

Rituals about the Skin: Comments on pimple popping videos

Pimple popping videos on YouTube draw a large number of views and comments. Using Critical Thematic Analysis, this paper analyses comments on the videos to understand why these films are so compelling for some viewers. Building on the insights of skin studies, I argue that the satisfaction that viewers experience is linked to (1) the nature of disgust (involving both aversion and fascination); (2) the visual close up framing of the videos (that produces a skin scape distinct from an identifiable person); (3) the nature of skin as a permeable boundary (such that acne is both inside and outside) and (4) the framing of extractions as a medical procedures (involving authority and ritual). Dirt is usually matter out of place, but in these films the waste matter that is pus and sebum is given a space of its own.

Keywords: Pimple popping, YouTube, waste, skin, linguistics, thematic analysis

Introduction

The skin is the body's largest organ. It can be understood as a boundary, a surface and a text. It may even be understood as a frame for human experience. As Merleau-Ponty observes, "The body is our general medium for having a world" (2004, 123). In a similar vein, our skin can be said to 'contain' us. It is "both object and subject, enveloping and porous, seen and felt", it is, in short, "intersensory" (Howes, 2018, 227).¹ As the emerging area of skin studies clearly shows, the skin is a potent source of meaning. In this paper, I focus on some examples of a single phenomenon that involves the skin: pimple popping videos on YouTube. I will argue that viewer comments on these pimple popping videos invite us to reconsider our views of both waste and dirt. The pleasure that many viewers take in watching the extraction of pus from another

¹ This is not to claim that the meaning or understanding of 'skin' is universal, nor indeed that the lexeme 'skin' is universal (see Jablonski, 2006; Howes, 2018).

human suggests a more complicated relationship with our bodies (and the waste they generate) than the dichotomies inside/outside, pure/impure would suggest.

Pimple Popping

Pimple popping videos show dermatologists, aestheticians and lay people extracting pimples, blackheads, cysts and abscesses. These videos constitute a genre around which a community of ‘popaholics’ gather. The films are easily found on YouTube by searching for ‘pimple’ or ‘blackhead’, often on dedicated channels. The most well-known channels involve dermatologists and aestheticians uploading films of their work. The films appear to be widely viewed (as the figures in Table 1 attest) and several high-profile professional poppers are relatively easy to identify. While practitioners come from around the world, I focus here on three. In this paper, I use films from Dr Sandra Lee, Josefa Reina and Enilsa Brown. Two use English (and thus largely elicit comments in English) and one does not speak at all in the films (but her followers comment mostly in English).

There is also an active amateur popping community on Reddit, most notably on the subreddit r/popping.² Here, users share their own popping videos and post links to their favourite sites and films. While amateur pop videos will not be discussed here, their existence does attest to the existence of a ‘popping’ community. There is, however, a connection between amateur videos and the more polished YouTube films. Moor reports that before Dr Sandra Lee (seen as an early online pioneer) many of the popping videos available online were “home-made”. He continues:

² This was brought to my attention by my colleague Dr [anonymised]. Some film offerings, not considered in this paper, are more surgical in nature, documenting the excision of large cysts and abscesses using anaesthetic, scalpels and curettes.

The popaholics complained that they were often unsanitary and poorly filmed. Lee realised she could provide people with what they craved - she had a never-ending supply of pimples and the expertise to remove them cleanly (Moor, 2016).

According to Swannell (2016) the use of Reddit and Buzzfeed helped to build Dr Sandra Lee's following to its current high levels (see Zarrell, 2015). Indeed, Lee is described by Swannell (2016) as "Queen of the online generation of dermatologists" and her public profile has helped to build the popaholic community and bring it to public attention.

Articles about popping have also appeared in mainstream news outlets (Daily Mirror, 2018; Ferrier, 2016; Matthews, 2018; Moor, 2016; Parkinson, 2015).³

Newspaper reports suggest that people enjoy watching these films because they find them satisfying and relaxing (Collins, 2018; Parkinson, 2015). This paper will show that comments on videos support this view. I will further suggest that the nature of skin, the nature of disgust and the framing of the films all provide viewers with a ritual space in which they experience both satisfaction and relief.

While there is little research on this genre of film (see Zaccarini, 2018), there is some research on the experience of acne. Therefore, I first outline the range of work in skin studies focussing specifically on research on living with acne as this makes clear the complicated relationship we have with our skin. I then explain the data collection and coding process before presenting my findings.

The Skin

While there has been a recent wave of interest in the skin itself, humanities researchers

³ Because of the multimodal nature of news websites, these may include links to the videos themselves (see Parkinson, 2015).

have long been interested in the body and with the way that it can be read as a text (e.g. Butler, 1993; Cole and Haebich, 2007; Grosz, 1994; MacCormack, 2006; Nancy, 2008). The body has, and continues to be, interpreted in different ways according to cultural norms, medical frames and ideological regimes. Ideologies about the body appear to be particularly powerful. As Murray notes, we interpret other people at a “visceral level: we know their bodies implicitly and what they mean to us. We see a ‘fat’ woman, and we *know* her as lazy, greedy, of inferior intelligence” (Murray, 2007, 363). Bodies are “materialized...through particular conceptions of normality and abnormality” (Blackman, 2008, 12 cited in Skelly, 2018, 194).

Skin, like the body, is subject to cultural and ideological forces and interpretations (Skelly, 2018). As MacCormack writes:

Skin is the site of encounter between en fleshed self and society. The skin is where the self involutes into the world and the world into the self. Skin is a marked surface inscribed with texts of race, gender, sexuality, class and age.... (2006, 59).

Anzieu observes that the skin “displays variable characteristics” (2018 [1995], 17) akin to a layer of clothing. Mentioning “age, sex, ethnicity, personal history”, he also surveys the skin itself pointing out its variation in “pigmentation, folds, ridges or wrinkles, the pattern of pores, body hair, head hair, nails, scars, pimples, ‘beauty spots’” (2018 [1995], 17). All these features are experienced by the self and interpreted by others. “Being different shows on the body” (Segal, 2009, 85).

Recently, the field of ‘skin studies’ has emerged claiming a ‘dermatological turn’ in the humanities (Howes, 2018, 225). In an article that charts the emergence of the field, Lafrance describes it as transdisciplinary, taking “the body’s surface as its key object of enquiry” (2018, 3). Skin studies focuses on the skin and thus inevitably on the body and its boundaries, taking the position that skin and bodies are both revealing and

concealing (Lafrance, 2018, 6). Skin is not just an object, it is a subject too, with the ability to experience a ‘double sensation’ in Merleau-Ponty’s terms (able to both touch and be touched) (Lafrance, 2018, 6). It is both a barrier and a permeable membrane. The skin “is a fluid boundary and a leaky interface” (Lafrance, 2018, 6). It is “permeable and impermeable. It is superficial and profound. It is truthful and deceptive” (Anzieu [1995], 2018, 19). The skin “has the status of an intermediary, an in-between, a transitional thing” (Anzieu, ([1995], 2018, 19). In short, the skin “is the site of endless paradoxes” (Segal, 2009, 45). As Anzieu remarks, the skin “is an almost inexhaustible subject of research, care and discourse” ([1995], 2018, 14). The complexity of skin, especially its ability to conceal and reveal and its status as both fixed and fluid is central to the appeal of pimple popping videos.

Skin *conditions* such as acne have been given less attention by humanities researchers. Of the research that has been undertaken on acne and skin conditions, naturally the vast majority sits in the medical field. This will not be the focus of this paper (see Lafrance and Carey, 2018). However, it is important to note that medical research tends to focus on aetiology, treatment and quality of life (quantitatively established) rather than taking a more qualitative approach. Nevertheless, there are examples of the latter. Murray and Rhodes interviewed adults in order to “explore the concerns, perspectives and experiences of adults with visible acne” (2005, 185) while Lafrance and Carey made use of data from an online acne support website (2018) to understand the lived experience of acne. Both show that “the skin is a lived relation” (Lafrance and Carey, 2018, 57).

Their research also finds that acne is an identity. It is not only something individuals have: for sufferers, “they become acne” (Lafrance and Carey, 2018, 69; see also Murray and Rhodes, 2005, 191). This should not be surprising. As mentioned

above, our skin is “the site of encounter between en fleshed self and society” (MacCormack, 2006, 59). For others and for ourselves, the skin is the self.⁴ And while the skin protects as a boundary, the skin may also expose (Segal, 2009, 46). Acne, like skin, is paradoxical. It is both within (under the skin) and without (relatively easy to excise). Acne sits at the margins of the margins of the body. While the ‘face’ we present to the world often stands in for our identity, our faces and our skin are both ‘natural’ and ‘fixable’. But for sufferers of persistent acne, this ‘fix’ can remain elusive.

While acne is normally associated with adolescence, something that is ‘normal’, “something to be simply ‘suffered through’ and ‘got beyond’”, as LaFrance and Carey go on to make clear, acne is “not restricted to teenagers” (2018, 56). Acne is common for adults and can affect any area “of the body where there are dense concentrations of sebaceous glands, such as the neck, back, chest and shoulders” (LaFrance and Carey, 2018, 57). Acne takes many forms and even if hidden may be painful in various ways. However, it is those who suffer from visible facial acne who “tend to report the highest levels of discomfort and distress” (LaFrance and Carey, 2018, drawing on Murray and Rhodes, 2005).

Given the distress that visible acne engenders, it is not surprising that data from the online acne support group LaFrance and Carey analyse show that people spend a great deal of time grooming, monitoring, medicating and concealing their acne (2018, 71-3). Part of the grooming that sufferers engage in is extraction. While individuals are told by professionals that this will not fix their acne, there are other motivations for this

⁴ This could be discussed in terms of Anzieu’s skin ego, “the mental image used by the child’s Ego during its early stages of development to represent itself as an Ego containing psychological content, based on its experience of the surface of the body” (2008 [1995], 43).

behaviour (Murray and Rhodes, 2005, 190). Lafrance and Carey explain that “Grooming often starts with disturbing sensations experienced underneath or on top of the acne sufferer’s skin. It is these sensations and their often intolerable aches and pains that lead many acne sufferers to groom” (2018, 73). It is worth citing one person in Murray and Rhode’s data as an example of the kind of language that may be used:

I squeeze partly *to kill off* particularly visible spots, but mainly because it *disgusts* me to know that there is something *alien under* my skin.... (2005, 190; emphasis added).

Acne is personified. It is a revolting presence within that needs to be killed.

In Lafrance and Carey’s data, more evidence for extraction is found. In these two examples people express a satisfaction with this activity **and an acknowledgement of its disgusting elements.**

As disgusting as this sounds, I love it when I have a really deep spot, and it is ready for exploring, and then I squeeze it and it cracks!

Yes it is gross but OH SO SATISFYING. My favourite[s] are the big ones that make a noise when squeezed (cited in Lafrance and Carey, 2018, 76).

These feelings of disgust and satisfaction are also clear in the YouTube comments discussed below.

In this paper, I also want to think about the extraction of blackheads and pimples in terms of waste. This allows discussion of the construction of what constitutes waste and the rituals and regimes for dealing with it. Waste, dirt of any kind, is largely subjective. As Douglas remarks: “dirt is essentially disorder. There is no such thing as

absolute dirt: it exists in the eye of the beholder” (1984 [1966], 2).⁵ What counts as waste and what does not is not, strictly speaking, a material question, but rather a cultural one, a question a perspective. The world is ordered in a certain way according to constructed difference. It is only when waste “becomes excessive” and “emerges as a challenge to the whole system” that people start to pay attention to it (Venn, 2006, 44). It may be unusual to label pus and hardened sebum as ‘waste’, but as the former comprises dead blood cells and the latter keratin and sebum, in terms of the body’s physical processes, these substances are in the end surplus to requirements (even though they are composed of essential matter).

Pimples and blackheads can be seen as waste because of a general cultural norm that such conditions are not ‘normal’. Acne is a burden and not something people desire (Murray and Rhodes, 2005, 199; Lafrance and Carey 2018, 62). It is satisfying to remove it. In straightforward terms, acne is viewed as matter out of place (Douglas, 1984 [1966]) that needs to be managed, hidden or excised. I return to this idea in the discussion.

The Films

As is well known, YouTube allows anyone to post films. The platform has several features. Viewers can like or dislike offerings, and they can comment on the content

⁵ Douglas is not the first to have made this point. Thanks to Professor Naomi Segal for pointing this out. The formulation of dirt as matter out of place is to be found in Freud’s “Character and Anal Erotism” (1997 [1908], 213) and can also be traced further back to a toast by then Foreign Secretary Lord Palmerston in 1852 (see Farndon, 2010). For a discussion of the formulation (including further examples of uses pre-dating Douglas) see Dollimore (2001, 176 n. 6) and Liboiron (2019).

they view. Research on YouTube comments takes several forms (e.g. Boyd, 2014; Lange, 2014; Tolson, 2010). Here I use linguistic methods to try and understand why people watch pimple popping films. A reasonable starting point to answer this question is found in the comments viewers leave online. It is acknowledged, however, that not all viewers leave comments.

In order to collect viewer comments, I identified three dermatologists who appear to be popular in the online community of popaholics with channels on YouTube: Dr Sandra Lee, Josefa Reina and relative latecomer, Enilsa Brown. Evidence for this popularity comes from both newspaper reports and from YouTube viewer comments. I identified the most viewed film for each practitioner on the date of collection:

- Dr Sandra Lee (SL), “A Giant Blackhead Extracted in an 85 y.o. Accompanied by her Daughter” [posted 9th July 2015; 4 minutes 16 seconds].⁶
- Josefa Reina (JR), “Removing Ingrown Hair before Electrolysis Session” [posted October 10th 2015; 8 minutes 58 seconds].⁷
- Enilsa Brown (EB), “Managing Ethnic Skin (Extractions part 2)” [posted 5th November 2016; 14 minutes 28 seconds].⁸

While Josefa Reina’s video is not exactly pimple popping (as it deals with the removal of ingrown hairs), the use of tweezers and pressure and the presence of pus and some blood means that it falls within the genre being examined (and many of her other films do depict the extraction of blackheads and acne). Comments on this video compare the satisfaction of seeing a long ingrown hair being removed to that experienced when

⁶ <https://www.youtube.com/watch?v=bj8-XpiBpno> [accessed 8th May 2017]

⁷ <https://www.youtube.com/watch?v=36mbeXtL62w> [accessed 8th May 2017].

⁸ <https://www.youtube.com/watch?v=0aydMTAtHeE> [accessed 5th November 2018]

seeing the extraction of pimples.

Making use of a YouTube comment scraper tool

(<http://ytcomments.klostermann.ca/>) I collected all comments made on these videos exporting them to separate Excel files.⁹ These were then ranked according to how many YouTubers had ‘liked’ the comment. In order to narrow the sample, I limited each corpus according to what would be statistically representative (with a 5% margin of error),¹⁰ even though only descriptive statistics will be used in this paper (see Table 1). Because the comments were ordered by ‘likes’ they are not representative of either commenters or video watchers. Rather, they are representative of what people ‘like’ in these YouTube comments. Indeed, as not everyone who watches the videos makes a comment, the data in this paper can only provide a very partial view of the reasons people watch these films.

[Table 1 near here]

In order to code the data, I made use of a form of inductive thematic analysis where attention was paid to the content of the explicit semantics of the comments (Braun and Clarke, 2006, 83).¹¹ While some comments constituted speech acts (thanks, requests for more videos, questions) more specificity was required in order to determine viewer motivation. The particular kind of thematic analysis used is a modified form of Critical Thematic Analysis (CTA) (Lawless and Chen, 2019). This model seeks to bring

⁹ While there is facility for conversation among viewers, this is not pursued in this paper (see Boyd, 2014).

¹⁰ To do this, I made use of an online tool (provided by FlexMR).

¹¹ Some comments included emoticons. These did not carry over into the scraped data and are therefore not considered in this paper. ASCII emoticons were retained.

together the flexibility of thematic analysis with critical engagement of power and social and cultural ideologies. In describing their critical approach, which builds on Foucault, Lawless and Chen write: “Critical methodologies advance the ability to deconstruct the ‘archeology of knowledge’ and identify how human discourse is linked to larger social constructions, grand narratives, and social ideologies (Foucault, 1972)” (2019, 96). In contrast to Lawless and Chen, I did not engage in critical analysis of the data until all coding was completed. This is not because of an absence of power in the YouTube context. The practitioners construct and perform powerful medicalised personae and the viewers have agency and power because of their ability to engage with and comment on the films.¹² Rather, in the current corpus, my critical focus is understanding of dirt and bodies. Further, to understand the framing of these films, rather than focus on power as such, I consider the authority and ritual that the medical framing of the extractions provides.

Coding was undertaken in four stages. Stage 1 (open coding in TA terms) identified the dominant content of the comment. Because of the self-contained nature of the comments (which contrasts with other forms of qualitative data such as interviews) all comments were coded. Comments could receive two codes. This was problematic in only a small number of cases where more than two codes could justifiably have been applied.¹³

After initial coding in Stage 1, a list of Common Codes across the corpus was constructed (see Appendix). These codes are too broad to be considered themes in TA

¹² Indeed, so pronounced is this power that there are online rumours that Josefa Reina has ceased posting films either because of public abuse or copyright issues. As of April 2020, however, she appears to have come out of retirement.

¹³ Across the entire corpus, there were 21 examples of this: JR 3; SL 4; EB 14.

terms. Nevertheless, it was important to capture the range of responses that viewers gave. In Stage 2, data were re-coded with the Common Codes, again allowing for two codes (if required) for each comment. In Stage 3, all data were checked again. In Stage 3, a new code was added: 'viewing figures'. This captured comments about the number of views a video had received. Stage 2 and 3 of coding align with the closed coding phase of TA.

Finally, in Stage four, individual codes were consolidated into six broader categories which in TA terms would be considered 'themes'.

- (1) Positive about the practitioner (manner with patients, voice, choice of music, filming/editing)
- (2) Negative about the practitioner
- (3) Patient condition (questions, stories of the self)
- (4) Patient focussed (sending good wishes, expressing sympathy, concern about pain of the procedures, question about body part, expressing a wish to be the patient)
- (5) Experience of watching (how the viewer arrived at the page, where and when they are watching, how many times they have viewed the video, evaluative comments, expression of job envy, viewing figures)
- (6) Extraction technique (positive, negative and questions as to why particular tools/techniques are used).

Ethics

In coding these data, and in the analytical practices I engage in generally, the specificity of linguistic form is important. However, given the nature of these data this presents a conflict. Like other publicly contributed material on social media and similar

platforms, the provider (in this case, YouTube) only has a licence to use the material for specific purposes. While the comments I examined are publicly available, they were not produced with the informed consent that a researcher should routinely procure.

Reflecting on issues around expectations to privacy, the dignity of people and the different perspectives individuals may have on these films, I have made decisions about how to present these data informed by existing practice and recommendations (Fiesler and Proferes, 2018; Leitão, 2019; Mackenzie, 2017, Zimmer, 2010).

Anonymising the comments would not be enough. A simple search string in the YouTube comments of the specific films would provide a singular source for many comments. Thus, given that some commenters use names that appear to be real, I have removed all direct comment quotations.¹⁴ I have instead described the comments in a way that captures the sense of the originals without betraying their provenance. Finally, without further intrusive (and unethical) data mining it is impossible to determine the sex, gender, age, ethnicity, location or any other information about these commenters.

The Frames

The visual framing and the staging of the films is key to understanding the viewers' experience. There are two strands to this framing. The first relates purely to what is visible within the video frame. The second relates to the objects and processes visible in the film and the social-activity or genre to which they belong. The former is connected to the depiction of the bodies of patient and practitioner. The latter is populated by props connected to medical and surgical activity. In both frames, a medical gaze is

¹⁴ There is an exception to this below as the comments for the Josefa Reina film have now been removed.

evident (Foucault, 1989 [1963]).

While the full faces and bodies of individuals are sometimes seen in this genre of film, more common is a close-up of the skin being worked on by the practitioner. In the films examined here, the viewer never sees the full face or body of the patient. As such, it can take the viewer some time to determine which part of the body the extractor is working on. The corporeal frame (the body) is framed by the camera in ways that produce a skin surface rather than a body part. While film titles sometimes indicate the bodily area being worked on (e.g. An Egg Yolk Lipoma in the Temple (SL); Christmas Compilation of Nose Extraction (EB)), this is not always the case. The uncertainty for the viewer about which part of the body is being worked on is evident in comments. This is particularly clear in Josefa Reina's video, with one viewer asking exactly what part of the body was being worked on.¹⁵ The ingrown hairs are on the upper thigh of the patient, but this takes some time to determine because of the close framing of the film. The visibility of the practitioner also varies. While Dr Lee's face and body are often visible, the viewer can only see Josefa Reina's and Enilsa Brown's fingers and hands.

While this close-up framing appears to invoke a medical gaze (Foucault, 1989 [1963]) that works to depersonalise the patient and fragment their body, it also constructs a frame for the viewer that provides both distance and proximity. Viewers are presented with a skin-scape in a medicalised setting. This extreme close-up paradoxically creates distance. Because of the close-up filming, viewers can focus on the extraction. Viewers are invited to focus on individual pores, pimples and an

¹⁵ There were 25 comments on EB's video coded 'body part'. While some were simple questions, others contributed sexual comments or sexual slang because of the body part involved.

enlarged, sometimes unfamiliar, bodily landscape. The use of surgical props adds to this distance.

The presence of surgical props can be understood in relation to Barthes' position that iconic images have both literal and coded interpretations (1977 [1964]). Dr Sandra Lee uses hypodermic needles, scalpels, comedone extractors, tweezers and currettes and wears scrubs. Enilsa Brown favours needles (to break the skin) and cotton buds to excise comedones. Josefa Reina uses needles to probe the skin and her fingers (with gloves and gauze) to excise pus and hair. Collectively, these tools connote medical activity. This interpretation is confirmed through a relationship of anchorage (Barthes, 1977 [1964], 156)¹⁶ with the text found in the practitioners' YouTube biographies where they represent themselves as professional practitioners. Dr Sandra Lee is “a *board-certified dermatologist*, skin cancer *surgeon*, and cosmetic *surgeon*”, Enilsa Brown is responsible for “Enilsa Skin Essentials”, “an Acne *Clinic*”; Josefa Reina is “a *certified* aesthetician specialising in electrology and acne treatment” (emphasis added). The language here is drawn from a professional medicalised vocabulary. I return to this framing in the discussion.

The Findings

The data selected and coded for this paper were chosen in order to help understand why people watch these videos. While the sample may be large from the perspective of qualitative analysis, it is small from the point of view of anyone working in the fields of big data or corpus analysis. Further, as discussed above, this is not strictly speaking a representative sample. Nevertheless, there is diversity in the comments both for

¹⁶ Anchorage texts point the viewer to a particular interpretation of the visual (iconic) representations (Barthes, 1977, 156).

individual practitioners and across the broader corpus. In the following, I set out the broad findings from the data before examining the data more closely.

Table 2 represents the number of comments in each of the six themes both overall and by individual practitioner. The largest category relates to the experience of watching the films, which is explored below. It is also clear that comments classified as positive (n=252) outnumber negative comments (n=38) by a factor of over six. This is consistent with the headline ‘likes’ and ‘dislikes’ on the individual YouTube pages documented in Table 1 above.

[Table 2 near here]

Positive comments about the film and the practitioner ranged from observations about the resolution of the film (JR), very personal messages to Enilsa (from someone who knows her in real life) (EB) and positive exclamations about the film being the best event in the viewer’s recent life (SL). Negative comments about either film quality or the practitioner are not common for these films. However, the ‘negative’ code was used conservatively to include anything that may be read as critical. Thus, one viewer believes that Enilsa Brown is damaging her patient’s skin and recommends that Brown watch other expert practitioners on YouTube. This was coded as ‘negative’.

Condition focussed comments contain questions about what the patient is suffering from, the genesis of the condition and how to care for the condition. For example, questions are asked about the cause of the ingrown hairs Josefa Reina is treating while one of Enilsa Brown’s viewers asks about another growth they can see on the patient’s face. This field also contained general comments about the size and shape of the matter removed. Usually, this was to exclaim about the large amounts ‘hidden’

beneath the skin. This theme, like comments on technique, is to be expected given the self-presentation of the practitioners as expert skin-care professionals.

Given that the framing of the films serves to anonymise and hide the actual patient, it is perhaps not surprising that there are so few comments directed *to* the patient. Included in patient focussed comments are those that reference the patient (often by name) or express sympathy, gratitude or general good wishes in their direction. A few viewers express concern about the pain they think the patient is suffering either from the extractions or from some other condition they are being treated for.

Comments on technique constitute the third largest category and are largely positive in that they commend the choice of extraction technique or expertise in the technique. Some viewers ask questions about why certain procedures take place (e.g. injection of anaesthetic, use of particular tools) and why treatment choices have been made. The presence of these comments is expected given the procedures being shown, and the way in which the films are framed as medical procedures by qualified professionals. Nevertheless, a very small minority offer their own expert advice on technique and treatment. Judgements are also passed on other YouTube practitioners, both positive and negative.

The largest category of comments relates to the watching of the films themselves. As Table 3 shows, the most common response relates to satisfaction. Some of the comment subfields are more common for specific practitioners. For example, as Enilsa Brown's video was one of her early postings, enthusiastic viewers ask repeatedly for more examples. And as Dr Sandra Lee's video contained entertaining exchanges between her and her patient about what she might use the large space created by

extraction of a dilated pore of Winer from the patient's back,¹⁷ humorous comments were in abundance.

[Table 3 near here]

Satisfaction may seem an unusual response to watching the extraction of pimples, but it is attested across all three practitioners. It is worth considering in some detail, especially as satisfaction and disgust are closely intertwined generally and in viewer responses specifically.

Comments in this subfield do not always explicitly use the word 'satisfaction' but it is implicit in comments that express appreciation in ways that capture enthusiastic verbal responses (something like 'yeeeeaaaah!') and commenting explicitly on the relief viewers feel (sometimes referencing post-coital activities). In these cases, the audience also draw on conventions more usually associated with sexual gratification. While perhaps not the same kind of desire that Dollimore had in mind, it is worth noting his point that, "the very same bodily orifices which disgust because of their secretions...also excite sexually" (Dollimore, 2001, 52). As Dollimore argues, and as the comments show, disgust and desire are closely linked. I return to orifices below.

¹⁷ Dr Lee suggests it could be used as a coin purse. A dilated pore of Winer is a very large blackhead that is raised from the skin.

While disgust is sometimes understood as “a subcategory of fear” (Rozin, Haidt, & McCauley, 2016: 828),¹⁸ there is more to disgust than a turning away. Miller observes:

In many of its forms disgust is not simply aversive, and the content of the disgusting is complex and at times paradoxical. It is a commonplace that the disgusting can attract as well as repel... We find it hard not to sneak a second look or, less voluntarily, we find our eyes doing "double-takes" at the very things that disgust us (1997, x).

Hanich too recognises this “paradoxical or ambivalent nature of disgust” (2009, 304).

To the extent that we do not pull away from the disgusting object, we certainly reveal some interest or curiosity in it. Hence while the disgusting object generally forces itself upon us, we are sometimes fascinated by it and therefore carefully approach it on our own terms by devoting attention to it (Hanich, 2009, 304).

Hanich’s work is particularly useful as he examines cinematic disgust from a phenomenological perspective. This cinematic disgust relies on the viewer feeling close to what is seen: “The crucial aspect is a phenomenological experience of proximity that is actively felt” (Hanich, 2009, 296). Clearly there is a parallel here with the pimple popping videos and their close-up depictions of the skin. The sheer size of pores on the screen promotes a feeling of proximity. At the same time, Hanich argues that the experience of viewing this close up material creates an “aesthetic distance” as “we can

¹⁸ “Disgust, particularly when it is framed as contamination, pathogen, or death risk, can be understood as a subcategory of fear. However, although both are withdrawal emotions, their expressions, physiological manifestations, and neural substrates are very different” (Rozin, Haidt, & McCauley, 2016, 828).

rely on the ontological difference between the [viewer's] 'here' and the film's 'there'" (2001, 299). This distance "is a precondition for both the pleasurable and the provocative function of disgusting scenes" (Hanich, 2001, 299).¹⁹ As befits the paradoxical nature of the skin, in pimple popping videos the disgusting is attractive and satisfying while the viewing experience is one of both proximity and distance.

The aversion present in disgust, however, is also an important consideration in relation to pimple popping videos. If we focus on disgust as a kind of fear, it is possible to interpret viewers' satisfaction as a kind of catharsis. Like the experience of watching tragedy, there is a pleasure in watching something which would otherwise be avoided. It is cathartic (Aristotle, 2005, 190). In the case of pimple popping videos, emotional purification and relief appear to come from watching the purgation, the removal, of something from the inside to the outside. Recall that people suffering with acne explain their practice of self-extraction as being linked to a feeling of a disgust:

I squeeze partly to kill off particularly visible spots, but mainly because it *disgusts* me to know that there is something *alien under* my skin... (2005, 190; emphasis added).

The disgust here is about what is under the skin. Removing the spot removes the disgust. Notice too that acne here is both part or and not part of the person. It is an 'alien' presence under the skin of the self ('my'). Because the skin is a permeable boundary, this move from the inside (under the skin) to the outside is possible in a relatively straightforward way.

¹⁹ The aesthetic dimensions of disgust are taken further by Korsmeyer (2008) who argues for the 'sublate' as a disgusting corollary of the sublime.

While satisfaction is exuberantly expressed, viewers are also aware that they may be seen as odd by outsiders. People write about how many times they have watched the same film and how they therefore must be ‘crazy’. They also express a level of confusion about their own positive emotional state, for example, querying why they find the films satisfying or reporting that the experience is ‘strangely’ satisfying. They are nevertheless aware that others share their interest (as would be evident to them from both viewing figures and comments) and thus know they are in good company. These self-reflective comments are thus directed to their fellow popaholics in a form of in-group witnessing.

In a similar vein to the category of satisfaction, the final theme I address related to the claim that the films are calming and relaxing. 31 comments specifically note the positive effect that watching these videos has. Viewers write about relaxation, watching the films before sleep and finding relief from physical and psychological conditions from watching the films.²⁰ This may be an experience of catharsis, it appears also to be related to the afterglow of satisfaction.

The Why

The data suggest that people find pimple popping videos satisfying and relaxing while at the same time experiencing feelings of disgust, confusion and fascination. It is worth pausing to recall what these viewers are finding satisfying and relaxing: the extraction of sebum and pus from someone else’s body. Indeed, not everyone finds such viewing pleasurable as attested by the many comments asking (usually with expletives) how a

²⁰ Because of the nature of the data, it is impossible to know anything about the specific conditions the viewers suffer.

pimple popping video was recommended to them by the YouTube algorithm.

Drawing together the strands covered above, I want to suggest that the pleasure experienced by many viewers is a function of four things: 1) the disgust/attraction engendered by pus and pimples; 2) the representation of the skinscape as a surface; 3) the status of the skin as permeable boundary and 4) the framing of extractions as medical procedures. These four features mean that viewers can experience the relief of extracting waste matter without significant discomfort.²¹

Pus is generally disgusting. Its removal from the skin is satisfying. It can be removed easily because of the nature of skin. The experience of watching this extraction is disgusting, but this brings with it close attention to the process. This attention is facilitated by the close framing of the films and the framing of the procedure as medical in nature. In order to flesh out this line of argument I draw on two comments found in the corpus.

In the first, a viewer of Joesfa Reina's video compares their satisfaction with the video to the removal of a something from their own body. Seeing the removal of something from someone else's body provokes a similar sense of relief.

²¹ This may be analogous to the phenomenon of autonomous sensory meridian response (see Barratt and Davis 2015; Zappavigna 2020). ASMR is a feeling that some people experience watching or listening to particular kinds of media. Common examples include quiet whispering, grooming or other kinds of close attention given either to the viewer or an object.

“Capable individuals utilise a variety of visual and audio stimulation—most typically through video sharing—to achieve a tingling, static-like sensation widely reported to spread across the skull and down the back of the neck” (Barratt and Davis, 2015).

Example 21 (JR)²²

I feel like the appeal of these videos is that we associate having an ingrown hair with some sort of discomfort and take a weird sort of sympathetic relief in watching it get removed. we've all had a splinter or something that once removed or popped in some way felt much better. I myself had a metal splinter in my finger that I had the satisfaction of removing just today now that I mention it....

In the second, the viewer comments that they find the films calming. They also remark that watching the extractions instils faith that bad things will be removed or resolved and that it will be possible to move away from negative experiences in their own life.

Both comments deal with the strange fascination that these films hold for some viewers. The first example uses ‘feels’ which could evidence either a corporeal or emotional response. The repetition of ‘sort of’ (“...some *sort of* discomfort and take a weird *sort of* sympathetic relief...”) suggests an attempt to articulate a reaction that does not have a pre-existing script. This aligns with the confusion that other viewers have about their positive reactions to the films. Finally, the commenter draws on a human connection with the use of “sympathetic relief”. The viewer profits from the relief that they imagine the patient must feel. The viewer has no need to experience the condition, or the extraction (this is not a claim to empathy) but nevertheless feels something. This helps make sense of the comments that report on the videos easing their anxiety. For these viewers, perhaps, the sympathetic relief is more poignant. They too are in need of relief and the imagined relief of the patient leads to their own.

The second commenter extends the metaphor in the direction of moral judgements. The pus and keratin masses are clearly positioned as the ‘evil’ substances

²² Since collection of the data, comments on this video have been disabled. The older comments are no longer visible.

that must be removed (see Segal, 2009, 94). Something inside is moved to the outside. Moreover, something that the viewer (and the patient) do not want inside moves across the frontier of the skin. The removed pus and the process of removal is mapped onto whatever the viewer feels is 'bad' inside. This psychological relief comes from being able to see this process close up with the disgusting features somewhat attenuated by the medical framing. The focus for this viewer is not on the patient as a person, but on the 'foreign' matter being removed.

Douglas's discussion of waste allows us to see this disgust and relief in a slightly different way. As noted above, dirt is disorder, it is matter out of place. As Douglas goes on to observe, seeing dirt as matter out of place "implies two conditions: a set of ordered relations and a contravention of that order" (1984 [1966], 35). This suggests a straightforward ordering of matter: something belongs here, it does not belong there.

In the case of skin generally and pus in particular, this order is more complicated. Naturally this is true of other bodily orifices and secretions. Is earwax inside the body or not?²³ Is a blackhead part of the skin or an intruder? Is the pus in a pimple only dirt once it is removed? If other bodily fluids are considered, 'order' becomes even more complicated. My own saliva in my own mouth is perfectly sanitary. In other contexts, it is not (Kubie, 1937, 391). As Kubie explains, it is the dirt apprehended in and on other people and things that we are wary of. The body itself is a "curious dirt factory" (Kubie, 1937, 391) and it is continuously excreting waste in various ways. In particular, "a cavity, or cleft, or hole, or pit in the body carries the presumption of dirt" (Kubie, 1937, 395). Of course, pores are simply very small cavities

²³ It is also possible to find videos of the removal of earwax on YouTube.

even though the existence of these cavities is perhaps not entirely apparent until they are emptied out. This skin is a permeable boundary. It is able to contain an inside (the contents of a pore) very close to the outside.

Stepping back from the body itself, it is also possible to see a set of ordered relations that are ideological and relate to contemporary beauty norms. Acne is considered undesirable and should be removed through medical intervention. Normally this would not involve extraction but medication either taken orally or applied topically. This process of removal, however, is slow and gradual. Nor does it allow a patient or viewer to see the dirt being removed. In contrast, extraction provides instant order.

While patients are cautioned against undertaking their own extractions, having a qualified person perform it is a different matter. Dealing with dirt is not something that all people can do without negative effect. Douglas explains the way in which ‘dirt’ can be handled and indeed be productive in certain specific settings. What might normally be understood as disgusting (e.g. human faeces) can be made powerful if handled by people with the right qualifications in the right ritual settings. Such rule breaking is only available to “specific individuals on specific occasions” (Douglas, 1984 [1966], 160) but the possibility remains that “dirt, which is normally destructive, [can] sometimes become creative” (Douglas, 1984 [1966], 159). This is done through ritual. A “ritual provides a frame. The marked off time or place alerts a special kind of expectancy...” (Douglas, 1984 [1966], 63). It seems to me that the framing of these videos, including the way they are shot, the tools used, the qualifications invoked, may create a ritual space for viewers.

There are two aspects to this ritual framing. The first relates to the medical framing discussed above. As Tassone points out, “Medical science originally evolved from religion and spirituality” (2012, 299) and both are concerned with suffering and its

relief. Both also involve ritual. Acknowledging the objection that surgery is “an elaborate technical procedure” quite distinct from religious ritual, Lewis Wall argues, “Just because a procedure is technical does not mean it has no ritual characteristics or is devoid of ritual meaning” (Lewis Wall, 1996, 636). And while we do not witness many of the parts of the surgical/medical ritual in these films (e.g. informed consent, preparation of surgical tools and space, moving the patient to the surgical suite, hand washing and the donning of latex gloves) viewers do witness the ‘surgery’ itself. As Lewis Wall describes it, this is the liminal period in which the patient is under the complete care of the physician who is the most powerful symbol in the healing ritual (Lewis Wall, 1996, 634). The physician ‘performs’ the surgery (Lewis Wall, 1996, 635) whether or not spectators are actually present.²⁴ In many of these films, viewers also witness the consequences of the surgery in that the matter removed from the body is displayed to the camera. In short, the extraction of waste from the skin is a form of surgery. Surgery of any kind is a ritual with many parts. These films allow us access to that space.

The second aspect to ritual framing is the position and experience of the viewer both in terms of repetition and in terms of when and where they view the films. As the comments suggest, viewers return to these channels and to particular films again and again. Such repetition seems indicative of ritual. These rituals allow patients to experience and viewers to witness the rejection and removal of dirt (Douglas, 1984 [1966], 161). Moreover, as Lewis Wall argues, ritual can serve as “a vehicle for the transmission of meaning” (1996, 633). The meaning may also be connected to where and when the films are viewed. While not all commenters reveal this, some specifically

²⁴ Though of course, watching surgery has a long tradition (see Kneebone, 2016).

state that they watch late at night before sleeping or well into the hours after midnight. These are clearly liminal states: between waking and sleeping; between night and day. It is possible that for viewers, watching these films is also a kind of personal ritual. It is repeated, it is done to stave off anxiety or to promote rest. The space created by the viewing of the film is separate from both *everyday* activity of the self and activities one might engage in with others.

The End

At first glance, pimple popping films seem no more than the latest ‘weird’ internet offering. And yet people watch these films. They view many of them (as dedicated channels suggest) and they view them repeatedly. The commenters’ data suggests that the feelings of relief, relaxation and satisfaction are the primary drivers for watching. While viewers acknowledge that their positive reactions are complex, infused with disgust, sex and dirt, they nevertheless value their viewing experiences. The close-up framing of the skin together with the medical rituals invoked may well change what might otherwise be seen as disgusting to something much more compelling and satisfying. As Dollimore notes, “Small differences of space and time affect the desire/disgust dialectic to a remarkable degree” (2001, 51).

The co-existence of proximity and distance, satisfaction and disgust, depends on the nature of the skin and the experience of acne. The films rely on the fluid yet somehow stable boundaries of the body. They rely on the fact that the skin “is a fluid boundary and a leaky interface” (Lafrance, 2018, 6). Blackheads, pimples and ingrown hairs can be removed from under the skin (in the body) without fully breaching bodily integrity. Acne too has its paradoxes. It is experienced as both intrinsic to identity and as an alien intrusion. In terms of waste studies more generally, the satisfaction that these

videos create for viewers suggests new ways of thinking about and engaging with waste.

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Table 1. Details of Raw Data.

	Posted	Collected	views	likes	dislike s	Comment s	sampl e
Josefa Reina	14 th Septembe r 2015	8 th May 2017	15,888,26 1	17,52 1	3831	4,265	355: 4713 words
Sandr a Lee	9 th July 2015	8 th May 2017	29,394,23 3	29,16 1	1,434	1,556	313: 5124 words
Enilsa Brow n	5 th Novembe r 2016	5 th Novembe r 2018	11,932,47 9	31K	7.3K	3,356	328: 7809 words

Table 2. Comments by Category

	E Brown	J Reina	S Lee	Total
experience of watching	156	283	207	646
positive about film/practitioner	159	51	42	252
technique focussed	105	64	29	198
patient focussed	31	54	24	109
condition focused	15	21	55	91
negative about film/practitioner	16	11	0	38
Total	482	484	357	1323

Table 3: Comments on viewing experience

	EB	JR	SL	TOTAL
satisfaction	17	69	57	143
popaholic witnessing or contribution	22	29	17	68
request for more videos	64	1	3	68
confusion as to why/how they watched/arrived at site	1	55	9	65
humour	5	10	42	57
disgust	1	22	30	53
interaction/question	8	26	17	51
Re-watching and addiction	19	11	8	38
job envy	8	13	12	33
relaxing/calming	6	22	3	31
conditions of watching (e.g. time and place)	2	20	2	24
viewing figures	3	5	6	14

Appendix

<i>Theme</i>	<i>Common Code</i>
	Unclassifiable
condition	condition query
	comment on condition
watching	conditions of watching
	re-watching
	confusion at arrival
	popaholic witnessing
	question to other popaholics/general interaction: personal
	relaxing/calming
	satisfaction
	disgust
	popaholic anecdote
	addiction
	request for more
	humour
	viewing figures
negative about practitioner	negative
	negative technique
	negative filming/camera
	negative general
	negative music

patient	sympathy to patient
	greetings to patient
	want to be patient
	body part of patient
	pain of patient
positive about practitioner	positive
	positive filming/camera
	positive exclamation
	positive personal (general)
	positive about the voice
	positive about the music
	positive job envy
	positive fan/praise
	fame/subscribed
	specific point of video comment
	comment on commentary of practitioner
	comment from video maker
technique	positive comment on technique
	technique query
	technique expert advice
	referencing other practitioners: positive about them
	referencing other practitioners: negative about them

