreak, was put on multiple rounds of various antibiotics. Since her acne continued to worsen, she decided to see her gynaecologist. Mari believed her gynaecologist would be able to help her because she suspected that a hormonal imbalance was causing her acne. Mari's gynaecologist recommended her to have blood tests done by another doctor, the results of which showed that her testosterone levels were 'pretty high'. After following the doctor's dietary suggestions, Mari declared, 'Nothing has cleared up my skin as much as the Keto Diet', citing the diet as an effective treatment for her hormone imbalance which, in turn, cleared up her skin. Mari's story is an example of how the vloggers favoured holistic treatments that targeted the depths of the body, rather than just its surface.

Disappointment in mainstream medical care was ubiquitous among the vloggers. 'I thought the first place you go when you have acne is the dermatologist', Mari explained. 'When I think back on that, I would have never even stepped foot in that place'. Reflecting on his experience of severe acne, Joe declared that 'private expensive health care is not always the way forward'. He discussed his expensive appointment with a disagreeable dermatologist in private practice whose advice to take Roaccutane did not contribute to what he saw as a healthy healing process due to its severe side effects. Like Joe, Olivia complained about the cost of private healthcare and its lack of usefulness: 'I spent a lot of money that I didn't want to spend and got told things I already knew'. And like both Joe and Olivia, Kayla – who experienced chronic cystic acne – pointed to deficiencies in advice from medical experts who simply 'don't have the time to find the answer for you'.

Given their widespread discontent with the treatment options offered by conventional medicine, many of the vloggers developed an individual explanatory model that rejected mainstream medical expertise and embraced lay knowledge. Their accounts of why acne appears and how it can be treated diverged more than they converged with dermatological understandings. Unlike Alexia's dermatologist, who told her that her acne was just 'the luck of the draw', the

vloggers concluded from their experiences that lifestyle choices such as those relating to diet and hygiene ultimately determine the causes of and treatments for acne.

Living with Disability

The vloggers in our sample framed acne as not just a problem to be solved but also a disability to be managed. For example, Alexia recounted living with painful cystic acne, describing how it had become so severe that the blood vessels in her face were starting to 'pop'. For her, acne was not only an aesthetic ordeal, but also a serious physical problem that caused bleeding from facial cysts and chronic pain. Alexia had just graduated from an aesthetician's school when her acne outbreak began. Due to its severity, she could not secure employment after graduation. She explained that no salon would hire an aesthetician with acne like hers, because clients could not expect to be 'made beautiful' by someone who 'could not make herself look good'. Alexia's story demonstrates how acne is not only an aesthetic impairment and a physical condition but also a social and economic disability.

Though Alexia was the only vlogger in our sample who claimed that her acne limited her ability to get a job, Annie – who earned a living as a YouTuber – talked about turning down 'so many jobs' when it was not possible for her to conceal her acne. Exposing her acne to her viewers would have made her feel 'too embarrassed' and could have undermined the performance of aesthetic labour on which her online success depends. Similarly, Mari, who was developing her social media presence during her cystic acne outbreaks, noted that she stopped creating content for YouTube and Instagram because of her affliction. Like Annie and Mari, the other vloggers described how they preferred to stay in their homes and limit contact with friends, co-workers, and online followers when their acne was severe. Cynthia, who started getting cystic acne in her first year of college, described how it deterred her from wanting to spend time with friends. She explained, 'You wake up and you just don't want to hang out with anyone'. Similarly, Paris remembered how the 'worst thing' she did while living with acne was 'lay in my bed, not talk to anyone, and just cry'.

Sharing a similar tearful testimony about her preference to stay indoors, Allison recalled, 'There were times when I would look in the mirror and I would instantly start crying . . . acne made me seclude myself to my bedroom'. Allison provided a detailed account of how her acne disabled her, particularly with respect to how it changed her everyday activities and limited her self-expression. She described how she only showered at certain times of day in the college dorms so that people, 'especially boys', would not see her without makeup. She also brought makeup to sleepovers and applied foundation to her face before her friends woke up. And when she started dating her current partner, Allison '[waited] until the very last second to wash [her] face', and did not allow her partner to see her face in the light without makeup.

Like Allison, Sarah felt that her life was organised around managing her acne and mitigating its negative effects. As she explained, 'Everything I did in the day revolved around my skin'. Here, Sarah's explanation resembles Kayla's, which consisted of a vivid account of the disabling nature of acne. Kayla had been dealing with 'serious, cystic hormonal acne for the last six years' and preferred to stay in her apartment to avoid seeing people because of it. When her roommate started having frequent guests over, Kayla moved to her parent's house because she 'didn't want to be caught off guard with my skin'. Again, the disabling nature of acne is illustrated by its social and economic effects: not only did it obstruct the vloggers' professional opportunities, but it also limited their social prospects.

Stigma was another important part of why the vloggers felt disabled by acne. In addition to the physical pain caused by the blemishes on their faces, the vloggers described feelings of shame and humiliation due not only to how others saw them but also to how they saw themselves. Ibrahim, who started getting acne his second year of high school, recalled feeling repulsed by himself. As he put it, '[my acne] really broke me I was so insecure . . . I remember thinking, "I am disgusting"'. To conceal his acne, Ibrahim wore hoodies that allowed him to cover his face and refused to be in close physical proximity to others for fear that they would get a close look at his skin. From what he wore to how he occupied space, Ibrahim's acne played a defining role in how he approached his social interactions. Just as Ibrahim

described feeling disgusted by himself when he had acne, Kayla declared, 'Not only did I hate my physical appearance, but I was starting to hate the person that I was'.

Engineering an Improved Self

For the vloggers, engineering an improved self was associated with working on the body to become 'better' versions of who they were. In some cases, becoming better versions of who they were meant doing body work that made them feel more authentic. Many vloggers linked increased authenticity to the increased agency and autonomy they gained through their videos. Annie, for example, digitally altered her skin in videos and photos so that it appeared to be blemish-free. She understood that some might judge her for doing so, but she never 'felt bad about it'. Annie explained that having her acne on display in her vlogs made her feel less like herself. Editing the acne out of her videos was, as she put it, 'the only thing I could do to make myself feel like me'. More than just concealing a disability, digitally retouching her skin made Annie feel more like herself by allowing her to control her appearance in ways that acne undermines in 'real life'. According to her, this control allowed Annie to do a better job of being what all vloggers set out to be: believable, likeable, and relatable.

Unlike Annie, Sarah worked on her skin not by digitally altering it but by seeking to better understand it. After having seen five dermatologists and a naturopath, she concluded that 'No one was going to help me [do this], I've just got to help myself'. Helping herself involved learning more about the skin's structures and functions, something that Cassandra set out to do as well. Cassandra urged her viewers to chart the course of their own skin care by adopting a personalised approach. As she put it, 'learn your skin, understand your skin, and that is when you will truly be able to treat it'. Other vloggers, like Kristina, took a similar view. For example, after having tried new skincare products every week, she explained that she planned to 'figure this out and fix this once and for all'. She started doing research 'to address the problem' and, according to her, 'that's when I realised I have to heal my body from the inside out'.

Engineering an authentic self had significant financial implications for the vloggers. Kristina spent large amounts of money on

naturopathic remedies and spa treatments, while Allison planned on making a substantial financial investment in a non-invasive cosmetic procedure. She was, in fact, 'currently saving up money to get a laser treatment done', the cost of which was between US$3000 and US$4000. Similarly, Kayla bought pricey probiotic supplements that she took every day to maintain her gut health. She noted that although they were expensive (US$100 for 20 g), she felt that the expense was 'worth it because it's an investment I'm making into myself and my skin'. Expensive skin care products and treatments, like the ones reported by Kayla, Kristina, and Allison, were seen by the vloggers as essential tools in becoming more themselves.

While the vloggers' acne stories were both similar to and different from each other, they all – with the exception of Olivera, who claimed that she did not exactly know how her acne cleared up – shared stories of healing from acne through mastery of the skin. As Kristina explained, skin mastery was only possible if she understood 'everything that I was doing wrong'. All the vloggers felt their lifestyle practices had harmful effects on their bodies which were manifested through acne. The vloggers described how they changed the way they lived and discussed how these changes were essential to gaining increased control over their skin. Here, control refers not only to carefully adhering to planned lifestyle practices, but also to using the mind's capacities to overpower the body's urges. Bekah stressed that 'you need to be committed to incorporating probiotic-rich foods *daily* into your diet . . . [but this] is not gonna help if you eat like shit the rest of the time'. Allison issued a similar warning: 'If you have a little piece of pizza, it's still going to affect your skin'. For the vloggers in our sample, then, engineering an improved self meant not only working on the skin through technology, education, and ongoing financial investments, but also through waging a war against temptation in the name of becoming better versions of themselves.

Discussion

In keeping with the epistemological principles that characterise the fields of skin studies and body studies, our findings show that the skin is an ongoing project, that it is brought into being through embodied practices and the meaning attributed them, and that it is both 'omnipresent and inescapable' (Lafrance, 2018: 6). Since, as our

data demonstrate, there is no getting beyond skin, those with acne have no choice but to engage with it in ways that are both enabling and disabling: they are enabling because they allow for the acquisition of new forms of knowledge and new strategies for intervening in the life of the body, but they are disabling because they involve exhausting work, experiences of discrimination, financial sacrifices, and above all, psychosocial distress. The simultaneously enabling and disabling nature of healing from acne confirms previous studies by Lafrance and Carey (2018, 2020), particularly their findings relating to how those with acne manage their bodies from morning to night, day in and day out, often rejecting medical expertise and embracing lay knowledge as they do so.

The lived experiences of the vloggers in our study indicate that acne is often felt to be a disability. Given their loss of economic prospects, diminished social opportunities, and the decline of their mental health, there is no doubt that being afflicted with acne was for many of the vloggers a matter of 'spoiled identity' (Goffman, 1963; Weiss, 1997) that made them feel like 'damaged goods' (Murray and Rhodes, 2005: 191). Furthermore, like those studied by Murray and Rhodes (2005), the vloggers stated that their acne involved behavioural modifications aimed at limiting the public exposure of their faces. However, the vloggers in our study did not claim to have lost social ties or skills because of their withdrawal from face-to-face interaction, whereas those in Murray and Rhodes' (2005: 197) study did.

Unlike previous studies, ours found that discussions of authenticity among those with acne were common. This may be because our study was conducted in a community of visibility labourers who earn money through attracting viewers. As Bell and Leonard (2018) and Duplantier (2016) argue, representing an authentic self – that is, a self that is natural, relatable, and likeable to viewers – is of central concern to vloggers. While the vloggers we studied were making videos about how to live with and heal from acne, they nevertheless felt that it interfered with their capacity to represent their most authentic selves. As a result, they took steps to hide their acne through digitally altering their skin. For them, being real meant modifying their bodies through technology which, as Elias et al. (2017) argue, contradicts trends in the online world that associate unmodified bodies with the

natural and modified bodies with the artificial. Ultimately, for the vloggers we studied, the 'screen' was both literal and metaphorical as it served to rework the acne-afflicted skin for the purposes of creating a skin of their own.

Just as it caused some of the vloggers in our study to strive for new forms of authenticity, acne led many to undertake a process of self-engineering. In doing so, they embarked on an individual pursuit – supported by an online community of patient-experts – to express themselves through working on their body (Le Breton, 2011). Unlike medical contexts, where the individual is viewed as a passive recipient, patient-expert contexts are characterised by the view that individuals – and, often, individual consumers – ought to drive their own healing by questioning their lifestyles and changing their everyday practices. Here our findings resonate with those of Borgerson and Schroeder (2018: 111), who emphasise that 'the consumer's quest for attractive skin promotes a rigorous regime beyond the epidermis' that connects to 'bodily issues of aesthetic labour and affective labour' (p. 106), as well as those of Lafrance and Carey (2018, 2020), who highlight how working on the skin in the neoliberal age is bound up with patient consumerism and free market healthcare options.

While our findings converge with those of Lafrance and Carey (2018, 2020) on some levels, they diverge from them on others. Unlike the vloggers in our study, some of the acne.org users in their studies accepted their acne and found that it enabled them to subvert both neoliberal notions of being responsible for their appearance and heteropatriarchal norms associated with how gendered subjects ought to manage their acne (Lafrance and Carey, 2018: 77). Our YouTube vloggers, however, remained steadfast in their attempts to find a cure for their acne affliction. This distinction is likely attributable, at least in part, to the fact that the work of the vlogger is inherently bound up with the labour of visibility.

Finally, our study underscores how the pursuit of clear skin is shaped by class privilege and gender norms. As some of the vloggers spoke about purchasing expensive foods, dietary supplements, and spa treatments, it became clear that the work they were doing on their skin was not work that just anyone could do. It was expensive work that required a considerable amount of leisure time and disposable income. Most of our vloggers were women, many of whom held jobs, such as aestheticians and social media influencers, that required them

to work with clear complexions. Thus, while the women in our study may come from higher-income backgrounds that provide access to expensive products for their skin, they were also more likely to be in positions where – to be desirable, marketable subjects – they were culturally expected to take on the economic burdens of pursuing clear skin in ways that resemble the 'disciplining' of women's bodies described by Bartky (1990) and 'emotional labour' performed by women described by Hochschild (2012).

Conclusion

Our study, like earlier qualitative studies on embodied experiences of acne, contributes to understanding how health-seeking practices shape and are shaped by the online world. Our research also illustrates the value of YouTube as a site of scholarly exploration, insofar as it is ripe with 'sobering accounts of ordinary people, coming to terms with profound life events' (Fullenkamp, 2019: 87). As emphasised by the vloggers, rejecting medical perspectives and practices, developing patient-expertise, and engaging in self-engineering through inner reflection and independent research were the key ways in which they established healing pathways, demonstrating how the Internet is becoming an increasingly important space for healthcare (Chen et al., 2018; Hämeen-Anttila et al., 2018) and showcasing the proliferation of patient-expertise.

For those healing from acne, clear skin is a badge of diligence and determination. In other words, in a neoliberal era where meritocratic self-invention is customary (Bishop, 2018; Ringrose and Walkerdine, 2008), the work ethic of an individual is shown on their skin. More than a passive recipient of generic medical treatment, the vloggers undertook a journey to healing through patient-expertise and a rigorous work ethic to self-engineer an acne-free body. For them to heal, they must work, and work hard, on their skin. Highlighting the importance of 'learning' her skin and its centrality to the healing process, Cassandra concludes her video with a poignant reminder: 'Beauty is not something that we are born with, it is something that we learn, and something that we earn'.

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